

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 2020 through June 2021

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

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 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%	\$586.05	\$572.10	\$544.41	\$483.91
20,000-24,999	5.50%	\$716.28	\$699.23	\$665.39	\$591.45
25,000-29,999	7.50%	\$976.75	\$953.50	\$907.34	\$806.52
30,000-34,999	10.00%	\$1,302.34	\$1,271.33	\$1,209.79	\$1,075.36
35,000-39,999	11.00%	\$1,432.57	\$1,398.46	\$1,330.77	\$1,182.89
40,000-44,999	12.00%	\$1,562.80	\$1,525.59	\$1,451.75	\$1,290.43
45,000-49,999	14.00%	\$1,823.27	\$1,779.86	\$1,693.71	\$1,505.50
50,000-54,999	20.00%	\$2,604.67	\$2,542.66	\$2,419.58	\$2,150.71
55,000-59,999	23.00%	\$2,995.37	\$2,924.05	\$2,782.52	\$2,473.32
60,000-64,999	27.00%	\$3,516.31	\$3,432.59	\$3,266.44	\$2,903.46
65,000-69,999	29.00%	\$3,776.77	\$3,686.85	\$3,508.40	\$3,118.53
70,000-74,999	32.00%	\$4,167.48	\$4,068.25	\$3,871.33	\$3,441.14
75,000-79,999	33.00%	\$4,297.71	\$4,195.38	\$3,992.31	\$3,548.67
80,000-94,999	34.00%	\$4,427.94	\$4,322.52	\$4,113.29	\$3,656.21
95,000 and over	35.00%	\$4,558.18	\$4,449.65	\$4,234.27	\$3,763.75
Monthly Single Premium (Med+RX)		\$1,085.28	\$1,059.44	\$1,008.16	\$896.13

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.]

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 2020 through June 2021

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

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%	\$783.83	\$764.82	\$727.14	\$644.79
25,000-29,999	4.50%	\$1,007.78	\$983.35	\$934.89	\$829.02
30,000-34,999	6.00%	\$1,343.71	\$1,311.13	\$1,246.52	\$1,105.36
35,000-39,999	7.00%	\$1,567.66	\$1,529.65	\$1,454.28	\$1,289.58
40,000-44,999	8.00%	\$1,791.61	\$1,748.17	\$1,662.03	\$1,473.81
45,000-49,999	10.00%	\$2,239.51	\$2,185.21	\$2,077.54	\$1,842.26
50,000-54,999	15.00%	\$3,359.27	\$3,277.82	\$3,116.30	\$2,763.40
55,000-59,999	17.00%	\$3,807.17	\$3,714.86	\$3,531.81	\$3,131.85
60,000-64,999	21.00%	\$4,702.98	\$4,588.95	\$4,362.83	\$3,868.75
65,000-69,999	23.00%	\$5,150.88	\$5,025.99	\$4,778.33	\$4,237.21
70,000-74,999	26.00%	\$5,822.73	\$5,681.55	\$5,401.59	\$4,789.89
75,000-79,999	27.00%	\$6,046.68	\$5,900.07	\$5,609.35	\$4,974.11
80,000-84,999	28.00%	\$6,270.63	\$6,118.59	\$5,817.10	\$5,158.34
85,000-99,999	30.00%	\$6,718.54	\$6,555.64	\$6,232.61	\$5,526.79
100,000 and over	35.00%	\$7,838.29	\$7,648.24	\$7,271.38	\$6,447.92
Monthly P-C Premium (Med+RX)		\$1,866.26	\$1,821.01	\$1,731.28	\$1,535.22

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 2020 through June 2021

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 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%	\$909.94	\$875.71	\$845.15	\$751.03
25,000-29,999	4.50%	\$1,169.93	\$1,125.92	\$1,086.62	\$965.61
30,000-34,999	6.00%	\$1,559.90	\$1,501.22	\$1,448.82	\$1,287.48
35,000-39,999	7.00%	\$1,819.89	\$1,751.43	\$1,690.29	\$1,502.06
40,000-44,999	8.00%	\$2,079.87	\$2,001.63	\$1,931.76	\$1,716.64
45,000-49,999	10.00%	\$2,599.84	\$2,502.04	\$2,414.70	\$2,145.80
50,000-54,999	15.00%	\$3,899.75	\$3,753.05	\$3,622.05	\$3,218.71
55,000-59,999	17.00%	\$4,419.72	\$4,253.46	\$4,104.99	\$3,647.87
60,000-64,999	21.00%	\$5,459.66	\$5,254.28	\$5,070.87	\$4,506.19
65,000-69,999	23.00%	\$5,979.62	\$5,754.68	\$5,553.81	\$4,935.35
70,000-74,999	26.00%	\$6,759.57	\$6,505.29	\$6,278.22	\$5,579.09
75,000-79,999	27.00%	\$7,019.56	\$6,755.50	\$6,519.69	\$5,793.67
80,000-84,999	28.00%	\$7,279.54	\$7,005.70	\$6,761.16	\$6,008.25
85,000-99,999	30.00%	\$7,799.51	\$7,506.11	\$7,244.10	\$6,437.41
100,000 and over	35.00%	\$9,099.43	\$8,757.13	\$8,451.45	\$7,510.31
Monthly 2A Premium (Med+RX)		\$2,166.53	\$2,085.03	\$2,012.25	\$1,788.17

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 2020 through June 2021

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%	\$1,068.92	\$1,028.60	\$992.56	\$881.64
25,000-29,999	4.00%	\$1,425.23	\$1,371.46	\$1,323.41	\$1,175.52
30,000-34,999	5.00%	\$1,781.54	\$1,714.33	\$1,654.27	\$1,469.41
35,000-39,999	6.00%	\$2,137.85	\$2,057.19	\$1,985.12	\$1,763.29
40,000-44,999	7.00%	\$2,494.15	\$2,400.06	\$2,315.97	\$2,057.17
45,000-49,999	9.00%	\$3,206.77	\$3,085.79	\$2,977.68	\$2,644.93
50,000-54,999	12.00%	\$4,275.69	\$4,114.38	\$3,970.24	\$3,526.57
55,000-59,999	14.00%	\$4,988.31	\$4,800.11	\$4,631.94	\$4,114.34
60,000-64,999	17.00%	\$6,057.23	\$5,828.71	\$5,624.50	\$4,995.98
65,000-69,999	19.00%	\$6,769.84	\$6,514.44	\$6,286.21	\$5,583.74
70,000-74,999	22.00%	\$7,838.77	\$7,543.03	\$7,278.77	\$6,465.39
75,000-79,999	23.00%	\$8,195.07	\$7,885.90	\$7,609.62	\$6,759.27
80,000-84,999	24.00%	\$8,551.38	\$8,228.76	\$7,940.48	\$7,053.15
85,000-89,999	26.00%	\$9,264.00	\$8,914.50	\$8,602.18	\$7,640.91
90,000-94,999	28.00%	\$9,976.61	\$9,600.23	\$9,263.89	\$8,228.67
95,000-99,999	29.00%	\$10,332.92	\$9,943.09	\$9,594.74	\$8,522.55
100,000-109,999	32.00%	\$11,401.84	\$10,971.69	\$10,587.30	\$9,404.20
110,000 and over	35.00%	\$12,470.77	\$12,000.28	\$11,579.86	\$10,285.84
Monthly Family Premium (Med+RX)		\$2,969.23	\$2,857.21	\$2,757.11	\$2,449.01

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] Single Coverage Year 4: July 2020 through June 2021

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	OMNIA
less than 20,000	4.50%	\$564.06	\$529.45	\$504.55	\$449.63	\$490.91
20,000-24,999	5.50%	\$689.41	\$647.10	\$616.67	\$549.55	\$600.00
25,000-29,999	7.50%	\$940.10	\$882.41	\$840.92	\$749.39	\$818.18
30,000-34,999	10.00%	\$1,253.47	\$1,176.55	\$1,121.22	\$999.18	\$1,090.91
35,000-39,999	11.00%	\$1,378.82	\$1,294.21	\$1,233.34	\$1,099.10	\$1,200.00
40,000-44,999	12.00%	\$1,504.17	\$1,411.86	\$1,345.46	\$1,199.02	\$1,309.09
45,000-49,999	14.00%	\$1,754.86	\$1,647.17	\$1,569.71	\$1,398.85	\$1,527.27
50,000-54,999	20.00%	\$2,506.94	\$2,353.10	\$2,242.44	\$1,998.36	\$2,181.82
55,000-59,999	23.00%	\$2,882.99	\$2,706.07	\$2,578.81	\$2,298.11	\$2,509.09
60,000-64,999	27.00%	\$3,384.37	\$3,176.69	\$3,027.29	\$2,697.79	\$2,945.45
65,000-69,999	29.00%	\$3,635.07	\$3,412.00	\$3,251.54	\$2,897.62	\$3,163.63
70,000-74,999	32.00%	\$4,011.11	\$3,764.97	\$3,587.90	\$3,197.38	\$3,490.91
75,000-79,999	33.00%	\$4,136.46	\$3,882.62	\$3,700.03	\$3,297.29	\$3,600.00
80,000-94,999	34.00%	\$4,261.80	\$4,000.28	\$3,812.15	\$3,397.21	\$3,709.09
95,000 and over	35.00%	\$4,387.15	\$4,117.93	\$3,924.27	\$3,497.13	\$3,818.18
Monthly Single Premium (Med+RX)		\$1,044.56	\$980.46	\$934.35	\$832.65	\$909.09

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 2020 through June 2021

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	OMNIA
less than 25,000	3.50%	\$753.89	\$706.78	\$672.89	\$598.13	\$654.33
25,000-29,999	4.50%	\$969.28	\$908.72	\$865.15	\$769.02	\$841.28
30,000-34,999	6.00%	\$1,292.38	\$1,211.62	\$1,153.53	\$1,025.36	\$1,121.70
35,000-39,999	7.00%	\$1,507.77	\$1,413.56	\$1,345.79	\$1,196.25	\$1,308.65
40,000-44,999	8.00%	\$1,723.17	\$1,615.50	\$1,538.04	\$1,367.15	\$1,495.60
45,000-49,999	10.00%	\$2,153.96	\$2,019.37	\$1,922.56	\$1,708.93	\$1,869.50
50,000-54,999	15.00%	\$3,230.95	\$3,029.06	\$2,883.83	\$2,563.40	\$2,804.26
55,000-59,999	17.00%	\$3,661.74	\$3,432.93	\$3,268.35	\$2,905.18	\$3,178.16
60,000-64,999	21.00%	\$4,523.32	\$4,240.68	\$4,037.37	\$3,588.76	\$3,925.96
65,000-69,999	23.00%	\$4,954.12	\$4,644.56	\$4,421.88	\$3,930.54	\$4,299.86
70,000-74,999	26.00%	\$5,600.31	\$5,250.37	\$4,998.65	\$4,443.22	\$4,860.71
75,000-79,999	27.00%	\$5,815.70	\$5,452.30	\$5,190.90	\$4,614.12	\$5,047.66
80,000-84,999	28.00%	\$6,031.10	\$5,654.24	\$5,383.16	\$4,785.01	\$5,234.61
85,000-99,999	30.00%	\$6,461.89	\$6,058.12	\$5,767.67	\$5,126.80	\$5,608.51
100,000 and over	35.00%	\$7,538.87	\$7,067.80	\$6,728.95	\$5,981.26	\$6,543.26
Monthly P-C Premium (Med+RX)		\$1,794.97	\$1,682.81	\$1,602.13	\$1,424.11	\$1,557.92

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 2] 2Adult Coverage Year 4: July 2020 through June 2021

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	OMNIA
less than 25,000	3.50%	\$875.71	\$821.87	\$783.14	\$697.70	\$761.93
25,000-29,999	4.50%	\$1,125.92	\$1,056.69	\$1,006.89	\$897.04	\$979.63
30,000-34,999	6.00%	\$1,501.22	\$1,408.92	\$1,342.52	\$1,196.06	\$1,306.17
35,000-39,999	7.00%	\$1,751.43	\$1,643.74	\$1,566.27	\$1,395.40	\$1,523.87
40,000-44,999	8.00%	\$2,001.63	\$1,878.56	\$1,790.03	\$1,594.74	\$1,741.56
45,000-49,999	10.00%	\$2,502.04	\$2,348.20	\$2,237.53	\$1,993.43	\$2,176.96
50,000-54,999	15.00%	\$3,753.05	\$3,522.29	\$3,356.30	\$2,990.14	\$3,265.43
55,000-59,999	17.00%	\$4,253.46	\$3,991.93	\$3,803.80	\$3,388.83	\$3,700.83
60,000-64,999	21.00%	\$5,254.28	\$4,931.21	\$4,698.82	\$4,186.20	\$4,571.61
65,000-69,999	23.00%	\$5,754.68	\$5,400.85	\$5,146.32	\$4,584.88	\$5,007.00
70,000-74,999	26.00%	\$6,505.29	\$6,105.31	\$5,817.58	\$5,182.91	\$5,660.09
75,000-79,999	27.00%	\$6,755.50	\$6,340.13	\$6,041.34	\$5,382.26	\$5,877.78
80,000-84,999	28.00%	\$7,005.70	\$6,574.95	\$6,265.09	\$5,581.60	\$6,095.48
85,000-99,999	30.00%	\$7,506.11	\$7,044.59	\$6,712.60	\$5,980.28	\$6,530.87
100,000 and over	35.00%	\$8,757.13	\$8,218.69	\$7,831.36	\$6,977.00	\$7,619.35
Monthly 2AD Premium (Med+RX)		\$2,085.03	\$1,956.83	\$1,864.61	\$1,661.19	\$1,814.13

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 2020 through June 2021

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	OMNIA
less than 25,000	3.00%	\$1,028.60	\$965.42	\$919.49	\$818.79	\$894.48
25,000-29,999	4.00%	\$1,371.46	\$1,287.22	\$1,225.99	\$1,091.72	\$1,192.65
30,000-34,999	5.00%	\$1,714.33	\$1,609.03	\$1,532.49	\$1,364.65	\$1,490.81
35,000-39,999	6.00%	\$2,057.19	\$1,930.83	\$1,838.99	\$1,637.58	\$1,788.97
40,000-44,999	7.00%	\$2,400.06	\$2,252.64	\$2,145.49	\$1,910.51	\$2,087.13
45,000-49,999	9.00%	\$3,085.79	\$2,896.25	\$2,758.48	\$2,456.37	\$2,683.45
50,000-54,999	12.00%	\$4,114.38	\$3,861.66	\$3,677.98	\$3,275.16	\$3,577.94
55,000-59,999	14.00%	\$4,800.11	\$4,505.27	\$4,290.97	\$3,821.03	\$4,174.26
60,000-64,999	17.00%	\$5,828.71	\$5,470.69	\$5,210.47	\$4,639.82	\$5,068.75
65,000-69,999	19.00%	\$6,514.44	\$6,114.30	\$5,823.46	\$5,185.68	\$5,665.07
70,000-74,999	22.00%	\$7,543.03	\$7,079.71	\$6,742.96	\$6,004.47	\$6,559.56
75,000-79,999	23.00%	\$7,885.90	\$7,401.52	\$7,049.45	\$6,277.40	\$6,857.72
80,000-84,999	24.00%	\$8,228.76	\$7,723.32	\$7,355.95	\$6,550.33	\$7,155.88
85,000-89,999	26.00%	\$8,914.50	\$8,366.94	\$7,968.95	\$7,096.19	\$7,752.20
90,000-94,999	28.00%	\$9,600.23	\$9,010.55	\$8,581.94	\$7,642.05	\$8,348.52
95,000-99,999	29.00%	\$9,943.09	\$9,332.35	\$8,888.44	\$7,914.98	\$8,646.69
100,000-109,999	32.00%	\$10,971.69	\$10,297.77	\$9,807.94	\$8,733.77	\$9,541.17
110,000 and over	35.00%	\$12,000.28	\$11,263.18	\$10,727.43	\$9,552.56	\$10,435.66
Monthly Family Premium (Med+RX)		\$2,857.21	\$2,681.71	\$2,554.15	\$2,274.42	\$2,484.68

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.]