



**Local Retired Group — Government Employers**  
**Medicare and Non-Medicare Monthly Rates Effective 1/1/2020 to 12/31/2020**  
**Medical Including Rx**

PLAN/COVERAGE DESCRIPTION	NJ DIRECT #027 (26L)	NJ DIRECT10 #050 (250)			NJ DIRECT15 #150 (251)		
		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	\$744.95	\$858.87		\$858.87	\$815.46		\$815.46
Single — On Medicare			\$329.53	\$329.53		\$314.26	\$314.26
Member & Spouse/Partner — No Medicare	\$1,624.02	\$1,872.37		\$1,872.37	\$1,777.73		\$1,777.73
Member & Spouse/Partner — One on Medicare	\$1,074.48	\$689.96	\$329.53	\$1,019.49	\$685.22	\$314.26	\$999.48
Member & Spouse/Partner — Both on Medicare			\$659.07	\$659.07		\$628.52	\$628.52
Family — No Medicare	\$1,847.51	\$2,130.03		\$2,130.03	\$2,022.37		\$2,022.37
Family — One on Medicare	\$1,372.47	\$900.88	\$329.53	\$1,230.41	\$894.95	\$314.26	\$1,209.21
Family — Both on Medicare		\$193.20	\$659.07	\$852.26	\$188.62	\$628.52	\$817.14
Parent & Child — No Medicare	\$1,042.94	\$1,202.43		\$1,202.43	\$1,141.66		\$1,141.66
Parent & Child — Retiree on Medicare		\$189.96	\$329.53	\$519.49	\$185.45	\$314.26	\$499.71

PLAN/COVERAGE DESCRIPTION	Horizon HMO #011 (266)	Horizon HMO #058 (25G)			NJ DIRECT1525 #051 (254)	Horizon HMO1525 #053 (267)	Horizon HMO1525 #059 (25H)		
		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	\$791.76	\$791.76		\$791.76	\$780.71	\$719.53	\$719.53		\$719.53
Single — On Medicare	\$539.73		\$377.51	\$377.51	\$431.90	\$507.57		\$313.04	\$313.04
Member & Spouse/Partner — No Medicare	\$1,726.31	\$1,726.31		\$1,726.31	\$1,701.98	\$1,568.58	\$1,568.58		\$1,568.58
Member & Spouse/Partner — One on Medicare	\$1,157.91	\$618.18	\$377.51	\$995.69	\$1,084.69	\$1,072.90	\$565.33	\$313.04	\$878.37
Member & Spouse/Partner — Both on Medicare	\$1,079.46		\$755.02	\$755.02	\$863.82	\$1,015.13		\$626.08	\$626.08
Family — No Medicare	\$1,964.06	\$1,964.06		\$1,964.06	\$1,936.18	\$1,784.43	\$1,784.43		\$1,784.43
Family — One on Medicare	\$1,379.87	\$840.14	\$377.51	\$1,217.65	\$1,317.61	\$1,279.90	\$772.33	\$313.04	\$1,085.37
Family — Both on Medicare	\$1,343.25	\$186.13	\$755.02	\$941.15	\$1,120.05	\$1,246.88	\$159.14	\$626.08	\$785.22
Parent & Child — No Medicare	\$1,108.75	\$1,108.75		\$1,108.75	\$1,093.02	\$1,007.35	\$1,007.35		\$1,007.35
Parent & Child — Retiree on Medicare	\$791.41	\$177.53	\$377.51	\$555.04	\$683.87	\$726.26	\$152.68	\$313.04	\$465.72



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PLAN/COVERAGE DESCRIPTION	NJ DIRECT2030 #052 (255)	Horizon HMO2030 #054 (268)
Single — No Medicare	\$743.41	\$684.96
Single — On Medicare	\$418.06	\$491.30
Member & Spouse/Partner — No Medicare	\$1,620.67	\$1,493.26
Member & Spouse/Partner — One on Medicare	\$1,040.21	\$1,030.99
Member & Spouse/Partner — Both on Medicare	\$836.16	\$982.63
Family — No Medicare	\$1,843.68	\$1,698.74
Family — One on Medicare	\$1,262.58	\$1,228.63
Family — Both on Medicare	\$1,084.18	\$1,206.29
Parent & Child — No Medicare	\$1,040.78	\$958.97
Parent & Child — Retiree on Medicare	\$661.96	\$702.24

PLAN/COVERAGE DESCRIPTION	OMNIA HEALTH PLAN #057 (26P)	NJ DIRECT HD1500 #091 (261)	NJ DIRECT HD4000 #090 (260)
Single — No Medicare	\$627.63	\$627.72	\$430.36
Single — On Medicare			
Member & Spouse/Partner — No Medicare	\$1,368.26	\$1,368.26	\$938.18
Member & Spouse/Partner — One on Medicare	\$957.16	\$957.16	\$759.89
Member & Spouse/Partner — Both on Medicare			
Family — No Medicare	\$1,556.55	\$1,556.55	\$1,067.29
Family — One on Medicare	\$1,208.23	\$1,208.23	\$932.03
Family — Both on Medicare			
Parent & Child — No Medicare	\$878.70	\$878.82	\$602.50
Parent & Child — Retiree on Medicare			