

Follow *Steps 1-3* to figure your annual mandated Chapter 78 contribution amount

**Bridgewater-Raritan Regional Board of Education
Annual Health Plan Employee Contribution Comparison
Combined Horizon BCBSNJ Medical and Prescription Plans
[Page 1] Single Coverage Year 4: July 2023 through June 2024**

Estimated Chapter 78 Annual Single Contribution

Step 1: Find your Salary Range; go to **Step 2**

[This is your Year 4 contribution percentage]

Step 2: Identify the below contribution amount in your Salary Range that matches your selected medical/prescription plan.

Go to **Step 3** to figure your approximate annual contribution amount per paycheck

Salary Range	Year 4	Horizon BCBSNJ Direct Access 15	Horizon BCBSNJ Direct Access 15/25	Horizon BCBSNJ Direct Access 20/20	Horizon BCBSNJ Direct Access 20/35
less than 20,000	4.50%	\$655.55	\$639.71	\$608.29	\$539.65
20,000-24,999	5.50%	\$801.23	\$781.86	\$743.47	\$659.57
25,000-29,999	7.50%	\$1,092.58	\$1,066.18	\$1,013.82	\$899.42
30,000-34,999	10.00%	\$1,456.78	\$1,421.57	\$1,351.76	\$1,199.22
35,000-39,999	11.00%	\$1,602.45	\$1,563.72	\$1,486.93	\$1,319.15
40,000-44,999	12.00%	\$1,748.13	\$1,705.88	\$1,622.11	\$1,439.07
45,000-49,999	14.00%	\$2,039.49	\$1,990.20	\$1,892.46	\$1,678.91
50,000-54,999	20.00%	\$2,913.55	\$2,843.14	\$2,703.51	\$2,398.45
55,000-59,999	23.00%	\$3,350.58	\$3,269.61	\$3,109.04	\$2,758.22
60,000-64,999	27.00%	\$3,933.30	\$3,838.23	\$3,649.74	\$3,237.91
65,000-69,999	29.00%	\$4,224.65	\$4,122.55	\$3,920.09	\$3,477.75
70,000-74,999	32.00%	\$4,661.68	\$4,549.02	\$4,325.62	\$3,837.52
75,000-79,999	33.00%	\$4,807.36	\$4,691.17	\$4,460.80	\$3,957.44
80,000-94,999	34.00%	\$4,953.04	\$4,833.33	\$4,595.97	\$4,077.36
95,000 and over	35.00%	\$5,098.72	\$4,975.49	\$4,731.15	\$4,197.28
Monthly Single Premium (Med+RX)		\$1,213.98	\$1,184.64	\$1,126.46	\$999.35

Step 3:

To calculate your approximate contribution amount per paycheck:

- 1) if you are a 10-month employee, divide the shown contribution amount matching your salary range by 20.
- 2) if you are a 12-month employee, divide the shown contribution amount matching your salary range by 24.

[Note: Employee must contribute 1.5% of salary or the above contribution amount, whichever is greater.]

Follow *Steps 1-3* to figure your annual mandated Chapter 78 contribution amount

Bridgewater-Raritan Regional Board of Education
Annual Health Plan Employee Contribution Comparison
Combined Horizon BCBSNJ Medical and Prescription Plans
[Page 1] Parent-Child Coverage Year 4: July 2023 through June 2024

Estimated Chapter 78 Annual Parent-Child Contribution

Step 1: Find your Salary Range; go to **Step 2**

[This is your Year 4 contribution percentage]

Step 2: Identify the below contribution amount in your Salary Range that matches your selected medical/prescription plan.

Go to **Step 3** to figure your approximate annual contribution amount per paycheck

Salary Range	Year 4	Horizon BCBSNJ Direct Access 15	Horizon BCBSNJ Direct Access 15/25	Horizon BCBSNJ Direct Access 20/20	Horizon BCBSNJ Direct Access 20/35
less than 25,000	3.50%	\$877.72	\$856.15	\$813.39	\$719.96
25,000-29,999	4.50%	\$1,128.50	\$1,100.77	\$1,045.79	\$925.66
30,000-34,999	6.00%	\$1,504.66	\$1,467.69	\$1,394.38	\$1,234.21
35,000-39,999	7.00%	\$1,755.44	\$1,712.31	\$1,626.78	\$1,439.91
40,000-44,999	8.00%	\$2,006.22	\$1,956.92	\$1,859.17	\$1,645.61
45,000-49,999	10.00%	\$2,507.77	\$2,446.15	\$2,323.97	\$2,057.02
50,000-54,999	15.00%	\$3,761.66	\$3,669.23	\$3,485.95	\$3,085.52
55,000-59,999	17.00%	\$4,263.21	\$4,158.46	\$3,950.75	\$3,496.93
60,000-64,999	21.00%	\$5,266.32	\$5,136.92	\$4,880.33	\$4,319.73
65,000-69,999	23.00%	\$5,767.88	\$5,626.15	\$5,345.13	\$4,731.14
70,000-74,999	26.00%	\$6,520.21	\$6,360.00	\$6,042.32	\$5,348.24
75,000-79,999	27.00%	\$6,770.98	\$6,604.61	\$6,274.71	\$5,553.94
80,000-84,999	28.00%	\$7,021.76	\$6,849.23	\$6,507.11	\$5,759.64
85,000-99,999	30.00%	\$7,523.32	\$7,338.46	\$6,971.90	\$6,171.05
100,000 and over	35.00%	\$8,777.20	\$8,561.53	\$8,133.89	\$7,199.56
Monthly P-C Premium (Med+RX)		\$2,089.81	\$2,038.46	\$1,936.64	\$1,714.18

Step 3:

To calculate your approximate contribution amount per paycheck:

- 1) if you are a 10-month employee, divide the shown contribution amount matching your salary range by 20.
- 2) if you are a 12-month employee, divide the shown contribution amount matching your salary range by 24.

[Note: Employee must contribute 1.5% of salary or the above contribution amount, whichever is greater.]

Follow *Steps 1-3* to figure your annual mandated Chapter 78 contribution amount

Bridgewater-Raritan Regional Board of Education
Annual Health Plan Employee Contribution Comparison
Combined Horizon BCBSNJ Medical and Prescription Plans
[Page 1] 2Adult Coverage Year 4: July 2023 through June 2024

Estimated Chapter 78 Annual 2Adult Contribution

Step 1: Find your Salary Range; go to **Step 2**

[This is your Year 4 contribution percentage]

Step 2: Identify the below contribution amount in your Salary Range that matches your selected medical/prescription plan.

Go to **Step 3** to figure your approximate annual contribution amount per paycheck

Salary Range	Year 4	Horizon BCBSNJ Direct Access 15	Horizon BCBSNJ Direct Access 15/25	Horizon BCBSNJ Direct Access 20/20	Horizon BCBSNJ Direct Access 20/35
less than 25,000	3.50%	\$1,017.97	\$979.13	\$944.44	\$837.65
25,000-29,999	4.50%	\$1,308.81	\$1,258.88	\$1,214.28	\$1,076.98
30,000-34,999	6.00%	\$1,745.09	\$1,678.51	\$1,619.04	\$1,435.97
35,000-39,999	7.00%	\$2,035.93	\$1,958.26	\$1,888.88	\$1,675.30
40,000-44,999	8.00%	\$2,326.78	\$2,238.01	\$2,158.72	\$1,914.62
45,000-49,999	10.00%	\$2,908.48	\$2,797.51	\$2,698.40	\$2,393.28
50,000-54,999	15.00%	\$4,362.71	\$4,196.27	\$4,047.61	\$3,589.92
55,000-59,999	17.00%	\$4,944.41	\$4,755.77	\$4,587.29	\$4,068.58
60,000-64,999	21.00%	\$6,107.80	\$5,874.78	\$5,666.65	\$5,025.89
65,000-69,999	23.00%	\$6,689.49	\$6,434.28	\$6,206.33	\$5,504.54
70,000-74,999	26.00%	\$7,562.04	\$7,273.53	\$7,015.85	\$6,222.53
75,000-79,999	27.00%	\$7,852.89	\$7,553.28	\$7,285.69	\$6,461.86
80,000-84,999	28.00%	\$8,143.73	\$7,833.03	\$7,555.53	\$6,701.18
85,000-99,999	30.00%	\$8,725.43	\$8,392.54	\$8,095.21	\$7,179.84
100,000 and over	35.00%	\$10,179.67	\$9,791.29	\$9,444.41	\$8,376.48
Monthly 2A Premium (Med+RX)		\$2,423.73	\$2,331.26	\$2,248.67	\$1,994.40

Step 3:

To calculate your approximate contribution amount per paycheck:

- 1) if you are a 10-month employee, divide the shown contribution amount matching your salary range by 20.
- 2) if you are a 12-month employee, divide the shown contribution amount matching your salary range by 24.

[Note: Employee must contribute 1.5% of salary or the above contribution amount, whichever is greater.]

Bridgewater-Raritan Regional Board of Education
Annual Health Plan Employee Contribution Comparison
Combined Horizon BCBSNJ Medical and Prescription Plans
[Page 1] Family Coverage Year 4: July 2023 through June 2024

Follow *Steps 1-3* to figure your annual mandated Chapter 78 contribution amount

Estimated Chapter 78 Annual Family Contribution

Step 1: Find your Salary Range; go to **Step 2**

[This is your Year 4 contribution percentage]

Step 2: Identify the below contribution amount in your Salary Range that matches your selected medical/prescription plan.

Go to **Step 3** to figure your approximate annual contribution amount per paycheck

Salary Range	Year 4	Horizon BCBSNJ Direct Access 15	Horizon BCBSNJ Direct Access 15/25	Horizon BCBSNJ Direct Access 20/20	Horizon BCBSNJ Direct Access 20/35
less than 25,000	3.00%	\$1,196.06	\$1,150.30	\$1,109.41	\$983.56
25,000-29,999	4.00%	\$1,594.74	\$1,533.73	\$1,479.21	\$1,311.41
30,000-34,999	5.00%	\$1,993.43	\$1,917.17	\$1,849.01	\$1,639.26
35,000-39,999	6.00%	\$2,392.11	\$2,300.60	\$2,218.82	\$1,967.11
40,000-44,999	7.00%	\$2,790.80	\$2,684.04	\$2,588.62	\$2,294.96
45,000-49,999	9.00%	\$3,588.17	\$3,450.90	\$3,328.23	\$2,950.67
50,000-54,999	12.00%	\$4,784.23	\$4,601.20	\$4,437.63	\$3,934.22
55,000-59,999	14.00%	\$5,581.60	\$5,368.07	\$5,177.24	\$4,589.93
60,000-64,999	17.00%	\$6,777.66	\$6,518.37	\$6,286.65	\$5,573.48
65,000-69,999	19.00%	\$7,575.03	\$7,285.24	\$7,026.25	\$6,229.19
70,000-74,999	22.00%	\$8,771.08	\$8,435.54	\$8,135.66	\$7,212.74
75,000-79,999	23.00%	\$9,169.77	\$8,818.97	\$8,505.46	\$7,540.60
80,000-84,999	24.00%	\$9,568.45	\$9,202.41	\$8,875.27	\$7,868.45
85,000-89,999	26.00%	\$10,365.83	\$9,969.27	\$9,614.87	\$8,524.15
90,000-94,999	28.00%	\$11,163.20	\$10,736.14	\$10,354.48	\$9,179.86
95,000-99,999	29.00%	\$11,561.88	\$11,119.57	\$10,724.28	\$9,507.71
100,000-109,999	32.00%	\$12,757.94	\$12,269.88	\$11,833.69	\$10,491.26
110,000 and over	35.00%	\$13,954.00	\$13,420.18	\$12,943.10	\$11,474.82
Monthly Family Premium (Med+RX)		\$3,322.38	\$3,195.28	\$3,081.69	\$2,732.10

Step 3:

To calculate your approximate contribution amount per paycheck:

- 1) if you are a 10-month employee, divide the shown contribution amount matching your salary range by 20.
- 2) if you are a 12-month employee, divide the shown contribution amount matching your salary range by 24.

[Note: Employee must contribute 1.5% of salary or the above contribution amount, whichever is greater.]

Follow *Steps 1-3* to figure your annual mandated Chapter 78 contribution amount

Bridgewater-Raritan Regional Board of Education
Annual Health Plan Employee Contribution Comparison
Combined Horizon BCBSNJ Medical and Prescription Plans
[Page 2] Single Coverage Year 4: July 2023 through June 2024

Estimated Chapter 78 Annual Single Contribution

Step 1: Find your Salary Range; go to **Step 2**

[This is your Year 4 contribution percentage]

Step 2: Identify the below contribution amount in your Salary Range that matches your selected medical/prescription plan.

Go to **Step 3** to figure your approximate annual contribution amount per paycheck

Salary Range	Year 4	Horizon BCBSNJ POS 10	Horizon BCBSNJ POS 15/25	Horizon BCBSNJ POS 20/20	Horizon BCBSNJ POS 20/35	OMNIA
less than 20,000	4.50%	\$630.59	\$591.32	\$563.06	\$500.75	\$547.59
20,000-24,999	5.50%	\$770.72	\$722.73	\$688.19	\$612.02	\$669.27
25,000-29,999	7.50%	\$1,050.98	\$985.54	\$938.44	\$834.58	\$912.65
30,000-34,999	10.00%	\$1,401.31	\$1,314.05	\$1,251.25	\$1,112.77	\$1,216.86
35,000-39,999	11.00%	\$1,541.44	\$1,445.45	\$1,376.38	\$1,224.05	\$1,338.55
40,000-44,999	12.00%	\$1,681.57	\$1,576.86	\$1,501.50	\$1,335.33	\$1,460.23
45,000-49,999	14.00%	\$1,961.84	\$1,839.67	\$1,751.75	\$1,557.88	\$1,703.60
50,000-54,999	20.00%	\$2,802.62	\$2,628.10	\$2,502.50	\$2,225.54	\$2,433.72
55,000-59,999	23.00%	\$3,223.02	\$3,022.31	\$2,877.88	\$2,559.38	\$2,798.78
60,000-64,999	27.00%	\$3,783.54	\$3,547.93	\$3,378.38	\$3,004.48	\$3,285.52
65,000-69,999	29.00%	\$4,063.80	\$3,810.74	\$3,628.63	\$3,227.04	\$3,528.89
70,000-74,999	32.00%	\$4,484.20	\$4,204.95	\$4,004.01	\$3,560.87	\$3,893.95
75,000-79,999	33.00%	\$4,624.33	\$4,336.36	\$4,129.13	\$3,672.15	\$4,015.64
80,000-94,999	34.00%	\$4,764.46	\$4,467.76	\$4,254.26	\$3,783.42	\$4,137.32
95,000 and over	35.00%	\$4,904.59	\$4,599.17	\$4,379.38	\$3,894.70	\$4,259.01
Monthly Single Premium (Med+RX)		\$1,167.76	\$1,095.04	\$1,042.71	\$927.31	\$1,014.05

Step 3:

To calculate your approximate contribution amount per paycheck:

- 1) if you are a 10-month employee, divide the shown contribution amount matching your salary range by 20.
- 2) if you are a 12-month employee, divide the shown contribution amount matching your salary range by 24.

[Note: Employee must contribute 1.5% of salary or the above contribution amount, whichever is greater.]

Follow *Steps 1-3* to figure your annual mandated Chapter 78 contribution amount

**Bridgewater-Raritan Regional Board of Education
Annual Health Plan Employee Contribution Comparison
Combined Horizon BCBSNJ Medical and Prescription Plans
[Page 2] Parent-Child Coverage Year 4: July 2023 through June 2024**

Estimated Chapter 78 Annual Parent-Child Contribution

Step 1: Find your Salary Range; go to **Step 2**

[This is your Year 4 contribution percentage]

Step 2: Identify the below contribution amount in your Salary Range that matches your selected medical/prescription plan.

Go to **Step 3** to figure your approximate annual contribution amount per paycheck

Salary Range	Year 4	Horizon BCBSNJ POS 10	Horizon BCBSNJ POS 15/25	Horizon BCBSNJ POS 20/20	Horizon BCBSNJ POS 20/35	OMNIA
less than 25,000	3.50%	\$843.75	\$790.30	\$751.85	\$667.00	\$727.05
25,000-29,999	4.50%	\$1,084.82	\$1,016.10	\$966.66	\$857.57	\$934.78
30,000-34,999	6.00%	\$1,446.42	\$1,354.80	\$1,288.88	\$1,143.43	\$1,246.38
35,000-39,999	7.00%	\$1,687.49	\$1,580.59	\$1,503.69	\$1,334.00	\$1,454.11
40,000-44,999	8.00%	\$1,928.56	\$1,806.39	\$1,718.51	\$1,524.58	\$1,661.84
45,000-49,999	10.00%	\$2,410.70	\$2,257.99	\$2,148.13	\$1,905.72	\$2,077.30
50,000-54,999	15.00%	\$3,616.06	\$3,386.99	\$3,222.20	\$2,858.58	\$3,115.95
55,000-59,999	17.00%	\$4,098.20	\$3,838.59	\$3,651.82	\$3,239.72	\$3,531.41
60,000-64,999	21.00%	\$5,062.48	\$4,741.78	\$4,511.08	\$4,002.01	\$4,362.33
65,000-69,999	23.00%	\$5,544.62	\$5,193.38	\$4,940.70	\$4,383.16	\$4,777.79
70,000-74,999	26.00%	\$6,267.83	\$5,870.78	\$5,585.14	\$4,954.87	\$5,400.98
75,000-79,999	27.00%	\$6,508.90	\$6,096.58	\$5,799.96	\$5,145.44	\$5,608.71
80,000-84,999	28.00%	\$6,749.97	\$6,322.38	\$6,014.77	\$5,336.02	\$5,816.44
85,000-99,999	30.00%	\$7,232.11	\$6,773.98	\$6,444.40	\$5,717.16	\$6,231.90
100,000 and over	35.00%	\$8,437.46	\$7,902.97	\$7,518.46	\$6,670.02	\$7,270.54
Monthly P-C Premium (Med+RX)		\$2,008.92	\$1,881.66	\$1,790.11	\$1,588.10	\$1,731.08

Step 3:

To calculate your approximate contribution amount per paycheck:

- 1) if you are a 10-month employee, divide the shown contribution amount matching your salary range by 20.
- 2) if you are a 12-month employee, divide the shown contribution amount matching your salary range by 24.

[Note: Employee must contribute 1.5% of salary or the above contribution amount, whichever is greater.]

Follow *Steps 1-3* to figure your annual mandated Chapter 78 contribution amount

**Bridgewater-Raritan Regional Board of Education
Annual Health Plan Employee Contribution Comparison
Combined Horizon BCBSNJ Medical and Prescription Plans
[Page 2] 2Adult Coverage Year 4: July 2023 through June 2024**

Estimated Chapter 78 Annual 2Adult Contribution

Step 1: Find your Salary Range; go to **Step 2**

[This is your Year 4 contribution percentage]

Step 2: Identify the below contribution amount in your Salary Range that matches your selected medical/prescription plan.

Go to **Step 3** to figure your approximate annual contribution amount per paycheck

Salary Range	Year 4	Horizon BCBSNJ POS 10	Horizon BCBSNJ POS 15/25	Horizon BCBSNJ POS 20/20	Horizon BCBSNJ POS 20/35	OMNIA
less than 25,000	3.50%	\$979.13	\$918.03	\$874.08	\$777.14	\$850.03
25,000-29,999	4.50%	\$1,258.88	\$1,180.33	\$1,123.82	\$999.18	\$1,092.89
30,000-34,999	6.00%	\$1,678.51	\$1,573.77	\$1,498.42	\$1,332.24	\$1,457.19
35,000-39,999	7.00%	\$1,958.26	\$1,836.06	\$1,748.16	\$1,554.28	\$1,700.05
40,000-44,999	8.00%	\$2,238.01	\$2,098.36	\$1,997.89	\$1,776.32	\$1,942.92
45,000-49,999	10.00%	\$2,797.51	\$2,622.95	\$2,497.37	\$2,220.40	\$2,428.64
50,000-54,999	15.00%	\$4,196.27	\$3,934.42	\$3,746.05	\$3,330.59	\$3,642.97
55,000-59,999	17.00%	\$4,755.77	\$4,459.01	\$4,245.53	\$3,774.67	\$4,128.69
60,000-64,999	21.00%	\$5,874.78	\$5,508.19	\$5,244.47	\$4,662.83	\$5,100.15
65,000-69,999	23.00%	\$6,434.28	\$6,032.78	\$5,743.95	\$5,106.91	\$5,585.88
70,000-74,999	26.00%	\$7,273.53	\$6,819.66	\$6,493.16	\$5,773.03	\$6,314.47
75,000-79,999	27.00%	\$7,553.28	\$7,081.96	\$6,742.89	\$5,995.07	\$6,557.34
80,000-84,999	28.00%	\$7,833.03	\$7,344.25	\$6,992.63	\$6,217.11	\$6,800.20
85,000-99,999	30.00%	\$8,392.54	\$7,868.84	\$7,492.10	\$6,661.19	\$7,285.93
100,000 and over	35.00%	\$9,791.29	\$9,180.32	\$8,740.79	\$7,771.39	\$8,500.25
Monthly 2AD Premium (Med+RX)		\$2,331.26	\$2,185.79	\$2,081.14	\$1,850.33	\$2,023.87

Step 3:

To calculate your approximate contribution amount per paycheck:

- 1) if you are a 10-month employee, divide the shown contribution amount matching your salary range by 20.
- 2) if you are a 12-month employee, divide the shown contribution amount matching your salary range by 24.

[Note: Employee must contribute 1.5% of salary or the above contribution amount, whichever is greater.]

Follow *Steps 1-3* to figure your annual mandated Chapter 78 contribution amount

Bridgewater-Raritan Regional Board of Education
Annual Health Plan Employee Contribution Comparison
Combined Horizon BCBSNJ Medical and Prescription Plans
[Page 2] Family Coverage Year 4: July 2023 through June 2024

Estimated Chapter 78 Annual Family Contribution

Step 1: Find your Salary Range; go to **Step 2**

[This is your Year 4 contribution percentage]

Step 2: Identify the below contribution amount in your Salary Range that matches your selected medical/prescription plan.

Go to **Step 3** to figure your approximate annual contribution amount per paycheck

Salary Range	Year 4	Horizon BCBSNJ POS 10	Horizon BCBSNJ POS 15/25	Horizon BCBSNJ POS 20/20	Horizon BCBSNJ POS 20/35	OMNIA
less than 25,000	3.00%	\$1,150.30	\$1,078.61	\$1,026.50	\$912.24	\$998.13
25,000-29,999	4.00%	\$1,533.73	\$1,438.15	\$1,368.67	\$1,216.32	\$1,330.84
30,000-34,999	5.00%	\$1,917.17	\$1,797.68	\$1,710.84	\$1,520.41	\$1,663.55
35,000-39,999	6.00%	\$2,300.60	\$2,157.22	\$2,053.01	\$1,824.49	\$1,996.26
40,000-44,999	7.00%	\$2,684.04	\$2,516.76	\$2,395.18	\$2,128.57	\$2,328.97
45,000-49,999	9.00%	\$3,450.90	\$3,235.83	\$3,079.51	\$2,736.73	\$2,994.39
50,000-54,999	12.00%	\$4,601.20	\$4,314.44	\$4,106.02	\$3,648.97	\$3,992.52
55,000-59,999	14.00%	\$5,368.07	\$5,033.52	\$4,790.35	\$4,257.14	\$4,657.93
60,000-64,999	17.00%	\$6,518.37	\$6,112.13	\$5,816.86	\$5,169.38	\$5,656.06
65,000-69,999	19.00%	\$7,285.24	\$6,831.20	\$6,501.19	\$5,777.54	\$6,321.48
70,000-74,999	22.00%	\$8,435.54	\$7,909.81	\$7,527.70	\$6,689.79	\$7,319.61
75,000-79,999	23.00%	\$8,818.97	\$8,269.35	\$7,869.86	\$6,993.87	\$7,652.32
80,000-84,999	24.00%	\$9,202.41	\$8,628.88	\$8,212.03	\$7,297.95	\$7,985.03
85,000-89,999	26.00%	\$9,969.27	\$9,347.96	\$8,896.37	\$7,906.11	\$8,650.45
90,000-94,999	28.00%	\$10,736.14	\$10,067.03	\$9,580.70	\$8,514.27	\$9,315.87
95,000-99,999	29.00%	\$11,119.57	\$10,426.57	\$9,922.87	\$8,818.35	\$9,648.58
100,000-109,999	32.00%	\$12,269.88	\$11,505.18	\$10,949.38	\$9,730.60	\$10,646.71
110,000 and over	35.00%	\$13,420.18	\$12,583.79	\$11,975.88	\$10,642.84	\$11,644.84
Monthly Family Premium (Med+RX)		\$3,195.28	\$2,996.14	\$2,851.40	\$2,534.01	\$2,772.58

Step 3:

To calculate your approximate contribution amount per paycheck:

- 1) if you are a 10-month employee, divide the shown contribution amount matching your salary range by 20.
- 2) if you are a 12-month employee, divide the shown contribution amount matching your salary range by 24.

[Note: Employee must contribute 1.5% of salary or the above contribution amount, whichever is greater.]