



State Retired Group
Medicare and Non-Medicare Monthly Rates Effective 1/1/2020 to 12/31/2020
Medical Only — For Retirees With Medicare Part D Benefits

| PLAN/COVERAGE DESCRIPTION | CWA Unity DIRECT #023 (24E) | NJ DIRECT #027 (24L) | NJ DIRECT10 #050 (230) | | | NJ DIRECT15 #150 (231) | | | Horizon HMO #011 (246) | Horizon HMO #058 (23G) | | |
|--|-----------------------------|----------------------|---|-------------------------------------|-------------------------------|---|-------------------------------------|-------------------------------|------------------------|---|-------------------------------------|-------------------------------|
| | | | 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 | | Horizon Non-Medicare Retiree Subscriber | Aetna Medicare Advantage Subscriber | Split Vendor Horizon HMO Cost |
| Single — No Medicare | \$948.17 | \$948.17 | \$1,106.19 | | \$1,106.19 | \$1,039.79 | | \$1,039.79 | \$952.53 | \$952.53 | | \$952.53 |
| Single — On Medicare | | | | \$125.66 | \$125.66 | | \$107.52 | \$107.52 | \$376.57 | | \$183.18 | \$183.18 |
| Member & Spouse/Partner — No Medicare | \$2,067.01 | \$2,067.01 | \$2,411.50 | | \$2,411.50 | \$2,266.73 | | \$2,266.73 | \$2,076.51 | \$2,076.51 | | \$2,076.51 |
| Member & Spouse/Partner — One on Medicare | \$1,055.69 | \$1,055.69 | \$1,034.61 | \$125.66 | \$1,160.27 | \$1,034.44 | \$107.52 | \$1,141.96 | \$1,060.77 | \$684.20 | \$183.18 | \$867.38 |
| Member & Spouse/Partner — Both on Medicare | | | | \$251.32 | \$251.32 | | \$215.04 | \$215.04 | \$753.14 | | \$366.36 | \$366.36 |
| Family — No Medicare | \$2,351.46 | \$2,351.46 | \$2,743.36 | | \$2,743.36 | \$2,578.67 | | \$2,578.67 | \$2,362.27 | \$2,362.27 | | \$2,362.27 |
| Family — One on Medicare | \$1,434.97 | \$1,434.97 | \$1,304.05 | \$125.66 | \$1,429.71 | \$1,304.16 | \$107.52 | \$1,411.68 | \$1,289.12 | \$912.55 | \$183.18 | \$1,095.73 |
| Family — Both on Medicare | | | \$70.35 | \$251.32 | \$321.67 | \$64.80 | \$215.04 | \$279.84 | \$924.44 | \$85.07 | \$366.36 | \$451.43 |
| Parent & Child — No Medicare | \$1,327.45 | \$1,327.45 | \$1,548.67 | | \$1,548.67 | \$1,455.70 | | \$1,455.70 | \$1,333.54 | \$1,333.54 | | \$1,333.54 |
| Parent & Child — Retiree on Medicare | | | \$70.95 | \$125.66 | \$196.61 | \$65.32 | \$107.52 | \$172.84 | \$552.31 | \$87.26 | \$183.18 | \$270.44 |

| PLAN/COVERAGE DESCRIPTION | NJ DIRECT1525 #051 (234) | Horizon HMO1525 #053 (247) | Horizon HMO1525 #059 (23H) | | | Horizon OMNIA #057 (24P) |
|--|--------------------------|----------------------------|---|-------------------------------------|-----------------------------------|--------------------------|
| | | | Horizon Non-Medicare Retiree Subscriber | Aetna Medicare Advantage Subscriber | Split Vendor Horizon HMO1525 Cost | |
| Single — No Medicare | \$998.54 | \$868.62 | \$868.62 | | \$868.62 | \$774.63 |
| Single — On Medicare | \$257.89 | \$365.66 | | \$147.75 | \$147.75 | |
| Member & Spouse/Partner — No Medicare | \$2,176.83 | \$1,893.59 | \$1,893.59 | | \$1,893.59 | \$1,688.69 |
| Member & Spouse/Partner — One on Medicare | \$1,006.52 | \$985.03 | \$619.37 | \$147.75 | \$767.12 | \$882.15 |
| Member & Spouse/Partner — Both on Medicare | \$515.81 | \$731.29 | | \$295.50 | \$295.50 | |
| Family — No Medicare | \$2,476.39 | \$2,154.17 | \$2,154.17 | | \$2,154.17 | \$1,921.09 |
| Family — One on Medicare | \$1,247.28 | \$1,193.24 | \$827.58 | \$147.75 | \$975.33 | \$1,192.00 |
| Family — Both on Medicare | \$665.02 | \$852.73 | \$50.43 | \$295.50 | \$345.93 | |
| Parent & Child — No Medicare | \$1,397.96 | \$1,216.06 | \$1,216.06 | | \$1,216.06 | \$1,084.48 |
| Parent & Child — Retiree on Medicare | \$408.37 | \$493.94 | \$53.27 | \$147.75 | \$201.02 | |



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| PLAN/COVERAGE DESCRIPTION | NJ DIRECT2030 #052 (235) | Horizon HMO2030 #054 (248) |
|--|-----------------------------|-------------------------------|
| Single — No Medicare | \$943.44 | \$819.30 |
| Single — On Medicare | \$241.60 | \$347.17 |
| Member & Spouse/Partner — No Medicare | \$2,056.70 | \$1,786.08 |
| Member & Spouse/Partner — One on Medicare | \$949.35 | \$930.93 |
| Member & Spouse/Partner — Both on Medicare | \$483.23 | \$694.41 |
| Family — No Medicare | \$2,339.74 | \$2,031.88 |
| Family — One on Medicare | \$1,176.84 | \$1,127.32 |
| Family — Both on Medicare | \$622.98 | \$806.97 |
| Parent & Child — No Medicare | \$1,320.82 | \$1,147.03 |
| Parent & Child — Retiree on Medicare | \$382.54 | \$466.46 |

| PLAN/COVERAGE DESCRIPTION | NJ DIRECT HD1500 #091 (241) | NJ DIRECT HD4000 #090 (240) |
|--|--------------------------------|--------------------------------|
| Single — No Medicare | \$780.42 | \$524.19 |
| Single — On Medicare | | |
| Member & Spouse/Partner — No Medicare | \$1,701.30 | \$1,142.72 |
| Member & Spouse/Partner — One on Medicare | \$887.94 | \$631.71 |
| Member & Spouse/Partner — Both on Medicare | | |
| Family — No Medicare | \$1,935.43 | \$1,299.96 |
| Family — One on Medicare | \$1,200.10 | \$841.36 |
| Family — Both on Medicare | | |
| Parent & Child — No Medicare | \$1,092.58 | \$733.84 |
| Parent & Child — Retiree on Medicare | | |