



Chapter 330 Rates for Local Government Retirees
Medicare and Non-Medicare Monthly Rates
Medical Including Rx
 Effective 1/1/2019 to 12/31/2019

PLAN AND COVERAGE LEVEL	MONTHLY RATE — RETIREE SHARE
Aetna Freedom10 #018 (26B) — PPO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$308.09
Single — On Medicare	\$80.76
Member & Spouse/Partner — No Medicare	\$671.65
Member & Spouse/Partner — One on Medicare	\$338.59
Member & Spouse/Partner — Both on Medicare	\$161.52
Family — No Medicare	\$764.09
Family — One on Medicare	\$421.96
Family — Both on Medicare	\$225.30
Parent & Child — No Medicare	\$431.34
Parent & Child — Retiree on Medicare	\$146.01
Split Vendor PPO10 #50 (250) — PPO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$308.10
Single — On Medicare	\$80.76
Member & Spouse/Partner — No Medicare	\$671.65
Member & Spouse/Partner — One on Medicare	\$247.53
Member & Spouse/Partner — Both on Medicare	\$161.52
Family — No Medicare	\$764.09
Family — One on Medicare	\$309.70
Family — Both on Medicare	\$225.30
Parent & Child — No Medicare	\$431.34
Parent & Child — Retiree on Medicare	\$146.01
Aetna Freedom15 #180 (26C) — PPO Plan with \$15 Primary Care Copayment	
Single — No Medicare	\$265.43
Single — On Medicare	\$62.96
Member & Spouse/Partner — No Medicare	\$578.65
Member & Spouse/Partner — One on Medicare	\$277.91
Member & Spouse/Partner — Both on Medicare	\$125.92
Family — No Medicare	\$658.29
Family — One on Medicare	\$350.42
Family — Both on Medicare	\$182.86
Parent & Child — No Medicare	\$371.61
Parent & Child — Retiree on Medicare	\$121.50
Split Vendor PPO15 #150 (251) — PPO Plan with \$15 Primary Care Copayment	
Single — No Medicare	\$265.43
Single — On Medicare	\$62.96
Member & Spouse/Partner — No Medicare	\$578.65
Member & Spouse/Partner — One on Medicare	\$213.12
Member & Spouse/Partner — Both on Medicare	\$125.92
Family — No Medicare	\$658.29
Family — One on Medicare	\$270.39
Family — Both on Medicare	\$182.86
Parent & Child — No Medicare	\$371.61
Parent & Child — Retiree on Medicare	\$121.50



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Aetna HMO #019 (252) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$248.34
Single — On Medicare	\$135.67
Member & Spouse/Partner — No Medicare	\$541.66
Member & Spouse/Partner — One on Medicare	\$297.82
Member & Spouse/Partner — Both on Medicare	\$271.34
Family — No Medicare	\$616.41
Family — One on Medicare	\$353.08
Family — Both on Medicare	\$330.56
Parent & Child — No Medicare	\$347.97
Parent & Child — Retiree on Medicare	\$190.81
Horizon HMO #011 (266) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$241.75
Single — On Medicare	\$217.90
Member & Spouse/Partner — No Medicare	\$527.29
Member & Spouse/Partner — One on Medicare	\$293.64
Member & Spouse/Partner — Both on Medicare	\$435.80
Family — No Medicare	\$600.06
Family — One on Medicare	\$347.35
Family — Both on Medicare	\$533.76
Parent & Child — No Medicare	\$338.74
Parent & Child — Retiree on Medicare	\$310.02
Aetna Freedom1525 #063 (269) — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single — No Medicare	\$230.85
Member & Spouse/Partner — No Medicare	\$503.26
Family — No Medicare	\$572.52
Parent & Child — No Medicare	\$323.20
NJ DIRECT1525 #051 (254) — PPO Plan with \$15 Primary Care /\$25 Specialist Care Copayment	
Single — No Medicare	\$230.85
Single — On Medicare	\$127.83
Member & Spouse/Partner — No Medicare	\$503.26
Member & Spouse/Partner — One on Medicare	\$225.44
Member & Spouse/Partner — Both on Medicare	\$255.67
Family — No Medicare	\$572.52
Family — One on Medicare	\$288.34
Family — Both on Medicare	\$349.33
Parent & Child — No Medicare	\$323.20
Parent & Child — Retiree on Medicare	\$222.48



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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	\$177.17
Single — On Medicare	\$63.06
Member & Spouse/Partner — No Medicare	\$386.22
Member & Spouse/Partner — One on Medicare	\$221.19
Member & Spouse/Partner — Both on Medicare	\$126.12
Family — No Medicare	\$439.38
Family — One on Medicare	\$264.57
Family — Both on Medicare	\$159.08
Parent & Child — No Medicare	\$248.03
Parent & Child — Retiree on Medicare	\$94.83
Horizon HMO1525 #053 (267) — HMO Plan with \$15 Primary Care /\$25 Specialist Copayment	
Single — No Medicare	\$171.33
Single — On Medicare	\$180.71
Member & Spouse/Partner — No Medicare	\$373.50
Member & Spouse/Partner — One on Medicare	\$217.51
Member & Spouse/Partner — Both on Medicare	\$361.42
Family — No Medicare	\$424.90
Family — One on Medicare	\$259.48
Family — Both on Medicare	\$437.97
Parent & Child — No Medicare	\$239.86
Parent & Child — Retiree on Medicare	\$252.11
Aetna Freedom2030 #064 (26A) — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$194.32
Member & Spouse/Partner — No Medicare	\$423.63
Family — No Medicare	\$481.93
Parent & Child — No Medicare	\$272.05
NJ DIRECT2030 #052 (255) — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$194.32
Single — On Medicare	\$118.89
Member & Spouse/Partner — No Medicare	\$423.63
Member & Spouse/Partner — One on Medicare	\$189.83
Member & Spouse/Partner — Both on Medicare	\$237.82
Family — No Medicare	\$481.93
Family — One on Medicare	\$244.21
Family — Both on Medicare	\$326.19
Parent & Child — No Medicare	\$272.05
Parent & Child — Retiree on Medicare	\$208.36



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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	\$142.97
Member & Spouse/Partner — No Medicare	\$311.69
Family — No Medicare	\$354.58
Parent & Child — No Medicare	\$200.17
Horizon HMO2030 #054 (268) — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$137.50
Single — On Medicare	\$170.08
Member & Spouse/Partner — No Medicare	\$299.76
Member & Spouse/Partner — One on Medicare	\$184.02
Member & Spouse/Partner — Both on Medicare	\$340.19
Family — No Medicare	\$341.01
Family — One on Medicare	\$218.44
Family — Both on Medicare	\$411.53
Parent & Child — No Medicare	\$192.51
Parent & Child — Retiree on Medicare	\$236.51
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 DIRECT10, NJ DIRECT15, and NJ DIRECT HD4000 (#092).
- 3) Retirees who subscribe to the High Deductible health plans and accrued 25 years prior to the provision of P.L., 2011, c. 78 — State will cover the cost of monthly premium.

Retirees who subscribe to the High Deductible health plans and are subject to the provision of P.L., 2011, c. 78 — Retiree will pay retiree share of 1.5% of pension allowance.