Medford Lakes Board of Education

Medical Benefits - Schools Health Insurance Fund (Aetna)

Monthly Rates Effective 7/1/2022-6/30/2023

Plan Options for Employees Hired <u>BEFORE</u> 7/1/20

Medical Benefits- Schools Health Insurance Fund (Aetna)

Coverage Level
Single
Parent/Child(ren)
2 Adults

Family

NJEHP POS \$10/\$15	(Garden State Plan POS \$10/\$15	Aetna Choice POS II \$10	Pa	Aetna itriot X (\$15) - MLEA	Pr	Aetna emier \$2 - MLEA
\$ 935.00	\$	899.00	\$ 946.00	\$	1,239.00	\$	1,090.00
\$ 1,367.00	\$	1,315.00	\$ 1,382.00	\$	1,802.00	\$	1,620.00
\$ 2,045.00	\$	1,968.00	\$ 2,068.00	\$	2,695.00	\$	2,414.00
\$ 2,379.00	\$	2,289.00	\$ 2,406.00	\$	3,151.00	\$	2,804.00

Coverage Level
Single
Parent/Child(ren)
2 Adults
Family

Aetna PPO Core			Aetna PPO Buy Up	Aetna HDHP w/ Rx	
\$	794.00	\$	948.00	\$	1,089.00
\$	1,159.00	\$	1,384.00	\$	1,589.00
\$	1,732.00	\$	2,070.00	\$	2,375.00
\$	2,017.00	\$	2,412.00	\$	2,751.00

Prescription Benefits- Schools Health Insurance Fund (Express Scripts)

Coverage Level
Single
Parent/Child(ren)
2 Adults
Family

NJE	HP/GSP - Retail Rx \$5/\$10/\$10	Retail Rx \$3/\$10			Retail Rx - Core/Buy Up \$15/\$35/\$50	
\$	115.00	\$	135.00	\$	148.00	
\$	166.00	\$	198.00	\$	218.00	
\$	262.00	\$	312.00	\$	325.00	
\$	262.00	\$	312.00	\$	377.00	

Dental Benefits - Schools Health Insurance Fund (Delta Dental)

Coverage Level
Single
Parent/Child(ren)
2 Adults
Family

Premier Plan Admin/General		Delta Preferred Admin/General			Premier Plan MLEA	
\$	45.00	\$	33.00	\$	41.00	
\$	131.00	\$	99.00	\$	119.00	
\$	78.00	\$	60.00	\$	72.00	
\$	131.00	\$	99.00	\$	119.00	

^{*}Please note, the NJ Educator Plan for medical and prescriptions benefits must be selected together. Employee contributions for this plan are based on the new Chapter 44 Contribution Scale. All other options apply to the Chapter 78 and/or Collectively Bargained employee contributions.

Medford Lakes Board of Education

Medical Benefits - NJ Educators Health Plan & Schools Health Insurance Fund (Aetna)

Monthly Rates Effective 7/1/2022-6/30/2023

Plan Options for Employees Hired ON/AFTER 7/1/20

Medical Benefits - SHIF (Aetna)

Coverage Level
Single
Parent/Child
2 Adults
Family

*NJEHP \$10/\$15	*Garden State Plan \$10/\$15
\$ 935.00	\$ 899.00
\$ 1,367.00	\$ 1,315.00
\$ 2,045.00	\$ 1,968.00
\$ 2,379.00	\$ 2,289.00

Prescription Benefits - SHIF (Express Scripts)

Coverage Level					
Single					
Parent/Child					
2 Adults					
Family					

	*NJEHP/GSP Retail Rx \$5/\$10
	\$ 115.00
	\$ 166.00
	\$ 262.00
	\$ 262.00

Dental Benefits - SHIF (Delta Dental)

Coverage Level
Single
Parent/Child(ren)
2 Adults

Family

Premier Plan Admin/General		Delta Preferred Admin/General			Premier Plan MLEA		
\$	45.00	\$	33.00	\$	41.00		
\$	131.00	\$	99.00	\$	119.00		
\$	78.00	\$	60.00	\$	72.00		
\$	131.00	\$	99.00	\$	119.00		

^{*}Please note, the NJ Educator Plan for medical and prescriptions benefits must be selected together. Employee contributions for this plan are based on the new Chapter 44 Contribution Scale. All other options apply to the Chapter 78 and/or Collectively Bargained employee contributions.

Medford Lakes Board of Education

2022 Open Enrollment Plan Selections

Open Enrollment Begins Monday, April 25th to Friday, May 13th

All Plan Changes Become Effective 7/1/22

Staff Hired Before 7/1/20

Medical Options

NJ Educators Plan \$10/\$15 copay Garden State Plan \$10/\$15 copay POS \$10 Patriot X \$15 - MLEA Premier \$2 - MLEA PPO Core PPO Buy Up HDHD w/ Rx

Prescription Options

NJEHP/GSP Rx Retail Copays \$5/\$10 Rx Retail Copays \$3/\$10 Rx Retail Copays \$15/\$35/\$50

Dental

Premier Plan Delta Preferred Premier Plan - MLEA

EMPLOYEE CONTRIBUTIONS

Chapter 44 Salary Based Contribution

Applies to-NJEHP & GSP - Medical and Prescription

Chapter 78 Contributions or Collectively Bargained

Applies to-POS \$10 Patriot X \$15 - MLEA Premier \$2 - MLEA PPO Core PPO Buy Up HDHD w/ Rx

Rx Retail Copays \$3/\$10 Rx Retail Copays \$15/\$35/\$50

Premier Plan
Delta Preferred
Premier Plan - MLEA

Employees Hired On or After 7/1/20

Medical Option

NJ Educators Plan \$10/\$15 copay Garden State Plan \$10/\$15 copay

Prescription Option

NJEHP/GSP Plan Rx Retail Copays \$5/\$10

Dental

Premier Plan Delta Preferred Premier Plan - MLEA

EMPLOYEE CONTRIBUTIONS

Chapter 44 Salary Based Contribution

Applies to-NJEHP & GSP- Medical and Prescription

Chapter 78 Contributions or Collectively Bargained

Applies to-Premier Plan Delta Preferred Premier Plan - MLEA