



SEHBP Employee Open Enrollment

Effective January 1, 2023

Park Ridge BOE

Presented: October 20, 2022

Presented By:

Anthony Ciardella, Jr.

Senior Vice President, Employee Benefits

Brown & Brown Benefit Advisors



January 1, 2023 NJ School Employees' Health Benefits Program (SEHBP) Local Education Employee Plans

HorizonBlue.com/shbp 1-800-414-SHBP (7427)

	PPO Plan Options		
	NJ EDUCATORS HEALTH PLAN (NJEHP)	NJ DIRECT10	NJ DIRECT15
Eligibility	All Active Employees and Non-Medicare Retirees	Active Employees Hired Prior to 7/1/20	
IN-NETWORK (IN)			
Service Area Available	Nationwide	Nationwide	Nationwide
Specialist Referral	No referral required	No referral required	No referral required
Deductible	\$0	\$0	\$0
Coinsurance (On select services)	10%	10%	10%
Coinsurance Out-of-Pocket Maximum			
Individual	\$500	\$400	\$400
Family	\$1,000	\$1,000	\$1,000
Total Out-of-Pocket Maximum (Copay+Coinsurance)			
Individual	\$500	\$400	\$7,280
Family	\$1,000	\$1,000	\$14,560
HEALTH CARE SERVICES			
Primary Care Office Visit	\$10	\$10	\$15
Annual Routine Physical (In-Network Only)	\$0	\$0	\$0
Direct Primary Care (DPC) Doctors Office	\$0	\$0	\$0
Horizon CareOnline (Telemedicine)	Copay may apply	Copay may apply	Copay may apply
Specialist Office Visit	\$15	\$10	\$15
Annual Routine Vision (In-Network Only)	\$15	\$10	\$15
Chiropractic (30 combined IN and OON visits per calendar year)	\$15	\$10	\$15
Physical/Occupational/Speech Therapy	\$15	\$10	\$15
Diagnostic Laboratory/Radiology/Advanced Imaging	\$0	\$0	\$0
EMERGENCY/URGENT MEDICAL SERVICES			
Urgent Care Center	\$15	\$10	\$15
Emergency Room	\$125	\$25	\$50
Ambulance	10%	10%	10%
OTHER SERVICES			
Inpatient Facility	\$0	\$0	\$0
Outpatient Facility	\$0	\$0	\$0
Outpatient Behavioral Health	\$15	\$10	\$15
Durable Medical Equipment (DME)	10%	10%	10%
OUT-OF-NETWORK (OON)			
Deductible - Individual	\$350	\$100	\$100
Deductible - Family	\$700	\$250	\$250
Coinsurance after Deductible	30%	20%	30%
Out-of-Pocket Coinsurance Maximum - Individual	\$2,000	\$2,000	\$2,000
Out-of-Pocket Coinsurance Maximum - Family	\$5,000	\$5,000	\$5,000
Out-of-Network Fee Schedule*	200% CMS	90 th percentile FairHealth	90 th percentile FairHealth

* There are specified dollar limits for out-of-network chiropractic (\$35), physical therapy (\$52) and acupuncture (\$60).

This document is for informational purposes only and does not constitute a binding agreement. The information provided by this document is not intended to replace or modify the terms, conditions, limitations and exclusions contained within health, dental or vision benefit plans issued or administered by Horizon. In the event of a conflict between the information contained in this document and your plan documents, your plan documents shall control.

Retirees: Please visit nj.gov/treasury/pensions for information regarding available retiree plans.

This is not a complete list of all covered services. Exclusions and limitations apply to some services. Visit nj.gov/treasury/pensions/member-guidebooks.shtml for more information.

You can reference the HorizonBlue.com/shbp to determine your premium contribution.

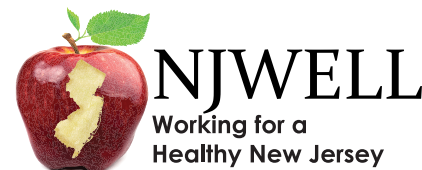


Achieve your best health and earn rewards.

The NJWELL program is a great way to make meaningful changes to your wellness habits with program enhancements for eligible members and their covered spouse/partner. NJWELL can help you achieve holistic well-being including:

- Physical fitness
- Emotional balance
- Preventive care
- Social connection
- Financial security

Learn more about NJWELL at HorizonBlue.com/shbp/njwell or visit the NJ Division of Pensions and Benefits website at nj.gov/treasury/pensions.



**You can earn \$250
in rewards each wellness year
(November 1 to October 31).**

With Horizon health plans, we've got you covered.

Well Care and Preventive Care

Services such as an annual physical and gynecological exam, well baby/child medical care, immunizations and an annual vision exam are covered when using a participating doctor.

Behavioral Health and Substance Use Disorder

We empower our members to achieve their best physical and mental health. Our care team will work with you, your family, caregivers and doctors to make sure you are getting the treatment and support you need in the most appropriate setting. Telehealth and virtual programs are available. Your Horizon Health Guide can direct you to the right source.

In-Network Laboratories

Our members have access to in-network lab services. You can use Quest Diagnostics™ (Quest) or LabCorp for blood tests and other lab services. Our networks also include a number of other participating labs that provide specialized lab services.

Prescription Drug Coverage

Prescription drug coverage is available to all SHBP and SEHBP members. To learn more, refer to the Prescription Drug Plan information on the NJ Division of Pensions and Benefits website at nj.gov/treasury/pensions or contact your employer for details.

Health Programs

These programs can help you take control of your health and provide support for managing the challenges of living with conditions such as diabetes, hypertension, back and joint pain, and weight management issues with our partners HingeHealth and Wondr™.

Learn more at HorizonBlue.com/shbp



Garden State Health Plan

AetnaStateNJ.com 1-877-782-8365 (TTY:711)

New plan effective July 1, 2022

ELIGIBILITY	SEHBP Active & Under 65 Retirees
IN NETWORK (IN):	Aetna Whole HealthSM NJ Network
Service area available	AWH NJ Choice POS11 Network - NJ only
Specialist referral	No referral required
Deductible	\$0
Coinsurance (on select services)	10%
Coinsurance out-of-pocket maximum	
Individual	\$500
Family	\$1,000
Total out-of-pocket maximum (copay + coinsurance)	
Individual	\$500
Family	\$1,000
HEALTH CARE SERVICES	
Physician office visits (PCP)	\$10
Annual routine physical (in-network only)	\$0
Direct primary care (DPC) doctors office	\$0
Teledoc® (Telemedicine)	Copay may apply
Specialist office visit	\$15
Annual routine vision (in-network only)	\$15
Chiropractic (30 combined IN and OON visits per calendar year)	\$15
Physician/Occupational/Speech Therapy	\$15
Diagnostic Laboratory/Radiology/Advanced Imaging	\$0
EMERGENCY/URGENT MEDICAL SERVICES	
Urgent care	\$15
Emergency room	\$125
Ambulance	10%
OTHER SERVICES	
Inpatient facility	\$0
Outpatient facility	\$0
Outpatient behavioral health	\$15
Durable medical equipment (DME)	10%
OUT OF NETWORK (OON):	
Deductible Individual	\$350
Deductible Family	\$700
Coinsurance after deductible	30%
Out-of-pocket coinsurance maximum individual	\$2,000
Out-of-pocket coinsurance maximum family	\$5,000
Out-of-network fee schedule*	200% CMS

****If you receive care outside of New Jersey, you will only be covered for emergency services. Any nonemergency care will not be covered by the plan and you'll have out of pocket expenses.**

There are specified dollar limits for out of network chiropractic (\$35), physical therapy (\$52) and acupuncture (\$60).

AetnaStateNJ.com | 1-877-782-8365 (TTY:711)

For self-funded plans, coverage is offered by your employer and administrative services are provided by Aetna Life Insurance Company (Aetna).

©2022 Aetna Inc.

1184752-01-01

Health benefits are important to you and your family. Staying well and living well are, too. Aetna® puts it all together for you — benefits, resources, tools and technology, and personal service and support. Let us help you feel and be your best!

Health plan resources



Support for a healthy pregnancy

The **Aetna Enhanced Maternity Program™** provides extra support during pregnancy, from managing pregnancy symptoms to labor and beyond. This program offers services, information and resources for a healthy pregnancy right from the start.



Savings on healthy-living products and services

With **Aetna discount programs**, you can save on gym memberships, weight-loss programs, vision services, hearing aids and more. These built-in discounts aren't insurance. And there are no claims, referrals or limits on use.



Nurse support anytime

With the **24-Hour Nurse Line**, you can speak with a registered nurse about health issues — anytime, day or night. While only your doctor can diagnose, prescribe or give medical advice, these nurses can provide the latest information on a variety of health topics.



Access to a doctor, 24/7

Teladoc® connects you to a board-certified primary care doctor, anytime, anywhere. You can get care by phone or video chat for many non-emergency medical issues, including colds, flu, bronchitis, infections and more. When appropriate, they can even call in a prescription to your local pharmacy.



Back and joint pain therapy

The Aetna Back and Joint Care program uses Hinge Health's digital exercise therapy to provide support for chronic back, knee, hip, neck and shoulder pain. Hinge Health provides all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your condition and the support of a personal care team.



Healthy Lifestyle Coaching

This personalized coaching program can help you eat better, get more active and take charge of your health. Work with a coach by phone or online for help reaching your health goals.



Mental health care on your terms

Your medical plan provides behavioral health benefits to help you work toward feeling your best. These benefits include:

- AbleTo, a program that lets you work with a coach and therapist for help with behavioral health issues resulting from a medical diagnosis or certain life events.
- Workit Health, for help with substance misuse, including alcohol, opioids and other drugs.



Garden State Health Plan active members, as well as covered spouses and domestic partners, can each **earn a \$250 reward** for completing a biometric screening, health assessment and wellness activities.



Questions?

Call your **Aetna Concierge Service Team** at **1-877-StateNJ (1-877-782-8365) (TTY: 711)**, and be sure to reference the SEHBP Garden State Health Plan.



DISCOUNT OFFERS ARE NOT INSURANCE. They are not benefits under your insurance plan. You get access to discounts off the regular charge on products and services offered by third-party vendors and providers. Aetna makes no payment to the third parties — you are responsible for the full cost. Check any insurance plan benefits you have before using these discount offers, as those benefits may give you lower costs than these discounts. Hearing products and services are provided by Hearing Care Solutions and Amplifon Hearing Health Care. Vision care providers are contracted through EyeMed Vision Care. LASIK surgery discounts are offered by the U.S. Laser Network and QualSight.

SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM

OptumRx Prescription Plan Designs

PARK RIDGE BOE

Presented by Brown & Brown, October 20, 2022

	NJ DIRECT10	NJ DIRECT15	NEW JERSEY EDUCATORS HEALTH PLAN	GARDEN STATE HEALTH PLAN
Prescription Drug Copayments*				
Retail: Generic Copayments	N/A	N/A	\$5	\$5
Retail: Preferred Brand Copayments	N/A	N/A	\$10	\$10
Retail: Non-Preferred Brand Copayments	N/A	N/A	Member pays difference¹	Member pays difference¹
Mail: Generic Copayments	N/A	N/A	\$10	\$10
Mail: Preferred Brand Copayments	N/A	N/A	\$20	\$20
Mail: Non-Preferred Brand Copayments	N/A	N/A	Member pays difference¹	Member pays difference¹
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	N/A	N/A	\$1,600/\$3,200	\$1,600/\$3,200

Note: Retail – 30 day supply. Mail – 90 day supply. Oral contraceptive coverage is available under the medical and prescription plans.

Local education employers can select from the SEHBP's Prescription Drug Plans, purchase their own prescription drug coverage plan, or receive prescription drug coverage through the SEHBP medical plan. Copayments shown apply to the plans when coverage is through the SEHBP's Prescription Drug Plans.

****If prescription drug coverage is through the medical plan for NJ DIRECT10 and NJ DIRECT15, the coinsurance is 10%. For NJEHP and GSHP, the copays are the same as if coverage is through the SEHBP's Prescription Drug Plan as shown in the chart above.***

¹You pay the applicable brand copayment as listed above, plus the cost difference between the brand drug and the generic drug equivalent

FOR ILLUSTRATIVE PURPOSES ONLY

2022 SEHBP NJ Direct 10 & NJ Direct 15 Formulary

Effective July 1, 2022



For the most current list of covered medications or if you have questions:



Call **1-844-368-8740**.



Visit **optumrx.com** or log on to the Optum Rx app to:

- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.



Scan the QR code
to download the
Optum Rx app

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Tier information

Using lower tier or preferred medications can help you lower your out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high-deductible plan, the tier cost levels will apply once you meet your deductible.

Drug tier	Includes	Helpful tips
Tier 1	\$ Lower-cost generics and some brand name	Use tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand name	Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Higher-cost brand name and some generics	Many tier 3 drugs have lower-cost options in tier 1 or 2. Ask your doctor if they could work for you.

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan decides how these medications may be covered.

PA	Prior authorization – Your doctor is required to give Optum Rx more information to determine coverage.
QL	Quantity limit – Medication may be limited to a certain quantity.
SP	Specialty medication – Medication is designated as specialty.
ST	Step therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered.
3P	Tier 3 preferred
++	Benefit design options – Coverage is determined by your prescription medication benefit plan.

2022 NJ Educators Health Plan (NJEHP) Formulary

Effective July 1, 2022



For the most current list of covered medications or if you have questions:



Call **1-844-368-8740**.



Visit **optumrx.com** or log on to the Optum Rx app to:

- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.



Scan the QR code
to download the
Optum Rx app

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Tier information

Using lower tier or preferred medications can help you lower your out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high-deductible plan, the tier cost levels will apply once you meet your deductible.

Drug tier	Includes	Helpful tips
Tier 1	\$ Lower-cost generics and some brand name	Use tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand name	Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Higher-cost brand name and some generics	Many tier 3 drugs have lower-cost options in tier 1 or 2. Ask your doctor if they could work for you.
Tier E	⊗ Excluded	May not be covered or need prior authorization. Lower-cost options are available and covered.

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan decides how these medications may be covered.

M	Authorized generic or cobranded product
PA	Prior authorization – Your doctor is required to give Optum Rx more information to determine coverage.
QL	Quantity limit – Medication may be limited to a certain quantity.
SP	Specialty medication – Medication is designated as specialty.
ST	Step therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered
3P	Tier 3 preferred
++	Benefit design options – Coverage is determined by your prescription medication benefit plan.

2022 Garden State Health Plan (GSHP) Formulary

Effective July 1, 2022



For the most current list of covered medications or if you have questions:



Call **1-844-368-8740**.



Visit **optumrx.com** or log on to the Optum Rx app to:

- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.



Scan the QR code
to download the
Optum Rx app

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Tier information

Using lower tier or preferred medications can help you lower your out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high-deductible plan, the tier cost levels will apply once you meet your deductible.

Drug tier	Includes	Helpful tips
Tier 1	\$ Lower-cost generics and some brand name	Use tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand name	Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Higher-cost brand name and some generics	Many tier 3 drugs have lower-cost options in tier 1 or 2. Ask your doctor if they could work for you.
Tier E	⊗ Excluded	May not be covered or need prior authorization. Lower-cost options are available and covered.

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan decides how these medications may be covered.

M	Authorized generic or cobranded product
PA	Prior authorization – Your doctor is required to give Optum Rx more information to determine coverage.
QL	Quantity limit – Medication may be limited to a certain quantity.
SP	Specialty medication – Medication is designated as specialty.
ST	Step therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered
3P	Tier 3 preferred
++	Benefit design options – Coverage is determined by your prescription medication benefit plan.

Recommended Premium Rate Changes

The recommended Plan Year 2023 premium rate changes are as follows: a 15.1% increase for Active Employees, a 15.8% increase for Early Retirees and a 0.1% decrease for Medicare Retirees. The Retiree Medicare Medical Plan includes both fully insured Medicare Advantage plans administered by Aetna and self-insured Medicare plan options administered by Horizon. The Medicare Retirees medical increase for Plan Year 2023 includes both self-insured medical premiums and fully insured Medicare Advantage premiums.

The recommended rate setting premium rate changes for Plan Year 2023 by benefit plan are listed below:

	Medical	Rx			Total
		Rx Card	MMRx	Total Rx	
Actives					
NJ DIRECT 10/15	15.6%	7.8%	16.6%	12.8%	15.3%
NJEHP	15.6%	7.8%	7.8%	7.8%	14.9%
Total	15.6%	7.8%	12.9%	10.8%	15.1%
Early Retirees					
NJEHP	13.6%			26.1%	15.8%
Total	13.6%			26.1%	15.8%
Medicare Retirees					
Total	(9.6%)			6.1%	(0.1%)
Grand Total	13.8%			9.6%	12.9%

The table below shows the projected total Claim Stabilization Reserve at the end of Plan Years 2021 through 2023 for Local Education. The projected reserve balances are based on the reserve balance as of June 30, 2021 provided by the State. The CSR balances below are intended to illustrate how the claims stabilization reserve may fluctuate due to gains and losses in the active plans. Actual balances as of December 31, 2022 and December 31, 2023 may differ.

SEHBP Projected Active Claim Stabilization Reserve

(in \$ millions)

	Reserve Balance
12/31/2021	\$559
12/31/2022	\$314
12/31/2023	\$313
Months of Plan Cost as of 12/31/2023	2.5



**Local Monthly Active Group —
Education Employers
Monthly Rates**
Effective 1/1/2023 to 12/31/2023

For employers who offer prescription drugs through the
medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$1,158.91		\$1,158.91
Member & Spouse/Partner	\$1,161.21	\$1,156.61	\$2,317.82
Family	\$1,162.05	\$2,152.43	\$3,314.48
Parent & Child	\$1,159.93	\$995.64	\$2,155.57
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,109.83		\$1,109.83
Member & Spouse/Partner	\$1,112.13	\$1,107.52	\$2,219.65
Family	\$1,112.97	\$2,061.14	\$3,174.11
Parent & Child	\$1,110.85	\$953.43	\$2,064.28
NEW JERSEY EDUCATORS HEALTH PLAN #098 — PPO Plan with \$10 Primary Care Copayment /\$15 Specialist Care Copayment			
Single	\$1,021.61		\$1,021.61
Member & Spouse/Partner	\$1,023.91	\$1,019.31	\$2,043.22
Family	\$1,024.75	\$1,897.05	\$2,921.80
Parent & Child	\$1,022.63	\$877.56	\$1,900.19
GARDEN STATE HEALTH PLAN #099 — PPO plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment			
Single	\$826.01		\$826.01
Member & Spouse/Partner	\$828.31	\$823.71	\$1,652.02
Family	\$829.15	\$1,533.24	\$2,362.39
Parent & Child	\$827.03	\$709.35	\$1,536.38

For copayments and deductibles, please refer to the *Plan Design Charts* on our website at: www.nj.gov/treasury/pensions

c.78 NJ Direct 10/15 Medical & Rx Contribution Schedule

Employee Contribution – Percentage of Plan Premium (Tier 3)

<u>Single</u>			<u>EE+Spouse or Parent/Child(ren)</u>			<u>Family</u>	
<u>Salary Range</u>	<u>% of Premium</u>		<u>Salary Range</u>	<u>% of Premium</u>		<u>Salary Range</u>	<u>% of Premium</u>
less than \$20,000	3.38%		less than \$25,000	2.63%		less than \$25,000	2.25%
\$20,000-\$24,999.99	4.13%		\$25,000-\$29,999.99	3.38%		\$25,000-\$29,999.99	3.00%
\$25,000-\$29,999.99	5.63%		\$30,000-\$34,999.99	4.50%		\$30,000-\$34,999.99	3.75%
\$30,000-\$34,999.99	7.50%		\$35,000-\$39,999.99	5.25%		\$35,000-\$39,999.99	4.50%
\$35,000-\$39,999.99	8.25%		\$40,000-\$44,999.99	6.00%		\$40,000-\$44,999.99	5.25%
\$40,000-\$44,999.99	9.00%		\$45,000-\$49,999.99	7.50%		\$45,000-\$49,999.99	6.75%
\$45,000-\$49,999.99	10.50%		\$50,000-\$54,999.99	11.25%		\$50,000-\$54,999.99	9.00%
\$50,000-\$54,999.99	15.00%		\$55,000-\$59,999.99	12.75%		\$55,000-\$59,999.99	10.50%
\$55,000-\$59,999.99	17.25%		\$60,000-\$64,999.99	15.75%		\$60,000-\$64,999.99	12.75%
\$60,000-\$64,999.99	20.25%		\$65,000-\$69,999.99	17.25%		\$65,000-\$69,999.99	14.25%
\$65,000-\$69,999.99	21.75%		\$70,000-\$74,999.99	19.50%		\$70,000-\$74,999.99	16.50%
\$70,000-\$74,999.99	24.00%		\$75,000-\$79,999.99	20.25%		\$75,000-\$79,999.99	17.25%
\$75,000-\$79,999.99	24.75%		\$80,000-\$84,999.99	21.00%		\$80,000-\$84,999.99	18.00%
\$80,000-\$94,999.99	25.50%		\$85,000-\$99,999.99	22.50%		\$85,000-\$89,999.99	19.50%
\$95,000 and over	26.25%		\$100,000 and over	26.25%		\$90,000-\$94,999.99	21.00%
						\$95,000-\$99,999.99	21.75%
						\$100,000-\$109,999.99	24.00%
						\$110,000 and over	26.25%

FOR ILLUSTRATIVE PURPOSES ONLY



Knowledge You Can Trust™

c.44 NJEHP Medical & Rx Contribution Schedule

BASE SALARY

COVERAGE TIER/PERCENTAGE OF SALARY

	<u>Single</u>	<u>Parent/Child(ren)</u>	<u>EE+Spouse</u>	<u>Family</u>
Up to \$40,000	1.70%	2.20%	2.80%	3.30%
\$40,001 - \$50,000	1.90%	2.50%	3.30%	3.90%
\$50,001 - \$60,000	2.20%	2.80%	3.90%	4.40%
\$60,001 - \$70,000	2.50%	3.00%	4.40%	5.00%
\$70,001 - \$80,000	2.80%	3.30%	5.00%	5.50%
\$80,001 - \$90,000	3.00%	3.60%	5.50%	6.00%
\$90,001 - \$100,000	3.30%	3.90%	6.00%	6.60%
\$100,001 - \$125,000	3.60%	4.40%	6.60%	7.20%

1. This contribution cannot exceed the previous Chapter 78 contributions. In every case, the lower contribution applies.
2. For any employee earning a base salary above \$125,000, the maximum contribution will be based on a salary of \$125,000

FOR ILLUSTRATIVE PURPOSES ONLY



Knowledge You Can Trust™

c.44 GSHP Medical & Rx Contribution Schedule

BASE SALARY

COVERAGE TIER/PERCENTAGE OF SALARY

	<u>Single</u>	<u>Parent/Child(ren)</u>	<u>EE+Spouse</u>	<u>Family</u>
Up to \$40,000	1.50%	1.50%	1.50%	1.65%
\$40,001 - \$50,000	1.50%	1.50%	1.65%	1.95%
\$50,001 - \$60,000	1.50%	1.50%	1.95%	2.20%
\$60,001 - \$70,000	1.50%	1.50%	2.20%	2.50%
\$70,001 - \$80,000	1.50%	1.65%	2.50%	2.75%
\$80,001 - \$90,000	1.50%	1.80%	2.75%	3.00%
\$90,001 - \$100,000	1.65%	1.95%	3.00%	3.30%
\$100,001 - \$125,000	1.80%	2.20%	3.30%	3.60%

1. This contribution cannot exceed the previous Chapter 78 contributions. In every case, the lower contribution applies.
2. For any employee earning a base salary above \$125,000, the maximum contribution will be based on a salary of \$125,000
3. Pursuant to NJ P.L. 2020, c. 44 (Chapter 44), employee contributions shall not be less than 1.50% as required by law

FOR ILLUSTRATIVE PURPOSES ONLY



Knowledge You Can Trust™