



Division of Pensions and Benefits

State Monthly Percentage Calculator for Plan Year 2020 (not on Centralized Payroll)

<https://www.nj.gov/treasury/pensions/hb-percentage20-monthly.shtml>

Use this calculator to find your estimated Health Benefit Contribution. All calculations use the SHBP plan rates effective January - December 2020.

Step One: Enter Your Annual Salary

Annual Salary: \$ Enter your annual salary to the nearest dollar. Use numbers only - No commas. Do not include overtime, bonuses, etc.

Step Two: Select your payroll schedule

- Single Coverage
- Member & Spouse/Partner*coverage
- Family Coverage
- Parent Child(ren) Coverage

Step Three: Select your medical plan and level of coverage

PPO Plans

NJ DIRECT (hired before 7/1/2019)

- Single Coverage
- Member & Spouse/Partner*coverage
- Family Coverage
- Parent Child(ren) Coverage

NJ DIRECT2019 (hired on 7/1/2019 or after)

- Single Coverage
- Member & Spouse/Partner*coverage
- Family Coverage
- Parent Child(ren) Coverage

NJ DIRECT15

- Single Coverage
- Member & Spouse/Partner*coverage
- Family Coverage
- Parent Child(ren) Coverage

NJ DIRECT1525

- Single Coverage
- Member & Spouse/Partner*coverage
- Family Coverage
- Parent Child(ren) Coverage

NJ DIRECT 2030

- Single Coverage
- Member & Spouse/Partner*coverage
- Family Coverage
- Parent Child(ren) Coverage

NJ DIRECT 2035

- Single Coverage
- Member & Spouse/Partner*coverage
- Family Coverage
- Parent Child(ren) Coverage

HMO

Horizon HMO

- Single Coverage
- Member & Spouse/Partner*coverage
- Family Coverage
- Parent Child(ren) Coverage

Tiered Plan

OMINA Health Plan

- Single Coverage
- Member & Spouse/Partner*coverage
- Family Coverage
- Parent Child(ren) Coverage

High Deductible Health Plans

NJ DIRECT HD1500

- Single Coverage
- Member & Spouse/Partner*coverage
- Family Coverage
- Parent Child(ren) Coverage
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NJ DIRECT HD4000

- Single Coverage
- Member & Spouse/Partner*coverage
- Family Coverage
- Parent Child(ren) Coverage

Step Four: Select your prescription plan level of coverage

Employee Prescription Drug Plan administered by OptumRx

- Single Coverage
- Member & Spouse/Partner*coverage
- Family Coverage
- Parent Child(ren) Coverage

*Partner means a Civil Union Partner or an eligible same-sex Domestic Partner as defined under P.L. 2003, c. 246, the Domestic Partnership Act.

No Prescription Plan

- Check if not covered by the Employee Prescription Drug Plan

Step Five: Calculate Your Contribution

Click the "Calculate Contribution" button to see your Health Benefit Contributions

Note: this calculator is for informational purposes only. All calculations are estimates and may differ from the actual amounts deducted from payroll.

Reset Form

Calculate Contribution