

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

Single Coverage Year 4: July 2025*

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)
less than 20,000	4.50%	\$811.31	\$40.57	\$33.80	\$1,563.23	\$78.16	\$65.13
20,000-24,999	5.50%	\$991.60	\$49.58	\$41.32	\$1,743.52	\$87.18	\$72.65
25,000-29,999	7.50%	\$1,352.19	\$67.61	\$56.34	\$2,104.11	\$105.21	\$87.67
30,000-34,999	10.00%	\$1,802.92	\$90.15	\$75.12	\$2,554.84	\$127.74	\$106.45
35,000-39,999	11.00%	\$1,983.21	\$99.16	\$82.63	\$2,735.13	\$136.76	\$113.96
40,000-44,999	12.00%	\$2,163.50	\$108.17	\$90.15	\$2,915.42	\$145.77	\$121.48
45,000-49,999	14.00%	\$2,524.08	\$126.20	\$105.17	\$3,276.00	\$163.80	\$136.50
50,000-54,999	20.00%	\$3,605.83	\$180.29	\$150.24	\$4,357.75	\$217.89	\$181.57
55,000-59,999	23.00%	\$4,146.71	\$207.34	\$172.78	\$4,898.63	\$244.93	\$204.11
60,000-64,999	27.00%	\$4,867.87	\$243.39	\$202.83	\$5,619.79	\$280.99	\$234.16
65,000-69,999	29.00%	\$5,228.46	\$261.42	\$217.85	\$5,980.38	\$299.02	\$249.18
70,000-74,999	32.00%	\$5,769.33	\$288.47	\$240.39	\$6,521.25	\$326.06	\$271.72
75,000-79,999	33.00%	\$5,949.62	\$297.48	\$247.90	\$6,701.54	\$335.08	\$279.23
80,000-94,999	34.00%	\$6,129.91	\$306.50	\$255.41	\$6,881.83	\$344.09	\$286.74
95,000 and over	35.00%	\$6,310.21	\$315.51	\$262.93	\$7,062.13	\$353.11	\$294.26
Single Monthly Rate		\$1,502.43			\$1,565.09		

* These costs are based on medical rates effective January 1, 2025 through December 31, 2025 and prescription rates effective July 1, 2025 through June 30, 2026.

**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: July 2025*

Estimated Chapter 78 Medical / Prescription Parent/Child 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)
less than 25,000	3.50%	\$1,112.45	\$55.62	\$46.35	\$2,511.05	\$125.55	\$104.63
25,000-29,999	4.50%	\$1,430.29	\$71.51	\$59.60	\$2,828.89	\$141.44	\$117.87
30,000-34,999	6.00%	\$1,907.05	\$95.35	\$79.46	\$3,305.65	\$165.28	\$137.74
35,000-39,999	7.00%	\$2,224.89	\$111.24	\$92.70	\$3,623.49	\$181.17	\$150.98
40,000-44,999	8.00%	\$2,542.73	\$127.14	\$105.95	\$3,941.33	\$197.07	\$164.22
45,000-49,999	10.00%	\$3,178.42	\$158.92	\$132.43	\$4,577.02	\$228.85	\$190.71
50,000-54,999	15.00%	\$4,767.62	\$238.38	\$198.65	\$6,166.22	\$308.31	\$256.93
55,000-59,999	17.00%	\$5,403.31	\$270.17	\$225.14	\$6,801.91	\$340.10	\$283.41
60,000-64,999	21.00%	\$6,674.67	\$333.73	\$278.11	\$8,073.27	\$403.66	\$336.39
65,000-69,999	23.00%	\$7,310.36	\$365.52	\$304.60	\$8,708.96	\$435.45	\$362.87
70,000-74,999	26.00%	\$8,263.88	\$413.19	\$344.33	\$9,662.48	\$483.12	\$402.60
75,000-79,999	27.00%	\$8,581.72	\$429.09	\$357.57	\$9,980.32	\$499.02	\$415.85
80,000-84,999	28.00%	\$8,899.56	\$444.98	\$370.82	\$10,298.16	\$514.91	\$429.09
85,000-99,999	30.00%	\$9,535.25	\$476.76	\$397.30	\$10,933.85	\$546.69	\$455.58
100,000 and over	35.00%	\$11,124.46	\$556.22	\$463.52	\$12,523.06	\$626.15	\$521.79
Parent/Child Monthly Rate		\$2,648.68			\$2,765.23		

* These costs are based on medical rates effective January 1, 2025 through December 31, 2025 and prescription rates effective July 1, 2025 through June 30, 2026.

**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: July 2025*

Estimated Chapter 78 Medical / Prescription Two Adult 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)
less than 25,000	3.50%	\$1,262.02	\$63.10	\$52.58	\$2,765.86	\$138.29	\$115.24
25,000-29,999	4.50%	\$1,622.60	\$81.13	\$67.61	\$3,126.44	\$156.32	\$130.27
30,000-34,999	6.00%	\$2,163.46	\$108.17	\$90.14	\$3,667.30	\$183.37	\$152.80
35,000-39,999	7.00%	\$2,524.04	\$126.20	\$105.17	\$4,027.88	\$201.39	\$167.83
40,000-44,999	8.00%	\$2,884.62	\$144.23	\$120.19	\$4,388.46	\$219.42	\$182.85
45,000-49,999	10.00%	\$3,605.77	\$180.29	\$150.24	\$5,109.61	\$255.48	\$212.90
50,000-54,999	15.00%	\$5,408.66	\$270.43	\$225.36	\$6,912.50	\$345.62	\$288.02
55,000-59,999	17.00%	\$6,129.81	\$306.49	\$255.41	\$7,633.65	\$381.68	\$318.07
60,000-64,999	21.00%	\$7,572.12	\$378.61	\$315.51	\$9,075.96	\$453.80	\$378.17
65,000-69,999	23.00%	\$8,293.28	\$414.66	\$345.55	\$9,797.12	\$489.86	\$408.21
70,000-74,999	26.00%	\$9,375.01	\$468.75	\$390.63	\$10,878.85	\$543.94	\$453.29
75,000-79,999	27.00%	\$9,735.58	\$486.78	\$405.65	\$11,239.42	\$561.97	\$468.31
80,000-84,999	28.00%	\$10,096.16	\$504.81	\$420.67	\$11,600.00	\$580.00	\$483.33
85,000-99,999	30.00%	\$10,817.32	\$540.87	\$450.72	\$12,321.16	\$616.06	\$513.38
100,000 and over	35.00%	\$12,620.20	\$631.01	\$525.84	\$14,124.04	\$706.20	\$588.50
Two Adult Monthly Rate		\$3,004.81			\$3,130.13		

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[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: July 2025*

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)
less than 25,000	3.00%	\$1,494.37	\$74.72	\$62.27	\$3,644.89	\$182.24	\$151.87
25,000-29,999	4.00%	\$1,992.50	\$99.62	\$83.02	\$4,143.02	\$207.15	\$172.63
30,000-34,999	5.00%	\$2,490.62	\$124.53	\$103.78	\$4,641.14	\$232.06	\$193.38
35,000-39,999	6.00%	\$2,988.75	\$149.44	\$124.53	\$5,139.27	\$256.96	\$214.14
40,000-44,999	7.00%	\$3,486.87	\$174.34	\$145.29	\$5,637.39	\$281.87	\$234.89
45,000-49,999	9.00%	\$4,483.12	\$224.16	\$186.80	\$6,633.64	\$331.68	\$276.40
50,000-54,999	12.00%	\$5,977.50	\$298.87	\$249.06	\$8,128.02	\$406.40	\$338.67
55,000-59,999	14.00%	\$6,973.75	\$348.69	\$290.57	\$9,124.27	\$456.21	\$380.18
60,000-64,999	17.00%	\$8,468.12	\$423.41	\$352.84	\$10,618.64	\$530.93	\$442.44
65,000-69,999	19.00%	\$9,464.37	\$473.22	\$394.35	\$11,614.89	\$580.74	\$483.95
70,000-74,999	22.00%	\$10,958.75	\$547.94	\$456.61	\$13,109.27	\$655.46	\$546.22
75,000-79,999	23.00%	\$11,456.87	\$572.84	\$477.37	\$13,607.39	\$680.37	\$566.97
80,000-84,999	24.00%	\$11,955.00	\$597.75	\$498.12	\$14,105.52	\$705.28	\$587.73
85,000-89,999	26.00%	\$12,951.24	\$647.56	\$539.64	\$15,101.76	\$755.09	\$629.24
90,000-94,999	28.00%	\$13,947.49	\$697.37	\$581.15	\$16,098.01	\$804.90	\$670.75
95,000-99,999	29.00%	\$14,445.62	\$722.28	\$601.90	\$16,596.14	\$829.81	\$691.51
100,000-109,999	32.00%	\$15,939.99	\$797.00	\$664.17	\$18,090.51	\$904.53	\$753.77
110,000 and over	35.00%	\$17,434.37	\$871.72	\$726.43	\$19,584.89	\$979.24	\$816.04
Family Monthly Rate		\$4,151.04			\$4,330.25		

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