

Garden State Health Plan Contribution Percentage	
Single Coverage	
Up to 40,000.00	1.50%
40,001-50,000	1.50%
50,001-60,000	1.50%
60,001-70,000	1.50%
70,001-80,000	1.50%
80,001-90,000	1.50%
90,001-100,000	1.65%
100,001 and over	1.80%
Member/Spouse/Partner	
Up to 40,000.00	1.50%
40,001-50,000	1.65%
50,001-60,000	1.95%
60,001-70,000	2.20%
70,001-80,000	2.50%
80,001-90,000	2.75%
90,001-100,000	3.00%
100,001 and over	3.30%
Family Coverage	
Up to 40,000.00	1.65%
40,001-50,000	1.95%
50,001-60,000	2.20%
60,001-70,000	2.50%
70,001-80,000	2.75%
80,001-90,000	3.00%
90,001-100,000	3.30%
100,001 and over	3.60%
Parent/Children Coverage	
Up to 40,000.00	1.50%
40,001-50,000	1.50%
50,001-60,000	1.50%
60,001-70,000	1.50%
70,001-80,000	1.65%
80,001-90,000	1.80%
90,001-100,000	1.95%
100,001 and over	2.20%