

Gloucester City Board of Education

Medical/Rx SHIF Rates  
July 1, 2022 - June 30, 2023

| AETNA Choice POS II 10    |                |
|---------------------------|----------------|
| Coverage Status           | 7/1/22-6/30/23 |
| Single                    | \$1,136.00     |
| Husband/Wife              | \$2,273.00     |
| Family                    | \$3,250.00     |
| Parent/Child              | \$2,113.00     |
| AETNA Choice POS II 15    |                |
| Coverage Status           | 7/1/22-6/30/23 |
| Single                    | \$1,089.00     |
| Husband/Wife              | \$2,177.00     |
| Family                    | \$3,112.00     |
| Parent/Child              | \$2,023.00     |
| AETNA Choice POS II 20/30 |                |
| Coverage Status           | 7/1/22-6/30/23 |
| Single                    | \$1,001.00     |
| Husband/Wife              | \$2,002.00     |
| Family                    | \$2,862.00     |
| Parent/Child              | \$1,862.00     |
| AETNA Choice POS II 20/35 |                |
| Coverage Status           | 7/1/22-6/30/23 |
| Single                    | \$919.00       |
| Husband/Wife              | \$1,836.00     |
| Family                    | \$2,625.00     |
| Parent/Child              | \$1,707.00     |
| AETNA HMO 10              |                |
| Coverage Status           | 7/1/22-6/30/23 |
| Single                    | \$1,053.00     |
| Husband/Wife              | \$2,106.00     |
| Family                    | \$3,011.00     |
| Parent/Child              | \$1,958.00     |
| AETNA HMO 15/25           |                |
| Coverage Status           | 7/1/22-6/30/23 |
| Single                    | \$1,000.00     |
| Husband/Wife              | \$2,000.00     |
| Family                    | \$2,858.00     |
| Parent/Child              | \$1,860.00     |
| AETNA HMO 20/30           |                |
| Coverage Status           | 7/1/22-6/30/23 |
| Single                    | \$983.00       |
| Husband/Wife              | \$1,967.00     |
| Family                    | \$2,812.00     |
| Parent/Child              | \$1,829.00     |
| AETNA HMO 20/35           |                |
| Coverage Status           | 7/1/22-6/30/23 |
| Single                    | \$948.00       |
| Husband/Wife              | \$1,896.00     |
| Family                    | \$2,712.00     |
| Parent/Child              | \$1,764.00     |
| AETNA EHP                 |                |
| Coverage Status           | 7/1/22-6/30/23 |
| Single                    | \$1,052.00     |
| Husband/Wife              | \$2,102.00     |
| Family                    | \$3,006.00     |
| Parent/Child              | \$1,956.00     |
| AETNA GSP                 |                |
| Coverage Status           | 7/1/22-6/30/23 |
| Single                    | \$1,019.00     |
| Husband/Wife              | \$2,035.00     |
| Family                    | \$2,911.00     |
| Parent/Child              | \$1,895.00     |