

**HEALTH BENEFITS CONTRIBUTION (PERCENTAGE OF PREMIUM)\***

\*Member contribution is a minimum of 1.5% of base salary towards Health Benefits

**SINGLE COVERAGE**

<b>Salary Range</b>	
less than 20,000	4.50%
20,000-24,999.99	5.50%
25,000-29,999.99	7.50%
30,000-34,999.99	10.00%
35,000-39,999.99	11.00%
40,000-44,999.99	12.00%
45,000-49,999.99	14.00%
50,000-54,999.99	20.00%
55,000-59,999.99	23.00%
60,000-64,999.99	27.00%
65,000-69,999.99	29.00%
70,000-74,999.99	32.00%
75,000-79,999.99	33.00%
80,000-94,999.99	34.00%
95,000 and over	35.00%

**FAMILY COVERAGE**

<b>Salary Range</b>	
less than 25,000	3.00%
25,000-29,999.99	4.00%
30,000-34,999.99	5.00%
35,000-39,999.99	6.00%
40,000-44,999.99	7.00%
45,000-49,999.99	9.00%
50,000-54,999.99	12.00%
55,000-59,999.99	14.00%
60,000-64,999.99	17.00%
65,000-69,999.99	19.00%
70,000-74,999.99	22.00%
75,000-79,999.99	23.00%
80,000-84,999.99	24.00%
85,000-89,999.99	26.00%
90,000-94,999.99	28.00%
95,000-99,999.99	29.00%
100,000-109,999.99	32.00%
110,000 and over	35.00%

**MEMBER/SPOUSE/PARTNER OR PARENT/CHILD COVERAGE**

<b>Salary Range</b>	
less than 25,000	3.50%
25,000-29,999.99	4.50%
30,000-34,999.99	6.00%
35,000-39,999.99	7.00%
40,000-44,999.99	8.00%
45,000-49,999.99	10.00%
50,000-54,999.99	15.00%
55,000-59,999.99	17.00%
60,000-64,999.99	21.00%
65,000-69,999.99	23.00%
70,000-74,999.99	26.00%
75,000-79,999.99	27.00%
80,000-84,999.99	28.00%
85,000-99,999.99	30.00%
100,000 and over	35.00%

**Ventnor City Board of Education Premiums  
July 1, 2019 – June 30, 2020**

	<b>Health</b>	<b>Prescription</b>	<b>Dental</b>
Single	\$1,072.72	\$257.87	\$31.78
Husband/Wife	2,387.44	590.82	79.18
Family	2,777.81	590.82	129.22
Parent/Child(ren)	1,583.97	376.97	79.18