

**Camden County Board of Social Services**  
**2025 Active Medical & Prescription Premiums**  
**Effective: January 1, 2025 - December 31, 2025**

	2025 Medical Aetna / AmeriHealth	2025 Prescription Express Scripts	2025 Total Medical & Prescription
	HMO 10	\$3/\$10/cost difference Rx	HMO Rx \$3/10/10
Single	\$993	\$368	\$1,361
Parent/Child(ren)	\$1,579	\$584	\$2,163
Member/Spouse	\$1,987	\$734	\$2,721
Family	\$2,573	\$651	\$3,224
Dep 31	\$610	\$232	\$842
	PPO 10	\$3/\$10/cost difference Rx	PPO 10 Rx \$3/10/10
Single	\$1,033	\$368	\$1,401
Parent/Child(ren)	\$1,640	\$584	\$2,224
Member/Spouse	\$2,065	\$734	\$2,799
Family	\$2,676	\$651	\$3,327
Dep 31	\$636	\$232	\$868
	PPO 15	\$3/\$10/cost difference Rx	PPO 15 Rx \$3/10/10
Single	\$977	\$368	\$1,345
Parent/Child(ren)	\$1,552	\$584	\$2,136
Member/Spouse	\$1,952	\$734	\$2,686
Family	\$2,528	\$651	\$3,179
Dep 31	\$601	\$232	\$833
	HMO 1525	\$7/\$16/cost difference Rx	HMO 1525 Rx \$7/16/35
Single	\$917	\$331	\$1,248
Parent/Child(ren)	\$1,461	\$528	\$1,991
Member/Spouse	\$1,835	\$668	\$2,503
Family	\$2,379	\$863	\$3,242
Dep 31	\$563	\$211	\$774
	PPO 1525	\$7/\$16/cost difference Rx	PPO 1525 Rx \$7/16/35
Single	\$960	\$331	\$1,291
Parent/Child(ren)	\$1,526	\$528	\$2,054
Member/Spouse	\$1,920	\$668	\$2,588
Family	\$2,487	\$863	\$3,350
Dep 31	\$588	\$211	\$799
	PPO 2030	\$3/\$18/cost difference Rx	PPO 2030 Rx \$3/18/47
Single	\$898	\$339	\$1,237
Parent/Child(ren)	\$1,432	\$538	\$1,970
Member/Spouse	\$1,803	\$675	\$2,478
Family	\$2,335	\$878	\$3,213
Dep 31	\$898	\$215	\$1,113
	HMO 2035	\$7/21/cost difference	HMO 2035 Rx \$7/21/cost difference
Single	\$739	\$321	\$1,060
Parent/Child(ren)	\$1,221	\$529	\$1,750
Member/Spouse	\$1,479	\$642	\$2,121
Family	\$1,961	\$854	\$2,815
Dep 31	\$531	\$203	\$734
	3-Tier PPO \$15/\$30	\$10/\$25/cost difference	3-Tier PPO \$15/\$30 \$10/\$25 Rx
Single	\$799	\$328	\$1,127
Parent/Child(ren)	\$1,270	\$523	\$1,793
Member/Spouse	\$1,596	\$659	\$2,255
Family	\$2,067	\$855	\$2,922
Dep 31	\$479	N/A	#VALUE!
	Aetna 2-Tier Savings Plus	\$7/\$16/cost difference	2-Tier Savings Plus \$7/\$16 Rx
Single	\$910	\$331	\$1,241
Parent/Child(ren)	\$1,446	\$528	\$1,974
Member/Spouse	\$1,817	\$668	\$2,485
Family	\$2,355	\$863	\$3,218
Dep 31	\$526	\$211	\$737

Camden County Board of Social Services  
 Horizon BCBSNJ Dental Premiums  
 Effective January 1, 2025 - December 31, 2025

	Horizon BCBSNJ		
	Dental Option Plan	Dental Choice Plan B	Total Care Plan
<b>Rates (Active Employees)</b>			
Employee Only	\$28.41	\$20.65	\$22.55
Employee/Spouse	\$68.05	\$49.46	\$54.00
Employee/Children	\$71.34	\$51.86	\$56.64
Family	\$87.20	\$63.39	\$69.21