

**Long Branch Board of Education  
Group Rates- Medical and Prescription  
January 1, 2019 - December 31, 2019**

Program	Integrity			Benecard		
	Active Rates	1/1/19-12/31/19 COBRA Rates**	Chapter 375 Rates	Active Rates	1/1/19-12/31/20 COBRA Rates**	Chapter 375 Rates
<b>IHC 10, and Benecard Group 1000</b>						
<b>Retail: \$3 Generic/\$10 Brand; Mail: \$5 Generic/\$15 (Brand@ 90 days)*</b>						
Single	\$ 975.90	\$ 995.42	\$ 855.86	\$ 242.97	\$ 247.83	\$ 193.81
Parent/Child(ren)	\$ 1,815.21	\$ 1,851.51	\$ -	\$ 424.83	\$ 433.33	\$ -
Couple	\$ 1,952.48	\$ 1,991.53	\$ -	\$ 485.75	\$ 495.47	\$ -
Family	\$ 2,791.87	\$ 2,847.71	\$ -	\$ 667.99	\$ 681.35	\$ -
<b>IHC 15, and Benecard Group 1000</b>						
<b>Retail: \$3 Generic/\$10 Brand; Mail: \$5 Generic/\$15 (Brand@ 90 days)*</b>						
Single	\$ 926.59	\$ 945.12	\$ 812.62	\$ 242.97	\$ 247.83	\$ 193.81
Parent/Child(ren)	\$ 1,729.82	\$ 1,764.42	\$ -	\$ 424.83	\$ 433.33	\$ -
Couple	\$ 1,843.34	\$ 1,880.21	\$ -	\$ 485.75	\$ 495.47	\$ -
Family	\$ 2,651.49	\$ 2,704.52	\$ -	\$ 667.99	\$ 681.35	\$ -
<b>IHC 1525, and Benecard Group 2000</b>						
<b>Retail: \$7 Generic/\$16 Preferred/\$35 Non-Preferred; Mail: \$18 Generic/\$40 Preferred/\$88 Non-Preferred*</b>						
Single	\$ 901.84	\$ 919.88	\$ 790.91	\$ 213.14	\$ 217.40	\$ 170.01
Parent/Child(ren)	\$ 1,677.42	\$ 1,710.97	\$ -	\$ 372.67	\$ 380.12	\$ -
Couple	\$ 1,803.67	\$ 1,839.74	\$ -	\$ 426.11	\$ 434.63	\$ -
Family	\$ 2,579.27	\$ 2,630.86	\$ -	\$ 585.96	\$ 597.68	\$ -
<b>IHC 2030, and Benecard Group 3000</b>						
<b>Retail: \$3 Generic/\$18 Preferred/\$46 Non-Preferred; Mail: \$5 Generic/\$36 Preferred/\$92 Non-Preferred*</b>						
Single	\$ 847.56	\$ 864.51	\$ 743.31	\$ 218.00	\$ 222.36	\$ 173.89
Parent/Child(ren)	\$ 1,576.47	\$ 1,608.00	\$ -	\$ 381.18	\$ 388.80	\$ -
Couple	\$ 1,474.01	\$ 1,503.49	\$ -	\$ 435.86	\$ 444.58	\$ -
Family	\$ 2,107.84	\$ 2,150.00	\$ -	\$ 599.36	\$ 611.35	\$ -

\* Rx copayments are based on the medical plan in which the employee is enrolled.

\*\* Cobra rates include 2% administrative fee

**Long Branch Board of Education  
Group Rates- Dental  
July 1, 2018 - June 30, 2019**

Program	Horizon	
	7/1/18-6/30/19	
	Active Rates	COBRA Rates*
<b>Horizon Dental Option Plan (30)</b>		
Single	\$ 23.66	\$ 24.13
Parent/Child(ren)	\$ 41.71	\$ 42.54
Couple	\$ 41.71	\$ 42.54
Family	\$ 67.68	\$ 69.03
<b>Horizon Dental Choice (31)</b>		
Single	\$ 15.96	\$ 16.28
Parent/Child(ren)	\$ 30.55	\$ 31.16
Couple	\$ 30.55	\$ 31.16
Family	\$ 51.94	\$ 52.98

\* COBRA rates include 2% administrative fee

**Long Branch Board of Education  
Group Rates- Vision  
July 1, 2018 - June 30, 2022**

Program	NVA	
	7/1/18-6/30/22	
	Active Rates	COBRA Rates
<b>NVA Vision Plan</b>		
Single	\$ 3.34	\$ 3.41
Parent Child	\$ 6.01	\$ 6.13
2 Adult	\$ 6.01	\$ 6.13
Family	\$ 8.68	\$ 8.85

\*COBRA rates include 2% administrative fee