Lumberton Township Board of Education Health Benefit Plan Options - Non-Represented Employees Hired Before 7/1/2020 (Effective 7-1-2021 to 6-30-2022)

Medical Benefits - Schools Health Insurance Fund (Aetna)

| | *NJEHP | | Aetna Choice | | Aetna Choice | | Aetna Choice | | Aetna Choice | | Α | etna Choice | Aetna | | | Aetna | Aetna | |
|----------------|--------|----------|--------------|------------|---------------|----------|------------------|----------|------------------|----------|------------------|-------------|---------------|-----------|---------------|-----------|----------------|----------|
| | POS \$ | 10/\$15 | PO | S II \$10 | POS II \$15 | | POS II \$15/\$25 | | POS II \$20/\$30 | | POS II \$20/\$35 | | | QPOS \$10 | | QPOS \$20 | QPOS \$20/\$35 | |
| Coverage Level | Month | ly Rates | Mon | thly Rates | Monthly Rates | | Monthly Rates | | Monthly Rates | | Monthly Rates | | Monthly Rates | | Monthly Rates | | Monthly Rates | |
| Single | \$ | 820.00 | \$ | 878.00 | \$ | 836.00 | \$ | 812.00 | \$ | 763.00 | \$ | 657.00 | \$ | 805.00 | \$ | 700.00 | \$ | 602.00 |
| Parent/Child | \$ | 1,527.00 | \$ | 1,635.00 | \$ | 1,557.00 | \$ | 1,511.00 | \$ | 1,421.00 | \$ | 1,222.00 | \$ | 1,484.00 | \$ | 1,302.00 | \$ | 1,121.00 |
| 2 Adults | \$ | 1,641.00 | \$ | 1,758.00 | \$ | 1,674.00 | \$ | 1,624.00 | \$ | 1,527.00 | \$ | 1,314.00 | \$ | 1,613.00 | \$ | 1,401.00 | \$ | 1,205.00 |
| Family | \$ | 2,347.00 | \$ | 2,514.00 | \$ | 2,394.00 | \$ | 2,323.00 | \$ | 2,184.00 | \$ | 1,879.00 | \$ | 2,305.00 | \$ | 2,002.00 | \$ | 1,723.00 |

Prescription Benefits - Benecard

| | *NJEHP - | Rx \$5/\$10 | • • • | | Rx \$3/\$10 | | Rx \$7/\$16/\$35 | | Rx \$3/\$18/\$46 | | Rx \$7/\$21 | | | Rx \$3/\$10 | Rx | \$3/\$18/\$46 | Rx \$7/\$21 | | |
|-----------------------|----------|-------------|-------|-------------|-------------|--------------|------------------|--------------|------------------|--------------|-------------|--------------|----|--------------|----|---------------|---------------|--------|--|
| Coverage Level | Month | ly Rates | Мо | nthly Rates | M | onthly Rates | Mo | onthly Rates | Mo | onthly Rates | M | onthly Rates | M | onthly Rates | Mo | onthly Rates | Monthly Rates | | |
| Single | \$ | 225.79 | \$ | 262.83 | \$ | 262.83 | \$ | 238.39 | \$ | 231.02 | \$ | 218.33 | \$ | 262.83 | \$ | 231.02 | \$ | 218.33 | |
| Parent/Child | \$ | 380.33 | \$ | 488.86 | \$ | 488.86 | \$ | 393.33 | \$ | 451.24 | \$ | 406.11 | \$ | 488.86 | \$ | 451.24 | \$ | 406.11 | |
| 2 Adults | \$ | 459.09 | \$ | 525.65 | \$ | 525.65 | \$ | 500.60 | \$ | 485.16 | \$ | 458.51 | \$ | 525.65 | \$ | 485.16 | \$ | 458.51 | |
| Family | \$ | 654.72 | \$ | 751.70 | \$ | 751.70 | \$ | 681.77 | \$ | 693.83 | \$ | 524.00 | \$ | 751.70 | \$ | 693.83 | \$ | 524.00 | |

COMBINED - Medical and Prescription Rates

| | POS \$ | NJEHP \$10/\$15 55/\$10 | F | etna Choice POS II \$10 \$3/\$10 | Aetna Choice POS II \$15 \$3/\$10 | | Aetna Choice POS II \$15/\$25 \$7/\$16/\$35 | | Aetna Choice POS II \$20/\$30 \$3/\$18/\$46 | | Aetna Choice POS II \$20/\$35 \$7/\$21 Monthly Pates | | | Aetna QPOS \$10 \$3/\$10 | \$ | Aetna QPOS \$20 63/\$18/\$46 | Aetna QPOS \$20/\$35 \$7/\$21 | | |
|----------------|-----------|-------------------------------|---------------|--|---|----------|---|----------|---|---------------|--|---------------|----|--------------------------------|---------------|------------------------------------|-------------------------------------|-------------|--|
| Coverage Level | Mon | thly Rates | Monthly Rates | | Monthly Rates | | Monthly Rates | | Mo | Monthly Rates | | Monthly Rates | | onthly Rates | Monthly Rates | | Mo | nthly Rates | |
| Single | \$ | 1,045.79 | \$ | 1,140.83 | \$ | 1,098.83 | \$ | 1,050.39 | \$ | 994.02 | \$ | 875.33 | \$ | 1,067.83 | \$ | 931.02 | \$ | 820.33 | |
| Parent/Child | \$ | 1,907.33 | \$ | 2,123.86 | \$ | 2,045.86 | \$ | 1,904.33 | \$ | 1,872.24 | \$ | 1,628.11 | \$ | 1,972.86 | \$ | 1,753.24 | \$ | 1,527.11 | |
| 2 Adults | \$ | 2,100.09 | \$ | 2,283.65 | \$ | 2,199.65 | \$ | 2,124.60 | \$ | 2,012.16 | \$ | 1,772.51 | \$ | 2,138.65 | \$ | 1,886.16 | \$ | 1,663.51 | |
| Family | \$ | 3,001.72 | \$ | 3,265.70 | \$ | 3,145.70 | \$ | 3,004.77 | \$ | 2,877.83 | \$ | 2,403.00 | \$ | 3,056.70 | \$ | 2,695.83 | \$ | 2,247.00 | |

Dental Benefits - Schools Health Inurance Fund (Delta Dental)

| | Del | ta Dental |
|----------------|-------|------------|
| | PPO F | lus Premer |
| Coverage Level | Mon | thly Rates |
| One Person | \$ | 57.72 |
| Two Party | \$ | 99.69 |
| Three or More | \$ | 168.16 |
| | | |

^{*}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.

Lumberton Township Board of Education Health Benefit Plan Options - LTEA/ASLA Employees Hired Before 7/1/2020 (Effective 7-1-2021 to 6-30-2022)

| Medical Benefits | Schools Health Insurance Fund | (Aetna) | |
|------------------|---|---------|--|
|------------------|---|---------|--|

| Coverage Level | |
|----------------|--|
| Single | |
| Parent/Child | |
| 2 Adults | |
| Family | |

| Schools Health insurance Fund (Acting) | | | | | | | | | | | | | | | | |
|--|---------------------|-----------------------------|-------------|--------------|----------------------|----------------|---------------------|-----------------|--------------|-----------------|-------|---------------|-------|--------------|-------|---------------|
| | *NJEHP Aetna Choice | | etna Choice | Aetna Choice | | | Netna Choice | A | Aetna Choice | | Aetna | | Aetna | | Aetna | |
| | PC | POS \$10/\$15 POS II \$15 | | POS II \$15 | РО | S II \$15/\$25 | PC | OS II \$20/\$30 | P | OS II \$20/\$35 | | QPOS \$10 | | QPOS \$20 | QF | POS \$20/\$35 |
| | Mo | Monthly Rates Monthly Rates | | | Monthly Rates | | | Ionthly Rates | M | Ionthly Rates | M | Ionthly Rates | M | onthly Rates | M | onthly Rates |
| | \$ | 820.00 | \$ | 836.00 | \$ | 812.00 | \$ | 763.00 | \$ | 657.00 | \$ | 805.00 | \$ | 700.00 | \$ | 602.00 |
| | \$ | 1,527.00 | \$ | 1,557.00 | \$ | 1,511.00 | \$ | 1,421.00 | \$ | 1,222.00 | \$ | 1,484.00 | \$ | 1,302.00 | \$ | 1,121.00 |
| | \$ | 1,641.00 | \$ | 1,674.00 | \$ | 1,624.00 | \$ | 1,527.00 | \$ | 1,314.00 | \$ | 1,613.00 | \$ | 1,401.00 | \$ | 1,205.00 |
| | \$ | 2,347.00 | \$ | 2,394.00 | \$ | 2,323.00 | \$ | 2,184.00 | \$ | 1,879.00 | \$ | 2,305.00 | \$ | 2,002.00 | \$ | 1,723.00 |

Prescription Benefits - Benecard

| Coverage Level |
|----------------|
| Single |
| Parent/Child |
| 2 Adults |
| Family |

| *NJ | EHP - Rx \$5/\$10 Rx \$3/\$10 | | | | | \$3/\$18/\$46 | | Rx \$7/\$21 | | Rx \$3/\$10 | Rx | \$3/\$18/\$46 | R | x \$7/\$21 | |
|-----|-------------------------------|----|--------------|---------------|--------|---------------|--------------|-------------|--------------|-------------|---------------|---------------|--------------|------------|-------------|
| IV | Monthly Rates | M | onthly Rates | Monthly Rates | | M | onthly Rates | M | onthly Rates | N | Monthly Rates | M | onthly Rates | Мо | nthly Rates |
| \$ | 225.79 | \$ | 262.83 | \$ | 238.39 | \$ | 231.02 | \$ | 218.33 | \$ | 262.83 | \$ | 231.02 | \$ | 218.33 |
| \$ | 380.33 | \$ | 488.86 | \$ | 393.33 | \$ | 451.24 | \$ | 406.11 | \$ | 488.86 | \$ | 451.24 | \$ | 406.11 |
| \$ | 459.09 | \$ | 525.65 | \$ | 500.60 | \$ | 485.16 | \$ | 458.51 | \$ | 525.65 | \$ | 485.16 | \$ | 458.51 |
| \$ | 654.72 | \$ | 751.70 | \$ | 681.77 | \$ | 693.83 | \$ | 524.00 | \$ | 751.70 | \$ | 693.83 | \$ | 524.00 |

COMBINED - Medical and Prescription Rates

| Coverage Level |
|----------------|
| Single |
| Parent/Child |
| 2 Adults |
| Family |

| cai | ai and Frescription Rates | | | | | | | | | | | | | | | |
|-----|-----------------------------|----------|-------------|---------------|----------------|--------------|-----------------|--------------|-----------------|--------------|-----------|---------------|-------------|--------------|--------------|--------------|
| | *NJEHP Aetna Choice | | | etna Choice | Ae | etna Choice | A | etna Choice | Α | etna Choice | | Aetna | | Aetna | | Aetna |
| | POS \$10/\$15 POS II \$15 | | POS II \$15 | РО | S II \$15/\$25 | PC | OS II \$20/\$30 | PC | OS II \$20/\$35 | | QPOS \$10 | | QPOS \$20 | QP | OS \$20/\$35 | |
| | \$5/\$10 \$3/\$10 | | \$3/\$10 | \$7/\$16/\$35 | | | \$3/\$18/\$46 | | \$7/\$21 | | \$3/\$10 | \$ | 3/\$18/\$46 | | \$7/\$21 | |
| | Monthly Rates Monthly Rates | | | onthly Rates | Mo | onthly Rates | M | onthly Rates | M | onthly Rates | N | Monthly Rates | M | onthly Rates | Mo | onthly Rates |
| | \$ | 1,045.79 | \$ | 1,098.83 | \$ | 1,050.39 | \$ | 994.02 | \$ | 875.33 | \$ | 1,067.83 | \$ | 931.02 | \$ | 820.33 |
| | \$ | 1,907.33 | \$ | 2,045.86 | \$ | 1,904.33 | \$ | 1,872.24 | \$ | 1,628.11 | \$ | 1,972.86 | \$ | 1,753.24 | \$ | 1,527.11 |
| | \$ | 2,100.09 | \$ | 2,199.65 | \$ | 2,124.60 | \$ | 2,012.16 | \$ | 1,772.51 | \$ | 2,138.65 | \$ | 1,886.16 | \$ | 1,663.51 |
| | \$ | 3,001.72 | \$ | 3,145.70 | \$ | 3,004.77 | \$ | 2,877.83 | \$ | 2,403.00 | \$ | 3,056.70 | \$ | 2,695.83 | \$ | 2,247.00 |

Dental Benefits - Schools Health Inurance Fund (Delta Dental)

| Coverage Level | |
|----------------|--|
| One Person | |
| Two Party | |
| Three or More | |

| Delt | ta Dental |
|-------|------------|
| PPO P | lus Premer |
| Mon | thly Rates |
| \$ | 57.72 |
| \$ | 99.69 |
| \$ | 168.16 |

^{*}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.

Lumberton Township Board of Education Health Benefit Plan Options - <u>Employees Hired On/After 7/1/2020</u> (Effective 7-1-2021 to 6-30-2022)

Medical Benefits - Schools Health Insurance Fund (Aetna)

Prescription Benefits - Benecard

Coverage Level
Single
Parent/Child(ren)
Member Spouse
Family

| *NJEHP | |
|---------------|---|
| POS \$10/\$15 | |
| Monthly Rates | |
| \$820.00 | |
| \$1,527.00 | |
| \$1,641.00 | |
| \$2,347.00 | |
| | _ |

Coverage Level
Single
Parent/Child(ren)
Member Spouse
Family

| *NJEHP |
|---------------|
| Rx \$5/\$10 |
| Monthly Rates |
| \$225.79 |
| \$380.33 |
| \$459.09 |
| \$654.72 |

Dental Benefits - Schools Health Insurance Fund (Delta Dental)

Coverage Level
One Person
Two Party
Three or More

| PPO Plus Premier Monthly Rates |
|-----------------------------------|
| \$57.72 |
| \$99.69 |
| \$168.16 |

^{*}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. Employee contributions for the dental plan are based on Chapter 78 and/or Collectively Bargained employee contributions.

Lumberton Township Board of Education

2021 Open Enrollment Plan Selections

Open Enrollment Begins Monday, April 26th to Friday, May 14th

All Plan Changes Become Effective 7/1/21

Employees Hired Before 7/1/20

Medical Options

NJ Educators Plan \$10/\$15 copay POS \$10 (Non-Represented only)

POS \$15

POS \$15/\$25

POS \$20/\$30

POS \$20/\$35

QPOS \$10

QPOS \$20

QPOS \$20/\$35

Prescription Options

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

Dental

PPO Plus Premier

EMPLOYEE CONTRIBUTIONS

Chapter 44 Salary Based Contribution

Applies to-

NJ Educator Plan - Medical and Prescription

Chapter 78 Contributions or Collectively Bargained

Applies to-

POS \$10

POS \$15

POS \$15/\$25

POS \$20/\$30

POS \$20/\$35

QPOS \$10

QPOS \$20

QPOS \$20/\$35

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

PPO Plus Premier

Employees Hired On or After 7/1/20

Medical Option

NJ Educators Plan \$10/\$15 copay

Prescription Option

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

Dental

PPO Plus Premier

EMPLOYEE CONTRIBUTIONS

Chapter 44 Salary Based Contribution

Applies to-

NJ Educator Plan - Medical and Prescription

Chapter 78 Contributions or Collectively Bargained

Applies to-PPO Plus Premier