

Kingsway Regional School District
Monthly Premium Rates - Employees Hired Before 7/1/2020
Effective 7/1/2021 to 6/30/2022

MEDICAL - SHIF (AmeriHealth Administrators)

	AmeriHealth *NJEHP \$10/\$15	AmeriHealth PPO \$20	AmeriHealth EPO \$20/\$40	AmeriHealth EPO \$30/\$50	AmeriHealth EPO H.S.A.
Single	\$729.00	\$748.00	\$727.00	\$708.00	\$516.00
Parent/Child(ren)	\$1,073.00	\$1,102.00	\$1,073.00	\$1,047.00	\$761.00
Member/Spouse	\$1,620.00	\$1,664.00	\$1,618.00	\$1,579.00	\$1,148.00
Family	\$1,886.00	\$1,937.00	\$1,883.00	\$1,837.00	\$1,334.00
Dep. To 31	\$598.00	\$614.00	\$596.00	\$580.00	\$424.00

PRESCRIPTION - SHIF (Express Scripts)

	Express Scripts *NJEHP \$5/\$10	Express Scripts Retail: \$8/\$18/\$18
Single	\$178.00	\$194.00
Parent/Child(ren)	\$240.00	\$264.00
Member/Spouse	\$306.00	\$334.00
Family	\$414.00	\$452.00
Dep. To 31	\$146.00	\$159.00

DENTAL - SHIF (Delta Dental)

	Delta Dental Premier
Single	\$30.00
Employee +1	\$51.00
Employee +2	\$85.00

*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.