

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
Single Coverage Year 4: July 2026 through June 2027

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%	\$910.51	\$888.68	\$845.38	\$750.78
20,000-24,999	5.50%	\$1,112.85	\$1,086.16	\$1,033.24	\$917.62
25,000-29,999	7.50%	\$1,517.52	\$1,481.13	\$1,408.96	\$1,251.31
30,000-34,999	10.00%	\$2,023.36	\$1,974.84	\$1,878.61	\$1,668.41
35,000-39,999	11.00%	\$2,225.69	\$2,172.32	\$2,066.47	\$1,835.25
40,000-44,999	12.00%	\$2,428.03	\$2,369.81	\$2,254.33	\$2,002.09
45,000-49,999	14.00%	\$2,832.70	\$2,764.78	\$2,630.06	\$2,335.77
50,000-54,999	20.00%	\$4,046.71	\$3,949.68	\$3,757.22	\$3,336.82
55,000-59,999	23.00%	\$4,653.72	\$4,542.13	\$4,320.81	\$3,837.34
60,000-64,999	27.00%	\$5,463.06	\$5,332.07	\$5,072.25	\$4,504.70
65,000-69,999	29.00%	\$5,867.73	\$5,727.04	\$5,447.97	\$4,838.38
70,000-74,999	32.00%	\$6,474.74	\$6,319.49	\$6,011.56	\$5,338.91
75,000-79,999	33.00%	\$6,677.07	\$6,516.97	\$6,199.42	\$5,505.75
80,000-94,999	34.00%	\$6,879.41	\$6,714.46	\$6,387.28	\$5,672.59
95,000 and over	35.00%	\$7,081.75	\$6,911.94	\$6,575.14	\$5,839.43
Monthly Single Premium (Med+RX)		\$1,686.13	\$1,645.70	\$1,565.51	\$1,390.34

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
Parent-Child Coverage Year 4: July 2026 through June 2027

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

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

[This is your Year 4 contribution percentage]

Estimated Chapter 78 Annual Parent-Child Contribution

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%	\$1,218.38	\$1,188.66	\$1,129.72	\$1,000.95
25,000-29,999	4.50%	\$1,566.49	\$1,528.28	\$1,452.49	\$1,286.94
30,000-34,999	6.00%	\$2,088.66	\$2,037.70	\$1,936.66	\$1,715.92
35,000-39,999	7.00%	\$2,436.76	\$2,377.32	\$2,259.43	\$2,001.90
40,000-44,999	8.00%	\$2,784.87	\$2,716.93	\$2,582.21	\$2,287.89
45,000-49,999	10.00%	\$3,481.09	\$3,396.17	\$3,227.76	\$2,859.86
50,000-54,999	15.00%	\$5,221.64	\$5,094.25	\$4,841.64	\$4,289.80
55,000-59,999	17.00%	\$5,917.86	\$5,773.49	\$5,487.19	\$4,861.77
60,000-64,999	21.00%	\$7,310.29	\$7,131.95	\$6,778.30	\$6,005.71
65,000-69,999	23.00%	\$8,006.51	\$7,811.19	\$7,423.85	\$6,577.69
70,000-74,999	26.00%	\$9,050.84	\$8,830.04	\$8,392.18	\$7,435.65
75,000-79,999	27.00%	\$9,398.95	\$9,169.65	\$8,714.95	\$7,721.63
80,000-84,999	28.00%	\$9,747.06	\$9,509.27	\$9,037.73	\$8,007.62
85,000-99,999	30.00%	\$10,443.28	\$10,188.50	\$9,683.28	\$8,579.59
100,000 and over	35.00%	\$12,183.82	\$11,886.59	\$11,297.16	\$10,009.52
Monthly P-C Premium (Med+RX)		\$2,900.91	\$2,830.14	\$2,689.80	\$2,383.22

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
2Adult Coverage Year 4: July 2026 through June 2027**

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%	\$1,413.80	\$1,360.27	\$1,312.47	\$1,165.29
25,000-29,999	4.50%	\$1,817.74	\$1,748.92	\$1,687.46	\$1,498.23
30,000-34,999	6.00%	\$2,423.65	\$2,331.89	\$2,249.95	\$1,997.64
35,000-39,999	7.00%	\$2,827.59	\$2,720.54	\$2,624.94	\$2,330.58
40,000-44,999	8.00%	\$3,231.53	\$3,109.19	\$2,999.93	\$2,663.52
45,000-49,999	10.00%	\$4,039.42	\$3,886.49	\$3,749.92	\$3,329.40
50,000-54,999	15.00%	\$6,059.12	\$5,829.73	\$5,624.87	\$4,994.10
55,000-59,999	17.00%	\$6,867.01	\$6,607.03	\$6,374.86	\$5,659.98
60,000-64,999	21.00%	\$8,482.77	\$8,161.62	\$7,874.82	\$6,991.74
65,000-69,999	23.00%	\$9,290.66	\$8,938.92	\$8,624.81	\$7,657.62
70,000-74,999	26.00%	\$10,502.48	\$10,104.87	\$9,749.78	\$8,656.44
75,000-79,999	27.00%	\$10,906.42	\$10,493.52	\$10,124.77	\$8,989.38
80,000-84,999	28.00%	\$11,310.36	\$10,882.17	\$10,499.76	\$9,322.32
85,000-99,999	30.00%	\$12,118.25	\$11,659.46	\$11,249.75	\$9,988.20
100,000 and over	35.00%	\$14,137.96	\$13,602.71	\$13,124.71	\$11,652.90
Monthly 2A Premium (Med+RX)		\$3,366.18	\$3,238.74	\$3,124.93	\$2,774.50

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
Family Coverage Year 4: July 2026 through June 2027

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%	\$1,660.96	\$1,597.90	\$1,541.54	\$1,368.10
25,000-29,999	4.00%	\$2,214.61	\$2,130.53	\$2,055.39	\$1,824.13
30,000-34,999	5.00%	\$2,768.26	\$2,663.16	\$2,569.24	\$2,280.16
35,000-39,999	6.00%	\$3,321.91	\$3,195.79	\$3,083.08	\$2,736.19
40,000-44,999	7.00%	\$3,875.57	\$3,728.42	\$3,596.93	\$3,192.23
45,000-49,999	9.00%	\$4,982.87	\$4,793.69	\$4,624.62	\$4,104.29
50,000-54,999	12.00%	\$6,643.83	\$6,391.58	\$6,166.17	\$5,472.39
55,000-59,999	14.00%	\$7,751.13	\$7,456.85	\$7,193.86	\$6,384.45
60,000-64,999	17.00%	\$9,412.09	\$9,054.74	\$8,735.40	\$7,752.55
65,000-69,999	19.00%	\$10,519.40	\$10,120.01	\$9,763.10	\$8,664.62
70,000-74,999	22.00%	\$12,180.35	\$11,717.90	\$11,304.64	\$10,032.71
75,000-79,999	23.00%	\$12,734.01	\$12,250.54	\$11,818.49	\$10,488.75
80,000-84,999	24.00%	\$13,287.66	\$12,783.17	\$12,332.33	\$10,944.78
85,000-89,999	26.00%	\$14,394.96	\$13,848.43	\$13,360.03	\$11,856.84
90,000-94,999	28.00%	\$15,502.27	\$14,913.70	\$14,387.72	\$12,768.91
95,000-99,999	29.00%	\$16,055.92	\$15,446.33	\$14,901.57	\$13,224.94
100,000-109,999	32.00%	\$17,716.88	\$17,044.22	\$16,443.11	\$14,593.04
110,000 and over	35.00%	\$19,377.83	\$18,642.12	\$17,984.65	\$15,961.13
Monthly Family Premium (Med+RX)		\$4,613.77	\$4,438.60	\$4,282.06	\$3,800.27

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
Single Coverage Year 4: July 2026 through June 2027**

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%	\$876.12	\$821.99	\$783.05	\$697.17	\$761.72
20,000-24,999	5.50%	\$1,070.81	\$1,004.66	\$957.06	\$852.09	\$931.00
25,000-29,999	7.50%	\$1,460.20	\$1,369.99	\$1,305.08	\$1,161.95	\$1,269.54
30,000-34,999	10.00%	\$1,946.93	\$1,826.65	\$1,740.11	\$1,549.26	\$1,692.72
35,000-39,999	11.00%	\$2,141.62	\$2,009.32	\$1,914.12	\$1,704.19	\$1,861.99
40,000-44,999	12.00%	\$2,336.31	\$2,191.98	\$2,088.13	\$1,859.11	\$2,031.26
45,000-49,999	14.00%	\$2,725.70	\$2,557.31	\$2,436.15	\$2,168.96	\$2,369.81
50,000-54,999	20.00%	\$3,893.86	\$3,653.30	\$3,480.22	\$3,098.52	\$3,385.44
55,000-59,999	23.00%	\$4,477.93	\$4,201.30	\$4,002.25	\$3,563.30	\$3,893.26
60,000-64,999	27.00%	\$5,256.71	\$4,931.96	\$4,698.29	\$4,183.00	\$4,570.34
65,000-69,999	29.00%	\$5,646.09	\$5,297.29	\$5,046.31	\$4,492.85	\$4,908.89
70,000-74,999	32.00%	\$6,230.17	\$5,845.29	\$5,568.35	\$4,957.63	\$5,416.70
75,000-79,999	33.00%	\$6,424.86	\$6,027.95	\$5,742.36	\$5,112.56	\$5,585.98
80,000-94,999	34.00%	\$6,619.56	\$6,210.62	\$5,916.37	\$5,267.48	\$5,755.25
95,000 and over	35.00%	\$6,814.25	\$6,393.28	\$6,090.38	\$5,422.41	\$5,924.52
Monthly Single Premium (Med+RX)		\$1,622.44	\$1,522.21	\$1,450.09	\$1,291.05	\$1,410.60

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
Parent-Child Coverage Year 4: July 2026 through June 2027**

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%	\$1,171.55	\$1,097.90	\$1,044.91	\$927.98	\$1,010.74
25,000-29,999	4.50%	\$1,506.28	\$1,411.58	\$1,343.45	\$1,193.11	\$1,299.52
30,000-34,999	6.00%	\$2,008.38	\$1,882.11	\$1,791.27	\$1,590.82	\$1,732.69
35,000-39,999	7.00%	\$2,343.10	\$2,195.79	\$2,089.81	\$1,855.95	\$2,021.48
40,000-44,999	8.00%	\$2,677.83	\$2,509.48	\$2,388.36	\$2,121.09	\$2,310.26
45,000-49,999	10.00%	\$3,347.29	\$3,136.85	\$2,985.44	\$2,651.36	\$2,887.82
50,000-54,999	15.00%	\$5,020.94	\$4,705.27	\$4,478.17	\$3,977.05	\$4,331.74
55,000-59,999	17.00%	\$5,690.40	\$5,332.64	\$5,075.25	\$4,507.32	\$4,909.30
60,000-64,999	21.00%	\$7,029.31	\$6,587.38	\$6,269.43	\$5,567.86	\$6,064.43
65,000-69,999	23.00%	\$7,698.77	\$7,214.75	\$6,866.52	\$6,098.14	\$6,642.00
70,000-74,999	26.00%	\$8,702.96	\$8,155.80	\$7,762.15	\$6,893.55	\$7,508.34
75,000-79,999	27.00%	\$9,037.69	\$8,469.49	\$8,060.70	\$7,158.68	\$7,797.12
80,000-84,999	28.00%	\$9,372.42	\$8,783.17	\$8,359.24	\$7,423.82	\$8,085.91
85,000-99,999	30.00%	\$10,041.88	\$9,410.54	\$8,956.33	\$7,954.09	\$8,663.47
100,000 and over	35.00%	\$11,715.52	\$10,978.97	\$10,449.05	\$9,279.77	\$10,107.38
Monthly P-C Premium (Med+RX)		\$2,789.41	\$2,614.04	\$2,487.87	\$2,209.47	\$2,406.52

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
2Adult Coverage Year 4: July 2026 through June 2027**

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%	\$1,360.27	\$1,276.07	\$1,215.50	\$1,081.89	\$1,182.35
25,000-29,999	4.50%	\$1,748.92	\$1,640.66	\$1,562.78	\$1,391.01	\$1,520.16
30,000-34,999	6.00%	\$2,331.89	\$2,187.55	\$2,083.71	\$1,854.68	\$2,026.88
35,000-39,999	7.00%	\$2,720.54	\$2,552.14	\$2,430.99	\$2,163.79	\$2,364.69
40,000-44,999	8.00%	\$3,109.19	\$2,916.73	\$2,778.28	\$2,472.90	\$2,702.51
45,000-49,999	10.00%	\$3,886.49	\$3,645.91	\$3,472.85	\$3,091.13	\$3,378.13
50,000-54,999	15.00%	\$5,829.73	\$5,468.87	\$5,209.27	\$4,636.69	\$5,067.20
55,000-59,999	17.00%	\$6,607.03	\$6,198.05	\$5,903.84	\$5,254.92	\$5,742.82
60,000-64,999	21.00%	\$8,161.62	\$7,656.42	\$7,292.98	\$6,491.37	\$7,094.08
65,000-69,999	23.00%	\$8,938.92	\$8,385.60	\$7,987.55	\$7,109.59	\$7,769.70
70,000-74,999	26.00%	\$10,104.87	\$9,479.37	\$9,029.40	\$8,036.93	\$8,783.14
75,000-79,999	27.00%	\$10,493.52	\$9,843.96	\$9,376.69	\$8,346.05	\$9,120.96
80,000-84,999	28.00%	\$10,882.17	\$10,208.55	\$9,723.97	\$8,655.16	\$9,458.77
85,000-99,999	30.00%	\$11,659.46	\$10,937.74	\$10,418.54	\$9,273.38	\$10,134.40
100,000 and over	35.00%	\$13,602.71	\$12,760.69	\$12,154.97	\$10,818.95	\$11,823.46
Monthly 2AD Premium (Med+RX)		\$3,238.74	\$3,038.26	\$2,894.04	\$2,575.94	\$2,815.11

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
Family Coverage Year 4: July 2026 through June 2027**

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%	\$1,597.90	\$1,499.09	\$1,427.29	\$1,269.81	\$1,388.18
25,000-29,999	4.00%	\$2,130.53	\$1,998.79	\$1,903.05	\$1,693.08	\$1,850.91
30,000-34,999	5.00%	\$2,663.16	\$2,498.49	\$2,378.81	\$2,116.36	\$2,313.64
35,000-39,999	6.00%	\$3,195.79	\$2,998.19	\$2,854.58	\$2,539.63	\$2,776.36
40,000-44,999	7.00%	\$3,728.42	\$3,497.89	\$3,330.34	\$2,962.90	\$3,239.09
45,000-49,999	9.00%	\$4,793.69	\$4,497.28	\$4,281.87	\$3,809.44	\$4,164.54
50,000-54,999	12.00%	\$6,391.58	\$5,996.38	\$5,709.15	\$5,079.25	\$5,552.73
55,000-59,999	14.00%	\$7,456.85	\$6,995.77	\$6,660.68	\$5,925.80	\$6,478.18
60,000-64,999	17.00%	\$9,054.74	\$8,494.87	\$8,087.97	\$7,195.61	\$7,866.36
65,000-69,999	19.00%	\$10,120.01	\$9,494.26	\$9,039.49	\$8,042.15	\$8,791.82
70,000-74,999	22.00%	\$11,717.90	\$10,993.36	\$10,466.78	\$9,311.97	\$10,180.00
75,000-79,999	23.00%	\$12,250.54	\$11,493.05	\$10,942.54	\$9,735.24	\$10,642.73
80,000-84,999	24.00%	\$12,783.17	\$11,992.75	\$11,418.31	\$10,158.51	\$11,105.45
85,000-89,999	26.00%	\$13,848.43	\$12,992.15	\$12,369.83	\$11,005.05	\$12,030.91
90,000-94,999	28.00%	\$14,913.70	\$13,991.54	\$13,321.36	\$11,851.59	\$12,956.36
95,000-99,999	29.00%	\$15,446.33	\$14,491.24	\$13,797.12	\$12,274.86	\$13,419.09
100,000-109,999	32.00%	\$17,044.22	\$15,990.34	\$15,224.41	\$13,544.68	\$14,807.27
110,000 and over	35.00%	\$18,642.12	\$17,489.43	\$16,651.70	\$14,814.49	\$16,195.45
Monthly Family Premium (Med+RX)		\$4,438.60	\$4,164.15	\$3,964.69	\$3,527.26	\$3,856.06

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.]