



State Health Benefits Program

PERCENTAGE OF PREMIUM CALCULATION CHARTS

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

State Monthly Employees — Not Paid through Centralized Payroll

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		Amount
1.	Use the SHBP 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 (<i>for example: If NJ DIRECT15, Family coverage is \$1,989.27 per month, and your premium percentage is 10.0%; the calculation is \$1,989.27 x 0.10 = \$198.92 per month</i>).	\$
4.	Use the SHBP 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.	\$
7.	Add line #3 and Line #6. (<i>Medical Plan Contribution + Prescription Drug Plan Contribution</i>)	\$
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
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.	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.



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — HEALTH BENEFITS

P.O. Box 295, Trenton, NJ 08625-0295

**HEALTH BENEFITS CONTRIBUTION —
PERCENTAGE OF PREMIUM**

Note: You must use the active or retired members rate charts to first determine the full cost premium for the plan and coverage level you select. Then, use this chart to determine the percentage of the full cost for which you will be responsible.*

Annual Retirement Allowance Range	Single	Member/Spouse/Partner or Parent/Child	Family
Less than \$20,000	4.5%		
Less than \$25,000		3.5%	3%
\$20,000 - \$24,999.99	5.5%		
\$25,000 - \$29,999.99	7.5%	4.5%	4%
\$30,000 - \$34,999.99	10%	6%	5%
\$35,000 - \$39,999.99	11%	7%	6%
\$40,000 - \$44,999.99	12%	8%	7%
\$45,000 - \$49,999.99	14%	10%	9%
\$50,000 - \$54,999.99	20%	15%	12%
\$55,000 - \$59,999.99	23%	17%	14%
\$60,000 - \$64,999.99	27%	21%	17%
\$65,000 - \$69,999.99	29%	23%	19%
\$70,000 - \$74,999.99	32%	26%	22%
\$75,000 - \$79,999.99	33%	27%	23%
\$80,000 - \$84,999.99		28%	24%
\$80,000 - \$94,999.99	34%		
\$85,000 - \$89,999.99			26%
\$85,000 - \$99,999.99		30%	
\$90,000 - \$94,999.99			28%
\$95,000 and over	35%		
\$95,000 - \$99,999.99			29%
\$100,000 and over		35%	
\$100,000 - \$109,999.99			32%
\$110,000 and over			35%

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



**State Monthly Active Group
Monthly Rates**
Effective 1/1/2022 to 12/31/2022

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #203	
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$700.19
Member & Spouse/Partner	\$1,400.38
Family	\$2,002.54
Parent & Child	\$1,302.35
HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$670.86
Member & Spouse/Partner	\$1,341.72
Family	\$1,918.66
Parent & Child	\$1,247.80
PRESCRIPTION DRUG PROGRAM #203	
Single	\$134.01
Member & Spouse/Partner	\$268.02
Family	\$383.27
Parent & Child	\$249.26
Medical Plans Available with Prescription Drug Program #204	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$719.54
Member & Spouse/Partner	\$1,439.08
Family	\$2,057.88
Parent & Child	\$1,338.34
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$715.75
Member & Spouse/Partner	\$1,431.50
Family	\$2,047.05
Parent & Child	\$1,331.30
PRESCRIPTION DRUG PROGRAM #204	
Single	\$132.70
Member & Spouse/Partner	\$265.40
Family	\$379.52
Parent & Child	\$246.82
Medical Plans Available with Prescription Drug Program #205	
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$680.59
Member & Spouse/Partner	\$1,361.18
Family	\$1,946.49
Parent & Child	\$1,265.90
PRESCRIPTION DRUG PROGRAM #205	
Single	\$121.54
Member & Spouse/Partner	\$243.08
Family	\$347.60
Parent & Child	\$226.06

* Members hired before July 1, 2019, will be enrolled in NJ DIRECT. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019.



**State Monthly Active Group
Monthly Rates**
Effective 1/1/2022 to 12/31/2022

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #206	
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$639.97
Member & Spouse/Partner	\$1,279.94
Family	\$1,830.31
Parent & Child	\$1,190.34
PRESCRIPTION DRUG PROGRAM #206	
Single	\$123.71
Member & Spouse/Partner	\$247.42
Family	\$353.81
Parent & Child	\$230.10
Medical Plans Available with Prescription Drug Program #207	
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$550.38
Member & Spouse/Partner	\$1,100.76
Family	\$1,574.09
Parent & Child	\$1,023.71
PRESCRIPTION DRUG PROGRAM #207	
Single	\$111.34
Member & Spouse/Partner	\$222.68
Family	\$318.43
Parent & Child	\$207.09
Medical Plans Available with Prescription Drug Program #209	
OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1	
Single	\$525.57
Member & Spouse/Partner	\$1,051.14
Family	\$1,503.13
Parent & Child	\$977.56
PRESCRIPTION DRUG PROGRAM #209	
Single	\$117.02
Member & Spouse/Partner	\$234.04
Family	\$334.68
Parent & Child	\$217.66



**State Monthly Active Group
Monthly Rates**
Effective 1/1/2022 to 12/31/2022

PLAN/COVERAGE DESCRIPTION	TOTAL
High Deductible Health Plans with Built In Prescription Drug	
NJ DIRECT HD4000 #090 — <i>High Deductible Health Plan with \$4,000 In-Network Deductible</i>	
Single	\$438.24
Member & Spouse/Partner	\$876.48
Family	\$1,253.37
Parent & Child	\$815.13
NJ DIRECT HD1500 #091 — <i>High Deductible Health Plan with \$1,500 In-Network Deductible</i>	
Single	\$649.95
Member & Spouse/Partner	\$1,299.90
Family	\$1,858.86
Parent & Child	\$1,208.91

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