

Riverside Township Board of Education

2022 Open Enrollment Plan Selections

Open Enrollment Begins Monday, April 25th to Friday, May 13th

All Plan Changes Become Effective 7/1/22

Employees Hired Before 7/1/20

Medical Options

NJ Educators Plan \$10/\$15 copay
Garden State Plan \$10/\$15 copay
Patriot V
Patriot X
Premier
Core
Buy Up

Prescription Options

NJ Educators Plan Rx Retail Copays \$5/\$10
Garden State Plan Rx Retail Copays \$5/\$10
Rx Retail Copays \$5/\$10
Rx Retail Copays \$5/\$25/\$40 (Option A)
Rx Retail Copays \$10/\$30/\$35 (Option B)

Dental

PPO Plus Premier

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
Patriot X
Premier
Core
Buy Up

Rx Retail Copays \$5/\$10
Rx Retail Copays \$5/\$25/\$40 (Option A)
Rx Retail Copays \$10/\$30/\$35 (Option B)

PPO Plus Premier

Employees Hired On or After 7/1/20

Medical Option

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

Prescription Option

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Dental

PPO Plus Premier

EMPLOYEE CONTRIBUTIONS

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Applies to-
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Chapter 78 Contributions or Collectively Bargained

Applies to-
PPO Plus Premier

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

Please Visit Your BenePortal for Additional Information

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

Riverside Township Board of Education
Health Benefit Plan Options - Employees Hired Before 7/1/2020
Monthly Plan Rates Effective July 1, 2022 - June 30, 2023

MEDICAL PLAN OPTIONS - SHIF/AETNA

	*NJEHP	*GSP	Patriot V	Patriot X
Single	\$921.00	\$886.00	\$941.00	\$1,042.00
Parent/Child(ren)	\$1,407.00	\$1,353.00	\$1,437.00	\$1,603.00
Member/Spouse	\$1,809.00	\$1,740.00	\$1,848.00	\$2,060.00
Family	\$2,402.00	\$2,311.00	\$2,454.00	\$2,739.00

	Premier	\$25 Core	Buy Up
Single	\$919.00	\$662.00	\$791.00
Parent/Child(ren)	\$1,395.00	\$1,016.00	\$1,212.00
Member/Spouse	\$1,800.00	\$1,307.00	\$1,559.00
Family	\$2,384.00	\$1,733.00	\$2,069.00

PRESCRIPTION - BENECARD/Rx ALLIANCE

	*NJEHP Retail: \$5/\$10	*GSP Retail: \$5/\$10
Single	\$232.37	\$232.37
Parent/Child(ren)	\$607.79	\$607.79
Member/Spouse	\$607.79	\$607.79
Family	\$607.79	\$607.79

	Retail: \$5/\$10	Option A Retail: \$5/\$25/\$40	Option B Retail: \$10/\$30/\$45
Single	\$265.38	\$238.89	\$212.39
Parent/Child(ren)	\$694.14	\$624.84	\$555.49
Member/Spouse	\$694.14	\$624.84	\$555.49
Family	\$694.14	\$624.84	\$555.49

DENTAL - DELTA DENTAL

	PPO Plus Premier
Single	\$40.05
Family	\$99.52

*Please note, the NJ Educator Plan's and Garden State Plan's medical and prescriptions benefits must be selected together. Employee contributions for these plans are based on the new Chapter 44 Contribution Scale. All other options apply to the Chapter 78 and/or Collectively Bargained employee contributions.

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