

Fairfield Public Schools

<u>If Your Medical Plan Is The Aetna \$10 Office Visit Copay Plan</u>	Aetna \$10 Copay Medical July 2024 - June 2025 Monthly Rate (Gateway BMED HIF)	Express Scripts Prescription Drug \$10/\$20 Copays July 2024 - June 2025 Monthly Rate (Gateway BMED HIF)	Delta Dental PPO Premier Plan July 2024 - June 2025 Monthly Rate (Gateway BMED HIF)	VSP Vision Plan July 2021 - June 2025	Total Monthly Cost with Dental Plan for Use with Contribution Calculator*	Annualized Cost*
Single	\$1,189.00	\$254.00	\$39.00	\$10.67	\$1,492.67	\$17,912.04
2 Adults	\$2,593.00	\$422.00	\$80.00	\$10.67	\$3,105.67	\$37,268.04
Family	\$3,028.00	\$719.00	\$119.00	\$10.67	\$3,876.67	\$46,520.04
Parent / Child(ren)	\$1,735.00	\$374.00	\$73.00	\$10.67	\$2,192.67	\$26,312.04
Dependents Under Age 31 (Chap 375)	\$1,189.00	\$254.00	N/A	N/A	N/A	N/A

* 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 2024

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<u>If Your Medical Plan Is The Aetna \$25 Office Visit Copay Plan</u>	Aetna \$25 Copay Medical July 2024 - June 2025 Monthly Rate (Gateway BMED HIF)	Express Scripts Prescription Drug \$20/\$40 Copays July 2024 - June 2025 Monthly Rate (Gateway BMED HIF)	Delta Dental PPO Premier Plan July 2024 - June 2025 Monthly Rate (Gateway BMED HIF)	VSP Vision Plan July 2021 - June 2025	Total Monthly Cost with Dental Plan for Use with Contribution Calculator*	Annualized Cost*
Single	\$1,073.00	\$205.00	\$39.00	\$10.67	\$1,327.67	\$15,932.04
2 Adults	\$2,340.00	\$434.00	\$80.00	\$10.67	\$2,864.67	\$34,376.04
Family	\$2,731.00	\$585.00	\$119.00	\$10.67	\$3,445.67	\$41,348.04
Parent / Child(ren)	\$1,566.00	\$304.00	\$73.00	\$10.67	\$1,953.67	\$23,444.04
Dependents Under Age 31 (Chap 375)	\$1,073.00	\$205.00	N/A	N/A	N/A	N/A

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<u>If Your Medical Plan Is The Aetna New Jersey Educators Health Plan (NJEHP)</u>	Aetna NJEHP \$10 PCP/\$15 Specialist Copay Medical July 2024 - June 2025 Monthly Rate (Gateway BMED HIF)	Express Scripts NJEHP \$5/\$10 Copay Prescription Drug Plan July 2024 - June 2025 Monthly Rate (Gateway BMED HIF)	Delta Dental PPO Premier Plan July 2024 - June 2025 Monthly Rate (Gateway BMED HIF)	VSP Vision Plan July 2021 - June 2025	Total Monthly Cost with Dental Plan for Use with Contribution Calculator*	Annualized Cost*
Single	\$1,055.00	\$228.00	\$39.00	\$10.67	\$1,332.67	\$15,992.04
2 Adults	\$2,304.00	\$481.00	\$80.00	\$10.67	\$2,875.67	\$34,508.04
Family	\$2,689.00	\$647.00	\$119.00	\$10.67	\$3,465.67	\$41,588.04
Parent / Child(ren)	\$1,541.00	\$336.00	\$73.00	\$10.67	\$1,960.67	\$23,528.04
Dependents Under Age 31 (Chap 375)	\$1,055.00	\$228.00	N/A	N/A	N/A	N/A

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<u>If Your Medical Plan Is The Aetna Garden State Health Plan (GSHP)</u>	Aetna GSHP \$10 PCP/\$15 Specialist Copay Medical July 2024 - June 2025 Monthly Rate (Gateway BMED HIF)	Express Scripts NJEHP \$5/\$10 Copay Prescription Drug Plan July 2024 - June 2025 Monthly Rate (Gateway BMED HIF)	Delta Dental PPO Premier Plan July 2024 - June 2025 Monthly Rate (Gateway BMED HIF)	VSP Vision Plan July 2021 - June 2025	Total Monthly Cost with Dental Plan for Use with Contribution Calculator*	Annualized Cost*
Single	\$934.00	\$228.00	\$39.00	\$10.67	\$1,211.67	\$14,540.04
2 Adults	\$2,040.00	\$481.00	\$80.00	\$10.67	\$2,611.67	\$31,340.04
Family	\$2,383.00	\$647.00	\$119.00	\$10.67	\$3,159.67	\$37,916.04
Parent / Child(ren)	\$1,367.00	\$336.00	\$73.00	\$10.67	\$1,786.67	\$21,440.04
Dependents Under Age 31 (Chap 375)	\$766.00	\$228.00	N/A	N/A	N/A	N/A

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