

Burlington Twp Board of Education
Medical, Dental, and Prescription
Monthly COBRA Rates
Effective July 1, 2023 - June 30, 2024

SHIF Medical COBRA Plans

Patriot X	Rates		COBRA Monthly Premium
Single	\$ 1,145	2%	\$ 1,167.90
Parent/Child	\$ 1,671	2%	\$ 1,704.42
2 Adult	\$ 2,501	2%	\$ 2,551.02
Family	\$ 2,923	2%	\$ 2,981.46

Patriot V - \$10 Copay Base Plan	Rates		COBRA Monthly Premium
Single	\$ 890.00	2%	\$ 908.16
Parent/Child	\$ 1,317.00	2%	\$ 1,343.88
2 Adult	\$ 1,983.00	2%	\$ 2,023.47
Family	\$ 2,309.00	2%	\$ 2,356.12

Patriot V - \$1,000/\$3,000	Rates		COBRA Monthly Premium
Single	\$ 904.00	2%	\$ 922.08
Parent/Child	\$ 1,337.00	2%	\$ 1,363.74
2 Adult	\$ 1,999.00	2%	\$ 2,038.98
Family	\$ 2,323.00	2%	\$ 2,369.46

PPO Core \$25	Rates		COBRA Monthly Premium
Single	\$ 697.00	2%	\$ 710.94
Parent/Child	\$ 1,031.00	2%	\$ 1,051.62
2 Adult	\$ 1,552.00	2%	\$ 1,583.04
Family	\$ 1,805.00	2%	\$ 1,841.10

PPO Buy Up \$20	Rates		COBRA Monthly Premium
Single	\$ 834.00	2%	\$ 850.68
Parent/Child	\$ 1,233.00	2%	\$ 1,257.66
2 Adult	\$ 1,856.00	2%	\$ 1,893.12
Family	\$ 2,160.00	2%	\$ 2,203.20

HDHP w/ Rx 20% Coinsurance	Rates		COBRA Monthly Premium
Single	\$ 989.00	2%	\$ 1,008.78
Parent/Child	\$ 1,409.00	2%	\$ 1,437.18
2 Adult	\$ 2,126.00	2%	\$ 2,168.52
Family	\$ 2,478.00	2%	\$ 2,527.56

NJEHP	Rates		COBRA Monthly Premium
Single	\$ 884.00	2%	\$ 901.68
Parent/Child	\$ 1,305.00	2%	\$ 1,331.10
2 Adult	\$ 1,968.00	2%	\$ 2,007.36
Family	\$ 2,289.00	2%	\$ 2,334.78

BeneCard Rx Alliance COBRA Rx Plans

Base Plan - \$10/\$30/\$50, \$50/\$100 Ded.	Rates		COBRA Monthly Premium
Single	\$ 277.27	2%	\$ 282.82
Parent/Child	\$ 360.48	2%	\$ 367.69
2 Adult	\$ 554.61	2%	\$ 565.70
Family	\$ 642.51	2%	\$ 655.36

Buy Down Option - Lesser of 20% or \$15/\$50	Rates		COBRA Monthly Premium
Single	\$ 271.32	2%	\$ 276.75
Parent/Child	\$ 352.70	2%	\$ 359.75
2 Adult	\$ 542.63	2%	\$ 553.48
Family	\$ 628.66	2%	\$ 641.23

Buy Up Option - \$10/\$15/\$25	Rates		COBRA Monthly Premium
Single	\$ 304.23	2%	\$ 310.31
Parent/Child	\$ 395.50	2%	\$ 403.41
2 Adult	\$ 608.48	2%	\$ 620.65
Family	\$ 704.96	2%	\$ 719.06

SHIF Delta Dental Plans

Delta Dental - General Plan	Rates		COBRA Monthly Premium
Single	\$ 30.00	2%	\$ 30.60
Parent/Child	\$ 58.00	2%	\$ 59.16
2 Adult	\$ 58.00	2%	\$ 59.16
Family	\$ 87.00	2%	\$ 88.74