Southampton Board of Education

Health Benefit Plan Options - Employees Hired Before 7/1/2020 Monthly Premium Rates 7/1/2023 to 6/30/2024

MEDICAL PLAN OPTIONS - SHIF/AETNA

	All Employees *NJEHP \$10/\$15 Copay	All Employees *GSP \$10/\$15 Copay	Employees Hired Prior to 9/1/2018 Patriot V \$10 Copay	Employees Hired Prior to 9/1/2018 Patriot X \$15/\$20 Copay
Single	\$818	\$787	\$829	\$868
EE + Child(ren)	\$1,523	\$1,465	\$1,545	\$1,611
EE + Spouse	\$1,716	\$1,650	\$1,737	\$1,808
Family	\$2,427	\$2,335	\$2,460	\$2,566
Dep to 31	\$531	\$511	\$539	\$530

Single EE + Child(ren) EE + Spouse Family Dep to 31

All Employees EPO \$15/\$25 Copay	Teachers Hired Prior to 7/1/2020 PPO Core \$25/\$40 Copay	Teachers Hired Prior to 7/1/20 HDHP w/ Rx
\$701	\$650	\$691
\$1,306	\$1,209	\$1,289
\$1,466	\$1,359	\$1,448
\$2,076	\$1,927	\$2,051
\$455	\$422	\$449

PRESCRIPTION PLAN OPTIONS - SHIF/EXPRESS SCRIPTS

Single
EE + Child(ren)
EE + Spouse
Family
Dep to 31

*NJEHP/GSP	Employees Hired Prior to 9/1/2018	Custodial, Secretarial, and Administrators	
\$5/\$10 (Yes Step Therapy)	\$10/\$25/\$50 (No Step Therapy)	\$10/\$25/\$50 (Yes Step Therapy)	
\$107	\$116	\$101	
\$139	\$149	\$132	
\$213	\$229	\$203	
\$245	\$264	\$233	
\$85	\$92	\$82	

DENTAL PLAN OPTIONS - HORIZON

Single EE + Child EE + Spouse Family

Dental Option Plan	Dental Choice	Total Care
\$36.43	\$24.00	\$40.85
\$63.66	\$47.56	\$71.37
\$63.66	\$47.56	\$71.37
\$108.78	\$71.32	\$121.93

^{*}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.

Southampton Board of Education

Health Benefit Plan Options - Employees Hired On/After 7/1/2020 Monthly Premium Rates 7/1/2023 to 6/30/2024

MEDICAL PLAN OPTIONS - SHIF/AETNA

Single
EE + Child(ren)
EE + Spouse
Family
Dep to 31

All Employees *NJEHP \$10/\$15 Copay	All Employees *GSP \$10/\$15 Copay
\$818	\$787
\$1,523	\$1,465
\$1,716	\$1,650
\$2,427	\$2,335
\$531	\$511

PRESCRIPTION PLAN OPTIONS - SHIF/EXPRESS SCRIPTS

Single
EE + Child(ren)
EE + Spouse
Family
Dep to 31

*NJEHP/GSP		
\$5/\$10 (Yes Step Therapy)		
\$107		
\$139		
\$213		
\$245		
\$85		

DENTAL PLAN OPTIONS - HORIZON

Single		
EE + Child		
EE + Spouse		
Family		

Dental Option Plan	Dental Choice	Total Care
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Southampton Board of Education

2023 Open Enrollment Plan Selections

Open Enrollment Begins Monday, April 24th to Friday, May 12th

All Plan Changes Become Effective 7/1/23

Employees Hired Before 7/1/20

Medical Options

NJ Educators Plan \$10/\$15 copay Garden State Plan \$10/\$15 copay Patriot V (\$10) Patriot X (\$15/\$20) PPO Core EPO (\$15/\$25) HDHP w/ Rx

Prescription Options

NJ Educators Plan Rx Retail Copays \$5/\$10 Garden State Plan Rx Retail Copays \$5/\$10 Rx Retail Copays \$10/\$25/\$50 (NO Step Therapy) Rx Retail Copays \$10/\$25/\$50 (WITH Step Therapy)

Dental

Dental Option Plan Dental Choice Total Care

EMPLOYEE CONTRIBUTIONS

Chapter 44 Salary Based Contribution

Applies to-

NJ Educator Plan - Medical and Prescription Garden State Plan - Medical and Prescription

Chapter 78 Contributions or Collectively Bargained

Applies to-Patriot V (\$10) Patriot X (\$15/\$20) PPO Core EPO (\$15/\$25) HDHP w/ Rx

Rx Retail Copays \$10/\$25/\$50 (NO Step Therapy)
Rx Retail Copays \$10/\$25/\$50 (WITH Step Therapy)

Dental Option Plan Dental Choice Total Care

Employees Hired On or After 7/1/20

Medical Option

NJ Educators Plan \$10/\$15 copay Garden State Plan \$10/\$15 copay

Prescription Option

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

Dental

Dental Option Plan
Dental Choice
Total Care

EMPLOYEE CONTRIBUTIONS

Chapter 44 Salary Based Contribution

Applies to-

NJ Educator Plan - Medical and Prescription Garden State Plan - Medical and Prescription

Chapter 78 Contributions or Collectively Bargained

Applies to-Dental Option Plan Dental Choice Total Care