



Chapter 330 Rates for Local Government Retirees Medicare and Non-Medicare Monthly Rates Effective 1/1/2018 to 12/31/2018

PLAN AND COVERAGE LEVEL	MONTHLY RATE — RETIREE SHARE
AETNA FREEDOM10 #018 (26B) — PPO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$478.07
Single — On Medicare	\$173.47
Member & Spouse/Partner — No Medicare	\$1,042.32
Member & Spouse/Partner — One on Medicare	\$596.48
Member & Spouse/Partner — Both on Medicare	\$346.95
Family — No Medicare	\$1,185.72
Family — One on Medicare	\$737.14
Family — Both on Medicare	\$479.82
Parent & Child — No Medicare	\$669.32
Parent & Child — Retiree on Medicare	\$262.46
NJ DIRECT10 #50 (250) — PPO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$478.07
Single — On Medicare	\$141.76
Member & Spouse/Partner — No Medicare	\$1,042.32
Member & Spouse/Partner — One on Medicare	\$441.45
Member & Spouse/Partner — Both on Medicare	\$283.53
Family — No Medicare	\$1,185.72
Family — One on Medicare	\$545.75
Family — Both on Medicare	\$397.59
Parent & Child — No Medicare	\$669.32
Parent & Child — Retiree on Medicare	\$212.25
AETNA FREEDOM15 #180 (26C) — PPO Plan with \$15 Primary Care Copayment	
Single — No Medicare	\$413.50
Single — On Medicare	\$171.65
Member & Spouse/Partner — No Medicare	\$901.44
Member & Spouse/Partner — One on Medicare	\$506.02
Member & Spouse/Partner — Both on Medicare	\$343.31
Family — No Medicare	\$1,025.48
Family — One on Medicare	\$628.20
Family — Both on Medicare	\$475.04
Parent & Child — No Medicare	\$578.88
Parent & Child — Retiree on Medicare	\$259.54
NJ DIRECT15 #150 (251) — PPO Plan with \$15 Primary Care Copayment	
Single — No Medicare	\$413.50
Single — On Medicare	\$132.76
Member & Spouse/Partner — No Medicare	\$901.44
Member & Spouse/Partner — One on Medicare	\$395.54
Member & Spouse/Partner — Both on Medicare	\$265.53
Family — No Medicare	\$1,025.48
Family — One on Medicare	\$491.55
Family — Both on Medicare	\$374.20
Parent & Child — No Medicare	\$578.88
Parent & Child — Retiree on Medicare	\$197.97



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AETNA HMO #019 (252) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$385.81
Single — On Medicare	\$180.92
Member & Spouse/Partner — No Medicare	\$841.63
Member & Spouse/Partner — One on Medicare	\$568.97
Member & Spouse/Partner — Both on Medicare	\$361.82
Family — No Medicare	\$957.85
Family — One on Medicare	\$678.61
Family — Both on Medicare	\$440.08
Parent & Child — No Medicare	\$540.73
Parent & Child — Retiree on Medicare	\$208.03
HORIZON HMO #011 (266) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$375.84
Single — On Medicare	\$229.18
Member & Spouse/Partner — No Medicare	\$819.89
Member & Spouse/Partner — One on Medicare	\$556.51
Member & Spouse/Partner — Both on Medicare	\$458.35
Family — No Medicare	\$933.10
Family — One on Medicare	\$663.31
Family — Both on Medicare	\$560.22
Parent & Child — No Medicare	\$526.77
Parent & Child — Retiree on Medicare	\$278.83
AETNA FREEDOM1525 #063 (269) — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single — No Medicare	\$359.15
Member & Spouse/Partner — No Medicare	\$782.94
Family — No Medicare	\$890.67
Parent & Child — No Medicare	\$502.83
NJ DIRECT1525 #051 (254) — PPO Plan with \$15 Primary Care /\$25 Specialist Care Copayment	
Single — No Medicare	\$359.15
Single — On Medicare	\$114.75
Member & Spouse/Partner — No Medicare	\$782.94
Member & Spouse/Partner — One on Medicare	\$406.33
Member & Spouse/Partner — Both on Medicare	\$229.51
Family — No Medicare	\$890.67
Family — One on Medicare	\$510.06
Family — Both on Medicare	\$327.52
Parent & Child — No Medicare	\$502.83
Parent & Child — Retiree on Medicare	\$169.49



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PLAN AND COVERAGE LEVEL	MONTHLY RATE — RETIREE SHARE
AETNA HMO1525 #061 (256) — HMO Plan with \$15 Primary Care /\$25 Specialist Care Copayment	
Single — No Medicare	\$280.72
Single — On Medicare	\$95.90
Member & Spouse/Partner — No Medicare	\$611.92
Member & Spouse/Partner — One on Medicare	\$407.70
Member & Spouse/Partner — Both on Medicare	\$191.79
Family — No Medicare	\$696.15
Family — One on Medicare	\$487.89
Family — Both on Medicare	\$241.20
Parent & Child — No Medicare	\$392.98
Parent & Child — Retiree on Medicare	\$97.87
HORIZON HMO1525 #053 (267) — HMO Plan with \$15 Primary Care /\$25 Specialist Copayment	
Single — No Medicare	\$271.89
Single — On Medicare	\$173.66
Member & Spouse/Partner — No Medicare	\$592.72
Member & Spouse/Partner — One on Medicare	\$396.35
Member & Spouse/Partner — Both on Medicare	\$347.30
Family — No Medicare	\$674.28
Family — One on Medicare	\$474.02
Family — Both on Medicare	\$426.26
Parent & Child — No Medicare	\$380.65
Parent & Child — Retiree on Medicare	\$202.49
AETNA FREEDOM2030 #064 (26A) — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$304.47
Member & Spouse/Partner — No Medicare	\$663.73
Family — No Medicare	\$755.03
Parent & Child — No Medicare	\$426.21
NJ DIRECT2030 #052 (255) — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$304.47
Single — On Medicare	\$105.51
Member & Spouse/Partner — No Medicare	\$663.73
Member & Spouse/Partner — One on Medicare	\$343.46
Member & Spouse/Partner — Both on Medicare	\$211.06
Family — No Medicare	\$755.03
Family — One on Medicare	\$431.76
Family — Both on Medicare	\$303.59
Parent & Child — No Medicare	\$426.21
Parent & Child — Retiree on Medicare	\$154.88



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PLAN AND COVERAGE LEVEL	MONTHLY RATE — RETIREE SHARE
AETNA HMO2030 #062 (257) — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$229.58
Member & Spouse/Partner — No Medicare	\$500.46
Family — No Medicare	\$569.33
Parent & Child — No Medicare	\$321.40
HORIZON HMO2030 #054 (268) — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$221.30
Single — On Medicare	\$162.53
Member & Spouse/Partner — No Medicare	\$482.43
Member & Spouse/Partner — One on Medicare	\$335.12
Member & Spouse/Partner — Both on Medicare	\$325.09
Family — No Medicare	\$548.82
Family — One on Medicare	\$398.47
Family — Both on Medicare	\$398.66
Parent & Child — No Medicare	\$309.82
Parent & Child — Retiree on Medicare	\$186.24
AETNA VALUE HD4000 #092 (262) — High Deductible health plan with \$4,000 in-network deductible	
Single — No Medicare	See Note 3
Member & Spouse/Partner — No Medicare	
Family — No Medicare	
Parent & Child — No Medicare	
NJ DIRECT HD4000 #090 (260) — High Deductible health plan with \$4,000 in-network deductible	
Single — No Medicare	See Note 3
Member & Spouse/Partner — No Medicare	
Family — No Medicare	
Parent & Child — No Medicare	

Retirees in plans above are provided a prescription drug plan administered by OptumRx

Retirees who are eligible for State-paid health benefits under the provisions of P.L. 1998, c. 330, pay the retiree share

- 1) Horizon HMO service area for Plan #011, #053, and #054 is limited to New Jersey, New Castle County, Delaware, and parts of Pennsylvania and New York
- 2) The following plans are not available to Medicare-eligible retirees and retirees with Medicare-eligible dependents: AETNA FREEDOM1525 (#063), AETNA FREEDOM2030 (#064), AETNA HMO2030 (#062), AETNA VALUE HD4000 (#090), and NJ DIRECT HD4000 (#092)
- 3) In Plan Year 2017, retirees who subscribe to the High Deductible health plans and accrued 25 years prior to the provision of P.L., c. 78 — State will cover the cost of monthly premium

In Plan Year 2017, retirees who subscribe to the High Deductible health plans and are subject to the provision of P.L., c. 78 — Retiree will pay retiree share of 1.5% of pension allowance