

CHAPTER 44 CONTRIBUTION WORKSHEET

GARDEN STATE HEALTH PLAN with Rx ONLY (this does not include any possible dental or vision)

| | SINGLE | PARENT/CHILD(REN) | COUPLE | FAMILY |
|------------------------------|--------|-------------------|--------|--------|
| \$0 - 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% |

*****EMPLOYEES WITH SALARIES HIGHER THAN \$125,000, SHALL PAY THE \$125,000 PERCENTAGE RATE.**

(To calculate by hand follow instructions below)

INTERACTIVE CALCULATOR:

| | |
|---|--|
| Enter Salary Here → | |
| Enter Contribution % from the chart above → | |

← (Box 1) Enter Salary (must not exceed \$125,000)

← (Box 2) Enter Contribution % from chart above

For Example if your salary is \$50,000 and you elect family coverage: $\$50,000 \times 1.95\%$ ($\$50,000 \times 0.0195 = \$975/\text{year}$)

| | |
|----------------------------|------------|
| Annual Contribution | \$0.00 |
| Per Pay (20 pays/year) | \$ - / pay |

← (Box 3) Multiply Box 1 x Box 2

← (Box 4) Divide Box 3 by 20

OR

| | |
|------------------------|------------|
| Per Pay (24 pays/year) | \$ - / pay |
|------------------------|------------|

← (Box 5) Divide Box 3 by 24