

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 \$1,375.85 per month, and your premium percentage is 10.0%; the calculation is \$1,375.85 X 0.10 = \$137.58 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

STATE MONTHLY ACTIVE GROUP
MONTHLY RATES EFFECTIVE 1/1/2013 to 12/31/2013

PLAN/COVERAGE DESCRIPTION	MONTHLY TOTAL
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #203	
<u>AETNA FREEDOM15 #180(1)</u>	
Single	\$597.98
Member & Spouse/Partner	\$1,195.95
Family	\$1,494.94
Parent & Child	\$896.97
<u>NJ DIRECT15 - #150(1)</u>	
Single	\$592.06
Member & Spouse/Partner	\$1,184.11
Family	\$1,480.14
Parent & Child	\$888.09
<u>AETNA HMO #005)</u>	
Single	\$602.91
Member & Spouse/Partner	\$1,205.82
Family	\$1,507.29
Parent & Child	\$904.37
<u>HORIZON HMO #011(1)</u>	
Single	\$596.88
Member & Spouse/Partner	\$1,193.76
Family	\$1,492.22
Parent & Child	\$895.32
<u>PRESCRIPTION DRUG PROGRAM - #203</u>	
Single	\$164.78
Member & Spouse/Partner	\$329.56
Family	\$411.96
Parent & Child	\$247.17
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #205	
<u>AETNA FREEDOM1525 #063(2)</u>	
Single	\$581.23
Member & Spouse/Partner	\$1,162.47
Family	\$1,453.09
Parent & Child	\$871.85
<u>NJ DIRECT1525 #051(2)</u>	
Single	\$575.48
Member & Spouse/Partner	\$1,150.96
Family	\$1,438.70
Parent & Child	\$863.22
<u>AETNA HMO1525 #061(2)</u>	
Single	\$586.03
Member & Spouse/Partner	\$1,172.06
Family	\$1,465.08
Parent & Child	\$879.05
<u>HORIZON HMO1525 #053(2)</u>	
Single	\$580.17
Member & Spouse/Partner	\$1,160.34
Family	\$1,450.43
Parent & Child	\$870.26
<u>PRESCRIPTION DRUG PROGRAM #205</u>	
Single	\$149.46
Member & Spouse/Partner	\$298.91
Family	\$373.65
Parent & Child	\$224.19

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
STATE HEALTH BENEFITS PROGRAM
SHBP PLAN PREMIUM RATE CHART

STATE MONTHLY ACTIVE GROUP
MONTHLY RATES EFFECTIVE 1/1/2013 to 12/31/2013

PLAN/COVERAGE DESCRIPTION	MONTHLY TOTAL
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #206	
<u>AETNA FREEDOM2030 #064(3)</u>	
Single	\$546.55
Member & Spouse/Partner	\$1,093.10
Family	\$1,366.38
Parent & Child	\$819.83
<u>NJ DIRECT2030 #052(3)</u>	
Single	\$541.14
Member & Spouse/Partner	\$1,082.28
Family	\$1,352.85
Parent & Child	\$811.71
<u>AETNA HMO2030 #062(3)</u>	
Single	\$551.06
Member & Spouse/Partner	\$1,102.12
Family	\$1,377.66
Parent & Child	\$826.59
<u>HORIZON HMO2030 #054(3)</u>	
Single	\$545.55
Member & Spouse/Partner	\$1,091.10
Family	\$1,363.88
Parent & Child	\$818.33
<u>PRESCRIPTION DRUG PROGRAM #206</u>	
Single	\$152.10
Member & Spouse/Partner	\$304.18
Family	\$380.23
Parent & Child	\$228.15
HIGH DEDUCTIBLE HEALTH PLANS WITH BUILT IN PRESCRIPTION DRUG	
<u>AETNA VALUE HD4000 #092(4)</u>	
Single	\$422.18
Member & Spouse/Partner	\$844.37
Family	\$1,055.47
Parent & Child	\$633.27
<u>NJ DIRECT HD4000 #090(4)</u>	
Single	\$401.93
Member & Spouse/Partner	\$803.87
Family	\$1,004.84
Parent & Child	\$602.90
<u>AETNA VALUE HD1500 #093(5)</u>	
Single	\$601.14
Member & Spouse/Partner	\$1,227.30
Family	\$1,540.38
Parent & Child	\$914.22
<u>NJ DIRECT HD1500 #091(5)</u>	
Single	\$571.12
Member & Spouse/Partner	\$1,167.24
Family	\$1,465.31
Parent & Child	\$869.19

1)Subscribers in # 150,#180,#005, & #011are subject to \$15 Primary Care and \$15 Specialist office visit co pay and are eligible for Prescription Drug Plan #203

2)Subscribers in #051,#061, #53 & #063 are subject to \$15 Primary Care and \$25 Specialist office visit co pay and are eligible for Prescription Drug Plan #205

3)Subscribers in # 052,#062, #54 & #064 are subject to \$20 Primary Care and \$30 adult/\$20 child Specialist office visit co pay and are eligible for Prescription Drug Plan #206

4)Subscribers in High Deductible Plans #90, #92, are subject to \$4,000 In-Network deductible

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

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

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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STATE 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

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STATE 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