

### Employee's Medical Monthly 2025 Rates

	NJEP Med & Rx*	GSHP Med & Rx**	Choice POS II 1015	Choice POS II 2035	Select 10	Select 1525	Select 2020	Select 2035	HD HSA 1500***
<b>Monthly Rates:</b>	<b>Medical Rates <i>without</i> the NJEP &amp; GSHP RX Rates</b>								
Single	\$1,093.23	\$968.59	\$1,161.29	\$994.31	\$1,215.71	\$1,117.72	\$1,049.29	\$901.62	\$1,084.30
Employee + Spouse	\$2,162.93	\$1,916.35	\$2,297.62	\$1,967.24	\$2,405.28	\$2,211.39	\$2,076.02	\$1,784.40	\$2,145.28
Parent/Child(ren)	\$2,007.05	\$1,778.24	\$2,132.03	\$1,825.46	\$2,231.93	\$2,052.02	\$1,926.40	\$1,655.28	\$1,990.68
Family	\$3,085.32	\$2,733.59	\$3,277.45	\$2,806.18	\$3,431.03	\$3,154.45	\$2,961.34	\$2,544.58	\$3,060.15

\*NJ Educator Plan requires to add the prescription NJEP/GSHP pricing. Medical is with Aetna and Prescription is with Express Scripts.

\*\* Garden State Health Plan equires to add the prescription NJEP/GSHP pricing. Medical is with Aetna and Prescription is with Express Scripts.

\*\*\*HDHP 1500 Plan rates do not include Rx and is only showing Medical.

### Employee's Active Prescription Monthly 2025 Rates

	Express Scripts Inc Rx	*Express Scripts Inc Rx (should be added to the medical rates)
<b>Monthly Rates:</b>	<b>\$0/\$20</b>	<b>NJEP &amp; GSHP Rx Plan</b>
Single	<b>\$284.84</b>	<b>\$276.29</b>
Employee + Spouse	<b>\$522.97</b>	<b>\$507.27</b>
Parent/Child(ren)	<b>\$380.55</b>	<b>\$369.12</b>
Family	<b>\$706.40</b>	<b>\$685.20</b>

### Aetna NTU Dental 2025 Rates

Monthly Rates:	Aetna PPO Dental Choice	Aetna DMO Dental
Single	\$29.28	\$29.28
EE and Spouse	\$58.57	\$58.57
EE and Child(ren)	\$52.71	\$52.71
EE and Family	\$81.99	\$81.99

### Aetna CASA & Unaffiliated Dental 2025 Rates

Monthly Rates:	Aetna PPO Dental	Aetna DMO Dental
Single	\$23.68	\$23.68
EE and Spouse	\$47.85	\$47.85
EE and Child(ren)	\$46.71	\$46.71
EE and Family	\$77.45	\$77.45

### Aetna Local 1, 3, 32, 617, 68, NTA, & BTC Dental 2025 Rates

Monthly Rates:	Aetna PPO Dental	Aetna DMO Dental
Single	\$20.49	\$20.49
EE and Spouse	\$41.19	\$41.19
EE and Child(ren)	\$40.23	\$40.23
EE and Family	\$66.95	\$66.95

### Aetna Vision 2025 Rates (All unions)

Monthly Rates:	Vision
EE	\$8.68
EE and Dependents	\$8.68

### Group Dental 2025 Rates

Monthly Rates:	Group Dental (Closed Plan)
Single	\$32.96
EE and Spouse	\$72.51
EE and Child(ren)	\$65.91
EE and Family	\$101.85

11.21.2024