# Gallagher 

Insurance $\mid$ Risk Management $\mid$ Consulting

## Brick Township Board of Education

## Cost Calculation Worksheet Medical \& Prescription Benefits

Monthly Premiums 2024-2025

|  | 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 (BTANSAS/BTASA) | \$218.71 | \$459.30 | \$656.14 | \$397.09 |
| CVS Rx (Unaffiliated/TWU) | \$220.74 | \$469.53 | \$662.20 | \$397.32 |
| Aetna EPO | \$744.06 | \$1,568.34 | \$2,078.03 | \$1,293.87 |
| CVS EPO | \$201.03 | \$422.13 | \$603.05 | \$361.84 |
| 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. (Use the chart on page 4 for 28\% CAP Plan) | \% |
| 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. (Use the chart on page 4 for 28\% CAP Plan) | \% |
| 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.

- 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 $0 v e r$ | $35.00 \%$ | $35.00 \%$ | $35.00 \%$ | $35.00 \%$ |

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## 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 | $28.00 \%$ | $28.00 \%$ | $28.00 \%$ | $28.00 \%$ |

