



Local Retired Group — Government Employers
Medicare and Non-Medicare Monthly Rates Effective 1/1/2021 to 12/31/2021
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	\$832.68	\$957.58		\$957.58	\$910.18		\$910.18
Single — On Medicare			\$362.13	\$362.13		\$344.78	\$344.78
Member & Spouse/Partner — No Medicare	\$1,815.29	\$2,087.58		\$2,087.58	\$1,984.23		\$1,984.23
Member & Spouse/Partner — One on Medicare	\$1,194.81	\$784.97	\$362.13	\$1,147.10	\$780.03	\$344.78	\$1,124.81
Member & Spouse/Partner — Both on Medicare			\$724.26	\$724.26		\$689.56	\$689.56
Family — No Medicare	\$2,065.10	\$2,374.85		\$2,374.85	\$2,257.28		\$2,257.28
Family — One on Medicare	\$1,527.90	\$1,021.47	\$362.13	\$1,383.60	\$1,015.21	\$344.78	\$1,359.99
Family — Both on Medicare		\$212.13	\$724.26	\$936.39	\$206.93	\$689.56	\$896.49
Parent & Child — No Medicare	\$1,165.77	\$1,340.63		\$1,340.63	\$1,274.27		\$1,274.27
Parent & Child — Retiree on Medicare		\$208.58	\$362.13	\$570.71	\$203.45	\$344.78	\$548.23

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	\$883.75	\$883.75		\$883.75	\$871.62	\$805.67	\$805.67		\$805.67
Single — On Medicare	\$479.66		\$414.77	\$414.77	\$386.54	\$444.64		\$343.78	\$343.78
Member & Spouse/Partner — No Medicare	\$1,926.90	\$1,926.90		\$1,926.90	\$1,900.18	\$1,756.37	\$1,756.37		\$1,756.37
Member & Spouse/Partner — One on Medicare	\$1,141.59	\$661.93	\$414.77	\$1,076.70	\$1,067.03	\$1,057.39	\$612.75	\$343.78	\$956.53
Member & Spouse/Partner — Both on Medicare	\$959.31		\$829.54	\$829.54	\$773.09	\$889.27		\$687.56	\$687.56
Family — No Medicare	\$2,192.31	\$2,192.31		\$2,192.31	\$2,161.65	\$1,998.06	\$1,998.06		\$1,998.06
Family — One on Medicare	\$1,355.78	\$876.12	\$414.77	\$1,290.89	\$1,291.59	\$1,258.02	\$813.38	\$343.78	\$1,157.16
Family — Both on Medicare	\$1,193.75	\$204.47	\$829.54	\$1,034.01	\$1,002.41	\$1,099.79	\$173.65	\$687.56	\$861.21
Parent & Child — No Medicare	\$1,237.60	\$1,237.60		\$1,237.60	\$1,220.30	\$1,127.95	\$1,127.95		\$1,127.95
Parent & Child — Retiree on Medicare	\$703.28	\$195.03	\$414.77	\$609.80	\$612.04	\$644.59	\$166.44	\$343.78	\$510.22



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Medical Including Rx

PLAN/COVERAGE DESCRIPTION	NJ DIRECT2030 #052 (255)	Horizon HMO2030 #054 (268)
Single — No Medicare	\$831.07	\$768.11
Single — On Medicare	\$376.43	\$432.67
Member & Spouse/Partner — No Medicare	\$1,811.78	\$1,674.53
Member & Spouse/Partner — One on Medicare	\$1,026.22	\$1,018.98
Member & Spouse/Partner — Both on Medicare	\$752.90	\$865.36
Family — No Medicare	\$2,061.09	\$1,904.95
Family — One on Medicare	\$1,241.04	\$1,210.99
Family — Both on Medicare	\$976.22	\$1,069.97
Parent & Child — No Medicare	\$1,163.51	\$1,075.38
Parent & Child — Retiree on Medicare	\$596.05	\$626.97

PLAN/COVERAGE DESCRIPTION	OMNIA HEALTH PLAN #057 (26P)	NJ DIRECT HD1500 #091 (261)	NJ DIRECT HD4000 #090 (260)
Single — No Medicare	\$703.08	\$702.68	\$482.55
Single — On Medicare			
Member & Spouse/Partner — No Medicare	\$1,532.74	\$1,531.86	\$1,051.96
Member & Spouse/Partner — One on Medicare	\$1,065.21	\$1,064.81	\$844.68
Member & Spouse/Partner — Both on Medicare			
Family — No Medicare	\$1,743.67	\$1,742.67	\$1,196.73
Family — One on Medicare	\$1,346.46	\$1,345.90	\$675.58
Family — Both on Medicare			
Parent & Child — No Medicare	\$984.33	\$983.77	\$675.58
Parent & Child — Retiree on Medicare			