

Health Benefits Committee May 2016

Submitted by Judy McQuillan

- **Change of status:** 30 days to change information

Documentation required: social security card for name change

Copy of marriage certificate (marriage)

Child's birth (birth certificate and SS card)

Divorce (divorce decree)

- **Health Insurance Waivers** (to opt out)

Paper work due no later than June 10, 2016

Amounts for opt out option: Dental: \$200

Health Insurance \$2500

****Must submit proof of alternate health coverage

- **Dental Plans:** Delta Dental

Eastern Dental Plans - pick primary site for services

Certain services have smaller co-pays

- **Horizon Health Benefits-** Premium sharing: calculate your portion using year 4 of the chart. (see attached)

- **Be Proactive:** If you have a problem you need to call:

Horizon @ 1-800-355-2583

Rita Mitchell @ 609-430-4135 rmitchell@ogy-grmurray.com

Cyndi Doherty @ 732-452-4900 ext. 4942

Judy.mcquillan@edison.k12.nj.us (generic questions, coverage questions)

EDISON TOWNSHIP BOARD OF EDUCATION

2016-2017

HEALTH BENEFITS MONTHLY PLAN RATES

HORIZON DIRECT ACCESS

SINGLE	\$728.00
MEMBER/SPOUSE	\$1,638.00
PARENT/CHILD	\$1,019.18
FAMILY	\$1,820.03

HORIZON EPO

SINGLE	\$596.96
MEMBER/SPOUSE	\$1,343.16
PARENT/CHILD	\$835.71
FAMILY	\$1,492.40

BENECARD PRESCRIPTION DRUG PLAN

SINGLE	\$258.47
MEMBER/SPOUSE	\$568.64
PARENT/CHILD	\$426.47
FAMILY	\$620.38

DSO (EASTERN DENTAL)

ONE PARTY	\$27.68
TWO PARTY	\$53.98
THREE OR MORE PARTY	\$92.26

DELTA DENTAL

SINGLE	\$50.32
MEMBER/SPOUSE	\$100.70
PARENT/CHILD	\$93.14
FAMILY	\$133.40

Premium Sharing

PL 2011 c.78

BASE SALARY		YEAR 1 %	YEAR 2 %	YEAR 3 %	YEAR 4 %
SINGLE COVERAGE					
Under	\$20,000	1.13%	2.25%	3.38%	4.50%
\$20,000 -	\$24,999	1.38%	2.75%	4.13%	5.50%
\$25,000 -	\$29,999	1.88%	3.75%	5.63%	7.50%
\$30,000 -	\$34,999	2.50%	5.00%	7.50%	10.00%
\$35,000 -	\$39,999	2.75%	5.50%	8.25%	11.00%
\$40,000 -	\$44,999	3.00%	6.00%	9.00%	12.00%
\$45,000 -	\$49,999	3.50%	7.00%	10.50%	14.00%
\$50,000 -	\$54,999	5.00%	10.00%	15.00%	20.00%
\$55,000 -	\$59,999	5.75%	11.50%	17.25%	23.00%
\$60,000 -	\$64,999	6.75%	13.50%	20.25%	27.00%
\$65,000 -	\$69,999	7.25%	14.50%	21.75%	29.00%
\$70,000 -	\$74,999	8.00%	16.00%	24.00%	32.00%
\$75,000 -	\$79,999	8.25%	16.50%	24.75%	33.00%
\$80,000 -	\$84,999	8.50%	17.00%	25.50%	34.00%
\$85,000 -	\$89,999	8.50%	17.00%	25.50%	34.00%
\$90,000 -	\$94,999	8.50%	17.00%	25.50%	34.00%
\$95,000 -	Over	8.75%	17.50%	26.25%	35.00%

MEMBER/PARTNER & PARENT/CHILD(REN) COVERAGE

Under	\$25,000	0.88%	1.75%	2.63%	3.50%
\$25,000 -	\$29,999	1.13%	2.25%	3.38%	4.50%
\$30,000 -	\$34,999	1.50%	3.00%	4.50%	6.00%
\$35,000 -	\$39,999	1.75%	3.50%	5.25%	7.00%
\$40,000 -	\$44,999	2.00%	4.00%	6.00%	8.00%
\$45,000 -	\$49,999	2.50%	5.00%	7.50%	10.00%
\$50,000 -	\$54,999	3.75%	7.50%	11.25%	15.00%
\$55,000 -	\$59,999	4.25%	8.50%	12.75%	17.00%
\$60,000 -	\$64,999	5.25%	10.50%	15.75%	21.00%
\$65,000 -	\$69,999	5.75%	11.50%	17.25%	23.00%
\$70,000 -	\$74,999	6.50%	13.00%	19.50%	26.00%
\$75,000 -	\$79,999	6.75%	13.50%	20.25%	27.00%
\$80,000 -	\$84,999	7.00%	14.00%	21.00%	28.00%
\$85,000 -	\$89,999	7.50%	15.00%	22.50%	30.00%
\$90,000 -	\$94,999	7.50%	15.00%	22.50%	30.00%
\$95,000 -	\$99,999	7.50%	15.00%	22.50%	30.00%
\$100,000 -	Over	8.75%	17.50%	26.25%	35.00%

FAMILY COVERAGE

Under	\$25,000	0.75%	1.50%	2.25%	3.00%
\$25,000 -	\$29,999	1.00%	2.00%	3.00%	4.00%
\$30,000 -	\$34,999	1.25%	2.50%	3.75%	5.00%
\$35,000 -	\$39,999	1.50%	3.00%	4.50%	6.00%
\$40,000 -	\$44,999	1.75%	3.50%	5.25%	7.00%
\$45,000 -	\$49,999	2.25%	4.50%	6.75%	9.00%
\$50,000 -	\$54,999	3.00%	6.00%	9.00%	12.00%
\$55,000 -	\$59,999	3.50%	7.00%	10.50%	14.00%
\$60,000 -	\$64,999	4.25%	8.50%	12.75%	17.00%
\$65,000 -	\$69,999	4.75%	9.50%	14.25%	19.00%
\$70,000 -	\$74,999	5.50%	11.00%	16.50%	22.00%
\$75,000 -	\$79,999	5.75%	11.50%	17.25%	23.00%
\$80,000 -	\$84,999	6.00%	12.00%	18.00%	24.00%
\$85,000 -	\$89,999	6.50%	13.00%	19.50%	26.00%
\$90,000 -	\$94,999	7.00%	14.00%	21.00%	28.00%
\$95,000 -	\$99,999	7.25%	14.50%	21.75%	29.00%
\$100,000 -	\$104,999	8.00%	16.00%	24.00%	32.00%
\$105,000 -	\$109,999	8.00%	16.00%	24.00%	32.00%
\$110,000 -	Over	8.75%	17.50%	26.25%	35.00%

FOLLOW THE STEPS BELOW WHEN CALCULATING YOUR 2016-2017 PER PAY HEALTH BENEFITS CONTRIBUTION:

1. Take the total of monthly rates for each insurance that you are enrolled
2. Multiply by 12 to arrive at the annual premium. _____
3. Locate the box for your level of coverage (single, member/spouse, parent/child, family)
4. To the left find your salary range and follow across to year four:
 - Custodians/Facility Managers use year 4
 - Principals and Supervisors use year 4
 - ETEA Members and Exempt use year 4
 - All new Employees hired after June 28, 2011 use year 4
5. Multiply the total premium by the percentage indicated.
6. Divide by the number of paychecks you receive in one year \$ _____.

Example:

A single coverage ETEA Member with a salary of \$50,000.00 and has elected Direct Access, Benecard and Delta:

1. $\$728.00 + \$258.47 + \$ 50.32 = \$1,036.79$
2. $\$1,036.79 \times 12 \text{ months} + \$12,441.48$
3. SINGLE COVERAGE
4. Salary \$50,000.00 use year 4
5. $\$12,441.48 \times .20 = \$2,488.30$
6. $\$2,488.30 / 20 \text{ pays} = \124.42
7. Your contribution would be \$124.42 per pay _____