



State Retired Group
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 (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	\$1,149.75	\$1,080.73	\$1,149.75		\$1,149.75	\$1,080.73		\$1,080.73	\$1,000.05	\$990.03
Single — On Medicare	\$91.14	\$72.80		\$91.14	\$91.14		\$72.80	\$72.80	\$143.00	\$307.94
Member & Spouse/Partner — No Medicare	\$2,506.45	\$2,355.99	\$2,506.45		\$2,506.45	\$2,355.99		\$2,355.99	\$2,180.10	\$2,158.27
Member & Spouse/Partner — One on Medicare	\$1,061.66	\$981.53	\$900.18	\$91.14	\$991.32	\$863.62	\$72.80	\$936.42	\$977.77	\$970.96
Member & Spouse/Partner — Both on Medicare	\$182.28	\$145.61		\$182.28	\$182.28		\$145.61	\$145.61	\$286.00	\$615.88
Family — No Medicare	\$2,851.38	\$2,680.21	\$2,851.38		\$2,851.38	\$2,680.21		\$2,680.21	\$2,480.12	\$2,455.28
Family — One on Medicare	\$1,308.25	\$1,213.31	\$1,130.38	\$91.14	\$1,221.52	\$1,084.80	\$72.80	\$1,157.60	\$1,188.90	\$1,179.98
Family — Both on Medicare	\$233.31	\$189.48	\$51.03	\$182.28	\$233.31	\$43.87	\$145.61	\$189.48	\$352.41	\$755.96
Parent & Child — No Medicare	\$1,609.65	\$1,513.02	\$1,609.65		\$1,609.65	\$1,513.02		\$1,513.02	\$1,400.07	\$1,386.05
Parent & Child — Retiree on Medicare	\$142.60	\$117.03	\$51.46	\$91.14	\$142.60	\$44.23	\$72.80	\$117.03	\$211.12	\$451.65

PLAN/COVERAGE DESCRIPTION	Aetna Freedom1525 #063 (249)	NJ DIRECT1525 #051 (234)	Aetna HMO1525 #061 (236)	Horizon HMO1525 #053 (247)
Single — No Medicare	\$1,037.86	\$1,037.86	\$911.94	\$902.82
Single — On Medicare		\$210.89	\$108.00	\$299.02
Member & Spouse/Partner — No Medicare	\$2,262.54	\$2,262.54	\$1,988.04	\$1,968.15
Member & Spouse/Partner — One on Medicare		\$921.30	\$907.75	\$901.63
Member & Spouse/Partner — Both on Medicare		\$421.80	\$216.00	\$598.01
Family — No Medicare	\$2,573.90	\$2,573.90	\$2,261.62	\$2,238.99
Family — One on Medicare		\$1,141.68	\$1,100.26	\$1,092.22
Family — Both on Medicare		\$543.82	\$252.86	\$697.32
Parent & Child — No Medicare	\$1,453.01	\$1,453.01	\$1,276.72	\$1,263.95
Parent & Child — Retiree on Medicare		\$333.94	\$146.94	\$403.92



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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	\$980.59	\$980.59	\$860.16	\$851.56
Single — On Medicare		\$197.57		\$283.90
Member & Spouse/Partner — No Medicare	\$2,137.69	\$2,137.69	\$1,875.15	\$1,856.41
Member & Spouse/Partner — One on Medicare		\$868.97		\$852.11
Member & Spouse/Partner — Both on Medicare		\$395.16		\$567.85
Family — No Medicare	\$2,431.87	\$2,431.87	\$2,133.20	\$2,111.88
Family — One on Medicare		\$1,077.20		\$1,031.88
Family — Both on Medicare		\$509.44		\$659.90
Parent & Child — No Medicare	\$1,372.83	\$1,372.83	\$1,204.23	\$1,192.19
Parent & Child — Retiree on Medicare		\$312.82		\$381.45

PLAN/COVERAGE DESCRIPTION	Aetna Value HD4000 #092 (242)	NJ DIRECT HD4000 #090 (240)
Single — No Medicare	\$544.83	\$544.83
Single — On Medicare		
Member & Spouse/Partner — No Medicare	\$1,187.71	\$1,187.71
Member & Spouse/Partner — One on Medicare		
Member & Spouse/Partner — Both on Medicare		
Family — No Medicare	\$1,351.15	\$1,351.15
Family — One on Medicare		
Family — Both on Medicare		
Parent & Child — No Medicare	\$762.74	\$762.74
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).*