

South Harrison Board of Education
Monthly Premium Rates - Employees Hired On or After 7/1/2020
Effective 7/1/2021 to 6/30/2022

MEDICAL - Schools Health Insurance Fund (Aetna)

	Aetna *NJHP \$10/\$15
Single	\$907.00
Parent/Child(ren)	\$1,325.00
Member/Spouse	\$1,983.00
Family	\$2,322.00
Dependent to 31	\$467.00

PRESCRIPTION - Schools Health Insurance Fund (Express Scripts)

	Express Scripts *NJHP \$5/\$10
Single	\$210.00
Parent/Child(ren)	\$252.00
Member/Spouse	\$409.00
Family	\$492.00
Dependent to 31	\$138.00

DENTAL - Schools Health Insurance Fund (Delta Dental)

	Delta Dental Premier
Single	\$39.00
Parent/Child(ren)	\$66.00
Member/Spouse	\$66.00
Family	\$133.00

*Please note, the NJ Educator Plan for medical and prescriptions benefits must be selected together. Employee contributions for this plan are based on the new Chapter 44 Contribution Scale. All other options apply to the Chapter 78 and/or Collectively Bargained employee contributions.