

South Harrison Board of Education
Monthly Premium Rates - Employees Hired Before 7/1/2020
Effective 7/1/2024 to 6/30/2025

MEDICAL - Schools Health Insurance Fund (Aetna)

	Aetna *NJEHP \$10/\$15	Aetna *GSP \$10/\$15	Aetna Pat V \$10 (Gold or Silver)
Single	\$1,001.00	\$963.00	\$1,052.00
Parent/Child(ren)	\$1,461.00	\$1,406.00	\$1,537.00
Member/Spouse	\$2,188.00	\$2,104.00	\$2,302.00
Family	\$2,560.00	\$2,463.00	\$2,695.00
Dependent to 31	\$515.00	\$495.00	\$542.00

	Aetna Open Access Bronze \$20	Aetna HDHP	Aetna Horizon Omnia
Single	\$918.00	\$1,107.00	\$900.00
Parent/Child(ren)	\$1,272.00	\$1,518.00	\$1,295.00
Member/Spouse	\$1,339.00	\$2,325.00	\$1,951.00
Family	\$1,941.00	\$2,752.00	\$2,289.00
Dependent to 31	\$2,346.00	\$908.00	\$738.00

PRESCRIPTION - Schools Health Insurance Fund (Express Scripts)

	Express Scripts *NJEHP / GSP \$5/\$10	Express Scripts \$10/\$20 Silver	Express Scripts \$15/\$30 Bronze	Express Scripts \$5/\$10 Gold
Single	\$201.00	\$228.00	\$200.00	\$313.00
Parent/Child(ren)	\$241.00	\$274.00	\$242.00	\$377.00
Member/Spouse	\$391.00	\$443.00	\$387.00	\$606.00
Family	\$471.00	\$533.00	\$467.00	\$733.00
Dependent to 31	\$132.00	\$151.00	\$131.00	\$156.00

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's and Garden State Plan's medical and prescriptions benefits must be selected together. Employee contributions for these plans are based on the new Chapter 44 Contribution Scale. All other options apply to the Chapter 78 and/or Collectively Bargained employee contributions.

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South Harrison Board of Education

2024 Open Enrollment Plan Selections

Open Enrollment Begins Monday, April 22nd to Friday, May 10th

All Plan Changes Become Effective 7/1/24

Employees Hired Before 7/1/20

Medical Options

NJ Educators Plan \$10/\$15 copay
Garden State Plan \$10/\$15 copay
Patriot V (\$10) Gold or Silver
Open Access Bronze \$20 Copay
HDHP w/ Rx
Horizon Omnia

Prescription Options

NJ Educators Plan Rx Retail Copays \$5/\$10
Garden State Plan Rx Retail Copays \$5/\$10
Rx Retail Copays \$10/\$20 (Silver Plan)
Rx Retail Copays \$5/\$10 (Gold Plan)
Rx Retail Copays \$15/\$30 (Bronze Plan)

Dental

Delta Premier Plan

EMPLOYEE CONTRIBUTIONS

Chapter 44 Salary Based Contribution

Applies to-
NJ Educator Plan - Medical and Prescription
Garden State Plan - Medical and Prescription

Chapter 78 Contributions or Collectively Bargained

Applies to-
Patriot V (\$10) Gold or Silver
Open Access Bronze \$20 Copay
HDHP w/ Rx
Horizon Omnia

Rx Retail Copays \$10/\$20 (Silver Plan)
Rx Retail Copays \$5/\$10 (Gold Plan)
Rx Retail Copays \$15/\$30 (Bronze Plan)

Delta Premier Plan

Employees Hired On or After 7/1/20

Medical Option

NJ Educators Plan \$10/\$15 copay
Garden State Plan \$10/\$15 copay

Prescription Option

NJ Educators Plan Rx Retail Copays \$5/\$10
Garden State Plan Rx Retail Copays \$5/\$10

Dental

Delta Premier Plan

EMPLOYEE CONTRIBUTIONS

Chapter 44 Salary Based Contribution

Applies to-
NJ Educator Plan - Medical and Prescription
Garden State Plan - Medical and Prescription

Chapter 78 Contributions or Collectively Bargained

Applies to-
Delta Premier Plan

Please Contact the Business Office for Questions Regarding Your Employee Contributions.

Please Visit Your BenePortal for Additional Information

<https://www.southharrisonbenefits.com/>