

Horizon Direct Access Garden State Health Plan

July 1, 2023- June 30, 2024

	SINGLE	2 ADULTS	PARENT/CHILD(REN)	FAMILY
Pensionable Annual Salary	% of Salary	% of Salary	% of Salary	% of Salary
0-20,000	1.50%	1.50%	1.50%	1.65%
20,000-24,999	1.50%	1.50%	1.50%	1.65%
25,000-29,999	1.50%	1.50%	1.50%	1.65%
30,000-34,999	1.50%	1.50%	1.50%	1.65%
35,000-39,999	1.50%	1.50%	1.50%	1.65%
40,000-44,999	1.50%	1.65%	1.50%	1.95%
45,000-49,999	1.50%	1.65%	1.50%	1.95%
50,000-54,999	1.50%	1.95%	1.50%	2.20%
55,000-59,999	1.50%	1.95%	1.50%	2.20%
60,000-64,999	1.50%	2.20%	1.50%	2.50%
65,000-69,999	1.50%	2.20%	1.50%	2.50%
70,000-74,999	1.50%	2.50%	1.65%	2.75%
75,000-79,999	1.50%	2.50%	1.65%	2.75%
80,000-84,999	1.50%	2.75%	1.80%	3.00%
85,000-89,999	1.50%	2.75%	1.80%	3.00%
90,000-94,999	1.65%	3.00%	1.95%	3.30%
95,000-99,999	1.65%	3.00%	1.95%	3.30%
100,000-104,999	1.80%	3.30%	2.20%	3.60%
105,000-109,999	1.80%	3.30%	2.20%	3.60%
110,000-125,000	1.80%	3.30%	2.20%	3.60%
More than \$125,000	Percentage to be contributed shall be the same as for a base salary/allowance of \$125,000			

Monthly	Medical	Vision	Rx	TOTAL Monthly PREMIUM
	SINGLE	820.23	1.34	199.14
2 ADULTS	1,640.46	2.68	418.60	2,061.74
PC	1,526.28	2.82	327.88	1,856.98
FAMILY	2,346.02	3.93	477.41	2,827.36