

**ETEA, ETTA, CUSTODIANS,**

**PRINCIPALS AND SUPERVISORS**

**2019-2020 MONTHLY RATES**

**EDISON TOWNSHIP BOARD OF EDUCATION RATES**

**EFFECTIVE JULY 1, 2019-JUNE 30,2020**

**OMNIA ENROLLEES CALCULATE ON YEAR TWO**

**ALL OTHER ENROLLEES CALCULATE ON YEAR FOUR**

**Medical Rates**

**Horizon Advantage OMNIA**

Single	621.24
Member/Spouse	1,379.87
Parent/Child(ren)	900.18
Family	1,532.69

**Horizon Advantage EPO**

Single	683.48
Member/Spouse	1,521.57
Parent/Child(ren)	991.76
Family	1,679.59

**Horizon Direct Access Design 8**

Single	900.35
Member/Spouse	2,008.89
Parent/Child(ren)	1,309.80
Family	2,220.61

**Prescription Design 8 Rates**

Single	242.90
Member/Spouse	551.22
Parent/Child(ren)	357.27
Family	610.89

**DSO Dental Rates**

Single	29.89
Two party	58.30
Three or More Party	99.64

**Horizon Dental Rates**

Single	47.59
Member/Spouse	95.25
Parent/Child(ren)	88.11
Family	126.19

SINGLE COVERAGE				
Salary Range	Four Year Phase-In			
	Year 1	Year 2	Year 3	Year 4
Less than 20,000	1.13%	2.25%	3.38%	4.50%
20,000 - 24,999.99	1.38%	2.75%	4.13%	5.50%
25,000 - 29,999.99	1.88%	3.75%	5.63%	7.50%
30,000 - 34,999.99	2.50%	5.00%	7.50%	10.00%
35,000 - 39,999.99	2.75%	5.50%	8.25%	11.00%
40,000 - 44,999.99	3.00%	6.00%	9.00%	12.00%
45,000 - 49,999.99	3.50%	7.00%	10.50%	14.00%
50,000 - 54,999.99	5.00%	10.00%	15.00%	20.00%
55,000 - 59,999.99	5.75%	11.50%	17.25%	23.00%
60,000 - 64,999.99	6.75%	13.50%	20.25%	27.00%
65,000 - 69,999.99	7.25%	14.50%	21.75%	29.00%
70,000 - 74,999.99	8.00%	16.00%	24.00%	32.00%
75,000 - 79,999.99	8.25%	16.50%	24.75%	33.00%
80,000 - 94,999.99	8.50%	17.00%	25.50%	34.00%
95,000 and over	8.75%	17.50%	26.25%	35.00%

\*Member contribution is a minimum of 1.5% of base salary towards Health Benefits

MEMBER/SPOUSE/PARTNER OR PARENT/CHILD COVERAGE				
Salary Range	Four Year Phase-In			
	Year 1	Year 2	Year 3	Year 4
Less than 25,000	0.88%	1.75%	2.63%	3.50%
25,000 - 29,999.99	1.13%	2.25%	3.38%	4.50%
30,000 - 34,999.99	1.50%	3.00%	4.50%	6.00%
35,000 - 39,999.99	1.75%	3.50%	5.25%	7.00%
40,000 - 44,999.99	2.00%	4.00%	6.00%	8.00%
45,000 - 49,999.99	2.50%	5.00%	7.50%	10.00%
50,000 - 54,999.99	3.75%	7.50%	11.25%	15.00%
55,000 - 59,999.99	4.25%	8.50%	12.75%	17.00%
60,000 - 64,999.99	5.25%	10.50%	15.75%	21.00%
65,000 - 69,999.99	5.75%	11.50%	17.25%	23.00%
70,000 - 74,999.99	6.50%	13.00%	19.50%	26.00%
75,000 - 79,999.99	6.75%	13.50%	20.25%	27.00%
80,000 - 84,999.99	7.00%	14.00%	21.00%	28.00%
85,000 - 99,999.99	7.50%	15.00%	22.50%	30.00%
100,000 and over	8.75%	17.50%	26.25%	35.00%

\*Member contribution is a minimum of 1.5% of base salary towards Health Benefits

FAMILY COVERAGE				
Salary Range	Four Year Phase-In			
	Year 1	Year 2	Year 3	Year 4
Less than 25,000	0.75%	1.50%	2.25%	3.00%
25,000 - 29,999.99	1.00%	2.00%	3.00%	4.00%
30,000 - 34,999.99	1.25%	2.50%	3.75%	5.00%
35,000 - 39,999.99	1.50%	3.00%	4.50%	6.00%
40,000 - 44,999.99	1.75%	3.50%	5.25%	7.00%
45,000 - 49,999.99	2.25%	4.50%	6.75%	9.00%
50,000 - 54,999.99	3.00%	6.00%	9.00%	12.00%
55,000 - 59,999.99	3.50%	7.00%	10.50%	14.00%
60,000 - 64,999.99	4.25%	8.50%	12.75%	17.00%
65,000 - 69,999.99	4.75%	9.50%	14.25%	19.00%
70,000 - 74,999.99	5.50%	11.00%	16.50%	22.00%
75,000 - 79,999.99	5.75%	11.50%	17.25%	23.00%
80,000 - 84,999.99	6.00%	12.00%	18.00%	24.00%
85,000 - 89,999.99	6.50%	13.00%	19.50%	26.00%
90,000 - 94,999.99	7.00%	14.00%	21.00%	28.00%
95,000 - 99,999.99	7.25%	14.50%	21.75%	29.00%
100,000 - 109,999.99	8.00%	16.00%	24.00%	32.00%
110,000 and over	8.75%	17.50%	26.25%	35.00%

\*Member contribution is a minimum of 1.5% of base salary towards Health Benefits