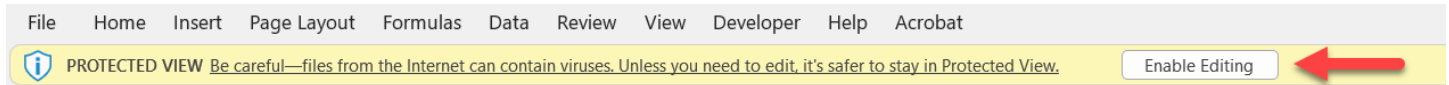


HOW TO USE THE EMPLOYEE CONTRIBUTION WORKSHEETS

When you click on the link for the worksheet you are interested in, it will download a copy of the spreadsheet to your local computer. You will need a copy of EXCEL in order to work on it. At the top of the worksheet you will see this...



Make sure you click **ENABLE EDITING** before you start. Each worksheet will ask you to either fill in or select from a menu option, certain information. For all worksheets, you will need to know your current salary, level of coverage you are looking for and how often you are paid annually. Additionally, the Direct 10/15 or Chapter 78 worksheet will ask you to provide the monthly premium for the coverage level you want. This information can be found under the Health Benefit Monthly Rates menu option. The figure you are given, is your per pay contribution. Examples for each worksheet are provided below. The example used assumes a teacher on BA step 10 with Family coverage, looking to see their contribution beginning in January 2023.

NJEHP

A	B	C	D	E	F	G
Chapter 44- Educator Health Plan Calculator						
<p>NJ P.L. 2020 Chapter 44 requires public local education employers to offer a medical and prescription plan called the Educators Health Plan. Any local education employee who enrolls in this plan will no longer be subject to Chapter 78 contribution requirements and instead will pay a percentage of their base salary (or non-Medicare retiree's annual retirement allowance) towards the cost of the plan. The amount the employee or retiree pays is based on their salary and coverage tier they are enrolled in.</p> <p>Note that the Chapter 44 contribution cannot exceed the previous Chapter 78 contribution. In every case, the lower contribution applies. When the base salary or retirement allowance is more than \$125,000, the percent to be contributed shall be the same as for a base salary or retirement allowance of \$125,000.</p> <p>Please note: This calculator is for <u>Educator Health Plan</u> medical and prescription drug coverage only. If you have dental and/or vision plans, contributions may apply as per your collective bargaining agreement or legislation.</p>						
Estimated Required Contribution- Educator Plan						
Input your Annual Salary	\$70,669					
Select your Coverage Tier	Family					
Select the Number of Paychecks received per year (Payment mode)	20					
This is your Salary % Contribution	5.50%					
You Pay based the below:						
Contribution						
Contribution Amount using % of Salary Schedule	\$194.34					
<p>If your prior Chapter 78 Contribution Structure yields a lower amount, then that amount is used instead. Please refer to the Chapter 78 Calculators for a means of Comparison.</p> <p>However, your contribution may NEVER fall lower than the <i>minimum</i> contribution based on 1.5% of salary:</p>						
	\$53.00					
<p>Note: this calculator is for informational purposes only. All calculations are estimates and may differ from the actual amounts deducted from payroll.</p>						

Teachers=20
Office Staff=20 or 24
Supervisors = 20
Administrators = 24
Paras=20
Custodians = 24

Per paycheck amount or \$3,886.80/yr.

Direct 10/15

A	B	C	D	E	F	G
Chapter 78 Calculator:						
Please note: This calculator is for medical and prescription drug plans only. If you have dental and/or vision plans, contributions may apply as per your collective bargaining agreement or legislation.						
Enter your information below to calculate your estimated contribution on a per paycheck basis:						
Estimated Required Contribution- Chapter 78						
Input your Annual Salary :		\$70,669				
Select the current year of the Chapter 78 implementation phase:		Year 3				Will be Year 3 for everyone.
Input your total MONTHLY premium:		\$3,314				
Select your Coverage Tier :		Family				This number can be found under the Health Benefit Monthly Rate menu. Park Ridge uses the Rx with Medical Coverage.
Select the Number of Paychecks received per year (Payment mode)		20				
This is your Premium Contribution %		16.50%				
You Pay the GREATER of the below:		Contribution				
Contribution Amount using % of Premium		\$328.13				This is a per pay amount or \$6,562.60 annually.
1.5% of Salary		\$53.00				
Note: this calculator is for informational purposes only. All calculations are estimates and may differ from the actual amounts deducted from payroll.						

Garden State Plan

A	B	C	D	E	F	G
Chapter 44- Garden State Health Plan Calculator						
NJ P.L. 2020 Chapter 44 requires public local education employers to offer a medical and prescription plan called the Garden State Health Plan. Any local education employee who enrolls in this plan will no longer be subject to Chapter 78 contribution requirements and instead will pay a percentage of their base salary (or non-Medicare retiree's annual retirement allowance) towards the cost of the plan. The amount the employee or retiree pays is based on their salary and coverage tier they are enrolled in.						
Note that the Chapter 44 contribution cannot exceed the previous Chapter 78 contribution. In every case, the lower contribution applies. When the base salary or retirement allowance is more than \$125,000, the percent to be contributed shall be the same as for a base salary or retirement allowance of \$125,000.						
Please note: This calculator is for the <u>Garden State Health Plan</u> medical and prescription drug coverage only. If you have dental and/or vision plans, contributions may apply as per your collective bargaining agreement or legislation.						
Estimated Required Contribution- Garden State Plan						
Input your Annual Salary		\$70,669				
Input your Coverage Tier		Family				
Select the Number of Paychecks received per year (Payment mode)		20				
This is your Salary % Contribution		2.75%				
You Pay the LESSER of the below:		Contribution				
Contribution Amount using % of Salary Schedule		\$97.17				This is a per paycheck amount or \$1,943.40 annually
If your prior Chapter 78 Contribution Structure yields a lower amount, then that amount is used instead. Please refer to the Chapter 78 Calculators for a means of Comparison.						
However, your contribution may NEVER fall lower than the <i>minimum</i> contribution based on 1.5% of salary:		\$53.00				
Note: This calculator is for informational purposes only. All calculations are estimates and may differ from the actual amounts deducted from payroll.						