



# NEW JERSEY EDUCATORS HEALTH PLAN

## School Employees' Health Benefits Program (SEHBP)

### Member Contribution Rates

ANNUAL SALARY	SINGLE		EMPLOYEE & SPOUSE/PARTNER		FAMILY		PARENT/CHILD	
	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution
\$10,000	1.70%	\$170	2.80%	\$280	3.30%	\$330	2.20%	\$220
\$10,000	1.70%	\$187	2.80%	\$308	3.30%	\$363	2.20%	\$242
\$12,000	1.70%	\$204	2.80%	\$336	3.30%	\$396	2.20%	\$264
\$13,000	1.70%	\$221	2.80%	\$364	3.30%	\$429	2.20%	\$286
\$14,000	1.70%	\$238	2.80%	\$392	3.30%	\$462	2.20%	\$308
\$15,000	1.70%	\$255	2.80%	\$420	3.30%	\$495	2.20%	\$330
\$16,000	1.70%	\$272	2.80%	\$448	3.30%	\$528	2.20%	\$352
\$17,000	1.70%	\$289	2.80%	\$476	3.30%	\$561	2.20%	\$374
\$18,000	1.70%	\$306	2.80%	\$504	3.30%	\$594	2.20%	\$396
\$19,000	1.70%	\$323	2.80%	\$532	3.30%	\$627	2.20%	\$418
\$20,000	1.70%	\$340	2.80%	\$560	3.30%	\$660	2.20%	\$440
\$21,000	1.70%	\$357	2.80%	\$588	3.30%	\$693	2.20%	\$462
\$22,000	1.70%	\$374	2.80%	\$616	3.30%	\$726	2.20%	\$484
\$23,000	1.70%	\$391	2.80%	\$644	3.30%	\$759	2.20%	\$506
\$24,000	1.70%	\$408	2.80%	\$672	3.30%	\$792	2.20%	\$528
\$25,000	1.70%	\$425	2.80%	\$700	3.30%	\$825	2.20%	\$550
\$26,000	1.70%	\$442	2.80%	\$728	3.30%	\$858	2.20%	\$572
\$27,000	1.70%	\$459	2.80%	\$756	3.30%	\$891	2.20%	\$594
\$28,000	1.70%	\$476	2.80%	\$784	3.30%	\$924	2.20%	\$616
\$29,000	1.70%	\$493	2.80%	\$812	3.30%	\$957	2.20%	\$638
\$30,000	1.70%	\$510	2.80%	\$840	3.30%	\$990	2.20%	\$660
\$31,000	1.70%	\$527	2.80%	\$868	3.30%	\$1,023	2.20%	\$682
\$32,000	1.70%	\$544	2.80%	\$896	3.30%	\$1,056	2.20%	\$704
\$33,000	1.70%	\$561	2.80%	\$924	3.30%	\$1,089	2.20%	\$726
\$34,000	1.70%	\$578	2.80%	\$952	3.30%	\$1,122	2.20%	\$748
\$35,000	1.70%	\$595	2.80%	\$980	3.30%	\$1,155	2.20%	\$770
\$36,000	1.70%	\$612	2.80%	\$1,008	3.30%	\$1,188	2.20%	\$792
\$37,000	1.70%	\$629	2.80%	\$1,036	3.30%	\$1,221	2.20%	\$814
\$38,000	1.70%	\$646	2.80%	\$1,064	3.30%	\$1,254	2.20%	\$836
\$39,000	1.70%	\$663	2.80%	\$1,092	3.30%	\$1,287	2.20%	\$858
\$40,001	1.90%	\$760	3.30%	\$1,320	3.90%	\$1,560	2.50%	\$1,000
\$41,000	1.90%	\$779	3.30%	\$1,353	3.90%	\$1,599	2.50%	\$1,025
\$42,000	1.90%	\$798	3.30%	\$1,386	3.90%	\$1,638	2.50%	\$1,050
\$43,000	1.90%	\$817	3.30%	\$1,419	3.90%	\$1,677	2.50%	\$1,075
\$44,000	1.90%	\$836	3.30%	\$1,452	3.90%	\$1,716	2.50%	\$1,100
\$45,000	1.90%	\$855	3.30%	\$1,485	3.90%	\$1,755	2.50%	\$1,125
\$46,000	1.90%	\$874	3.30%	\$1,518	3.90%	\$1,794	2.50%	\$1,150
\$47,000	1.90%	\$893	3.30%	\$1,551	3.90%	\$1,833	2.50%	\$1,175
\$48,000	1.90%	\$912	3.30%	\$1,584	3.90%	\$1,872	2.50%	\$1,200
\$49,000	1.90%	\$931	3.30%	\$1,617	3.90%	\$1,911	2.50%	\$1,225
\$50,000	1.90%	\$950	3.30%	\$1,650	3.90%	\$1,950	2.50%	\$1,250
\$50,001	1.90%	\$1,100	3.90%	\$1,950	4.40%	\$2,200	2.80%	\$1,400
\$51,000	1.90%	\$1,122	3.90%	\$1,989	4.40%	\$2,244	2.80%	\$1,428
\$52,000	2.20%	\$1,144	3.90%	\$2,028	4.40%	\$2,288	2.80%	\$1,456



**NJDPB**  
Pensions & Benefits

**NEW JERSEY EDUCATORS HEALTH PLAN**  
**School Employees' Health Benefits Program (SEHBP)**  
**Member Contribution Rates**

ANNUAL SALARY	SINGLE		EMPLOYEE & SPOUSE/PARTNER		FAMILY		PARENT/CHILD	
	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution
\$53,000	2.20%	\$1,166	3.90%	\$2,067	4.40%	\$2,332	2.80%	\$1,484
\$54,000	2.20%	\$1,188	3.90%	\$2,106	4.40%	\$2,376	2.80%	\$1,512
\$55,000	2.20%	\$1,210	3.90%	\$2,145	4.40%	\$2,420	2.80%	\$1,540
\$56,000	2.20%	\$1,210	3.90%	\$2,184	4.40%	\$2,464	2.80%	\$1,568
\$57,000	2.20%	\$1,254	3.90%	\$2,223	4.40%	\$2,508	2.80%	\$1,596
\$58,000	2.20%	\$1,276	3.90%	\$2,262	4.40%	\$2,552	2.80%	\$1,624
\$59,000	2.20%	\$1,298	3.90%	\$2,301	4.40%	\$2,596	2.80%	\$1,652
\$60,000	2.20%	\$1,320	3.90%	\$2,340	4.40%	\$2,640	2.80%	\$1,680
\$60,001	2.50%	\$1,500	4.40%	\$2,640	5.00%	\$3,000	3.00%	\$1,800
\$61,000	2.50%	\$1,525	4.40%	\$2,684	5.00%	\$3,050	3.00%	\$1,830
\$62,000	2.50%	\$1,550	4.40%	\$2,728	5.00%	\$3,100	3.00%	\$1,860
\$63,000	2.50%	\$1,575	4.40%	\$2,772	5.00%	\$3,150	3.00%	\$1,890
\$64,000	2.50%	\$1,600	4.40%	\$2,816	5.00%	\$3,200	3.00%	\$1,920
\$65,000	2.50%	\$1,625	4.40%	\$2,860	5.00%	\$3,250	3.00%	\$1,950
\$66,000	2.50%	\$1,650	4.40%	\$2,904	5.00%	\$3,300	3.00%	\$1,980
\$67,000	2.50%	\$1,675	4.40%	\$2,948	5.00%	\$3,350	3.00%	\$2,010
\$68,000	2.50%	\$1,700	4.40%	\$2,992	5.00%	\$3,400	3.00%	\$2,040
\$69,000	2.50%	\$1,725	4.40%	\$3,036	5.00%	\$3,450	3.00%	\$2,070
\$70,000	2.50%	\$1,750	4.40%	\$3,080	5.00%	\$3,500	3.00%	\$2,100
\$70,001	2.80%	\$1,960	5.00%	\$3,500	5.50%	\$3,850	3.30%	\$2,310
\$71,000	2.80%	\$1,988	5.00%	\$3,550	5.50%	\$3,905	3.30%	\$2,343
\$72,000	2.80%	\$2,016	5.00%	\$3,600	5.50%	\$3,960	3.30%	\$2,376
\$73,000	2.80%	\$2,044	5.00%	\$3,650	5.50%	\$4,015	3.30%	\$2,409
\$74,000	2.80%	\$2,072	5.00%	\$3,700	5.50%	\$4,070	3.30%	\$2,442
\$75,000	2.80%	\$2,100	5.00%	\$3,750	5.50%	\$4,125	3.30%	\$2,475
\$76,000	2.80%	\$2,128	5.00%	\$3,800	5.50%	\$4,180	3.30%	\$2,508
\$77,000	2.80%	\$2,156	5.00%	\$3,850	5.50%	\$4,235	3.30%	\$2,541
\$78,000	2.80%	\$2,184	5.00%	\$3,900	5.50%	\$4,290	3.30%	\$2,574
\$79,000	2.80%	\$2,212	5.00%	\$3,950	5.50%	\$4,345	3.30%	\$2,607
\$80,000	2.80%	\$2,240	5.00%	\$4,000	5.50%	\$4,400	3.30%	\$2,640
\$80,001	3.00%	\$2,400	5.50%	\$4,400	6.00%	\$4,800	3.60%	\$2,880
\$81,000	3.00%	\$2,430	5.50%	\$4,455	6.00%	\$4,860	3.60%	\$2,916
\$82,000	3.00%	\$2,460	5.50%	\$4,510	6.00%	\$4,920	3.60%	\$2,952
\$83,000	3.00%	\$2,490	5.50%	\$4,565	6.00%	\$4,980	3.60%	\$2,988
\$84,000	3.00%	\$2,520	5.50%	\$4,620	6.00%	\$5,040	3.60%	\$3,024
\$85,000	3.00%	\$2,550	5.50%	\$4,675	6.00%	\$5,100	3.60%	\$3,060
\$86,000	3.00%	\$2,580	5.50%	\$4,730	6.00%	\$5,160	3.60%	\$3,096
\$87,000	3.00%	\$2,610	5.50%	\$4,785	6.00%	\$5,220	3.60%	\$3,132
\$88,000	3.00%	\$2,640	5.50%	\$4,840	6.00%	\$5,280	3.60%	\$3,168
\$89,000	3.00%	\$2,670	5.50%	\$4,895	6.00%	\$5,340	3.60%	\$3,204
\$90,000	3.00%	\$2,700	5.50%	\$4,950	6.00%	\$5,400	3.60%	\$3,240
\$90,001	3.30%	\$2,970	6.00%	\$5,400	6.60%	\$5,940	3.90%	\$3,510
\$91,000	3.30%	\$3,003	6.00%	\$5,460	6.60%	\$6,006	3.90%	\$3,549
\$92,000	3.30%	\$3,036	6.00%	\$5,520	6.60%	\$6,072	3.90%	\$3,588



**NEW JERSEY EDUCATORS HEALTH PLAN**  
**School Employees' Health Benefits Program (SEHBP)**  
**Member Contribution Rates**

ANNUAL SALARY	SINGLE		EMPLOYEE & SPOUSE/PARTNER		FAMILY		PARENT/CHILD	
	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution
\$93,000	3.30%	\$3,069	6.00%	\$5,580	6.60%	\$6,138	3.90%	\$3,627
\$94,000	3.30%	\$3,102	6.00%	\$5,640	6.60%	\$6,204	3.90%	\$3,666
\$95,000	3.30%	\$3,135	6.00%	\$5,700	6.60%	\$6,270	3.90%	\$3,705
\$96,000	3.30%	\$3,168	6.00%	\$5,760	6.60%	\$6,336	3.90%	\$3,744
\$97,000	3.30%	\$3,201	6.00%	\$5,820	6.60%	\$6,402	3.90%	\$3,783
\$98,000	3.30%	\$3,234	6.00%	\$5,880	6.60%	\$6,468	3.90%	\$3,822
\$99,000	3.30%	\$3,267	6.00%	\$5,940	6.60%	\$6,534	3.90%	\$3,861
\$100,000	3.30%	\$3,300	6.00%	\$6,000	6.60%	\$6,600	3.90%	\$3,900
\$100,001	3.60%	\$3,600	6.60%	\$6,600	6.60%	\$7,200	4.40%	\$4,400
\$101,000	3.60%	\$3,636	6.60%	\$6,666	7.20%	\$7,272	4.40%	\$4,444
\$102,000	3.60%	\$3,672	6.60%	\$6,732	7.20%	\$7,344	4.40%	\$4,488
\$103,000	3.60%	\$3,708	6.60%	\$6,798	7.20%	\$7,416	4.40%	\$4,532
\$104,000	3.60%	\$3,744	6.60%	\$6,864	7.20%	\$7,488	4.40%	\$4,576
\$105,000	3.60%	\$3,780	6.60%	\$6,930	7.20%	\$7,560	4.40%	\$4,620
\$106,000	3.60%	\$3,816	6.60%	\$6,996	7.20%	\$7,632	4.40%	\$4,664
\$107,000	3.60%	\$3,852	6.60%	\$7,062	7.20%	\$7,704	4.40%	\$4,708
\$108,000	3.60%	\$3,888	6.60%	\$7,128	7.20%	\$7,776	4.40%	\$4,752
\$109,000	3.60%	\$3,924	6.60%	\$7,194	7.20%	\$7,848	4.40%	\$4,796
\$110,000	3.60%	\$3,960	6.60%	\$7,260	7.20%	\$7,920	4.40%	\$4,840
\$111,000	3.60%	\$3,996	6.60%	\$7,326	7.20%	\$7,992	4.40%	\$4,884
\$112,000	3.60%	\$4,032	6.60%	\$7,392	7.20%	\$8,064	4.40%	\$4,928
\$113,000	3.60%	\$4,068	6.60%	\$7,458	7.20%	\$8,136	4.40%	\$4,972
\$114,000	3.60%	\$4,104	6.60%	\$7,524	7.20%	\$8,208	4.40%	\$5,016
\$115,000	3.60%	\$4,140	6.60%	\$7,590	7.20%	\$8,280	4.40%	\$5,060
\$116,000	3.60%	\$4,176	6.60%	\$7,656	7.20%	\$8,352	4.40%	\$5,104
\$117,000	3.60%	\$4,212	6.60%	\$7,722	7.20%	\$8,424	4.40%	\$5,148
\$118,000	3.60%	\$4,248	6.60%	\$7,788	7.20%	\$8,496	4.40%	\$5,192
\$119,000	3.60%	\$4,284	6.60%	\$7,854	7.20%	\$8,568	4.40%	\$5,236
\$120,000	3.60%	\$4,320	6.60%	\$7,920	7.20%	\$8,640	4.40%	\$5,280
\$121,000	3.60%	\$4,356	6.60%	\$7,986	7.20%	\$8,712	4.40%	\$5,324
\$122,000	3.60%	\$4,392	6.60%	\$8,052	7.20%	\$8,784	4.40%	\$5,368
\$123,000	3.60%	\$4,428	6.60%	\$8,118	7.20%	\$8,856	4.40%	\$5,412
\$124,000	3.60%	\$4,464	6.60%	\$8,184	7.20%	\$8,928	4.40%	\$5,456
\$125,000	3.60%	\$4,500	6.60%	\$8,250	7.20%	\$9,000	4.40%	\$5,500
More than \$125,000		\$4,500		\$8,250		\$9,000		\$5,500



School Employees' Health Benefits Program

**PERCENTAGE OF PREMIUM CALCULATION CHARTS**

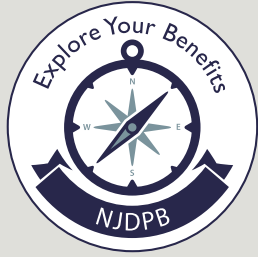
For Health Benefit Contributions under P.L. 2011, c. 78

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 <b>SEHBP 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, (for example: If NJ DIRECT15, Family coverage is \$2,994.25 per month, and your premium percentage is 10.0%; the calculation is $\$2,994.25 \times 0.10 = \$299.42$ per month).	\$	\$
4.	Use the <b>SEHBP 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>			
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.



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.\*

<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%

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



**Local Monthly Active Group —  
Education Employers  
Monthly Rates**  
Effective 1/1/2022 to 12/31/2022

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>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>			
Single	\$855.13		\$855.13
Member & Spouse/Partner	\$857.43	\$852.82	\$1,710.25
Family	\$858.27	\$1,587.39	\$2,445.66
Parent & Child	\$856.15	\$734.38	\$1,590.53
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment\$</b>			
Single	\$814.06		\$814.06
Member & Spouse/Partner	\$816.36	\$811.75	\$1,628.11
Family	\$817.20	\$1,511.00	\$2,328.20
Parent & Child	\$815.08	\$699.07	\$1,514.15
<b>PRESCRIPTION DRUG PROGRAM #201</b>			
Single	\$169.36		\$169.36
Member & Spouse/Partner	\$169.36	\$169.36	\$338.72
Family	\$169.36	\$315.01	\$484.37
Parent & Child	\$169.36	\$145.65	\$315.01
Medical Plan Available with Prescription Drug Program #298			
<b>NEW JERSEY EDUCATORS HEALTH PLAN #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment</b>			
Single	\$775.77		\$775.77
Member & Spouse/Partner	\$778.07	\$773.47	\$1,551.54
Family	\$778.91	\$1,439.79	\$2,218.70
Parent & Child	\$776.79	\$666.14	\$1,442.93
<b>PRESCRIPTION DRUG PROGRAM #298</b>			
Single	\$115.69		\$115.69
Member & Spouse/Partner	\$115.69	\$115.69	\$231.36
Family	\$115.69	\$215.18	\$330.87
Parent & Child	\$115.59	\$99.49	\$215.18

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)