

**Gloucester County Institute of Technology**  
**2024-2025 SHIF Medical-Rx Rates - Effective 7/1/2024**

Educators Health Plan				
	Educators Health Plan	Express Scripts \$5/\$10 Rx	Aetna Gold Vision Plan*	Total Medical-Rx Rate
Single	\$916	\$217	N/A	<b>\$1,133</b>
Parent/Child(ren)	\$1,703	\$405	N/A	<b>\$2,108</b>
Member/Spouse	\$1,831	\$436	N/A	<b>\$2,267</b>
Family	\$2,619	\$622	N/A	<b>\$3,241</b>
DEP 31	\$555	\$133	N/A	<b>\$688</b>

Garden State Health Plan				
	Garden State Health Plan	Express Scripts \$5/\$10 Rx	Aetna Gold Vision Plan*	Total Medical-Rx Rate
Single	\$880	\$217	N/A	<b>\$1,097</b>
Parent/Child(ren)	\$1,638	\$405	N/A	<b>\$2,043</b>
Member/Spouse	\$1,762	\$436	N/A	<b>\$2,198</b>
Family	\$2,518	\$622	N/A	<b>\$3,140</b>
DEP 31	\$535	\$133	N/A	<b>\$668</b>

Aetna Choice POS II \$10				
	Aetna Choice POS II \$10	Express Scripts \$3/\$10 Rx	Aetna Gold Vision Plan	Total Medical-Rx-Vision Rate
Single	\$955	\$278	\$1	<b>\$1,234</b>
Parent/Child(ren)	\$1,775	\$518	\$3	<b>\$2,296</b>
Member/Spouse	\$1,910	\$558	\$3	<b>\$2,471</b>
Family	\$2,730	\$796	\$4	<b>\$3,530</b>
DEP 31	\$580	\$169	\$1	<b>\$750</b>

Aetna QPOS \$10				
	Aetna QPOS II \$10	Express Scripts \$3/\$10 Rx	Aetna Gold Vision Plan	Total Medical-Rx-Vision Rate
Single	\$875	\$278	\$1	<b>\$1,154</b>
Parent/Child(ren)	\$1,628	\$518	\$3	<b>\$2,149</b>
Member/Spouse	\$1,750	\$558	\$3	<b>\$2,311</b>
Family	\$2,502	\$796	\$4	<b>\$3,302</b>
DEP 31	\$531	\$169	\$1	<b>\$701</b>

Aetna Choice POS II \$15				
	Aetna Choice POS II \$15	Express Scripts \$3/\$10 Rx	Aetna Gold Vision Plan	Total Medical-Rx-Vision Rate
Single	\$909	\$278	\$1	<b>\$1,188</b>
Parent/Child(ren)	\$1,691	\$518	\$3	<b>\$2,212</b>
Member/Spouse	\$1,818	\$558	\$3	<b>\$2,379</b>
Family	\$2,600	\$796	\$4	<b>\$3,400</b>
DEP 31	\$552	\$169	\$1	<b>\$722</b>

Aetna QPOS \$15/\$25				
	Aetna QPOS II \$15/\$25	Express Scripts \$7/\$16/\$35 Rx	Aetna Gold Vision Plan	Total Medical-Rx-Vision Rate
Single	\$806	\$252	\$1	<b>\$1,059</b>
Parent/Child(ren)	\$1,502	\$468	\$3	<b>\$1,973</b>
Member/Spouse	\$1,608	\$503	\$3	<b>\$2,114</b>
Family	\$2,311	\$722	\$4	<b>\$3,037</b>
DEP 31	\$661	\$152	\$1	<b>\$814</b>

Aetna Choice POS II \$15/\$25				
	Aetna Choice POS II \$15/\$25	Express Scripts \$7/\$16/\$35 Rx	Aetna Gold Vision Plan	Total Medical-Rx-Vision Rate
Single	\$883	\$252	\$1	<b>\$1,136</b>
Parent/Child(ren)	\$1,639	\$468	\$3	<b>\$2,110</b>
Member/Spouse	\$1,763	\$503	\$3	<b>\$2,269</b>
Family	\$2,522	\$722	\$4	<b>\$3,248</b>
DEP 31	\$536	\$152	\$1	<b>\$689</b>

Aetna QPOS \$20				
	Aetna QPOS II \$20	Express Scripts \$3/\$18/\$46 Rx	Aetna Gold Vision Plan	Total Medical-Rx-Vision Rate
Single	\$762	\$256	\$1	<b>\$1,019</b>
Parent/Child(ren)	\$1,415	\$479	\$3	<b>\$1,897</b>
Member/Spouse	\$1,512	\$514	\$3	<b>\$2,029</b>
Family	\$2,163	\$734	\$4	<b>\$2,901</b>
DEP 31	\$463	\$155	\$1	<b>\$619</b>

Aetna Choice POS II \$20/\$35				
	Aetna Choice POS II \$20/\$35	Express Scripts \$7/\$21 Rx	Aetna Gold Vision Plan	Total Medical-Rx-Vision Rate
Single	\$714	\$231	\$1	<b>\$946</b>
Parent/Child(ren)	\$1,326	\$429	\$3	<b>\$1,758</b>
Member/Spouse	\$1,425	\$462	\$3	<b>\$1,890</b>
Family	\$2,039	\$662	\$4	<b>\$2,705</b>
DEP 31	\$435	\$140	\$1	<b>\$576</b>

Horizon OMNIA \$10				
	Horizon OMNIA	Express Scripts \$3/\$10 Rx	Aetna Gold Vision Plan	Total Medical-Rx-Vision Rate
Single	\$670	\$278	\$1	<b>\$949</b>
Parent/Child(ren)	\$1,243	\$518	\$3	<b>\$1,764</b>
Member/Spouse	\$1,336	\$558	\$3	<b>\$1,897</b>
Family	\$1,911	\$796	\$4	<b>\$2,711</b>
DEP 31	\$406	\$169	\$1	<b>\$576</b>

\*Per Chapter 44 guidelines, the EHP and GSP was mandated to offer a vision exam benefit only. No hardware benefits are included or apply to these plans.

# Gloucester County Institute of Technology

2024-2025 SHIF Dental Rates - *Effective 7/1/2024*

Delta Dental	
	PPO Plus Premier/ Advantage
Single	\$44
Parent/Child(ren)	\$93
Member/Spouse	\$77
Family	\$125

Delta Dental	
	DeltaCare USA
Single	\$21
Parent/Child(ren)	\$44
Member/Spouse	\$40
Family	\$65