

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 2025 through June 2026

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%	\$785.61	\$766.62	\$728.97	\$646.71
20,000-24,999	5.50%	\$960.19	\$936.98	\$890.96	\$790.43
25,000-29,999	7.50%	\$1,309.35	\$1,277.70	\$1,214.95	\$1,077.86
30,000-34,999	10.00%	\$1,745.80	\$1,703.60	\$1,619.93	\$1,437.14
35,000-39,999	11.00%	\$1,920.38	\$1,873.96	\$1,781.92	\$1,580.86
40,000-44,999	12.00%	\$2,094.96	\$2,044.32	\$1,943.91	\$1,724.57
45,000-49,999	14.00%	\$2,444.11	\$2,385.05	\$2,267.90	\$2,012.00
50,000-54,999	20.00%	\$3,491.59	\$3,407.21	\$3,239.86	\$2,874.29
55,000-59,999	23.00%	\$4,015.33	\$3,918.29	\$3,725.83	\$3,305.43
60,000-64,999	27.00%	\$4,713.65	\$4,599.73	\$4,373.81	\$3,880.29
65,000-69,999	29.00%	\$5,062.81	\$4,940.45	\$4,697.79	\$4,167.72
70,000-74,999	32.00%	\$5,586.55	\$5,451.53	\$5,183.77	\$4,598.86
75,000-79,999	33.00%	\$5,761.13	\$5,621.89	\$5,345.76	\$4,742.58
80,000-94,999	34.00%	\$5,935.71	\$5,792.25	\$5,507.76	\$4,886.29
95,000 and over	35.00%	\$6,110.29	\$5,962.61	\$5,669.75	\$5,030.00
Monthly Single Premium (Med+RX)		\$1,454.83	\$1,419.67	\$1,349.94	\$1,197.62

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 2025 through June 2026

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%	\$1,051.86	\$1,026.01	\$974.76	\$862.79
25,000-29,999	4.50%	\$1,352.39	\$1,319.16	\$1,253.26	\$1,109.31
30,000-34,999	6.00%	\$1,803.19	\$1,758.88	\$1,671.02	\$1,479.07
35,000-39,999	7.00%	\$2,103.72	\$2,052.03	\$1,949.52	\$1,725.59
40,000-44,999	8.00%	\$2,404.25	\$2,345.17	\$2,228.03	\$1,972.10
45,000-49,999	10.00%	\$3,005.32	\$2,931.47	\$2,785.03	\$2,465.12
50,000-54,999	15.00%	\$4,507.97	\$4,397.20	\$4,177.55	\$3,697.69
55,000-59,999	17.00%	\$5,109.04	\$4,983.50	\$4,734.55	\$4,190.71
60,000-64,999	21.00%	\$6,311.16	\$6,156.08	\$5,848.57	\$5,176.76
65,000-69,999	23.00%	\$6,912.23	\$6,742.38	\$6,405.57	\$5,669.79
70,000-74,999	26.00%	\$7,813.82	\$7,621.82	\$7,241.08	\$6,409.32
75,000-79,999	27.00%	\$8,114.35	\$7,914.96	\$7,519.59	\$6,655.83
80,000-84,999	28.00%	\$8,414.88	\$8,208.11	\$7,798.09	\$6,902.35
85,000-99,999	30.00%	\$9,015.95	\$8,794.40	\$8,355.10	\$7,395.37
100,000 and over	35.00%	\$10,518.61	\$10,260.14	\$9,747.61	\$8,627.93
Monthly P-C Premium (Med+RX)		\$2,504.43	\$2,442.89	\$2,320.86	\$2,054.27

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 2025 through June 2026

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%	\$1,219.93	\$1,173.39	\$1,131.82	\$1,003.84
25,000-29,999	4.50%	\$1,568.48	\$1,508.64	\$1,455.20	\$1,290.65
30,000-34,999	6.00%	\$2,091.30	\$2,011.52	\$1,940.26	\$1,720.86
35,000-39,999	7.00%	\$2,439.86	\$2,346.78	\$2,263.64	\$2,007.68
40,000-44,999	8.00%	\$2,788.41	\$2,682.03	\$2,587.02	\$2,294.49
45,000-49,999	10.00%	\$3,485.51	\$3,352.54	\$3,233.77	\$2,868.11
50,000-54,999	15.00%	\$5,228.26	\$5,028.80	\$4,850.66	\$4,302.16
55,000-59,999	17.00%	\$5,925.36	\$5,699.31	\$5,497.41	\$4,875.78
60,000-64,999	21.00%	\$7,319.57	\$7,040.33	\$6,790.92	\$6,023.03
65,000-69,999	23.00%	\$8,016.67	\$7,710.83	\$7,437.68	\$6,596.65
70,000-74,999	26.00%	\$9,062.32	\$8,716.59	\$8,407.81	\$7,457.08
75,000-79,999	27.00%	\$9,410.87	\$9,051.85	\$8,731.18	\$7,743.89
80,000-84,999	28.00%	\$9,759.42	\$9,387.10	\$9,054.56	\$8,030.70
85,000-99,999	30.00%	\$10,456.52	\$10,057.61	\$9,701.32	\$8,604.32
100,000 and over	35.00%	\$12,199.28	\$11,733.88	\$11,318.20	\$10,038.38
Monthly 2A Premium (Med+RX)		\$2,904.59	\$2,793.78	\$2,694.81	\$2,390.09

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] Family Coverage Year 4: July 2025 through June 2026

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%	\$1,433.35	\$1,378.52	\$1,329.52	\$1,178.69
25,000-29,999	4.00%	\$1,911.14	\$1,838.03	\$1,772.69	\$1,571.59
30,000-34,999	5.00%	\$2,388.92	\$2,297.53	\$2,215.86	\$1,964.49
35,000-39,999	6.00%	\$2,866.71	\$2,757.04	\$2,659.03	\$2,357.39
40,000-44,999	7.00%	\$3,344.49	\$3,216.54	\$3,102.20	\$2,750.29
45,000-49,999	9.00%	\$4,300.06	\$4,135.56	\$3,988.55	\$3,536.08
50,000-54,999	12.00%	\$5,733.42	\$5,514.08	\$5,318.06	\$4,714.78
55,000-59,999	14.00%	\$6,688.99	\$6,433.09	\$6,204.41	\$5,500.57
60,000-64,999	17.00%	\$8,122.34	\$7,811.61	\$7,533.92	\$6,679.27
65,000-69,999	19.00%	\$9,077.91	\$8,730.62	\$8,420.27	\$7,465.06
70,000-74,999	22.00%	\$10,511.27	\$10,109.14	\$9,749.78	\$8,643.76
75,000-79,999	23.00%	\$10,989.05	\$10,568.65	\$10,192.96	\$9,036.65
80,000-84,999	24.00%	\$11,466.84	\$11,028.15	\$10,636.13	\$9,429.55
85,000-89,999	26.00%	\$12,422.40	\$11,947.17	\$11,522.47	\$10,215.35
90,000-94,999	28.00%	\$13,377.97	\$12,866.18	\$12,408.82	\$11,001.14
95,000-99,999	29.00%	\$13,855.76	\$13,325.69	\$12,851.99	\$11,394.04
100,000-109,999	32.00%	\$15,289.11	\$14,704.20	\$14,181.50	\$12,572.74
110,000 and over	35.00%	\$16,722.47	\$16,082.72	\$15,511.02	\$13,751.43
Monthly Family Premium (Med+RX)		\$3,981.54	\$3,829.22	\$3,693.10	\$3,274.15

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 2025 through June 2026

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%	\$755.70	\$708.64	\$674.77	\$600.09	\$656.23
20,000-24,999	5.50%	\$923.64	\$866.11	\$824.72	\$733.44	\$802.06
25,000-29,999	7.50%	\$1,259.51	\$1,181.06	\$1,124.62	\$1,000.15	\$1,093.72
30,000-34,999	10.00%	\$1,679.34	\$1,574.75	\$1,499.50	\$1,333.54	\$1,458.29
35,000-39,999	11.00%	\$1,847.27	\$1,732.22	\$1,649.45	\$1,466.89	\$1,604.12
40,000-44,999	12.00%	\$2,015.21	\$1,889.70	\$1,799.40	\$1,600.24	\$1,749.95
45,000-49,999	14.00%	\$2,351.08	\$2,204.65	\$2,099.29	\$1,866.95	\$2,041.60
50,000-54,999	20.00%	\$3,358.68	\$3,149.50	\$2,998.99	\$2,667.07	\$2,916.58
55,000-59,999	23.00%	\$3,862.48	\$3,621.92	\$3,448.84	\$3,067.13	\$3,354.06
60,000-64,999	27.00%	\$4,534.22	\$4,251.82	\$4,048.64	\$3,600.55	\$3,937.38
65,000-69,999	29.00%	\$4,870.09	\$4,566.77	\$4,348.54	\$3,867.25	\$4,229.04
70,000-74,999	32.00%	\$5,373.89	\$5,039.19	\$4,798.39	\$4,267.32	\$4,666.52
75,000-79,999	33.00%	\$5,541.82	\$5,196.67	\$4,948.34	\$4,400.67	\$4,812.35
80,000-94,999	34.00%	\$5,709.76	\$5,354.14	\$5,098.29	\$4,534.02	\$4,958.18
95,000 and over	35.00%	\$5,877.69	\$5,511.62	\$5,248.24	\$4,667.38	\$5,104.01
Monthly Single Premium (Med+RX)		\$1,399.45	\$1,312.29	\$1,249.58	\$1,111.28	\$1,215.24

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 2025 through June 2026

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%	\$1,011.14	\$947.09	\$901.01	\$799.34	\$871.30
25,000-29,999	4.50%	\$1,300.04	\$1,217.69	\$1,158.45	\$1,027.72	\$1,120.25
30,000-34,999	6.00%	\$1,733.39	\$1,623.59	\$1,544.59	\$1,370.29	\$1,493.66
35,000-39,999	7.00%	\$2,022.28	\$1,894.18	\$1,802.03	\$1,598.67	\$1,742.61
40,000-44,999	8.00%	\$2,311.18	\$2,164.78	\$2,059.46	\$1,827.05	\$1,991.55
45,000-49,999	10.00%	\$2,888.98	\$2,705.98	\$2,574.32	\$2,283.82	\$2,489.44
50,000-54,999	15.00%	\$4,333.46	\$4,058.96	\$3,861.49	\$3,425.72	\$3,734.15
55,000-59,999	17.00%	\$4,911.26	\$4,600.16	\$4,376.35	\$3,882.49	\$4,232.04
60,000-64,999	21.00%	\$6,066.85	\$5,682.55	\$5,406.08	\$4,796.01	\$5,227.82
65,000-69,999	23.00%	\$6,644.64	\$6,223.74	\$5,920.95	\$5,252.78	\$5,725.70
70,000-74,999	26.00%	\$7,511.34	\$7,035.54	\$6,693.24	\$5,937.92	\$6,472.53
75,000-79,999	27.00%	\$7,800.24	\$7,306.14	\$6,950.67	\$6,166.30	\$6,721.48
80,000-84,999	28.00%	\$8,089.13	\$7,576.73	\$7,208.11	\$6,394.68	\$6,970.42
85,000-99,999	30.00%	\$8,666.93	\$8,117.93	\$7,722.97	\$6,851.45	\$7,468.31
100,000 and over	35.00%	\$10,111.42	\$9,470.92	\$9,010.13	\$7,993.36	\$8,713.03
Monthly P-C Premium (Med+RX)		\$2,407.48	\$2,254.98	\$2,145.27	\$1,903.18	\$2,074.53

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 2025 through June 2026

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%	\$1,204.99	\$1,100.17	\$1,047.50	\$931.32	\$1,018.67
25,000-29,999	4.50%	\$1,549.27	\$1,414.50	\$1,346.78	\$1,197.41	\$1,309.72
30,000-34,999	6.00%	\$2,065.69	\$1,886.00	\$1,795.71	\$1,596.55	\$1,746.29
35,000-39,999	7.00%	\$2,409.98	\$2,200.34	\$2,094.99	\$1,862.64	\$2,037.34
40,000-44,999	8.00%	\$2,754.26	\$2,514.67	\$2,394.28	\$2,128.73	\$2,328.38
45,000-49,999	10.00%	\$3,442.82	\$3,143.34	\$2,992.85	\$2,660.92	\$2,910.48
50,000-54,999	15.00%	\$5,164.24	\$4,715.01	\$4,489.27	\$3,991.37	\$4,365.72
55,000-59,999	17.00%	\$5,852.80	\$5,343.68	\$5,087.84	\$4,523.56	\$4,947.82
60,000-64,999	21.00%	\$7,229.93	\$6,601.01	\$6,284.98	\$5,587.92	\$6,112.01
65,000-69,999	23.00%	\$7,918.50	\$7,229.68	\$6,883.55	\$6,120.11	\$6,694.10
70,000-74,999	26.00%	\$8,951.34	\$8,172.68	\$7,781.40	\$6,918.38	\$7,567.25
75,000-79,999	27.00%	\$9,295.62	\$8,487.02	\$8,080.69	\$7,184.47	\$7,858.30
80,000-84,999	28.00%	\$9,639.91	\$8,801.35	\$8,379.97	\$7,450.56	\$8,149.34
85,000-99,999	30.00%	\$10,328.47	\$9,430.02	\$8,978.54	\$7,982.75	\$8,731.44
100,000 and over	35.00%	\$12,049.88	\$11,001.69	\$10,474.97	\$9,313.21	\$10,186.68
Monthly 2AD Premium (Med+RX)		\$2,869.02	\$2,619.45	\$2,494.04	\$2,217.43	\$2,425.40

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.]

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 2025 through June 2026

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%	\$1,378.52	\$1,292.61	\$1,230.16	\$1,093.23	\$1,196.16
25,000-29,999	4.00%	\$1,838.03	\$1,723.47	\$1,640.22	\$1,457.64	\$1,594.88
30,000-34,999	5.00%	\$2,297.53	\$2,154.34	\$2,050.27	\$1,822.05	\$1,993.60
35,000-39,999	6.00%	\$2,757.04	\$2,585.21	\$2,460.33	\$2,186.46	\$2,392.32
40,000-44,999	7.00%	\$3,216.54	\$3,016.08	\$2,870.38	\$2,550.87	\$2,791.03
45,000-49,999	9.00%	\$4,135.56	\$3,877.82	\$3,690.49	\$3,279.69	\$3,588.47
50,000-54,999	12.00%	\$5,514.08	\$5,170.42	\$4,920.65	\$4,372.92	\$4,784.63
55,000-59,999	14.00%	\$6,433.09	\$6,032.16	\$5,740.76	\$5,101.74	\$5,582.07
60,000-64,999	17.00%	\$7,811.61	\$7,324.76	\$6,970.92	\$6,194.97	\$6,778.23
65,000-69,999	19.00%	\$8,730.62	\$8,186.50	\$7,791.03	\$6,923.79	\$7,575.66
70,000-74,999	22.00%	\$10,109.14	\$9,479.10	\$9,021.20	\$8,017.02	\$8,771.82
75,000-79,999	23.00%	\$10,568.65	\$9,909.97	\$9,431.25	\$8,381.43	\$9,170.54
80,000-84,999	24.00%	\$11,028.15	\$10,340.84	\$9,841.31	\$8,745.84	\$9,569.26
85,000-89,999	26.00%	\$11,947.17	\$11,202.58	\$10,661.41	\$9,474.66	\$10,366.70
90,000-94,999	28.00%	\$12,866.18	\$12,064.32	\$11,481.52	\$10,203.48	\$11,164.14
95,000-99,999	29.00%	\$13,325.69	\$12,495.18	\$11,891.58	\$10,567.89	\$11,562.86
100,000-109,999	32.00%	\$14,704.20	\$13,787.79	\$13,121.74	\$11,661.12	\$12,759.01
110,000 and over	35.00%	\$16,082.72	\$15,080.39	\$14,351.90	\$12,754.35	\$13,955.17
Monthly Family Premium (Med+RX)		\$3,829.22	\$3,590.57	\$3,417.12	\$3,036.75	\$3,322.66

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.]