

**Readington Township Board of Education
Group Medical and Prescription Drug Insurance Financial Analysis
July 1, 2026 - June 30, 2027**

Program		SHIF (AmeriHealth Administrators and Aetna)			Census	SEHBP	Horizon	Aetna	NJ Solutions JHIF	Benecard Rx Drug
		7/1/25-6/30/26	7/1/26-6/30/27	7/1/26-6/30/27		1/1/26-12/31/26	7/1/26-6/30/27	7/1/26-6/30/27	7/1/26-6/30/27	7/1/26-6/30/27
Census ¹	Current ³	Renewal ⁴ Aetna	Renewal ⁴ AmeriHealth		Current	Proposed	Proposed	Proposed	Proposed	
AmeriHealth \$10, 10% MMRx						#050 NJ Direct 10 (\$10 copay) 10% MMRx				
Aetna Open Access \$10, 10% MMRx										
Single	3	\$ 1,444.00	\$ 1,708.00	\$ 1,708.00	24	\$ 2,174.28				
Parent/Child(ren)	1	\$ 2,456.00	\$ 2,906.00	\$ 2,906.00	12	\$ 4,044.17				
Couple	0	\$ 2,885.00	\$ 3,419.00	\$ 3,419.00	22	\$ 4,348.57	Declined to quote	Declined to quote	Declined to quote	Declined to quote
Family	5	\$ 3,899.00	\$ 4,615.00	\$ 4,615.00	49	\$ 6,218.45				
Total Monthly Premium	9	\$ 26,283	\$ 31,105	\$ 31,105	107	\$ 501,085				
AmeriHealth PPO \$15, 10% MMRx						#150 NJ Direct 15 (\$15 copay) 10% MMRx				
Aetna PPO Open Access \$15, 10% MMRx										
Single	18	\$ 1,350.00	\$ 1,612.00	\$ 1,612.00						
Parent/Child(ren)	10	\$ 2,319.00	\$ 2,742.00	\$ 2,742.00						
Couple	22	\$ 2,723.00	\$ 3,225.00	\$ 3,225.00			Declined to quote	Declined to quote	Declined to quote	Declined to quote
Family	46	\$ 3,680.00	\$ 4,353.00	\$ 4,353.00						
Total Monthly Premium	96	\$ 276,676	\$ 327,624	\$ 327,624						
AmeriHealth PPO \$15/\$25, 15% MMRx						#150 NJ Direct 15 (\$15 copay) 10% MMRx				
Aetna PPO Open Access \$15/\$25, 15% MMRx										
Single	0	\$ 1,320.00	\$ 1,560.00	\$ 1,560.00						
Parent/Child(ren)	0	\$ 2,243.00	\$ 2,651.00	\$ 2,651.00						
Couple	0	\$ 2,636.00	\$ 3,121.00	\$ 3,121.00			Declined to quote	Declined to quote	Declined to quote	Declined to quote
Family	1	\$ 3,562.00	\$ 4,212.00	\$ 4,212.00						
Total Monthly Premium	1	\$ 3,562	\$ 4,212	\$ 4,212						
AmeriHealth PPO \$20/\$20 copay, 15% MMRx						#150 NJ Direct 15 (\$15 copay) 10% MMRx				
Aetna PPO Open Access \$20/\$20 copay, 15% MMRx										
Single	1	\$ 1,251.00	\$ 1,478.00	\$ 1,478.00						
Parent/Child(ren)	1	\$ 2,127.00	\$ 2,514.00	\$ 2,514.00						
Couple	0	\$ 2,497.00	\$ 2,955.00	\$ 2,955.00			Declined to quote	Declined to quote	Declined to quote	Declined to quote
Family	0	\$ 3,375.00	\$ 3,989.00	\$ 3,989.00						
Total Monthly Premium	2	\$ 3,378	\$ 3,992	\$ 3,992						
AmeriHealth PPO \$20/\$35 copay, 20% MMRx						#150 NJ Direct 15 (\$15 copay) 10% MMRx				
Aetna PPO \$20/\$35 copay, 20% MMRx										
Single	1	\$ 1,079.00	\$ 1,272.00	\$ 1,272.00						
Parent/Child(ren)	0	\$ 1,834.00	\$ 2,163.00	\$ 2,163.00						
Couple	0	\$ 2,154.00	\$ 2,545.00	\$ 2,545.00			Declined to quote	Declined to quote	Declined to quote	Declined to quote
Family	0	\$ 2,911.00	\$ 3,435.00	\$ 3,435.00						
Total Monthly Premium	1	\$ 1,079	\$ 1,272	\$ 1,272						
AmeriHealth PPO \$15/\$25 copay, \$7/\$16/\$35 Rx						#150 NJ Direct 15 (\$15 copay) 10% MMRx				
Aetna PPO \$15/\$25 copay, \$7/\$16/\$35 Rx										
Single	0	\$ 1,310.00	\$ 1,536.00	\$ 1,536.00						
Parent/Child(ren)	0	\$ 2,226.00	\$ 2,611.00	\$ 2,611.00						
Couple	0	\$ 2,616.00	\$ 3,074.00	\$ 3,074.00			Declined to quote	Declined to quote	Declined to quote	Declined to quote
Family	2	\$ 3,535.00	\$ 4,149.00	\$ 4,149.00						
Total Monthly Premium	2	\$ 7,070	\$ 8,298	\$ 8,298						
AmeriHealth EPO \$20/\$35 copay, \$7/\$21 Rx						#150 NJ Direct 15 (\$15 copay) 10% MMRx				
Aetna EPO \$20/\$35 copay, \$7/\$21 Rx										
Single	1	\$ 1,101.00	\$ 1,286.00	\$ 1,286.00						
Parent/Child(ren)	0	\$ 1,872.00	\$ 2,189.00	\$ 2,189.00						
Couple	0	\$ 2,198.00	\$ 2,575.00	\$ 2,575.00			Declined to quote	Declined to quote	Declined to quote	Declined to quote
Family	0	\$ 2,972.00	\$ 3,476.00	\$ 3,476.00						
Total Monthly Premium	1	\$ 1,101	\$ 1,286	\$ 1,286						
AmeriHealth Aetna Educators Health Plan, \$5/\$10 Rx						#098 Educators Health Plan \$5/\$10 Rx				
Aetna Educators Health Plan, \$5/\$10 Rx										
Single	36	\$ 1,253.00	\$ 1,413.00	\$ 1,413.00	36	\$ 1,497.82				
Parent/Child(ren)	10	\$ 2,130.00	\$ 2,402.00	\$ 2,402.00	10	\$ 2,785.94				
Couple	21	\$ 2,504.00	\$ 2,823.00	\$ 2,823.00	21	\$ 2,995.64	Declined to quote	Declined to quote	Declined to quote	Declined to quote
Family	56	\$ 3,382.00	\$ 3,813.00	\$ 3,813.00	56	\$ 4,283.76				
Total Monthly Premium	123	\$ 308,384	\$ 347,699	\$ 347,699	128	\$ 384,580				
AmeriHealth Garden State Health Plan, \$5/\$10 Rx						#099 Garden State Health Plan \$5/\$10 Rx				
Aetna Garden State Health Plan, \$5/\$10 Rx										
Single	3	\$ 1,240.00	\$ 1,407.00	\$ 1,407.00						
Parent/Child(ren)	0	\$ 2,108.00	\$ 2,392.00	\$ 2,392.00						
Couple	0	\$ 2,480.00	\$ 2,814.00	\$ 2,814.00			Declined to quote	Declined to quote	Declined to quote	Declined to quote
Family	2	\$ 3,348.00	\$ 3,799.00	\$ 3,799.00						
Total Monthly Premium	5	\$ 10,416	\$ 11,819	\$ 11,819						
Total Monthly Premium²	240	\$ 637,949	\$ 737,307	\$ 737,307	240	\$ 885,665				
Total Annual Premium²		\$ 7,655,388	\$ 8,847,684	\$ 8,847,684		\$ 10,627,983	Declined to quote	Declined to quote	Declined to quote	Declined to quote
\$ Change						\$ 2,972,595				
% Change		0.0%	15.6%	15.6%		38.8%				

¹ Employee census as of December 2025 SHIF Invoice. Excludes waivers, COBRA, Chapter 375, and self paid retirees

² Does not reflect Board payment for employees waiving coverage or payroll deductions

³ Administered by AmeriHealth Administrators & Aetna for medical and Express Scripts for prescription drug

⁴ SHIF renewal reflective of +11% on EHP medical, +12% of GSP medical, & 17% on all other medical plans; +21% EHP/GSP RX & 27% on all other RX plans; +17% on Aetna Vision Gold