

2009 Part-time Employees Prorated Monthly Benefit Amount Calculation

For Those Enrolling in a Full-time Medical Plan

1.b 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	\$896.28	X _____%	= \$ _____
Employee & spouse/domestic partner	\$1,206.86	X _____%	= \$ _____
Employee & children	\$1,032.11	X _____%	= \$ _____
Employee & family	\$1,232.75	X _____%	= \$ _____

1.a Subside amount if your 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	\$ _____	+ \$206.94	= \$ _____
Employee & spouse/domestic partner	\$ _____	+ \$264.11	= \$ _____
Employee & children	\$ _____	+ \$235.47	= \$ _____
Employee & family	\$ _____	+ \$268.05	= \$ _____

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.	\$ _____