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### School Employees' Health Benefits Program

## PERCENTAGE OF PREMIUM CALCULATOR FOR PLAN YEAR 2012

### HEALTH BENEFIT CONTRIBUTION REQUIREMENT UNDER CHAPTER 78, P.L. 2011

This is the **Full Rate** Calculator for Local Education Employees

Go to [other Contribution Calculators](#) for Local Education Employees

[Printable Worksheet](#) Adobe PDF (119K)

**Use this calculator to find your estimated Full Health Benefit Contribution**

All calculations use the SEHBP plan rates effective January - December 2012.

**STEP ONE  ENTER YOUR ANNUAL SALARY**

**Annual Salary:** \$ .00

Enter your annual salary to the nearest dollar.  
Use numbers only - No commas. Do not include overtime, bonuses, etc.

**STEP TWO  SELECT YOUR MEDICAL PLAN AND LEVEL OF COVERAGE**

**NJ DIRECT15**

- Single Coverage
- Member & Spouse/Partner\* Coverage

	<input type="radio"/> Family Coverage <input type="radio"/> Parent Child(ren) Coverage
<b>NJ DIRECT10</b>	<input type="radio"/> Single Coverage <input type="radio"/> Member & Spouse/Partner* Coverage <input type="radio"/> Family Coverage <input type="radio"/> Parent Child(ren) Coverage
<b>Aetna HMO</b>	<input type="radio"/> Single Coverage <input type="radio"/> Member & Spouse/Partner* Coverage <input type="radio"/> Family Coverage <input type="radio"/> Parent Child(ren) Coverage
<b>CIGNA HealthCare HMO</b>	<input type="radio"/> Single Coverage <input type="radio"/> Member & Spouse/Partner* Coverage <input type="radio"/> Family Coverage <input type="radio"/> Parent Child(ren) Coverage
<b>NJ DIRECT1525</b>	<input type="radio"/> Single Coverage <input type="radio"/> Member & Spouse/Partner* Coverage <input type="radio"/> Family Coverage <input type="radio"/> Parent Child(ren) Coverage
<b>Aetna 1525</b>	<input type="radio"/> Single Coverage <input type="radio"/> Member & Spouse/Partner* Coverage <input type="radio"/> Family Coverage <input type="radio"/> Parent Child(ren) Coverage
<b>CIGNA 1525</b>	<input type="radio"/> Single Coverage <input type="radio"/> Member & Spouse/Partner* Coverage <input type="radio"/> Family Coverage <input type="radio"/> Parent Child(ren) Coverage

**NJ  
DIRECT2030**

- Single Coverage
- Member & Spouse/Partner\* Coverage
- Family Coverage
- Parent Child(ren) Coverage

**Aetna 2030**

- Single Coverage
- Member & Spouse/Partner\* Coverage
- Family Coverage
- Parent Child(ren) Coverage

**CIGNA 2030**

- Single Coverage
- Member & Spouse/Partner\* Coverage
- Family Coverage
- Parent Child(ren) Coverage

**NJ DIRECT  
HD1500**

- Single Coverage
- Member & Spouse/Partner\* Coverage
- Family Coverage
- Parent Child(ren) Coverage

**Aetna HD1500**

- Single Coverage
- Member & Spouse/Partner\* Coverage
- Family Coverage
- Parent Child(ren) Coverage

**CIGNA HD1500**

- Single Coverage
- Member & Spouse/Partner\* Coverage
- Family Coverage
- Parent Child(ren) Coverage

**STEP THREE  SELECT YOUR EMPLOYER'S PRESCRIPTION PLAN DESIGN**

- SEHBP Employee Prescription Drug Plan**  **Select Level of Coverage.**  
**Select Level of Coverage**

- Single Coverage
- Member & Spouse/Partner\* Coverage
- Family Coverage
- Parent Child(ren) Coverage

**Separate Non-SEHBP Prescription Drug Plan**  **Select Level of Coverage and enter Monthly Premium.**  
**Select Level of Coverage**

- Single Coverage
- Member & Spouse/Partner\* Coverage
- Family Coverage
- Parent Child(ren) Coverage

\$ .00 **Enter monthly drug plan premium amount to the nearest dollar.**  
Numbers only - No commas.

**High Deductible (HD) Health Plan**  SEHBP Prescription Drug Coverage is included in High Deductible Health Plan costs

**Prescription Drug coverage included with your SEHBP Medical Plan**  Plans *other than* High Deductible Health Plans.

**No Prescription Plan**  Check here if *not* covered by a Prescription Drug Plan

\***Partner** means a Civil Union Partner or an eligible same-sex Domestic Partner as defined under Chapter 246, P.L. 2003, the Domestic Partnership Act.

**STEP FOUR**  **CALCULATE YOUR CONTRUBUTION**

**To see your Health Benefit Contribution, click the "Calculate Contributon" button**

Calculate Contribution

**Note:** this calculator is for informational purposes only. All calculations are estimates and may differ from the actual amounts deducted from payroll.

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