

## STATE HEALTH BENEFITS PROGRAM

## PERCENTAGE OF PREMIUM CALCULATION CHARTS

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

**(Local Government Employees)**

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 <b>SHBP Premium Rate Charts</b> and enter the premium amount for your SHBP Medical Plan at your selected Level of Coverage.	\$	\$
2.	Use the <b>Percentage of Premium Charts</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 \$1,944.55 per month, and your premium percentage is 10.0%; the calculation is \$1,944.55 X 0.10 = \$194.46 per month.)</i>			
4.	Use the <b>SHBP Premium Rate Charts</b> or an employer-provided rate, and enter any premium for a Prescription Drug Plan at your selected Level of Coverage. <i>(If Prescription Drug is combined with the SHBP Medical Plan, go to Line #7.)</i>	\$	\$
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 <b>minimum</b> 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).	<b>X 0.015</b>	<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>	<b>÷ 12</b>
12.	This is the minimum monthly amount you are required to contribute.	\$	\$
<b>Your Health Benefit 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.*

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

(FOR EMPLOYERS WHO OFFER THE EMPLOYEES' PRESCRIPTION DRUG PLAN OR A PRIVATE PLAN)

DEPARTMENT OF THE TREASURY • DIVISION OF PENSIONS AND BENEFITS  
 NEW JERSEY STATE HEALTH BENEFITS PROGRAM

**LOCAL MONTHLY ACTIVE GROUP — LOCAL GOVERNMENT EMPLOYERS**  
**MONTHLY RATES EFFECTIVE 1/1/2016 TO 12/31/2016**

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
<b>AETNA FREEDOM10 #018</b>			
Single	\$800.76	—	\$800.76
Member & Spouse/Partner	\$802.30	\$799.18	\$1,601.48
Family	\$802.86	\$1,431.26	\$2,234.12
Parent & Child	\$801.43	\$631.93	\$1,433.36
<b>NJ DIRECT10 #050</b>			
Single	\$792.83	—	\$792.83
Member & Spouse/Partner	\$794.37	\$791.27	\$1,585.64
Family	\$794.93	\$1,417.07	\$2,212.00
Parent & Child	\$793.50	\$625.67	\$1,419.17
<b>AETNA FREEDOM15 #180</b>			
Single	\$762.51	—	\$762.51
Member & Spouse/Partner	\$764.05	\$761.00	\$1,525.05
Family	\$764.61	\$1,362.79	\$2,127.40
Parent & Child	\$763.18	\$601.71	\$1,364.89
<b>NJ DIRECT15 #150</b>			
Single	\$754.98	—	\$754.98
Member & Spouse/Partner	\$756.52	\$753.43	\$1,509.95
Family	\$757.08	\$1,349.31	\$2,106.39
Parent & Child	\$755.65	\$595.76	\$1,351.41
<b>AETNA HMO #019</b>			
Single	\$740.68	—	\$740.68
Member & Spouse/Partner	\$742.22	\$739.14	\$1,481.36
Family	\$742.78	\$1,323.72	\$2,066.50
Parent & Child	\$741.35	\$584.47	\$1,325.82
<b>HORIZON HMO #011</b>			
Single	\$733.27	—	\$733.27
Member & Spouse/Partner	\$734.81	\$731.74	\$1,466.55
Family	\$735.37	\$1,310.45	\$2,045.82
Parent & Child	\$733.94	\$578.61	\$1,312.55
<b>PRESCRIPTION DRUG PROGRAM #201</b>			
Single	\$196.59	—	\$196.59
Member & Spouse/Partner	\$196.59	\$196.59	\$393.18
Family	\$196.59	\$351.90	\$548.49
Parent & Child	\$196.59	\$155.31	\$351.90

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(FOR EMPLOYERS WHO OFFER THE EMPLOYEES' PRESCRIPTION DRUG PLAN OR A PRIVATE PLAN)

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**LOCAL MONTHLY ACTIVE GROUP — LOCAL GOVERNMENT EMPLOYERS**  
**MONTHLY RATES EFFECTIVE 1/1/2016 TO 12/31/2016**

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #205			
<b>AETNA FREEDOM1525 #063</b>			
Single	\$739.68	—	\$739.68
Member & Spouse/Partner	\$741.22	\$738.15	\$1,479.37
Family	\$741.78	\$1,321.93	\$2,063.71
Parent & Child	\$740.35	\$583.68	\$1,324.03
<b>NJ DIRECT1525 #051</b>			
Single	\$732.36	—	\$732.36
Member & Spouse/Partner	\$733.90	\$730.81	\$1,464.71
Family	\$734.46	\$1,308.82	\$2,043.28
Parent & Child	\$733.03	\$577.89	\$1,310.92
<b>AETNA LIBERTY PLAN #067</b>			
Single	\$566.24	—	\$566.24
Member & Spouse/Partner	\$567.78	\$564.68	\$1,132.46
Family	\$568.34	\$1,011.45	\$1,579.79
Parent & Child	\$566.91	\$446.65	\$1,013.56
<b>OMNIA HEALTH PLAN #057</b>			
Single	\$566.24	—	\$566.24
Member & Spouse/Partner	\$567.78	\$564.68	\$1,132.46
Family	\$568.34	\$1,011.45	\$1,579.79
Parent & Child	\$566.91	\$446.65	\$1,013.56
<b>PRESCRIPTION DRUG PROGRAM #205</b>			
Single	\$178.30	—	\$178.30
Member & Spouse/Partner	\$178.30	\$178.33	\$356.63
Family	\$178.30	\$319.16	\$497.46
Parent & Child	\$178.30	\$140.86	\$319.16
Medical Plans Available with Prescription Drug Program #206			
<b>AETNA FREEDOM2030 #064</b>			
Single	\$695.28	—	\$695.28
Member & Spouse/Partner	\$696.82	\$693.76	\$1,390.58
Family	\$697.38	\$1,242.45	\$1,939.83
Parent & Child	\$695.95	\$548.60	\$1,244.55
<b>NJ DIRECT2030 #052</b>			
Single	\$688.39	—	\$688.39
Member & Spouse/Partner	\$689.93	\$686.89	\$1,376.82
Family	\$690.49	\$1,230.12	\$1,920.61
Parent & Child	\$689.06	\$543.16	\$1,232.22
<b>PRESCRIPTION DRUG PROGRAM #206</b>			
Single	\$181.47	—	\$181.47
Member & Spouse/Partner	\$181.47	\$181.43	\$362.90
Family	\$181.47	\$324.83	\$506.30
Parent & Child	\$181.47	\$143.36	\$324.83

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DEPARTMENT OF THE TREASURY • DIVISION OF PENSIONS AND BENEFITS  
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**LOCAL MONTHLY ACTIVE GROUP — LOCAL GOVERNMENT EMPLOYERS**  
**MONTHLY RATES EFFECTIVE 1/1/2016 TO 12/31/2016**

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #207			
<b>AETNA FREEDOM2035 #066</b>			
Single	\$597.94	—	\$597.94
Member & Spouse/Partner	\$599.48	\$596.41	\$1,195.89
Family	\$600.04	\$1,068.21	\$1,668.25
Parent & Child	\$598.61	\$471.70	\$1,070.31
<b>NJ DIRECT2035 #056</b>			
Single	\$592.01	—	\$592.01
Member & Spouse/Partner	\$593.55	\$590.48	\$1,184.03
Family	\$594.11	\$1,057.60	\$1,651.71
Parent & Child	\$592.68	\$467.02	\$1,059.70
<b>PRESCRIPTION DRUG PROGRAM #207</b>			
Single	\$163.32	—	\$163.32
Member & Spouse/Partner	\$163.32	\$163.31	\$326.63
Family	\$163.32	\$292.34	\$455.66
Parent & Child	\$163.32	\$129.02	\$292.34
High Deductible Health Plans with Built In Prescription Drug			
<b>AETNA VALUE HD4000 #092</b>			
Single	\$500.27	—	\$500.27
Member & Spouse/Partner	\$501.81	\$498.72	\$1,000.53
Family	\$502.37	\$893.39	\$1,395.76
Parent & Child	\$500.94	\$394.55	\$895.49
<b>NJ DIRECT HD4000 #090</b>			
Single	\$500.95	—	\$500.95
Member & Spouse/Partner	\$502.49	\$499.40	\$1,001.89
Family	\$503.05	\$894.60	\$1,397.65
Parent & Child	\$501.62	\$395.08	\$896.70
<b>AETNA VALUE HD1500 #093</b>			
Single	\$741.96	—	\$741.96
Member & Spouse/Partner	\$743.50	\$740.43	\$1,483.93
Family	\$744.06	\$1,326.01	\$2,070.07
Parent & Child	\$742.63	\$585.48	\$1,328.11
<b>NJ DIRECT HD1500 #091</b>			
Single	\$742.97	—	\$742.97
Member & Spouse/Partner	\$744.51	\$741.44	\$1,485.95
Family	\$745.07	\$1,327.82	\$2,072.89
Parent & Child	\$743.64	\$586.28	\$1,329.92

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

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**SHBP PLAN PREMIUM RATE CHART**

(FOR EMPLOYERS WHO OFFER PRESCRIPTION DRUGS THROUGH THE SHBP  
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**LOCAL MONTHLY ACTIVE GROUP — LOCAL GOVERNMENT EMPLOYERS  
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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
<b>AETNA FREEDOM10 #018</b>			
Single	\$987.34	—	\$987.34
Member & Spouse/Partner	\$988.88	\$985.76	\$1,974.64
Family	\$989.44	\$1,765.24	\$2,754.68
Parent & Child	\$988.01	\$779.33	\$1,767.34
<b>NJ DIRECT10 #050</b>			
Single	\$936.18	—	\$936.18
Member & Spouse/Partner	\$937.72	\$934.62	\$1,872.34
Family	\$938.28	\$1,673.67	\$2,611.95
Parent & Child	\$936.85	\$738.92	\$1,675.77
<b>AETNA FREEDOM15 #180</b>			
Single	\$949.09	—	\$949.09
Member & Spouse/Partner	\$950.63	\$947.58	\$1,898.21
Family	\$951.19	\$1,696.77	\$2,647.96
Parent & Child	\$949.76	\$749.11	\$1,698.87
<b>NJ DIRECT15 #150</b>			
Single	\$891.46	—	\$891.46
Member & Spouse/Partner	\$893.00	\$889.92	\$1,782.92
Family	\$893.56	\$1,593.61	\$2,487.17
Parent & Child	\$892.13	\$703.58	\$1,595.71
<b>AETNA HMO #019</b>			
Single	\$927.26	—	\$927.26
Member & Spouse/Partner	\$928.80	\$925.72	\$1,854.52
Family	\$929.36	\$1,657.70	\$2,587.06
Parent & Child	\$927.93	\$731.87	\$1,659.80
<b>HORIZON HMO #011</b>			
Single	\$919.85	—	\$919.85
Member & Spouse/Partner	\$921.39	\$918.32	\$1,839.71
Family	\$921.95	\$1,644.43	\$2,566.38
Parent & Child	\$920.52	\$726.01	\$1,646.53
<b>AETNA FREEDOM1525 #063</b>			
Single	\$867.58	—	\$867.58
Member & Spouse/Partner	\$869.12	\$866.03	\$1,735.15
Family	\$869.68	\$1,550.87	\$2,420.55
Parent & Child	\$868.25	\$684.72	\$1,552.97
<b>NJ DIRECT1525 #051</b>			
Single	\$860.26	—	\$860.26
Member & Spouse/Partner	\$861.80	\$858.69	\$1,720.49
Family	\$862.36	\$1,537.76	\$2,400.12
Parent & Child	\$860.93	\$678.93	\$1,539.86

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## SHBP PLAN PREMIUM RATE CHART

(FOR EMPLOYERS WHO OFFER PRESCRIPTION DRUGS THROUGH THE SHBP  
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DEPARTMENT OF THE TREASURY • DIVISION OF PENSIONS AND BENEFITS  
 NEW JERSEY STATE HEALTH BENEFITS PROGRAM

### LOCAL MONTHLY ACTIVE GROUP — LOCAL GOVERNMENT EMPLOYERS MONTHLY RATES EFFECTIVE 1/1/2016 TO 12/31/2016

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
<b>AETNA FREEDOM2030 #064</b>			
Single	\$823.18	—	\$823.18
Member & Spouse/Partner	\$824.72	\$821.64	\$1,646.36
Family	\$825.28	\$1,471.39	\$2,296.67
Parent & Child	\$823.85	\$649.64	\$1,473.49
<b>NJ DIRECT2030 #052</b>			
Single	\$816.29	—	\$816.29
Member & Spouse/Partner	\$817.83	\$814.77	\$1,632.60
Family	\$818.39	\$1,459.06	\$2,277.45
Parent & Child	\$816.96	\$644.20	\$1,461.16
<b>AETNA FREEDOM2035 #066</b>			
Single	\$713.04	—	\$713.04
Member & Spouse/Partner	\$714.58	\$711.52	\$1,426.10
Family	\$715.14	\$1,274.24	\$1,989.38
Parent & Child	\$713.71	\$562.63	\$1,276.34
<b>NJ DIRECT2035 #056</b>			
Single	\$707.11	—	\$707.11
Member & Spouse/Partner	\$708.65	\$705.59	\$1,414.24
Family	\$709.21	\$1,263.63	\$1,972.84
Parent & Child	\$707.78	\$557.95	\$1,265.73
<b>AETNA LIBERTY PLAN #067</b>			
Single	\$694.14	—	\$694.14
Member & Spouse/Partner	\$695.68	\$692.56	\$1,388.24
Family	\$696.24	\$1,240.39	\$1,936.63
Parent & Child	\$694.81	\$547.69	\$1,242.50
<b>OMNIA HEALTH PLAN #057</b>			
Single	\$694.14	—	\$694.14
Member & Spouse/Partner	\$695.68	\$692.56	\$1,388.24
Family	\$696.24	\$1,240.39	\$1,936.63
Parent & Child	\$694.81	\$547.69	\$1,242.50

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### LOCAL MONTHLY ACTIVE GROUP — LOCAL GOVERNMENT EMPLOYERS MONTHLY RATES EFFECTIVE 1/1/2016 TO 12/31/2016

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
<b>AETNA VALUE HD4000 #092</b>			
Single	\$500.27	—	\$500.27
Member & Spouse/Partner	\$501.81	\$498.72	\$1,000.53
Family	\$502.37	\$893.39	\$1,395.76
Parent & Child	\$500.94	\$394.55	\$895.49
<b>NJ DIRECT HD4000 #090</b>			
Single	\$500.95	—	\$500.95
Member & Spouse/Partner	\$502.49	\$499.40	\$1,001.89
Family	\$503.05	\$894.60	\$1,397.65
Parent & Child	\$501.62	\$395.08	\$896.70
<b>AETNA VALUE HD1500 #093</b>			
Single	\$741.96	—	\$741.96
Member & Spouse/Partner	\$743.50	\$740.43	\$1,483.93
Family	\$744.06	\$1,326.01	\$2,070.07
Parent & Child	\$742.63	\$585.48	\$1,328.11
<b>NJ DIRECT HD1500 #091</b>			
Single	\$742.97	—	\$742.97
Member & Spouse/Partner	\$744.51	\$741.44	\$1,485.95
Family	\$745.07	\$1,327.82	\$2,072.89
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**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) — unless hired into a position covered by a Collective Negotiations Agreement that has not expired as of the employee's date of hire.

**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

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY  
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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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**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