



Local Retired Group — Government Employers
Medicare and Non-Medicare Monthly Rates Effective 1/1/2019 to 12/31/2019
Medical Including Rx

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	\$858.10	\$815.44	\$858.11		\$858.11	\$815.44		\$815.44	\$798.35	\$791.76
Single — On Medicare	\$333.01	\$315.21		333.01	\$333.01		\$315.21	\$315.21	\$387.92	\$470.15
Member & Spouse/Partner — No Medicare	\$1,870.70	\$1,777.70	\$1,870.70		\$1,870.70	\$1,777.70		\$1,777.70	\$1,740.71	\$1,726.34
Member & Spouse/Partner — One on Medicare	\$1,074.67	\$1,013.99	\$650.60	\$333.01	\$983.61	\$633.99	\$315.21	\$949.20	\$1,033.90	\$1,029.72
Member & Spouse/Partner — Both on Medicare	\$666.02	\$630.42		\$666.02	\$666.02		\$630.42	\$630.42	\$775.84	\$940.30
Family — No Medicare	\$2,128.13	\$2,022.33	\$2,128.13		\$2,128.13	\$2,022.33		\$2,022.33	\$1,980.45	\$1,964.10
Family — One on Medicare	\$1,295.71	\$1,224.17	\$850.44	\$333.01	\$1,183.45	\$828.93	\$315.21	\$1,144.14	\$1,226.83	\$1,221.10
Family — Both on Medicare	\$861.62	\$819.18		\$666.02	\$861.62	\$188.76	\$630.42	\$819.18	\$966.88	\$1,170.08
Parent & Child — No Medicare	\$1,201.37	\$1,141.64	\$1,201.37		\$1,201.37	\$1,141.64		\$1,141.64	\$1,118.00	\$1,108.77
Parent & Child — Retiree on Medicare	\$525.32	\$500.81	\$192.31	\$333.01	\$525.32	\$185.60	\$315.21	\$500.81	\$570.12	\$689.33

PLAN/COVERAGE DESCRIPTION	Aetna Freedom1525 #063 (269)	NJ DIRECT1525 #051 (254)	Aetna HMO1525 #061 (256)	Horizon HMO1525 #053 (267)
Single — No Medicare	\$780.86	\$780.86	\$727.18	\$721.34
Single — On Medicare		\$380.08	\$315.31	\$432.96
Member & Spouse/Partner — No Medicare	\$1,702.31	\$1,702.31	\$1,585.27	\$1,572.55
Member & Spouse/Partner — One on Medicare		\$961.52	\$957.27	\$953.59
Member & Spouse/Partner — Both on Medicare		\$760.17	\$630.62	\$865.92
Family — No Medicare	\$1,936.56	\$1,936.56	\$1,803.42	\$1,788.94
Family — One on Medicare		\$1,162.09	\$1,138.32	\$1,133.23
Family — Both on Medicare		\$985.65	\$795.40	\$1,074.29
Parent & Child — No Medicare	\$1,093.23	\$1,093.23	\$1,018.06	\$1,009.89
Parent & Child — Retiree on Medicare		\$601.79	\$474.14	\$631.42



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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	\$744.33	\$744.33	\$692.98	\$687.51
Single — On Medicare		\$371.14		\$422.33
Member & Spouse/Partner — No Medicare	\$1,622.68	\$1,622.68	\$1,510.74	\$1,498.81
Member & Spouse/Partner — One on Medicare		\$925.91		\$920.10
Member & Spouse/Partner — Both on Medicare		\$742.32		\$844.69
Family — No Medicare	\$1,845.97	\$1,845.97	\$1,718.62	\$1,705.05
Family — One on Medicare		\$1,117.96		\$1,092.19
Family — Both on Medicare		\$962.51		\$1,047.85
Parent & Child — No Medicare	\$1,042.08	\$1,042.08	\$970.20	\$962.54
Parent & Child — Retiree on Medicare		\$587.67		\$615.82

PLAN/COVERAGE DESCRIPTION	Aetna Value HD4000 #092 (262)	NJ DIRECT HD4000 #090 (260)
Single — No Medicare	\$431.93	\$431.93
Single — On Medicare		
Member & Spouse/Partner — No Medicare	\$941.60	\$941.60
Member & Spouse/Partner — One on Medicare		
Member & Spouse/Partner — Both on Medicare		
Family — No Medicare	\$1,071.18	\$1,071.18
Family — One on Medicare		
Family — Both on Medicare		
Parent & Child — No Medicare	\$604.70	\$604.70
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).*