

Follow *Steps 1-3* to figure your annual mandated Chapter 78 contribution amount

Bridgewater-Raritan Regional Board of Education
Annual Health Plan Employee Contribution Comparison
Combined Horizon BCBSNJ Medical and Prescription Plans
[Page 1] Single Coverage Year 4 - July 2019 through June 2020

Chapter 78 Annual Single Coverage Contribution

Step 1: Find your Salary Range; go to **Step 2**

[This is your Year 4 contribution percentage]

Step 2: Identify the below contribution amount in your Salary Range that matches your selected medical/prescription plan.

Go to **Step 3** to figure your approximate annual contribution amount per paycheck

Salary Range	Year 4	Chapter 78 Annual Single Coverage Contribution			
		Horizon BCBSNJ Direct Access 15	Horizon BCBSNJ Direct Access 15/25	Horizon BCBSNJ Direct Access 20/20	Horizon BCBSNJ Direct Access 20/35
less than 20,000	4.50%	\$569.08	\$555.67	\$529.05	\$470.90
20,000-24,999	5.50%	\$695.55	\$679.15	\$646.62	\$575.54
25,000-29,999	7.50%	\$948.47	\$926.12	\$881.75	\$784.83
30,000-34,999	10.00%	\$1,264.63	\$1,234.82	\$1,175.66	\$1,046.44
35,000-39,999	11.00%	\$1,391.10	\$1,358.31	\$1,293.23	\$1,151.08
40,000-44,999	12.00%	\$1,517.56	\$1,481.79	\$1,410.80	\$1,255.72
45,000-49,999	14.00%	\$1,770.48	\$1,728.75	\$1,645.93	\$1,465.01
50,000-54,999	20.00%	\$2,529.26	\$2,469.65	\$2,351.33	\$2,092.87
55,000-59,999	23.00%	\$2,908.65	\$2,840.10	\$2,704.03	\$2,406.80
60,000-64,999	27.00%	\$3,414.51	\$3,334.02	\$3,174.29	\$2,825.38
65,000-69,999	29.00%	\$3,667.43	\$3,580.99	\$3,409.43	\$3,034.66
70,000-74,999	32.00%	\$4,046.82	\$3,951.44	\$3,762.12	\$3,348.60
75,000-79,999	33.00%	\$4,173.29	\$4,074.92	\$3,879.69	\$3,453.24
80,000-94,999	34.00%	\$4,299.75	\$4,198.40	\$3,997.26	\$3,557.88
95,000 and over	35.00%	\$4,426.21	\$4,321.88	\$4,114.82	\$3,662.53
Monthly Single Premium (Med+RX)		\$1,053.86	\$1,029.02	\$979.72	\$872.03

Step 3:

To calculate your approximate contribution amount per paycheck:

- 1) if you are a 10-month employee, divide the shown contribution amount matching your salary range by 20.
- 2) if you are a 12-month employee, divide the shown contribution amount matching your salary range by 24.

[Note: Employee must contribute 1.5% of salary or the above contribution amount, whichever is greater.]

Follow *Steps 1-3* to figure your annual mandated Chapter 78 contribution amount

Bridgewater-Raritan Regional Board of Education
Annual Health Plan Employee Contribution Comparison
Combined Horizon BCBSNJ Medical and Prescription Plans
[Page 1] Parent-Child Coverage Year 4 - July 2019 through June 2020

Chapter 78 Annual Parent-Child Coverage Contribution

Step 1: Find your Salary Range; go to **Step 2**

[This is your Year 4 contribution percentage]

Step 2: Identify the below contribution amount in your Salary Range that matches your selected medical/prescription plan.

Go to **Step 3** to figure your approximate annual contribution amount per paycheck

Salary Range	Year 4	Horizon BCBSNJ Direct Access 15	Horizon BCBSNJ Direct Access 15/25	Horizon BCBSNJ Direct Access 20/20	Horizon BCBSNJ Direct Access 20/35
less than 25,000	3.50%	\$760.56	\$742.29	\$706.06	\$626.90
25,000-29,999	4.50%	\$977.86	\$954.37	\$907.79	\$806.02
30,000-34,999	6.00%	\$1,303.81	\$1,272.49	\$1,210.39	\$1,074.69
35,000-39,999	7.00%	\$1,521.11	\$1,484.57	\$1,412.12	\$1,253.81
40,000-44,999	8.00%	\$1,738.42	\$1,696.66	\$1,613.86	\$1,432.92
45,000-49,999	10.00%	\$2,173.02	\$2,120.82	\$2,017.32	\$1,791.16
50,000-54,999	15.00%	\$3,259.53	\$3,181.23	\$3,025.98	\$2,686.73
55,000-59,999	17.00%	\$3,694.13	\$3,605.39	\$3,429.44	\$3,044.97
60,000-64,999	21.00%	\$4,563.34	\$4,453.72	\$4,236.37	\$3,761.43
65,000-69,999	23.00%	\$4,997.95	\$4,877.89	\$4,639.84	\$4,119.66
70,000-74,999	26.00%	\$5,649.85	\$5,514.13	\$5,245.03	\$4,657.01
75,000-79,999	27.00%	\$5,867.15	\$5,726.21	\$5,446.76	\$4,836.12
80,000-84,999	28.00%	\$6,084.46	\$5,938.30	\$5,648.50	\$5,015.24
85,000-99,999	30.00%	\$6,519.06	\$6,362.46	\$6,051.96	\$5,373.47
100,000 and over	35.00%	\$7,605.57	\$7,422.87	\$7,060.62	\$6,269.05
Monthly P-C Premium (Med+RX)		\$1,810.85	\$1,767.35	\$1,681.10	\$1,492.63

Step 3:

To calculate your approximate contribution amount per paycheck:

- 1) if you are a 10-month employee, divide the shown contribution amount matching your salary range by 20.
- 2) if you are a 12-month employee, divide the shown contribution amount matching your salary range by 24.

[Note: Employee must contribute 1.5% of salary or the above contribution amount, whichever is greater.]

Follow *Steps 1-3* to figure your annual mandated Chapter 78 contribution amount

Bridgewater-Raritan Regional Board of Education
Annual Health Plan Employee Contribution Comparison
Combined Horizon BCBSNJ Medical and Prescription Plans
[Page 1] 2Adult Coverage Year 4 - July 2019 through June 2020

Chapter 78 Annual 2Adult Coverage Contribution

Step 1: Find your Salary Range; go to **Step 2**

[This is your Year 4 contribution percentage]

Step 2: Identify the below contribution amount in your Salary Range that matches your selected medical/prescription plan.

Go to **Step 3** to figure your approximate annual contribution amount per paycheck

Salary Range	Year 4	Chapter 78 Annual 2Adult Coverage Contribution			
		Horizon BCBSNJ Direct Access 15	Horizon BCBSNJ Direct Access 15/25	Horizon BCBSNJ Direct Access 20/20	Horizon BCBSNJ Direct Access 20/35
less than 25,000	3.50%	\$883.52	\$850.62	\$821.23	\$730.77
25,000-29,999	4.50%	\$1,135.95	\$1,093.65	\$1,055.87	\$939.56
30,000-34,999	6.00%	\$1,514.61	\$1,458.20	\$1,407.83	\$1,252.74
35,000-39,999	7.00%	\$1,767.04	\$1,701.24	\$1,642.47	\$1,461.53
40,000-44,999	8.00%	\$2,019.48	\$1,944.27	\$1,877.11	\$1,670.32
45,000-49,999	10.00%	\$2,524.34	\$2,430.34	\$2,346.38	\$2,087.90
50,000-54,999	15.00%	\$3,786.52	\$3,645.50	\$3,519.58	\$3,131.86
55,000-59,999	17.00%	\$4,291.38	\$4,131.57	\$3,988.85	\$3,549.44
60,000-64,999	21.00%	\$5,301.12	\$5,103.71	\$4,927.41	\$4,384.60
65,000-69,999	23.00%	\$5,805.99	\$5,589.77	\$5,396.68	\$4,802.18
70,000-74,999	26.00%	\$6,563.29	\$6,318.87	\$6,100.60	\$5,428.55
75,000-79,999	27.00%	\$6,815.73	\$6,561.91	\$6,335.24	\$5,637.34
80,000-84,999	28.00%	\$7,068.16	\$6,804.94	\$6,569.88	\$5,846.13
85,000-99,999	30.00%	\$7,573.03	\$7,291.01	\$7,039.15	\$6,263.71
100,000 and over	35.00%	\$8,835.20	\$8,506.18	\$8,212.34	\$7,307.66
Monthly 2A Premium (Med+RX)		\$2,103.62	\$2,025.28	\$1,955.32	\$1,739.92

Step 3:

To calculate your approximate contribution amount per paycheck:

- 1) if you are a 10-month employee, divide the shown contribution amount matching your salary range by 20.
- 2) if you are a 12-month employee, divide the shown contribution amount matching your salary range by 24.

[Note: Employee must contribute 1.5% of salary or the above contribution amount, whichever is greater.]

Follow *Steps 1-3* to figure your annual mandated Chapter 78 contribution amount

Bridgewater-Raritan Regional Board of Education
Annual Health Plan Employee Contribution Comparison
Combined Horizon BCBSNJ Medical and Prescription Plans
[Page 1] Family Coverage Year 4 - July 2019 through June 2020

Chapter 78 Annual Family Coverage Contribution

Step 1: Find your Salary Range; go to **Step 2**

[This is your Year 4 contribution percentage]

Step 2: Identify the below contribution amount in your Salary Range that matches your selected medical/prescription plan.

Go to **Step 3** to figure your approximate annual contribution amount per paycheck

Salary Range	Year 4	Horizon BCBSNJ Direct Access 15	Horizon BCBSNJ Direct Access 15/25	Horizon BCBSNJ Direct Access 20/20	Horizon BCBSNJ Direct Access 20/35
less than 25,000	3.00%	\$1,037.74	\$998.97	\$964.34	\$857.72
25,000-29,999	4.00%	\$1,383.65	\$1,331.97	\$1,285.78	\$1,143.62
30,000-34,999	5.00%	\$1,729.57	\$1,664.96	\$1,607.23	\$1,429.53
35,000-39,999	6.00%	\$2,075.48	\$1,997.95	\$1,928.67	\$1,715.44
40,000-44,999	7.00%	\$2,421.39	\$2,330.94	\$2,250.12	\$2,001.34
45,000-49,999	9.00%	\$3,113.22	\$2,996.92	\$2,893.01	\$2,573.15
50,000-54,999	12.00%	\$4,150.96	\$3,995.90	\$3,857.34	\$3,430.87
55,000-59,999	14.00%	\$4,842.78	\$4,661.88	\$4,500.23	\$4,002.68
60,000-64,999	17.00%	\$5,880.52	\$5,660.86	\$5,464.57	\$4,860.40
65,000-69,999	19.00%	\$6,572.35	\$6,326.84	\$6,107.46	\$5,432.21
70,000-74,999	22.00%	\$7,610.09	\$7,325.82	\$7,071.79	\$6,289.93
75,000-79,999	23.00%	\$7,956.00	\$7,658.81	\$7,393.24	\$6,575.84
80,000-84,999	24.00%	\$8,301.92	\$7,991.80	\$7,714.68	\$6,861.74
85,000-89,999	26.00%	\$8,993.74	\$8,657.78	\$8,357.58	\$7,433.56
90,000-94,999	28.00%	\$9,685.57	\$9,323.76	\$9,000.47	\$8,005.37
95,000-99,999	29.00%	\$10,031.48	\$9,656.76	\$9,321.91	\$8,291.27
100,000-109,999	32.00%	\$11,069.22	\$10,655.73	\$10,286.25	\$9,148.99
110,000 and over	35.00%	\$12,106.96	\$11,654.71	\$11,250.58	\$10,006.71
Monthly Family Premium (Med+RX)		\$2,882.61	\$2,774.93	\$2,678.71	\$2,382.55

Step 3:

To calculate your approximate contribution amount per paycheck:

- 1) if you are a 10-month employee, divide the shown contribution amount matching your salary range by 20.
- 2) if you are a 12-month employee, divide the shown contribution amount matching your salary range by 24.

[Note: Employee must contribute 1.5% of salary or the above contribution amount, whichever is greater.]

Follow *Steps 1-3* to figure your annual mandated Chapter 78 contribution amount

Bridgewater-Raritan Regional Board of Education
Annual Health Plan Employee Contribution Comparison
Combined Horizon BCBSNJ Medical and Prescription Plans
[Page 2] Single Coverage Year 4 - July 2019 through June 2020

Chapter 78 Annual Single Coverage Contribution

Step 1: Find your Salary Range; go to **Step 2**

[This is your Year 4 contribution percentage]

Step 2: Identify the below contribution amount in your Salary Range that matches your selected medical/prescription plan.

Go to **Step 3** to figure your approximate annual contribution amount per paycheck

Salary Range	Year 4	Horizon BCBSNJ POS 10	Horizon BCBSNJ POS 15/25	Horizon BCBSNJ POS 20/20	Horizon BCBSNJ POS 20/35
less than 20,000	4.50%	\$547.94	\$514.67	\$490.74	\$437.95
20,000-24,999	5.50%	\$669.71	\$629.05	\$599.79	\$535.27
25,000-29,999	7.50%	\$913.24	\$857.79	\$817.89	\$729.91
30,000-34,999	10.00%	\$1,217.65	\$1,143.72	\$1,090.52	\$973.21
35,000-39,999	11.00%	\$1,339.42	\$1,258.09	\$1,199.58	\$1,070.53
40,000-44,999	12.00%	\$1,461.18	\$1,372.46	\$1,308.63	\$1,167.85
45,000-49,999	14.00%	\$1,704.71	\$1,601.21	\$1,526.73	\$1,362.50
50,000-54,999	20.00%	\$2,435.30	\$2,287.44	\$2,181.05	\$1,946.42
55,000-59,999	23.00%	\$2,800.60	\$2,630.56	\$2,508.21	\$2,238.39
60,000-64,999	27.00%	\$3,287.66	\$3,088.04	\$2,944.41	\$2,627.67
65,000-69,999	29.00%	\$3,531.19	\$3,316.79	\$3,162.52	\$2,822.31
70,000-74,999	32.00%	\$3,896.49	\$3,659.90	\$3,489.68	\$3,114.28
75,000-79,999	33.00%	\$4,018.25	\$3,774.28	\$3,598.73	\$3,211.60
80,000-94,999	34.00%	\$4,140.02	\$3,888.65	\$3,707.78	\$3,308.92
95,000 and over	35.00%	\$4,261.78	\$4,003.02	\$3,816.83	\$3,406.24
Monthly Single Premium (Med+RX)		\$1,014.71	\$953.10	\$908.77	\$811.01

Step 3:

To calculate your approximate contribution amount per paycheck:

- 1) if you are a 10-month employee, divide the shown contribution amount matching your salary range by 20.
- 2) if you are a 12-month employee, divide the shown contribution amount matching your salary range by 24.

[Note: Employee must contribute 1.5% of salary or the above contribution amount, whichever is greater.]

Follow *Steps 1-3* to figure your annual mandated Chapter 78 contribution amount

Bridgewater-Raritan Regional Board of Education
Annual Health Plan Employee Contribution Comparison
Combined Horizon BCBSNJ Medical and Prescription Plans
[Page 2] Parent-Child Coverage Year 4 - July 2019 through June 2020

Chapter 78 Annual Parent-Child Coverage Contribution

Step 1: Find your Salary Range; go to **Step 2**

[This is your Year 4 contribution percentage]

Step 2: Identify the below contribution amount in your Salary Range that matches your selected medical/prescription plan.

Go to **Step 3** to figure your approximate annual contribution amount per paycheck

Salary Range	Year 4	Horizon BCBSNJ POS 10	Horizon BCBSNJ POS 15/25	Horizon BCBSNJ POS 20/20	Horizon BCBSNJ POS 20/35
less than 25,000	3.50%	\$731.77	\$686.49	\$653.92	\$582.05
25,000-29,999	4.50%	\$940.85	\$882.64	\$840.75	\$748.35
30,000-34,999	6.00%	\$1,254.47	\$1,176.85	\$1,121.00	\$997.80
35,000-39,999	7.00%	\$1,463.55	\$1,372.99	\$1,307.84	\$1,164.10
40,000-44,999	8.00%	\$1,672.63	\$1,569.13	\$1,494.67	\$1,330.40
45,000-49,999	10.00%	\$2,090.78	\$1,961.41	\$1,868.34	\$1,663.00
50,000-54,999	15.00%	\$3,136.18	\$2,942.12	\$2,802.51	\$2,494.49
55,000-59,999	17.00%	\$3,554.33	\$3,334.40	\$3,176.18	\$2,827.09
60,000-64,999	21.00%	\$4,390.65	\$4,118.97	\$3,923.51	\$3,492.29
65,000-69,999	23.00%	\$4,808.80	\$4,511.25	\$4,297.18	\$3,824.89
70,000-74,999	26.00%	\$5,436.04	\$5,099.67	\$4,857.68	\$4,323.79
75,000-79,999	27.00%	\$5,645.12	\$5,295.81	\$5,044.52	\$4,490.09
80,000-84,999	28.00%	\$5,854.20	\$5,491.95	\$5,231.35	\$4,656.39
85,000-99,999	30.00%	\$6,272.35	\$5,884.24	\$5,605.02	\$4,988.99
100,000 and over	35.00%	\$7,317.74	\$6,864.94	\$6,539.19	\$5,820.49
Monthly P-C Premium (Med+RX)		\$1,742.32	\$1,634.51	\$1,556.95	\$1,385.83

Step 3:

To calculate your approximate contribution amount per paycheck:

- 1) if you are a 10-month employee, divide the shown contribution amount matching your salary range by 20.
- 2) if you are a 12-month employee, divide the shown contribution amount matching your salary range by 24.

[Note: Employee must contribute 1.5% of salary or the above contribution amount, whichever is greater.]

Follow *Steps 1-3* to figure your annual mandated Chapter 78 contribution amount

Bridgewater-Raritan Regional Board of Education
Annual Health Plan Employee Contribution Comparison
Combined Horizon BCBSNJ Medical and Prescription Plans
[Page 2] 2Adult Coverage Year 4 - July 2019 through June 2020

Chapter 78 Annual 2Adult Coverage Contribution

Step 1: Find your Salary Range; go to **Step 2**

[This is your Year 4 contribution percentage]

Step 2: Identify the below contribution amount in your Salary Range that matches your selected medical/prescription plan.

Go to **Step 3** to figure your approximate annual contribution amount per paycheck

Salary Range	Year 4	Horizon BCBSNJ POS 10	Horizon BCBSNJ POS 15/25	Horizon BCBSNJ POS 20/20	Horizon BCBSNJ POS 20/35
less than 25,000	3.50%	\$850.62	\$798.86	\$761.63	\$679.50
25,000-29,999	4.50%	\$1,093.65	\$1,027.10	\$979.24	\$873.64
30,000-34,999	6.00%	\$1,458.20	\$1,369.47	\$1,305.65	\$1,164.86
35,000-39,999	7.00%	\$1,701.24	\$1,597.71	\$1,523.26	\$1,359.00
40,000-44,999	8.00%	\$1,944.27	\$1,825.96	\$1,740.86	\$1,553.15
45,000-49,999	10.00%	\$2,430.34	\$2,282.45	\$2,176.08	\$1,941.43
50,000-54,999	15.00%	\$3,645.50	\$3,423.67	\$3,264.12	\$2,912.15
55,000-59,999	17.00%	\$4,131.57	\$3,880.16	\$3,699.34	\$3,300.43
60,000-64,999	21.00%	\$5,103.71	\$4,793.14	\$4,569.77	\$4,077.01
65,000-69,999	23.00%	\$5,589.77	\$5,249.63	\$5,004.98	\$4,465.29
70,000-74,999	26.00%	\$6,318.87	\$5,934.36	\$5,657.81	\$5,047.72
75,000-79,999	27.00%	\$6,561.91	\$6,162.61	\$5,875.42	\$5,241.87
80,000-84,999	28.00%	\$6,804.94	\$6,390.85	\$6,093.02	\$5,436.01
85,000-99,999	30.00%	\$7,291.01	\$6,847.34	\$6,528.24	\$5,824.30
100,000 and over	35.00%	\$8,506.18	\$7,988.57	\$7,616.28	\$6,795.01
Monthly 2AD Premium (Med+RX)		\$2,025.28	\$1,902.04	\$1,813.40	\$1,617.86

Step 3:

To calculate your approximate contribution amount per paycheck:

- 1) if you are a 10-month employee, divide the shown contribution amount matching your salary range by 20.
- 2) if you are a 12-month employee, divide the shown contribution amount matching your salary range by 24.

[Note: Employee must contribute 1.5% of salary or the above contribution amount, whichever is greater.]

Follow *Steps 1-3* to figure your annual mandated Chapter 78 contribution amount

**Bridgewater-Raritan Regional Board of Education
Annual Health Plan Employee Contribution Comparison
Combined Horizon BCBSNJ Medical and Prescription Plans
[Page 2] Family Coverage Year 4 - July 2019 through June 2020**

Chapter 78 Annual Family Coverage Contribution

Step 1: Find your Salary Range; go to **Step 2**

[This is your Year 4 contribution percentage]

Step 2: Identify the below contribution amount in your Salary Range that matches your selected medical/prescription plan.

Go to **Step 3** to figure your approximate annual contribution amount per paycheck

Salary Range	Year 4	Horizon BCBSNJ POS 10	Horizon BCBSNJ POS 15/25	Horizon BCBSNJ POS 20/20	Horizon BCBSNJ POS 20/35
less than 25,000	3.00%	\$998.97	\$938.24	\$894.10	\$797.30
25,000-29,999	4.00%	\$1,331.97	\$1,250.99	\$1,192.13	\$1,063.07
30,000-34,999	5.00%	\$1,664.96	\$1,563.74	\$1,490.17	\$1,328.83
35,000-39,999	6.00%	\$1,997.95	\$1,876.49	\$1,788.20	\$1,594.60
40,000-44,999	7.00%	\$2,330.94	\$2,189.23	\$2,086.23	\$1,860.36
45,000-49,999	9.00%	\$2,996.92	\$2,814.73	\$2,682.30	\$2,391.90
50,000-54,999	12.00%	\$3,995.90	\$3,752.97	\$3,576.40	\$3,189.20
55,000-59,999	14.00%	\$4,661.88	\$4,378.47	\$4,172.46	\$3,720.73
60,000-64,999	17.00%	\$5,660.86	\$5,316.71	\$5,066.56	\$4,518.03
65,000-69,999	19.00%	\$6,326.84	\$5,942.20	\$5,662.63	\$5,049.56
70,000-74,999	22.00%	\$7,325.82	\$6,880.45	\$6,556.73	\$5,846.86
75,000-79,999	23.00%	\$7,658.81	\$7,193.19	\$6,854.76	\$6,112.63
80,000-84,999	24.00%	\$7,991.80	\$7,505.94	\$7,152.80	\$6,378.39
85,000-89,999	26.00%	\$8,657.78	\$8,131.44	\$7,748.86	\$6,909.93
90,000-94,999	28.00%	\$9,323.76	\$8,756.93	\$8,344.93	\$7,441.46
95,000-99,999	29.00%	\$9,656.76	\$9,069.68	\$8,642.96	\$7,707.23
100,000-109,999	32.00%	\$10,655.73	\$10,007.92	\$9,537.06	\$8,504.52
110,000 and over	35.00%	\$11,654.71	\$10,946.17	\$10,431.16	\$9,301.82
Monthly Family Premium (Med+RX)		\$2,774.93	\$2,606.23	\$2,483.61	\$2,214.72

Step 3:

To calculate your approximate contribution amount per paycheck:

- 1) if you are a 10-month employee, divide the shown contribution amount matching your salary range by 20.
- 2) if you are a 12-month employee, divide the shown contribution amount matching your salary range by 24.

[Note: Employee must contribute 1.5% of salary or the above contribution amount, whichever is greater.]