

SECTION 2: BENEFIT AMOUNT AND HEALTH PLAN RATES

2008 Monthly Benefit Amount Notice

This notice is for represented employees with a tentative agreement as of Aug. 1, 2007, unrepresented employees of state agencies, and legislative employees who are in continuing positions.

University System and Judicial Department employees, see your university or department benefits notice. Represented employees without a tentative agreement, and legislative session or personal staff employees, contact your agency for information about your monthly benefit amount.

Your employer's monthly benefit amount is established either through the collective bargaining process, by the Department of Administrative Services, or by your agency. Each year PEBB provides information about the monthly benefit amount; however PEBB has no role in determining the amount.

Full-time Employees

For the 2008 plan year, the monthly benefit amount fully covers medical, dental and basic life insurance premiums for eligible full-time employees and their eligible dependents.

This section presents:

- The monthly benefit amount
- Calculations and examples for part-time employees
- Monthly premium rates for medical and dental plans

Part-time Employees

For the 2008 plan year, part-time employees who work half time or more will receive a prorated monthly benefit amount based on the number of hours they work during the month. For example, if the number of hours you work is equivalent to 75 percent of full time, you will receive approximately 75 percent of the full-time monthly benefit amount for your coverage tier. If your monthly hours vary, so will the monthly benefit amount.

If you enroll in a Part-time Medical Plan for 2008, you will receive a flat subsidy amount for the coverage tier you select for that plan. This will be added to your Prorated Monthly Benefit Amount.

Part-time employees: To assist you in estimating the amount your agency will pay towards your monthly premium cost, complete the calculations on the next page. See the example calculations on pages 23 and 24.

If you work fewer than 80 paid regular hours or you are in a position that is less than 0.5 FTE, you are not eligible to enroll for benefits and you will receive no monthly benefit amount, unless your collective bargaining agreement states otherwise or you are in a job-share position.

Calculations for Part-time Employees

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	% Hours Worked	Prorated Monthly Benefit Amount
Employee only	\$854.14	X _____ %	= \$ _____
Employee & spouse/domestic partner	\$1,150.12	X _____ %	= \$ _____
Employee & children	\$983.59	X _____ %	= \$ _____
Employee & family	\$1,174.79	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	\$ _____	+ \$199.26	= \$ _____
Employee & spouse/domestic partner	\$ _____	+ \$254.31	= \$ _____
Employee & children	\$ _____	+ \$226.73	= \$ _____
Employee & family	\$ _____	+ \$258.10	= \$ _____

2. Premium payment calculation

Use this calculation to help you estimate the amount of your monthly premium cost (if any) for basic benefits (medical, dental, basic life). **In no case will the amount paid by your agency exceed the cost of premiums for medical, dental and basic life coverage.** See pages 23 and 24 for examples.

1.	Enter the monthly benefit amount you calculated in 1.a or 1.b above.	\$
2.	Enter \$1.10 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.	\$