CHAPTER 44 CONTRIBUTION WORKSHEET

GARDEN STATE PLAN $10/$15 with Rx

	SINGLE	PARENT/CHILD(REN)	COUPLE	FAMILY
$0 - 40,000	1.50%	1.50%	1.50%	1.65%
$40,001 - $50,000	1.50%	1.50%	1.65%	1.95%
$50,001 - $60,000	1.50%	1.50%	1.95%	2.20%
$60,001 - $70,000	1.50%	1.50%	2.20%	2.50%
$70,001 - $80,000	1.50%	1.65%	2.50%	2.75%
$80,001 - $90,000	1.50%	1.80%	2.75%	3.00%
$90,001 - $100,000	1.65%	1.95%	3.00%	3.30%
$100,001 - $125,000	1.80%	2.20%	3.30%	3.60%

******EMPLOYEES WITH SALARIES HIGHER THAN $125,000, SHALL PAY THE $125,000 PERCENTAGE RATE.***

(To calculate by hand follow instructions below)

INTERACTIVE CALCULATOR:		
Enter Salary Here →		*(Box 1) Enter Salary*
Enter Contribution % from the chart above →		*(Box 2) Enter Contribution % from chart above*

For Example if your salary is $50,000 and you elect family coverage: $50,000 x 4.4% ($50,000 x 0.044 = $2,200/year)

Annual Contribution	$0.00	*(Box 3) Multiply Box 1 x Box 2*
Per Pay (20 pays/year)	$ - **/ pay**	*(Box 4) Divide Box 3 by 20*
	OR	
Per Pay (24 pays/year)	$ - **/ pay**	*(Box 5) Divide Box 3 by 24*

Please Note:

-Employees with salaries above $125,000, shall pay at the $125,000 rate.

-The medical and prescription benefits for the NJEHP and GSP are tied together. You must enroll in both the medical and prescription NJEHP or GSP options.

- For the Garden State Plan, the contributions will be ½ of the amounts listed below.

- Chapter 2 (1.5% of salary) is mandated minimum employee contribution (GSP)

-In no case shall an employee contribution exceed the maximum amount as calculated under Chapter 78.