

**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	*NJEHP POS \$10/\$15 Monthly Rates	Aetna Choice POS II \$15 Monthly Rates	Aetna Choice POS II \$15/\$25 Monthly Rates	Aetna Choice POS II \$20/\$30 Monthly Rates	Aetna Choice POS II \$20/\$35 Monthly Rates	Aetna QPOS \$10 Monthly Rates	Aetna QPOS \$20 Monthly Rates	Aetna QPOS \$20/\$35 Monthly Rates
Single	\$ 820.00	\$ 836.00	\$ 812.00	\$ 763.00	\$ 657.00	\$ 805.00	\$ 700.00	\$ 602.00
Parent/Child	\$ 1,527.00	\$ 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	\$ 1,674.00	\$ 1,624.00	\$ 1,527.00	\$ 1,314.00	\$ 1,613.00	\$ 1,401.00	\$ 1,205.00
Family	\$ 2,347.00	\$ 2,394.00	\$ 2,323.00	\$ 2,184.00	\$ 1,879.00	\$ 2,305.00	\$ 2,002.00	\$ 1,723.00

**Prescription Benefits - Benecard**

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

**COMBINED - Medical and Prescription Rates**

Coverage Level	*NJEHP POS \$10/\$15 \$5/\$10 Monthly Rates	Aetna Choice POS II \$15 \$3/\$10 Monthly Rates	Aetna Choice POS II \$15/\$25 \$7/\$16/\$35 Monthly Rates	Aetna Choice POS II \$20/\$30 \$3/\$18/\$46 Monthly Rates	Aetna Choice POS II \$20/\$35 \$7/\$21 Monthly Rates	Aetna QPOS \$10 \$3/\$10 Monthly Rates	Aetna QPOS \$20 \$3/\$18/\$46 Monthly Rates	Aetna QPOS \$20/\$35 \$7/\$21 Monthly Rates
Single	\$ 1,045.79	\$ 1,098.83	\$ 1,050.39	\$ 994.02	\$ 875.33	\$ 1,067.83	\$ 931.02	\$ 820.33
Parent/Child	\$ 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 Adults	\$ 2,100.09	\$ 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	\$ 3,145.70	\$ 3,004.77	\$ 2,877.83	\$ 2,403.00	\$ 3,056.70	\$ 2,695.83	\$ 2,247.00

**Dental Benefits - Schools Health Insurance Fund (Delta Dental)**

Coverage Level	Delta Dental PPO Plus Premier Monthly 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.