

**Warren Hills Regional Board of Education  
Medical / Prescription Health Plan Employee Contribution Comparison**

**Single Coverage Year 4: January 2024\***

**Estimated Chapter 78 Medical / Prescription Single Coverage Contribution**

Salary Range	Year 4	DIRECT 15/ Prescription 12-month total contribution	Per Paycheck (20)	Per Paycheck (24)	DIRECT 10 / Prescription 12-month total contribution (Direct 15 contribution <i>plus</i> premium differential)**	Per Paycheck (20)	Per Paycheck (24)
<b>less than 20,000</b>	<b>4.50%</b>	\$662.61	\$33.13	\$27.61	\$1,285.53	\$64.28	\$53.56
<b>20,000-24,999</b>	<b>5.50%</b>	\$809.86	\$40.49	\$33.74	\$1,432.78	\$71.64	\$59.70
<b>25,000-29,999</b>	<b>7.50%</b>	\$1,104.35	\$55.22	\$46.01	\$1,727.27	\$86.36	\$71.97
<b>30,000-34,999</b>	<b>10.00%</b>	\$1,472.47	\$73.62	\$61.35	\$2,095.39	\$104.77	\$87.31
<b>35,000-39,999</b>	<b>11.00%</b>	\$1,619.72	\$80.99	\$67.49	\$2,242.64	\$112.13	\$93.44
<b>40,000-44,999</b>	<b>12.00%</b>	\$1,766.97	\$88.35	\$73.62	\$2,389.89	\$119.49	\$99.58
<b>45,000-49,999</b>	<b>14.00%</b>	\$2,061.46	\$103.07	\$85.89	\$2,684.38	\$134.22	\$111.85
<b>50,000-54,999</b>	<b>20.00%</b>	\$2,944.94	\$147.25	\$122.71	\$3,567.86	\$178.39	\$148.66
<b>55,000-59,999</b>	<b>23.00%</b>	\$3,386.69	\$169.33	\$141.11	\$4,009.61	\$200.48	\$167.07
<b>60,000-64,999</b>	<b>27.00%</b>	\$3,975.67	\$198.78	\$165.65	\$4,598.59	\$229.93	\$191.61
<b>65,000-69,999</b>	<b>29.00%</b>	\$4,270.17	\$213.51	\$177.92	\$4,893.09	\$244.65	\$203.88
<b>70,000-74,999</b>	<b>32.00%</b>	\$4,711.91	\$235.60	\$196.33	\$5,334.83	\$266.74	\$222.28
<b>75,000-79,999</b>	<b>33.00%</b>	\$4,859.16	\$242.96	\$202.46	\$5,482.08	\$274.10	\$228.42
<b>80,000-94,999</b>	<b>34.00%</b>	\$5,006.40	\$250.32	\$208.60	\$5,629.32	\$281.47	\$234.56
<b>95,000 and over</b>	<b>35.00%</b>	\$5,153.65	\$257.68	\$214.74	\$5,776.57	\$288.83	\$240.69
<b>Single Monthly Rate</b>		<b>\$1,227.06</b>			<b>\$1,278.97</b>		

\* These costs are based on medical rates effective January 1, 2024 through December 31, 2024 and prescription rates effective July 1, 2023 through June 30, 2024.

\*\*To enroll in the NJ Direct 10 plan, you must pay the NJ Direct 15 plan contribution plus 100% of the premium cost differential between the two plans. The dollar figures shown reflect this added cost.

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

**Warren Hills Regional Board of Education  
Medical / Prescription Health Plan Employee Contribution Comparison**

**Parent/Child Coverage Year 4: January 2024\***

**Estimated Chapter 78 Medical / Prescription Parent/Child Coverage Contribution**

Salary Range	Year 4	DIRECT 15/ Prescription			DIRECT 10 / Prescription		
		12-month total contribution	Per Paycheck (20)	Per Paycheck (24)	12-month total contribution (Direct 15 contribution <i>plus</i> premium differential)**	Per Paycheck (20)	Per Paycheck (24)
<b>less than 25,000</b>	<b>3.50%</b>	\$911.98	\$45.60	\$38.00	\$2,070.58	\$103.53	\$86.27
<b>25,000-29,999</b>	<b>4.50%</b>	\$1,172.54	\$58.63	\$48.86	\$2,331.14	\$116.56	\$97.13
<b>30,000-34,999</b>	<b>6.00%</b>	\$1,563.39	\$78.17	\$65.14	\$2,721.99	\$136.10	\$113.42
<b>35,000-39,999</b>	<b>7.00%</b>	\$1,823.95	\$91.20	\$76.00	\$2,982.55	\$149.13	\$124.27
<b>40,000-44,999</b>	<b>8.00%</b>	\$2,084.52	\$104.23	\$86.85	\$3,243.12	\$162.16	\$135.13
<b>45,000-49,999</b>	<b>10.00%</b>	\$2,605.64	\$130.28	\$108.57	\$3,764.24	\$188.21	\$156.84
<b>50,000-54,999</b>	<b>15.00%</b>	\$3,908.47	\$195.42	\$162.85	\$5,067.07	\$253.35	\$211.13
<b>55,000-59,999</b>	<b>17.00%</b>	\$4,429.59	\$221.48	\$184.57	\$5,588.19	\$279.41	\$232.84
<b>60,000-64,999</b>	<b>21.00%</b>	\$5,471.85	\$273.59	\$227.99	\$6,630.45	\$331.52	\$276.27
<b>65,000-69,999</b>	<b>23.00%</b>	\$5,992.98	\$299.65	\$249.71	\$7,151.58	\$357.58	\$297.98
<b>70,000-74,999</b>	<b>26.00%</b>	\$6,774.67	\$338.73	\$282.28	\$7,933.27	\$396.66	\$330.55
<b>75,000-79,999</b>	<b>27.00%</b>	\$7,035.24	\$351.76	\$293.13	\$8,193.84	\$409.69	\$341.41
<b>80,000-84,999</b>	<b>28.00%</b>	\$7,295.80	\$364.79	\$303.99	\$8,454.40	\$422.72	\$352.27
<b>85,000-99,999</b>	<b>30.00%</b>	\$7,816.93	\$390.85	\$325.71	\$8,975.53	\$448.78	\$373.98
<b>100,000 and over</b>	<b>35.00%</b>	\$9,119.75	\$455.99	\$379.99	\$10,278.35	\$513.92	\$428.26
<b>Parent/Child Monthly Rate</b>		<b>\$2,171.37</b>			<b>\$2,267.92</b>		

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\*\*To enroll in the NJ Direct 10 plan, you must pay the NJ Direct 15 plan contribution plus 100% of the premium cost differential between the two plans. The dollar figures shown reflect this added cost.

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

**Warren Hills Regional Board of Education  
Medical / Prescription Health Plan Employee Contribution Comparison**

**Two Adult Coverage Year 4: January 2024\***

**Estimated Chapter 78 Medical / Prescription Two Adult Coverage Contribution**

Salary Range	Year 4	DIRECT 15/ Prescription			DIRECT 10 / Prescription		
		12-month total contribution	Per Paycheck (20)	Per Paycheck (24)	12-month total contribution (Direct 15 contribution <i>plus</i> premium differential)**	Per Paycheck (20)	Per Paycheck (24)
<b>less than 25,000</b>	<b>3.50%</b>	\$1,030.72	\$51.54	\$42.95	\$2,276.44	\$113.82	\$94.85
<b>25,000-29,999</b>	<b>4.50%</b>	\$1,325.21	\$66.26	\$55.22	\$2,570.93	\$128.55	\$107.12
<b>30,000-34,999</b>	<b>6.00%</b>	\$1,766.94	\$88.35	\$73.62	\$3,012.66	\$150.63	\$125.53
<b>35,000-39,999</b>	<b>7.00%</b>	\$2,061.44	\$103.07	\$85.89	\$3,307.16	\$165.36	\$137.80
<b>40,000-44,999</b>	<b>8.00%</b>	\$2,355.93	\$117.80	\$98.16	\$3,601.65	\$180.08	\$150.07
<b>45,000-49,999</b>	<b>10.00%</b>	\$2,944.91	\$147.25	\$122.70	\$4,190.63	\$209.53	\$174.61
<b>50,000-54,999</b>	<b>15.00%</b>	\$4,417.36	\$220.87	\$184.06	\$5,663.08	\$283.15	\$235.96
<b>55,000-59,999</b>	<b>17.00%</b>	\$5,006.34	\$250.32	\$208.60	\$6,252.06	\$312.60	\$260.50
<b>60,000-64,999</b>	<b>21.00%</b>	\$6,184.31	\$309.22	\$257.68	\$7,430.03	\$371.50	\$309.58
<b>65,000-69,999</b>	<b>23.00%</b>	\$6,773.29	\$338.66	\$282.22	\$8,019.01	\$400.95	\$334.13
<b>70,000-74,999</b>	<b>26.00%</b>	\$7,656.76	\$382.84	\$319.03	\$8,902.48	\$445.12	\$370.94
<b>75,000-79,999</b>	<b>27.00%</b>	\$7,951.25	\$397.56	\$331.30	\$9,196.97	\$459.85	\$383.21
<b>80,000-84,999</b>	<b>28.00%</b>	\$8,245.74	\$412.29	\$343.57	\$9,491.46	\$474.57	\$395.48
<b>85,000-99,999</b>	<b>30.00%</b>	\$8,834.72	\$441.74	\$368.11	\$10,080.44	\$504.02	\$420.02
<b>100,000 and over</b>	<b>35.00%</b>	\$10,307.18	\$515.36	\$429.47	\$11,552.90	\$577.64	\$481.37
<b>Two Adult Monthly Rate</b>		<b>\$2,454.09</b>			<b>\$2,557.90</b>		

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\*\*To enroll in the NJ Direct 10 plan, you must pay the NJ Direct 15 plan contribution plus 100% of the premium cost differential between the two plans. The dollar figures shown reflect this added cost.

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

**Warren Hills Regional Board of Education  
Medical / Prescription Health Plan Employee Contribution Comparison**

**Family Coverage Year 4: January 2024\***

**Estimated Chapter 78 Medical / Prescription Family Coverage Contribution**

Salary Range	Year 4	DIRECT 15/ Prescription 12-month total contribution	Per Paycheck (20)	Per Paycheck (24)	DIRECT 10 / Prescription 12-month total contribution (Direct 15 contribution <i>plus</i> premium differential)**	Per Paycheck (20)	Per Paycheck (24)
<b>less than 25,000</b>	<b>3.00%</b>	\$1,223.42	\$61.17	\$50.98	\$3,004.82	\$150.24	\$125.20
<b>25,000-29,999</b>	<b>4.00%</b>	\$1,631.22	\$81.56	\$67.97	\$3,412.62	\$170.63	\$142.19
<b>30,000-34,999</b>	<b>5.00%</b>	\$2,039.03	\$101.95	\$84.96	\$3,820.43	\$191.02	\$159.18
<b>35,000-39,999</b>	<b>6.00%</b>	\$2,446.83	\$122.34	\$101.95	\$4,228.23	\$211.41	\$176.18
<b>40,000-44,999</b>	<b>7.00%</b>	\$2,854.64	\$142.73	\$118.94	\$4,636.04	\$231.80	\$193.17
<b>45,000-49,999</b>	<b>9.00%</b>	\$3,670.25	\$183.51	\$152.93	\$5,451.65	\$272.58	\$227.15
<b>50,000-54,999</b>	<b>12.00%</b>	\$4,893.67	\$244.68	\$203.90	\$6,675.07	\$333.75	\$278.13
<b>55,000-59,999</b>	<b>14.00%</b>	\$5,709.28	\$285.46	\$237.89	\$7,490.68	\$374.53	\$312.11
<b>60,000-64,999</b>	<b>17.00%</b>	\$6,932.70	\$346.63	\$288.86	\$8,714.10	\$435.70	\$363.09
<b>65,000-69,999</b>	<b>19.00%</b>	\$7,748.31	\$387.42	\$322.85	\$9,529.71	\$476.49	\$397.07
<b>70,000-74,999</b>	<b>22.00%</b>	\$8,971.72	\$448.59	\$373.82	\$10,753.12	\$537.66	\$448.05
<b>75,000-79,999</b>	<b>23.00%</b>	\$9,379.53	\$468.98	\$390.81	\$11,160.93	\$558.05	\$465.04
<b>80,000-84,999</b>	<b>24.00%</b>	\$9,787.33	\$489.37	\$407.81	\$11,568.73	\$578.44	\$482.03
<b>85,000-89,999</b>	<b>26.00%</b>	\$10,602.95	\$530.15	\$441.79	\$12,384.35	\$619.22	\$516.01
<b>90,000-94,999</b>	<b>28.00%</b>	\$11,418.56	\$570.93	\$475.77	\$13,199.96	\$660.00	\$550.00
<b>95,000-99,999</b>	<b>29.00%</b>	\$11,826.36	\$591.32	\$492.77	\$13,607.76	\$680.39	\$566.99
<b>100,000-109,999</b>	<b>32.00%</b>	\$13,049.78	\$652.49	\$543.74	\$14,831.18	\$741.56	\$617.97
<b>110,000 and over</b>	<b>35.00%</b>	\$14,273.20	\$713.66	\$594.72	\$16,054.60	\$802.73	\$668.94
<b>Family Monthly Rate</b>		<b>\$3,398.38</b>			<b>\$3,546.83</b>		

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