

**PERCENTAGE OF PREMIUM CALCULATION CHART**

STATE OF NEW JERSEY - DEPARTMENT OF THE TREASURY

DIVISION OF PENSIONS AND BENEFITS

STATE HEALTH BENEFITS PLAN

For Health Benefit Contributions under NJ P.L. 2011, Chapter 78 & NJ P.L. 2020, Chapter 44

(Local Government Employees)

Rates effective from:

1/01/2021 through 06/30/2021

NJ STATE HEALTH BENEFIT RATES:

(MONTHLY PREMIUMS)

CALCULATE PREMIUM PERCENTAGES		
<b>STEP 1</b>	Enter your combined premium amounts for your <i>Medical Plan</i> and <i>Prescription Plan</i> at your selected level of coverage.	
<b>STEP 2</b>	Multiply the premium amount in box 1 by 12 = <i>Annual Premium</i> .	
<b>STEP 3</b>	Use the <i>Percentage on the Premiums Sharing Chart</i> below to find your level of coverage for your salary range & percentage of premium amount due. (Chapter 78 for NJ Direct10/Direct15 - Chapter 44 for NJEHP)	%
<b>STEP 4a</b>	Calculate your <i>Medical and Prescription Plan</i> Contribution: Multiply the Annual premium (Step 2) by the percentage premium rate (Step 3).	
<b>STEP 4b</b>	Divide the amount on Step 4a by 20 (pay periods) for 10-month or 24 (pay periods) for 12-month employees to find your bi-weekly <i>Medical Plan Contribution</i> .	
CALCULATE MINIMUM REQUIRED CONTRIBUTION: 1.5% of annual salary		
<b>STEP 5</b>	Enter your total Contracted Annual Salary.	\$
<b>STEP 6</b>	Multiply your Contracted Annual Salary by 1.5% (annual salary x 0.015).	0.015
<b>STEP 7</b>	This is your 1.5% <i>Minimum Annual Percentage of Salary</i> .	\$
<b>STEP 8</b>	Divide amount on line 7 by 20 or 24 ( <i>pays-10/12 month</i> ) . <i>Min. pymt required</i>	\$
YOUR HEALTH BENEFITS CONTRIBUTION EACH PAY PERIOD		
<b>STEP 9</b>	Enter the amount on line 4b or Line 8, whichever is the larger amount. <i>This is your Employee's Share of Premium Deduction due per pay check</i> .	\$

<b>\$10-Primary Care</b>	NJ DIRECT10
<b>Co-payment</b>	OPTUMRx
Single:	\$ 1,057.99
Member/Spouse:	\$ 2,115.97
Family:	\$ 3,025.84
Parent/Child(ren):	\$ 1,967.85

<b>\$15-Primary Care</b>	NJ DIRECT15
<b>Co-payment</b>	OPTUMRx
Single:	\$ 1,016.23
Member/Spouse:	\$ 2,032.45
Family:	\$ 2,906.41
Parent/Child(ren):	\$ 1,890.18

<b>\$10-Primary Care</b>	NJ EDUCATORS
<b>\$15-Specialist Care</b>	HEALTH PLAN
<b>Co-payment</b>	OPTUMRx
Single:	\$ 917.59
Member/Spouse:	\$ 1,835.19
Family:	\$ 2,624.31
Parent/Child(ren):	\$ 1,706.73

**P.L.Chapter78**

**P.L.Chapter44**

PREMIUM SHARING CHART-NJ Direct10/15		MEMBER/SPOUSE	
ANNUAL SALARY	FAMILY	PARENT/CHILD	SINGLE
<b>Under</b> - \$20,000	-	-	4.50%
\$20,000 - \$24,999	-	-	5.50%
<b>Under</b> - \$25,000	3.00%	3.50%	5.50%
\$25,000 - \$29,999	4.00%	4.50%	7.50%
\$30,000 - \$34,999	5.00%	6.00%	10.00%
\$35,000 - \$39,999	6.00%	7.00%	11.00%
\$40,000 - \$44,999	7.00%	8.00%	12.00%
\$45,000 - \$49,999	9.00%	10.00%	14.00%
\$50,000 - \$54,999	12.00%	15.00%	20.00%
\$55,000 - \$59,999	14.00%	17.00%	23.00%
\$60,000 - \$64,999	17.00%	21.00%	27.00%
\$65,000 - \$69,999	19.00%	23.00%	29.00%
\$70,000 - \$74,999	22.00%	26.00%	32.00%
\$75,000 - \$79,999	23.00%	27.00%	33.00%
\$80,000 - \$84,999	24.00%	28.00%	34.00%
\$85,000 - \$89,999	26.00%	30.00%	34.00%
\$90,000 - \$94,999	28.00%	30.00%	34.00%
\$95,000 - \$99,999	29.00%	30.00%	35.00%
\$100,000 - \$104,999	32.00%	35.00%	35.00%
\$105,000 - \$109,999	32.00%	35.00%	35.00%
\$110,000 - <b>Over</b>	35.00%	35.00%	35.00%

PREMIUM SHARING CHART - NJEHP			MEMBER/SPOUSE	
ANNUAL SALARY	FAMILY	PARENT/CHILD	SINGLE	
<b>Under</b> - \$40,000	3.3%	M/S: 2.8% - P/C:2.2%	1.7%	
\$40,000 - \$50,000	3.9%	M/S: 3.3% - P/C:2.5%	1.9%	
\$50,000 - \$60,000	4.4%	M/S: 3.9% - P/C:2.8%	2.2%	
\$60,000 - \$70,000	5.0%	M/S: 4.4% - P/C:3.0%	2.5%	
\$70,000 - \$80,000	5.5%	M/S: 5.0% - P/C:3.3%	2.8%	
\$80,000 - \$90,000	6.0%	M/S: 5.5% - P/C:3.6%	3.0%	
\$90,000 - \$100,000	6.6%	M/S: 6.0% - P/C:3.9%	3.3%	
\$100,000 - \$125,000	7.2%	M/S: 6.6% - P/C:4.4%	3.6%	
<b>More than</b> - \$125,000	7.2%	M/S: 6.6% - P/C:4.4%	3.6%	

**THERE IS NO CHARGE TO EMPLOYEES FOR DENTAL & VISION COVERAGE. THIS IS FOR INFORMATIONAL PURPOSES ONLY:**

	DELTAL	VSP Vision Monthly Rates Flat Rate for all:
	DENTAL	
	MONTHLY	
	PREMIUM	
	RATES	
Single:	\$ 43.14	\$ 15.77
Member/Spouse:	\$ 72.80	
Parent/Child:	\$ 72.80	
Parent/Children:	\$ 124.86	
Family:	\$ 124.86	