

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: 2017-2018 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	\$10,985	\$11,515	\$12,700
Family Premium	\$33,445	\$35,055	\$38,615

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.

$$\begin{array}{ccccccc} \$ & & \times & \frac{25\%}{\text{Req. Contribution}} & = & \$ & & \div & \frac{24}{\text{\# of checks}} & = & \$ & & \\ \text{Premium Cost} & & & & & \text{Yearly Cost} & & & & & \text{Per Paycheck Cost} & & \end{array}$$

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