2023 Health Benefit Costs

	Single		2 Adults		Parent & 1 Child		Parent and Children		Family	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
Medical - DA 8	$963.03	$11,556.36	$1,962.06	$23,544.72	$1,694.93	$20,339.16	$1,694.93	$20,339.16	$2,648.33	$31,779.96
Medical - DA 10	$876.36	$10,516.32	$1,752.72	$21,032.64	$1,542.39	$18,508.68	$1,542.39	$18,508.68	$2,409.98	$28,919.76
Medical - EPO	$809.27	$9,711.24	$1,618.54	$19,422.48	$1,424.31	$17,091.72	$1,424.31	$17,091.72	$2,225.49	$26,705.88
Prescription $10/$20	$243.00	$2,916.00	$524.00	$6,288.00	$355.00	$4,260.00	$355.00	$4,260.00	$622.00	$7,464.00
Delta Dental	$37.30	$447.60	$64.21	$770.52	$64.21	$770.52	$105.94	$1,271.28	$105.94	$1,271.28
Healthplex Dental	$28.78	$345.36	$57.56	$690.72	$57.56	$690.72	$96.99	$1,163.88	$96.99	$1,163.88
United Healthcare Vision	$4.42	$53.04	$7.45	$89.40	$7.79	$93.48	$7.79	$93.48	$10.78	$129.36
Teamsters Vision	$15.00	$180.00	$15.00	$180.00	$15.00	$180.00	$15.00	$180.00	$15.00	$180.00
Total DA8 w/Delta	$1,247.75	$14,973.00	$2,557.72	$30,692.64	$2,121.93	$25,463.16	$2,163.66	$25,963.92	$3,387.05	$40,644.60
Total DA8 w/HP Dental	$1,239.23	$14,870.76	$2,551.07	$30,612.84	$2,115.28	$25,383.36	$2,154.71	$25,856.52	$3,378.10	$40,537.20
Total DA8 TEAMSTERS w/Delta	$1,258.33	$15,099.96	$2,565.27	$30,783.24	$2,129.14	$25,549.68	$2,170.87	$26,050.44	$3,391.27	$40,695.24
Total DA8 TEAMSTERS w/HP Dental	$1,249.81	$14,997.72	$2,558.62	$30,703.44	$2,122.49	$25,469.88	$2,161.92	$25,943.04	$3,382.32	$40,587.84
Note: Medical and Delta Dental are self insured and costs are based on COBRA Rates not including the 2% admin fee, per NJ Chapter 78.										
12/15/22 sz										