

Burlington Twp Board of Education
Medical, Dental, and Prescription
Monthly COBRA Rates
Effective July 1, 2025 - June 30, 2026

SHIF Medical COBRA Plans

Patriot X	Rates		COBRA Monthly Premium
Single	\$ 1,398.00	2%	\$ 1,425.96
Parent/Child	\$ 2,041.00	2%	\$ 2,081.82
2 Adult	\$ 3,055.00	2%	\$ 3,116.10
Family	\$ 3,571.00	2%	\$ 3,642.42

Patriot V - \$10 Copay Base Plan	Rates		COBRA Monthly Premium
Single	\$ 1,087.00	2%	\$ 1,109.18
Parent/Child	\$ 1,609.00	2%	\$ 1,641.84
2 Adult	\$ 2,422.00	2%	\$ 2,471.43
Family	\$ 2,821.00	2%	\$ 2,878.57

Patriot V - \$1,000/\$3,000	Rates		COBRA Monthly Premium
Single	\$ 1,104.00	2%	\$ 1,126.08
Parent/Child	\$ 1,634.00	2%	\$ 1,666.68
2 Adult	\$ 2,442.00	2%	\$ 2,490.84
Family	\$ 2,838.00	2%	\$ 2,894.76

PPO Core \$25	Rates		COBRA Monthly Premium
Single	\$ 852.00	2%	\$ 869.04
Parent/Child	\$ 1,259.00	2%	\$ 1,284.18
2 Adult	\$ 1,896.00	2%	\$ 1,933.92
Family	\$ 2,205.00	2%	\$ 2,249.10

PPO Buy Up \$20	Rates		COBRA Monthly Premium
Single	\$ 1,019.00	2%	\$ 1,039.38
Parent/Child	\$ 1,506.00	2%	\$ 1,536.12
2 Adult	\$ 2,267.00	2%	\$ 2,312.34
Family	\$ 2,639.00	2%	\$ 2,691.78

HDHP w/ Rx 20% Coinsurance	Rates		COBRA Monthly Premium
Single	\$ 1,206.00	2%	\$ 1,230.12
Parent/Child	\$ 1,719.00	2%	\$ 1,753.38
2 Adult	\$ 2,593.00	2%	\$ 2,644.86
Family	\$ 3,023.00	2%	\$ 3,083.46

NJEHP (New Jersey Educators Health Plan)	Rates		COBRA Monthly Premium
Single	\$ 1,012.00	2%	\$ 1,032.24
Parent/Child	\$ 1,494.00	2%	\$ 1,523.88
2 Adult	\$ 2,253.00	2%	\$ 2,298.06
Family	\$ 2,621.00	2%	\$ 2,673.42

GSP (Garden State Plan)	Rates		COBRA Monthly Premium
Single	\$ 974.00	2%	\$ 993.48
Parent/Child	\$ 1,438.00	2%	\$ 1,466.76
2 Adult	\$ 2,169.00	2%	\$ 2,212.38
Family	\$ 2,521.00	2%	\$ 2,571.42

BeneCard Rx Alliance COBRA Rx Plans

Base Plan - \$10/\$30/\$50, \$50/\$100 Ded.	Rates		COBRA Monthly Premium
Single	\$ 363.54	2%	\$ 370.81
Parent/Child	\$ 472.63	2%	\$ 482.08
2 Adult	\$ 727.16	2%	\$ 741.70
Family	\$ 842.41	2%	\$ 859.26

Buy Down Option - Lesser of 20% or \$15/\$50	Rates		COBRA Monthly Premium
Single	\$ 355.73	2%	\$ 362.84
Parent/Child	\$ 462.43	2%	\$ 471.68
2 Adult	\$ 711.44	2%	\$ 725.67
Family	\$ 824.24	2%	\$ 840.72

Buy Up Option - \$10/\$15/\$25	Rates		COBRA Monthly Premium
Single	\$ 398.88	2%	\$ 406.86
Parent/Child	\$ 518.54	2%	\$ 528.91
2 Adult	\$ 797.79	2%	\$ 813.75
Family	\$ 924.28	2%	\$ 942.77

NJEHP/GSP	Rates		COBRA Monthly Premium
Single	\$ 357.66	2%	\$ 364.81
Parent/Child	\$ 476.78	2%	\$ 486.32
2 Adult	\$ 733.54	2%	\$ 748.21
Family	\$ 831.42	2%	\$ 848.05

SHIF Delta Dental Plans

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