

Bellmawr Public School District
Medical, Dental, Prescription, and Vision
Monthly Premium Rates
(Effective 7/1/20 to 6/30/21)

MEDICAL - SHIF/Aetna HMO \$10	
Coverage Level	Monthly Rates
Single	\$838.00
Parent/Child(ren)	\$1,362.00
Member/Spouse	\$1,654.00
Family	\$2,200.00

DENTAL - SHIF/Delta Dental Delta Premier Plan	
Coverage Level	Monthly Rates
Single	\$68.00
Employee +1	\$68.00
Family	\$68.00

POS \$15/\$25	
Coverage Level	Monthly Rates
Single	\$833.00
Parent/Child(ren)	\$1,366.00
Member/Spouse	\$1,657.00
Family	\$2,200.00

VISION - VSP	
Coverage Level	Monthly Rates
Single	\$7.10
Employee +1	\$10.30

PRESCRIPTION - SHIF/Express Scripts Retail \$3/\$10	
Coverage Level	Monthly Rates
Single	\$210.00
Parent/Child(ren)	\$347.00
Member/Spouse	\$421.00
Family	\$557.00