



State Retired Group
Medicare and Non-Medicare Monthly Rates Effective 1/1/2019 to 12/31/2019
Medical Including Rx

PLAN/COVERAGE DESCRIPTION	Aetna Freedom10 #018 (24B)	Aetna Freedom15 #180 (24C)	NJ DIRECT10 #050 (230)			NJ DIRECT15 #150 (231)			Aetna HMO #019 (232)	Horizon HMO #011 (246)
			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	\$1,352.58	\$1,283.56	\$1,352.58		\$1,352.58	\$1,283.56		\$1,283.56	\$1,214.76	\$1,204.74
Single — On Medicare	\$340.77	\$322.43		\$340.77	\$340.77		\$322.43	\$322.43	\$430.58	\$595.52
Member & Spouse/Partner — No Medicare	\$2,948.64	\$2,798.18	\$2,948.64		\$2,948.64	\$2,798.18		\$2,798.18	\$2,646.82	\$2,624.99
Member & Spouse/Partner — One on Medicare	\$1,499.30	\$1,419.17	\$1,088.19	\$340.77	\$1,428.96	\$1,051.63	\$322.43	\$1,374.06	\$1,466.12	\$1,459.31
Member & Spouse/Partner — Both on Medicare	\$681.54	\$644.87		\$681.54	\$681.54		\$644.87	\$644.87	\$861.16	\$1,191.04
Family — No Medicare	\$3,354.43	\$3,183.26	\$3,354.43		\$3,354.43	\$3,183.26		\$3,183.26	\$3,011.13	\$2,986.29
Family — One on Medicare	\$1,802.51	\$1,707.57	\$1,375.01	\$340.77	\$1,715.78	\$1,329.43	\$322.43	\$1,651.86	\$1,736.18	\$1,727.26
Family — Both on Medicare	\$877.01	\$833.18	\$195.47	\$681.54	\$877.01	\$188.31	\$644.87	\$833.18	\$1,058.00	\$1,461.55
Parent & Child — No Medicare	\$1,893.61	\$1,796.98	\$1,893.61		\$1,893.61	\$1,796.98		\$1,796.98	\$1,699.65	\$1,685.63
Parent & Child — Retiree on Medicare	\$537.85	\$512.28	\$197.08	\$340.77	\$537.85	\$189.95	\$322.43	\$512.28	\$632.77	\$873.30

PLAN/COVERAGE DESCRIPTION	Aetna Freedom1525 #063 (249)	NJ DIRECT1525 #051 (234)	Aetna HMO1525 #061 (236)	Horizon HMO1525 #053 (247)
Single — No Medicare	\$1,237.32	\$1,237.32	\$1,119.27	\$1,110.15
Single — On Medicare		\$456.37	\$364.63	\$555.65
Member & Spouse/Partner — No Medicare	\$2,697.36	\$2,697.36	\$2,440.02	\$2,420.13
Member & Spouse/Partner — One on Medicare		\$1,351.64	\$1,356.34	\$1,350.22
Member & Spouse/Partner — Both on Medicare		\$912.74	\$729.26	\$1,111.27
Family — No Medicare	\$3,068.55	\$3,068.55	\$2,775.80	\$2,753.17
Family — One on Medicare		\$1,627.69	\$1,606.89	\$1,598.85
Family — Both on Medicare		\$1,176.79	\$914.61	\$1,359.07
Parent & Child — No Medicare	\$1,732.23	\$1,732.23	\$1,566.96	\$1,554.19
Parent & Child — Retiree on Medicare		\$722.59	\$553.26	\$810.24



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PLAN/COVERAGE DESCRIPTION	Aetna Freedom2030 #064 (24A)	NJ DIRECT2030 #052 (235)	Aetna HMO2030 #062 (237)	Horizon HMO2030 #054 (248)
Single — No Medicare	\$1,181.92	\$1,181.92	\$1,069.42	\$1,060.82
Single — On Medicare		\$445.34		\$542.94
Member & Spouse/Partner — No Medicare	\$2,576.60	\$2,576.60	\$2,331.38	\$2,312.64
Member & Spouse/Partner — One on Medicare		\$1,303.34		\$1,304.90
Member & Spouse/Partner — Both on Medicare		\$890.69		\$1,085.92
Family — No Medicare	\$2,931.15	\$2,931.15	\$2,652.20	\$2,630.88
Family — One on Medicare		\$1,567.78		\$1,543.26
Family — Both on Medicare		\$1,148.34		\$1,327.83
Parent & Child — No Medicare	\$1,654.68	\$1,654.38	\$1,497.20	\$1,485.16
Parent & Child — Retiree on Medicare		\$705.11		\$791.57

PLAN/COVERAGE DESCRIPTION	Aetna Value HD4000 #092 (242)	NJ DIRECT HD4000 #090 (240)
Single — No Medicare	\$676.85	\$676.85
Single — On Medicare		
Member & Spouse/Partner — No Medicare	\$1,475.49	\$1,475.49
Member & Spouse/Partner — One on Medicare		
Member & Spouse/Partner — Both on Medicare		
Family — No Medicare	\$1,678.54	\$1,678.54
Family — One on Medicare		
Family — Both on Medicare		
Parent & Child — No Medicare	\$947.56	\$947.56
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).*