

**2009 Example Calculations for Part-time Employees Enrolling in Part-time & Retiree**

**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.**

**Examples with choice of ODS Dental**

<b>2009 Part-time &amp; Retiree Kaiser Permanente HMO with Part-time &amp; Retiree ODS Dental</b>								
	<b>50% Contribution (works 50% of full time)</b>				<b>80% Contribution (works 80% of full time)</b>			
	<b>Employee</b>	<b>Employee, Spouse/Partner</b>	<b>Employee, Child(ren)</b>	<b>Employee, Family</b>	<b>Employee</b>	<b>Employee, Spouse/Partner</b>	<b>Employee, Child(ren)</b>	<b>Employee, Family</b>
Subsidized Contribution	655.08	867.54	751.53	884.43	694.80	930.67	798.86	951.48
Medical Rate	640.38	858.11	736.43	877.32	640.38	858.11	736.43	877.32
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	694.80	930.67	798.86	951.48	694.80	930.67	798.86	951.48
Employee Balance	-39.72	-63.13	-47.33	-67.05	0.00*	0.00*	0.00*	0.00*

**2009 Part-time & Retiree Providence Choice PPO with Part-time & Retiree ODS Dental**

	<b>50% Contribution (works 50% of full time)</b>				<b>80% Contribution (works 80% of full time)</b>			
	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family
Subsidized Contribution	647.91	867.54	744.95	884.43	647.91	867.83	744.95	887.24
Medical Rate	593.49	795.27	682.52	813.08	593.49	795.27	682.52	813.08
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	647.91	867.83	744.95	887.24	647.91	867.83	744.95	887.24
Employee Balance	0.00	-0.29	0.00	-2.81	0.00*	0.00*	0.0*0	0.0*0

**2009 Part-time & Retiree Regence BCBSO PPO with Part-time & Retiree ODS Dental**

	<b>50% Contribution (works 50% of full time)</b>				<b>80% Contribution (works 80% of full time)</b>			
	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family
Subsidized Contribution	655.08	867.54	751.53	884.43	717.10	960.47	824.48	981.97
Medical Rate	662.68	887.91	762.05	907.81	662.68	887.91	762.05	907.81
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	717.10	960.47	824.48	981.97	717.10	960.47	824.48	981.97
Employee Balance	-62.02	-92.93	-72.95	-97.54	0.00*	0.00*	0.0*0	0.00*

**Examples with choice of Kaiser Permanente Dental**

<b>2009 Part-time &amp; Retiree Kaiser Permanente HMO with Part-time &amp; Retiree Kaiser Dental</b>								
	<b>50% Contribution (works 50% of full time)</b>				<b>80% Contribution (works 80% of full time)</b>			
	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family
Subsidized Contribution	655.08	867.54	751.53	884.43	693.57	929.01	797.43	949.79
Medical Rate	640.38	858.11	736.43	877.32	640.38	858.11	736.43	877.32
Dental Rate	52.09	69.80	59.90	71.37	52.09	69.80	59.90	71.37
Basic Life	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10
Total Rate	693.57	929.01	797.43	949.79	693.57	929.01	797.43	949.79
Employee Balance	-38.49	-61.47	-45.90	-65.36	0.00*	0.00*	0.00*	0.0*0

**2009 Part-time & Retiree Providence Choice PPO with Part-time & Retiree Kaiser Dental**

	<b>50% Contribution (works 50% of full time)</b>				<b>80% Contribution (works 80% of full time)</b>			
	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family
Subsidized Contribution	646.68	866.17	743.52	884.43	646.68	866.17	743.52	885.55
Medical Rate	593.49	795.27	682.52	813.08	593.49	795.27	682.52	813.08
Dental Rate	52.09	69.80	59.90	71.37	52.09	69.80	59.90	71.37
Basic Life	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10
Total Rate	646.68	866.17	743.52	885.55	646.68	866.17	743.52	885.55
Employee Balance	0.00	0.00	0.00	-1.12	0.00*	0.00*	0.00*	0.0*0

**2009 Part-time & Retiree Regence BCBSO PPO with Part-time & Retiree Kaiser Dental**

	<b>50% Contribution (works 50% of full time)</b>				<b>80% Contribution (works 80% of full time)</b>			
	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family	Employee	Employee, Spouse/Partner	Employee, Child(ren)	Employee, Family
Subsidized Contribution	655.08	867.54	751.53	884.43	715.87	958.81	823.05	980.28
Medical Rate	662.68	887.91	762.05	907.81	662.68	887.91	762.05	907.81
Dental Rate	52.09	69.80	59.90	71.37	52.09	69.80	59.90	71.37
Basic Life	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10
Total Rate	715.87	958.81	823.05	980.28	715.87	958.81	823.05	980.28
Employee Balance	-60.79	-91.27	-71.52	-95.85	0.00*	0.0*0	0.00*	0.0*0