

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 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 \$825.56 per pay period, and your premium percentage is 10.0%; the calculation is $\\$825.56 \times 0.10 = \\82.56 per pay period.)</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	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 26 pay periods.	÷ 26	÷ 26
12.	This is the minimum biweekly amount you are required to contribute.	\$	\$
Your Health Benefit 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 Biweekly 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 AND BENEFITS

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SHBP PLAN PREMIUM RATE CHART

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #203	
AETNA FREEDOM15 #180	
Single	\$320.16
Member & Spouse/Partner	\$640.32
Family	\$915.65
Parent & Child	\$595.49
NJ DIRECT15 #150	
Single	\$320.16
Member & Spouse/Partner	\$640.32
Family	\$915.65
Parent & Child	\$595.49
AETNA HMO #005	
Single	\$309.85
Member & Spouse/Partner	\$619.70
Family	\$886.17
Parent & Child	\$576.32
HORIZON HMO #011	
Single	\$306.74
Member & Spouse/Partner	\$613.49
Family	\$877.29
Parent & Child	\$570.55
PRESCRIPTION DRUG PROGRAM #203	
Single	\$87.78
Member & Spouse/Partner	\$175.57
Family	\$251.06
Parent & Child	\$163.27
Medical Plans Available with Prescription Drug Program #205	
AETNA FREEDOM1525 #063	
Single	\$311.19
Member & Spouse/Partner	\$622.38
Family	\$890.01
Parent & Child	\$578.82
NJ DIRECT1525 #051	
Single	\$311.19
Member & Spouse/Partner	\$622.38
Family	\$890.01
Parent & Child	\$578.82
AETNA LIBERTY PLAN #067	
Single	\$240.11
Member & Spouse/Partner	\$480.23
Family	\$686.74
Parent & Child	\$446.62
OMNIA HEALTH PLAN #057	
Single	\$240.11
Member & Spouse/Partner	\$480.23
Family	\$686.74
Parent & Child	\$446.62
PRESCRIPTION DRUG PROGRAM #205	
Single	\$79.61
Member & Spouse/Partner	\$159.24
Family	\$227.70
Parent & Child	\$148.08

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SHBP PLAN PREMIUM RATE CHART

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #206	
AETNA FREEDOM2030 #064	
Single	\$292.62
Member & Spouse/Partner	\$585.25
Family	\$836.91
Parent & Child	\$544.28
NJ DIRECT2030 #052	
Single	\$292.62
Member & Spouse/Partner	\$585.25
Family	\$836.91
Parent & Child	\$544.28
PRESCRIPTION DRUG PROGRAM #206	
Single	\$81.03
Member & Spouse/Partner	\$162.05
Family	\$231.74
Parent & Child	\$150.71
Medical Plans Available with Prescription Drug Program #207	
AETNA FREEDOM2035 #066	
Single	\$251.65
Member & Spouse/Partner	\$503.30
Family	\$719.73
Parent & Child	\$468.07
NJ DIRECT2035 #056	
Single	\$251.65
Member & Spouse/Partner	\$503.30
Family	\$719.73
Parent & Child	\$468.07
PRESCRIPTION DRUG PROGRAM #207	
Single	\$72.93
Member & Spouse/Partner	\$145.85
Family	\$208.59
Parent & Child	\$135.65

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SHBP PLAN PREMIUM RATE CHART

PLAN/COVERAGE DESCRIPTION	TOTAL
High Deductible Health Plans with Built In Prescription Drug	
AETNA VALUE HD4000 #092 Single Member & Spouse/Partner Family Parent & Child	\$216.54 \$433.10 \$619.32 \$402.78
NJ DIRECT HD4000 #090 Single Member & Spouse/Partner Family Parent & Child	\$216.54 \$433.10 \$619.32 \$402.78
AETNA VALUE HD1500 #093 Single Member & Spouse/Partner Family Parent & Child	\$321.16 \$642.32 \$918.53 \$597.36
NJ DIRECT HD1500 #091 Single Member & Spouse/Partner Family Parent & Child	\$321.16 \$642.32 \$918.53 \$597.36

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

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

STATE HEALTH BENEFITS PROGRAM

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).

**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