

HEALTH BENEFITS CONTRIBUTION (PERCENTAGE OF PREMIUM)*

*Member contribution is a minimum of 1.5% of base salary towards Health Benefits

Educator’s Health Plan - July 1, 2023 – June 30, 2024

	AmeriHealth	Prescription	Dental
Single	\$1,153.46	\$218.58	\$32.09
Husband/Wife	2,567.15	500.82	79.95
Family	2,986.91	500.82	130.47
Parent/Child(ren)	1,703.20	319.55	

Base Salary	Single % of Salary	Parent/Child(ren)	Two Adult	Family
Up to \$40,000	1.7%	2.2%	2.8%	3.3%
\$40,001 - \$50,000	1.9%	2.5%	3.3%	3.9%
\$50,001 - \$60,000	2.2%	2.8%	3.9%	4.4%
\$60,001 - \$70,000	2.5%	3.0%	4.4%	5.0%
\$70,001 - \$80,000	2.8%	3.3%	5.0%	5.5%
\$80,001 - \$90,000	3.0%	3.6%	5.5%	6.0%
\$90,001 - \$100,000	3.3%	3.9%	6.0%	6.6%
\$100,001 - \$125,000	3.6%	4.4%	6.6%	7.2%

Garden State Health Plan - July 1, 2023 – June 30, 2024

	AmeriHealth	Prescription
Single	\$1,118.34	\$218.58
Husband/Wife	2,488.99	500.82
Family	2,895.97	500.82
Parent/Child(ren)	1,651.35	319.55

Base Salary	Single % of Salary	Parent/Child(ren)	Two Adult	Family
Up to \$40,000	1.5%	1.5%	1.5%	1.65%
\$40,001 - \$50,000	1.5%	1.5%	1.65%	1.95%
\$50,001 - \$60,000	1.5%	1.5%	1.95%	2.5%
\$60,001 - \$70,000	1.5%	1.5%	2.5%	2.5%
\$70,001 - \$80,000	1.5%	1.65%	2.5%	2.75%
\$80,001 - \$90,000	1.5%	1.8%	2.75%	3.0%
\$90,001 - \$100,000	1.65%	1.95%	3.0%	3.3%
\$100,001 - \$125,000	1.8%	2.2%	3.3%	3.6%

PPO (Direct Access) - July 1, 2023 – June 30, 2024

	AmeriHealth	Prescription	Dental
Single	\$1,284.27	\$247.41	\$32.09
Husband/Wife	2,858.27	566.86	79.95
Family	3,325.62	566.86	130.47
Parent/Child(ren)	1,896.35	361.68	

COVERAGE TYPE

Salary Range	Single	Family	# 2 Party
less than \$20,000	4.50%	3.00%	3.50%
20,000-24,999.99	5.50%	3.00%	3.50%
25,000-29,999.99	7.50%	4.00%	4.50%
30,000-34,999.99	10.00%	5.00%	6.00%
35,000-39,999.99	11.00%	6.00%	7.00%
40,000-44,999.99	12.00%	7.00%	8.00%
45,000-49,999.99	14.00%	9.00%	10.00%
50,000-54,999.99	20.00%	12.00%	15.00%
55,000-59,999.99	23.00%	14.00%	17.00%
60,000-64,999.99	27.00%	17.00%	21.00%
65,000-69,999.99	29.00%	19.00%	23.00%
70,000-74,999.99	32.00%	22.00%	26.00%
75,000-79,999.99	33.00%	23.00%	27.00%
80,000-84,999.99	34.00%	24.00%	28.00%
85,000-89,999.99	34.00%	26.00%	30.00%
90,000-94,999.99	34.00%	28.00%	30.00%
95,000-99,999.99	35.00%	29.00%	30.00%
100,000-109,999.99	35.00%	32.00%	35.00%
\$110,000 and over	35.00%	35.00%	35.00%

2 PARTY is Member/Spouse/Partner or Parent/Child coverage