

Brick Township Board of Education
BTEA Employee Contribution Schedule
7/1/2024 – 6/30/2025



Insurance | Risk Management | Consulting

Chapter 78 Year 4 (For Aetna Choice POS II \$20, Aetna Choice POS II \$20/\$35, Aetna Choice EPO)

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

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Chapter 78 Year 4 with 28% CAP (For Aetna Choice POS II \$20 28% CAP Plan)

Salary	Coverage Level Percentages			
	Single	Parent & Child	Member & Spouse	Family
\$20,000 or less	4.50%	3.50%	3.50%	3.00%
\$20,000-\$24,999.99	5.50%	3.50%	3.50%	3.00%
\$25,000-\$29,999.99	7.50%	4.50%	4.50%	4.00%
\$30,000-\$34,999.99	10.00%	6.00%	6.00%	5.00%
\$35,000-\$39,999.99	11.00%	7.00%	7.00%	6.00%
\$40,000-\$44,999.99	12.00%	8.00%	8.00%	7.00%
\$45,000-\$49,999.99	14.00%	10.00%	10.00%	9.00%
\$50,000-\$54,999.99	20.00%	15.00%	15.00%	12.00%
\$55,000-\$59,999.99	23.00%	17.00%	17.00%	14.00%
\$60,000-\$64,999.99	27.00%	21.00%	21.00%	17.00%
\$65,000-\$69,999.99	28.00%	23.00%	23.00%	19.00%
\$70,000-\$74,999.99	28.00%	26.00%	26.00%	22.00%
\$75,000-\$79,999.99	28.00%	27.00%	27.00%	23.00%
\$80,000-\$84,999.99	28.00%	28.00%	28.00%	24.00%
\$85,000-\$89,999.99	28.00%	28.00%	28.00%	26.00%
\$90,000-\$94,999.99	28.00%	28.00%	28.00%	28.00%
\$95,000-\$99,999.99	28.00%	28.00%	28.00%	28.00%
\$100,000-\$109,999.99	28.00%	28.00%	28.00%	28.00%
\$110,000 & Over	28.00%	28.00%	28.00%	28.00%

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Chapter 44 (For Aetna NJ Educators Health Plan)

Salary	Coverage Level Percentages			
	Single	Parent & Child	Member & Spouse/Partner	Family
\$40,000 or less	1.70%	2.20%	2.80%	3.30%
>\$40,000 to \$50,000	1.90%	2.50%	3.30%	3.90%
>\$50,000 to \$60,000	2.20%	2.80%	3.90%	4.40%
>\$60,000 to \$70,000	2.50%	3.00%	4.40%	5.00%
>\$70,000 to \$80,000	2.80%	3.30%	5.00%	5.50%
>\$80,000 to \$90,000	3.00%	3.60%	5.50%	6.00%
>\$90,000 to \$100,000	3.30%	3.90%	6.00%	6.60%
>\$100,000 to \$125,000	3.60%	4.40%	6.60%	7.20%
More than \$125,000	Percentage to be contributed shall be the same as for a base salary/allowance of \$125,000			