# **Medford Lakes Board of Education**

### Medical Benefits - Schools Health Insurance Fund (Aetna)

Monthly Rates Effective 7/1/2023-6/30/2024

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

#### Medical Benefits- Schools Health Insurance Fund (Aetna)

| Coverage Level    | NJEHP<br>POS \$10/\$15 | (  | Garden State Plan<br>POS \$10/\$15 | Aetna Choice<br>POS II \$10 | Ра | Aetna<br>triot X (\$15) - MLEA | P  | Aetna<br>remier \$2 - MLEA |
|-------------------|------------------------|----|------------------------------------|-----------------------------|----|--------------------------------|----|----------------------------|
| Single            | \$<br>1,018.00         | \$ | 979.00                             | \$<br>1,030.00              | \$ | 1,349.00                       | \$ | 1,187.00                   |
| Parent/Child(ren) | \$<br>1,489.00         | \$ | 1,432.00                           | \$<br>1,505.00              | \$ | 1,962.00                       | \$ | 1,764.00                   |
| 2 Adults          | \$<br>2,227.00         | \$ | 2,143.00                           | \$<br>2,252.00              | \$ | 2,935.00                       | \$ | 2,629.00                   |
| Family            | \$<br>2,591.00         | \$ | 2,493.00                           | \$<br>2,620.00              | \$ | 3,432.00                       | \$ | 3,054.00                   |

| Coverage Level    | Aetna<br>PPO Core |          |    | Aetna<br>PPO Buy Up | Aetna<br>HDHP w/ Rx |          |  |
|-------------------|-------------------|----------|----|---------------------|---------------------|----------|--|
| Single            | \$                | 865.00   | \$ | 1,032.00            | \$                  | 1,186.00 |  |
| Parent/Child(ren) | \$                | 1,262.00 | \$ | 1,507.00            | \$                  | 1,731.00 |  |
| 2 Adults          | \$                | 1,886.00 | \$ | 2,254.00            | \$                  | 2,587.00 |  |
| Family            | \$                | 2,197.00 | \$ | 2,627.00            | \$                  | 2,996.00 |  |

#### Prescription Benefits- Schools Health Insurance Fund (Express Scripts)

| Coverage Level    | NJEHP/GSP<br>\$5/\$1 |        | Retail Rx<br>\$3/\$10 | Rx - Core/Buy Up<br>\$15/\$35/\$50 |
|-------------------|----------------------|--------|-----------------------|------------------------------------|
| Single            | \$                   | 124.00 | \$<br>145.00          | \$<br>159.00                       |
| Parent/Child(ren) | \$                   | 179.00 | \$<br>213.00          | \$<br>235.00                       |
| 2 Adults          | \$                   | 282.00 | \$<br>336.00          | \$<br>350.00                       |
| Family            | \$                   | 282.00 | \$<br>336.00          | \$<br>406.00                       |

## Dental Benefits - Schools Health Insurance Fund (Delta Dental)

| Coverage Level    |    | Delta Preferred<br>MLEA | Premier Plan<br>MLEA |        |  |  |
|-------------------|----|-------------------------|----------------------|--------|--|--|
| Single            | \$ | 31.00                   | \$                   | 41.00  |  |  |
| Parent/Child(ren) | \$ | 92.00                   | \$                   | 119.00 |  |  |
| 2 Adults          | \$ | 55.00                   | \$                   | 72.00  |  |  |
| Family            | \$ | 92.00                   | \$                   | 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 7/1/2023-6/30/2024

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

Medical Benefits - SHIF (Aetna)

| Coverage Level | *NJEHP \$10/\$15 | *Garc | den State Plan \$10/\$15 |
|----------------|------------------|-------|--------------------------|
| Single         | \$<br>1,018.00   | \$    | 979.00                   |
| Parent/Child   | \$<br>1,489.00   | \$    | 1,432.00                 |
| 2 Adults       | \$<br>2,227.00   | \$    | 2,143.00                 |
| Family         | \$<br>2,591.00   | \$    | 2,493.00                 |

#### Prescription Benefits - SHIF (Express Scripts)

| Coverage Level | *NJ | EHP/GSP Retail Rx<br>\$5/\$10 |
|----------------|-----|-------------------------------|
| Single         | \$  | 124.00                        |
| Parent/Child   | \$  | 179.00                        |
| 2 Adults       | \$  | 282.00                        |
| Family         | \$  | 282.00                        |

#### **Dental Benefits - SHIF (Delta Dental)**

|                   | D  | elta Preferred | Premier Plan |        |  |  |
|-------------------|----|----------------|--------------|--------|--|--|
| Coverage Level    |    | MLEA           |              | MLEA   |  |  |
| Single            | \$ | 31.00          | \$           | 41.00  |  |  |
| Parent/Child(ren) | \$ | 92.00          | \$           | 119.00 |  |  |
| 2 Adults          | \$ | 55.00          | \$           | 72.00  |  |  |
| Family            | \$ | 92.00          | \$           | 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.

# 2023 Open Enrollment Plan Selections

### Open Enrollment Begins Monday, April 24th to Friday, May 12th

All Plan Changes Become Effective 7/1/23

#### 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** Delta Preferred MLEA 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

> > Delta Preferred - MLEA 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** Delta Preferred MLEA 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-Delta Preferred - MLEA Premier Plan - MLEA

Please Contact the Business Office for Questions Regarding Your Employee Contributions. Please Visit Your BenePortal for Additional Information

https://www.medfordlakesboebenefits.com/