Division of Pensions and Benefits

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

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

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