



State Health Benefits Program

## PERCENTAGE OF PREMIUM CALCULATION CHARTS

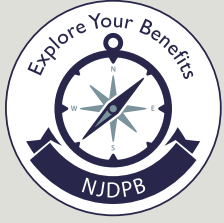
For Health Benefit Contributions under P.L. 2011, c. 78

### STATE MONTHLY EMPLOYEES — NOT PAID THROUGH CENTRALIZED PAYROLL

Use this worksheet, the attached chart, and the State Monthly Active Group Rates to calculate the percentage of the full cost premium for which you will be responsible.

Calculate Premium Percentages		Amount
1.	Use the <b>SHBP Premium Rate Chart</b> and enter the premium amount for your SHBP Medical Plan at your selected Level of Coverage.	\$
2.	Use the <b>Percentage of Premium Chart</b> for your Level of Coverage to find your Salary Range and Percentage of Premium amount.	%
3.	<b>Calculate your Medical Plan Contribution:</b> Multiply the Medical Plan Premium by the Premium Percentage.	\$
4.	Use the <b>SHBP Premium Rate Chart</b> and enter the premium amount for the SHBP Prescription Drug Plan associated with your Medical Plan at your selected Level of Coverage.	\$
5.	Use the <b>Percentage of Premium Chart</b> for your Level of Coverage to find your Salary Range and Percentage of Premium amount.	%
6.	<b>Calculate any Prescription Drug Plan Contribution:</b> Multiply the Prescription Drug Plan Premium by the Premium Percentage.	\$
7.	Add line #3 and Line #6. (Medical Plan Contribution + Prescription Drug Plan Contribution)	\$
<b>Calculate Minimum Required Contribution</b> <i>Employees must pay a minimum of 1.5% of Annual Salary</i>		
8.	Enter your total Annual Salary	\$
9.	<b>Multiply</b> your Annual Salary by 1.5% (Salary x 0.015).	x 0.015
10.	This is your 1.5 minimum <i>annual</i> percentage of salary.	\$
11.	<b>Divide</b> the annual amount on line #10 by 12 months.	÷ 12
12.	This is the minimum biweekly amount you are required to contribute.	\$
<b>Your Health Contribution</b>		
13.	If the amount on Line #7 is larger than the amount on Line #12, enter it here. Otherwise, enter the amount on Line #12.	\$
<b>This is your monthly required contribution</b>		

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



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### STATE MONTHLY EMPLOYEES — NOT PAID THROUGH CENTRALIZED PAYROLL

Annual Retirement Allowance Range	Single	Member/Spouse/Partner or Parent/Child	Family
Less than \$20,000	4.5%		
Less than \$25,000		3.5%	3%
\$20,000 - \$24,999.99	5.5%		
\$25,000 - \$29,999.99	7.5%	4.5%	4%
\$30,000 - \$34,999.99	10%	6%	5%
\$35,000 - \$39,999.99	11%	7%	6%
\$40,000 - \$44,999.99	12%	8%	7%
\$45,000 - \$49,999.99	14%	10%	9%
\$50,000 - \$54,999.99	20%	15%	12%
\$55,000 - \$59,999.99	23%	17%	14%
\$60,000 - \$64,999.99	27%	21%	17%
\$65,000 - \$69,999.99	29%	23%	19%
\$70,000 - \$74,999.99	32%	26%	22%
\$75,000 - \$79,999.99	33%	27%	23%
\$80,000 - \$84,999.99		28%	24%
\$80,000 - \$94,999.99	34%		
\$85,000 - \$89,999.99			26%
\$85,000 - \$99,999.99		30%	
\$90,000 - \$94,999.99			28%
\$95,000 and over	35%		
\$95,000 - \$99,999.99			29%
\$100,000 and over		35%	
\$100,000 - \$109,999.99			32%
\$110,000 and over			35%

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