

Kingsway Regional School District

2024 Open Enrollment Plan Selections

Open Enrollment Begins Monday, April 22nd to Friday, May 10th

All Plan Changes Become Effective 7/1/24

Employees Hired Before 7/1/20

Medical Options

NJ Educators Plan \$10/\$15 copay
Garden State Plan \$10/\$15 copay
PPO \$20
EPO \$20/\$40
EPO \$30/\$50
EPO H.S.A.

Prescription Options

NJ Educators Plan/GSP Rx Retail Copays \$5/\$10
Prescription Plan Retail Copays \$8/\$18/\$18

Dental

Premier

EMPLOYEE CONTRIBUTIONS

Chapter 44 Salary Based Contribution

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

Chapter 78 Contributions or Collectively Bargained

Applies to-
PPO \$20
EPO \$20/\$40
EPO \$30/\$50
EPO H.S.A.

Prescription Plan Retail Copays \$8/\$18/\$18

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

NJ Educators Plan/GSP Rx Retail Copays \$5/\$10

Dental

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Chapter 44 Salary Based Contribution

Applies to-
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Chapter 78 Contributions or Collectively Bargained

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

Please Visit Your BenePortal for Additional Information

www.kingswaybenefits.com

Kingsway Regional School District
Monthly Premium Rates - Employees Hired Before 7/1/2020
Effective 7/1/2024 to 6/30/2025

MEDICAL - SHIF (AmeriHealth Administrators)

	AmeriHealth *NJHP \$10/\$15	AmeriHealth *Garden State Plan	AmeriHealth PPO \$20	AmeriHealth EPO \$20/\$40	AmeriHealth EPO \$30/\$50	AmeriHealth EPO H.S.A.
Single	\$889.00	\$861.00	\$931.00	\$904.00	\$880.00	\$641.00
Parent/Child(ren)	\$1,308.00	\$1,269.00	\$1,370.00	\$1,335.00	\$1,302.00	\$946.00
Member/Spouse	\$1,974.00	\$1,915.00	\$2,069.00	\$2,013.00	\$1,964.00	\$1,427.00
Family	\$2,299.00	\$2,229.00	\$2,409.00	\$2,341.00	\$2,285.00	\$1,659.00
Dep. To 31	\$729.00	\$706.00	\$763.00	\$742.00	\$721.00	\$527.00

PRESCRIPTION - SHIF (Express Scripts)

	Express Scripts *NJHP/GSP \$5/\$10	Express Scripts Retail: \$8/\$18/\$18
Single	\$188.00	\$209.00
Parent/Child(ren)	\$254.00	\$285.00
Member/Spouse	\$324.00	\$360.00
Family	\$437.00	\$489.00
Dep. To 31	\$154.00	\$172.00

DENTAL - SHIF (Delta Dental)

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

*Please note, the NJ Educator Plan/GSP 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.

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