

## STATE HEALTH BENEFITS PROGRAM

## PERCENTAGE OF PREMIUM CALCULATION CHARTS

For Health Benefit Contributions under Chapter 78, P.L. 2011

**(State Employees Paid Biweekly through Centralized Payroll)**

Use this worksheet and the attached charts to calculate your combined Health Benefit Contribution.

Calculate Premium Percentages		CURRENT YEAR PHASE-IN AMOUNT	NEXT YEAR PHASE-IN AMOUNT
1.	Use the <b>SHBP Premium Rate Chart</b> and enter the premium amount for your SHBP Medical Plan at your selected Level of Coverage.	\$	\$
2.	Use the <b>Percentage of Premium Chart</b> for your Level of Coverage to find your Salary Range and Percentage of Premium amount.	%	%
3.	<b>Calculate your Medical Plan Contribution:</b> Multiply the Medical Plan Premium by the Premium Percentage.	\$	\$
<i>(For example: If NJ DIRECT15, Family coverage is \$633.30 per pay period, and your premium percentage is 10.0%; the calculation is \$633.30 X 0.10 = \$63.33 per pay period.)</i>			
4.	Use the <b>SHBP Premium Rate Chart</b> and enter the premium amount for the SHBP Prescription Drug Plan associated with your Medical Plan at your selected Level of Coverage.	\$	\$
5.	Use the <b>Percentage of Premium Chart</b> for your Level of Coverage to find your Salary Range and Percentage of Premium amount.	%	%
6.	<b>Calculate any Prescription Drug Plan Contribution:</b> Multiply the Prescription Drug Plan Premium by the Premium Percentage.	\$	\$
7.	<b>Add Line #3 and Line #6.</b> <i>(Medical Plan Contribution + Prescription Drug Plan Contribution)</i>	\$	\$
<b>Calculate Minimum Required Contribution</b> <i>Employees must pay a <b>minimum</b> of 1.5% of Annual Salary</i>			
8.	Enter your total Annual Salary.	\$	\$
9.	<b>Multiply</b> your Annual Salary by 1.5% (Salary X 0.015).	X 0.015	X 0.015
10.	This is your 1.5% Minimum <i>annual</i> percentage of salary.	\$	\$
11.	<b>Divide</b> the annual amount on Line #10 by 26 pay periods.	÷ 26	÷ 26
12.	This is the minimum biweekly amount you are required to contribute.	\$	\$
<b>Your Health Benefit Contribution</b>			
13.	If the amount on Line #7 is larger than the amount on Line #12, enter it here. Otherwise, enter the amount on Line #12.	\$	\$
<b>This is Your Biweekly Required Contribution</b>			

*The calculations from this worksheet are approximations  
and may differ from the actual amounts deducted from payroll.*

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY  
**DIVISION OF PENSIONS AND BENEFITS**  
**STATE HEALTH BENEFITS PROGRAM**

## SHBP PLAN PREMIUM RATE CHART

STATE BIWEEKLY ACTIVE GROUP  
 BIWEEKLY RATES EFFECTIVE 12/29/2012 to 12/27/2013

PLAN/COVERAGE DESCRIPTION	BIWEEKLY TOTAL
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #203	
<b><u>AETNA FREEDOM15 #180(1)</u></b>	
Single	\$275.24
Member & Spouse/Partner	\$550.49
Family	\$688.11
Parent & Child	\$412.87
<b><u>NJ DIRECT15 - #150(1)</u></b>	
Single	\$272.52
Member & Spouse/Partner	\$545.04
Family	\$681.30
Parent & Child	\$408.78
<b><u>AETNA HMO #005(1)</u></b>	
Single	\$277.51
Member & Spouse/Partner	\$555.03
Family	\$693.80
Parent & Child	\$416.28
<b><u>HORIZON HMO #011(1)</u></b>	
Single	\$274.74
Member & Spouse/Partner	\$549.48
Family	\$686.86
Parent & Child	\$412.11
<b><u>PRESCRIPTION DRUG PROGRAM - #203</u></b>	
Single	\$75.84
Member & Spouse/Partner	\$151.69
Family	\$189.62
Parent & Child	\$113.77
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG #205	
<b><u>AETNA FREEDOM1525 #063(2)</u></b>	
Single	\$267.53
Member & Spouse/Partner	\$535.08
Family	\$668.85
Parent & Child	\$401.31
<b><u>NJ DIRECT1525 #051(2)</u></b>	
Single	\$264.89
Member & Spouse/Partner	\$529.78
Family	\$662.23
Parent & Child	\$397.33
<b><u>AETNA HMO1525 #061(2)</u></b>	
Single	\$269.74
Member & Spouse/Partner	\$539.49
Family	\$674.37
Parent & Child	\$404.62
<b><u>HORIZON HMO1525 #053(2)</u></b>	
Single	\$267.05
Member & Spouse/Partner	\$534.10
Family	\$667.63
Parent & Child	\$400.57
<b><u>PRESCRIPTION DRUG PROGRAM #205</u></b>	
Single	\$68.79
Member & Spouse/Partner	\$137.58
Family	\$171.99
Parent & Child	\$103.19

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**SHBP PLAN PREMIUM RATE CHART**

**STATE BIWEEKLY ACTIVE GROUP**  
**BIWEEKLY RATES EFFECTIVE 12/29/2012 to 12/27/2013**

MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #206	
<b><u>AETNA FREEDOM2030 #064(3)</u></b>	
Single	\$251.57
Member & Spouse/Partner	\$503.15
Family	\$628.94
Parent & Child	\$377.36
<b><u>NJ DIRECT2030 #052(3)</u></b>	
Single	\$249.08
Member & Spouse/Partner	\$498.17
Family	\$622.71
Parent & Child	\$373.62
<b><u>AETNA HMO2030 #062(3)</u></b>	
Single	\$253.65
Member & Spouse/Partner	\$507.30
Family	\$634.13
Parent & Child	\$380.47
<b><u>HORIZON HMO2030 #054(3)</u></b>	
Single	\$251.11
Member & Spouse/Partner	\$502.23
Family	\$627.79
Parent & Child	\$376.67
<b><u>PRESCRIPTION DRUG PROGRAM #206</u></b>	
Single	\$70.01
Member & Spouse/Partner	\$140.01
Family	\$175.01
Parent & Child	\$105.01
HIGH DEDUCTIBLE HEALTH PLANS WITH BUILT IN PRESCRIPTION DRUG	
<b><u>AETNA VALUE HD4000 #092(4)</u></b>	
Single	\$194.32
Member & Spouse/Partner	\$388.66
Family	\$485.83
Parent & Child	\$291.49
<b><u>NJ DIRECT HD4000 #090(4)</u></b>	
Single	\$185.00
Member & Spouse/Partner	\$370.02
Family	\$462.52
Parent & Child	\$277.51
<b><u>AETNA VALUE HD1500 #093(5)</u></b>	
Single	\$276.70
Member & Spouse/Partner	\$564.92
Family	\$709.03
Parent & Child	\$420.81
<b><u>NJ DIRECT HD1500 #091(5)</u></b>	
Single	\$262.88
Member & Spouse/Partner	\$537.27
Family	\$674.48
Parent & Child	\$400.08

1)Subscribers in # 150,#180,#005, & #011are subject to \$15 Primary Care and \$15 Specialist office visit co pay and are eligible for Prescription Drug Plan #203

2)Subscribers in #051,#061, #53 & #063 are subject to \$15 Primary Care and \$25 Specialist office visit co pay and are eligible for Prescription Drug Plan #205

3)Subscribers in # 052,#062, #54 & #064 are subject to \$20 Primary Care and \$30 adult/\$20 child Specialist office visit co pay and are eligible for Prescription Drug Plan #206

4)Subscribers in High Deductible Plans #90, #92, are subject to \$4,000 In-Network deductible

5)Subscribers in High Deductible Plans #91 and #93, are subject to \$1,500 In-Network deductible

6)For Subscribers in High Deductible Plans #093 and #091, employer will contribute \$300 annually to Health Savings Account

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## PERCENTAGE OF PREMIUM CHARTS

For Health Benefit Contributions under Chapter 78, P.L. 2011

**Note:** The following charts reflect the phase-in of contribution levels for employees employed on the contribution's effective date who will pay  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$  and the full amount of the contribution rate during the phase-in years.

New employees hired on or after June 28, 2011, the effective date of Chapter 78, P.L. 2011, contribute at the highest percentage level (Year 4) — except Judiciary employees whose positions are covered by the Collective Negotiations Agreement that will expire June 30, 2012.

### HEALTH BENEFITS CONTRIBUTION FOR SINGLE COVERAGE (PERCENTAGE OF PREMIUM)\*

Salary Range	Four Year Phase-In			
	<i>Use dates indicated or as otherwise determined by contract</i>			
	Year 1 July 2011 to June 2012	Year 2 July 2012 to June 2013	Year 3 July 2013 to June 2014	Year 4 July 2014 and after
less than 20,000	1.13%	2.25%	3.38%	4.50%
20,000-24,999.99	1.38%	2.75%	4.13%	5.50%
25,000-29,999.99	1.88%	3.75%	5.63%	7.50%
30,000-34,999.99	2.50%	5.00%	7.50%	10.00%
35,000-39,999.99	2.75%	5.50%	8.25%	11.00%
40,000-44,999.99	3.00%	6.00%	9.00%	12.00%
45,000-49,999.99	3.50%	7.00%	10.50%	14.00%
50,000-54,999.99	5.00%	10.00%	15.00%	20.00%
55,000-59,999.99	5.75%	11.50%	17.25%	23.00%
60,000-64,999.99	6.75%	13.50%	20.25%	27.00%
65,000-69,999.99	7.25%	14.50%	21.75%	29.00%
70,000-74,999.99	8.00%	16.00%	24.00%	32.00%
75,000-79,999.99	8.25%	16.50%	24.75%	33.00%
80,000-94,999.99	8.50%	17.00%	25.50%	34.00%
95,000 and over	8.75%	17.50%	26.25%	35.00%

\* Member contribution is a minimum of 1.5% of base salary towards Health Benefits

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**HEALTH BENEFITS CONTRIBUTION FOR FAMILY COVERAGE**  
**(PERCENTAGE OF PREMIUM)\***

Salary Range	Four Year Phase-In			
	<i>Use dates indicated or as otherwise determined by contract</i>			
	Year 1 July 2011 to June 2012	Year 2 July 2012 to June 2013	Year 3 July 2013 to June 2014	Year 4 July 2014 and after
less than 25,000	0.75%	1.50%	2.25%	3.00%
25,000-29,999.99	1.00%	2.00%	3.00%	4.00%
30,000-34,999.99	1.25%	2.50%	3.75%	5.00%
35,000-39,999.99	1.50%	3.00%	4.50%	6.00%
40,000-44,999.99	1.75%	3.50%	5.25%	7.00%
45,000-49,999.99	2.25%	4.50%	6.75%	9.00%
50,000-54,999.99	3.00%	6.00%	9.00%	12.00%
55,000-59,999.99	3.50%	7.00%	10.50%	14.00%
60,000-64,999.99	4.25%	8.50%	12.75%	17.00%
65,000-69,999.99	4.75%	9.50%	14.25%	19.00%
70,000-74,999.99	5.50%	11.00%	16.50%	22.00%
75,000-79,999.99	5.75%	11.50%	17.25%	23.00%
80,000-84,999.99	6.00%	12.00%	18.00%	24.00%
85,000-89,999.99	6.50%	13.00%	19.50%	26.00%
90,000-94,999.99	7.00%	14.00%	21.00%	28.00%
95,000-99,999.99	7.25%	14.50%	21.75%	29.00%
100,000-109,999.99	8.00%	16.00%	24.00%	32.00%
110,000 and over	8.75%	17.50%	26.25%	35.00%

\*Member contribution is a minimum of 1.5% of base salary towards Health Benefits

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**HEALTH BENEFITS CONTRIBUTION FOR  
MEMBER/SPOUSE/PARTNER OR PARENT/CHILD COVERAGE  
(PERCENTAGE OF PREMIUM)\***

Salary Range	Four Year Phase-In			
	<i>Use dates indicated or as otherwise determined by contract</i>			
	Year 1 July 2011 to June 2012	Year 2 July 2012 to June 2013	Year 3 July 2013 to June 2014	Year 4 July 2014 and after
less than 25,000	0.88%	1.75%	2.63%	3.50%
25,000-29,999.99	1.13%	2.25%	3.38%	4.50%
30,000-34,999.99	1.50%	3.00%	4.50%	6.00%
35,000-39,999.99	1.75%	3.50%	5.25%	7.00%
40,000-44,999.99	2.00%	4.00%	6.00%	8.00%
45,000-49,999.99	2.50%	5.00%	7.50%	10.00%
50,000-54,999.99	3.75%	7.50%	11.25%	15.00%
55,000-59,999.99	4.25%	8.50%	12.75%	17.00%
60,000-64,999.99	5.25%	10.50%	15.75%	21.00%
65,000-69,999.99	5.75%	11.50%	17.25%	23.00%
70,000-74,999.99	6.50%	13.00%	19.50%	26.00%
75,000-79,999.99	6.75%	13.50%	20.25%	27.00%
80,000-84,999.99	7.00%	14.00%	21.00%	28.00%
85,000-99,999.99	7.50%	15.00%	22.50%	30.00%
100,000 and over	8.75%	17.50%	26.25%	35.00%

\*Member contribution is a minimum of 1.5% of base salary towards Health Benefits