



Chapter 330 Rates for Local Government Retirees
Medicare and Non-Medicare Monthly Rates
Medical Only — For Retirees With Medicare Part D Benefits
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	\$281.99
Single — On Medicare	\$33.15
Member & Spouse/Partner — No Medicare	\$614.75
Member & Spouse/Partner — One on Medicare	\$279.54
Member & Spouse/Partner — Both on Medicare	\$66.30
Family — No Medicare	\$699.35
Family — One on Medicare	\$354.85
Family — Both on Medicare	\$101.82
Parent & Child — No Medicare	\$394.80
Parent & Child — Retiree on Medicare	\$70.62
Split Vendor PPO10 #50 (250) — PPO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$282.00
Single — On Medicare	\$33.15
Member & Spouse/Partner — No Medicare	\$614.75
Member & Spouse/Partner — One on Medicare	\$188.48
Member & Spouse/Partner — Both on Medicare	\$66.30
Family — No Medicare	\$699.35
Family — One on Medicare	\$242.59
Family — Both on Medicare	\$101.82
Parent & Child — No Medicare	\$394.80
Parent & Child — Retiree on Medicare	\$70.62
Aetna Freedom15 #180 (26C) — PPO Plan with \$15 Primary Care Copayment	
Single — No Medicare	\$239.33
Single — On Medicare	\$15.35
Member & Spouse/Partner — No Medicare	\$521.75
Member & Spouse/Partner — One on Medicare	\$218.86
Member & Spouse/Partner — Both on Medicare	\$30.70
Family — No Medicare	\$593.55
Family — One on Medicare	\$283.31
Family — Both on Medicare	\$59.38
Parent & Child — No Medicare	\$335.07
Parent & Child — Retiree on Medicare	\$46.11
Split Vendor PPO15 #150 (251) — PPO Plan with \$15 Primary Care Copayment	
Single — No Medicare	\$282.00
Single — On Medicare	\$33.15
Member & Spouse/Partner — No Medicare	\$614.75
Member & Spouse/Partner — One on Medicare	\$188.48
Member & Spouse/Partner — Both on Medicare	\$66.30
Family — No Medicare	\$699.35
Family — One on Medicare	\$242.59
Family — Both on Medicare	\$101.82
Parent & Child — No Medicare	\$394.80
Parent & Child — Retiree on Medicare	\$70.62



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Aetna HMO #019 (252) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$226.26
Single — On Medicare	\$56.00
Member & Spouse/Partner — No Medicare	\$493.26
Member & Spouse/Partner — One on Medicare	\$216.10
Member & Spouse/Partner — Both on Medicare	\$112.00
Family — No Medicare	\$561.14
Family — One on Medicare	\$265.42
Family — Both on Medicare	\$149.44
Parent & Child — No Medicare	\$316.77
Parent & Child — Retiree on Medicare	\$93.34
Horizon HMO #011 (266) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$219.67
Single — On Medicare	\$138.23
Member & Spouse/Partner — No Medicare	\$478.89
Member & Spouse/Partner — One on Medicare	\$211.92
Member & Spouse/Partner — Both on Medicare	\$276.46
Family — No Medicare	\$544.79
Family — One on Medicare	\$259.69
Family — Both on Medicare	\$352.64
Parent & Child — No Medicare	\$307.54
Parent & Child — Retiree on Medicare	\$212.55
Aetna Freedom1525 #063 (269) — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single — No Medicare	\$209.18
Member & Spouse/Partner — No Medicare	\$456.02
Family — No Medicare	\$518.78
Parent & Child — No Medicare	\$292.86
NJ DIRECT1525 #051 (254) — PPO Plan with \$15 Primary Care /\$25 Specialist Care Copayment	
Single — No Medicare	\$209.18
Single — On Medicare	\$86.77
Member & Spouse/Partner — No Medicare	\$456.02
Member & Spouse/Partner — One on Medicare	\$175.53
Member & Spouse/Partner — Both on Medicare	\$173.55
Family — No Medicare	\$518.78
Family — One on Medicare	\$231.63
Family — Both on Medicare	\$242.85
Parent & Child — No Medicare	\$292.86
Parent & Child — Retiree on Medicare	\$157.47



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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	\$149.24
Single — On Medicare	\$22.00
Member & Spouse/Partner — No Medicare	\$325.34
Member & Spouse/Partner — One on Medicare	\$164.80
Member & Spouse/Partner — Both on Medicare	\$44.00
Family — No Medicare	\$370.12
Family — One on Medicare	\$200.49
Family — Both on Medicare	\$52.60
Parent & Child — No Medicare	\$208.93
Parent & Child — Retiree on Medicare	\$29.82
Horizon HMO1525 #053 (267) — HMO Plan with \$15 Primary Care /\$25 Specialist Copayment	
Single — No Medicare	\$143.40
Single — On Medicare	\$139.65
Member & Spouse/Partner — No Medicare	\$312.62
Member & Spouse/Partner — One on Medicare	\$161.12
Member & Spouse/Partner — Both on Medicare	\$279.30
Family — No Medicare	\$355.64
Family — One on Medicare	\$195.40
Family — Both on Medicare	\$331.49
Parent & Child — No Medicare	\$200.76
Parent & Child — Retiree on Medicare	\$187.10
Aetna Freedom2030 #064 (26A) — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$171.33
Member & Spouse/Partner — No Medicare	\$373.52
Family — No Medicare	\$424.92
Parent & Child — No Medicare	\$239.87
NJ DIRECT2030 #052 (255) — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$171.33
Single — On Medicare	\$75.88
Member & Spouse/Partner — No Medicare	\$373.52
Member & Spouse/Partner — One on Medicare	\$137.20
Member & Spouse/Partner — Both on Medicare	\$151.80
Family — No Medicare	\$424.92
Family — One on Medicare	\$184.40
Family — Both on Medicare	\$214.64
Parent & Child — No Medicare	\$239.87
Parent & Child — Retiree on Medicare	\$140.25



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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	\$113.67
Member & Spouse/Partner — No Medicare	\$247.81
Family — No Medicare	\$281.91
Parent & Child — No Medicare	\$159.14
Horizon HMO2030 #054 (268) — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$108.20
Single — On Medicare	\$127.07
Member & Spouse/Partner — No Medicare	\$235.88
Member & Spouse/Partner — One on Medicare	\$124.85
Member & Spouse/Partner — Both on Medicare	\$254.17
Family — No Medicare	\$268.34
Family — One on Medicare	\$151.19
Family — Both on Medicare	\$299.98
Parent & Child — No Medicare	\$151.48
Parent & Child — Retiree on Medicare	\$168.40
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 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.