

STATE HEALTH BENEFITS PROGRAM

PERCENTAGE OF PREMIUM CALCULATION CHARTS

For Health Benefit Contributions under Chapter 78, P.L. 2011

(State Monthly Employees — Not Paid through Centralized Payroll)

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 SHBP Premium Rate Chart and enter the premium amount for your SHBP Medical Plan at your selected Level of Coverage.	\$	\$
2.	Use the Percentage of Premium Chart 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 \$1,793.53 per month, and your premium percentage is 10.0%; the calculation is \$1,793.53 X 0.10 = \$179.35 per month.)</i>			
4.	Use the SHBP Premium Rate Chart and enter the premium amount for the SHBP Prescription Drug Plan associated with your Medical Plan at your selected Level of Coverage.	\$	\$
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

STATE HEALTH BENEFITS PROGRAM

SHBP PLAN PREMIUM RATE CHART

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #203	
AETNA FREEDOM15 #180	
Single	\$695.55
Member & Spouse/Partner	\$1,391.10
Family	\$1,989.27
Parent & Child	\$1,293.72
NJ DIRECT15 #150	
Single	\$695.55
Member & Spouse/Partner	\$1,391.10
Family	\$1,989.27
Parent & Child	\$1,293.72
AETNA HMO #005	
Single	\$673.15
Member & Spouse/Partner	\$1,346.30
Family	\$1,925.21
Parent & Child	\$1,252.06
HORIZON HMO #011	
Single	\$666.41
Member & Spouse/Partner	\$1,332.82
Family	\$1,905.93
Parent & Child	\$1,239.52
PRESCRIPTION DRUG PROGRAM #203	
Single	\$190.71
Member & Spouse/Partner	\$381.43
Family	\$545.43
Parent & Child	\$354.72
Medical Plans Available with Prescription Drug Program #205	
AETNA FREEDOM1525 #063	
Single	\$676.07
Member & Spouse/Partner	\$1,352.14
Family	\$1,933.56
Parent & Child	\$1,257.49
NJ DIRECT1525 #051	
Single	\$676.07
Member & Spouse/Partner	\$1,352.14
Family	\$1,933.56
Parent & Child	\$1,257.49
AETNA LIBERTY PLAN #067	
Single	\$521.66
Member & Spouse/Partner	\$1,043.32
Family	\$1,491.95
Parent & Child	\$970.29
OMNIA HEALTH PLAN #057	
Single	\$521.66
Member & Spouse/Partner	\$1,043.32
Family	\$1,491.95
Parent & Child	\$970.29
PRESCRIPTION DRUG PROGRAM #205	
Single	\$172.97
Member & Spouse/Partner	\$345.96
Family	\$494.69
Parent & Child	\$321.72

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SHBP PLAN PREMIUM RATE CHART

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #206	
AETNA FREEDOM2030 #064 Single Member & Spouse/Partner Family Parent & Child	\$635.73 \$1,271.46 \$1,818.19 \$1,182.46
NJ DIRECT2030 #052 Single Member & Spouse/Partner Family Parent & Child	\$635.73 \$1,271.46 \$1,818.19 \$1,182.46
PRESCRIPTION DRUG PROGRAM #206 Single Member & Spouse/Partner Family Parent & Child	\$176.04 \$352.06 \$503.47 \$327.43
Medical Plans Available with Prescription Drug Program #207	
AETNA FREEDOM2035 #066 Single Member & Spouse/Partner Family Parent & Child	\$546.72 \$1,093.44 \$1,563.62 \$1,016.90
NJ DIRECT2035 #056 Single Member & Spouse/Partner Family Parent & Child	\$546.72 \$1,093.44 \$1,563.62 \$1,016.90
PRESCRIPTION DRUG PROGRAM #207 Single Member & Spouse/Partner Family Parent & Child	\$158.45 \$316.88 \$453.17 \$294.72

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SHBP PLAN PREMIUM RATE CHART

PLAN/COVERAGE DESCRIPTION	TOTAL
High Deductible Health Plans with Built In Prescription Drug	
AETNA VALUE HD4000 #092	
Single	\$470.45
Member & Spouse/Partner	\$940.91
Family	\$1,345.49
Parent & Child	\$875.04
NJ DIRECT HD4000 #090	
Single	\$470.45
Member & Spouse/Partner	\$940.91
Family	\$1,345.49
Parent & Child	\$875.04
AETNA VALUE HD1500 #093	
Single	\$697.73
Member & Spouse/Partner	\$1,395.45
Family	\$1,995.51
Parent & Child	\$1,297.78
NJ DIRECT HD1500 #091	
Single	\$697.73
Member & Spouse/Partner	\$1,395.45
Family	\$1,995.51
Parent & Child	\$1,297.78

For copayments and deductibles, please refer to the *Plan Design Charts* on our Web site at: www.nj.gov/treasury/pensions

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS

STATE 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).

**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

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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

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**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