SOMERSET PUBLIC SCHOOLS | SOMERSET BERKLEY REGIONAL

Employee Insurance Premiums

FY2027 | Coverage July 2026 - June 2027

MONTHLY PREMIUMS & PAYCHECK DEDUCTIONS

Monthly rates apply to all eligible employees; paycheck amounts depend on work schedule.

INSURANCE / COVERAGE	MONTHLY	12-MONTH / PAY	10-MONTH / PAY
HEALTH INSURANCE			
HMO - Individual	**$271.50**	$135.75	**$155.14**
HMO - Family	**$680.24**	$340.12	**$388.71**
DENTAL INSURANCE			
Dental - Individual	**$40.12**	$20.06	**$24.08**
Dental - Family	**$124.60**	$62.30	**$74.76**
VISION INSURANCE			
Vision - Individual	**$6.50**	$3.25	**$3.90**
Vision - Family	**$16.26**	$8.13	**$9.76**
BASIC LIFE INSURANCE			
Somerset Public Schools (SPS)	**$1.42**	$1.42	**$1.71**
Somerset Berkley Regional (SBRSD)	**$0.32**	$0.32	**$0.39**

DEDUCTION SCHEDULE

12-month: Health, dental & vision = 24 deductions/year; basic life = 12.

10-month: Health = 21; dental & vision = 20; basic life = 10 deductions/year.

MEDICARE PLANS | CALENDAR YEAR 2026

Medex: $125.13/month

Medicare PPO: $133.06/month

COVERAGE & DEDUCTION NOTES

Health coverage starts on the first day of work.

Dental and vision start the first of the month after 30 days worked.

Basic life starts the first of the month after 60 days worked.

Amounts are rounded to cents; actual payroll amounts may vary slightly.

HEALTH INSURANCE: Employer pays 75% | Employee pays 25%