

South Harrison Board of Education
Monthly Premium Rates - Employees Hired Before 7/1/2020
Effective 7/1/2022 to 6/30/2023

MEDICAL - Schools Health Insurance Fund (Aetna)

	Aetna *NJEHP \$10/\$15	Aetna *GSP \$10/\$15	Aetna Pat V \$10 (Gold or Silver)
Single	\$936.00	\$901.00	\$964.00
Parent/Child(ren)	\$1,367.00	\$1,315.00	\$1,409.00
Member/Spouse	\$2,046.00	\$1,968.00	\$2,110.00
Family	\$2,395.00	\$2,304.00	\$2,470.00
Dependent to 31	\$482.00	\$463.00	\$497.00

	Aetna Open Access Bronze \$20	Aetna HDHP	Aetna Horizon Omnia
Single	\$842.00	\$1,008.00	\$825.00
Parent/Child(ren)	\$1,228.00	\$1,381.00	\$1,187.00
Member/Spouse	\$1,779.00	\$2,116.00	\$1,789.00
Family	\$2,151.00	\$2,504.00	\$2,099.00
Dependent to 31	\$548.00	\$826.00	\$677.00

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	\$174.00	\$193.00	\$170.00	\$266.00
Parent/Child(ren)	\$209.00	\$232.00	\$205.00	\$320.00
Member/Spouse	\$339.00	\$376.00	\$328.00	\$515.00
Family	\$408.00	\$452.00	\$397.00	\$622.00
Dependent to 31	\$114.00	\$128.00	\$111.00	\$133.00

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.