

**Delran Board of Education**  
**Health Benefit Plan Options - Employees Hired On or After 7/1/2020**  
**(Rates Effective 7-1-2023 to 6-30-2024)**

**MEDICAL PLAN OPTION - SHIF/AETNA & AMERIHEALTH**

Coverage Level	*NJ Educators Plan Monthly Rates
Single	\$893.00
Parent/Child(ren)	\$1,659.00
Member Spouse	\$1,783.00
Family	\$2,550.00

Coverage Level	*Garden State Plan Monthly Rates
Single	\$859.00
Parent/Child(ren)	\$1,595.00
Member Spouse	\$1,716.00
Family	\$2,453.00

**PRESCRIPTION PLAN OPTION - BENECARD/Rx ALLIANCE**

Coverage Level	*NJ Educators Plan/GSP Monthly Rates
Single	\$252.83
Parent/Child(ren)	\$393.79
Member Spouse	\$505.62
Family	\$647.11

**DENTAL PLAN OPTIONS - HORIZON**

Coverage Level	Dental Option Plan	Dental Choice Plan A	Total Care
	Monthly Rates	Monthly Rates	Monthly Rates
Single	\$38.29	\$21.20	\$45.91
Parent/Child	\$79.48	\$43.97	\$95.26
Member Spouse	\$79.48	\$43.97	\$95.26
Family	\$126.39	\$69.92	\$151.49

\*Please note, the NJ Educator Plan and GSP for medical and prescriptions benefits must be selected together. Employee contributions for this plan are based on the new Chapter 44 Contribution Scale. Employee contributions for the dental plan are based on Chapter 78 and/or Collectively Bargained employee contributions.

# Delran Township 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  
POS/PPO \$10  
POS/PPO \$15/\$25  
POS/PPO \$20/\$30  
HNO/EPO \$20/\$35

#### Prescription Options

NJ Educators Plan/GSP Rx Retail Copays \$5/\$10  
Garden State Plan  
Rx Retail Copays \$10/\$20/\$30  
Rx Retail Copays \$1/\$1 (Admin.)

#### Dental

Dental Option Plan  
Dental Choice Plan A  
Total Care

### EMPLOYEE CONTRIBUTIONS

#### Chapter 44 Salary Based Contribution

Applies to-  
NJ Educator Plan/GSP - Medical and Prescription

#### Chapter 78 Contributions or Collectively Bargained

Applies to-  
POS/PPO \$10  
POS/PPO \$15/\$25  
POS/PPO \$20/\$30  
HNO/EPO \$20/\$35  
  
Rx Retail Copays \$10/\$20/\$30  
Rx Retail Copays \$1/\$1 (Admin.)

Dental Option Plan  
Dental Choice Plan A  
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/GSP Rx Retail Copays \$5/\$10

#### Dental

Dental Option Plan  
Dental Choice Plan A  
Total Care

### EMPLOYEE CONTRIBUTIONS

#### Chapter 44 Salary Based Contribution

Applies to-  
NJ Educator Plan/GSP - Medical and Prescription

#### Chapter 78 Contributions or Collectively Bargained

Applies to-  
Dental Option Plan  
Dental Choice Plan A  
Total Care

Please Contact the Business Office for Questions Regarding Your Employee Contributions.

Please Visit Your BenePortal for Additional Information

<https://www.delranboebenefits.com/>