



Local Retired Group — Government Employers
Medicare and Non-Medicare Monthly Rates Effective 1/1/2019 to 12/31/2019
Medical Only — For Retirees With Medicare Part D Benefits

PLAN/COVERAGE DESCRIPTION	Aetna Freedom10 #018 (26B)	Aetna Freedom15 #180 (26C)	NJ DIRECT10 #050 (250)			NJ DIRECT15 #150 (251)			Aetna HMO #019 (252)	Horizon HMO #011 (266)
			Horizon Non-Medicare Retiree Subscriber	Aetna Medicare Advantage Subscriber	Split Vendor PPO 10 Cost	Horizon Non-Medicare Retiree Subscriber	Aetna Medicare Advantage Subscriber	Split Vendor PPO 15 Cost		
Single — No Medicare	\$714.80	\$672.14	\$714.81		\$714.81	\$672.14		\$672.14	\$659.07	\$652.48
Single — On Medicare	\$121.15	\$103.35		\$121.15	\$121.15		\$103.35	\$103.35	\$144.00	\$226.23
Member & Spouse/Partner — No Medicare	\$1,558.27	\$1,465.27	\$1,558.27		\$1,558.27	\$1,465.27		\$1,465.27	\$1,436.78	\$1,422.41
Member & Spouse/Partner — One on Medicare	\$778.95	\$718.27	\$566.74	\$121.15	\$687.89	\$550.13	\$103.35	\$653.48	\$715.51	\$711.33
Member & Spouse/Partner — Both on Medicare	\$242.30	\$206.70		\$242.30	\$242.30		\$206.70	\$206.70	\$288.00	\$452.46
Family — No Medicare	\$1,772.71	\$1,666.91	\$1,772.71		\$1,772.71	\$1,666.91		\$1,666.91	\$1,634.50	\$1,618.15
Family — One on Medicare	\$959.61	\$888.07	\$726.20	\$121.15	\$847.35	\$704.69	\$103.35	\$808.04	\$870.18	\$864.45
Family — Both on Medicare	\$312.20	\$269.76	\$69.90	\$242.30	\$312.20	\$63.06	\$206.70	\$269.76	\$359.82	\$563.02
Parent & Child — No Medicare	\$1,000.73	\$941.00	\$1,000.73		\$1,000.73	\$941.00		\$941.00	\$922.70	\$913.47
Parent & Child — Retiree on Medicare	\$189.88	\$165.37	\$68.73	\$121.15	\$189.88	\$62.02	\$103.35	\$165.37	\$212.60	\$331.81

PLAN/COVERAGE DESCRIPTION	Aetna Freedom1525 #063 (269)	NJ DIRECT1525 #051 (254)	Aetna HMO1525 #061 (256)	Horizon HMO1525 #053 (267)
Single — No Medicare	\$641.99	\$641.99	\$582.05	\$576.21
Single — On Medicare		\$174.77	\$110.00	\$227.65
Member & Spouse/Partner — No Medicare	\$1,399.54	\$1,399.54	\$1,268.86	\$1,256.14
Member & Spouse/Partner — One on Medicare		\$674.94	\$664.21	\$660.53
Member & Spouse/Partner — Both on Medicare		\$349.55	\$220.00	\$455.30
Family — No Medicare	\$1,592.14	\$1,592.14	\$1,443.48	\$1,429.00
Family — One on Medicare		\$836.39	\$805.25	\$800.16
Family — Both on Medicare		\$453.23	\$262.98	\$541.87
Parent & Child — No Medicare	\$898.79	\$898.79	\$814.86	\$806.69
Parent & Child — Retiree on Medicare		\$276.73	\$149.08	\$306.36



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PLAN/COVERAGE DESCRIPTION	Aetna Freedom2030 #064 (26A)	NJ DIRECT2030 #052 (255)	Aetna HMO2030 #062 (257)	Horizon HMO2030 #054 (268)
Single — No Medicare	\$604.14	\$604.14	\$546.48	\$541.01
Single — On Medicare		\$163.88		\$215.07
Member & Spouse/Partner — No Medicare	\$1,317.04	\$1,317.04	\$1,191.33	\$1,179.40
Member & Spouse/Partner — One on Medicare		\$636.61		\$624.26
Member & Spouse/Partner — Both on Medicare		\$327.80		\$430.17
Family — No Medicare	\$1,498.28	\$1,498.28	\$1,355.27	\$1,341.70
Family — One on Medicare		\$789.16		\$755.95
Family — Both on Medicare		\$425.02		\$510.36
Parent & Child — No Medicare	\$845.80	\$845.80	\$765.07	\$757.41
Parent & Child — Retiree on Medicare		\$259.51		\$287.66

PLAN/COVERAGE DESCRIPTION	Aetna Value HD4000 #092 (262)	NJ DIRECT HD4000 #090 (260)
Single — No Medicare	\$340.22	\$340.22
Single — On Medicare		
Member & Spouse/Partner — No Medicare	\$741.68	\$741.68
Member & Spouse/Partner — One on Medicare		
Member & Spouse/Partner — Both on Medicare		
Family — No Medicare	\$843.75	\$843.75
Family — One on Medicare		
Family — Both on Medicare		
Parent & Child — No Medicare	\$476.31	\$476.31
Parent & Child — Retiree on Medicare		

- 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: NJ DIRECT10 (#50); NJ DIRECT15 (#180); Aetna Freedom2030 (#064); Aetna Freedom1525 (#063); Aetna HMO2030 (#062), and the HD plans (#090) and (#092).*