

Linden Public Schools
Monthly Healthcare Premiums Effective July 1, 2018 - June 30, 2019

Plan Name & Tier

Plan Name & Tier	Monthly Premiums by Plan	Medical & Rx Combined Premiums ¹	Per Pay Buy up to DA10 (for non-tenured TPAF)		
				10 month Ees	12 month Ees
Direct Access 10					
Single	\$ 883.60	\$ 1,103.71	\$ 253.89	\$ 152.33	\$ 126.95
2 Adults	\$ 1,767.23	\$ 2,366.08	\$ 507.82	\$ 304.69	\$ 253.91
P/C	\$ 1,307.74	\$ 1,906.59	\$ 375.78	\$ 225.47	\$ 187.89
Family	\$ 2,209.03	\$ 2,807.88	\$ 634.77	\$ 380.86	\$ 317.39
Direct Access 15					
Single	\$ 841.17	\$ 1,061.28	\$ 211.46	10 month Ees N/A	12 month Ees N/A
2 Adults	\$ 1,682.34	\$ 2,281.19	\$ 1,052.63	\$ 631.58	\$ 526.32
P/C	\$ 1,244.95	\$ 1,843.80	\$ 615.24	\$ 369.14	\$ 307.62
Family	\$ 2,102.91	\$ 2,701.76	\$ 1,473.20	\$ 883.92	\$ 736.60
EPO					
Single	\$ 740.84	\$ 960.95	\$ 111.13	10 month Ees \$ 66.68	12 month Ees N/A
2 Adults	\$ 1,481.66	\$ 2,080.51	\$ 851.95	\$ 511.17	\$ 425.98
P/C	\$ 1,096.42	\$ 1,695.27	\$ 466.71	\$ 280.03	\$ 233.36
Family	\$ 1,852.07	\$ 2,450.92	\$ 1,222.36	\$ 733.42	\$ 611.18
Omnia					
Single	\$ 629.71	\$ 794.79		10 month Ees	12 month Ees N/A
2 Adults	\$ 1,259.41	\$ 1,708.55	\$ 629.70	\$ 377.82	\$ 314.85
P/C	\$ 931.96	\$ 1,381.10	\$ 302.25	\$ 181.35	\$ 151.13
Family	\$ 1,574.26	\$ 2,023.40	\$ 944.55	\$ 566.73	\$ 472.28
Direct Access H.S.A.* (Rx is 80% after deductible; rates include Rx)					
Single	\$ 832.23	\$ 832.23		10 month Ees N/A	12 month Ees N/A
2 Adults	\$ 1,570.02	\$ 1,570.02	\$ 737.79	\$ 442.67	\$ 368.90
P/C	\$ 1,161.81	\$ 1,161.81	\$ 329.58	\$ 197.75	\$ 164.79
Family	\$ 1,854.95	\$ 1,854.95	\$ 1,022.72	\$ 613.63	\$ 306.82
Prescription Drug \$5/\$10 (DA10/15/EPO) \$20/\$40 (Omnia only)					
Single	\$ 220.11	\$ 165.08		10 month Ees N/A	12 month Ees N/A
2 Adults	\$ 598.85	\$ 449.14	\$ 378.74	\$ 227.24	\$ 189.37
P/C	\$ 598.85	\$ 449.14		\$ 227.24	\$ 189.37
Family	\$ 598.85	\$ 449.14		\$ 227.24	\$ 189.37
Horizon Dental					
Single	\$ 34.67			10 month Ees N/A	12 month Ees N/A
2 Adults	\$ 109.63		\$ 74.96	\$ 44.98	\$ 37.48
P/C	\$ 109.63			\$ 44.98	\$ 37.48
Family	\$ 109.63			\$ 44.98	\$ 37.48
Dental Group Of NJ					
Single	\$ 26.00			10 month Ees N/A	12 month Ees N/A
2 Adults	\$ 74.00		\$ 48.00	\$ 28.80	\$ 24.00
P/C	\$ 74.00			\$ 28.80	\$ 24.00
Family	\$ 74.00			\$ 28.80	\$ 24.00

Chapter 375 Rates (for dependents over age 26)

	DA 10	DA 15	EPO	DA H.S.A.	Prescription Drug
Single	\$537.23	\$511.43	\$450.43	\$506.00	\$133.83

¹ Premium to use to calculate your per pay healthcare contribution.

²The Direct Access H.S.A. is a High Deductible plan with a \$1,500 Individual / \$3,000 family aggregate deductible that must be met before any benefits are payable. The plan includes its own prescription drug coverage as required by insurance law (not the Horizon Prescription plan).