

Bus Drivers

2024-25 Bridgewater-Raritan Regional Board of Education Medical Coverage Form

For Employees Wishing to Enroll in Medical Plan other than Direct Access 20/35 Base Plan

If you wish to enroll in a plan other than the Horizon Direct Access 20/35 Base Plan, per the collective bargaining agreement, you can do so by paying the Chapter 78 contribution on the Direct Access 20/35 plan *and* 100% of the premium cost differential between the Direct Access 20/35 and the plan you choose. Those per paycheck premium differences are listed below. **Remember this cost is *in addition* to the Chapter 78 contribution on the Direct Access 20/35 Base Plan.** These medical rates are from July 1, 2024 to June 30, 2025 and do not include the contributions for the prescription plan. These are strictly medical contributions.

Expected Per Paycheck Differential Between Horizon Direct Access 20/35 Base Plan and chosen plan:

Direct Access 20/20 Plan Buy-Up	
	Per Paycheck
<i>Single</i>	\$81.60
<i>Parent/Child</i>	\$142.82
<i>Two Adult</i>	\$163.24
<i>Family</i>	\$224.44

Direct Access 15/25 Plan Buy-Up	
	Per Paycheck
<i>Single</i>	\$118.96
<i>Parent/Child</i>	\$208.19
<i>Two Adult</i>	\$216.26
<i>Family</i>	\$297.36

Direct Access 15 Plan Buy-Up	
	Per Paycheck
<i>Single</i>	\$137.79
<i>Parent/Child</i>	\$241.16
<i>Two Adult</i>	\$275.63
<i>Family</i>	\$378.96

By signing the below, you are telling us you wish to enroll in a plan other than the Direct Access 20/35 Base Plan and are aware that you will be paying the above amount (based on enrolled category) *in addition* to the Chapter 78 contribution on your chosen plan.

I, _____, (Print Name), wish to enroll in the Horizon Direct Access 10 plan.

(Employee signature)

(Date)

FORMS MUST BE SIGNED AND RETURNED ALONG WITH YOUR HORIZON ENROLLMENT APPLICATION