



State Retired Group
Medicare and Non-Medicare Monthly Rates
 Effective 1/1/2018 to 12/31/2018

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
AETNA FREEDOM10 #018 (24B) — PPO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$1,294.19
Single — On Medicare	\$551.14
Member & Spouse/Partner — No Medicare	\$2,821.33
Member & Spouse/Partner — One on Medicare	\$1,809.86
Member & Spouse/Partner — Both on Medicare	\$1,102.27
Family — No Medicare	\$3,209.59
Family — One on Medicare	\$2,170.74
Family — Both on Medicare	\$1,421.14
Parent & Child — No Medicare	\$1,811.84
Parent & Child — Retiree on Medicare	\$872.63
NJ DIRECT10 #050 (230) — PPO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$1,294.19
Single — On Medicare	\$522.43
Member & Spouse/Partner — No Medicare	\$2,821.33
Member & Spouse/Partner — One on Medicare	\$1,728.55
Member & Spouse/Partner — Both on Medicare	\$1,044.85
Family — No Medicare	\$3,209.59
Family — One on Medicare	\$2,070.48
Family — Both on Medicare	\$1,347.11
Parent & Child — No Medicare	\$1,811.84
Parent & Child — Retiree on Medicare	\$827.17
AETNA FREEDOM15 #180 (24C) — PPO Plan with \$15 Primary Care Copayment	
Single — No Medicare	\$1,231.33
Single — On Medicare	\$549.32
Member & Spouse/Partner — No Medicare	\$2,684.33
Member & Spouse/Partner — One on Medicare	\$1,724.09
Member & Spouse/Partner — Both on Medicare	\$1,098.63
Family — No Medicare	\$3,053.73
Family — One on Medicare	\$2,067.84
Family — Both on Medicare	\$1,416.52
Parent & Child — No Medicare	\$1,723.90
Parent & Child — Retiree on Medicare	\$869.78
NJ DIRECT15 #150 (231) — PPO Plan with \$15 Primary Care Copayment	
Single — No Medicare	\$1,231.33
Single — On Medicare	\$508.43
Member & Spouse/Partner — No Medicare	\$2,684.33
Member & Spouse/Partner — One on Medicare	\$1,671.94
Member & Spouse/Partner — Both on Medicare	\$1,016.85
Family — No Medicare	\$3,053.73
Family — One on Medicare	\$2,003.43
Family — Both on Medicare	\$1,311.07
Parent & Child — No Medicare	\$1,723.90
Parent & Child — Retiree on Medicare	\$805.03



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AETNA HMO #019 (232) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$1,172.32
Single — On Medicare	\$557.89
Member & Spouse/Partner — No Medicare	\$2,554.03
Member & Spouse/Partner — One on Medicare	\$1,787.63
Member & Spouse/Partner — Both on Medicare	\$1,115.79
Family — No Medicare	\$2,905.58
Family — One on Medicare	\$2,110.61
Family — Both on Medicare	\$1,369.08
Parent & Child — No Medicare	\$1,640.04
Parent & Child — Retiree on Medicare	\$818.06
HORIZON HMO #011 (246) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$1,163.20
Single — On Medicare	\$629.00
Member & Spouse/Partner — No Medicare	\$2,534.17
Member & Spouse/Partner — One on Medicare	\$1,776.29
Member & Spouse/Partner — Both on Medicare	\$1,258.01
Family — No Medicare	\$2,882.98
Family — One on Medicare	\$2,096.83
Family — Both on Medicare	\$1,543.65
Parent & Child — No Medicare	\$1,627.29
Parent & Child — Retiree on Medicare	\$922.37
AETNA FREEDOM1525 #063 (249) — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single — No Medicare	\$1,188.19
Single — On Medicare	N/A
Member & Spouse/Partner — No Medicare	\$2,590.23
Member & Spouse/Partner — One on Medicare	N/A
Member & Spouse/Partner — Both on Medicare	N/A
Family — No Medicare	\$2,946.66
Family — One on Medicare	N/A
Family — Both on Medicare	N/A
Parent & Child — No Medicare	\$1,663.45
Parent & Child — Retiree on Medicare	N/A
NJ DIRECT1525 #051 (234) — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single — No Medicare	\$1,188.19
Single — On Medicare	\$490.54
Member & Spouse/Partner — No Medicare	\$2,590.23
Member & Spouse/Partner — One on Medicare	\$1,641.22
Member & Spouse/Partner — Both on Medicare	\$981.07
Family — No Medicare	\$2,946.66
Family — One on Medicare	\$1,970.52
Family — Both on Medicare	\$1,264.88
Parent & Child — No Medicare	\$1,663.45
Parent & Child — Retiree on Medicare	\$776.67



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AETNA HMO1525 #061 (236) — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single — No Medicare	\$1,083.09
Single — On Medicare	\$491.87
Member & Spouse/Partner — No Medicare	\$2,361.14
Member & Spouse/Partner — One on Medicare	\$1,653.45
Member & Spouse/Partner — Both on Medicare	\$983.73
Family — No Medicare	\$2,686.06
Family — One on Medicare	\$1,953.71
Family — Both on Medicare	\$1,224.98
Parent & Child — No Medicare	\$1,516.35
Parent & Child — Retiree on Medicare	\$737.89
HORIZON HMO1525 #053 (247) — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single — No Medicare	\$1,074.78
Single — One on Medicare	\$582.93
Member & Spouse/Partner — No Medicare	\$2,343.04
Member & Spouse/Partner — One on Medicare	\$1,642.91
Member & Spouse/Partner — Both on Medicare	\$1,165.82
Family — No Medicare	\$2,665.45
Family — One on Medicare	\$1,940.94
Family — Both on Medicare	\$1,437.32
Parent & Child — No Medicare	\$1,504.71
Parent & Child — Retiree on Medicare	\$860.89
AETNA FREEDOM2030 #064 (24A) — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$1,138.30
Single — One on Medicare	N/A
Member & Spouse/Partner — No Medicare	\$2,481.53
Member & Spouse/Partner — One on Medicare	N/A
Member & Spouse/Partner — Both on Medicare	N/A
Family — No Medicare	\$2,822.97
Family — One on Medicare	N/A
Family — Both on Medicare	N/A
Parent & Child — No Medicare	\$1,593.65
Parent & Child — Retiree on Medicare	N/A
NJ DIRECT2030 #052 (235) — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$1,138.30
Single — One on Medicare	\$481.47
Member & Spouse/Partner — No Medicare	\$2,481.53
Member & Spouse/Partner — One on Medicare	\$1,586.11
Member & Spouse/Partner — Both on Medicare	\$962.94
Family — No Medicare	\$2,822.97
Family — One on Medicare	\$1,902.09
Family — Both on Medicare	\$1,241.50
Parent & Child — No Medicare	\$1,593.65
Parent & Child — Retiree on Medicare	\$762.31



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AETNA HMO2030 #062 (237) — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$1,038.29
Single — On Medicare	N/A
Member & Spouse/Partner — No Medicare	\$2,263.50
Member & Spouse/Partner — One on Medicare	N/A
Member & Spouse/Partner — Both on Medicare	N/A
Family — No Medicare	\$2,574.95
Family — One on Medicare	N/A
Family — Both on Medicare	N/A
Parent & Child — No Medicare	\$1,453.61
Parent & Child — Retiree on Medicare	N/A
HORIZON HMO2030 #054 (248) — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$1,030.46
Single — One on Medicare	\$572.39
Member & Spouse/Partner — No Medicare	\$2,246.42
Member & Spouse/Partner — One on Medicare	\$1,591.28
Member & Spouse/Partner — Both on Medicare	\$1,144.83
Family — No Medicare	\$2,555.53
Family — One on Medicare	\$1,877.54
Family — Both on Medicare	\$1,411.55
Parent & Child — No Medicare	\$1,442.64
Parent & Child — Retiree on Medicare	\$845.53
AETNA VALUE HD4000 #092 (242) — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single — No Medicare	\$657.07
Single — On Medicare	N/A
Member & Spouse/Partner — No Medicare	\$1,432.37
Member & Spouse/Partner — One on Medicare	N/A
Member & Spouse/Partner — Both on Medicare	N/A
Family — No Medicare	\$1,629.49
Family — One on Medicare	N/A
Family — Both on Medicare	N/A
Parent & Child — No Medicare	\$919.88
Parent & Child — Retiree on Medicare	N/A
NJ DIRECT HD4000 #090 (240) — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single — No Medicare	\$657.07
Single — On Medicare	N/A
Member & Spouse/Partner — No Medicare	\$1,432.37
Member & Spouse/Partner — One on Medicare	N/A
Member & Spouse/Partner — Both on Medicare	N/A
Family — No Medicare	\$1,629.49
Family — One on Medicare	N/A
Family — Both on Medicare	N/A
Parent & Child — No Medicare	\$919.88
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 County, 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).