

LEGACY PLANS - Direct 10, Direct 15 & Direct 20/30 for Employees hired BEFORE 7/1/2020 ONLY

# Medical/Dental/Vision Programs 2024/2025 Worksheet

| New Enrollment |
|----------------|
|                |

|          | Waive |
|----------|-------|
| <u> </u> | ,     |

SEND ORIGINAL FORM TO: Lisa Jones, Payroll - lisa.jones@motsd.org

Change:
Please check off
reason at right
Attach proof of
change

| ☐ Termination of insurance |
|----------------------------|
| ☐ Marriage (Add Spouse)    |
| Divorce (Delete Spouse)    |
| Add Dependent              |
| ☐ Delete Dependent         |
| Other                      |

The District and I hereby agree that I have 30-days to elect Medical, Prescription, Dental and Vision coverage and that my compensation will be reduced, on a pre-tax basis, as required by P.L. Chapter 78 and Chapter 44 for each pay period during the plan year (or during such portion of the year as remains after the date of this agreement).

Please check off your choices for 2024/2025. Rates shown on this worksheet are monthly.

All Fields Required.......Rates are for FULL-TIME CERTIFICATED STAFF.......Please refer to your contract for benefit eligibility

| Employee Name:   |   | O Male O Female   |
|--|---|---|
| Address:   | City:   | State: Zip:   |
| SSN:   | Date of Birth:  | Date of Hire:   |
| Home Phone #:  |   | Effective Date:   |
| Email address:   |   | Annual Salary:  |
| If you are enrolling d   | lependents or WAIVING coverage for any dependents (   | (if eligible), please complete below.   |
| Spouse:  | OM OF Spouse SSN:   | Spouse DOB:   |
| Child:   | OM OF Child SSN:  | Child DOB:  |
| Child:   | OM OF Child SSN:  | Child DOB:  |
| Child:   | OM OF Child SSN:  | Child DOB:  |
| Child:   | OM OF Child SSN:  | Child DOB:  |
|  |   |   |
| has other medical coverage and provides<br>Employees choosing to "opt-out" will be r<br>program. Employees shall be told how to<br>changes in circumstances regarding heal | aive health coverage (medical/prescription, dental and/or vision in sproof of coverage. Each school year, eligible employees may required to sign this release indicating that their spouse and/or do ore-enroll in health benefits if needed, and members are respons lth benefits. This applies to new hires after July 1st and any emphall pay "opt-out" at the negotiated amount. | choose to "opt-out" of the district's insurance benefits. ependents are covered under another health benefit ible for informing the Business Office, in writing, of any |

For any benefits I am waiving, I recognize the following criteria for re-entry to the insurance program:

1. Employees and their family members have the option to waive or re-enter the health insurance programs by completing an enrollment application during the annual open enrollment period.

Single

- 2. The decision to waive coverage cannot change until the next July 1st annual open enrollment period. Since most employees electing to waive coverage will be doing so because they have coverage through their spouse, a "hardship provision" for re-entry is available. This provision allows employees and family members to re-enter the program, on an immediate basis, without the necessity of health questionnaires. The provision allows for re-entry only in the following situations which result in the loss of coverage through a spouse.
  - \* Termination of Employment
  - \* Divorce (copy of decree required)
  - \* Legal Separation (copy of decree required)

Level of coverage I am WAIVING.....

- \* Death (copy of certificate required)
- \* Group Contract / Policy Terminated
- \* Military Discharge (Form DD214 required)

EE/Child(ren)

Family



Please Note: To be eligible for the "opt-out" waiver-election, proof of alternative coverage (copy of current medical insurance ID card or letter on company letterhead) MUST accompany this form.

EE/Sp

\*\*\*\*\*\*Dependent section above must be complete for these boxes

#### IMPORTANT PROVISION:

#### **ELECTION / CHANGE**

I cannot change or revoke these healthcare choices at any time during the plan year unless I have a change in family status (including marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse, or such other events as the Plan Administrator determines will permit a change or revocation of an election). Open Enrollment will occur annually in May/June for a July 1st effective date and I will be able to make changes during that time. In addition, this worksheet is not a guarantee of coverage and all plan details are located in the Benefits Guide.

## YOU CAN ONLY ELECT ONE (1) MEDICAL AND ONE (1) DENTAL PLAN

| orizon                                    |                       |                      |   |   |  | RX - Direct 1   |  |
|---|-----------------------|----------------------|---|---|--|---|--|
| on Blue Cross Blue Si                     | hield of New Jersey   |                      | Employee/   | Employee/   |  |   |  |
|   |                       |                      | Employee/<br>Employee Spouse  | Employee/<br>Child(ren)   | Family   | Waiver  |  |
| Must check                                | cone box & only       | 1                    | Spouse  | Cilia(icil)   |  |   |  |
| choose 1                                  | L <u>medical</u> plan | ļ                    |   |   |  |   |  |
|   |                       | _}                   | MONTHLY CON   | TRIBUTIONS - DIRECT 1   |  |   | r 78   |
|   |                       |                      | Annual Salary   | Employee  | Employee & Spouse  | Employee &<br>Child(ren)  | Family   |
|   |                       |                      | Premium   | \$1,051.70  | \$2,103.41   | \$1,956.17  | \$3,007.8  |
|   |                       |                      | less than \$20,000  | 4.5%  | 3.0%   | 3.0%  | 3.5%   |
|   |                       |                      | \$20,000-\$24,999.99  | 5.5%  | 3.0%   | 3.0%  | 3.5%   |
|   |                       |                      | \$25,000-\$29,999.99<br>\$30,000-\$34,999.99  | 7.5%<br>10.0%   | 4.0%<br>5.0%   | 4.0%<br>5.0%  | 4.5%<br>6.0%   |
|   |                       |                      | \$35,000-\$39,999.99  | 11.0%   | 6.0%   | 6.0%  | 7.0%   |
|   |                       |                      | \$40,000-\$44,999.99  | 12.0%   | 9.0%   | 9.0%  | 8.0%   |
|   |                       |                      | \$45,000-\$49,999.99  | 14.0%   | 9.0%   | 9.0%  | 10.0%  |
|   |                       |                      | \$50,000-\$54,999.99  | 20.0%   | 12.0%  | 12.0%   | 15.09  |
|   |                       |                      | \$55,000-\$59,999.99<br>\$60,000-\$64,999.99  | 23.0%   | 14.0%<br>17.0%   | 14.0%<br>17.0%  | 17.0%<br>21.0%   |
|   |                       |                      | \$65,000-\$69,999.99  | 29.0%   | 19.0%  | 19.0%   | 23.09  |
|   |                       |                      | \$70,000-\$74,999.99  | 32.0%   | 22.0%  | 22.0%   | 26.0%  |
|   |                       |                      | \$75,000-\$79,999.99  | 33.0%   | 23.0%  | 23.0%   | 27.0%  |
|   |                       |                      | \$80,000-\$84,999.99  | 34.0%   | 24.0%  | 24.0%   | 28.09  |
|   |                       |                      | \$85,000-\$89,999.99<br>\$90,000-\$94,999.99  | 34.0%<br>34.0%  | 26.0%<br>28.0%   | 26.0%<br>28.0%  | 30.09  |
|   |                       |                      | \$95,000-\$99,999.99  | 35.0%   | 28.0%  | 29.0%   | 30.09  |
|   |                       |                      | \$100,000-\$109,999.99  | 35.0%   | 32.0%  | 32.0%   | 35.09  |
|   |                       |                      | \$110,000 & greater   | 35.0%   | 35.0%  | 35.0%   | 35.09  |
| PriZOTL.<br>on Blue Cross Blue SI         | thield of New Jersey  | of months coverage   | Employee/   | Total  Employee/ Child(ren)   |  | RX - Direct 1   |  |
| rizon.  In Blue Cross Blue Si  Must check |                       | of months coverage   |   |   | (20 or 24)   |   |  |
| rizon.  n Blue Gross Blue Si  Must check  | hield of New Jersey   | of months coverage   | Employee/<br>Employee Spouse  | Employee/   | (20 or 24)  Medical/  Family   | RX - Direct 1  Waiver   | 5 (D15)  |
| rizon.  Blue Gross Blue St                | hield of New Jersey   | of months coverage   | Employee/<br>Employee Spouse  | Employee/<br>Child(ren)   | (20 or 24)  Medical/  Family   | RX - Direct 1  Waiver  Premium - Chapter  Employee &  | 5 (D15)  |
| Blue Cross Blue Sl                        | hield of New Jersey   | of months coverage   | Employee/ Employee Spouse  MONTHLY CONT  Annual Salary  | Employee/<br>Child(ren)<br>RIBUTIONS - DIRECT 1   | Family  5 Percentage of Family  Employee &  Spouse   | Waiver Premium - Chapter Employee & Child(ren)  | <b>5 (D15</b> )  |
| izon.  Blue Cross Blue Sl                 | hield of New Jersey   | of months coverage   | Employee/ Employee Spouse  MONTHLY CONT  Annual Salary  Premium   | Employee/<br>Child(ren)<br>TRIBUTIONS - DIRECT 1<br>Employee<br>\$1,005.46  | Family  5 Percentage of F  Employee &  Spouse \$2,010.92   | Waiver Premium - Chapter Employee & Child(ren) \$1,870.17   | <b>5 (D15</b> )<br>r 78<br><u>Famil</u><br><u>\$2,875.</u>   |
| izon.<br>Slue Cross Blue Sl               | hield of New Jersey   | of months coverage   | Employee/ Employee Spouse  MONTHLY CONT  Annual Salary  Premium  less than \$20,000   | Employee/ Child(ren)  RIBUTIONS - DIRECT 1  Employee \$1,005.46 4.5%  | Family  Famouse  \$2,010.92  3.0%  | Waiver Premium - Chapter Employee & Child(ren) \$1,870.17 3.0%  | 5 (D15)  778  Famil \$2,875. 3.5%  |
| izon. Slue Cross Blue Sl                  | hield of New Jersey   | of months coverage   | Employee/ Employee Spouse  MONTHLY CONT  Annual Salary  Premium  less than \$20,000 \$20,000-\$24,999.99  | Employee/ Child(ren)  RIBUTIONS - DIRECT 1  Employee \$1,005.46 4.5% 5.5%   | Family  Famouse  \$2,010.92  3.0%  | Waiver Premium - Chapter Employee & Child(ren) \$1,870.17 3.0% 3.0%   | 5 (D15)  r 78  Famil \$2,875. 3.5% 3.5%  |
| izon. Slue Cross Blue Sl                  | hield of New Jersey   | e of months coverage | Employee/ Employee Spouse  MONTHLY CONT  Annual Salary  Premium  less than \$20,000 \$20,000-\$24,999.99 \$25,000-\$29,999.99   | Employee/ Child(ren)  RIBUTIONS - DIRECT 1  Employee \$1,005.46 4.5% 5.5% 7.5%  | Family  Famouse  \$\frac{5}{20 \text{ or 24}}\$  Family  5 Percentage of Famouse  \$\frac{5}{2},010.92  3.0%  3.0%  4.0%   | Waiver Premium - Chapter Employee & Child(ren) \$1,870.17 3.0% 3.0% 4.0%  | 5 (D15)  1778  Famil \$2,875. 3.5% 4.5%  |
| izon.<br>Slue Cross Blue Sl               | hield of New Jersey   | t of months coverage | Employee/ Employee Spouse  MONTHLY CONT  Annual Salary  Premium  less than \$20,000 \$20,000-\$24,999.99 \$25,000-\$29,999.99 \$30,000-\$34,999.99  | Employee/ Child(ren)  TRIBUTIONS - DIRECT 1  Employee \$1,005.46 4.5% 5.5% 7.5% 10.0%   | Family  Family  Percentage of Family  Spouse  \$2,010.92  3.0%  4.0%  5.0%   | Waiver Premium - Chapter Employee & Child(ren) \$1,870.17 3.0% 3.0% 4.0% 5.0%   | 5 (D15)  Famil  \$2,875.  3.5%  4.5%  6.0%   |
| izon. Slue Cross Blue Sl                  | hield of New Jersey   | e of months coverage | Employee/ Employee Spouse  MONTHLY CONT  Annual Salary  Premium  less than \$20,000 \$20,000-\$24,999.99 \$25,000-\$29,999.99 \$30,000-\$34,999.99 \$35,000-\$39,999.99   | Employee/ Child(ren)  TRIBUTIONS - DIRECT 1  Employee \$1,005.46 4.5% 5.5% 7.5% 10.0% 11.0%   | Family  Family  5 Percentage of F  Employee &  Spouse  \$2,010.92  3.0%  4.0%  5.0%  6.0%  | Waiver Premium - Chapter Employee & Child(ren) \$1,870.17 3.0% 3.0% 4.0% 5.0% 6.0%  | 5 (D15)  Famil  \$2,875.  3.5%  4.5%  6.0%  7.0%   |
| izon ilue Cross Blue Si                   | hield of New Jersey   | e of months coverage | Employee/ Employee Spouse  MONTHLY CONT  Annual Salary  Premium  less than \$20,000 \$20,000-\$24,999.99 \$25,000-\$29,999.99 \$30,000-\$34,999.99 \$35,000-\$39,999.99 \$40,000-\$44,999.99  | Employee/ Child(ren)  TRIBUTIONS - DIRECT 1  Employee \$1,005.46  4.5% 5.5% 7.5% 10.0% 11.0% 12.0%  | Family  Family  5 Percentage of F  Employee &  Spouse  \$2,010.92  3.0%  4.0%  5.0%  6.0%  9.0%  | Waiver  Premium - Chapter  Employee & Child(ren) \$1,870.17 3.0% 4.0% 5.0% 6.0% 9.0%  | 5 (D15)  Famil  \$2,875.  3.5% 4.5% 6.0% 7.0% 8.0%   |
| izon.<br>Slue Cross Blue Sl               | hield of New Jersey   | e of months coverage | Employee/ Employee Spouse  MONTHLY CONT  Annual Salary  Premium  less than \$20,000 \$20,000-\$24,999.99 \$25,000-\$29,999.99 \$30,000-\$34,999.99 \$35,000-\$39,999.99   | Employee/ Child(ren)  TRIBUTIONS - DIRECT 1  Employee \$1,005.46 4.5% 5.5% 7.5% 10.0% 11.0%   | Family  Family  5 Percentage of F  Employee &  Spouse  \$2,010.92  3.0%  4.0%  5.0%  6.0%  9.0%  9.0%  | Waiver Premium - Chapter Employee & Child(ren) \$1,870.17 3.0% 3.0% 4.0% 5.0% 6.0%  | 5 (D15)  Famil  \$2,875.  3.5% 4.5% 6.0% 7.0% 8.0% 10.09   |
| izon. Slue Cross Blue Sl                  | hield of New Jersey   | e of months coverage | Employee/ Employee Spouse  MONTHLY CONT  Annual Salary  Premium  less than \$20,000 \$20,000-\$24,999.99 \$25,000-\$29,999.99 \$30,000-\$34,999.99 \$35,000-\$39,999.99 \$40,000-\$44,999.99 \$45,000-\$49,999.99   | Employee/ Child(ren)  TRIBUTIONS - DIRECT 1  Employee \$1,005.46  4.5% 5.5% 7.5% 10.0% 11.0% 12.0% 14.0%  | Family  Family  5 Percentage of F  Employee &  Spouse  \$2,010.92  3.0%  4.0%  5.0%  6.0%  9.0%  | Waiver  Premium - Chapter  Employee & Child(ren) \$1,870.17 3.0% 3.0% 4.0% 5.0% 6.0% 9.0%   | 5 (D15)  Famil  \$2,875.  3.5% 4.5% 6.0% 7.0% 8.0% 10.0% 15.0%   |
| izon.<br>Slue Cross Blue Sl               | hield of New Jersey   | of months coverage   | Employee/ Employee Spouse  MONTHLY CONT  Annual Salary  Premium  less than \$20,000 \$20,000-\$24,999.99 \$25,000-\$29,999.99 \$30,000-\$34,999.99 \$35,000-\$39,999.99 \$40,000-\$44,999.99 \$45,000-\$49,999.99 \$50,000-\$54,999.99  | Employee/ Child(ren)  Employee \$1,005.46  4.5% 5.5% 7.5% 10.0% 11.0% 12.0% 14.0% 20.0%   | Family  Family  5 Percentage of F  Employee &  Spouse  \$2,010.92  3.0%  4.0%  5.0%  6.0%  9.0%  9.0%  12.0%   | Waiver  Premium - Chapter  Employee & Child(ren) \$1,870.17 3.0% 3.0% 4.0% 5.0% 6.0% 9.0% 9.0% 12.0%  | Famil<br>\$2,875.<br>3.5%<br>4.5%<br>6.0%<br>7.0%<br>8.0%<br>10.09<br>17.09  |
| izon.<br>Slue Cross Blue Sl               | hield of New Jersey   | of months coverage   | Employee/ Employee Spouse  MONTHLY CONT  Annual Salary  Premium  less than \$20,000 \$20,000-\$24,999.99 \$25,000-\$29,999.99 \$30,000-\$34,999.99 \$35,000-\$39,999.99 \$40,000-\$44,999.99 \$45,000-\$49,999.99 \$55,000-\$54,999.99 \$55,000-\$59,999.99   | Employee/ Child(ren)  Employee \$1,005.46  4.5% 5.5% 7.5% 10.0% 11.0% 12.0% 14.0% 20.0% 23.0%   | Family  Family  5 Percentage of F  Employee &  Spouse  \$2,010.92  3.0%  4.0%  5.0%  6.0%  9.0%  9.0%  12.0%  14.0%  | Waiver  Premium - Chapter  Employee & Child(ren) \$1,870.17 3.0% 4.0% 5.0% 6.0% 9.0% 9.0% 12.0% 14.0%   | Famil<br>\$2,875.<br>3.5%<br>4.5%<br>6.0%<br>7.0%<br>8.0%<br>10.09<br>17.09<br>21.09   |
| izon.  Blue Cross Blue Sl                 | hield of New Jersey   | of months coverage   | Employee/ Employee Spouse  MONTHLY CONT  Annual Salary  Premium  less than \$20,000 \$20,000-\$24,999.99 \$25,000-\$29,999.99 \$30,000-\$34,999.99 \$35,000-\$39,999.99 \$40,000-\$44,999.99 \$45,000-\$49,999.99 \$55,000-\$54,999.99 \$60,000-\$64,999.99   | Employee/ Child(ren)  Employee \$1,005.46  4.5% 5.5% 7.5% 10.0% 11.0% 12.0% 14.0% 20.0% 23.0% 27.0%   | Family  Family  5 Percentage of F  Employee &  Spouse  \$2,010.92  3.0%  4.0%  5.0%  6.0%  9.0%  9.0%  12.0%  14.0%  17.0%   | Waiver  Premium - Chapter  Employee & Child(ren) \$1,870.17 3.0% 4.0% 5.0% 6.0% 9.0% 9.0% 12.0% 14.0% 17.0%   | Famil<br>\$2,875.<br>3.5%<br>4.5%<br>6.0%<br>7.0%<br>8.0%<br>10.09<br>17.09<br>21.09<br>23.09  |
| izon.  Blue Cross Blue Sl                 | hield of New Jersey   | e of months coverage | Employee/ Employee Spouse  MONTHLY CONT  Annual Salary  Premium  less than \$20,000 \$20,000-\$24,999.99 \$25,000-\$29,999.99 \$30,000-\$34,999.99 \$40,000-\$44,999.99 \$45,000-\$49,999.99 \$55,000-\$54,999.99 \$55,000-\$59,999.99 \$60,000-\$64,999.99 \$65,000-\$64,999.99 \$70,000-\$74,999.99 \$75,000-\$74,999.99  | Employee/ Child(ren)  Employee \$1,005.46  4.5% 5.5% 7.5% 10.0% 11.0% 12.0% 14.0% 20.0% 23.0% 27.0% 29.0%   | Family  Family  Family  S Percentage of F  Employee & Spouse \$2,010.92  3.0%  3.0%  4.0%  5.0%  6.0%  9.0%  9.0%  12.0%  14.0%  17.0%  19.0%  22.0%  23.0%  | Waiver  Premium - Chapter  Employee & Child(ren) \$1,870.17 3.0% 3.0% 4.0% 5.0% 6.0% 9.0% 9.0% 12.0% 14.0% 17.0% 19.0%                                    | Famil<br>\$2,875.<br>3.5%<br>4.5%<br>6.0%<br>7.0%<br>8.0%<br>10.09<br>17.09<br>21.09<br>23.09<br>26.09                                       |
| Blue Cross Blue Sl                        | hield of New Jersey   | e of months coverage | Employee/ Employee Spouse  MONTHLY CONT  Annual Salary  Premium  less than \$20,000 \$20,000-\$24,999.99 \$25,000-\$29,999.99 \$30,000-\$34,999.99 \$35,000-\$39,999.99 \$40,000-\$44,999.99 \$45,000-\$49,999.99 \$55,000-\$59,999.99 \$60,000-\$64,999.99 \$65,000-\$69,999.99 \$70,000-\$74,999.99 \$75,000-\$79,999.99 \$80,000-\$84,999.99   | Employee/ Child(ren)  Employee \$1,005.46  4.5% 5.5% 7.5% 10.0% 11.0% 12.0% 14.0% 20.0% 23.0% 27.0% 29.0% 32.0% 33.0% 34.0%   | Family  Family  Family  Family  Family  Spouse  \$2,010.92  3.0%  4.0%  5.0%  6.0%  9.0%  9.0%  12.0%  14.0%  17.0%  19.0%  22.0%  23.0%  24.0%  | Waiver  Premium - Chapter  Employee & Child(ren)  \$1,870.17  3.0%  4.0%  5.0%  6.0%  9.0%  12.0%  14.0%  17.0%  19.0%  22.0%  23.0%  24.0%               | Family<br>\$2,875<br>3.5%<br>4.5%<br>6.0%<br>7.0%<br>8.0%<br>10.0%<br>17.0%<br>21.0%<br>23.0%<br>26.0%<br>27.0%<br>28.0%                     |
| Blue Cross Blue St                        | hield of New Jersey   | of months coverage   | Employee/ Employee Spouse  MONTHLY CONT  Annual Salary  Premium  less than \$20,000 \$20,000-\$24,999.99 \$25,000-\$29,999.99 \$30,000-\$34,999.99 \$35,000-\$39,999.99 \$40,000-\$44,999.99 \$45,000-\$49,999.99 \$55,000-\$59,999.99 \$60,000-\$64,999.99 \$65,000-\$69,999.99 \$70,000-\$74,999.99 \$75,000-\$79,999.99 \$80,000-\$84,999.99 \$85,000-\$84,999.99                      | Employee/ Child(ren)  Employee \$1,005.46  4.5% 5.5% 7.5% 10.0% 11.0% 12.0% 14.0% 20.0% 23.0% 27.0% 29.0% 32.0% 33.0% 34.0% 34.0%   | Family  Family | Waiver  Premium - Chapter  Employee & Child(ren) \$1,870.17 3.0% 3.0% 4.0% 5.0% 6.0% 9.0% 12.0% 14.0% 17.0% 19.0% 22.0% 23.0% 24.0% 26.0%                 | Family<br>\$2,875.4<br>3.5%<br>4.5%<br>6.0%<br>7.0%<br>10.0%<br>17.0%<br>21.0%<br>22.0%<br>27.0%<br>28.0%<br>30.0%                           |
| Blue Cross Blue St                        | hield of New Jersey   | of months coverage   | Employee/ Employee Spouse  MONTHLY CONT  Annual Salary  Premium  less than \$20,000 \$20,000-\$24,999.99 \$25,000-\$29,999.99 \$30,000-\$34,999.99 \$40,000-\$44,999.99 \$45,000-\$49,999.99 \$55,000-\$54,999.99 \$55,000-\$59,999.99 \$60,000-\$64,999.99 \$70,000-\$74,999.99 \$75,000-\$79,999.99 \$80,000-\$84,999.99 \$85,000-\$89,999.99 \$85,000-\$89,999.99 \$80,000-\$84,999.99 | Employee/ Child(ren)  Employee \$1,005.46  4.5%  5.5%  7.5%  10.0%  11.0%  12.0%  14.0%  20.0%  23.0%  27.0%  29.0%  32.0%  33.0%  34.0%  34.0%  34.0%                      | Family  Family | Waiver  Premium - Chapter  Employee & Child(ren)  \$1,870.17  3.0%  4.0%  5.0%  6.0%  9.0%  12.0%  14.0%  17.0%  19.0%  22.0%  23.0%  24.0%  26.0%  28.0% | Family<br>\$2,875.4<br>3.5%<br>4.5%<br>6.0%<br>7.0%<br>8.0%<br>10.0%<br>17.0%<br>21.0%<br>22.0%<br>27.0%<br>28.0%<br>30.0%<br>30.0%          |
| Filme Cross Blue St                       | hield of New Jersey   | of months coverage   | Employee/ Employee Spouse  MONTHLY CONT  Annual Salary  Premium  less than \$20,000 \$20,000-\$24,999.99 \$25,000-\$29,999.99 \$30,000-\$34,999.99 \$40,000-\$44,999.99 \$45,000-\$49,999.99 \$50,000-\$54,999.99 \$50,000-\$64,999.99 \$60,000-\$64,999.99 \$70,000-\$74,999.99 \$70,000-\$74,999.99 \$80,000-\$84,999.99 \$85,000-\$89,999.99 \$85,000-\$99,999.99 \$90,000-\$94,999.99 | Employee/ Child(ren)  TRIBUTIONS - DIRECT 1  Employee \$1,005.46  4.5% 5.5% 7.5% 10.0% 11.0% 12.0% 14.0% 20.0% 23.0% 27.0% 29.0% 32.0% 33.0% 34.0% 34.0% 34.0% 34.0% 35.0%  | Family  Family | Waiver  | Family<br>\$2,875.4<br>3.5%<br>3.5%<br>4.5%<br>6.0%<br>7.0%<br>10.0%<br>17.0%<br>21.0%<br>22.0%<br>27.0%<br>28.0%<br>30.0%<br>30.0%<br>30.0% |
| rizon.  Blue Gross Blue St                | hield of New Jersey   | of months coverage   | Employee/ Employee Spouse  MONTHLY CONT  Annual Salary  Premium  less than \$20,000 \$20,000-\$24,999.99 \$25,000-\$29,999.99 \$30,000-\$34,999.99 \$40,000-\$44,999.99 \$45,000-\$49,999.99 \$50,000-\$54,999.99 \$60,000-\$64,999.99 \$65,000-\$69,999.99 \$70,000-\$74,999.99 \$75,000-\$79,999.99 \$80,000-\$84,999.99 \$85,000-\$89,999.99 \$90,000-\$94,999.99 \$95,000-\$99,999.99 | Employee/ Child(ren)  Employee \$1,005.46  4.5%  5.5%  7.5%  10.0%  11.0%  12.0%  14.0%  20.0%  23.0%  27.0%  29.0%  32.0%  33.0%  34.0%  34.0%  34.0%  34.0%  35.0%  35.0% | Family  Family | Waiver  | Family<br>\$2,875.6<br>3.5%<br>3.5%<br>4.5%<br>6.0%<br>7.0%<br>10.0%<br>17.0%<br>21.0%<br>22.0%<br>22.0%<br>30.0%<br>30.0%<br>30.0%<br>35.0% |
| rizon.  Blue Gross Blue St                | hield of New Jersey   | of months coverage   | Employee/ Employee Spouse  MONTHLY CONT  Annual Salary  Premium  less than \$20,000 \$20,000-\$24,999.99 \$25,000-\$29,999.99 \$30,000-\$34,999.99 \$40,000-\$44,999.99 \$45,000-\$49,999.99 \$50,000-\$54,999.99 \$50,000-\$64,999.99 \$60,000-\$64,999.99 \$70,000-\$74,999.99 \$70,000-\$74,999.99 \$80,000-\$84,999.99 \$85,000-\$89,999.99 \$85,000-\$99,999.99 \$90,000-\$94,999.99 | Employee/ Child(ren)  TRIBUTIONS - DIRECT 1  Employee \$1,005.46  4.5% 5.5% 7.5% 10.0% 11.0% 12.0% 14.0% 20.0% 23.0% 27.0% 29.0% 32.0% 33.0% 34.0% 34.0% 34.0% 34.0% 35.0%  | Family  Family | Waiver  |  |
| Blue Gross Blue St                        | hield of New Jersey   | of months coverage   | Employee/ Employee Spouse  MONTHLY CONT  Annual Salary  Premium  less than \$20,000 \$20,000-\$24,999.99 \$25,000-\$29,999.99 \$30,000-\$34,999.99 \$40,000-\$44,999.99 \$45,000-\$49,999.99 \$50,000-\$54,999.99 \$60,000-\$64,999.99 \$65,000-\$69,999.99 \$70,000-\$74,999.99 \$75,000-\$79,999.99 \$80,000-\$84,999.99 \$85,000-\$89,999.99 \$90,000-\$94,999.99 \$95,000-\$99,999.99 | Employee/ Child(ren)  Employee \$1,005.46  4.5%  5.5%  7.5%  10.0%  11.0%  12.0%  14.0%  20.0%  23.0%  27.0%  29.0%  32.0%  33.0%  34.0%  34.0%  34.0%  34.0%  35.0%  35.0% | Family  Family | Waiver  | Family<br>\$2,875.6<br>3.5%<br>3.5%<br>4.5%<br>6.0%<br>7.0%<br>10.0%<br>17.0%<br>21.0%<br>22.0%<br>22.0%<br>30.0%<br>30.0%<br>30.0%<br>35.0% |



## Medical/RX - Direct 20/30 (D2030)

| - | Must check one box & only |    |
|---|---------------------------|----|
| į | choose 1 medical plan     | 1  |
| ¦ |                           | _; |

|          |           |            |        |        | N/C |
|----------|-----------|------------|--------|--------|-----|
|          | Employee/ | Employee/  |        |        | or  |
| Employee | Spouse    | Child(ren) | Family | Waiver | N/A |
|          |           |            |        |        |     |

| Annual Salary          | Employee | Employee &<br>Spouse | Employee &<br>Child(ren) | Family     |
|------------------------|----------|----------------------|--------------------------|------------|
| Premium                | \$921.12 | \$1,842.21           | \$1,713.26               | \$2,634.39 |
| less than \$20,000     | 4.5%     | 3.0%                 | 3.0%                     | 3.5%       |
| \$20,000-\$24,999.99   | 5.5%     | 3.0%                 | 3.0%                     | 3.5%       |
| \$25,000-\$29,999.99   | 7.5%     | 4.0%                 | 4.0%                     | 4.5%       |
| \$30,000-\$34,999.99   | 10.0%    | 5.0%                 | 5.0%                     | 6.0%       |
| \$35,000-\$39,999.99   | 11.0%    | 6.0%                 | 6.0%                     | 7.0%       |
| \$40,000-\$44,999.99   | 12.0%    | 9.0%                 | 9.0%                     | 8.0%       |
| \$45,000-\$49,999.99   | 14.0%    | 9.0%                 | 9.0%                     | 10.0%      |
| \$50,000-\$54,999.99   | 20.0%    | 12.0%                | 12.0%                    | 15.0%      |
| \$55,000-\$59,999.99   | 23.0%    | 14.0%                | 14.0%                    | 17.0%      |
| \$60,000-\$64,999.99   | 27.0%    | 17.0%                | 17.0%                    | 21.0%      |
| \$65,000-\$69,999.99   | 29.0%    | 19.0%                | 19.0%                    | 23.0%      |
| \$70,000-\$74,999.99   | 32.0%    | 22.0%                | 22.0%                    | 26.0%      |
| \$75,000-\$79,999.99   | 33.0%    | 23.0%                | 23.0%                    | 27.0%      |
| \$80,000-\$84,999.99   | 34.0%    | 24.0%                | 24.0%                    | 28.0%      |
| \$85,000-\$89,999.99   | 34.0%    | 26.0%                | 26.0%                    | 30.0%      |
| \$90,000-\$94,999.99   | 34.0%    | 28.0%                | 28.0%                    | 30.0%      |
| \$95,000-\$99,999.99   | 35.0%    | 29.0%                | 29.0%                    | 30.0%      |
| \$100,000-\$109,999.99 | 35.0%    | 32.0%                | 32.0%                    | 35.0%      |
| \$110,000 & greater    | 35.0%    | 35.0%                | 35.0%                    | 35.0%      |

|         | x <u>12</u>          | X | =     | / =              |              |
|---------|----------------------|---|-------|------------------|--------------|
| Premium | # of months coverage | % | Total | # of Pay Periods | PP deduction |
|         |                      |   |       | (20 or 24)       |              |

Employee/

## △ DELTA DENTAL®

### **DeltaCare DHMO USA**

N/C

or

N/A

Must check one box & only choose 1 <u>dental</u> plan

| MONTHLY COM            | TRIBUTIONS - DHM | O Percentage of Pr | emium - Chapter 7     | 78      |
|------------------------|------------------|--------------------|-----------------------|---------|
| Annual Salary          | Employee         | Employee & Spouse  | Employee & Child(ren) | Family  |
| Premium                | \$18.30          | \$35.35            | \$34.72               | \$51.75 |
| less than \$20,000     | 4.5%             | 3.0%               | 3.0%                  | 3.5%    |
| \$20,000-\$24,999.99   | 5.5%             | 3.0%               | 3.0%                  | 3.5%    |
| \$25,000-\$29,999.99   | 7.5%             | 4.0%               | 4.0%                  | 4.5%    |
| \$30,000-\$34,999.99   | 10.0%            | 5.0%               | 5.0%                  | 6.0%    |
| \$35,000-\$39,999.99   | 11.0%            | 6.0%               | 6.0%                  | 7.0%    |
| \$40,000-\$44,999.99   | 12.0%            | 9.0%               | 9.0%                  | 8.0%    |
| \$45,000-\$49,999.99   | 14.0%            | 9.0%               | 9.0%                  | 10.0%   |
| \$50,000-\$54,999.99   | 20.0%            | 12.0%              | 12.0%                 | 15.0%   |
| \$55,000-\$59,999.99   | 23.0%            | 14.0%              | 14.0%                 | 17.0%   |
| \$60,000-\$64,999.99   | 27.0%            | 17.0%              | 17.0%                 | 21.0%   |
| \$65,000-\$69,999.99   | 29.0%            | 19.0%              | 19.0%                 | 23.0%   |
| \$70,000-\$74,999.99   | 32.0%            | 22.0%              | 22.0%                 | 26.0%   |
| \$75,000-\$79,999.99   | 33.0%            | 23.0%              | 23.0%                 | 27.0%   |
| \$80,000-\$84,999.99   | 34.0%            | 24.0%              | 24.0%                 | 28.0%   |
| \$85,000-\$89,999.99   | 34.0%            | 26.0%              | 26.0%                 | 30.0%   |
| \$90,000-\$94,999.99   | 34.0%            | 28.0%              | 28.0%                 | 30.0%   |
| \$95,000-\$99,999.99   | 35.0%            | 29.0%              | 29.0%                 | 30.0%   |
| \$100,000-\$109,999.99 | 35.0%            | 32.0%              | 32.0%                 | 35.0%   |
| \$110,000 & greater    | 35.0%            | 35.0%              | 35.0%                 | 35.0%   |

Employee/

|         | x 12                 | x | =     | / =              |              |
|---------|----------------------|---|-------|------------------|--------------|
| Premium | # of months coverage | % | Total | # of Pay Periods | PP deduction |

|  | Employeed  | Family and                            |                         |                        |                         |
|--|--|---------------------------------------|-------------------------|------------------------|-------------------------|
| Must check one box & only  | Employee/  | Employee/                             | _                       |                        |                         |
| choose 1 dental plan   | Employee Spouse  | Child(ren)                            | Fam                     | ily <b>V</b>           | aiver                   |
| choose I dental plan   |  |                                       |                         | _l                     |                         |
|  | MONTHLY CON  | NTRIBUTIONS - DPPO F                  | Percentage of Pre       | emium - Chapter        | 78                      |
|  |  |                                       | Employee &              | Employee &             |                         |
|  | Annual Salary  | Employee                              | Spouse                  | Child(ren)             | Family                  |
|  | Premium less than \$20,000   | <u>\$45.11</u><br>4.5%                | <u>\$103.76</u><br>3.0% | <u>\$94.31</u><br>3.0% | <u>\$163.03</u><br>3.5% |
|  | \$20,000-\$24,999.99   | 5.5%                                  | 3.0%                    | 3.0%                   | 3.5%                    |
|  | \$25,000-\$29,999.99   | 7.5%                                  | 4.0%                    | 4.0%                   | 4.5%                    |
|  | \$30,000-\$34,999.99   | 10.0%                                 | 5.0%                    | 5.0%                   | 6.0%                    |
|  | \$35,000-\$39,999.99   | 11.0%                                 | 6.0%                    | 6.0%                   | 7.0%                    |
|  | \$40,000-\$44,999.99   | 12.0%                                 | 9.0%                    | 9.0%                   | 8.0%                    |
|  | \$45,000-\$49,999.99   | 14.0%                                 | 9.0%                    | 9.0%                   | 10.0%                   |
|  | \$50,000-\$54,999.99   | 20.0%                                 | 12.0%                   | 12.0%                  | 15.0%                   |
|  | \$55,000-\$59,999.99   | 23.0%                                 | 14.0%                   | 14.0%                  | 17.0%                   |
|  | \$60,000-\$64,999.99   | 27.0%                                 | 17.0%                   | 17.0%                  | 21.0%                   |
|  | \$65,000-\$69,999.99   | 29.0%                                 | 19.0%                   | 19.0%                  | 23.0%                   |
|  | \$70,000-\$74,999.99   | 32.0%                                 | 22.0%                   | 22.0%                  | 26.0%                   |
|  | \$75,000-\$79,999.99   | 33.0%                                 | 23.0%                   | 23.0%                  | 27.0%                   |
|  | \$80,000-\$84,999.99   | 34.0%                                 | 24.0%                   | 24.0%                  | 28.0%                   |
|  | \$85,000-\$89,999.99   | 34.0%                                 | 26.0%                   | 26.0%                  | 30.0%                   |
|  | \$90,000-\$94,999.99   | 34.0%                                 | 28.0%                   | 28.0%                  | 30.0%                   |
|  | \$95,000-\$99,999.99   | 35.0%                                 | 29.0%                   | 29.0%                  | 30.0%                   |
|  | \$100,000-\$109,999.99   | 35.0%                                 | 32.0%                   | 32.0%                  | 35.0%                   |
|  | \$110,000 & greater  | 35.0%                                 | 35.0%                   | 35.0%                  | 35.0%                   |
| YEMEG  |  |                                       |                         |                        | VISIO                   |
| Yemed  | Employee/<br>Spouse<br>Employee  | Employee/<br>Child(ren)               | Fam                     | ily <b>W</b>           | VISIO                   |
| Must check one box  *To calculate your premium per pay period,   | Employee Spouse \$5.25 \$6.30  | \$6.30                                | \$6.3                   |                        | /aiver                  |
| *To calculate your premium per pay period,   | Employee Spouse \$5.25 \$6.30  , multiply the appropriate amount   | Child(ren) \$6.30  t by 12 and divide | \$6.3                   |                        | /aiver                  |
| *To calculate your premium per pay period,  *GUIRED - Please print, sign and date this   | Employee Spouse \$5.25 \$6.30  , multiply the appropriate amount   | t by 12 and divide                    | \$6.3                   |                        | /aiver                  |
| *To calculate your premium per pay period,  "QUIRED - Please print, sign and date this  ployee Signature   | Employee Spouse \$5.25 \$6.30  , multiply the appropriate amount   | t by 12 and divide                    | \$6.3                   |                        | /aiver                  |
| *To calculate your premium per pay period,  *QUIRED - Please print, sign and date this  ployee Signature   | Employee Spouse \$5.25 \$6.30  , multiply the appropriate amount   | t by 12 and divide                    | \$6.3 by your num       | ber of pay per         | /aiver                  |
| *To calculate your premium per pay period,  *QUIRED - Please print, sign and date this  ployee Signature   | Employee \$5.25 \$6.30  multiply the appropriate amount  form for any enrollments/char   | t by 12 and divide                    | \$6.3 by your num       | ber of pay per         | /aiver                  |
| *To calculate your premium per pay period,  *GUIRED - Please print, sign and date this  ployee Signature  The Employee Name  Please make s                                 | Employee \$5.25 \$6.30  multiply the appropriate amount  form for any enrollments/char   | t by 12 and divide                    | \$6.3 by your num       | ber of pay per         | /aiver                  |
| *To calculate your premium per pay period,  *GUIRED - Please print, sign and date this  uployee Signature  Int Employee Name   | Employee \$5.25 \$6.30  multiply the appropriate amount  form for any enrollments/char   | t by 12 and divide                    | \$6.3 by your num       | ber of pay per         | /aiver                  |
| *To calculate your premium per pay period,  *GUIRED - Please print, sign and date this  ployee Signature  nt Employee Name  Please make s                                  | Employee \$5.25 \$6.30  multiply the appropriate amount  form for any enrollments/char   | t by 12 and divide                    | \$6.3 by your num       | ber of pay per         | /aiver                  |
| *To calculate your premium per pay period,  QUIRED - Please print, sign and date this  ployee Signature  It Employee Name  Please make s  proval/Authorization signature - | Employee \$5.25 \$6.30  In multiply the appropriate amount form for any enrollments/characters for the same and | t by 12 and divide                    | \$6.3 by your num       | ber of pay per         | /aiver                  |
| *To calculate your premium per pay period,  QUIRED - Please print, sign and date this  ployee Signature  It Employee Name  Please make s  proval/Authorization signature - | Employee \$5.25 \$6.30  In multiply the appropriate amount form for any enrollments/characters for the same and | t by 12 and divide                    | \$6.3 by your num       | ber of pay per         | /aiver                  |