

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		CURRENT YEAR PHASE-IN AMOUNT	NEXT YEAR PHASE-IN AMOUNT
1.	Use the SEHBP Premium Rate Charts and enter the premium amount for your SEHBP 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 \$1,336.45 per month, and your premium percentage is 10.0%; the calculation is \$1,336.45 X 0.10 = \$133.64 per month.)</i>			
4.	Use the SEHBP Premium Rate Charts or an 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	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
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

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

LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS
MONTHLY RATES EFFECTIVE 1/1/2013 to 12/31/2013

PLAN/COVERAGE DESCRIPTION	TOTAL
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #201	
<u>AETNA FREEDOM10 #018(1)</u>	
Single	\$649.40
Member & Spouse/Partner	\$1,298.81
Family	\$1,662.46
Parent & Child	\$1,013.06
<u>NJ DIRECT10 - #050(1)</u>	
Single	\$642.97
Member & Spouse/Partner	\$1,285.95
Family	\$1,646.00
Parent & Child	\$1,003.03
<u>AETNA FREEDOM15 #180(1)</u>	
Single	\$618.21
Member & Spouse/Partner	\$1,236.43
Family	\$1,582.62
Parent & Child	\$964.41
<u>NJ DIRECT15 - #150(1)</u>	
Single	\$612.09
Member & Spouse/Partner	\$1,224.19
Family	\$1,566.95
Parent & Child	\$954.86
<u>AETNA HMO #019(1)</u>	
Single	\$602.32
Member & Spouse/Partner	\$1,204.63
Family	\$1,541.94
Parent & Child	\$939.62
<u>HORIZON HMO #011(1)</u>	
Single	\$596.30
Member & Spouse/Partner	\$1,192.58
Family	\$1,526.53
Parent & Child	\$930.23
<u>PRESCRIPTION DRUG PROGRAM - #201</u>	
Single	\$163.05
Member & Spouse/Partner	\$326.10
Family	\$417.41
Parent & Child	\$254.36
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #205	
<u>AETNA FREEDOM1525 #063(2)</u>	
Single	\$599.99
Member & Spouse/Partner	\$1,199.98
Family	\$1,535.97
Parent & Child	\$935.98
<u>NJ DIRECT1525 #051(2)</u>	
Single	\$594.05
Member & Spouse/Partner	\$1,188.10
Family	\$1,520.77
Parent & Child	\$926.72
<u>AETNA HMO1525 #061(2)</u>	
Single	\$556.18
Member & Spouse/Partner	\$1,112.35
Family	\$1,423.82
Parent & Child	\$867.64
<u>HORIZON HMO1525 #053(2)</u>	
Single	\$550.62
Member & Spouse/Partner	\$1,101.23
Family	\$1,409.59
Parent & Child	\$858.97
<u>PRESCRIPTION DRUG PROGRAM #205</u>	
Single	\$147.88
Member & Spouse/Partner	\$295.77
Family	\$378.57
Parent & Child	\$230.69

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

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

MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #206	
<u>AETNA FREEDOM2030 #064(3)</u>	
Single	\$563.87
Member & Spouse/Partner	\$1,127.76
Family	\$1,443.51
Parent & Child	\$879.64
<u>NJ DIRECT2030 #052(3)</u>	
Single	\$558.29
Member & Spouse/Partner	\$1,116.59
Family	\$1,429.22
Parent & Child	\$870.93
<u>AETNA HMO2030 #062(3)</u>	
Single	\$523.00
Member & Spouse/Partner	\$1,045.98
Family	\$1,338.88
Parent & Child	\$815.88
<u>HORIZON HMO2030 #054(3)</u>	
Single	\$517.77
Member & Spouse/Partner	\$1,035.52
Family	\$1,325.49
Parent & Child	\$807.72
<u>PRESCRIPTION DRUG PROGRAM #206</u>	
Single	\$150.50
Member & Spouse/Partner	\$300.99
Family	\$385.28
Parent & Child	\$234.78
HIGH DEDUCTIBLE HEALTH PLANS WITH BUILT IN PRESCRIPTION DRUG	
<u>AETNA VALUE HD1500 #093(5)</u>	
Single	\$633.21
Member & Spouse/Partner	\$1,291.42
Family	\$1,660.01
Parent & Child	\$1,001.80
<u>NJ DIRECT HD1500 #091(5)</u>	
Single	\$630.51
Member & Spouse/Partner	\$1,286.00
Family	\$1,653.10
Parent & Child	\$997.59

1) Subscribers in # 150 & #180 are subject to \$15 Primary Care and \$15 Specialist office visit copayment and are eligible for Prescription Drug Plan #201. Subscribers in #050, #018, #019 and #011 are subject to a \$10 primary care and \$10 specialist office visit copayment and are eligible for Prescription Drug Plan #201

2) Subscribers in #051, #061, #053 & #063 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, #054 & #064 are subject to \$20 Primary Care and \$30 adult/\$20 child Specialist office visit copayment and are eligible for Prescription Drug Plan #206

4) For Horizon HMO Plans #011, #053 and #054 service area is limited to New Jersey, Delaware, and parts of Pennsylvania and New York;

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

6) For Subscribers in High Deductible Plans #093 and #091, employer required to contribute \$300 annually to Health Savings Account

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 PRESCRIPTION DRUGS THROUGH THE SHBP BASED ON THE MEDICAL PLAN THE
SUBSCRIBER IS ENROLLED.)

LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS
MONTHLY RATES EFFECTIVE 1/1/2013 to 12/31/2013

PLAN/COVERAGE DESCRIPTION	TOTAL
<u>AETNA FREEDOM10 #018(1)</u>	
Single	\$806.12
Member & Spouse/Partner	\$1,612.25
Family	\$2,063.66
Parent & Child	\$1,257.54
<u>NJ DIRECT10 - #050(1)</u>	
Single	\$762.01
Member & Spouse/Partner	\$1,524.03
Family	\$1,950.74
Parent & Child	\$1,188.73
<u>AETNA FREEDOM15 #180(1)</u>	
Single	\$774.93
Member & Spouse/Partner	\$1,549.87
Family	\$1,983.82
Parent & Child	\$1,208.89
<u>NJ DIRECT15 - #150(1)</u>	
Single	\$725.41
Member & Spouse/Partner	\$1,450.84
Family	\$1,857.05
Parent & Child	\$1,131.64
<u>AETNA HMO #019(1)</u>	
Single	\$759.04
Member & Spouse/Partner	\$1,518.07
Family	\$1,943.14
Parent & Child	\$1,184.10
<u>HORIZON HMO #011(1)</u>	
Single	\$753.02
Member & Spouse/Partner	\$1,506.02
Family	\$1,927.73
Parent & Child	\$1,174.71
<u>AETNA FREEDOM1525 #063(2)</u>	
Single	\$706.18
Member & Spouse/Partner	\$1,412.36
Family	\$1,807.82
Parent & Child	\$1,101.64
<u>NJ DIRECT1525 #051(2)</u>	
Single	\$700.24
Member & Spouse/Partner	\$1,400.48
Family	\$1,792.62
Parent & Child	\$1,092.38
<u>AETNA HMO1525 #061(2)</u>	
Single	\$704.06
Member & Spouse/Partner	\$1,408.12
Family	\$1,802.39
Parent & Child	\$1,098.33
<u>HORIZON HMO1525 #053(2)</u>	
Single	\$698.50
Member & Spouse/Partner	\$1,397.00
Family	\$1,788.16
Parent & Child	\$1,089.66

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LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS
MONTHLY RATES EFFECTIVE 1/1/2013 to 12/31/2013

PLAN/COVERAGE DESCRIPTION	TOTAL
<u>AETNA FREEDOM2030 #064(3)</u>	
Single	\$670.06
Member & Spouse/Partner	\$1,340.14
Family	\$1,715.36
Parent & Child	\$1,045.30
<u>NJ DIRECT2030 #052(3)</u>	
Single	\$664.48
Member & Spouse/Partner	\$1,328.97
Family	\$1,701.07
Parent & Child	\$1,036.59
<u>AETNA HMO2030 #062(3)</u>	
Single	\$673.50
Member & Spouse/Partner	\$1,346.97
Family	\$1,724.16
Parent & Child	\$1,050.66
<u>HORIZON HMO2030 #054(3)</u>	
Single	\$668.27
Member & Spouse/Partner	\$1,336.51
Family	\$1,710.77
Parent & Child	\$1,042.50
<u>AETNA VALUE HD1500 #093(5)</u>	
Single	\$633.21
Member & Spouse/Partner	\$1,291.42
Family	\$1,660.01
Parent & Child	\$1,001.80
<u>NJ DIRECT HD1500 #091(5)</u>	
Single	\$630.51
Member & Spouse/Partner	\$1,286.00
Family	\$1,653.10
Parent & Child	\$997.59

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- 2) Subscribers in #051, #061, #053 & #063 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, #054 & #064 are subject to \$20 Primary Care and \$30 adult/\$20 child Specialist office visit copayment and are eligible for Prescription Drug Plan #206
- 4) For Horizon HMO Plans #011, #053 and #054 service area is limited to New Jersey, Delaware, and parts of Pennsylvania and New York
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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