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	$ 832.00	$ 792.00	$ 769.00	$ 723.00	$ 622.00	$ 763.00	$ 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	$ 2,382.00	$ 2,268.00	$ 2,201.00	$ 2,069.00	$ 1,780.00	$ 2,184.00	$ 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	$ 1,077.64	$ 1,037.64	$ 991.79	$ 938.91	$ 826.05	$ 1,008.64	$ 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	$ 3,084.52	$ 2,970.52	$ 2,838.17	$ 2,717.44	$ 2,269.72	$ 2,886.52	$ 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