## Burlington Twp BOE Medical, Prescription and Dental Premium Rates July 1, 2024 - June 30, 2025

## **SHIF Medical Plans**

| Patriot X    | Rates   |
|--------------|---------|
| Single       | \$1,218 |
| Parent/Child | \$1,778 |
| 2 Adult      | \$2,661 |
| Family       | \$3,111 |

| Patriot V - \$1,000/\$3,000 | Rates   |
|-----------------------------|---------|
| Single                      | \$962   |
| Parent/Child                | \$1,423 |
| 2 Adult                     | \$2,127 |
| Family                      | \$2,472 |

| PPO Core - \$25 | Rates   |
|-----------------|---------|
| Single          | \$742   |
| Parent/Child    | \$1,097 |
| 2 Adult         | \$1,652 |
| Family          | \$1,921 |

# PPO Buy-Up \$20 Rates Single \$888 Parent/Child \$1,312 2 Adult \$1,975 Family \$2,299

| NJ Educators Health Plan | Rates   |
|--------------------------|---------|
| Single                   | \$922   |
| Parent/Child             | \$1,361 |
| 2 Adult                  | \$2,052 |
| Family                   | \$2,387 |

| Garden State Health Plan | Rates   |
|--------------------------|---------|
| Single                   | \$887   |
| Parent/Child             | \$1,310 |
| 2 Adult                  | \$1,975 |
| Family                   | \$2,296 |

| ACPOS II - HDHP \$5,000 | Rates   |
|-------------------------|---------|
| Single                  | \$563   |
| Parent/Child            | \$833   |
| 2 Adult                 | \$1,255 |
| Family                  | \$1,459 |

## **BeneCard Rx Alliance Plans**

| Base Plan<br>\$10/\$30/\$50, \$50/\$100 Ded | Rates    |
|---|----------|
| Single                                      | \$303.58 |
| Parent/Child                                | \$394.68 |
| 2 Adult                                     | \$607.23 |
| Family                                      | \$703.47 |

| Buy-Down Option<br>Lesser of 20% or \$15/\$50 retail copay | Rates    |
|--|----------|
| Single   | \$297.06 |
| Parent/Child   | \$386.16 |
| 2 Adult  | \$594.11 |
| Family   | \$688.30 |

| Buy-Up Option<br>\$10/\$15/\$25 retail copay | Rates    |
|--|----------|
| Single                                       | \$333.09 |
| Parent/Child                                 | \$433.02 |
| 2 Adult                                      | \$666.21 |
| Family                                       | \$771.84 |

| NJEHP / GSHP Rx Plan<br>\$5/\$10 retail copay | Rates    |
|---|----------|
| Single  | \$298.67 |
| Parent/Child                                  | \$398.15 |
| 2 Adult                                       | \$612.56 |
| Family  | \$694.30 |

## **SHIF Delta Dental Plan**

| Delta Dental - Admin Plan | Rates |
|---------------------------|-------|
| Single                    | \$40  |
| Parent/Child              | \$76  |
| 2 Adult                   | \$76  |
| Family                    | \$125 |

| Delta Dental - General Plan | Rates |
|-----------------------------|-------|
| Single                      | \$30  |
| Parent/Child                | \$58  |
| 2 Adult                     | \$58  |
| Family                      | \$87  |

| HDHP w/ Rx 20% | Rates   |
|----------------|---------|
| Single         | \$1,060 |
| Parent/Child   | \$1,511 |
| 2 Adult        | \$2,279 |
| Family         | \$2,657 |