

Bellmawr Public School District
Medical, Dental, Prescription, and Vision
Monthly Premium Rates - Employees Hired Before 7/1/2020
(Effective 7/1/22 to 6/30/23)

MEDICAL - SHIF/Aetna NJ Educators Health Plan	
Coverage Level	Monthly Rates
Single	\$ 965.00
Parent/Child(ren)	\$ 1,582.00
Member/Spouse	\$ 1,919.00
Family	\$ 2,548.00

PRESCRIPTION - SHIF/Express Scripts NJ Educators Health Plan/GSP	
Coverage Level	Monthly Rates
Single	\$ 148.00
Parent/Child(ren)	\$ 246.00
Member/Spouse	\$ 298.00
Family	\$ 394.00

Garden State Plan	
Coverage Level	Monthly Rates
Single	\$ 928.00
Parent/Child(ren)	\$ 1,522.00
Member/Spouse	\$ 1,847.00
Family	\$ 2,451.00

Retail \$3/\$10	
Coverage Level	Monthly Rates
Single	\$ 176.00
Parent/Child(ren)	\$ 292.00
Member/Spouse	\$ 354.00
Family	\$ 469.00

HMO \$10	
Coverage Level	Monthly Rates
Single	\$ 980.00
Parent/Child(ren)	\$ 1,593.00
Member/Spouse	\$ 1,935.00
Family	\$ 2,572.00

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	\$ 974.00
Parent/Child(ren)	\$ 1,597.00
Member/Spouse	\$ 1,938.00
Family	\$ 2,572.00

VISION - VSP	
Coverage Level	Monthly Rates
Single	\$ 7.14
Employee +1	\$ 10.35

*Please note, the NJ Educator Plan/GSP 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.

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Medical, Dental, Prescription, and Vision
Monthly Premium Rates - Employees Hired On/After 7/1/2020
(Effective 7/1/22 to 6/30/23)

MEDICAL - SHIF/Aetna NJ Educators Health Plan	
Coverage Level	Monthly Rates
Single	\$ 965.00
Parent/Child(ren)	\$ 1,582.00
Member/Spouse	\$ 1,919.00
Family	\$ 2,548.00

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

MEDICAL - SHIF/Aetna Garden State Plan	
Coverage Level	Monthly Rates
Single	\$ 928.00
Parent/Child(ren)	\$ 1,522.00
Member/Spouse	\$ 1,847.00
Family	\$ 2,451.00

VISION - VSP	
Coverage Level	Monthly Rates
Single	\$ 7.14
Employee +1	\$ 10.35

PRESCRIPTION - SHIF/Express Scripts NJ Educators Health Plan/GSP	
Coverage Level	Monthly Rates
Single	\$ 148.00
Parent/Child(ren)	\$ 246.00
Member/Spouse	\$ 298.00
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*Please note, the NJ Educator Plan/GSP 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.

BELLMAWR PUBLIC SCHOOL DISTRICT

2022 Open Enrollment Plan Selections

Open Enrollment Begins Monday, April 25th to Friday, May 13th

All Plan Changes Become Effective 7/1/22

Employees Hired Before 7/1/20

Medical Options

NJ Educators Plan
Garden State Plan
HMO \$10 Copay
POS \$15/\$25

Prescription Options

NJ Educators Plan/GSP Rx Retail Copays \$5/\$10
Prescription Plan Retail Copays \$3/\$10

Dental

Delta Premier Plan

Vision

VSP

EMPLOYEE CONTRIBUTIONS

Chapter 44 Salary Based Contribution

Applies to-
NJ Educator Plan/GSP - Medical and Prescription

Chapter 78 Contributions or Collectively Bargained

Applies to-

HMO \$10 Copay
POS \$15/\$25

Prescription Plan Retail \$3/\$10

Delta Premier Plan

VSP Vision Plan

Employees Hired On or After 7/1/20

Medical Options

NJ Educators Plan
Garden State Plan

Prescription Option

NJ Educators Plan/GSP Rx Retail Copays \$5/\$10

Dental

Delta Premier Plan

Vision

VSP

EMPLOYEE CONTRIBUTIONS

Chapter 44 Salary Based Contribution

Applies to-
NJ Educator Plan/GSP - Medical and Prescription

Chapter 78 Contributions or Collectively Bargained

Applies to-

Delta Premier Plan

VSP Vision Plan

Please contact the Business Office for questions regarding your employee contributions.

Please visit your Benepotal for additional benefit information:

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