Readington Township Board of Education
Group Insurance
July 1, 2019 - June 30, 2020

Program	AmeriHealth
Group 10178696	
PPO $10 copay, 10% MMRx	
Single	$ 1,007.80
Parent/Child(ren)	$ 1,713.26
Couple	$ 2,015.57
Family	$ 2,721.05
Group 10178698	
PPO $15 copay, 10% MMRx	
Single	$ 951.31
Parent/Child(ren)	$ 1,617.27
Couple	$ 1,902.66
Family	$ 2,568.59
Group 10178700	
PPO $15/$25 copay, 15% MMRx	
Single	$ 920.63
Parent/Child(ren)	$ 1,565.05
Couple	$ 1,841.24
Family	$ 2,485.68
Group 10178704	
PPO $20/$20 copay, 15% MMRx	
Single	$ 872.22
Parent/Child(ren)	$ 1,482.78
Couple	$ 1,744.44
Family	$ 2,354.99
Group 10178706	
PPO $20/$35 copay, 20% MMRx	
Single	$ 752.35
Parent/Child(ren)	$ 1,279.02
Couple	$ 1,504.70
Family	$ 2,031.37
Group 10178702	
PPO $15/$25 copay, $7/$16/$35 Rx	
Single	$ 923.86
Parent/Child(ren)	$ 1,570.58
Couple	$ 1,847.74
Family	$ 2,494.47
Group 10178708	
HMO $10 copay, $5/$10/$20 Rx	
Single	$ 1,001.32
Parent/Child(ren)	$ 1,702.28
Couple	$ 2,002.70
Family	$ 2,703.62
Group 10178710	
HMO $20 copay, $3/$18/$46 Rx	
Single	$ 885.56
Parent/Child(ren)	$ 1,505.49
Couple	$ 1,771.15
Family	$ 2,391.06
Group 10178712	
HMO $20/$35 copay, $7/$21 Rx	
Single	$ 771.34
Parent/Child(ren)	$ 1,311.31
Couple	$ 1,542.70
Family	$ 2,082.63

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Program	Horizon
Horizon Dental Option Plan	
Single	$ 34.20
Parent/Child(ren)	$ 59.52
Couple	$ 65.53
Family	$ 100.00
Total Monthly Premium	
Horizon Dental Choice	
Single	$ 24.84
Parent/Child	$ 48.75
Parent/Children	$ 48.75
Couple	$ 53.67
Family	$ 81.90
Total Monthly Premium	
Horizon Total Care	
Single	$ 32.26
Parent/Child	$ 55.95
Parent/Children	$ 55.95
Couple	$ 61.59
Family	$ 93.99
Horizon Dental Option Plan- Voluntary	
Single	$ 44.94
Parent/Child(ren)	$ 78.23
Couple	$ 86.12
Family	$ 131.42
Horizon Dental Choice- Voluntary	
Single	$ 28.57
Parent/Child	$ 56.07
Parent/Children	$ 56.07
Couple	$ 61.72
Family	$ 94.19
Horizon Total Care- Voluntary	
Single	$ 37.10
Parent/Child	$ 64.34
Parent/Children	$ 64.34
Couple	$ 70.83
Family	$ 111.54