

Medical Plan Contributions

RWJBarnabas Health pays the majority of the cost of your medical coverage. You share in the cost through payroll contributions. The 2020 employee contributions are based on several factors:

- The plan you elect – RWJBarnabas Health OMNIA, the High Deductible Health Plan or Direct Access,
- The type of coverage you elect for yourself and any dependents – Employee Only, Employee + Spouse, Employee + Child(ren), Employee + Family,
- Your annual salary (for full-time employees) – lower wage earners will pay less, higher wage earners will pay more for coverage,
- Your classification as a Tobacco or Non-Tobacco User, and
- If you cover a spouse under the RWJBarnabas Health plan, and they have access to other employer-based coverage, there will be an additional surcharge (applies to employees earning \$50,000 or more).

Employee Contributions are available on your site Bridge page and will be posted on rwjbhbenefits.com, where you will also be able to see your personal cost.

Spousal Surcharge

If you cover a spouse on an RWJBarnabas Health medical plan, you will pay an additional surcharge if your spouse has access to other employer-provided medical coverage through their own employer. The amount of the surcharge is \$100 per month (\$1,200 per year). When you enroll you will certify whether or not your spouse has coverage through their own employer. **This only applies to employees earning \$50,000 or more.**

NOTE: If you and your spouse both work at RWJBarnabas Health, the Spousal Surcharge will not apply.

Non-Tobacco User Contributions

RWJBarnabas Health offers non-tobacco users a lower employee contribution toward their medical coverage. Non-tobacco users will pay \$100 per month (\$1,200 per year) less than tobacco users. In order to receive the non-tobacco user rate, you must:

- Certify via the online Enrollment Portal that you are currently using, or have not used, any form of tobacco (cigarettes, cigars, chewing tobacco, snuff, e-cigarettes, pipes) in the past 6 months.
- If you do not take action to update your Tobacco User Status during Open Enrollment, we will consider you a Tobacco User and you will pay higher contributions.

If you would like to quit smoking and need assistance, consider signing up for a tobacco-cessation program to improve your health and also avoid this extra charge.

2020 Medical Plan Employee Contributions

FULL-TIME EMPLOYEES PER PAYCHECK (BI-WEEKLY) NON-TOBACCO USER RATES				
		OMNIA Plan	HDHP Plan	Direct Access Plan
Salary Band	Coverage Tier	Per Pay Contribution	Per Pay Contribution	Per Pay Contribution
Under \$40,000	Employee Only	\$66.57	\$72.07	\$98.21
	Employee + Child(ren)	\$99.59	\$110.59	\$155.99
	Employee + Spouse	\$111.05	\$124.21	\$176.69
	Family	\$135.35	\$151.86	\$246.00
\$40,000 - \$64,999	Employee Only	\$72.68	\$80.32	\$104.63
	Employee + Child(ren)	\$110.59	\$120.49	\$167.54
	Employee + Spouse	\$123.89	\$135.76	\$190.17
	Family	\$153.70	\$168.37	\$261.92
\$65,000 - \$84,999	Employee Only	\$78.79	\$87.20	\$111.05
	Employee + Child(ren)	\$121.60	\$130.40	\$184.88
	Employee + Spouse	\$136.73	\$147.32	\$210.40
	Family	\$168.46	\$184.88	\$292.62
\$85,000 - \$124,999	Employee Only	\$84.91	\$102.92	\$130.15
	Employee + Child(ren)	\$132.60	\$155.54	\$225.23
	Employee + Spouse	\$149.57	\$171.23	\$260.77
	Family	\$182.31	\$201.39	\$311.54
\$125,000 - \$149,999	Employee Only	\$117.18	\$125.97	\$152.31
	Employee + Child(ren)	\$180.18	\$197.24	\$264.46
	Employee + Spouse	\$201.99	\$226.08	\$306.92
	Family	\$241.73	\$279.89	\$367.85
\$150,000 - \$199,999	Employee Only	\$154.33	\$167.31	\$199.52
	Employee + Child(ren)	\$234.81	\$258.17	\$349.79
	Employee + Spouse	\$258.18	\$284.13	\$405.82
	Family	\$287.77	\$326.71	\$436.71
\$200,000 and over	Employee Only	\$184.96	\$200.54	\$231.46
	Employee + Child(ren)	\$271.15	\$299.19	\$394.30
	Employee + Spouse	\$288.81	\$319.96	\$443.52
	Family	\$327.75	\$374.48	\$479.65

2019 Medical Plan Employee Contributions

PART-TIME EMPLOYEES (BI-WEEKLY) NON-TOBACCO USER RATES				
		OMNIA Plan	HDHP	Direct Access
	Coverage Tier	Per Pay Contribution	Per Pay Contribution	Per Pay Contribution
32-47 HOURS	Employee Only	\$168.79	\$71.18	\$215.96
	Employee + Child(ren)	\$223.01	\$242.53	\$286.45
	Employee + Spouse	\$233.86	\$255.55	\$300.55
	Family	\$244.70	\$277.24	\$314.65
48-63 HOURS	Employee Only	\$130.83	\$71.18	\$178.55
	Employee + Child(ren)	\$179.63	\$199.15	\$246.87
	Employee + Spouse	\$190.48	\$212.17	\$262.05
	Family	\$201.32	\$233.86	\$277.24
64-71 HOURS	Employee Only	\$114.56	\$71.18	\$155.77
	Employee + Child(ren)	\$157.94	\$177.46	\$216.51
	Employee + Spouse	\$168.79	\$190.48	\$231.69
	Family	\$179.63	\$212.17	\$246.87
72-77 HOURS	Employee Only	\$114.56	\$71.18	\$155.77
	Employee + Child(ren)	\$157.94	\$177.46	\$216.51
	Employee + Spouse	\$168.79	\$190.48	\$231.69
	Family	\$179.63	\$212.17	\$246.87

2020 Dental & Vision Plan Contributions

Dental Plan Employee Contributions

PER PAYCHECK (BI-WEEKLY) RATES			
Plan	Coverage Tier	Full-Time Employees Per Pay Contribution	Part-Time Employees Per Pay Contribution
DeltaCare DHMO Plan	Employee Only	\$3.31	\$5.52
	Employee + Child(ren)	\$7.73	\$12.89
	Employee + Spouse	\$6.59	\$10.98
	Family	\$11.32	\$18.86
Base Plan	Employee Only	\$9.30	\$13.02
	Employee + Child(ren)	\$18.60	\$26.04
	Employee + Spouse	\$14.88	\$20.84
	Family	\$28.83	\$40.37
Buy-Up Plan	Employee Only	\$10.61	\$14.83
	Employee + Child(ren)	\$21.20	\$29.68
	Employee + Spouse	\$16.95	\$23.75
	Family	\$32.86	\$46.14

Vision Plan Employee Contributions

PER PAYCHECK (BI-WEEKLY) RATE	
Coverage Tier	Per Pay Contribution
Employee Only	\$3.65
Employee + Child(ren)	\$7.02
Employee + Spouse	\$5.42
Family	\$10.31