

# Nutley Board of Education

If Your Medical Plan Is <b>Direct Access</b> And You Participate In The Benecard Prescription Drug Plan	Medical & Rx Horizon BCBS July 2025 - June 2026 Monthly Rate	Rx* Benecard July 2025- June 2026 Monthly Rate	Dental Delta Dental July 2025 - June 2027 Monthly Rate	Total Monthly Cost for Use with Chapter 78 calculator**	Annualized Cost**
Single	\$1,610.05	\$28.00	\$40.29	\$1,678.34	\$20,140.10
2 Adults	\$3,583.23	\$28.00	\$99.87	\$3,711.10	\$44,533.17
Family	\$4,169.16	\$28.00	\$99.87	\$4,297.03	\$51,564.33
Parent / Child(ren)	\$2,377.32	\$28.00	\$99.87	\$2,505.19	\$30,062.25
Dependents Under Age 31 (Chap 375)	\$978.91	N/A	N/A	N/A	N/A

\* The Benecard plan is only for employee prescriptions - not family members - and is offered on a voluntary enrollment basis. If you are enrolled in the Benecard plan, these rates are included in your Chapter 78 calculations.

\*\* The total monthly and annual costs shown above assume the employee is enrolled in all available plans. Your totals will differ if you are not enrolled in all plans.

Prepared by IMAC Insurance Agency May 2025

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If Your Medical Plan Is The <b>OMNIA Plan</b> And You Participate In The Benecard Prescription Drug Plan	Medical & Rx Horizon BCBS July 2025 - June 2026 Monthly Rate	Rx* Benecard July 2025- June 2026 Monthly Rate	Dental Delta Dental July 2025 - June 2027 Monthly Rate	Total Monthly Cost for Use with Chapter 78 calculator**	Annualized Cost**
Single	\$1,194.32	\$28.00	\$40.29	\$1,262.61	\$15,151.28
2 Adults	\$2,613.94	\$28.00	\$99.87	\$2,741.81	\$32,901.72
Family	\$3,119.08	\$28.00	\$99.87	\$3,246.95	\$38,963.44
Parent / Child(ren)	\$1,793.50	\$28.00	\$99.87	\$1,921.37	\$23,056.41
Dependents Under Age 31 (Chap 375)	\$726.14	N/A	N/A	N/A	N/A

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If Your Medical Plan Is The <b>Advantage EPO Design 1</b> And You Participate In The Benecard Prescription Drug Plan	Medical & Rx Horizon BCBS July 2025 - June 2026 Monthly Rate	Rx* Benecard July 2025- June 2026 Monthly Rate	Dental Delta Dental July 2025 - June 2027 Monthly Rate	Total Monthly Cost for Use with Chapter 78 calculator**	Annualized Cost**
Single	\$1,392.17	\$28.00	\$40.29	\$1,460.46	\$17,525.53
2 Adults	\$3,098.40	\$28.00	\$99.87	\$3,226.27	\$38,715.21
Family	\$3,605.05	\$28.00	\$99.87	\$3,732.92	\$44,795.01
Parent / Child(ren)	\$2,055.66	\$28.00	\$99.87	\$2,183.53	\$26,202.38
Dependents Under Age 31 (Chap 375)	\$846.44	N/A	N/A	N/A	N/A

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If Your Medical Plan Is The <b>Advantage EPO Design 4</b> And You Participate In The Benecard Prescription Drug Plan	Medical & Rx Horizon BCBS July 2025 - June 2026 Monthly Rate	Rx* Benecard July 2025- June 2026 Monthly Rate	Dental Delta Dental July 2025 - June 2027 Monthly Rate	Total Monthly Cost for Use with Chapter 78 calculator**	Annualized Cost**
Single	\$869.43	\$28.00	\$40.29	\$937.72	\$11,252.60
2 Adults	\$1,934.94	\$28.00	\$99.87	\$2,062.81	\$24,753.71
Family	\$2,251.35	\$28.00	\$99.87	\$2,379.22	\$28,550.60
Parent / Child(ren)	\$1,283.75	\$28.00	\$99.87	\$1,411.62	\$16,939.49
Dependents Under Age 31 (Chap 375)	\$528.61	N/A	N/A	N/A	N/A

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If Your Medical Plan Is <b><u>New Jersey Educators Health Plan</u></b> And You Participate In The Benecard Prescription Drug Plan	Medical & Rx Horizon BCBS July 2025 - June 2026 Monthly Rate	Rx* Benecard July 2025- June 2026 Monthly Rate	Dental Delta Dental July 2025 - June 2027 Monthly Rate	Total Monthly Cost for Use with Chapter 78 calculator**	Annualized Cost**
Single	\$1,418.46	\$28.00	\$40.29	\$1,486.75	\$17,840.94
2 Adults	\$3,156.82	\$28.00	\$99.87	\$3,284.69	\$39,416.32
Family	\$3,673.03	\$28.00	\$99.87	\$3,800.90	\$45,610.78
Parent / Child(ren)	\$2,094.42	\$28.00	\$99.87	\$2,222.29	\$26,667.44
Dependents Under Age 31 (Chap 375)	\$862.42	N/A	N/A	N/A	N/A

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If Your Medical Plan Is <b>Garden State Health Plan</b> And You Participate In The Benecard Prescription Drug Plan	Medical & Rx Horizon BCBS July 2025 - June 2026 Monthly Rate	Rx* Benecard July 2025- June 2026 Monthly Rate	Dental Delta Dental July 2025 - June 2027 Monthly Rate	Total Monthly Cost for Use with Chapter 78 calculator**	Annualized Cost**
Single	\$1,358.88	\$28.00	\$40.29	\$1,427.17	\$17,126.04
2 Adults	\$3,024.24	\$28.00	\$99.87	\$3,152.11	\$37,825.28
Family	\$3,518.76	\$28.00	\$99.87	\$3,646.63	\$43,759.57
Parent / Child(ren)	\$2,006.45	\$28.00	\$99.87	\$2,134.32	\$25,611.86
Dependents Under Age 31 (Chap 375)	\$826.20	N/A	N/A	N/A	N/A

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