

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

FH-0278-0810X GREEN

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

LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS
RATES EFFECTIVE 1/1/2011 to 12/31/2011

PLAN/COVERAGE DESCRIPTION	MONTHLY TOTAL
<u>NJ DIRECT15 - #150</u>	
Single	\$475.83
Member & Spouse/Partner	\$1,070.58
Family	\$1,189.54
Parent & Child	\$666.14
<u>NJ DIRECT10 - #050</u>	
Single	\$499.83
Member & Spouse/Partner	\$1,124.59
Family	\$1,249.56
Parent & Child	\$699.73
<u>AETNA, INC. - #019</u>	
Single	\$487.38
Member & Spouse/Partner	\$1,096.61
Family	\$1,218.47
Parent & Child	\$682.34
<u>CIGNA HealthCare HMO - #020</u>	
Single	\$490.05
Member & Spouse/Partner	\$1,102.63
Family	\$1,225.14
Parent & Child	\$686.08
<u>PRESCRIPTION DRUG PROGRAM - #201</u>	
Single	\$135.20
Member & Spouse/Partner	\$304.20
Family	\$338.00
Parent & Child	\$189.28

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

FH-0279-0810X PINK

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

LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS
RATES EFFECTIVE 1/1/2011 to 12/31/2011

PLAN/COVERAGE DESCRIPTION	MONTHLY TOTAL
<u>NJ DIRECT15 - #150 WITH PRESCRIPTION DRUG #211¹</u>	
Single	\$570.98
Member & Spouse/Partner	\$1,284.69
Family	\$1,427.44
Parent & Child	\$799.36
<u>NJ DIRECT10 - #050 WITH PRESCRIPTION DRUG #210¹</u>	
Single	\$599.79
Member & Spouse/Partner	\$1,349.50
Family	\$1,499.46
Parent & Child	\$839.69
<u>AETNA, INC. - #019 WITH PRESCRIPTION DRUG #212²</u>	
Single	\$618.98
Member & Spouse/Partner	\$1,392.71
Family	\$1,547.46
Parent & Child	\$866.57
<u>CIGNA HealthCare HMO - #020 WITH PRESCRIPTION DRUG #213²</u>	
Single	\$622.37
Member & Spouse/Partner	\$1,400.36
Family	\$1,555.95
Parent & Child	\$871.33

¹ Subscribers in NJ DIRECT10 and NJ DIRECT15 are provided drug reimbursement plan administered by Medco.

² Subscribers in Aetna HMO or CIGNA HealthCare HMO are provided a three tier copayment benefit administered by Medco.

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
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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
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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