

Calculation Worksheet for Employees Who Choose to Opt Out of PEBB Medical Coverage

<ul style="list-style-type: none"> • Full-time Employees: Enter \$233.00 • Part-time Employees: Multiply \$233.00 by the percentage of hours you work compared with full time. For example, if you work 75 percent of full time, your contribution amount is \$174.75 ($\\$233.00 \times 0.75 = \\$174.75$). Enter the result. 	1. _____
<ul style="list-style-type: none"> • Enter \$1.10. This is the monthly premium for mandatory basic life insurance. 	2. _____
<ul style="list-style-type: none"> • Enter the monthly premium amount for your choice of dental plan from page. You are required to be enrolled in at least the employee-only tier for dental coverage. You may also choose to cover eligible dependents. 	3. _____
<ul style="list-style-type: none"> • Add lines 2 and 3, and enter the total. 	4. _____
<ul style="list-style-type: none"> • Subtract the amount on line 4 from the amount on line 1, and enter the balance on line 5. This is the estimated amount of opt-out cash you will receive as monthly taxable income. 	5. _____