

**2010 Calculation Worksheet and Examples
For Prorated Monthly Benefit Amount
For Part-time Employees Enrolling in a PEBB Full-time Medical Plan**

1.a Prorated monthly benefit amount based on hours worked compared with full-time

Select the coverage tier that applies to you. Multiply the Full-time Monthly Benefit Amount for the coverage tier you selected by the percentage of hours you work compared with full time. The result is an estimate of your Prorated Monthly Benefit Amount.

Coverage Tier	Full-time Monthly Benefit Amount	Times	% Hours Worked	Prorated Monthly Benefit Amount
Employee only	\$955.56	X	_____ %	= \$ _____
Employee & spouse/ domestic partner	\$1,286.70	X	_____ %	= \$ _____
Employee & children	\$1,100.39	X	_____ %	= \$ _____
Employee & family	\$1,314.29	X	_____ %	= \$ _____

1.b Subsidy amount if you enroll in a Part-time and Retiree Medical Plan

Next to your coverage tier, enter your Prorated Monthly Benefit Amount from the calculation above. Add the Subsidy for Part-time Plans for your coverage tier. The result is an **estimate** of your subsidized benefit amount if you enroll in a part-time plan.

Coverage Tier	Prorated Monthly Benefit Amount	Subsidy for Part-time Plan	Subsidized Monthly Benefit Amount
Employee only	\$ _____	+ \$227.30	= \$ _____
Employee & spouse/ domestic partner	\$ _____	+ \$290.10	= \$ _____
Employee & children	\$ _____	+ \$258.63	= \$ _____
Employee & family	\$ _____	+ \$294.42	= \$ _____

1.	Enter the monthly benefit amount you calculated in 1.a or 1.b above.	\$ _____
2.	Enter \$1.00 for mandatory basic life insurance.	\$ _____
3.	Enter your monthly medical premium cost.	\$ _____
4.	Enter your monthly dental premium cost. (You must have at least employee-only dental coverage. You may also cover dependents.)	\$ _____
5.	Enter the sum of 2 through 4. This is your monthly premium cost.	\$ _____
6.	Subtract line 5 from line 1. This is the estimated monthly payroll deduction for your medical, dental and basic life coverage.	\$ _____

See the calculation examples on the following pages.

Calculations show estimated premium costs for part-time employees working a given percentage of hours compared with full time. In no case will the monthly benefit amount plus subsidy exceed the cost of premiums for core benefits.

2010 Part-time & Retiree Kaiser Permanente with Part-time & Retiree ODS Dental								
	50% Contribution (works 50% of full time)				80% Contribution (works 80% of full time)			
	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family
Subsidized Contribution	705.08	933.45	808.83	951.57	763.57	1,022.84	877.95	1,045.72
Medical Rate	707.01	947.39	813.05	968.60	707.01	947.39	813.05	968.60
Dental Rate	55.56	74.45	63.90	76.12	55.56	74.45	63.90	76.12
Basic Life	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Total Rate	763.57	1,022.84	877.95	1,045.72	763.57	1,022.84	877.95	1,045.72
Employee Balance	-58.49	-89.39	-69.12	-94.15	0.00	0.00	0.00	0.00

2010 Part-time & Retiree Providence Choice with Part-time & Retiree ODS Dental								
	50% Contribution (works 50% of full time)				80% Contribution (works 80% of full time)			
	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family
Subsidized Contribution	667.60	894.23	767.61	914.24	667.60	894.23	767.61	914.24
Medical Rate	611.04	818.78	702.71	837.12	611.04	818.78	702.71	837.12
Dental Rate	55.56	74.45	63.90	76.12	55.56	74.45	63.90	76.12
Basic Life	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Total Rate	667.60	894.23	767.61	914.24	667.60	894.23	767.61	914.24
Employee Balance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

2010 Part-time & Retiree Statewide Plan with Part-time & Retiree ODS Dental								
	50% Contribution (works 50% of full time)				80% Contribution (works 80% of full time)			
	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family
Subsidized Contribution	705.08	933.45	808.83	951.57	766.98	1,027.32	881.84	1,050.33
Medical Rate	710.42	951.87	816.94	973.21	710.42	951.87	816.94	973.21
Dental Rate	55.56	74.45	63.90	76.12	55.56	74.45	63.90	76.12
Basic Life	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Total Rate	766.98	1,027.32	881.84	1,050.33	766.98	1,027.32	881.84	1,050.33
Employee Balance	-61.90	-93.87	-73.01	-98.76	0.00	0.00	0.00	0.00

2010 Part-time & Retiree Kaiser Permanente with Part-time & Retiree Kaiser Dental								
	50% Contribution (works 50% of full time)				80% Contribution (works 80% of full time)			
	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family
Subsidized Contribution	705.08	933.45	808.83	951.57	761.94	1,020.65	876.07	1,043.49
Medical Rate	707.01	947.39	813.05	968.60	707.01	947.39	813.05	968.60
Dental Rate	53.93	72.26	62.02	73.89	53.93	72.26	62.02	73.89
Basic Life	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Total Rate	761.94	1,020.65	876.07	1,043.49	761.94	1,020.65	876.07	1,043.49
Employee Balance	-56.86	-87.20	-67.24	-91.92	0.00	0.00	0.00	0.00

2010 Part-time & Retiree Providence Choice with Part-time & Retiree Kaiser Dental								
	50% Contribution (works 50% of full time)				80% Contribution (works 80% of full time)			
	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family
Subsidized Contribution	665.97	892.04	765.73	912.01	665.97	892.04	765.73	912.01
Medical Rate	611.04	818.78	702.71	837.12	611.04	818.78	702.71	837.12
Dental Rate	53.93	72.26	62.02	73.89	53.93	72.26	62.02	73.89
Basic Life	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Total Rate	665.97	892.04	765.73	912.01	665.97	892.04	765.73	912.01
Employee Balance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

2010 Part-time & Retiree Statewide Plan with Part-time & Retiree Kaiser Dental								
	50% Contribution (works 50% of full time)				80% Contribution (works 80% of full time)			
	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family
Subsidized Contribution	705.08	933.45	808.83	951.57	765.35	1,025.13	879.96	1,048.10
Medical Rate	710.42	951.87	816.94	973.21	710.42	951.87	816.94	973.21
Dental Rate	53.93	72.26	62.02	73.89	53.93	72.26	62.02	73.89
Basic Life	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Total Rate	765.35	1,025.13	879.96	1,048.10	765.35	1,025.13	879.96	1,048.10
Employee Balance	-60.27	-91.68	-71.13	-96.53	0.00	0.00	0.00	0.00