

Example Calculations for Part-time Employees Enrolling in Part-time & Retiree Plans

Calculations show **estimated** monthly premium costs for part-time employees in the Part-time and Retiree plans.

2008 Part-time & Retiree Kaiser Permanente HMO 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, Children	Employee, Family	Employee	Employee, Spouse/Partner	Employee, Children	Employee, Family
Subsidized Contribution	626.33	829.37	718.53	845.59	676.03	905.52	777.28	925.76
Medical Rate	621.61	832.96	714.85	851.60	621.61	832.96	714.85	851.60
Dental Rate	53.32	71.46	61.33	73.06	53.32	71.46	61.33	73.06
Basic Life	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10
Total Rate	676.03	905.52	777.28	925.76	676.03	905.52	777.28	925.76
Contribution - Total Rate	-49.20	-76.15	-58.75	-80.17	0*	0*	0*	0*
Employee Balance	-49.20	-76.15	-58.75	-80.17	0*	0*	0*	0*

2008 Part-time & Retiree Providence Choice PPO 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, Children	Employee, Family	Employee	Employee, Spouse/Partner	Employee, Children	Employee, Family
Subsidized Contribution	626.33	829.37	718.53	845.59	646.77	866.31	743.64	885.69
Medical Rate	592.35	793.75	681.21	811.53	592.35	793.75	681.21	811.53
Dental Rate	53.32	71.46	61.33	73.06	53.32	71.46	61.33	73.06
Basic Life	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10
Total Rate	646.77	866.31	743.64	885.69	646.77	866.31	743.64	885.69
Contribution - Total Rate	-20.44	-36.94	-25.11	-40.10	0*	0*	0*	0*
Employee Balance	-20.44	-36.94	-25.11	-40.10	0*	0*	0*	0*

2008 Part-time & Retiree Regence BCBSO PPO 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, Children	Employee, Family	Employee	Employee, Spouse/Partner	Employee, Children	Employee, Family
Subsidized Contribution	626.33	829.37	718.53	845.59	689.66	923.70	792.92	944.38
Medical Rate	635.24	851.14	730.49	870.22	635.24	851.14	730.49	870.22
Dental Rate	53.32	71.46	61.33	73.06	53.32	71.46	61.33	73.06
Basic Life	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10
Total Rate	689.66	923.70	792.92	944.38	689.66	923.70	792.92	944.38
Contribution - Total Rate	-63.33	-94.33	-74.39	-98.79	0*	0*	0*	0*
Employee Balance	-63.33	-94.33	-74.39	-98.79	0*	0*	0*	0*

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/Partner	Employee, Children	Employee, Family	Employee	Employee, Spouse/Partner	Employee, Children	Employee, Family
Subsidized Contribution	626.33	829.37	718.53	845.59	645.11	846.09	741.73	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	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	-37.83	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.

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	50% Contribution (works 50% of full time)				80% Contribution (works 80% of full time)			
	Employee	Employee, Spouse/Partner	Employee, Children	Employee, Family	Employee	Employee, Spouse/Partner	Employee, Children	Employee, Family
Subsidized Contribution	626.33	829.37	718.53	845.59	668.40	895.29	768.49	915.30
Medical Rate	621.61	832.96	714.85	851.60	621.61	832.96	714.85	851.60
Dental Rate	45.69	61.23	52.54	62.60	45.69	61.23	52.54	62.60
Basic Life	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10
Total Rate	668.40	895.29	768.49	915.30	668.40	895.29	768.49	915.30
Contribution - Total Rate	-42.07	-65.92	-49.96	-69.71	0*	0*	0*	0*
Employee Balance	-42.07	-65.92	-49.96	-69.71	0*	0*	0*	0*

2008 Part-time & Retiree Providence Choice PPO 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, Children	Employee, Family	Employee	Employee, Spouse/Partner	Employee, Children	Employee, Family
Subsidized Contribution	626.33	829.37	718.53	845.59	639.14	856.08	734.85	875.23
Medical Rate	592.35	793.75	681.21	811.53	592.35	793.75	681.21	811.53
Dental Rate	45.69	61.23	52.54	62.60	45.69	61.23	52.54	62.60
Basic Life	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10
Total Rate	639.14	856.08	734.85	875.23	639.14	856.08	734.85	875.23
Contribution - Total Rate	-12.81	-26.71	-16.32	-29.64	0*	0*	0*	0*
Employee Balance	-12.81	-26.71	-16.32	-29.64	0*	0*	0*	0*

2008 Part-time & Retiree Regence BCBSO PPO 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, Children	Employee, Family	Employee	Employee, Spouse/Partner	Employee, Children	Employee, Family
Subsidized Contribution	626.33	829.37	718.53	845.59	682.03	913.47	784.13	933.92
Medical Rate	635.24	851.14	730.49	870.22	635.24	851.14	730.49	870.22
Dental Rate	45.69	61.23	52.54	62.60	45.69	61.23	52.54	62.60
Basic Life	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10
Total Rate	682.03	913.47	784.13	933.92	682.03	913.47	784.13	933.92
Contribution - Total Rate	-55.70	-84.10	-65.60	-88.33	0*	0*	0*	0*
Employee Balance	-55.70	-84.10	-65.60	-88.33	0*	0*	0*	0*

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/Partner	Employee, Children	Employee, Family	Employee	Employee, Spouse/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	809.60
Dental Rate	45.69	61.23	52.54	62.60	45.69	61.23	42.54	62.60
Basic Life	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	972.96
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.