

**Brick Township Board of Education
BTEA Cost Calculation Worksheet Medical & Prescription Benefits**

BTEA Hired 7/1/2020 or After (NJ Educators Plan)

Calculate Employee Contribution NJEHP Medical & Rx Coverage		
1.	Enter your annual pensionable salary.	\$
2.	Use the Chapter 44 Percentage of Salary Chart (attached) for your Level of Coverage to find your Salary Range and Contribution Percent.	%
3.	Multiply your annual pensionable salary (line 1) by the percentage from the chart (line 2)	\$
4.	To determine the per paycheck amount, take the value in line 3. <ul style="list-style-type: none"> • If you are a 10 month employee, divide line 3 by 20. • If you are a 12 month employee, divide line 3 by 24. 	\$

CHAPTER 44 Percentage of Salary Chart

Salary	Single	Member/Spouse	Family	Parent/Child(ren)
Up to \$40,000	1.70%	2.80%	3.30%	2.20%
\$40,001-\$50,000	1.90%	3.30%	3.90%	2.50%
\$50,001-\$60,000	2.20%	3.90%	4.40%	2.80%
\$60,001-\$70,000	2.50%	4.40%	5.00%	3.00%
\$70,001-\$80,000	2.80%	5.00%	5.50%	3.30%
\$80,001-\$90,000	3.00%	5.50%	6.00%	3.60%
\$90,001-\$100,000	3.30%	6.00%	6.60%	3.90%
\$100,001-\$125,000 and above	3.60%	6.60%	7.20%	4.40%

BTEA Hired Prior to 7/1/2020

	Single	2 Adult	Family	Parent/Child(ren)
Aetna Choice II \$20 Plan	\$1,212.72	\$2,425.45	\$3,213.71	\$2,000.99
Aetna Choice II \$20/\$35	\$1,151.45	\$2,302.91	\$3,051.33	\$1,899.90
CVS Rx (BTEA)	\$220.74	\$469.53	\$662.20	\$397.32
Aetna EPO	\$744.06	\$1,568.34	\$2,078.03	\$1,293.87
CVS EPO	\$173.83	\$365.01	\$521.45	\$312.88
Aetna Choice II \$20 28% CAP	\$1,239.07	\$2,478.16	\$3,283.55	\$2,478.16
CVS Rx 28% CAP	\$234.74	\$492.94	\$704.22	\$422.53

Calculate Employee Contribution Medical Benefits		
1.	Use the above Medical rates and enter the premium amount for your selected level of coverage	\$
2.	Use the Chapter 78 Percentage of Premium Chart (attached) for your Level of Coverage to find your Salary Range and Percent of Premium Coverage. <i>(Use the chart on page 4 for 28% CAP Plan)</i>	%
3.	Calculate your Medical Plan Contribution: Multiply the Medical Plan Premium (line 1) by the Premium Percentage (line 2).	\$
Calculate Employee Contribution Rx Benefits		
6.	Use the above Prescription Rates and enter the premium amount for your selected level of coverage	\$
7.	Use the Chapter 78 Percentage of Premium Chart (attached) for your Level of Coverage to find your Salary Range and Percent of Premium Coverage. <i>(Use the chart on page 4 for 28% CAP Plan)</i>	%
8.	Calculate your Prescription Plan Contribution: Multiply the Medical Plan Premium (line 6) by the Premium Percentage (line 7).	\$
Total Medical and Prescription Employee Cost		
9.	Add the result from lines 3 and 8	\$
10.	The amount shown is the monthly amount. Multiply line 9 by 12 for the annual amount.	\$
11.	To determine the per paycheck amount, take the value in line 8. <ul style="list-style-type: none"> • If you are a 10 month employee, divide line 8 by 20. • If you are a 12 month employee, divide line 8 by 24. 	\$

****Final Employee Calculation to be decided by Payroll***

CHAPTER 78 Percentage of Premium Chart (For \$20, \$20/\$35 and EPO Plans)

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

CHAPTER 78 Percentage of Premium Chart (Only For \$20 28% CAP Plan)

Salary	Single	Member/Spouse	Family	Parent/Child(ren)
Less than \$20,000	4.50%	3.50%	3.00%	3.50%
\$20,000 - \$24,999.99	5.50%	3.50%	3.00%	3.50%
\$25,000 - \$29,999.99	7.50%	4.50%	4.00%	4.50%
\$30,000 - \$34,999.99	10.00%	6.00%	5.00%	6.00%
\$35,000 - \$39,999.99	11.00%	7.00%	6.00%	7.00%
\$40,000 - \$44,999.99	12.00%	8.00%	7.00%	8.00%
\$45,000 - \$49,999.99	14.00%	10.00%	9.00%	10.00%
\$50,000 - \$54,999.99	20.00%	15.00%	12.00%	15.00%
\$55,000 - \$59,999.99	23.00%	17.00%	14.00%	17.00%
\$60,000 - \$64,999.99	27.00%	21.00%	17.00%	21.00%
\$65,000 - \$69,999.99	28.00%	23.00%	19.00%	23.00%
\$70,000 - \$74,999.99	28.00%	26.00%	22.00%	26.00%
\$75,000 - \$79,999.99	28.00%	27.00%	23.00%	27.00%
\$80,000 - \$84,999.99	28.00%	28.00%	24.00%	28.00%
\$85,000 - \$89,999.99	28.00%	28.00%	26.00%	28.00%
\$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 and over	28.00%	28.00%	28.00%	28.00%