



## State Health Benefits Program

**PERCENTAGE OF PREMIUM CALCULATION CHARTS**

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

**LOCAL EDUCATION EMPLOYEES**

Use this worksheet, the attached chart, and the Local Education Monthly Active Group Rates to calculate the percentage of the full cost premium for which you will be responsible.

<b>Calculate Premium Percentages</b>		<b>Amount</b>
1.	Use the <b>SHBP Premium Rate Chart</b> and enter the premium amount for your SHBP Medical Plan at your selected Level of Coverage.	\$
2.	Use the <b>Percentage of Premium Chart</b> for your Level of Coverage to find your Salary Range and Percentage of Premium amount.	%
3.	<b>Calculate your Medical Plan Contribution:</b> Multiply the Medical Plan Premium by the Premium Percentage.	\$
4.	Use the <b>SHBP Premium Rate Chart</b> 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 <b>Percentage of Premium Chart</b> for your Level of Coverage to find your Salary Range and Percentage of Premium amount.	%
6.	<b>Calculate any Prescription Drug Plan Contribution:</b> Multiply the Prescription Drug Plan Premium by the Premium Percentage.	\$
<b>Calculate Minimum Required Contribution</b> <i>Employees must pay a minimum of 1.5% of Annual Salary</i>		
7.	Add line #3 and Line #6. <i>(Medical Plan Contribution + Prescription Drug Plan Contribution)</i>	\$
8.	Enter your total Annual Salary	\$
9.	<b>Multiply</b> your Annual Salary by 1.5% (Salary x 0.015).	<b>x 0.015</b>
10.	This is your 1.5 minimum <i>annual</i> percentage of salary.	\$
11.	<b>Divide</b> the annual amount on line #10 by 12 months.	<b>÷ 12</b>
12.	This is the minimum biweekly amount you are required to contribute.	\$
<b>Your Health Contribution</b>		
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.	\$
<b>This is your monthly required contribution</b>		

*The calculations from this worksheet are approximations and may differ from the actual amounts deducted from payroll.*



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**LOCAL EDUCATION EMPLOYEES**

<b>Annual Retirement Allowance Range</b>	<b>Single</b>	<b>Member/Spouse/Partner or Parent/Child</b>	<b>Family</b>
Less than \$20,000	4.5%		
Less than \$25,000		3.5%	3%
\$20,000 - \$24,999.99	5.5%		
\$25,000 - \$29,999.99	7.5%	4.5%	4%
\$30,000 - \$34,999.99	10%	6%	5%
\$35,000 - \$39,999.99	11%	7%	6%
\$40,000 - \$44,999.99	12%	8%	7%
\$45,000 - \$49,999.99	14%	10%	9%
\$50,000 - \$54,999.99	20%	15%	12%
\$55,000 - \$59,999.99	23%	17%	14%
\$60,000 - \$64,999.99	27%	21%	17%
\$65,000 - \$69,999.99	29%	23%	19%
\$70,000 - \$74,999.99	32%	26%	22%
\$75,000 - \$79,999.99	33%	27%	23%
\$80,000 - \$84,999.99		28%	24%
\$80,000 - \$94,999.99	34%		
\$85,000 - \$89,999.99			26%
\$85,000 - \$99,999.99		30%	
\$90,000 - \$94,999.99			28%
\$95,000 and over	35%		
\$95,000 - \$99,999.99			29%
\$100,000 and over		35%	
\$100,000 - \$109,999.99			32%
\$110,000 and over			35%

**Note:** Member contribution is a minimum of 1.5% of base salary towards Health Benefits.