

Lumberton School District Health Benefit Rates

Medical Benefits - Schools Health Insurance Fund (Aetna)

Rates Effective 1/1/2020 to 6/30/2021 (18 Months)

Coverage Level	Aetna Choice POS II \$10	Aetna Choice POS II \$15	Aetna Choice POS II \$15/\$25	Aetna Choice POS II \$20/\$30	Aetna Choice POS II \$20/\$35	Aetna QPOS \$10	Aetna QPOS \$20	Aetna QPOS \$20/\$35
Single	\$ 833.00	\$ 792.00	\$ 769.00	\$ 723.00	\$ 622.00	\$ 764.00	\$ 663.00	\$ 570.00
Parent/Child	\$ 1,549.00	\$ 1,475.00	\$ 1,432.00	\$ 1,346.00	\$ 1,158.00	\$ 1,406.00	\$ 1,234.00	\$ 1,062.00
2 Adults	\$ 1,666.00	\$ 1,586.00	\$ 1,539.00	\$ 1,447.00	\$ 1,245.00	\$ 1,528.00	\$ 1,327.00	\$ 1,142.00
Family	\$ 2,383.00	\$ 2,268.00	\$ 2,201.00	\$ 2,069.00	\$ 1,780.00	\$ 2,185.00	\$ 1,897.00	\$ 1,632.00
Dependent to 31 Rates	\$ 684.00	\$ 650.00	\$ 631.00	\$ 593.00	\$ 510.00	\$ 627.00	\$ 544.00	\$ 468.00

Prescription Benefits - Benecard

Rates Effective 1/1/2020 to 6/30/2021 (18 Months)

Coverage Level	Rx \$3/\$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
Single	\$ 245.64	\$ 245.64	\$ 222.79	\$ 215.91	\$ 204.05	\$ 245.64	\$ 215.91	\$ 204.05
Parent/Child	\$ 456.88	\$ 456.88	\$ 367.60	\$ 421.72	\$ 379.54	\$ 456.88	\$ 421.72	\$ 379.54
2 Adults	\$ 491.26	\$ 491.26	\$ 467.85	\$ 453.42	\$ 428.51	\$ 491.26	\$ 453.42	\$ 428.51
Family	\$ 702.52	\$ 702.52	\$ 637.17	\$ 648.44	\$ 489.72	\$ 702.52	\$ 648.44	\$ 489.72
Dependent to 31 Rates	\$ 195.93	\$ 195.93	\$ 177.70	\$ 172.22	\$ 162.76	\$ 195.93	\$ 172.22	\$ 162.76

COMBINED - Medical and Prescription Rates

Rates Effective 1/1/2020 to 6/30/2021 (18 Months)

Coverage Level	Aetna 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	Aetna QPOS \$10 \$3/\$10	Aetna QPOS \$20 \$3/\$18/\$46	Aetna QPOS \$20/\$35 \$7/\$21
Single	\$ 1,078.64	\$ 1,037.64	\$ 991.79	\$ 938.91	\$ 826.05	\$ 1,009.64	\$ 878.91	\$ 774.05
Parent/Child	\$ 2,005.88	\$ 1,931.88	\$ 1,799.60	\$ 1,767.72	\$ 1,537.54	\$ 1,862.88	\$ 1,655.72	\$ 1,441.54
2 Adults	\$ 2,157.26	\$ 2,077.26	\$ 2,006.85	\$ 1,900.42	\$ 1,673.51	\$ 2,019.26	\$ 1,780.42	\$ 1,570.51
Family	\$ 3,085.52	\$ 2,970.52	\$ 2,838.17	\$ 2,717.44	\$ 2,269.72	\$ 2,887.52	\$ 2,545.44	\$ 2,121.72
Dependent to 31 Rates	\$ 879.93	\$ 845.93	\$ 808.70	\$ 765.22	\$ 672.76	\$ 822.93	\$ 716.22	\$ 630.76

Dental Benefits - Delta Dental

Rates Effective 1/1/2020 to 12/31/2020

Coverage Level	PPO Plus Premier
One Party	\$ 57.72
Two Party	\$ 99.69
Three Party	\$ 168.16