Perth Amboy Board of Education

ADMINISTRATION HEADQUARTERS BUILDING
178 Barracks Street
Perth Amboy, New Jersey 08861
Tel: (732) 376-6200 Fax: (732) 638-1004

Derek J. Jess
School Business Administrator/
Board Secretary

HEALTH BENEFITS COVERAGE: 2018-2019 SCHOOL YEAR
ADMINISTRATORS AND SUPERVISORS

Your health insurance coverage will begin on the first day of your contractual employment. Employees are eligible for Medical *(Aetna)*, Prescription (*Benecard*), Dental (*Delta Dental*) and Vision (*VSP*) coverage.

Please complete, sign and return this form along with the attached enrollment form to the Business Office as soon as possible. **If we do not receive your form within thirty (30) days of your hire date, the insurance companies will not accept you into their program.**

Annual Premium	POS II	POS	PPO
Single Premium	$11,725	$12,295	$13,570
Family Premium	$35,700	$37,430	$41,255

To estimate your required contribution, (1) multiply the appropriate premium by twenty-five percent (25%); that is your yearly contribution. (2) Next, divide your yearly contribution by 24 to calculate your per paycheck cost.

$_____ x __25%__ = $_____ ÷ __24__ = $_____

Premium Cost | Req. Contribution | Yearly Cost | # of checks | Per Paycheck Cost

Please indicate the coverage you wish to receive:

☐ **Single Coverage**
- _____ POS II Plan
- _____ POS Plan
- _____ PPO Plan

☐ **Family Coverage:**
- _____ POS II Plan
- _____ POS Plan
- _____ PPO Plan

_____ Date

_____ Employee's Signature

_____ Print Name