Manually Calculating Health Benefit Costs

2026

Calculating Direct 10/15 Plans – For those hired prior to 7/1/2020

Review the below contribution chart and locate your salary range. You can locate your salary on your 25-26 Contract. This is the percentage you will use to calculate your benefits. Married and parent/child will use the Family percentage. Write down this percentage and proceed to next step.

1/1/25-12/31/25 Chapter 78 - Contribution Chart			
Salary	Calc Reduced Single	Calc Reduced Family	
Less than $20,000	4.50%	3.00%	
$20,000 - $24,999.99	5.50%	3.00%	
$25,000 - $29,999.99	7.50%	4.00%	
$30,000 - $34,999.99	10.00%	5.00%	
$35,000 - $39,999.99	11.00%	6.00%	
$40,000 - $44,999.99	12.00%	7.00%	
$45,000 - $49,999.99	14.00%	9.00%	
$50,000 - $54,999.99	18.0%	10.8%	
$55,000 - $59.999.99	20.7%	12.6%	
$60,000 - $64,999.99	24.3%	15.3%	
$65,000 - $69,999.99	26.1%	17.1%	
$70,000 - $74,999.99	28.8%	19.8%	
$75,000 - $79,999.99	29.7%	20.7%	
$80,000 - $84,999.99	30.6%	21.6%	
$85,000 - $89,999.99	30.6%	23.4%	
$90,000 - $94,246.99	30.6%	25.2%	
$94,247 - $94,999.99	27.2%	22.4%	
$95,000 - $99,999.99	28.0%	23.2%	
$100,000 - $109,999.99	28.0%	25.6%	
$110,000 and over	28.0%	28.0%	

On the below Health Benefits Costs chart locate the plan you are enrolled in or are interesting in enrolling in. If you choose all plans (last 4 rows on chart) that includes medical, dental and vision costs.

2/1/26-12/31/26 HEALTH BENEFIT COSTS

PLANS	SINGLE		FAMILY		EMPLOYEE/SPOUSE		EMPLOYEE/CHILD(REN)	
	monthly	annual	monthly	annual	monthly	annual	monthly	annual
AETNA HEALTH AND PRESCRIPTION PLANS								
Direct 10	$2,142.36	$25,708.32	$6,127.14	$73,525.68	$4,284.70	$51,416.40	$3,984.79	$47,817.48
Direct 15	$2,058.08	$24,696.96	$5,886.10	$70,633.20	$4,116.15	$49,393.80	$3,828.02	$45,936.24
NJ Educators Health Plan	$1,460.67	$17,528.04	$4,177.49	$50,129.88	$2,921.32	$35,055.84	$2,716.83	$32,601.96
AETNA HEALTH AND PRESCRIPTION PLANS								
NJ Garden State Health Pl	$1,293.13	$15,517.56	$3,698.34	$44,380.08	$2,586.25	$31,035.00	$2,405.21	$28,862.52
AETNA DENTAL PLAN								
AETNA DENTAL	$49.49	$593.88	$148.17	$1,778.04	$148.17	$1,778.04	$148.17	$1,778.04
AETNA VISION PLAN								
AETNA VISION	$6.48	$77.76	$17.90	$214.80	$17.90	$214.80	$17.90	$214.80
ALL PLANS								
Direct 10, RX, DEN, VSP	$2,198.33	$26,379.96	$6,293.21	$75,518.52	$4,450.77	$53,409.24	$4,150.86	$49,810.32
Direct 15, RX, DEN, VSP	$2,114.05	$25,368.60	$6,052.17	$72,626.04	$4,282.22	$51,386.64	$3,994.09	$47,929.08
NJEHP, RX, DEN, VSP	$1,516.64	$18,199.68	$4,343.56	$52,122.72	$3,087.39	$37,048.68	$2,882.90	$34,594.80
GSHP, RX, DEN, VSP	$1,349.10	$16,189.20	$3,864.41	$46,372.92	$2,752.32	$33,027.84	$2,571.28	$30,855.36

Once you find your plan, take the annual amount and times it by your salary percentage from the Contribution Chart. This will give you the annual deduction that you are responsible to pay. Take that annual amount and either divide it by 20 (10-month employee) or by 24 (12-month employee)

Example - $50,000 salary for Family Direct 10 Plan (All Plans)
Contribution percent is 10.8% and Direct 10 Family Plan (All Plans) is $75,518.52 annually
$75,518.52 x 10.8% = $8,156.00 annual amount responsible to pay
$8,156.00 divided by 20 = $407.80 per pay period for Medical, Dental and Vision Benefits

Calculating NJ Educators Health Plan – For those hired 7/1/2020 or after, or those that chose this plan

Review the below contribution chart and locate your salary range. You can locate your salary on your 25-26 Contract. This is the percentage you will use to calculate your benefits. Write down this percentage and proceed to next step.

NJEHP & GSHP
CONTRIBUTION CHART

BASE SALARY AMOUNT	COVERAGE TIER/PERCENTAGE OF SALARY			
	Single	Employee/ Child(ren)	Employee/ Spouse	Family
Less than $40,000	1.7%	2.2%	2.8%	3.3%
Over $40,001-$50,000	1.9%	2.5%	3.3%	3.9%
Over $50,001-$60,000	2.2%	2.8%	3.9%	4.4%
Over $60,001-$70,000	2.5%	3.0%	4.4%	5.0%
Over $70,001-$80,000	2.8%	3.3%	5.0%	5.5%
Over $80,001-$90,000	3.0%	3.6%	5.5%	6.0%
Over $90,001-$100,000	3.3%	3.9%	6.0%	6.6%
Over $100,001-$125,000[1]	3.6%	4.4%	6.6%	7.2%

Now that you have your percentage times it by your salary. This will give you your annual deduction that you are responsible to pay. Take that annual amount and either divide it by 20 (10-month employee) or by 24 (12-month employee)

Example - $50,001 salary – Family Plan
Contribution percent is 4.4% and NJEHP (medical only) is $2,200.04 annually
$50,001 x 4.4% = $2,200.04 annual amount responsible to pay
$2,200.04 divided by 20 = $110 per pay period for Medical only.

**Please note to figure out your costs for dental and vision you need to follow instructions in slides 2-4

Calculating Garden State Health Plan – For those hired 7/1/2020 or after, or those that chose this plan

Review the below contribution chart and locate your salary range. You can locate your salary on your 25-26 Contract. This is the percentage you will use to calculate your benefits. Write down this percentage and proceed to next step.

Garden State Health Plan
CONTRIBUTION CHART

BASE SALARY AMOUNT	COVERAGE TIER/PERCENTAGE OF SALARY			
	Single	Employee/ Child(ren)	Employee/ Spouse	Family
Less than $40,000	1.5%	1.5%	1.5%	1.65%
Over $40,001-$50,000	1.5%	1.5%	1.65%	1.95%
Over $50,001-$60,000	1.5%	1.5%	1.95%	2.2%
Over $60,001-$70,000	1.5%	1.5%	2.2%	2.5%
Over $70,001-$80,000	1.5%	1.65%	2.5%	2.75%
Over $80,001-$90,000	1.5%	1.8%	2.75%	3.0%
Over $90,001-$100,000	1.65%	1.95%	3.0%	3.3%
Over $100,001-$125,000	1.8%	2.2%	3.3%	3.6%

Now that you have your percentage times it by your salary. This will give you your annual deduction that you are responsible to pay. Take that annual amount and either divide it by 20 (10-month employee) or by 24 (12-month employee)

Example - $50,001 salary – Family Plan
Contribution percent is 2.2% and GSHP (medical only) is $1,100.02 annually
$50,001 x 2.2% = $1,100.02 annual amount responsible to pay
$1,100.02 divided by 20 = $55 per pay period for Medical only.

**Please note to figure out your costs for dental and vision you need to follow instructions in slides 2-4