

Rahway BOE plan designs

	Direct Access	Direct Access	Direct Access	HMO Plan *	
	DA \$10	DA \$15	DA \$15/\$25	POS **	
				Design 10	
In Network					
Copay	\$10	\$15	\$15 / \$25	\$10	HMO Plan Benefits today in SHBP
ER copay	\$25	\$50	\$75	\$35 ER	
Primary Doctor	No	No	No	Yes	
Referral to Spec	No	No	No	Yes	
Out of Network					
Deductible	\$100	\$100	\$100	\$500	
Co Insurance	80%	70%	70%	60%	
Max out of pocket	\$2,000	\$2,000	\$2,000	\$4,000	
Hospital copay	N/A	N/A	\$200 copay	N/A	
Pharmacy	Same as today	Same as today	Same as today	Same as today	
Start Date	Jan-15	Jan-15	Jan-15	Jan-15	

*Under HMO Plan with SHBP

There is no out of network benefit
Need PCP and Referrals to Specialist

** POS Plan with Horizon

Out of network benefits
Need PCP and Referrals to Specialist

Horizon Blue Cross Blue Shield NJ application instructions for Rahway BOE

Plan Selection

On top right corner of application, please write the plan that you are taking, so you are put into that plan (DA 10, DA 15, DA 15/25 or POS (HMO Plan)

Section B

Check off Add, Fill out Employee Information, Name, SS#, DOB, Sex, Address, phone, email. If you are taking the POS plan to replace the HMO plans, you need to select a Primary Care name and NPI number associated with that physician. If you have other health care coverage that you will keep in addition to this plan, from a spouse or other, you need to identify.

Section D

Check off level of coverage, S= Single, F= Family, 2 Adults, PC= Parent child / children
If taking one of the Direct Access plans, check off Direct Access on bottom on left
The Dental and Vision is not changing so leave blank.

Section E

Check off Add, Complete if you have spouse and children. If you have more than 2 children, you can use another application. If you are selecting the POS to replace the HMO plan, everyone must select a Primary care physician and NPI # to identify.

Section H

We need each employee to sign the application and return to your school office.

Contract Period December 1, 2014 through December 31, 2015

Month of December 2014 only Horizon BCBSNJ Rates will be same as SHB Rates

To calculate what you will pay for health benefits, add the health benefit cost to prescription for a total monthly cost, then multiply by 12. This will be the total cost for the year. Then, using the Percentage of Premium charts, locate your current salary and the corresponding contribution rate (Year 2). Use the chart that represents your level of coverage (Single, H/W or P/C, or Family). Multiply the total cost by the percentage. This is what you will pay for the year. Divide this number by the number of pay periods (20 for ten month employees, 24 for twelve month employees). This is what will be deducted per check. OR, 1.5% of salary, whichever is greater.

	Horizon BCBSNJ Direct Access 10	Prescription
Single	\$702.53	\$215.17
Husband/Wife	\$1,405.13	504.31
Family	\$1,862.44	509.36
Parent/Child(ren)	\$1,159.49	287.24
Monthly Total		
	Horizon BCBSNJ Direct Access 15	
Single	\$668.72	
Husband/Wife	\$1,337.44	
Family	\$1,773.46	
Parent/Child(ren)	\$1,103.38	
Monthly Total		
	Horizon BCBSNJ Direct Access 15/25	
Single	\$655.50	
Husband/Wife	\$1,311.00	
Family	\$1,737.07	
Parent/Child(ren)	\$1,081.57	
	Horizon BCBSNJ POS Design 10	
Single	\$650.97	
Husband/Wife	\$1,303.24	
Family	\$1,725.83	
Parent/Child(ren)	\$1,075.17	

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM
PERCENTAGE OF PREMIUM CHARTS
For Health Benefit Contributions under Chapter 78, P.L. 2011

Note: The following charts reflect the phase-in of contribution levels for employees employed on the contribution's effective date who will pay $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$ and the full amount of the contribution rate during the phase-in years.

New employees hired on or after June 28, 2011, the effective date of Chapter 78, P.L. 2011, contribute at the highest percentage level (Year 4) — unless hired into a position covered by a Collective Negotiations Agreement that has not expired as of the employee's date of hire.

HEALTH BENEFITS CONTRIBUTION FOR SINGLE COVERAGE
(PERCENTAGE OF PREMIUM)*

Salary Range	Four Year Phase-In <i>Use dates indicated or as otherwise determined by contract</i>			
	Year 1 July 2013 to June 2014	Year 2 July 2014 to June 2015	Year 3 July 2015 to June 2016	Year 4 July 2016 and after
less than 20,000	1.13%	2.25%	3.38%	4.50%
20,000-24,999.99	1.38%	2.75%	4.13%	5.50%
25,000-29,999.99	1.88%	3.75%	5.63%	7.50%
30,000-34,999.99	2.50%	5.00%	7.50%	10.00%
35,000-39,999.99	2.75%	5.50%	8.25%	11.00%
40,000-44,999.99	3.00%	6.00%	9.00%	12.00%
45,000-49,999.99	3.50%	7.00%	10.50%	14.00%
50,000-54,999.99	5.00%	10.00%	15.00%	20.00%
55,000-59,999.99	5.75%	11.50%	17.25%	23.00%
60,000-64,999.99	6.75%	13.50%	20.25%	27.00%
65,000-69,999.99	7.25%	14.50%	21.75%	29.00%
70,000-74,999.99	8.00%	16.00%	24.00%	32.00%
75,000-79,999.99	8.25%	16.50%	24.75%	33.00%
80,000-94,999.99	8.50%	17.00%	25.50%	34.00%
95,000 and over	8.75%	17.50%	26.25%	35.00%

* Member contribution is a minimum of 1.5% of base salary towards Health Benefits

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**HEALTH BENEFITS CONTRIBUTION FOR
MEMBER/SPOUSE/PARTNER OR PARENT/CHILD COVERAGE
(PERCENTAGE OF PREMIUM)***

Salary Range	Four Year Phase-In <i>Use dates indicated or as otherwise determined by contract</i>			
	Year 1 July 2013 to June 2014	Year 2 July 2014 to June 2015	Year 3 July 2015 to June 2016	Year 4 July 2016 and after
less than 25,000	0.88%	1.75%	2.63%	3.50%
25,000-29,999.99	1.13%	2.25%	3.38%	4.50%
30,000-34,999.99	1.50%	3.00%	4.50%	6.00%
35,000-39,999.99	1.75%	3.50%	5.25%	7.00%
40,000-44,999.99	2.00%	4.00%	6.00%	8.00%
45,000-49,999.99	2.50%	5.00%	7.50%	10.00%
50,000-54,999.99	3.75%	7.50%	11.25%	15.00%
55,000-59,999.99	4.25%	8.50%	12.75%	17.00%
60,000-64,999.99	5.25%	10.50%	15.75%	21.00%
65,000-69,999.99	5.75%	11.50%	17.25%	23.00%
70,000-74,999.99	6.50%	13.00%	19.50%	26.00%
75,000-79,999.99	6.75%	13.50%	20.25%	27.00%
80,000-84,999.99	7.00%	14.00%	21.00%	28.00%
85,000-99,999.99	7.50%	15.00%	22.50%	30.00%
100,000 and over	8.75%	17.50%	26.25%	35.00%

*Member contribution is a minimum of 1.5% of base salary towards Health Benefits

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SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM

HEALTH BENEFITS CONTRIBUTION FOR FAMILY COVERAGE
(PERCENTAGE OF PREMIUM)*

Salary Range	Four Year Phase-In			
	<i>Use dates indicated or as otherwise determined by contract</i>			
	Year 1 July 2013 to June 2014	Year 2 July 2014 to June 2015	Year 3 July 2015 to June 2016	Year 4 July 2016 and after
less than 25,000	0.75%	1.50%	2.25%	3.00%
25,000-29,999.99	1.00%	2.00%	3.00%	4.00%
30,000-34,999.99	1.25%	2.50%	3.75%	5.00%
35,000-39,999.99	1.50%	3.00%	4.50%	6.00%
40,000-44,999.99	1.75%	3.50%	5.25%	7.00%
45,000-49,999.99	2.25%	4.50%	6.75%	9.00%
50,000-54,999.99	3.00%	6.00%	9.00%	12.00%
55,000-59,999.99	3.50%	7.00%	10.50%	14.00%
60,000-64,999.99	4.25%	8.50%	12.75%	17.00%
65,000-69,999.99	4.75%	9.50%	14.25%	19.00%
70,000-74,999.99	5.50%	11.00%	16.50%	22.00%
75,000-79,999.99	5.75%	11.50%	17.25%	23.00%
80,000-84,999.99	6.00%	12.00%	18.00%	24.00%
85,000-89,999.99	6.50%	13.00%	19.50%	26.00%
90,000-94,999.99	7.00%	14.00%	21.00%	28.00%
95,000-99,999.99	7.25%	14.50%	21.75%	29.00%
100,000-109,999.99	8.00%	16.00%	24.00%	32.00%
110,000 and over	8.75%	17.50%	26.25%	35.00%

*Member contribution is a minimum of 1.5% of base salary towards Health Benefits