ROSELLE BOARD OF EDUCATION
2022 HORIZON MEDICAL & RX RENEWAL - FINAL
EFFECTIVE 7/1/2022 - 6/30/2023

							DA 8			DA 10			EPO			OMNIA			Educator's Plan			NEW Garden State	
MEDICAL	DA8	DA10	EPO	Omnia	EDU	GS	Current	Eff 7/2022	Revised	Current	Eff 7/2022	Revised	Current	Eff 7/2022	Revised	Current	Eff 7/2022	Revised	Current	Eff 7/2022	Revised	Eff 7/22	Revised
Single	14	48	3	36	47	0	$1,165.07	$1,332.26	$1,296.84	$820.61	$938.37	$913.42	$732.79	$837.95	$815.67	$652.68	$746.34	$726.50	$874.21	$999.66	$973.08	$957.67	$932.21
EE/SP	7	28	0	7	9	0	$2,516.51	$2,877.63	$2,801.13	$1,772.49	$2,026.84	$1,972.96	$1,582.83	$1,809.97	$1,761.85	$1,409.77	$1,612.07	$1,569.21	$1,888.27	$2,159.24	$2,101.83	$2,068.55	$2,013.55
EE/Ch(ren)	2	30	0	13	14	0	$2,178.65	$2,491.29	$2,425.06	$1,534.52	$1,754.72	$1,708.07	$1,370.33	$1,566.97	$1,525.31	$1,220.50	$1,395.64	$1,358.54	$1,634.76	$1,869.35	$1,819.65	$1,790.84	$1,743.23
Family	15	84	0	18	28	0	$3,460.20	$3,956.74	$3,851.55	$2,437.14	$2,786.87	$2,712.78	$2,176.36	$2,488.67	$2,422.51	$1,938.42	$2,216.58	$2,157.66	$2,596.34	$2,968.91	$2,889.99	$2,844.22	$2,768.60
Per Plan	38	190	3	74	98	0	$90,187	$103,129	$100,387	$339,774	$388,532	$378,203	$2,198	$2,514	$2,447	$84,123	$96,195	$93,637	$153,666	$175,718	$171,046		
Total Enrolled			403																				
Medical Current Monthly Cost															$669,949								
Annual															$8,039,388								
Medical Renewal Monthly Cost															$766,087								
Annual															$9,193,040								
Change $															$1,153,652								
Change %															14.35%								
Revised Monthly Medical Cost															$745,720								
Annual															$8,948,642								
Change $															$909,254								
Change %															11.3%								

							RX $4/$7		RX $10/$20		RX $15/$25		RX $20/$40		RX EDU $5/$10		NEW Garden State Rx
RX	$4/$7	$10/$20	$15/$25	$20/$40	EDU	GS	Current	Eff 7/2022	Current	Eff 7/2022	Current	Eff 7/2022	Current	Eff 7/2022	Current	Eff 7/2022	Eff 7/22
Single	1	3	96	2	47	0	$276.09	$278.95	$218.35	$220.61	$157.34	$158.97	$134.74	$136.13	$232.78	$235.19	$235.19
EE/SP	1	5	36	0	9	0	$596.41	$602.58	$471.64	$476.55	$339.82	$343.34	$291.01	$294.02	$502.73	$507.93	$507.93
EE/Ch(ren)	0	2	44	0	14	0	$516.32	$521.67	$408.31	$412.54	$294.18	$297.23	$251.93	$254.54	$435.22	$439.73	$439.73
Family	1	10	104	2	28	0	$820.04	$828.53	$648.51	$655.22	$467.26	$472.10	$400.12	$404.26	$691.27	$698.43	$698.43
Per Plan	3	20	280	4	98	0	$1,693	$1,710	$10,315	$10,422	$88,877	$89,798	$1,070	$1,081	$40,914	$41,338	
Total Enrolled			405														
Rx Current Monthly Cost															$142,868		
Annual															$1,714,419		
Rx Renewal Monthly Cost															$144,348		
Annual															$1,732,178		
Change $															$17,759		
Change %															1.04%		
Total Annual Current Medical & Rx															**$9,753,806**		
Renewal Annual Medical & Rx															**$10,925,217**		
Change $															**$1,171,411**		
Change %															**12.01%**		
Revised Annual Medical & Rx															**$10,680,819**		
Change $															**$927,013**		
Change %															**9.5%**		
Average Cost Per Person															***$26,503***		

Roselle Board of Education
Delta Dental Plans
PPO Rates Effective 7/1/2021 - 6/30/2023; Flagship Annual Renewal

Provider Choice / *Eligibility*	Premier Subgroup 01 *In or Out of Network* *Employees*	Premier Subgroup 01 *In or Out of Network* *Dependents*	PPO Plus Premier Subgrp 03 *In or Out of Network* *Employees*	PPO Plus Premier Subgrp 03 *In or Out of Network* *Dependents*	PPO - Subgroup 6001 *In or Out of Network* *Employees*	PPO - Subgroup 6001 *In or Out of Network* *Dependents*	Flagship *In Network Only* *Employees*	Flagship *In Network Only* *Dependents*
Calendar Year Deductible								
Individual	$0	$0	$50	$50	$0	$0	$0	$0
Family	$0	$0	$150	$150	$0	$0	$0	$0
Waived for:			Prev/Diag	Prev/Diag				
Preventive & Diagnostic Care	100%	50%	100%	100%	100%	100%	Fee Schedule	
Cleaning Frequency	2 Times in a 12 Month Period						2 Times per Year	
Basic Care: Fillings, Sealants, Root Canals, Periodontics, Oral Surgery	90%	50%	80%	80%	100%	70%	Fee Schedule	
Major: Crowns, Bridgework, Dentures	60%	Not Covered	50%	50%	60%	Not Covered	Fee Schedule	
Calendar Year Maximum	$1,000	$1,000	$1,500	$1,500	$1,000	$1,000	Unlimited	
Orthodontia	60%	Not Covered	50%	50%	60%	Spouse only	Fee Schedule	
Orthodontia Maximum: Lifetime	$750	N/A	$1,500	$1,500	$750	N/A	Unlimited	
Child Dependent Eligibility - all plans	End of Calendar Year Child turns 26						26; End of Calendar year	
Carryover Maximum Rules	Requires1 cleaning or 1 exam year						N/A	
Amount of Rollover Earned per Year	25% of unused max, up to $500						N/A	

Monthly Rates	**Premier**	**PPO Premier**	**PPO**	*Eff 7/2021- 6/30/2023; 2 years*	*Eff 7/2021- 6/30/2023; 2 years*	*Eff 7/2021 - 6/30/2023; 2 years*	**Flag-Ship**	**Current**	**7/2022 - 6/30/2023**
Employee	60	21	63	$46.26	$50.75	$35.74	10	$29.35	$29.60
Family	50	96	79	$76.00	$83.38	$75.23	11	$56.08	$56.57
							21	$93.35	$94.10
Per Plan #	110	117	142				42		
Total Enrollment:		411							
Current Monthly Cost Per Plan				**$6,576**	**$9,070**	**$8,195**		**$2,871**	**$2,894**
Current Annual Cost Per Plan				**$78,907**	**$108,843**	**$98,337**		**$34,449**	**$34,732**
Combined Monthly Cost					**$26,711**				
Current Combined Annual Cost					**$320,536**				
Cost of Plan 7/1/2022 - 6/30/2023					**$26,735**				
Annual Cost					**$320,820**				
Change $					**$284**				
Change $					**0.09%**				

Notes: 2 year rate guarantee for PPO plans; 1 year rate guarantee for Flagship plan (due to filing; Flagship can only be offered annually).

Roselle Board of Education
VSP #30083900
Rates Effective 7/1/2022

	#	Premium
Employee	86	$6.09
EE +1	30	$9.75
EE & Children	28	$9.95
EE & Family	42	$16.04
Monthly	186	$1,768.52
Annualized		$21,222