

Per-Paycheck Medical Contributions

The chart below represents the per-paycheck (bi-weekly) contributions, excluding earned wellness credits, for most employees. Please note there may be some differences based on Collective Bargaining Agreements. You will find personalized costs when you enroll on the benefits portal at RWJBHBenefits.com.

Full-Time Employees — Non-Tobacco User Rates

		Per-Pay (Bi-Weekly) Contributions	
Salary Band	Coverage Tier	Core Plan*	Flex Plan
Under \$55,000	Employee Only	\$65.02	\$106.67
	Employee + Child(ren)	\$99.91	\$174.89
	Employee + Spouse	\$117.29	\$204.75
	Family	\$156.54	\$281.49
\$55,000 – \$94,999	Employee Only	\$82.47	\$140.77
	Employee + Child(ren)	\$131.33	\$236.28
	Employee + Spouse	\$153.93	\$276.37
	Family	\$208.89	\$383.81
\$95,000 – \$124,999	Employee Only	\$99.91	\$174.88
	Employee + Child(ren)	\$162.72	\$297.65
	Employee + Spouse	\$190.57	\$347.97
	Family	\$261.23	\$486.09
\$125,000 – \$174,999	Employee Only	\$139.17	\$220.90
	Employee + Child(ren)	\$233.39	\$377.90
	Employee + Spouse	\$273.00	\$441.60
	Family	\$379.00	\$619.84
\$175,000 and over	Employee Only	\$174.06	\$278.14
	Employee + Child(ren)	\$296.21	\$483.52
	Employee + Spouse	\$346.27	\$564.83
	Family	\$483.68	\$795.89

Part-Time Employees — Non-Tobacco User Rates

		Per-Pay (Bi-Weekly) Contributions	
Salary Band	Coverage Tier	Core Plan*	Flex Plan
All Salaries	Employee Only	\$128.54	\$187.30
	Employee + Child(ren)	\$214.23	\$320.01
	Employee + Spouse	\$250.66	\$374.05
	Family	\$347.08	\$523.36

* Also applies to the Out-of-Area plan.