



**Local Retired Group — Education Employers
Medicare and Non-Medicare Monthly Rates**
Effective 1/1/2018 to 12/31/2018

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
AETNA FREEDOM10 #018 (28B) — PPO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$1,386.31
Single — On Medicare	\$486.34
Member & Spouse/Partner — No Medicare	\$3,022.13
Member & Spouse/Partner — One on Medicare	\$1,705.16
Member & Spouse/Partner — Both on Medicare	\$972.71
Family — No Medicare	\$3,438.02
Family — One on Medicare	\$2,046.09
Family — Both on Medicare	\$1,247.95
Parent & Child — No Medicare	\$1,940.82
Parent & Child — Retiree on Medicare	\$770.04
NJ DIRECT10 #050 (270) — PPO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$1,386.31
Single — On Medicare	\$449.41
Member & Spouse/Partner — No Medicare	\$3,022.13
Member & Spouse/Partner — One on Medicare	\$1,707.09
Member & Spouse/Partner — Both on Medicare	\$898.83
Family — No Medicare	\$3,438.02
Family — One on Medicare	\$2,048.47
Family — Both on Medicare	\$1,153.19
Parent & Child — No Medicare	\$1,940.82
Parent & Child — Retiree on Medicare	\$711.57
AETNA FREEDOM15 #180 (28C) — PPO Plan with \$15 Primary Care Copayment	
Single — No Medicare	\$1,320.51
Single — On Medicare	\$481.45
Member & Spouse/Partner — No Medicare	\$2,878.71
Member & Spouse/Partner — One on Medicare	\$1,624.25
Member & Spouse/Partner — Both on Medicare	\$962.93
Family — No Medicare	\$3,274.86
Family — One on Medicare	\$1,948.98
Family — Both on Medicare	\$1,235.38
Parent & Child — No Medicare	\$1,848.70
Parent & Child — Retiree on Medicare	\$762.30
NJ DIRECT15 #150 (271) — PPO Plan with \$15 Primary Care Copayment	
Single — No Medicare	\$1,320.51
Single — On Medicare	\$427.51
Member & Spouse/Partner — No Medicare	\$2,878.71
Member & Spouse/Partner — One on Medicare	\$1,626.07
Member & Spouse/Partner — Both on Medicare	\$855.03
Family — No Medicare	\$3,274.86
Family — One on Medicare	\$1,951.23
Family — Both on Medicare	\$1,096.98
Parent & Child — No Medicare	\$1,848.70
Parent & Child — Retiree on Medicare	\$676.90



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AETNA HMO #019 (272) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$1,283.07
Single — On Medicare	\$448.67
Member & Spouse/Partner — No Medicare	\$2,797.41
Member & Spouse/Partner — One on Medicare	\$1,630.32
Member & Spouse/Partner — Both on Medicare	\$897.33
Family — No Medicare	\$3,182.10
Family — One on Medicare	\$1,940.94
Family — Both on Medicare	\$1,107.85
Parent & Child — No Medicare	\$1,796.71
Parent & Child — Retiree on Medicare	\$657.96
HORIZON HMO #011 (286) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$1,273.21
Single — On Medicare	\$467.76
Member & Spouse/Partner — No Medicare	\$2,775.91
Member & Spouse/Partner — One on Medicare	\$1,619.57
Member & Spouse/Partner — Both on Medicare	\$935.50
Family — No Medicare	\$3,157.62
Family — One on Medicare	\$1,927.83
Family — Both on Medicare	\$1,155.00
Parent & Child — No Medicare	\$1,782.87
Parent & Child — Retiree on Medicare	\$685.96
AETNA FREEDOM1525 #063 (289) — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single — No Medicare	\$1,273.80
Single — On Medicare	N/A
Member & Spouse/Partner — No Medicare	\$2,776.87
Member & Spouse/Partner — One on Medicare	N/A
Member & Spouse/Partner — Both on Medicare	N/A
Family — No Medicare	\$3,158.99
Family — One on Medicare	N/A
Family — Both on Medicare	N/A
Parent & Child — No Medicare	\$1,783.28
Parent & Child — Retiree on Medicare	N/A
NJ DIRECT1525 #051 (274) — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single — No Medicare	\$1,273.80
Single — On Medicare	\$402.84
Member & Spouse/Partner — No Medicare	\$2,776.87
Member & Spouse/Partner — One on Medicare	\$1,544.96
Member & Spouse/Partner — Both on Medicare	\$805.69
Family — No Medicare	\$3,158.99
Family — One on Medicare	\$1,855.79
Family — Both on Medicare	\$1,033.69
Parent & Child — No Medicare	\$1,783.28
Parent & Child — Retiree on Medicare	\$637.84



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AETNA HMO1525 #061 (276) — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single — No Medicare	\$1,184.76
Single — On Medicare	\$418.56
Member & Spouse/Partner — No Medicare	\$2,582.79
Member & Spouse/Partner — One on Medicare	\$1,498.06
Member & Spouse/Partner — Both on Medicare	\$837.14
Family — No Medicare	\$2,938.20
Family — One on Medicare	\$1,785.07
Family — Both on Medicare	\$1,033.99
Parent & Child — No Medicare	\$1,658.69
Parent & Child — Retiree on Medicare	\$613.61
HORIZON HMO1525 #053 (287) — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single — No Medicare	\$1,175.84
Single — One on Medicare	\$424.97
Member & Spouse/Partner — No Medicare	\$2,563.32
Member & Spouse/Partner — One on Medicare	\$1,488.60
Member & Spouse/Partner — Both on Medicare	\$849.88
Family — No Medicare	\$2,916.03
Family — One on Medicare	\$1,773.46
Family — Both on Medicare	\$1,048.97
Parent & Child — No Medicare	\$1,646.18
Parent & Child — Retiree on Medicare	\$621.96
AETNA FREEDOM2030 #064 (28A) — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$1,222.83
Single — One on Medicare	N/A
Member & Spouse/Partner — No Medicare	\$2,665.84
Member & Spouse/Partner — One on Medicare	N/A
Member & Spouse/Partner — Both on Medicare	N/A
Family — No Medicare	\$3,032.69
Family — One on Medicare	N/A
Family — Both on Medicare	N/A
Parent & Child — No Medicare	\$1,712.00
Parent & Child — Retiree on Medicare	N/A
NJ DIRECT2030 #052 (275) — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$1,222.83
Single — One on Medicare	\$394.75
Member & Spouse/Partner — No Medicare	\$2,665.84
Member & Spouse/Partner — One on Medicare	\$1,493.98
Member & Spouse/Partner — Both on Medicare	\$789.52
Family — No Medicare	\$3,032.69
Family — One on Medicare	\$1,792.39
Family — Both on Medicare	\$1,012.93
Parent & Child — No Medicare	\$1,712.00
Parent & Child — Retiree on Medicare	\$625.01



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AETNA HMO2030 #062 (277) — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$1,136.81
Single — On Medicare	N/A
Member & Spouse/Partner — No Medicare	\$2,478.28
Member & Spouse/Partner — One on Medicare	N/A
Member & Spouse/Partner — Both on Medicare	N/A
Family — No Medicare	\$2,819.33
Family — One on Medicare	N/A
Family — Both on Medicare	N/A
Parent & Child — No Medicare	\$1,591.57
Parent & Child — Retiree on Medicare	N/A
HORIZON HMO2030 #054 (288) — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$1,128.37
Single — One on Medicare	\$416.07
Member & Spouse/Partner — No Medicare	\$2,459.90
Member & Spouse/Partner — One on Medicare	\$1,439.77
Member & Spouse/Partner — Both on Medicare	\$832.10
Family — No Medicare	\$2,798.43
Family — One on Medicare	\$1,713.20
Family — Both on Medicare	\$1,027.01
Parent & Child — No Medicare	\$1,579.76
Parent & Child — Retiree on Medicare	\$608.95
AETNA VALUE HD4000 #092 (282) — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single — No Medicare	\$817.69
Single — On Medicare	N/A
Member & Spouse/Partner — No Medicare	\$1,782.55
Member & Spouse/Partner — One on Medicare	N/A
Member & Spouse/Partner — Both on Medicare	N/A
Family — No Medicare	\$2,027.85
Family — One on Medicare	N/A
Family — Both on Medicare	N/A
Parent & Child — No Medicare	\$1,144.75
Parent & Child — Retiree on Medicare	N/A
NJ DIRECT HD4000 #090 (280) — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single — No Medicare	\$817.69
Single — On Medicare	N/A
Member & Spouse/Partner — No Medicare	\$1,782.55
Member & Spouse/Partner — One on Medicare	N/A
Member & Spouse/Partner — Both on Medicare	N/A
Family — No Medicare	\$2,027.85
Family — One on Medicare	N/A
Family — Both on Medicare	N/A
Parent & Child — No Medicare	\$1,144.75
Parent & Child — Retiree on Medicare	N/A

1)Subscribers are provided a prescription drug plan administered by OptumRx.

2)Horizon HMO service area for Plan #011, #053, and #054 is limited to New Jersey, New Castle County, Delaware, and parts of Pennsylvania and New York.

3)The following plans are not available to Medicare-eligible retirees and retirees with Medicare-eligible dependents:

- AETNA FREEDOM2030 (#064);
- AETNA FREEDOM1525 (#063);
- AETNA HMO2030 (#062); and
- the HD plans (#090) and (#092).