



**Local Monthly Active Group —
Education Employers
Monthly Rates**
Effective 1/1/2023 to 12/31/2023

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$988.59		\$988.59
Member & Spouse/Partner	\$990.89	\$986.29	\$1,977.18
Family	\$991.73	\$1,835.64	\$2,827.37
Parent & Child	\$989.61	\$849.17	\$1,838.78
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$941.11		\$941.11
Member & Spouse/Partner	\$943.41	\$938.81	\$1,882.22
Family	\$944.25	\$1,747.33	\$2,691.58
Parent & Child	\$942.13	\$808.34	\$1,750.47
PRESCRIPTION DRUG PROGRAM #201			
Single	\$182.65		\$182.65
Member & Spouse/Partner	\$182.65	\$182.65	\$365.30
Family	\$182.65	\$339.73	\$522.38
Parent & Child	\$182.65	\$157.08	\$339.73
Medical Plan Available with Prescription Drug Program #298			
NEW JERSEY EDUCATORS HEALTH PLAN #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment			
Single	\$896.84		\$896.84
Member & Spouse/Partner	\$899.14	\$894.54	\$1,793.68
Family	\$899.98	\$1,664.98	\$2,564.96
Parent & Child	\$897.86	\$770.26	\$1,668.12
PRESCRIPTION DRUG PROGRAM #298			
Single	\$124.77		\$124.77
Member & Spouse/Partner	\$124.77	\$124.77	\$249.54
Family	\$124.77	\$232.07	\$356.84
Parent & Child	\$124.77	\$107.30	\$232.07
Medical Plan Available with Prescription Drug Program #299			
GARDEN STATE HEALTH PLAN #099 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment			
Single	\$704.64		\$704.64
Member & Spouse/Partner	\$706.94	\$702.33	\$1,409.27
Family	\$707.78	\$1,307.48	\$2,015.26
Parent & Child	\$705.66	\$604.96	\$1,310.62
PRESCRIPTION DRUG PROGRAM #299			
Single	\$121.37		\$121.37
Member & Spouse/Partner	\$121.37	\$121.37	\$242.74
Family	\$121.37	\$225.75	\$347.12
Parent & Child	\$121.37	\$104.38	\$225.75

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

**TRENTON BOARD OF EDUCATION
DENTAL
2022 vs 2023 RENEWAL RATES**

2022 Current

2023 Renewal

Single
2 Adult
Family
Parent/Children

DELTA DENTAL (01,04,07/11)	
Single	\$44.77
2 Adult	\$80.59
Family	\$117.32
Parent/Children	\$85.07

DELTA DENTAL (01,04, 07/11)	
Single	\$44.77
2 Adult	\$80.59
Family	\$117.32
Parent/Children	\$85.07

TEA, B+T
TASA, CFA

Single
2 Adult
Family
Parent/Children

DELTA DENTAL (02,03/05,06)	
Single	\$41.84
2 Adult	\$75.31
Family	\$119.46
Parent/Children	\$79.48

DELTA DENTAL (02,03/05,06)	
Single	\$41.84
2 Adult	\$75.31
Family	\$119.46
Parent/Children	\$79.48

TPA, TESA

Single
2 Adult
Family
Parent/Children

EASTERN DENTAL/DSO	
Single	\$30.16
2 Adult	\$85.39
Family	\$85.39
Parent/Children	\$85.39

EASTERN DENTAL/DSO	
Single	\$30.16
2 Adult	\$85.39
Family	\$85.39
Parent/Children	\$85.39

ALL
CONTRACTS

Single
2 Adult
Family
Parent/Children

HORIZON DENTAL	
Single	\$60.70
2 Adult	\$120.88
Family	\$189.92
Parent/Children	\$117.99

HORIZON DENTAL	
Single	\$60.70
2 Adult	\$120.88
Family	\$189.92
Parent/Children	\$117.99

**TRENTON BOARD OF EDUCATION
VISION
2022 vs 2023 RATES**

2022 Current

2023 Renewal

Single
2 Adult
Family
Parent/Children

VSP 01 /12 TRAD	
	\$1.04
	\$1.67
	\$2.73
	\$1.68

VSP 01 /12 TRAD	
	\$0.93
	\$1.49
	\$2.44
	\$1.50

Single
2 Adult
Family
Parent/Children

VSP 02 / 13 PPO	
	\$2.61
	\$4.17
	\$6.86
	\$4.25

VSP 02 / 13 PPO	
	\$2.33
	\$3.72
	\$6.12
	\$3.79

ALL
OTHERS

Single
2 Adult
Family
Parent/Children

VSP 03 / 04 / 09	
	\$5.49
	\$8.81
	\$14.51
	\$9.02

VSP 03 / 04 / 09	
	\$4.90
	\$7.87
	\$12.96
	\$8.05

TPA
BST
MEL

Deduction Calculation Formula for NJ Direct 10 & 15, Prescription (201), Delta Dental, DSO/Eastern Dental, Horizon Dental and VSP/Vision

(Use in conjunction with the Premium Sharing Rates for Employees)

10 Month Employees

The cost of the coverage X base salary premium percentage = total monthly rate.

The total monthly rate X 12 months = premium sharing amount employee pays.

*Take premium sharing amount employee pays and divide it by 20 pays = **estimated** deduction per check.

****Please note 20 pays = September - June***

Example: Employee elects “member & spouse/partner” coverage with a base salary range of \$35,000 - \$39,999.

NJ Direct 10 Cost \$1,977.18 for 2 Adults

Premium % based for a salary of \$35,000 - \$39,999 range is 7%

$\$1,977.18 \times .07 = \138.40

$\$138.40 \times 12 \text{ months} = \$1,660.83$

$\$1,660.83 / 20 = \$83.04 \text{ per pay (estimated)}$

This calculation should be performed for each benefit selection (i.e. health, prescription, dental and vision).

12 Month Employees

The cost of the coverage X base salary premium percentage = total monthly rate.

The total monthly rate X 12 months = premium sharing amount employee pays.

*Take premium sharing amount employee pays and divide it by 24 pays = **estimated** deduction per check.

****Please note 24 pays = July - June.***

Example: Employee elects “member & spouse/partner” coverage with a base salary range of \$35,000 - \$39,999.

NJ Direct 10 Cost \$1,977.18 for 2 Adults

Premium % based on salary in \$35,000 - \$39,999 range is 7%

$\$2,080.41 \times .07 = \145.63

$\$145.63 \times 12 = \$1,747.54$

$\$1,747.54 / 24 = \$72.81 \text{ per pay (estimated)}$

This calculation should be performed for each benefit selection (i.e. Health, prescription, dental and vision).

**Premium Sharing Rates for
NJ Direct 10 & 15, Prescription (201),
Delta Dental, DSO Eastern Dental,
Horizon Dental and VSP Vision**

BASE SALARY	PREMIUM %
FAMILY COVERAGE	
less than \$25,000	3.00%
\$25,000 - \$29,999	4.00%
\$30,000 - \$34,999	5.00%
\$35,000 - \$39,999	6.00%
\$40,000 - \$44,999	7.00%
\$45,000 - \$49,999	9.00%
\$50,000 - \$54,999	12.00%
\$55,000 - \$59,999	14.00%
\$60,000 - \$64,999	17.00%
\$65,000 - \$69,999	19.00%
\$70,000 - \$74,999	22.00%
\$75,000 - \$79,999	23.00%
\$80,000 - \$84,999	24.00%
\$85,000 - \$89,999	26.00%
\$90,000 - \$94,999	28.00%
\$95,000 - \$99,999	29.00%
\$100,000 - \$109,999	32.00%
\$110,000 and over	35.00%

PARENT/CHILD COVERAGE & 2 ADULTS	
less than \$25,000	3.50%
\$25,000 - \$29,999	4.50%
\$30,000 - \$34,999	6.00%
\$35,000 - \$39,999	7.00%
\$40,000 - \$44,999	8.00%
\$45,000 - \$49,999	10.00%
\$50,000 - \$54,999	15.00%
\$55,000 - \$59,999	17.00%
\$60,000 - \$64,999	21.00%
\$65,000 - \$69,999	23.00%
\$70,000 - \$74,999	26.00%
\$75,000 - \$79,999	27.00%
\$80,000 - \$84,999	28.00%
\$85,000 - \$99,999	30.00%
\$100,000 and over	35.00%

SINGLE COVERAGE	
less than \$20,000	4.50%
\$20,000 - \$24,999	5.50%
\$25,000 - \$29,999	7.50%
\$30,000 - \$34,999	10.00%
\$35,000 - \$39,999	11.00%
\$40,000 - \$44,999	12.00%
\$45,000 - \$49,999	14.00%
\$50,000 - \$54,999	20.00%
\$55,000 - \$59,999	23.00%
\$60,000 - \$64,999	27.00%
\$65,000 - \$69,999	29.00%
\$70,000 - \$74,999	32.00%
\$75,000 - \$79,999	33.00%
\$80,000 - \$94,999	34.00%
\$95,000 and over	35.00%

Payment cannot be less than a minimum of 1.5% of base salary towards health benefits.

**Deduction Calculation Formula
for NJ Educators Health Plan (Health/Prescription #298 Combo)**

Estimated Deduction Calculation

**NJ EDUCATORS HEALTH PLAN
CONTRIBUTION SCHEDULE¹**

BASE SALARY OR PENSION² AMOUNT	LEVEL OF COVERAGE/PERCENTAGE OF SALARY			
	<u>Single</u>	<u>Parent/child(ren)</u>	<u>Two Adults</u>	<u>Family</u>
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	3.6%	4.4%	6.6%	7.2%

¹ This contribution cannot exceed the previous Ch. 78 contribution. In every case, the lower contribution applies.

² Only applicable to retirees required to contribute under Ch. 78. Retirees currently receiving or eligible to receive premium-free health benefits will continue to do so.

³ For any employee earning a base salary above \$125,000, the maximum contribution will be based on a salary of \$125,000.

10 Month Employees

Example: Employee who elects single coverage has a base salary of \$75,000.

Their new contribution under the NJ Educators Health Plan would be \$2,100.

$$\$75,000 \times 2.8\% = \$2,100$$

For a 10-month employee that would equate to \$2,100 divided by 20 pays = \$105 per pay.

12 Month Employees

Example: Employee who elects single coverage has a base salary of \$75,000.

Their new contribution under the NJ Educators Health Plan would be \$2,100.

$$\$75,000 \times 2.8\% = \$2,100$$

For a 12-month employee that would equate to \$2,100 divided by 24 pays = \$87.50 per pay.

Deduction Calculation Formula for NJ Garden State Health Plan (Health/Prescription #299 Combo)

(Use in conjunction with the Garden State Health Plan Premium Sharing Rates for Employees)

Estimated Deduction Calculation

10 Month Employees

Example: Employee who elects single coverage has a base salary of \$75,000.

The contribution under the NJ Garden State Plan would be \$1,125.

$$\$75,000 \times 1.50\% = \$1,125$$

For a 10-month employee that would equate to \$1,125 divided by 20 pays = ***estimated*** \$56.25 per pay.

12 Month Employees

Example: Employee who elects single coverage has a base salary of \$75,000.

The contribution under the NJ Garden State Plan would be \$1,125.

$$\$75,000 \times 1.50\% = 1,125$$

For a 12-month employee that would equate to \$1,125 divided by 24 pays = ***estimated*** \$46.88 per pay.

GARDEN STATE HEALTH PLAN

PREMIUM SHARING PERCENTAGES FOR EMPLOYEES

Annual Salary	% Pay Contribution
---------------	--------------------

FAMILY COVERAGE

\$10,000 - \$40,000	1.65%
\$40,001 - \$50,000	1.95%
\$50,001 - \$60,000	2.20%
\$60,001 - \$70,000	2.50%
\$70,001 - \$80,000	2.75%
\$80,001 - \$90,000	3.00%
\$90,001 - \$100,000	3.30%
\$100,001 - \$125,000	3.60%
More than \$125,000	MAX \$4,500

2 ADULTS COVERAGE

\$10,000 - \$40,000	1.50%
\$40,001 - \$50,000	1.65%
\$50,001 - \$60,000	1.95%
\$60,001 - \$70,000	2.20%
\$70,001 - \$80,000	2.50%
\$80,001 - \$90,000	2.75%
\$90,001 - \$100,000	3.00%
\$100,001 - \$125,000	3.30%
More than \$125,000	MAX \$4,125

PARENT/CHILD

\$10,000 - \$70,000	1.50%
\$70,001 - \$80,000	1.65%
\$80,001 - \$90,000	1.80%
\$90,001 - \$100,000	1.95%
\$100,001 - \$125,000	2.20%
More than \$125,000	MAX \$2,750

SINGLE

\$10,000 - \$90,000	1.50%
\$90,001 - \$100,000	1.65%
\$100,001 - \$125,000	1.80%
More than \$125,000	MAX \$2,250