

Bellmawr Public School District							
Medical, Dental, and Prescription							
Monthly Premium Rates							
NJEHP Rates Effective 1/1/2020 to 6/30/2021							
Dental Rates Effective 7/1/2020 to 6/30/2021							
MEDICAL - SHIF/Aetna NJ Educators Health Plan				DENTAL - SHIF/Delta Dental Delta Premier Plan			
Coverage Level	Monthly Rates			Coverage Level	Monthly Rates		
Single	\$ 825.00			Single	\$ 68.00		
Parent/Child(ren)	\$ 1,353.00			Employee +1	\$ 68.00		
Member/Spouse	\$ 1,641.00			Family	\$ 68.00		
Family	\$ 2,179.00						
PRESCRIPTION - SHIF/Express Scripts NJ Educators Health Plan							
Coverage Level	Monthly Rates						
Single	\$ 177.00						
Parent/Child(ren)	\$ 292.00						
Member/Spouse	\$ 354.00						
Family	\$ 469.00						