



School Employees' Health Benefits Program

PERCENTAGE OF PREMIUM CALCULATION CHARTS

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

Local Education 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 SEHBP 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 \$2,994.25 per month, and your premium percentage is 10.0%; the calculation is \$2,994.25 x 0.10 = \$299.42 per month</i>).	\$	\$
4.	Use the SEHBP 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.	\$	\$
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 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 & BENEFITS — HEALTH BENEFITS

P.O. Box 295, Trenton, NJ 08625-0295

**HEALTH BENEFITS CONTRIBUTION —
PERCENTAGE OF PREMIUM**

Note: You must use the active or retired members rate charts to first determine the full cost premium for the plan and coverage level you select. Then, use this chart to determine the percentage of the full cost for which you will be responsible.*

Annual Retirement Allowance Range	Single	Member/Spouse/Partner or Parent/Child	Family
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%

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



**Local Monthly Active Group —
Education Employers
Monthly Rates**
Effective 1/1/2020 to 12/31/2020

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 #208			
NJ DIRECT ZERO #021— PPO Plan with \$0 Primary Care Copayment			
Single	\$743.11		\$743.11
Member & Spouse/Partner	\$744.63	\$741.59	\$1,486.22
Family	\$745.18	\$1,380.11	\$2,125.29
Parent & Child	\$743.78	\$638.40	\$1,382.18
PRESCRIPTION DRUG PROGRAM #208			
Single	\$156.49		\$156.49
Member & Spouse/Partner	\$156.49	\$156.49	\$312.98
Family	\$156.49	\$291.07	\$447.56
Parent & Child	\$156.49	\$134.58	\$291.07
Medical Plans Available with Prescription Drug Program #201			
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$928.03		\$928.03
Member & Spouse/Partner	\$929.55	\$926.51	\$1,856.06
Family	\$930.10	\$1,724.07	\$2,654.17
Parent & Child	\$928.70	\$797.44	\$1,726.14
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment\$			
Single	\$883.46		\$883.46
Member & Spouse/Partner	\$884.98	\$881.94	\$1,766.92
Family	\$885.53	\$1,641.17	\$2,526.70
Parent & Child	\$884.13	\$759.11	\$1,643.24
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment			
Single	\$842.45		\$842.45
Member & Spouse/Partner	\$843.97	\$840.93	\$1,684.90
Family	\$844.52	\$1,564.89	\$2,409.41
Parent & Child	\$843.12	\$723.84	\$1,566.96
PRESCRIPTION DRUG PROGRAM #201			
Single	\$171.50		\$171.50
Member & Spouse/Partner	\$171.50	\$171.50	\$343.00
Family	\$171.50	\$318.99	\$490.49
Parent & Child	\$171.50	\$147.49	\$318.99



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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #205			
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$857.42		\$857.42
Member & Spouse/Partner	\$858.94	\$855.90	\$1,714.84
Family	\$859.49	\$1,592.73	\$2,452.22
Parent & Child	\$858.09	\$736.71	\$1,594.80
HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$777.92		\$777.92
Member & Spouse/Partner	\$779.44	\$776.40	\$1,555.84
Family	\$779.99	\$1,444.86	\$2,224.85
Parent & Child	\$778.59	\$668.34	\$1,446.93
PRESCRIPTION DRUG PROGRAM #205			
Single	\$155.54		\$155.54
Member & Spouse/Partner	\$155.54	\$155.54	\$311.08
Family	\$155.54	\$289.30	\$444.84
Parent & Child	\$155.54	\$133.76	\$289.30
Medical Plans Available with Prescription Drug Program #206			
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$805.81		\$805.81
Member & Spouse/Partner	\$807.33	\$804.29	\$1,611.62
Family	\$807.88	\$1,496.74	\$2,304.62
Parent & Child	\$806.48	\$692.33	\$1,498.81
HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$731.51		\$731.51
Member & Spouse/Partner	\$733.03	\$729.99	\$1,463.02
Family	\$733.58	\$1,358.54	\$2,092.12
Parent & Child	\$732.18	\$628.43	\$1,360.61
PRESCRIPTION DRUG PROGRAM #206			
Single	\$158.29		\$158.29
Member & Spouse/Partner	\$158.29	\$158.29	\$316.58
Family	\$158.29	\$294.42	\$452.71
Parent & Child	\$158.29	\$136.13	\$294.42



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Medical Plans Available with Prescription Drug Program #207			
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$693.01		\$693.01
Member & Spouse/Partner	\$694.53	\$691.49	\$1,386.02
Family	\$695.08	\$1,286.93	\$1,982.01
Parent & Child	\$693.68	\$595.32	\$1,289.00
HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$629.09		\$629.09
Member & Spouse/Partner	\$630.61	\$627.57	\$1,258.18
Family	\$631.16	\$1,168.04	\$1,799.20
Parent & Child	\$629.76	\$540.35	\$1,170.11
PRESCRIPTION DRUG PROGRAM #207			
Single	\$142.47		\$142.47
Member & Spouse/Partner	\$142.47	\$142.47	\$284.94
Family	\$142.47	\$264.99	\$407.46
Parent & Child	\$142.47	\$122.52	\$264.99
High Deductible Health Plans with Built-In Prescription Drug			
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible			
Single	\$885.59		\$885.59
Member & Spouse/Partner	\$887.11	\$884.07	\$1,771.18
Family	\$887.66	\$1,645.13	\$2,532.79
Parent & Child	\$886.26	\$760.94	\$1,647.20

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



**Local Monthly Active Group —
Education Employers
Monthly Rates**
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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
NJ DIRECT ZERO #021 — PPO Plan with \$0 Primary Care Copayment			
Single	\$868.31		\$868.31
Member & Spouse/Partner	\$869.83	\$866.79	\$1,736.62
Family	\$870.38	\$1,612.98	\$2,483.36
Parent & Child	\$868.98	\$746.07	\$1,615.05
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$1,053.23		\$1,053.23
Member & Spouse/Partner	\$1,054.75	\$1,051.71	\$2,106.46
Family	\$1,055.30	\$1,956.94	\$3,012.24
Parent & Child	\$1,053.90	\$905.11	\$1,959.01
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,002.64		\$1,002.64
Member & Spouse/Partner	\$1,004.16	\$1,001.12	\$2,005.28
Family	\$1,004.71	\$1,862.84	\$2,867.55
Parent & Child	\$1,003.31	\$861.60	\$1,864.91
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment			
Single	\$1,007.28		\$1,007.28
Member & Spouse/Partner	\$1,008.80	\$1,005.76	\$2,014.56
Family	\$1,009.35	\$1,871.47	\$2,880.62
Parent & Child	\$1,007.95	\$865.59	\$1,873.54
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$969.11		\$969.11
Member & Spouse/Partner	\$970.63	\$967.59	\$1,938.22
Family	\$971.18	\$1,800.47	\$2,771.65
Parent & Child	\$969.78	\$832.76	\$1,802.54
HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$933.46		\$933.46
Member & Spouse/Partner	\$934.98	\$931.94	\$1,866.92
Family	\$935.53	\$1,734.16	\$2,669.69
Parent & Child	\$934.13	\$802.10	\$1,736.23
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$917.50		\$917.50
Member & Spouse/Partner	\$919.02	\$915.98	\$1,835.00
Family	\$919.57	\$1,704.48	\$2,624.05
Parent & Child	\$918.17	\$788.38	\$1,706.55



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HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$889.80		\$889.80
Member & Spouse/Partner	\$891.32	\$888.28	\$1,779.60
Family	\$891.87	\$1,652.96	\$2,544.83
Parent & Child	\$890.47	\$764.56	\$1,655.03
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$793.54		\$793.54
Member & Spouse/Partner	\$795.06	\$792.02	\$1,587.08
Family	\$795.61	\$1,473.92	\$2,269.53
Parent & Child	\$794.21	\$681.78	\$1,475.99
HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$771.56		\$771.56
Member & Spouse/Partner	\$773.08	\$770.04	\$1,543.12
Family	\$773.63	\$1,433.03	\$2,206.66
Parent & Child	\$772.23	\$662.87	\$1,435.10
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible			
Single	\$885.59		\$885.59
Member & Spouse/Partner	\$887.11	\$884.07	\$1,771.18
Family	\$887.66	\$1,645.13	\$2,532.79
Parent & Child	\$886.26	\$760.94	\$1,647.20

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