

Bellmawr Public School District
Medical, Dental, Prescription, and Vision
Monthly Premium Rates - Employees Hired Before 7/1/2020
(Effective 7/1/21 to 6/30/22)

MEDICAL - SHIF/Aetna NJ Educators Health Plan	
Coverage Level	Monthly Rates
Single	\$ 893.00
Parent/Child(ren)	\$ 1,464.00
Member/Spouse	\$ 1,776.00
Family	\$ 2,358.00

PRESCRIPTION - SHIF/Express Scripts NJ Educators Health Plan	
Coverage Level	Monthly Rates
Single	\$ 171.00
Parent/Child(ren)	\$ 283.00
Member/Spouse	\$ 343.00
Family	\$ 454.00

HMO \$10	
Coverage Level	Monthly Rates
Single	\$ 907.00
Parent/Child(ren)	\$ 1,474.00
Member/Spouse	\$ 1,790.00
Family	\$ 2,380.00

Retail \$3/\$10	
Coverage Level	Monthly Rates
Single	\$ 203.00
Parent/Child(ren)	\$ 336.00
Member/Spouse	\$ 408.00
Family	\$ 540.00

POS \$15/\$25	
Coverage Level	Monthly Rates
Single	\$ 901.00
Parent/Child(ren)	\$ 1,478.00
Member/Spouse	\$ 1,793.00
Family	\$ 2,380.00

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

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

*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.