

West Deptford School District
Health Benefit Options - Employees Hired Before 7/1/2020
Monthly Premium Rates - Effective July 1, 2024 to June 30, 2025

Medical - SHIF: Aetna/AmeriHealth

	*NJEHP - \$10/\$15	*GSP - \$10/\$15	POS/PPO \$10	POS/PPO \$15	POS/PPO \$15/\$25
Single	\$1,017.00	\$979.00	\$1,048.00	\$999.00	\$974.00
Parent/Child(ren)	\$1,892.00	\$1,820.00	\$1,952.00	\$1,859.00	\$1,810.00
Member/Spouse	\$2,035.00	\$1,957.00	\$2,100.00	\$1,997.00	\$1,947.00
Family	\$2,910.00	\$2,799.00	\$3,003.00	\$2,857.00	\$2,785.00

	POS/PPO \$20/\$30	HMO/EPO \$10	HMO \$15/\$25	HMO/EPO \$20/\$30
Single	\$915.00	\$958.00	\$883.00	\$830.00
Parent/Child(ren)	\$1,704.00	\$1,780.00	\$1,642.00	\$1,546.00
Member/Spouse	\$1,831.00	\$1,913.00	\$1,768.00	\$1,665.00
Family	\$2,618.00	\$2,739.00	\$2,527.00	\$2,377.00

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	\$124.00	\$156.00	\$145.00	\$142.00	\$131.00
Parent/Child(ren)	\$231.00	\$291.00	\$269.00	\$264.00	\$242.00
Member/Spouse	\$248.00	\$312.00	\$289.00	\$283.00	\$261.00
Family	\$354.00	\$448.00	\$414.00	\$404.00	\$373.00

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.

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West Deptford Board of Education

2024 Open Enrollment Plan Selections

Open Enrollment Begins Monday, April 22nd to Friday, May 10th

All Plan Changes Become Effective 7/1/24

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)

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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)

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Chapter 44 Salary Based Contribution

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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/>