

SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM
PERCENTAGE OF PREMIUM CALCULATION CHARTS
 For Health Benefit Contributions under Chapter 78, P.L. 2011
 (Local Education Employees)

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

Calculate Premium Percentages		
1.	Use the SEHBP Premium Rate Charts and enter the premium amount for your SHBP Medical Plan at your selected Level of Coverage.	\$
2.	Use the Percentage of Premium Charts 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 \$1,189.54 per month, and your premium percentage is 10.0%; the calculation is \$1,189.54 X 0.10 = \$118.95 per month.)</i>		
4.	Use the SEHBP Premium Rate Charts or employer-provided rate, and enter any premium for a Prescription Drug Plan at your selected Level of Coverage. <i>(If Prescription Drug is combined with the SEHBP Medical Plan, go to Line #7.)</i>	\$
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 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 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 AND BENEFITS
SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM
SEHBP PLAN PREMIUM RATE CHART

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(FOR EMPLOYERS WHO OFFER THE EMPLOYEE PRESCRIPTION DRUG PLAN OR A PRIVATE PLAN)

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LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS
MONTHLY RATES EFFECTIVE 1/1/2012 to 12/31/2012

PLAN/COVERAGE DESCRIPTION	MONTHLY TOTAL
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #201	
<u>NJ DIRECT15 - #150(1)</u>	
Single	\$534.58
Member & Spouse/Partner	\$1,069.16
Family	\$1,336.45
Parent & Child	\$791.18
<u>NJ DIRECT10 - #050(1)</u>	
Single	\$561.55
Member & Spouse/Partner	\$1,123.10
Family	\$1,403.88
Parent & Child	\$831.09
<u>AETNA, INC. - #019(1)</u>	
Single	\$547.56
Member & Spouse/Partner	\$1,095.12
Family	\$1,368.90
Parent & Child	\$810.39
<u>CIGNA HealthCare HMO - #020(1)</u>	
Single	\$550.57
Member & Spouse/Partner	\$1,101.14
Family	\$1,376.43
Parent & Child	\$814.84
<u>PRESCRIPTION DRUG PROGRAM - #201</u>	
Single	\$153.82
Member & Spouse/Partner	\$307.64
Family	\$384.55
Parent & Child	\$227.65
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #205	
<u>NJ DIRECT1525 #051(2)</u>	
Single	\$518.82
Member & Spouse/Partner	\$1,037.64
Family	\$1,297.06
Parent & Child	\$767.85
<u>AETNA 1525 #061(2)</u>	
Single	\$505.62
Member & Spouse/Partner	\$1,011.23
Family	\$1,264.04
Parent & Child	\$748.31
<u>CIGNA 1525 #071(2)</u>	
Single	\$508.40
Member & Spouse/Partner	\$1,016.79
Family	\$1,271.00
Parent & Child	\$752.42
<u>PRESCRIPTION DRUG PROGRAM #205</u>	
Single	\$139.51
Member & Spouse/Partner	\$279.03
Family	\$348.79
Parent & Child	\$206.48

1) Subscribers in #150 are subject to \$15 Primary Care and \$15 Specialist office visit copayment and are eligible for Prescription Drug Plan #201. Subscribers in #050, #019, & #020 are subject to \$10 Primary Care and \$10 Specialist office visit copayment and are eligible for Prescription Drug Plan #201.

2) Subscribers in #051, #061, & #071 are subject to \$15 Primary Care and \$25 Specialist office visit copayment and are eligible for Prescription Drug Plan #205

3) Subscribers in #052, #062, & #072 are subject to \$20 Primary Care and \$30 adult/\$20 child Specialist office visit copayment and are eligible for Prescription Drug Plan #206

4) Subscribers in High Deductible Plans #91, #93, #95 are subject to \$1,500 In-Network deductible

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM
SEHBP PLAN PREMIUM RATE CHART

(FOR EMPLOYERS WHO OFFER THE EMPLOYEE PRESCRIPTION DRUG PLAN OR A PRIVATE PLAN)

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LOCAL MONTHLY ACTIVE GROUP - LOCAL EDUCATION EMPLOYERS
MONTHLY RATES EFFECTIVE 1/1/2012 to 12/31/2012

PLAN/COVERAGE DESCRIPTION	MONTHLY TOTAL
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #206	
<u>NJ DIRECT2030 #052(3)</u>	
Single	\$487.59
Member & Spouse/Partner	\$975.19
Family	\$1,218.99
Parent & Child	\$721.64
<u>AETNA 2030 #062(3)</u>	
Single	\$475.45
Member & Spouse/Partner	\$950.89
Family	\$1,188.62
Parent & Child	\$703.66
<u>CIGNA 2030 #072(3)</u>	
Single	\$478.06
Member & Spouse/Partner	\$956.12
Family	\$1,195.15
Parent & Child	\$707.53
<u>PRESCRIPTION DRUG PROGRAM #206</u>	
Single	\$141.98
Member & Spouse/Partner	\$283.95
Family	\$354.94
Parent & Child	\$210.12
HIGH DEDUCTIBLE HEALTH PLANS WITH BUILT IN PRESCRIPTION DRUG	
<u>NJ DIRECT HD1500 #091(4)</u>	
Single	\$583.32
Member & Spouse/Partner	\$1,166.63
Family	\$1,458.29
Parent & Child	\$863.30
<u>AETNA HD1500 #093(4)</u>	
Single	\$571.91
Member & Spouse/Partner	\$1,143.82
Family	\$1,429.77
Parent & Child	\$846.42
<u>CIGNA HD1500 #095 (4)</u>	
Single	\$574.36
Member & Spouse/Partner	\$1,148.72
Family	\$1,435.91
Parent & Child	\$850.05

1) Subscribers in #150 are subject to \$15 Primary Care and \$15 Specialist office visit copayment and are eligible for Prescription Drug Plan #201. Subscribers in #050, #019, & #020 are subject to \$10 Primary Care and \$10 Specialist office visit copayment and are eligible for Prescription Drug Plan #201.

2) Subscribers in #051, #061, & #071 are subject to \$15 Primary Care and \$25 Specialist office visit copayment and are eligible for Prescription Drug Plan #205

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STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM
SEHBP PLAN PREMIUM RATE CHART

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(FOR EMPLOYERS WHO OFFER PRESCRIPTION DRUGS THROUGH THE SHBP BASED ON THE MEDICAL PLAN THE
 SUBSCRIBER IS ENROLLED.)

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LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS
MONTHLY RATES EFFECTIVE 1/1/2012 to 12/31/2012

PLAN/COVERAGE DESCRIPTION	MONTHLY TOTAL
<u>NJ DIRECT15 - #150 WITH PRESCRIPTION DRUG #211(1)</u>	
Single	\$641.49
Member & Spouse/Partner	\$1,282.98
Family	\$1,603.73
Parent & Child	\$949.41
<u>NJ DIRECT10 - #050 WITH PRESCRIPTION DRUG #210(1)</u>	
Single	\$673.85
Member & Spouse/Partner	\$1,347.70
Family	\$1,684.63
Parent & Child	\$997.30
<u>AETNA, INC. - #019 WITH PRESCRIPTION DRUG #212(1)</u>	
Single	\$695.41
Member & Spouse/Partner	\$1,390.82
Family	\$1,738.53
Parent & Child	\$1,029.21
<u>CIGNA HealthCare HMO - #020 WITH PRESCRIPTION DRUG #213(1)</u>	
Single	\$699.22
Member & Spouse/Partner	\$1,398.44
Family	\$1,748.05
Parent & Child	\$1,034.85
<u>NJ DIRECT1525 #051(2)</u>	
Single	\$658.33
Member & Spouse/Partner	\$1,316.67
Family	\$1,645.85
Parent & Child	\$974.33
<u>AETNA 1525 #061(2)</u>	
Single	\$645.13
Member & Spouse/Partner	\$1,290.26
Family	\$1,612.83
Parent & Child	\$954.79
<u>CIGNA 1525 #071(2)</u>	
Single	\$647.91
Member & Spouse/Partner	\$1,295.82
Family	\$1,619.79
Parent & Child	\$958.90

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STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
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SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM
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LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS
MONTHLY RATES EFFECTIVE 1/1/2012 to 12/31/2012

PLAN/COVERAGE DESCRIPTION	MONTHLY TOTAL
<u>NJ DIRECT2030 #052(3)</u>	
Single	\$629.57
Member & Spouse/Partner	\$1,259.14
Family	\$1,573.93
Parent & Child	\$931.76
<u>AETNA 2030 #062(3)</u>	
Single	\$617.43
Member & Spouse/Partner	\$1,234.84
Family	\$1,543.56
Parent & Child	\$913.78
<u>CIGNA 2030 #072(3)</u>	
Single	\$620.04
Member & Spouse/Partner	\$1,240.07
Family	\$1,550.09
Parent & Child	\$917.65
<u>NJ DIRECT HD1500 #091(4)</u>	
Single	\$583.32
Member & Spouse/Partner	\$1,166.63
Family	\$1,458.29
Parent & Child	\$863.30
<u>AETNA HD1500 #093(4)</u>	
Single	\$571.91
Member & Spouse/Partner	\$1,143.82
Family	\$1,429.77
Parent & Child	\$846.42
<u>CIGNA HD1500 #095 (4)</u>	
Single	\$574.36
Member & Spouse/Partner	\$1,148.72
Family	\$1,435.91
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4) Subscribers in High Deductible Plans #91, #93, #95 are subject to \$1,500 In-Network deductible

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
SCHOOL EMPLOYEES' 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) — unless hired into a position covered by a Collective Negotiations Agreement that has not expired as of the employee's date of hire.

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

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM

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

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM

**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