

**West Deptford School District**  
**Health Benefit Options - Employees Hired On/After 7/1/2020**  
**Monthly Premium Rates - Effective July 1, 2023 to June 30, 2024**

---

**Medical - SHIF: Aetna/AmeriHealth**

	<b>*NJEHP - \$10/\$15</b>	<b>*GSP - \$10/\$15</b>
Single	\$937.00	\$902.00
Parent/Child(ren)	\$1,744.00	\$1,678.00
Member/Spouse	\$1,876.00	\$1,804.00
Family	\$2,682.00	\$2,580.00

**Prescription - SHIF: Express Scripts**

	<b>*NJEHP - Rx \$5/\$10</b>	<b>*GSP - Rx \$5/\$10</b>
Single	\$105.00	\$105.00
Parent/Child(ren)	\$195.00	\$195.00
Member/Spouse	\$209.00	\$209.00
Family	\$299.00	\$299.00

**Dental - SHIF: Delta Dental**

	<b>Premier Plan</b>	<b>Premier Plan (Admin.)</b>
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.

# West Deptford Board of Education

## 2023 Open Enrollment Plan Selections

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

All Plan Changes Become Effective 7/1/22

### Employees Hired Before 7/1/20

#### Medical Options

NJ Educators Plan \$10/\$15 copay  
Garden State Plan \$10/\$15 copay  
POS/PPO \$10 copay  
POS/PPO \$15 copay  
POS/PPO \$15/\$25 copay  
POS/PPO \$20/\$30 copay  
HMO/EPO \$10 copay  
HMO \$15 copay  
HMO/EPO \$20/\$30

#### Prescription Options

NJ Educators Plan Rx Retail Copays \$5/\$10  
Rx Retail Copays \$3/\$10/\$10  
Rx Retail Copays \$3/\$18/\$46  
Rx Retail Copays \$7/\$16/\$35  
Rx Retail Copays \$7/\$21

#### Dental

Delta Premier Plan  
Delta Premier Plan (Admin. Staff Only)

### EMPLOYEE CONTRIBUTIONS

#### Chapter 44 Salary Based Contribution

Applies to-  
NJ Educator Plan - Medical and Prescription  
Garden State Plan - Medical and Prescription

#### Chapter 78 Contributions or Collectively Bargained

Applies to-  
POS/PPO \$10 copay  
POS/PPO \$15 copay  
POS/PPO \$15/\$25 copay  
POS/PPO \$20/\$30 copay  
HMO/EPO \$10 copay  
HMO \$15 copay  
HMO/EPO \$20/\$30

Rx Retail Copays \$3/\$10/\$10  
Rx Retail Copays \$3/\$18/\$46  
Rx Retail Copays \$7/\$16/\$35  
Rx Retail Copays \$7/\$21

Delta Premier Plan  
Delta Premier Plan (Admin. Staff Only)

### Employees Hired On or After 7/1/20

#### Medical Option

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

#### Prescription Option

NJ Educators Plan Rx Retail Copays \$5/\$10  
Garden State Plan Rx Retail Copays \$5/\$10

#### Dental

Delta Premier Plan  
Delta Premier Plan (Admin. Staff Only)

### EMPLOYEE CONTRIBUTIONS

#### Chapter 44 Salary Based Contribution

Applies to-  
NJ Educator Plan - Medical and Prescription  
Garden State Plan - Medical and Prescription

#### Chapter 78 Contributions or Collectively Bargained

Applies to-  
Delta Premier Plan  
Delta Premier Plan (Admin. Staff Only)

Please Contact the Business Office for Questions Regarding Your Employee Contributions.

For additional information please refer to your BenePortal site

<https://www.westdeptfordbenefits.com/>