

# STATE HEALTH BENEFITS PLAN CONTRIBUTION — PERCENTAGE OF PREMIUM

SINGLE COVERAGE		FAMILY COVERAGE		MEMBER/SPOUSE/PARTNER OR PARENT/CHILD COVERAGE	
Salary Range	Year 4 July 2014 and after	Salary Range	Year 4 July 2014 and after	Salary Range	Year 4 July 2014 and after
less than 20,000	4.50%	less than 25,000	3.00%	less than 25,000	3.50%
20,000 — 24,999.99	5.50%	25,000 — 29,999.99	4.00%	25,000 — 29,999.99	4.50%
25,000 — 29,999.99	7.50%	30,000 — 34,999.99	5.00%	30,000 — 34,999.99	6.00%
30,000 — 34,999.99	10.00%	35,000 — 39,999.99	6.00%	35,000 — 39,999.99	7.00%
35,000 — 39,999.99	11.00%	40,000 — 44,999.99	7.00%	40,000 — 44,999.99	8.00%
40,000 — 44,999.99	12.00%	45,000 — 49,999.99	9.00%	45,000 — 49,999.99	10.00%
45,000 — 49,999.99	14.00%	50,000 — 54,999.99	12.00%	50,000 — 54,999.99	15.00%
50,000 — 54,999.99	20.00%	55,000 — 59,999.99	14.00%	55,000 — 59,999.99	17.00%
55,000 — 59,999.99	23.00%	60,000 — 64,999.99	17.00%	60,000 — 64,999.99	21.00%
60,000 — 64,999.99	27.00%	65,000 — 69,999.99	19.00%	65,000 — 69,999.99	23.00%
65,000 — 69,999.99	29.00%	70,000 — 74,999.99	22.00%	70,000 — 74,999.99	26.00%
70,000 — 74,999.99	32.00%	75,000 — 79,999.99	23.00%	75,000 — 79,999.99	27.00%
75,000 — 79,999.99	33.00%	80,000 — 84,999.99	24.00%	80,000 — 84,999.99	28.00%
80,000 — 94,999.99	34.00%	85,000 — 89,999.99	26.00%	85,000 — 99,999.99	30.00%
95,000 and over	35.00%	90,000 — 94,999.99	28.00%	100,000 and over	35.00%
		95,000 — 99,999.99	29.00%		
		100,000 — 109,999.99	32.00%		
		110,000 and over	35.00%		