



**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	\$673.48	\$794.27		\$794.27	\$746.87		\$746.87
Single — On Medicare			\$161.39	\$161.39		\$144.04	\$144.04
Member & Spouse/Partner — No Medicare	\$1,468.19	\$1,731.52		\$1,731.52	\$1,628.17		\$1,628.17
Member & Spouse/Partner — One on Medicare	\$834.87	\$677.51	\$161.39	\$838.90	\$672.57	\$144.04	\$816.61
Member & Spouse/Partner — Both on Medicare			\$322.78	\$322.78		\$288.08	\$288.08
Family — No Medicare	\$1,670.24	\$1,969.80		\$1,969.80	\$1,852.23		\$1,852.23
Family — One on Medicare	\$1,104.27	\$871.92	\$161.39	\$1,033.31	\$865.66	\$144.04	\$1,009.70
Family — Both on Medicare		\$93.02	\$322.78	\$415.80	\$87.82	\$288.08	\$375.90
Parent & Child — No Medicare	\$942.88	\$1,111.98		\$1,111.98	\$1,045.62		\$1,045.62
Parent & Child — Retiree on Medicare		\$91.47	\$161.39	\$252.86	\$86.34	\$144.04	\$230.38

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	\$725.02	\$725.02		\$725.02	\$713.36	\$640.27	\$640.27		\$640.27
Single — On Medicare	\$248.53		\$183.64	\$183.64	\$192.00	\$250.10		\$149.24	\$149.24
Member & Spouse/Partner — No Medicare	\$1,580.54	\$1,580.54		\$1,580.54	\$1,555.13	\$1,395.79	\$1,395.79		\$1,395.79
Member & Spouse/Partner — One on Medicare	\$809.76	\$561.23	\$183.64	\$744.87	\$768.35	\$751.95	\$501.85	\$149.24	\$651.09
Member & Spouse/Partner — Both on Medicare	\$497.07		\$367.28	\$367.28	\$384.01	\$500.19		\$298.48	\$298.48
Family — No Medicare	\$1,798.06	\$1,798.06		\$1,798.06	\$1,769.14	\$1,587.87	\$1,587.87		\$1,587.87
Family — One on Medicare	\$984.08	\$735.55	\$183.64	\$919.19	\$952.14	\$910.89	\$660.79	\$149.24	\$810.03
Family — Both on Medicare	\$618.53	\$91.51	\$367.28	\$458.79	\$497.92	\$595.30	\$58.24	\$298.48	\$356.72
Parent & Child — No Medicare	\$1,015.03	\$1,015.03		\$1,015.03	\$998.71	\$896.38	\$896.38		\$896.38
Parent & Child — Retiree on Medicare	\$364.52	\$87.40	\$183.64	\$271.04	\$304.02	\$336.57	\$52.96	\$149.24	\$202.20



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PLAN/COVERAGE DESCRIPTION	NJ DIRECT2030 #052 (255)	Horizon HMO2030 #054 (268)
Single — No Medicare	\$671.31	\$601.16
Single — On Medicare	\$180.04	\$236.28
Member & Spouse/Partner — No Medicare	\$1,463.45	\$1,310.51
Member & Spouse/Partner — One on Medicare	\$724.71	\$710.65
Member & Spouse/Partner — Both on Medicare	\$360.12	\$472.58
Family — No Medicare	\$1,664.85	\$1,490.86
Family — One on Medicare	\$898.36	\$860.56
Family — Both on Medicare	\$466.93	\$560.68
Parent & Child — No Medicare	\$939.83	\$841.61
Parent & Child — Retiree on Medicare	\$285.10	\$316.02

PLAN/COVERAGE DESCRIPTION	OMNIA HEALTH PLAN #057 (26P)	NJ DIRECT HD1500 #091 (261)	NJ DIRECT HD4000 #090 (260)
Single — No Medicare	\$556.24	\$559.99	\$378.04
Single — On Medicare			
Member & Spouse/Partner — No Medicare	\$1,212.61	\$1,220.77	\$824.13
Member & Spouse/Partner — One on Medicare	\$717.63	\$721.38	\$378.04
Member & Spouse/Partner — Both on Medicare			
Family — No Medicare	\$1,379.49	\$1,388.77	\$937.55
Family — One on Medicare	\$940.13	\$945.38	\$690.65
Family — Both on Medicare			
Parent & Child — No Medicare	\$778.74	\$783.99	\$529.26
Parent & Child — Retiree on Medicare			