

South Harrison Board of Education
Monthly Premium Rates - Employees Hired On/After 7/1/2020
Effective 7/1/2023 to 6/30/2024

MEDICAL - Schools Health Insurance Fund (Aetna)

	Aetna *NJEHP \$10/\$15	Aetna *GSP \$10/\$15
Single	\$970.00	\$933.00
Parent/Child(ren)	\$1,416.00	\$1,362.00
Member/Spouse	\$2,120.00	\$2,039.00
Family	\$2,481.00	\$2,387.00
Dependent to 31	\$499.00	\$480.00

PRESCRIPTION - Schools Health Insurance Fund (Express Scripts)

	Express Scripts *NJEHP / GSP \$5/\$10
Single	\$178.00
Parent/Child(ren)	\$214.00
Member/Spouse	\$347.00
Family	\$418.00
Dependent to 31	\$117.00

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.

South Harrison Board of Education

2023 Open Enrollment Plan Selections

Open Enrollment Begins Monday, April 24th to Friday, May 12th

All Plan Changes Become Effective 7/1/23

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/>