

West Deptford School District
Health Benefit Options - Employees Hired Before 7/1/2020
Monthly Premium Rates - Effective July 1, 2022 to June 30, 2023

Medical - SHIF: Aetna/AmeriHealth

	*NJEHP - \$10/\$15	*GSP - \$10/\$15	POS/PPO \$10	POS/PPO \$15	POS/PPO \$15/\$25
Single	\$876.00	\$843.00	\$885.00	\$843.00	\$822.00
Parent/Child(ren)	\$1,630.00	\$1,568.00	\$1,647.00	\$1,569.00	\$1,528.00
Member/Spouse	\$1,753.00	\$1,686.00	\$1,773.00	\$1,686.00	\$1,644.00
Family	\$2,056.00	\$2,411.00	\$2,535.00	\$2,412.00	\$2,351.00

	POS/PPO \$20/\$30	HMO/EPO \$10	HMO \$15/\$25	HMO/EPO \$20/\$30
Single	\$773.00	\$808.00	\$746.00	\$701.00
Parent/Child(ren)	\$1,438.00	\$1,503.00	\$1,386.00	\$1,305.00
Member/Spouse	\$1,546.00	\$1,615.00	\$1,492.00	\$1,405.00
Family	\$2,210.00	\$2,312.00	\$2,133.00	\$2,006.00

Prescription - SHIF: Express Scripts

	*NJEHP/GSP - Rx \$5/\$10	Rx \$3/\$10/\$10	Rx \$3/\$18/\$46	Rx \$7/\$16/\$35	Rx \$7/\$21
Single	\$99.00	\$122.00	\$113.00	\$111.00	\$102.00
Parent/Child(ren)	\$184.00	\$228.00	\$210.00	\$206.00	\$189.00
Member/Spouse	\$198.00	\$244.00	\$226.00	\$221.00	\$204.00
Family	\$283.00	\$350.00	\$323.00	\$316.00	\$291.00

Dental - SHIF: Delta Dental

	Premier Plan	Premier Plan (Admin.)
Single	\$52.00	\$81.00
Parent/Child(ren)	\$52.00	\$81.00
Member/Spouse	\$52.00	\$81.00
Family	\$52.00	\$81.00

*Please note, the NJ Educator Plan's and Garden State Plan's medical and prescriptions benefits must be selected together. Employee contributions for these plans are based on the new Chapter 44 Contribution Scale. All other options apply to the Chapter 78 and/or Collectively Bargained employee contributions.