

Atlantic City Board of Education

PERCENTAGE OF PREMIUM CALCULATION WORKSHEET

CALCULATE YOUR MONTHLY PREMIUM CONTRIBUTION		
1	Use the attached Rate Chart and enter the total premium for your Medical/Rx, Dental and Vision plans at your selected level of coverage	Medical/Rx
		\$
		Dental
		\$
		Vision
		\$
	Total Premium Amount	\$
2	Use the attached Percentage of Premium Chart for your level of coverage to find your Salary Range and Percentage of Premium amount.	%
3	Calculate your Healthcare Contribution: Multiply to Total Premium Amount by the Percentage of Premium (for example: If NJ Direct 15, Aetna Dental Expense Plan and Vision for Family coverage is \$3,130.96 per month, and your premium percentage is 10%; the calculation is $\$3,130.96 \times 0.10 = \313.10 per month). This is your monthly required contribution.	\$
CALCULATE YOUR PER-PAY CONTRIBUTION		
4	For 10-month employees: Multiply the Monthly Calculation listed above (box #3) x 12 months, then divide this amount by 20 to get your per pay deduction (for example: $\$313.10 \times 12 = \$3,75.20 / 20 = \$187.86$)	\$
5	For 12-month employees: Multiply the Monthly Calculation listed above (box #3) x 12 months, then divide this amount by 24 to get your per pay deduction (for example: $\$313.10 \times 12 = \$3,75.20 / 24 = \$156.55$)	\$

The calculations from this worksheet are approximations and may differ from the actual amounts deducted from payroll.



**Local Monthly Active Group —
Education Employers
Monthly Rates**
Effective 1/1/2020 to 12/31/2020

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 DIRECT ZERO #021 — PPO Plan with \$0 Primary Care Copayment			
Single	\$868.31		\$868.31
Member & Spouse/Partner	\$869.83	\$866.79	\$1,736.62
Family	\$870.38	\$1,612.98	\$2,483.36
Parent & Child	\$868.98	\$746.07	\$1,615.05
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$1,053.23		\$1,053.23
Member & Spouse/Partner	\$1,054.75	\$1,051.71	\$2,106.46
Family	\$1,055.30	\$1,956.94	\$3,012.24
Parent & Child	\$1,053.90	\$905.11	\$1,959.01
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,002.64		\$1,002.64
Member & Spouse/Partner	\$1,004.16	\$1,001.12	\$2,005.28
Family	\$1,004.71	\$1,862.84	\$2,867.55
Parent & Child	\$1,003.31	\$861.60	\$1,864.91
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment			
Single	\$1,007.28		\$1,007.28
Member & Spouse/Partner	\$1,008.80	\$1,005.76	\$2,014.56
Family	\$1,009.35	\$1,871.47	\$2,880.62
Parent & Child	\$1,007.95	\$865.59	\$1,873.54
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$969.11		\$969.11
Member & Spouse/Partner	\$970.63	\$967.59	\$1,938.22
Family	\$971.18	\$1,800.47	\$2,771.65
Parent & Child	\$969.78	\$832.76	\$1,802.54
HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$933.46		\$933.46
Member & Spouse/Partner	\$934.98	\$931.94	\$1,866.92
Family	\$935.53	\$1,734.16	\$2,669.69
Parent & Child	\$934.13	\$802.10	\$1,736.23
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$917.50		\$917.50
Member & Spouse/Partner	\$919.02	\$915.98	\$1,835.00
Family	\$919.57	\$1,704.48	\$2,624.05
Parent & Child	\$918.17	\$788.38	\$1,706.55



**Local Monthly Active Group —
Education Employers
Monthly Rates**
Effective 1/1/2020 to 12/31/2020

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
HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$889.80		\$889.80
Member & Spouse/Partner	\$891.32	\$888.28	\$1,779.60
Family	\$891.87	\$1,652.96	\$2,544.83
Parent & Child	\$890.47	\$764.56	\$1,655.03
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$793.54		\$793.54
Member & Spouse/Partner	\$795.06	\$792.02	\$1,587.08
Family	\$795.61	\$1,473.92	\$2,269.53
Parent & Child	\$794.21	\$681.78	\$1,475.99
HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$771.56		\$771.56
Member & Spouse/Partner	\$773.08	\$770.04	\$1,543.12
Family	\$773.63	\$1,433.03	\$2,206.66
Parent & Child	\$772.23	\$662.87	\$1,435.10
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible			
Single	\$885.59		\$885.59
Member & Spouse/Partner	\$887.11	\$884.07	\$1,771.18
Family	\$887.66	\$1,645.13	\$2,532.79
Parent & Child	\$886.26	\$760.94	\$1,647.20

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



**Local Monthly Active Group
Local Government and Education Employers
Dental Rates**
Effective 1/1/2020 to 12/31/2020

PLAN/COVERAGE DESCRIPTION	MAXIMUM EMPLOYEES' CONTRIBUTION (50%)	TOTAL
DENTAL EXPENSE PLAN (#399)		
Single	\$20.87	\$41.74
Member & Spouse/Partner	\$36.27	\$72.55
Family	\$59.33	\$118.66
Parent & Child	\$43.95	\$87.90
CIGNA (DPO #305)		
Single	\$11.51	\$23.02
Member & Spouse/Partner	\$20.01	\$40.03
Family	\$32.72	\$65.45
Parent & Child	\$24.26	\$48.52
HEALTHPLEX (DPO #307)		
Single	\$4.39	\$8.78
Member & Spouse/Partner	\$7.63	\$15.27
Family	\$12.47	\$24.95
Parent & Child	\$9.24	\$18.49
HORIZON DENTAL CHOICE (DPO #317)		
Single	\$8.92	\$17.85
Member & Spouse/Partner	\$15.52	\$31.04
Family	\$25.37	\$50.75
Parent & Child	\$18.80	\$37.60
AETNA DMO (DPO #319)		
Single	\$10.86	\$21.73
Member & Spouse/Partner	\$18.90	\$37.81
Family	\$30.92	\$61.85
Parent & Child	\$22.91	\$45.83
METLIFE (DPO #320)		
Single	\$7.48	\$14.97
Member & Spouse/Partner	\$12.68	\$25.37
Family	\$20.47	\$40.95
Parent & Child	\$15.27	\$30.55

Percentage of Premium Chart

For Health Benefits Contributions under P.L. 2011, c. 78 (Chapter 78) *Phase 4 Percentage*

Salary Range	Single	Family	Member & Spouse/Partner or Parent&Child(ren)
less than 20,000	4.50%	3.00%	3.50%
20,000-24,999	5.50%	3.00%	3.50%
25,000-29,999	7.50%	4.00%	4.50%
30,000-34,999	10.00%	5.00%	6.00%
35,000-39,999	11.00%	6.00%	7.00%
40,000-44,999	12.00%	7.00%	8.00%
45,000-49,999	14.00%	9.00%	10.00%
50,000-54,999	20.00%	12.00%	15.00%
55,000-59,999	23.00%	14.00%	17.00%
60,000-64,999	27.00%	17.00%	21.00%
65,000-69,999	29.00%	19.00%	23.00%
70,000-74,999	32.00%	22.00%	26.00%
75,000-79,999	33.00%	23.00%	27.00%
80,000-84,999	34.00%	24.00%	28.00%
85,000-89,999	34.00%	26.00%	30.00%
90,000-94,999	34.00%	28.00%	30.00%
95,000-99,999	35.00%	29.00%	30.00%
100,000-109,999	35.00%	32.00%	35.00%
110,000 and over	35.00%	35.00%	35.00%