

Errata Sheet

Page	Error	Correction (in bold; deletions stricken)
iii, iv	Page heading	2008 Benefits Handbook
4	Part-time employees must work	In a 0.5 FTE position
23, 24	Example Calculations for Part-time Employees	See replacement tables on reverse of this sheet for Samaritan Select examples
33, 35, 49	Kaiser Permanente service area	Linn: 97321, 97322, 97335, 97355, 97358, 97360, 97374, 97389
46	Willamette orthodontia payment	\$1,200 5 ⁵
54, 87	Willamette Dental Web address	www.willamettedental.com/ pebb
60	Short term disability premium rate	0.0057 X monthly salary
	Short term disability benefit duration	Four weeks if pre-existing condition
61	Long term disability maximum benefit duration	Determined by age when disability begins as follows: 61 or younger – to age 65, or 3 years 6 months, if longer: 62 – 3 years 6 months: 63 – 3 years: 64 – 2 years 6 months: 65 – 2 years: 66 – 1 year 9 months: 67 – 1 year 6 months: 68 – 1 year 3 months: 69 or older –1 year
70	FSA 2008 plan year claims deadline	March 31, 2009
86	BenefitHelp Solutions ZIP Code	97268-1240

Note: Corrections were made to online materials at <http://oregon.gov/das/pebb> on Oct. 12, 2007.

Replacement table, bottom of page 23

2008 Part-time & Retiree Samaritan Select PPO with Part-time & Retiree ODS Dental								
	50% Contribution (works 50% of full time)				80% Contribution (works 80% of full time)			
	Employee	Employee, Spouse or Partner	Employee, Children	Employee, Family	Employee	Employee, Spouse or Partner	Employee, Children	Employee, Family
Subsidized Contribution	626.33	829.37	718.53	845.59	645.11	864.09	741.43	883.42
Medical Rate	590.69	791.53	679.30	809.26	590.69	791.53	679.30	809.26
Dental Rate	53.32	71.46	61.33	73.06	53.32	71.46	61.33	73.06
Basic Life Rate	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10
Total Rate	645.11	864.09	741.73	883.42	645.11	864.09	741.73	883.42
Contribution - Total Rate	-18.78	-34.72	-23.20	-37.83	0*	0*	0*	0*
Employee Balance	-18.78	-34.72	-23.20	-40.10	0*	0*	0*	0*

* In no case will the amount paid by your agency exceed the cost of premiums for medical, dental and basic life coverage.

Replacement table, bottom of page 24

2008 Part-time & Retiree Samaritan Select PPO with Part-time & Retiree Kaiser Dental								
	50% Contribution (works 50% of full time)				80% Contribution (works 80% of full time)			
	Employee	Employee, Spouse or Partner	Employee, Children	Employee, Family	Employee	Employee, Spouse or Partner	Employee, Children	Employee, Family
Subsidized Contribution	626.33	829.37	718.53	845.59	637.48	853.86	732.94	872.96
Medical Rate	590.69	791.53	679.30	809.26	590.69	791.53	679.30	809.26
Dental Rate	45.69	61.23	52.54	62.60	45.69	61.23	52.54	62.60
Basic Life Rate	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10
Total Rate	637.48	853.86	732.94	872.96	637.48	853.86	732.94	872.96
Contribution - Total Rate	-11.15	-24.49	-14.41	-27.37	0*	0*	0*	0*
Employee Balance	-11.15	-24.49	-14.41	-27.37	0*	0*	0*	0*

* In no case will the amount paid by your agency exceed the cost of premiums for medical, dental and basic life coverage.