



Local Retired Group — Government Employers
Medicare and Non-Medicare Monthly Rates Effective 1/1/2020 to 12/31/2020
Medical Only — For Retirees With a Private Employer Prescription Drug Plan or With Medicare Part D Benefits

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	\$616.72	\$727.33		\$727.33	\$683.92		\$683.92
Single — On Medicare			\$141.89	\$141.89		\$126.62	\$126.62
Member & Spouse/Partner — No Medicare	\$1,344.45	\$1,585.58		\$1,585.58	\$1,490.94		\$1,490.94
Member & Spouse/Partner — One on Medicare	\$758.61	\$610.92	\$141.89	\$752.81	\$606.18	\$126.62	\$732.80
Member & Spouse/Partner — Both on Medicare			\$283.78	\$283.78		\$253.24	\$253.24
Family — No Medicare	\$1,529.47	\$1,803.78		\$1,803.78	\$1,696.12		\$1,696.12
Family — One on Medicare	\$1,005.30	\$785.42	\$141.89	\$927.31	\$779.49	\$126.62	\$906.11
Family — Both on Medicare		\$81.87	\$283.78	\$365.65	\$77.29	\$253.24	\$330.53
Parent & Child — No Medicare	\$863.41	\$1,018.26		\$1,018.26	\$957.49		\$957.49
Parent & Child — Retiree on Medicare		\$80.50	\$141.89	\$222.39	\$75.99	\$126.62	\$202.61

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	\$663.91	\$663.91		\$663.91	\$653.24	\$586.31	\$586.31		\$586.31
Single — On Medicare	\$323.69		\$161.47	\$161.47	\$250.06	\$325.73		\$131.20	\$131.20
Member & Spouse/Partner — No Medicare	\$1,447.33	\$1,447.33		\$1,447.33	\$1,424.06	\$1,278.15	\$1,278.15		\$1,278.15
Member & Spouse/Partner — One on Medicare	\$870.78	\$547.09	\$161.47	\$708.56	\$826.25	\$808.61	\$482.88	\$131.20	\$614.08
Member & Spouse/Partner — Both on Medicare	\$647.39		\$322.94	\$322.94	\$500.14	\$651.45		\$262.40	\$262.40
Family — No Medicare	\$1,646.51	\$1,646.51		\$1,646.51	\$1,620.03	\$1,454.04	\$1,454.04		\$1,454.04
Family — One on Medicare	\$1,058.24	\$734.55	\$161.47	\$896.02	\$1,023.89	\$979.53	\$653.80	\$131.20	\$785.00
Family — Both on Medicare	\$805.58	\$80.54	\$322.94	\$403.48	\$648.49	\$775.32	\$51.26	\$262.40	\$313.66
Parent & Child — No Medicare	\$929.48	\$929.48		\$929.48	\$914.54	\$820.83	\$820.83		\$820.83
Parent & Child — Retiree on Medicare	\$474.76	\$76.92	\$161.47	\$238.39	\$395.96	\$438.35	\$46.61	\$131.20	\$177.81



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PLAN/COVERAGE DESCRIPTION	NJ DIRECT2030 #052 (255)	Horizon HMO2030 #054 (268)
Single — No Medicare	\$614.73	\$550.49
Single — On Medicare	\$234.49	\$307.73
Member & Spouse/Partner — No Medicare	\$1,340.11	\$1,200.06
Member & Spouse/Partner — One on Medicare	\$779.32	\$764.20
Member & Spouse/Partner — Both on Medicare	\$469.02	\$615.49
Family — No Medicare	\$1,524.53	\$1,365.21
Family — One on Medicare	\$966.06	\$925.41
Family — Both on Medicare	\$608.13	\$730.24
Parent & Child — No Medicare	\$860.62	\$770.68
Parent & Child — Retiree on Medicare	\$371.31	\$411.59

PLAN/COVERAGE DESCRIPTION	OMNIA HEALTH PLAN #057 (26P)	NJ DIRECT HD1500 #091 (261)	NJ DIRECT HD4000 #090 (260)
Single — No Medicare	\$509.36	\$512.79	\$346.18
Single — On Medicare			
Member & Spouse/Partner — No Medicare	\$1,110.41	\$1,117.88	\$754.67
Member & Spouse/Partner — One on Medicare	\$651.25	\$654.88	\$488.07
Member & Spouse/Partner — Both on Medicare			
Family — No Medicare	\$1,263.22	\$1,271.72	\$858.53
Family — One on Medicare	\$855.00	\$859.80	\$626.54
Family — Both on Medicare			
Parent & Child — No Medicare	\$713.11	\$717.91	\$484.65
Parent & Child — Retiree on Medicare			