Perth Amboy Board of Education

ADMINISTRATION HEADQUARTERS BUILDING
178 Barracks Street
Perth Amboy, New Jersey 08861
Tel: (732) 376-6200 Fax: (732) 638-1004

Derek J. Jess
School Business Administrator/
Board Secretary

HEALTH BENEFITS COVERAGE: 2017-2018 SCHOOL YEAR

Your health insurance coverage will begin on the first day of your contractual employment. Employees are eligible for Medical *(Aetna)*, Prescription (*Benecard*), Dental (*Delta Dental*) and Vision (*VSP*) coverage.

Please complete, sign and return this form along with the attached enrollment form to the Business Office as soon as possible. **If we do not receive your form within thirty (30) days of your hire date, the insurance companies will not accept you into their program.**

Salary Threshold	Single	Family
Less Than $20,000	1.5%	1.5%
$20,000 - $29,999	2.3%	3.5%
$30,000 - $39,999	2.9%	4.0%
$40,000 - $49,999	2.6%	4.3%
$50,000 - $59,999	3.7%	6.4%

Salary Threshold	Single	Family
$60,000 - $69,999	4.2%	7.9%
$70,000 - $79,999	4.3%	8.9%
$80,000 - $89,999	3.9%	8.4%
$90,000 - $99,999	3.7%	8.6%
More Than $100,000	3.7%	8.6%

To estimate your required contribution, (1) multiply your base salary by the percentage corresponding to your salary threshold; that is your yearly contribution. (2) If you are a 10 month employee, divide your yearly contribution by 20 to calculate your per paycheck cost. If you are a 12 month employee, divide your yearly contribution by 24.

If you are a 10 month employee and are making changes between the months of August through June, or are a newly appointed staff member hired on or after September 1st, divide your yearly cost by 24 to calculate your per paycheck cost.

$_____ x _____ = $_____ ÷ _____ = $_____

Your Annual Salary | % Contribution | Yearly Cost | 20 or 24 | Per Paycheck Cost

Please indicate the coverage you wish to receive:

☐ **Single Coverage**

_____ POS II Plan
_____ POS Plan
_____ PPO Plan

☐ **Family Coverage:**

_____ POS II Plan
_____ POS Plan
_____ PPO Plan

_____ Date

_____ Employee's Signature

_____ Print Name