

State Health Benefits Program

**PERCENTAGE OF PREMIUM CALCULATION CHARTS**

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

Local Government Employees

Use this worksheet and the attached charts to calculate the percentage of the full cost premium for which you will be responsible.

Calculate Premium Percentages		Current Year Phase-In Amount	Next Year Phase-In Amount
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 <i>(for example: If NJ DIRECT15, Family coverage is \$2,484.68 per month, and your premium percentage is 10.0%; the calculation is \$2,484.68 x 0.10 = \$248.46 per month).</i>	\$	\$
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.	\$	\$
7.	<b>Add</b> line #3 and Line #6. <i>(Medical Plan Contribution + Prescription Drug Plan Contribution)</i>	\$	\$
<b>Calculate Minimum Required Contribution</b> <i>Employees must pay a minimum of 1.5% of Annual Salary</i>			
8.	Enter your total Annual Salary.	\$	\$
9.	<b>Multiply</b> 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.	<b>Divide</b> the annual amount on line #10 by 12 months.	÷ 12	÷ 12
12.	This is the minimum monthly 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.



**Local Monthly Active Group —  
Local Government Employers  
Monthly Rates**  
Effective 1/1/2019 to 12/31/2019

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
<b>AETNA FREEDOM10 #018 — PPO Plan with \$10 Primary Care Copayment</b>			
Single	\$845.12		\$845.12
Member & Spouse/Partner	\$847.04	\$843.20	\$1,690.24
Family	\$847.74	\$1,510.14	\$2,357.88
Parent & Child	\$845.96	\$666.80	\$1,512.76
<b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>			
Single	\$845.12		\$845.12
Member & Spouse/Partner	\$847.04	\$843.20	\$1,690.24
Family	\$847.74	\$1,510.14	\$2,357.88
Parent & Child	\$845.96	\$666.80	\$1,512.76
<b>AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$804.78		\$804.78
Member & Spouse/Partner	\$806.70	\$802.86	\$1,609.56
Family	\$807.40	\$1,437.94	\$2,245.34
Parent & Child	\$805.62	\$634.94	\$1,440.56
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$804.78		\$804.78
Member & Spouse/Partner	\$806.70	\$802.86	\$1,609.56
Family	\$807.40	\$1,437.94	\$2,245.34
Parent & Child	\$805.62	\$634.94	\$1,440.56
<b>AETNA HMO #019 — HMO Plan with \$10 Primary Care Copayment</b>			
Single	\$781.63		\$781.63
Member & Spouse/Partner	\$783.55	\$779.71	\$1,563.26
Family	\$784.25	\$1,396.50	\$2,180.75
Parent & Child	\$782.47	\$616.65	\$1,399.12
<b>HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>			
Single	\$781.63		\$781.63
Member & Spouse/Partner	\$783.55	\$779.71	\$1,563.26
Family	\$784.25	\$1,396.50	\$2,180.75
Parent & Child	\$782.47	\$616.65	\$1,399.12
<b>PRESCRIPTION DRUG PROGRAM #201</b>			
Single	\$162.05		\$162.05
Member & Spouse/Partner	\$162.05	\$162.05	\$324.10
Family	\$162.05	\$290.07	\$452.12
Parent & Child	\$162.05	\$128.02	\$290.07



**Local Monthly Active Group —  
Local Government Employers  
Monthly Rates**  
Effective 1/1/2019 to 12/31/2019

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #205			
<b>AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>			
Single	\$780.66		\$780.66
Member & Spouse/Partner	\$782.58	\$778.74	\$1,561.32
Family	\$783.28	\$1,394.76	\$2,178.04
Parent & Child	\$781.50	\$615.88	\$1,397.38
<b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>			
Single	\$780.66		\$780.66
Member & Spouse/Partner	\$782.58	\$778.74	\$1,561.32
Family	\$783.28	\$1,394.76	\$2,178.04
Parent & Child	\$781.50	\$615.88	\$1,397.38
<b>AETNA LIBERTY PLAN #067 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>			
Single	\$603.58		\$603.58
Member & Spouse/Partner	\$605.50	\$601.66	\$1,207.16
Family	\$606.20	\$1,077.79	\$1,683.99
Parent & Child	\$604.42	\$475.99	\$1,080.41
<b>OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>			
Single	\$603.58		\$603.58
Member & Spouse/Partner	\$605.50	\$601.66	\$1,207.16
Family	\$606.20	\$1,077.79	\$1,683.99
Parent & Child	\$604.42	\$475.99	\$1,080.41
<b>PRESCRIPTION DRUG PROGRAM #205</b>			
Single	\$146.98		\$146.98
Member & Spouse/Partner	\$146.98	\$146.98	\$293.96
Family	\$146.98	\$263.09	\$410.07
Parent & Child	\$146.98	\$116.11	\$263.09



**Local Monthly Active Group —  
Local Government Employers  
Monthly Rates**  
Effective 1/1/2019 to 12/31/2019

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #206			
<b>AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>			
Single	\$733.79		\$733.79
Member & Spouse/Partner	\$735.71	\$731.87	\$1,467.58
Family	\$736.41	\$1,310.86	\$2,047.21
Parent & Child	\$734.63	\$578.85	\$1,313.48
<b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>			
Single	\$733.79		\$733.79
Member & Spouse/Partner	\$735.71	\$731.87	\$1,467.58
Family	\$736.41	\$1,310.86	\$2,047.21
Parent & Child	\$734.63	\$578.85	\$1,313.48
<b>PRESCRIPTION DRUG PROGRAM #206</b>			
Single	\$149.59		\$149.59
Member & Spouse/Partner	\$149.59	\$149.59	\$299.18
Family	\$149.59	\$267.77	\$417.36
Parent & Child	\$149.59	\$118.18	\$267.77
Medical Plans Available with Prescription Drug Program #207			
<b>AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>			
Single	\$631.06		\$631.06
Member & Spouse/Partner	\$632.98	\$629.14	\$1,262.12
Family	\$633.68	\$1,126.98	\$1,760.66
Parent & Child	\$631.90	\$497.70	\$1,129.60
<b>NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>			
Single	\$631.06		\$631.06
Member & Spouse/Partner	\$632.98	\$629.14	\$1,262.12
Family	\$633.68	\$1,126.98	\$1,760.66
Parent & Child	\$631.90	\$497.70	\$1,129.60
<b>PRESCRIPTION DRUG PROGRAM #207</b>			
Single	\$134.63		\$134.63
Member & Spouse/Partner	\$134.63	\$134.63	\$269.26
Family	\$134.63	\$240.99	\$375.62
Parent & Child	\$134.63	\$106.36	\$240.99



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For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
High Deductible Health Plans with Built-In Prescription Drug			
<b>AETNA VALUE HD4000 #092 — High Deductible Health Plan with \$4,000 In-Network Deductible</b>			
Single	\$505.77		\$505.77
Member & Spouse/Partner	\$507.69	\$503.85	\$1,011.54
Family	\$508.39	\$902.71	\$1,411.10
Parent & Child	\$506.61	\$398.72	\$905.33
<b>NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deductible</b>			
Single	\$505.77		\$505.77
Member & Spouse/Partner	\$507.69	\$503.85	\$1,011.54
Family	\$508.39	\$902.71	\$1,411.10
Parent & Child	\$506.61	\$398.72	\$905.33
<b>AETNA VALUE HD1500 #093 — High Deductible Health Plan with \$1,500 In-Network Deductible</b>			
Single	\$750.11		\$750.11
Member & Spouse/Partner	\$752.03	\$748.19	\$1,500.22
Family	\$752.73	\$1,340.08	\$2,092.81
Parent & Child	\$750.95	\$591.75	\$1,342.70
<b>NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible</b>			
Single	\$750.11		\$750.11
Member & Spouse/Partner	\$752.03	\$748.19	\$1,500.22
Family	\$752.73	\$1,340.08	\$2,092.81
Parent & Child	\$750.95	\$591.75	\$1,342.70

For copayments and deductibles, please refer to the *Plan Design Charts* on our website at: [www.nj.gov/treasury/pensions](http://www.nj.gov/treasury/pensions)



**Local Monthly Active Group —  
Local Government Employers  
Monthly Rates**  
Effective 1/1/2019 to 12/31/2019

For employers who offer prescription drugs through the  
medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
<b>AETNA FREEDOM10 #018 — PPO Plan with \$10 Primary Care Copayment</b>			
Single	\$963.29		\$963.29
Member & Spouse/Partner	\$965.21	\$961.37	\$1,926.58
Family	\$965.91	\$1,721.66	\$2,687.57
Parent & Child	\$964.13	\$760.15	\$1,724.28
<b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>			
Single	\$963.29		\$963.29
Member & Spouse/Partner	\$965.21	\$961.37	\$1,926.58
Family	\$965.91	\$1,721.66	\$2,687.57
Parent & Child	\$964.13	\$760.15	\$1,724.28
<b>AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$917.28		\$917.28
Member & Spouse/Partner	\$919.20	\$915.36	\$1,834.56
Family	\$919.90	\$1,639.32	\$2,559.22
Parent & Child	\$918.12	\$723.82	\$1,641.94
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$917.28		\$917.28
Member & Spouse/Partner	\$919.20	\$915.36	\$1,834.56
Family	\$919.90	\$1,639.32	\$2,559.22
Parent & Child	\$918.12	\$723.82	\$1,641.94
<b>AETNA HMO #019 — HMO Plan with \$10 Primary Care Copayment</b>			
Single	\$935.43		\$935.43
Member & Spouse/Partner	\$937.35	\$933.51	\$1,870.86
Family	\$938.05	\$1,671.80	\$2,609.85
Parent & Child	\$936.27	\$738.15	\$1,674.42
<b>HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>			
Single	\$935.43		\$935.43
Member & Spouse/Partner	\$937.35	\$933.51	\$1,870.86
Family	\$938.05	\$1,671.80	\$2,609.85
Parent & Child	\$936.27	\$738.15	\$1,674.42
<b>AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>			
Single	\$886.09		\$886.09
Member & Spouse/Partner	\$888.01	\$884.17	\$1,772.18
Family	\$888.71	\$1,583.48	\$2,472.19
Parent & Child	\$886.93	\$699.17	\$1,586.10
<b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>			
Single	\$886.09		\$886.09
Member & Spouse/Partner	\$888.01	\$884.17	\$1,772.18
Family	\$888.71	\$1,583.48	\$2,472.19
Parent & Child	\$886.93	\$699.17	\$1,586.10



**Local Monthly Active Group —  
Local Government Employers  
Monthly Rates**  
Effective 1/1/2019 to 12/31/2019

For employers who offer prescription drugs through the  
medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
<b>AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>			
Single	\$839.22		\$839.22
Member & Spouse/Partner	\$841.14	\$837.30	\$1,678.44
Family	\$841.84	\$1,499.58	\$2,341.42
Parent & Child	\$840.06	\$662.14	\$1,502.20
<b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>			
Single	\$839.22		\$839.22
Member & Spouse/Partner	\$841.14	\$837.30	\$1,678.44
Family	\$841.84	\$1,499.58	\$2,341.42
Parent & Child	\$840.06	\$662.14	\$1,502.20
<b>AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>			
Single	\$725.94		\$725.94
Member & Spouse/Partner	\$727.86	\$724.02	\$1,451.88
Family	\$728.56	\$1,296.82	\$2,025.38
Parent & Child	\$726.78	\$572.66	\$1,299.44
<b>NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>			
Single	\$725.94		\$725.94
Member & Spouse/Partner	\$727.86	\$724.02	\$1,451.88
Family	\$728.56	\$1,296.82	\$2,025.38
Parent & Child	\$726.78	\$572.66	\$1,299.44
<b>AETNA LIBERTY PLAN #067 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>			
Single	\$709.01		\$709.01
Member & Spouse/Partner	\$710.93	\$707.09	\$1,418.02
Family	\$711.63	\$1,266.51	\$1,978.14
Parent & Child	\$709.85	\$559.28	\$1,269.13
<b>OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>			
Single	\$709.01		\$709.01
Member & Spouse/Partner	\$710.93	\$707.09	\$1,418.02
Family	\$711.63	\$1,266.51	\$1,978.14
Parent & Child	\$709.85	\$559.28	\$1,269.13



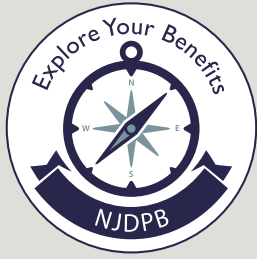
**Local Monthly Active Group —  
Local Government Employers  
Monthly Rates**  
Effective 1/1/2019 to 12/31/2019

For employers who offer prescription drugs through the  
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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
<b>AETNA VALUE HD4000 #092 — High Deductible Health Plan with \$4,000 In-Network Deductible</b>			
Single	\$505.77		\$505.77
Member & Spouse/Partner	\$507.69	\$503.85	\$1,011.54
Family	\$508.39	\$902.71	\$1,411.10
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Single	\$505.77		\$505.77
Member & Spouse/Partner	\$507.69	\$503.85	\$1,011.54
Family	\$508.39	\$902.71	\$1,411.10
Parent & Child	\$506.61	\$398.72	\$905.33
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Single	\$750.11		\$750.11
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State Health Benefits Program • School Employees' Health Benefits Program  
**HEALTH BENEFITS CONTRIBUTION — PERCENTAGE OF PREMIUM**  
*For Health Benefit Contributions under P.L. 2011, c.78 (Chapter 78)*  
**SINGLE COVERAGE**

**Note:** The following charts reflect the phase-in of contribution levels for employees employed on the contribution's effective date who will pay 1/4, 1/2, 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, contribute at the highest percentage level (Year 4).

Salary Range	Four Year Phase-In			
	Use dates indicated or as otherwise determined by contract.			
	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 Health Benefits Program • School Employees' Health Benefits Program

**HEALTH BENEFITS CONTRIBUTION — PERCENTAGE OF PREMIUM**

*For Health Benefit Contributions under P.L. 2011, c.78 (Chapter 78)*

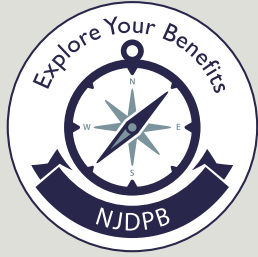
**FAMILY COVERAGE**

**Note:** The following charts reflect the phase-in of contribution levels for employees employed on the contribution's effective date who will pay 1/4, 1/2, 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, contribute at the highest percentage level (Year 4).

Salary Range	Four Year Phase-In			
	Use dates indicated or as otherwise determined by contract.			
	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 Health Benefits Program • School Employees' Health Benefits Program  
**HEALTH BENEFITS CONTRIBUTION — PERCENTAGE OF PREMIUM**  
*For Health Benefit Contributions under P.L. 2011, c.78 (Chapter 78)*  
**MEMBER/SPOUSE/PARTNER OR  
 PARENT/CHILD COVERAGE**

**Note:** The following charts reflect the phase-in of contribution levels for employees employed on the contribution's effective date who will pay 1/4, 1/2, 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, contribute at the highest percentage level (Year 4).

Salary Range	Four Year Phase-In			
	Use dates indicated or as otherwise determined by contract.			
	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