



**Local Retired Group — Government Employers
Medicare and Non-Medicare Monthly Rates**
Effective 1/1/2018 to 12/31/2018

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
AETNA FREEDOM10 #018 (26B) — PPO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$1,363.26
Single — On Medicare	\$557.05
Member & Spouse/Partner — No Medicare	\$2,972.02
Member & Spouse/Partner — One on Medicare	\$1,936.98
Member & Spouse/Partner — Both on Medicare	\$1,114.11
Family — No Medicare	\$3,380.98
Family — One on Medicare	\$2,331.00
Family — Both on Medicare	\$1,444.60
Parent & Child — No Medicare	\$1,908.60
Parent & Child — Retiree on Medicare	\$882.00
NJ DIRECT10 #050 (250) — PPO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$1,363.26
Single — On Medicare	\$525.34
Member & Spouse/Partner — No Medicare	\$2,972.02
Member & Spouse/Partner — One on Medicare	\$1,781.95
Member & Spouse/Partner — Both on Medicare	\$1,050.69
Family — No Medicare	\$3,380.98
Family — One on Medicare	\$2,139.61
Family — Both on Medicare	\$1,362.37
Parent & Child — No Medicare	\$1,908.60
Parent & Child — Retiree on Medicare	\$831.79
AETNA FREEDOM15 #180 (26C) — PPO Plan with \$15 Primary Care Copayment	
Single — No Medicare	\$1,298.69
Single — On Medicare	\$555.23
Member & Spouse/Partner — No Medicare	\$2,831.14
Member & Spouse/Partner — One on Medicare	\$1,846.52
Member & Spouse/Partner — Both on Medicare	\$1,110.47
Family — No Medicare	\$3,220.74
Family — One on Medicare	\$2,222.06
Family — Both on Medicare	\$1,439.82
Parent & Child — No Medicare	\$1,818.16
Parent & Child — Retiree on Medicare	\$879.08
NJ DIRECT15 #150 (251) — PPO Plan with \$15 Primary Care Copayment	
Single — No Medicare	\$1,298.69
Single — On Medicare	\$516.34
Member & Spouse/Partner — No Medicare	\$2,831.14
Member & Spouse/Partner — One on Medicare	\$1,736.04
Member & Spouse/Partner — Both on Medicare	\$1,032.69
Family — No Medicare	\$3,220.74
Family — One on Medicare	\$2,085.41
Family — Both on Medicare	\$1,338.98
Parent & Child — No Medicare	\$1,818.16
Parent & Child — Retiree on Medicare	\$817.51



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AETNA HMO #019 (252) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$1,271.00
Single — On Medicare	\$564.50
Member & Spouse/Partner — No Medicare	\$2,771.33
Member & Spouse/Partner — One on Medicare	\$1,909.47
Member & Spouse/Partner — Both on Medicare	\$1,128.98
Family — No Medicare	\$3,153.11
Family — One on Medicare	\$2,272.47
Family — Both on Medicare	\$1,404.86
Parent & Child — No Medicare	\$1,780.01
Parent & Child — Retiree on Medicare	\$827.57
HORIZON HMO #011 (266) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$1,261.03
Single — On Medicare	\$612.76
Member & Spouse/Partner — No Medicare	\$2,749.59
Member & Spouse/Partner — One on Medicare	\$1,897.01
Member & Spouse/Partner — Both on Medicare	\$1,225.51
Family — No Medicare	\$3,128.36
Family — One on Medicare	\$2,257.17
Family — Both on Medicare	\$1,525.00
Parent & Child — No Medicare	\$1,766.05
Parent & Child — Retiree on Medicare	\$898.37
AETNA FREEDOM1525 #063 (269) — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single — No Medicare	\$1,244.34
Single — On Medicare	N/A
Member & Spouse/Partner — No Medicare	\$2,712.64
Member & Spouse/Partner — One on Medicare	N/A
Member & Spouse/Partner — Both on Medicare	N/A
Family — No Medicare	\$3,085.13
Family — One on Medicare	N/A
Family — Both on Medicare	N/A
Parent & Child — No Medicare	\$1,742.11
Parent & Child — Retiree on Medicare	N/A
NJ DIRECT1525 #051 (254) — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single — No Medicare	\$1,244.34
Single — On Medicare	\$498.33
Member & Spouse/Partner — No Medicare	\$2,712.64
Member & Spouse/Partner — One on Medicare	\$1,746.83
Member & Spouse/Partner — Both on Medicare	\$996.67
Family — No Medicare	\$3,085.93
Family — One on Medicare	\$2,103.92
Family — Both on Medicare	\$1,292.30
Parent & Child — No Medicare	\$1,742.11
Parent & Child — Retiree on Medicare	\$789.03



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AETNA HMO1525 #061 (256) — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single — No Medicare	\$1,165.91
Single — On Medicare	\$479.48
Member & Spouse/Partner — No Medicare	\$2,541.62
Member & Spouse/Partner — One on Medicare	\$1,748.20
Member & Spouse/Partner — Both on Medicare	\$958.95
Family — No Medicare	\$2,891.41
Family — One on Medicare	\$2,081.75
Family — Both on Medicare	\$1,205.98
Parent & Child — No Medicare	\$1,632.26
Parent & Child — Retiree on Medicare	\$717.41
HORIZON HMO1525 #053 (267) — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single — No Medicare	\$1,157.08
Single — One on Medicare	\$557.24
Member & Spouse/Partner — No Medicare	\$2,522.42
Member & Spouse/Partner — One on Medicare	\$1,736.85
Member & Spouse/Partner — Both on Medicare	\$1,114.46
Family — No Medicare	\$2,869.54
Family — One on Medicare	\$2,067.88
Family — Both on Medicare	\$1,391.04
Parent & Child — No Medicare	\$1,619.93
Parent & Child — Retiree on Medicare	\$822.03
AETNA FREEDOM2030 #064 (26A) — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$1,189.66
Single — One on Medicare	N/A
Member & Spouse/Partner — No Medicare	\$2,593.43
Member & Spouse/Partner — One on Medicare	N/A
Member & Spouse/Partner — Both on Medicare	N/A
Family — No Medicare	\$2,950.29
Family — One on Medicare	N/A
Family — Both on Medicare	N/A
Parent & Child — No Medicare	\$1,665.49
Parent & Child — Retiree on Medicare	N/A
NJ DIRECT2030 #052 (255) — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$1,189.66
Single — One on Medicare	\$489.09
Member & Spouse/Partner — No Medicare	\$2,593.43
Member & Spouse/Partner — One on Medicare	\$1,683.96
Member & Spouse/Partner — Both on Medicare	\$978.22
Family — No Medicare	\$2,950.29
Family — One on Medicare	\$2,025.62
Family — Both on Medicare	\$1,268.37
Parent & Child — No Medicare	\$1,665.49
Parent & Child — Retiree on Medicare	\$774.42



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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
AETNA HMO2030 #062 (257) — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$1,114.77
Single — On Medicare	N/A
Member & Spouse/Partner — No Medicare	\$2,430.16
Member & Spouse/Partner — One on Medicare	N/A
Member & Spouse/Partner — Both on Medicare	N/A
Family — No Medicare	\$2,764.59
Family — One on Medicare	N/A
Family — Both on Medicare	N/A
Parent & Child — No Medicare	\$1,560.68
Parent & Child — Retiree on Medicare	N/A
HORIZON HMO2030 #054 (268) — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$1,106.49
Single — One on Medicare	\$546.11
Member & Spouse/Partner — No Medicare	\$2,412.13
Member & Spouse/Partner — One on Medicare	\$1,675.62
Member & Spouse/Partner — Both on Medicare	\$1,092.25
Family — No Medicare	\$2,744.08
Family — One on Medicare	\$1,992.33
Family — Both on Medicare	\$1,363.44
Parent & Child — No Medicare	\$1,549.10
Parent & Child — Retiree on Medicare	\$805.78
AETNA VALUE HD4000 #092 (262) — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single — No Medicare	\$703.51
Single — On Medicare	N/A
Member & Spouse/Partner — No Medicare	\$1,533.65
Member & Spouse/Partner — One on Medicare	N/A
Member & Spouse/Partner — Both on Medicare	N/A
Family — No Medicare	\$1,744.70
Family — One on Medicare	N/A
Family — Both on Medicare	N/A
Parent & Child — No Medicare	\$984.90
Parent & Child — Retiree on Medicare	N/A
NJ DIRECT HD4000 #090 (260) — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single — No Medicare	\$703.51
Single — On Medicare	N/A
Member & Spouse/Partner — No Medicare	\$1,533.65
Member & Spouse/Partner — One on Medicare	N/A
Member & Spouse/Partner — Both on Medicare	N/A
Family — No Medicare	\$1,744.70
Family — One on Medicare	N/A
Family — Both on Medicare	N/A
Parent & Child — No Medicare	\$984.90
Parent & Child — Retiree on Medicare	N/A

1) Subscribers are provided a prescription drug plan administered by OptumRx.

2) Horizon HMO service area for Plan #011, #053, and #054 is limited to New Jersey, New Castle, Delaware, and parts of Pennsylvania and New York.

3) The following plans are not available to Medicare-eligible retirees and retirees with Medicare eligible dependents:

- AETNA FREEDOM2030 (#064);
- AETNA FREEDOM1525 (#063);
- AETNA HMO2030 (#062), and
- the HD plans (#090) and (#092).