

# 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

(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..	%
<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>Minimum pay requiremt.</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>	\$

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

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

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

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

THERE IS NO CHARGE TO EMPLOYEES FOR THE FOLLOWING COVERAGE. IT IS FOR INFORMATIONAL PURPOSES ONLY:

	DELTA DENTAL MONTHLY PREMIUM RATES
Single:	\$ 43.14
Member/Spouse:	\$ 72.80
Parent/Child:	\$ 72.80
Parent/Children:	\$ 124.86
Family:	\$ 124.86

	VSP Vision Monthly Rates
Flat Rate for all:	\$ 15.77