

SINGLE COVERAGE

Employee Contribution will be based on listed % of Annual Premium based on Salary Range or 1.5% of Salary (Whichever Amount is Higher)

Includes prescription & dental

NJ Direct 15 Single Coverage Annual Premium is \$7721.22

Aetna Single Coverage Annual Premium is \$7893.86

Cigna Single Coverage Annual Premium is \$7930.78

SALARY RANGE	YEAR 1	YEAR 2	YEAR 3	YEAR 4
Under \$20,000	1.1%	2.3%	3.4%	4.5%
\$20,000 - \$24,999	1.4%	2.8%	4.1%	5.5%
\$25,000 - \$29,999	1.9%	3.8%	5.6%	7.5%
\$30,000 - \$34,999	2.5%	5.0%	7.5%	10.0%
\$35,000 - \$39,999	2.8%	5.5%	8.3%	11.0%
\$40,000 - \$44,999	3.0%	6.0%	9.0%	12.0%
\$45,000 - \$49,999	3.5%	7.0%	10.5%	14.0%
\$50,000 - \$54,999	5.0%	10.0%	15.0%	20.0%
\$55,000 - \$59,999	5.8%	11.5%	17.3%	23.0%
\$60,000 - \$64,999	6.8%	13.5%	20.3%	27.0%
\$65,000 - \$69,999	7.3%	14.5%	21.8%	29.0%
\$70,000 - \$74,999	8.0%	16.0%	24.0%	32.0%
\$75,000 - \$79,999	8.3%	16.5%	24.8%	33.0%
\$80,000 - \$84,999	8.5%	17.0%	25.5%	34.0%
\$85,000 - \$89,999	8.5%	17.0%	25.5%	34.0%
\$90,000 - \$94,999	8.5%	17.0%	25.5%	34.0%
\$95,000 - \$99,999	8.8%	17.5%	26.3%	35.0%
\$100,000 - \$104,999	8.8%	17.5%	26.3%	35.0%
\$105,000 - \$109,999	8.8%	17.5%	26.3%	35.0%
\$110,000 - \$114,999	8.8%	17.5%	26.3%	35.0%
\$115,000 - \$119,999	8.8%	17.5%	26.3%	35.0%
\$120,000 - \$124,999	8.8%	17.5%	26.3%	35.0%
\$125,000 - \$129,999	8.8%	17.5%	26.3%	35.0%
\$130,000 - \$134,999	8.8%	17.5%	26.3%	35.0%
\$135,000 - \$139,999	8.8%	17.5%	26.3%	35.0%
\$140,000 and Above	8.8%	17.5%	26.3%	35.0%

*Percentage calculations are rounded to nearest tenth
Premium costs are subject to change*

HUSBAND/WIFE & PARENT/CHILD COVERAGE

Employee Contribution will be based on listed % of Annual Premium based on Salary Range or 1.5% of Salary (Whichever Amount is Higher)

Includes prescription & dental

NJ Direct 15 Annual Premium is \$17,312.36 (Husband/Wife)

\$10,894.52 (Parent/Child)

Aetna Annual Premium is \$17,697.68 (Husband/Wife)

\$11,139.96 (Parent/Child)

Cigna Annual Premium is \$17,778.80 (Husband/Wife)

\$11,194.56 (Parent/Child)

SALARY RANGE	YEAR 1	YEAR 2	YEAR 3	YEAR 4
Under \$20,000	0.9%	1.8%	2.6%	3.5%
\$20,000 - \$24,999	0.9%	1.8%	2.6%	3.5%
\$25,000 - \$29,999	1.1%	2.3%	3.4%	4.5%
\$30,000 - \$34,999	1.5%	3.0%	4.5%	6.0%
\$35,000 - \$39,999	1.8%	3.5%	5.3%	7.0%
\$40,000 - \$44,999	2.0%	4.0%	6.0%	8.0%
\$45,000 - \$49,999	2.5%	5.0%	7.5%	10.0%
\$50,000 - \$54,999	3.8%	7.5%	11.3%	15.0%
\$55,000 - \$59,999	4.3%	8.5%	12.8%	17.0%
\$60,000 - \$64,999	5.3%	10.5%	15.8%	21.0%
\$65,000 - \$69,999	5.8%	11.5%	17.3%	23.0%
\$70,000 - \$74,999	6.5%	13.0%	19.5%	26.0%
\$75,000 - \$79,999	6.8%	13.5%	20.3%	27.0%
\$80,000 - \$84,999	7.0%	14.0%	21.0%	28.0%
\$85,000 - \$89,999	7.5%	15.0%	22.5%	30.0%
\$90,000 - \$94,999	7.5%	15.0%	22.5%	30.0%
\$95,000 - \$99,999	7.5%	15.0%	22.5%	30.0%
\$100,000 - \$104,999	8.8%	17.5%	26.3%	35.0%
\$105,000 - \$109,999	8.8%	17.5%	26.3%	35.0%
\$110,000 - \$114,999	8.8%	17.5%	26.3%	35.0%
\$115,000 - \$119,999	8.8%	17.5%	26.3%	35.0%
\$120,000 - \$124,999	8.8%	17.5%	26.3%	35.0%
\$125,000 - \$129,999	8.8%	17.5%	26.3%	35.0%
\$130,000 - \$134,999	8.8%	17.5%	26.3%	35.0%
\$135,000 - \$139,999	8.8%	17.5%	26.3%	35.0%
\$140,000 and Above	8.8%	17.5%	26.3%	35.0%

FAMILY COVERAGE

Employee Contribution will be based on listed % of Annual Premium based on Salary Range or 1.5% of Salary (Whichever Amount is Higher)

Includes prescription & dental

NJ Direct 15 Family Coverage Annual Premium is \$19,344.78

Aetna Family Coverage Annual Premium is \$19,778.46

Cigna Family Coverage Annual Premium is \$19,872.06

SALARY RANGE	YEAR 1	YEAR 2	YEAR 3	YEAR 4
Under \$20,000	0.8%	1.5%	2.3%	3.0%
\$20,000 - \$24,999	0.8%	1.8%	2.3%	3.0%
\$25,000 - \$29,999	1.0%	2.0%	3.0%	4.0%
\$30,000 - \$34,999	1.3%	2.5%	3.8%	5.0%
\$35,000 - \$39,999	1.5%	3.0%	4.5%	6.0%
\$40,000 - \$44,999	1.8%	3.5%	5.3%	7.0%
\$45,000 - \$49,999	2.3%	4.5%	6.8%	9.0%
\$50,000 - \$54,999	3.0%	6.0%	9.0%	12.0%
\$55,000 - \$59,999	3.5%	7.0%	10.5%	14.0%
\$60,000 - \$64,999	4.3%	8.5%	12.8%	17.0%
\$65,000 - \$69,999	4.8%	9.5%	14.3%	19.0%
\$70,000 - \$74,999	5.5%	11.0%	16.5%	22.0%
\$75,000 - \$79,999	5.8%	11.5%	17.3%	23.0%
\$80,000 - \$84,999	6.0%	12.0%	18.0%	24.0%
\$85,000 - \$89,999	6.5%	13.0%	19.5%	26.0%
\$90,000 - \$94,999	7.0%	14.0%	21.0%	28.0%
\$95,000 - \$99,999	7.3%	14.5%	21.8%	29.0%
\$100,000 - \$104,999	8.0%	16.0%	24.0%	32.0%
\$105,000 - \$109,999	8.0%	16.0%	24.0%	35.0%
\$110,000 - \$114,999	8.8%	17.5%	26.3%	35.0%
\$115,000 - \$119,999	8.8%	17.5%	26.3%	35.0%
\$120,000 - \$124,999	8.8%	17.5%	26.3%	35.0%
\$125,000 - \$129,999	8.8%	17.5%	26.3%	35.0%
\$130,000 - \$134,999	8.8%	17.5%	26.3%	35.0%
\$135,000 - \$139,999	8.8%	17.5%	26.3%	35.0%
\$140,000 and Above	8.8%	17.5%	26.3%	35.0%

Corrected as of July 7, 2011

Additional Information on Page 2.....

EXAMPLE:

1. Locate the chart that represents the type of coverage you have (Single, Family, Husband/Wife, or Parent/Child).
2. Determine the type of plan you have (NJ Direct 15, Aetna, Cigna) and what the annual premium for that plan is.
3. Locate your annual salary range.
4. Locate the % in Year 1 next to your annual salary range.

Our example uses an employee earning \$55,000 per year with NJ Direct 15 Family Coverage

Percentage of Annual Premium

Annual Premium costs \$19,344.78

X 3.5% = **\$677.07** (Annual Co-Pay Cost)

Divided by 26 Pay Periods = \$26.04 Per Pay Period

---Or---

1.5% of Annual Salary

Annual Salary of \$55,000

X 1.5% = **\$825.00** (Annual Co-Pay Cost)

Divided by 26 Pay Periods = \$31.73 Per Pay Period

(Employee will pay the higher amount (\$825) because it is more than the amount (\$677.07) the Employee would pay under the Percentage of Annual Premium)

WORK SHEET FOR PREMIUM CO-PAY

1. Type of Coverage _____
2. Annual Premium Cost _____
3. Salary Range _____
4. Year 1 Percentage (%) _____
5. Multiply the Annual Premium Cost (Amount in Line 2) by the Year 1 percentage (%) rate in Line 4. _____

*6. Divide the Amount in Line 5 by 26

_____ Bi-Weekly Contribution Amount

--OR--

1. Annual Salary _____
2. Multiplied by 1.5% _____
- *3. Divided by 26 _____ Bi-Weekly Contribution Amount

****EMPLOYEE PAYS THE HIGHER AMOUNT IN LINE *6 OR LINE *3**

**ACTIVE NJ STATE
EMPLOYEES
LEGISLATED
HEALTH BENEFITS**

The figures provided show the annual Premium costs of NJ Direct 15, Aetna and Cigna coverage for Single, Husband/Wife, Parent/Child and Family Coverage. It is anticipated that the premium rates will increase each year

The charts show the Legislated percentages all employees will contribute towards the premium costs of their Health Benefits. The amount will either be 1.5% of your annual salary or the percentage of the premium based on your annual salary, whichever amount is higher.

Prepared by CWA Local 1033

Any Questions Call – **609-394-7725**

Corrected as of July 7, 2011