



Local Retired Group — Education Employers
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	NJ DIRECT ZERO #021 (28D)	NJ DIRECT10 #050 (270)			NJ DIRECT15 #150 (271)		
		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	\$829.11	\$1,048.65		\$1,048.65	\$985.86		\$985.86
Single — On Medicare			\$125.66	\$125.66		\$105.94	\$105.94
Member & Spouse/Partner — No Medicare	\$1,807.47	\$2,286.04		\$2,286.04	\$2,149.19		\$2,149.19
Member & Spouse/Partner — One on Medicare	\$954.74	\$1,143.43	\$125.66	\$1,269.09	\$1,129.55	\$105.94	\$1,235.49
Member & Spouse/Partner — Both on Medicare			\$251.32	\$251.32		\$211.88	\$211.88
Family — No Medicare	\$2,056.22	\$2,600.65		\$2,600.65	\$2,444.96		\$2,444.96
Family — One on Medicare	\$1,286.40	\$1,437.96	\$125.66	\$1,563.62	\$1,420.52	\$105.94	\$1,526.46
Family — Both on Medicare		\$67.57	\$251.32	\$318.89	\$59.94	\$211.88	\$271.82
Parent & Child — No Medicare	\$1,160.74	\$1,468.10		\$1,468.10	\$1,380.20		\$1,380.20
Parent & Child — Retiree on Medicare		\$69.64	\$125.66	\$195.30	\$61.78	\$105.94	\$167.72

PLAN/COVERAGE DESCRIPTION	Horizon HMO #011 (286)	Horizon HMO #058 (27G)			NJ DIRECT1525 #051 (274)	Horizon HMO1525 #053 (287)	Horizon HMO1525 #059 (27H)		
		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	\$932.19	\$932.19		\$932.19	\$949.77	\$844.34	\$844.34		\$844.34
Single — On Medicare	\$304.55		\$151.11	\$151.11	\$231.21	\$246.88		\$115.68	\$115.68
Member & Spouse/Partner — No Medicare	\$2,032.16	\$2,032.16		\$2,032.16	\$2,070.50	\$1,840.65	\$1,840.65		\$1,840.65
Member & Spouse/Partner — One on Medicare	\$1,144.35	\$839.80	\$151.11	\$990.91	\$1,094.49	\$1,008.01	\$761.13	\$115.68	\$876.81
Member & Spouse/Partner — Both on Medicare	\$609.08		\$302.22	\$302.22	\$462.41	\$493.64		\$231.36	\$231.36
Family — No Medicare	\$2,311.80	\$2,311.80		\$2,311.80	\$2,355.44	\$2,093.95	\$2,093.95		\$2,093.95
Family — One on Medicare	\$1,397.93	\$1,093.38	\$151.11	\$1,244.49	\$1,355.45	\$1,237.67	\$990.79	\$115.68	\$1,106.47
Family — Both on Medicare	\$752.46	\$71.14	\$302.22	\$373.36	\$593.27	\$577.39	\$39.20	\$231.36	\$270.56
Parent & Child — No Medicare	\$1,305.05	\$1,305.05		\$1,305.05	\$1,329.65	\$1,182.07	\$1,182.07		\$1,182.07
Parent & Child — Retiree on Medicare	\$446.66	\$70.50	\$151.11	\$221.61	\$366.06	\$322.08	\$35.25	\$115.68	\$150.93



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PLAN/COVERAGE DESCRIPTION	NJ DIRECT2030 #052 (275)	Horizon HMO2030 #054 (288)	NJ DIRECT HD4000 #090 (280)
Single — No Medicare	\$898.62	\$796.42	\$584.95
Single — On Medicare	\$217.30	\$231.73	
Member & Spouse/Partner — No Medicare	\$1,959.05	\$1,736.23	\$1,275.19
Member & Spouse/Partner — One on Medicare	\$1,034.16	\$949.75	\$710.61
Member & Spouse/Partner — Both on Medicare	\$434.60	\$463.41	
Family — No Medicare	\$2,228.63	\$1,975.16	\$1,450.68
Family — One on Medicare	\$1,281.05	\$1,166.36	\$944.59
Family — Both on Medicare	\$557.57	\$539.72	
Parent & Child — No Medicare	\$1,258.10	\$1,115.00	\$818.93
Parent & Child — Retiree on Medicare	\$344.02	\$299.57	