

Camden County Board of Social Services
2026 Active Medical & Prescription Premiums
Effective January 1, 2026- December 31, 2026

	2026 Medical Aetna / AmeriHealth	2026 Prescription Express Scripts	2026 Total Medical & Prescription
	HMO 10	\$3/\$10/cost difference Rx	HMO Rx \$3/10/10
Single	\$1131	\$481	\$1,612
Parent/Child(ren)	\$1,798	\$763	\$2,561
Member/Spouse	\$2,262	\$959	\$3,221
Family	\$2,929	\$1243	\$4,172
Dep 31	\$694	\$303	\$997
	PPO 10	\$3/\$10/cost difference Rx	PPO 10 Rx \$3/10/10
Single	\$1,176	\$481	\$1,657
Parent/Child(ren)	\$1,867	\$763	\$2,630
Member/Spouse	\$2,351	\$959	\$3,310
Family	\$3,047	\$1243	\$4,290
Dep 31	\$724	\$303	\$1027
	PPO 15	\$3/\$10/cost difference Rx	PPO 15 Rx \$3/10/10
Single	\$1112	\$481	\$1,593
Parent/Child(ren)	\$1,767	\$763	\$2,530
Member/Spouse	\$2,222	\$959	\$3,181
Family	\$2,878	\$1243	\$4,121
Dep 31	\$684	\$303	\$987
	HMO 1525	\$7/\$16/cost difference Rx	HMO 1525 Rx \$7/16/35
Single	\$1044	\$433	\$1,477
Parent/Child(ren)	\$1,663	\$690	\$2,353
Member/Spouse	\$2,089	\$873	\$2,962
Family	\$2,708	\$1128	\$3,836
Dep 31	\$641	\$276	\$917
	PPO 1525	\$7/\$16/cost difference Rx	PPO 1525 Rx \$7/16/35
Single	\$1093	\$433	\$1,526
Parent/Child(ren)	\$1,737	\$690	\$2,427
Member/Spouse	\$2,186	\$873	\$3,059
Family	\$2,831	\$1128	\$3,959
Dep 31	\$669	\$276	\$945
	PPO 2030	\$3/\$18/cost difference Rx	PPO 2030 Rx \$3/18/47
Single	\$1022	\$443	\$1,465
Parent/Child(ren)	\$1,630	\$703	\$2,333
Member/Spouse	\$2,053	\$882	\$2,935
Family	\$2,658	\$1147	\$3,805
Dep 31	\$631	\$281	\$912
	HMO 2035	\$7/21/cost difference	HMO 2035 Rx \$7/21/cost difference
Single	\$841	\$419	\$1,260
Parent/Child(ren)	\$1,390	\$691	\$2,081
Member/Spouse	\$1,684	\$839	\$2,523
Family	\$2,233	\$1116	\$3,349
Dep 31	\$605	\$265	\$870
	3-Tier PPO \$15/\$30	\$10/\$25/cost difference	3-Tier PPO \$15/\$30 \$10/\$25 Rx
Single	\$910	\$429	\$1,339
Parent/Child(ren)	\$1,446	\$683	\$2,129
Member/Spouse	\$1,817	\$861	\$2,678
Family	\$2,353	\$1117	\$3,470
Dep 31	\$545	N/A	\$545
	Aetna 2-Tier Savings Plus	\$7/\$16/cost difference	2-Tier Savings Plus \$7/\$16 Rx
Single	\$1036	\$433	\$1,469
Parent/Child(ren)	\$1,646	\$690	\$2,336
Member/Spouse	\$2,069	\$873	\$2,942
Family	\$2,681	\$1128	\$3,809
Dep 31	\$599	\$276	\$875

Camden County Board of Social Services
Horizon BCBSNJ Dental Premiums
Effective January 1, 2026-December 31, 2026

	Horizon BCBSNJ		
	Dental Option Plan	Dental Choice Plan B	Total Care Plan
Rates (Active Employees)			
Employee Only	\$28.41	\$21.68	\$23.68
Employee/Spouse	\$68.05	\$51.93	\$56.70
Employee/Children	\$71.34	\$54.45	\$59.47
Family	\$87.20	\$66.56	\$72.67