

School Employees' Health Benefits Program

PERCENTAGE OF PREMIUM CALCULATION CHARTS

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

Local Education Employees

Use this worksheet and the attached charts to calculate the percentage of the full cost premium for which you will be responsible.

Calculate Premium Percentages		Current Year Phase-In Amount	Next Year Phase-In Amount
1.	Use the SEHBP Premium Rate Chart and enter the premium amount for your SHBP Medical Plan at your selected Level of Coverage.	\$	\$
2.	Use the Percentage of Premium Chart for your Level of Coverage to find your Salary Range and Percentage of Premium amount.	%	%
3.	Calculate your Medical Plan Contribution: Multiply the Medical Plan Premium by the Premium Percentage, (for example: If NJ DIRECT15, Family coverage is \$2,994.25 per month, and your premium percentage is 10.0%; the calculation is $\$2,994.25 \times 0.10 = \299.42 per month).	\$	\$
4.	Use the SEHBP Premium Rate Chart 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 Percentage of Premium Chart for your Level of Coverage to find your Salary Range and Percentage of Premium amount.	%	%
6.	Calculate any Prescription Drug Plan Contribution: Multiply the Prescription Drug Plan Premium by the Premium Percentage.	\$	\$
Calculate Minimum Required Contribution <i>Employees must pay a minimum of 1.5% of Annual Salary</i>			
8.	Enter your total Annual Salary.	\$	\$
9.	Multiply 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.	Divide the annual amount on line #10 by 12 months.	÷ 12	÷ 12
12.	This is the minimum monthly amount you are required to contribute.	\$	\$
Your Health Contribution			
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.	\$	\$
This is your monthly required contribution			

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



**Local Monthly Active Group —
Education Employers
Monthly Rates**
Effective 1/1/2019 to 12/31/2019

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #208			
Aetna Freedom Zero #022— PPO Plan with \$0 Primary Care Copayment			
Single	\$773.33		\$773.33
Member & Spouse/Partner	\$775.25	\$771.42	\$1,546.67
Family	\$775.95	\$1,435.70	\$2,211.65
Parent & Child	\$774.17	\$664.15	\$1,438.32
NJ DIRECT ZERO #021— PPO Plan with \$0 Primary Care Copayment			
Single	\$773.33		\$773.33
Member & Spouse/Partner	\$775.25	\$771.42	\$1,546.67
Family	\$775.95	\$1,435.70	\$2,211.65
Parent & Child	\$774.17	\$664.15	\$1,438.32
PRESCRIPTION DRUG PROGRAM #208			
Single	\$173.33		\$173.33
Member & Spouse/Partner	\$173.33	\$173.34	\$346.67
Family	\$173.33	\$322.49	\$495.82
Parent & Child	\$173.33	\$149.16	\$322.49



**Local Monthly Active Group —
Education Employers
Monthly Rates**
Effective 1/1/2019 to 12/31/2019

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
Aetna Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment			
Single	\$965.77		\$965.77
Member & Spouse/Partner	\$967.79	\$963.85	\$1,931.54
Family	\$968.39	\$1,793.71	\$2,762.10
Parent & Child	\$966.61	\$829.72	\$1,796.33
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$965.77		\$965.77
Member & Spouse/Partner	\$967.79	\$963.85	\$1,931.54
Family	\$968.39	\$1,793.71	\$2,762.10
Parent & Child	\$966.61	\$829.72	\$1,796.33
Aetna Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment			
Single	\$919.38		\$919.38
Member & Spouse/Partner	\$921.30	\$917.46	\$1,838.76
Family	\$922.00	\$1,707.43	\$2,629.43
Parent & Child	\$920.22	\$789.83	\$1,710.05
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$919.38		\$919.38
Member & Spouse/Partner	\$921.30	\$917.46	\$1,838.76
Family	\$922.00	\$1,707.43	\$2,629.43
Parent & Child	\$920.22	\$789.83	\$1,710.05
Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment			
Single	\$885.55		\$885.55
Member & Spouse/Partner	\$887.47	\$883.63	\$1,771.10
Family	\$888.17	\$1,644.50	\$2,532.67
Parent & Child	\$886.39	\$760.73	\$1,647.12
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment			
Single	\$876.71		\$876.71
Member & Spouse/Partner	\$878.63	\$874.79	\$1,753.42
Family	\$879.33	\$1,628.06	\$2,507.39
Parent & Child	\$877.55	\$753.13	\$1,630.68
PRESCRIPTION DRUG PROGRAM #201			
Single	\$189.96		\$189.96
Member & Spouse/Partner	\$189.96	\$189.96	\$379.92
Family	\$189.96	\$353.33	\$543.29
Parent & Child	\$189.96	\$163.37	\$353.33



**Local Monthly Active Group —
Education Employers
Monthly Rates**
Effective 1/1/2019 to 12/31/2019

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #205			
Aetna Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$892.29		\$892.29
Member & Spouse/Partner	\$894.21	\$890.37	\$1,784.58
Family	\$894.91	\$1,657.04	\$2,551.95
Parent & Child	\$893.13	\$766.53	\$1,659.66
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$892.29		\$892.29
Member & Spouse/Partner	\$894.21	\$890.37	\$1,784.58
Family	\$894.91	\$1,657.04	\$2,551.95
Parent & Child	\$893.13	\$766.53	\$1,659.66
Aetna HMO1525 #061 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$817.72		\$817.72
Member & Spouse/Partner	\$819.64	\$815.80	\$1,635.44
Family	\$820.34	\$1,518.34	\$2,338.68
Parent & Child	\$818.56	\$702.40	\$1,520.96
HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$809.55		\$809.55
Member & Spouse/Partner	\$811.47	\$807.63	\$1,619.10
Family	\$812.17	\$1,503.14	\$2,315.31
Parent & Child	\$810.39	\$695.37	\$1,505.76
PRESCRIPTION DRUG PROGRAM #205			
Single	\$172.28		\$172.28
Member & Spouse/Partner	\$172.28	\$172.28	\$344.56
Family	\$172.28	\$320.44	\$492.72
Parent & Child	\$172.28	\$148.16	\$320.44



**Local Monthly Active Group —
Education Employers
Monthly Rates**
Effective 1/1/2019 to 12/31/2019

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #206			
Aetna Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$838.58		\$838.58
Member & Spouse/Partner	\$840.50	\$836.66	\$1,677.16
Family	\$841.20	\$1,557.14	\$2,398.34
Parent & Child	\$839.42	\$720.34	\$1,559.76
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$838.58		\$838.58
Member & Spouse/Partner	\$840.50	\$836.66	\$1,677.16
Family	\$841.20	\$1,557.14	\$2,398.34
Parent & Child	\$839.42	\$720.34	\$1,559.76
Aetna HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$768.95		\$768.95
Member & Spouse/Partner	\$770.87	\$767.03	\$1,537.90
Family	\$771.57	\$1,427.63	\$2,199.20
Parent & Child	\$769.79	\$660.46	\$1,430.25
HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$761.26		\$761.26
Member & Spouse/Partner	\$763.18	\$759.34	\$1,522.52
Family	\$763.88	\$1,413.32	\$2,177.20
Parent & Child	\$762.10	\$653.84	\$1,415.94
PRESCRIPTION DRUG PROGRAM #206			
Single	\$175.33		\$175.33
Member & Spouse/Partner	\$175.33	\$175.33	\$350.66
Family	\$175.33	\$326.11	\$501.44
Parent & Child	\$175.33	\$150.78	\$326.11



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Education Employers
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For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #207			
Aetna Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$721.19		\$721.19
Member & Spouse/Partner	\$723.11	\$719.27	\$1,442.38
Family	\$723.81	\$1,338.79	\$2,062.60
Parent & Child	\$722.03	\$619.38	\$1,341.41
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$721.19		\$721.19
Member & Spouse/Partner	\$723.11	\$719.27	\$1,442.38
Family	\$723.81	\$1,338.79	\$2,062.60
Parent & Child	\$722.03	\$619.38	\$1,341.41
Aetna HMO2035 #065 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$661.30		\$661.30
Member & Spouse/Partner	\$663.22	\$659.38	\$1,322.60
Family	\$663.92	\$1,227.40	\$1,891.32
Parent & Child	\$662.14	\$567.88	\$1,230.02
HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$654.67		\$654.67
Member & Spouse/Partner	\$656.59	\$652.75	\$1,309.54
Family	\$657.29	\$1,215.07	\$1,872.36
Parent & Child	\$655.51	\$562.18	\$1,217.69
PRESCRIPTION DRUG PROGRAM #207			
Single	\$157.80		\$157.80
Member & Spouse/Partner	\$157.80	\$157.80	\$315.60
Family	\$157.80	\$293.51	\$451.31
Parent & Child	\$157.80	\$135.71	\$293.51
High Deductible Health Plans with Built-In Prescription Drug			
Aetna Value HD1500 #093 — High Deductible Health Plan with \$1,500 In-Network Deductible			
Single	\$752.41		\$752.41
Member & Spouse/Partner	\$754.33	\$750.49	\$1,504.82
Family	\$755.03	\$1,396.86	\$2,151.89
Parent & Child	\$753.25	\$646.23	\$1,399.48
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible			
Single	\$752.41		\$752.41
Member & Spouse/Partner	\$754.33	\$750.49	\$1,504.82
Family	\$755.03	\$1,396.86	\$2,151.89
Parent & Child	\$753.25	\$646.23	\$1,399.48



**Local Monthly Active Group —
Education Employers
Monthly Rates**
Effective 1/1/2019 to 12/31/2019

For employers who offer prescription drugs through the
medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Aetna Freedom Zero #022 — PPO Plan with \$0 Primary Care Copayment			
Single	\$912.01		\$912.01
Member & Spouse/Partner	\$913.93	\$910.10	\$1,824.03
Family	\$914.63	\$1,693.64	\$2,608.27
Parent & Child	\$912.85	\$783.41	\$1,696.26
NJ DIRECT ZERO #021 — PPO Plan with \$0 Primary Care Copayment			
Single	\$912.01		\$912.01
Member & Spouse/Partner	\$913.93	\$910.10	\$1,824.03
Family	\$914.63	\$1,693.64	\$2,608.27
Parent & Child	\$912.85	\$783.41	\$1,696.26
Aetna Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment			
Single	\$1,104.45		\$1,104.45
Member & Spouse/Partner	\$1,106.37	\$1,102.53	\$2,208.90
Family	\$1,107.07	\$2,051.65	\$3,158.72
Parent & Child	\$1,105.29	\$948.98	\$2,054.27
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$1,104.45		\$1,104.45
Member & Spouse/Partner	\$1,106.37	\$1,102.53	\$2,208.90
Family	\$1,107.07	\$2,051.65	\$3,158.72
Parent & Child	\$1,105.29	\$948.98	\$2,054.27
Aetna Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,051.39		\$1,051.39
Member & Spouse/Partner	\$1,053.31	\$1,049.47	\$2,102.78
Family	\$1,054.01	\$1,952.97	\$3,006.98
Parent & Child	\$1,052.23	\$903.36	\$1,955.59
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,051.39		\$1,051.39
Member & Spouse/Partner	\$1,053.31	\$1,049.47	\$2,102.78
Family	\$1,054.01	\$1,952.97	\$3,006.98
Parent & Child	\$1,052.23	\$903.36	\$1,955.59
Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment			
Single	\$1,068.12		\$1,068.12
Member & Spouse/Partner	\$1,070.04	\$1,066.20	\$2,136.24
Family	\$1,070.74	\$1,984.08	\$3,054.82
Parent & Child	\$1,068.96	\$917.74	\$1,986.70
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment			
Single	\$1,059.28		\$1,059.28
Member & Spouse/Partner	\$1,061.20	\$1,057.36	\$2,118.56
Family	\$1,061.90	\$1,967.64	\$3,029.54
Parent & Child	\$1,060.12	\$910.14	\$1,970.26



**Local Monthly Active Group —
Education Employers
Monthly Rates**
Effective 1/1/2019 to 12/31/2019

For employers who offer prescription drugs through the
medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Aetna Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$1,016.00		\$1,016.00
Member & Spouse/Partner	\$1,017.92	\$1,014.08	\$2,032.00
Family	\$1,018.62	\$1,887.14	\$2,905.76
Parent & Child	\$1,016.84	\$872.92	\$1,889.76
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$1,016.00		\$1,016.00
Member & Spouse/Partner	\$1,017.92	\$1,014.08	\$2,032.00
Family	\$1,018.62	\$1,887.14	\$2,905.76
Parent & Child	\$1,016.84	\$872.92	\$1,889.76
Aetna HMO1525 #061 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$990.00		\$990.00
Member & Spouse/Partner	\$991.92	\$988.08	\$1,980.00
Family	\$992.62	\$1,838.78	\$2,831.40
Parent & Child	\$990.84	\$850.56	\$1,841.40
HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$981.83		\$981.83
Member & Spouse/Partner	\$983.75	\$971.91	\$1,963.66
Family	\$984.45	\$1,823.58	\$2,808.03
Parent & Child	\$982.67	\$843.53	\$1,826.20
Aetna Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$962.29		\$962.29
Member & Spouse/Partner	\$964.21	\$960.37	\$1,924.58
Family	\$964.91	\$1,787.24	\$2,752.15
Parent & Child	\$963.13	\$826.73	\$1,789.86
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$962.29		\$962.29
Member & Spouse/Partner	\$964.21	\$960.37	\$1,924.58
Family	\$964.91	\$1,787.24	\$2,752.15
Parent & Child	\$963.13	\$826.73	\$1,789.86
Aetna HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$944.28		\$944.28
Member & Spouse/Partner	\$946.20	\$942.36	\$1,888.56
Family	\$946.90	\$1,753.74	\$2,700.64
Parent & Child	\$945.12	\$811.24	\$1,756.36
HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$936.59		\$936.59
Member & Spouse/Partner	\$938.51	\$934.67	\$1,873.18
Family	\$939.21	\$1,739.43	\$2,678.64
Parent & Child	\$937.43	\$804.62	\$1,742.05



**Local Monthly Active Group —
Education Employers
Monthly Rates**
Effective 1/1/2019 to 12/31/2019

For employers who offer prescription drugs through the
medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Aetna Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$832.54		\$832.54
Member & Spouse/Partner	\$834.46	\$830.62	\$1,665.08
Family	\$835.16	\$1,545.90	\$2,381.06
Parent & Child	\$833.38	\$715.14	\$1,548.52
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$832.54		\$832.54
Member & Spouse/Partner	\$834.46	\$830.62	\$1,665.08
Family	\$835.16	\$1,545.90	\$2,381.06
Parent & Child	\$833.38	\$715.14	\$1,548.52
Aetna HMO2035 #065 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$819.10		\$819.10
Member & Spouse/Partner	\$821.02	\$817.18	\$1,638.20
Family	\$821.72	\$1,520.91	\$2,342.63
Parent & Child	\$819.94	\$703.59	\$1,523.53
HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$812.47		\$812.47
Member & Spouse/Partner	\$814.39	\$810.55	\$1,624.94
Family	\$815.09	\$1,508.58	\$2,323.67
Parent & Child	\$813.31	\$697.89	\$1,511.20
Aetna Value HD1500 #093 — High Deductible Health Plan with \$1,500 In-Network Deductible			
Single	\$932.49		\$932.49
Member & Spouse/Partner	\$934.41	\$930.57	\$1,864.98
Family	\$935.11	\$1,731.81	\$2,666.92
Parent & Child	\$933.33	\$801.10	\$1,734.43
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible			
Single	\$932.49		\$932.49
Member & Spouse	\$934.41	\$930.57	\$1,864.98
Family	\$935.11	\$1,731.81	\$2,666.92
Parent & Child	\$933.33	\$801.10	\$1,734.43

For copayments and deductibles, please refer to the *Plan Design Charts* on our website at: www.nj.gov/treasury/pensions

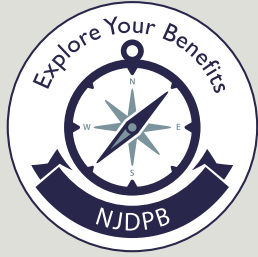


State Health Benefits Program • School Employees' Health Benefits Program
HEALTH BENEFITS CONTRIBUTION — PERCENTAGE OF PREMIUM
For Health Benefit Contributions under P.L. 2011, c.78 (Chapter 78)
SINGLE COVERAGE

Note: The following charts reflect the phase-in of contribution levels for employees employed on the contribution's effective date who will pay 1/4, 1/2, 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, contribute at the highest percentage level (Year 4).

Salary Range	Four Year Phase-In			
	Use dates indicated or as otherwise determined by contract.			
	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				



State Health Benefits Program • School Employees' Health Benefits Program

HEALTH BENEFITS CONTRIBUTION — PERCENTAGE OF PREMIUM

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

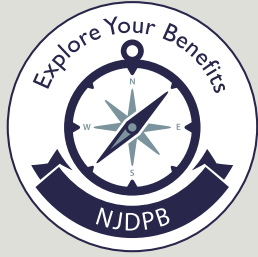
FAMILY COVERAGE

Note: The following charts reflect the phase-in of contribution levels for employees employed on the contribution's effective date who will pay 1/4, 1/2, 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, contribute at the highest percentage level (Year 4).

Salary Range	Four Year Phase-In			
	Use dates indicated or as otherwise determined by contract.			
	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



State Health Benefits Program • School Employees' Health Benefits Program
HEALTH BENEFITS CONTRIBUTION — PERCENTAGE OF PREMIUM
For Health Benefit Contributions under P.L. 2011, c.78 (Chapter 78)
**MEMBER/SPOUSE/PARTNER OR
 PARENT/CHILD COVERAGE**

Note: The following charts reflect the phase-in of contribution levels for employees employed on the contribution's effective date who will pay 1/4, 1/2, 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, contribute at the highest percentage level (Year 4).

Salary Range	Four Year Phase-In			
	Use dates indicated or as otherwise determined by contract.			
	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