



State Retired Group
Medicare and Non-Medicare Monthly Rates Effective 1/1/2020 to 12/31/2020
Medical Including Rx

PLAN/COVERAGE DESCRIPTION	CWA Unity DIRECT #023 (24E)	NJ DIRECT #024 (24F)	NJ DIRECT10 #050 (230)			NJ DIRECT15 #150 (231)		
			Horizon Non-Medicare Retiree Subscriber	Aetna Medicare Advantage Subscriber	Split Vendor NJ DIRECT10 Cost	Horizon Non-Medicare Retiree Subscriber	Aetna Medicare Advantage Subscriber	Split Vendor NJ DIRECT15 Cost
Single — No Medicare	\$1,143.43	\$1,143.43	\$1,309.44		\$1,309.04	\$1,243.04		\$1,243.04
Single — On Medicare				\$341.05	\$341.05		\$322.91	\$322.91
Member & Spouse/Partner — No Medicare	\$2,492.68	\$2,492.68	\$2,854.60		\$2,854.60	\$2,709.83		\$2,709.83
Member & Spouse/Partner — One on Medicare	\$1,466.34	\$1,466.34	\$1,227.30	\$341.05	\$1,568.35	\$1,227.13	\$322.91	\$1,550.04
Member & Spouse/Partner — Both on Medicare				\$682.10	\$682.10		\$645.82	\$645.82
Family — No Medicare	\$2,835.71	\$2,835.71	\$3,247.44		\$3,247.44	\$3,082.75		\$3,082.75
Family — One on Medicare	\$1,923.72	\$1,923.72	\$1,549.33	\$341.05	\$1,890.58	\$1,549.64	\$322.91	\$1,872.55
Family — Both on Medicare			\$194.98	\$682.10	\$877.08	\$189.43	\$645.82	\$835.25
Parent & Child — No Medicare	\$1,600.81	\$1,600.81	\$1,833.21		\$1,833.21	\$1,740.24		\$1,740.24
Parent & Child — Retiree on Medicare			\$196.60	\$341.05	\$537.65	\$190.97	\$322.91	\$513.88

PLAN/COVERAGE DESCRIPTION	Horizon HMO #011 (246)	Horizon HMO #058 (23G)			NJ DIRECT1525 #051 (234)	HorizonHMO1525 #053 (247)	Horizon HMO1525 #059 (23H)			Horizon OMNIA #057 (24P)
		Horizon Non-Medicare Retiree Subscriber	Aetna Medicare Advantage Subscriber	Split Vendor Horizon HMO Cost			Horizon Non-Medicare Retiree Subscriber	Aetna Medicare Advantage Subscriber	Split Vendor Horizon HMO1525 Cost	
Single — No Medicare	\$1,167.68	\$1,167.68		\$1,167.68	\$1,198.41	\$1,076.38	\$1,076.38		\$1,076.38	\$957.43
Single — On Medicare	\$624.71		\$431.32	\$431.32	\$469.70	\$587.09		\$369.18	\$369.18	
Member & Spouse/Partner — No Medicare	\$2,544.19	\$2,544.19		\$2,544.19	\$2,612.54	\$2,346.50	\$2,346.50		\$2,346.50	\$2,087.20
Member & Spouse/Partner — One on Medicare	\$1,516.13	\$891.42	\$431.32	\$1,322.74	\$1,407.79	\$1,403.32	\$816.23	\$369.18	\$1,185.41	\$1,280.34
Member & Spouse/Partner — Both on Medicare	\$1,249.41		\$862.94	\$862.64	\$939.42	\$1,174.15		\$738.36	\$738.36	
Family — No Medicare	\$2,894.37	\$2,894.37		\$2,894.37	\$2,972.05	\$2,669.40	\$2,669.40		\$2,669.40	\$2,374.44
Family — One on Medicare	\$1,799.43	\$1,174.72	\$431.32	\$1,606.04	\$1,700.46	\$1,665.65	\$1,078.56	\$369.18	\$1,447.74	\$1,663.30
Family — Both on Medicare	\$1,533.26	\$197.61	\$862.64	\$1,060.25	\$1,211.18	\$1,423.72	\$178.56	\$738.36	\$916.92	
Parent & Child — No Medicare	\$1,633.73	\$1,633.73		\$1,633.77	\$1,677.75	\$1,506.90	\$1,506.90		\$1,506.90	\$1,340.39
Parent & Child — Retiree on Medicare	\$916.13	\$202.94	\$431.32	\$634.26	\$743.71	\$844.53	\$182.43	\$369.18	\$551.61	



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PLAN/COVERAGE DESCRIPTION	NJ DIRECT2030 #052 (235)	Horizon HMO2030 #054 (248)
Single — No Medicare	\$1,145.18	\$1,028.99
Single — On Medicare	\$455.39	\$570.68
Member & Spouse/Partner — No Medicare	\$2,496.51	\$2,243.25
Member & Spouse/Partner — One on Medicare	\$1,354.38	\$1,353.13
Member & Spouse/Partner — Both on Medicare	\$910.80	\$1,141.42
Family — No Medicare	\$2,840.04	\$2,551.94
Family — One on Medicare	\$1,634.28	\$1,604.16
Family — Both on Medicare	\$1,174.25	\$1,383.29
Parent & Child — No Medicare	\$1,603.25	\$1,440.60
Parent & Child — Retiree on Medicare	\$721.03	\$820.33

PLAN/COVERAGE DESCRIPTION	NJ DIRECT HD1500 #091 (241)	NJ DIRECT HD4000 #090 (240)
Single — No Medicare	\$962.70	\$656.48
Single — On Medicare		
Member & Spouse/Partner — No Medicare	\$2,098.68	\$1,431.09
Member & Spouse/Partner — One on Medicare	\$1,285.61	\$979.39
Member & Spouse/Partner — Both on Medicare		
Family — No Medicare	\$2,387.50	\$1,628.02
Family — One on Medicare	\$1,670.67	\$1,241.95
Family — Both on Medicare		
Parent & Child — No Medicare	\$1,347.76	\$919.04
Parent & Child — Retiree on Medicare		