

**Burlington Twp Board of Education
 Medical, Dental, and Prescription
 Estimated Monthly COBRA Rates
 Effective July 1, 2026 - June 30, 2027**

SHIF Medical COBRA Plans

Patriot X	Rates		COBRA Monthly Premium
Single	\$ 1,681.00	2%	\$ 1,714.62
Parent/Child	\$ 2,454.00	2%	\$ 2,503.08
2 Adult	\$ 3,673.00	2%	\$ 3,746.46
Family	\$ 4,294.00	2%	\$ 4,379.88

Patriot V - \$10 Copay Base Plan	Rates		COBRA Monthly Premium
Single	\$ 1,307.00	2%	\$ 1,333.67
Parent/Child	\$ 1,935.00	2%	\$ 1,974.49
2 Adult	\$ 2,912.00	2%	\$ 2,971.43
Family	\$ 3,392.00	2%	\$ 3,461.22

Patriot V - \$1,000/\$3,000	Rates		COBRA Monthly Premium
Single	\$ 1,327.00	2%	\$ 1,353.54
Parent/Child	\$ 1,965.00	2%	\$ 2,004.30
2 Adult	\$ 2,936.00	2%	\$ 2,994.72
Family	\$ 3,412.00	2%	\$ 3,480.24

PPO Core \$25	Rates		COBRA Monthly Premium
Single	\$ 1,024.00	2%	\$ 1,044.48
Parent/Child	\$ 1,514.00	2%	\$ 1,544.28
2 Adult	\$ 2,280.00	2%	\$ 2,325.60
Family	\$ 2,651.00	2%	\$ 2,704.02

PPO Buy Up \$20	Rates		COBRA Monthly Premium
Single	\$ 1,225.00	2%	\$ 1,249.50
Parent/Child	\$ 1,811.00	2%	\$ 1,847.22
2 Adult	\$ 2,726.00	2%	\$ 2,780.52
Family	\$ 3,173.00	2%	\$ 3,236.46

HDHP w/ Rx 20% Coinsurance	Rates		COBRA Monthly Premium
Single	\$ 1,477.00	2%	\$ 1,506.54
Parent/Child	\$ 2,105.00	2%	\$ 2,147.10
2 Adult	\$ 3,175.00	2%	\$ 3,238.50
Family	\$ 3,702.00	2%	\$ 3,776.04

NJEHP (New Jersey Educators Health Plan)	Rates		COBRA Monthly Premium
Single	\$ 1,153.00	2%	\$ 1,176.06
Parent/Child	\$ 1,702.00	2%	\$ 1,736.04
2 Adult	\$ 2,567.00	2%	\$ 2,618.34
Family	\$ 2,986.00	2%	\$ 3,045.72

GSP (Garden State Plan)	Rates		COBRA Monthly Premium
Single	\$ 1,118.00	2%	\$ 1,140.36
Parent/Child	\$ 1,651.00	2%	\$ 1,684.02
2 Adult	\$ 2,490.00	2%	\$ 2,539.80
Family	\$ 2,894.00	2%	\$ 2,951.88

BeneCard Rx Alliance COBRA Rx Plans

Base Plan - \$10/\$30/\$50, \$50/\$100 Ded.	Rates		COBRA Monthly Premium
Single	\$ 448.97	2%	\$ 457.95
Parent/Child	\$ 583.70	2%	\$ 595.37
2 Adult	\$ 898.04	2%	\$ 916.00
Family	\$ 1,040.38	2%	\$ 1,061.19

Buy Down Option - Lesser of 20% or \$15/\$50	Rates		COBRA Monthly Premium
Single	\$ 439.33	2%	\$ 448.12
Parent/Child	\$ 571.10	2%	\$ 582.52
2 Adult	\$ 878.63	2%	\$ 896.20
Family	\$ 1,017.94	2%	\$ 1,038.30

Buy Up Option - \$10/\$15/\$25	Rates		COBRA Monthly Premium
Single	\$ 492.62	2%	\$ 502.47
Parent/Child	\$ 640.40	2%	\$ 653.21
2 Adult	\$ 985.27	2%	\$ 1,004.98
Family	\$ 1,141.49	2%	\$ 1,164.32

NJEHP/GSP	Rates		COBRA Monthly Premium
Single	\$ 441.71	2%	\$ 450.54
Parent/Child	\$ 588.82	2%	\$ 600.60
2 Adult	\$ 905.92	2%	\$ 924.04
Family	\$ 1,026.80	2%	\$ 1,047.34

SHIF Delta Dental Plans thru 12/31/26

Delta Dental - General Plan	Rates		COBRA Monthly Premium
Single	\$ 31.00	2%	\$ 31.62
Parent/Child	\$ 60.00	2%	\$ 61.20
2 Adult	\$ 60.00	2%	\$ 61.20
Family	\$ 90.00	2%	\$ 91.80