

UNREPRESENTED, CONFIDENTIAL, & EXEMPT

****1.0 FTE****

If you work full time (1.0 fte) you will find your monthly cost for medical on the payroll deduction chart below (mandatory benefits already deducted):

UNREPRESENTED & CONFIDENTIAL – Full time (1.0 Benefit FTE) Employee Monthly Cost for Medical*					
Medical Plan Option	Kaiser HMO	Kaiser PPO - \$350	Kaiser PPO - \$750	Kaiser PPO - \$2,500	Kaiser QHDHP
Employee	104.71	114.96	38.25	15.00	17.12
Employee + Spouse	763.86	782.91	640.29	586.61	601.00
Employee + Child	385.95	399.96	295.13	255.67	266.25
Employee + Children	437.06	451.75	341.81	300.43	311.52
Employee + Spouse & Child	1,045.10	1,067.92	897.17	832.90	850.13
Employee + Spouse & Children	1,096.21	1,119.70	943.84	877.66	895.41

***Benefit package includes at no cost to employee: Dental, Vision, Life/AD&D, Exec. Life/AD&D & LTD**

Your mandatory benefit package includes:

Family dental coverage: Choice of Delta Dental or Willamette Dental

Family vision coverage: VSP – Vision Service Plan

50,000 Life/AD&D Insurance – Cigna

Exec. Life/AD&D Policy 2x your annual salary (to a maximum of 500,000) – Cigna

Long Term Disability – Cigna

For less than 8 hours per day (part-time employee), see the next page to calculate the monthly allocation you have available for cost of medical coverage.

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****NON-1.0 FTE****

If you work part-time, follow the instructions in the table below to determine the monthly amount that you have available to pay for medical coverage:

Please note that if your hours change during the year, your benefit FTE will update automatically and your deduction amount will change accordingly.							
Line #1 below:	<p>Multiply your average number of hours/day by how many days you are contracted to work/year. Unrepresented, Confidential and Exempt employees normally work 360 days per year (including holidays). Then divide that number by 1,440. This is your "Allocation Factor," it cannot be greater than 1.0.</p> <p>Example Calculation: 5 hrs per day X 260 days per year ÷ 1440 = .9027</p>						
Line #2 below:	<p>Multiply the number on Line #1 by \$843.97, this year's monthly State Allocation. This is the monthly amount of State Allocation that you are entitled to based on your allocation factor.</p> <p>In the example above: 0.9027 x \$843.97 = \$761.85</p>						
Line #3 below:	<p>The cost of mandatory benefits for Unrepresented, Confidential and Exempt employees is \$181.65 per month. Subtract this cost from your calculated State Allocation amount in Line #2. This is the monthly amount of allocation you have available for the cost of medical coverage.</p> <p>Review the total premiums for each plan below to see your cost of coverage.</p> <p>In the example above: \$761.85 - \$181.65 = \$580.20</p>						
<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="background-color: #cccccc; padding: 2px;">Line #1</td> <td style="padding: 2px;">Allocation Factor (1.0 Maximum)</td> </tr> <tr> <td style="background-color: #cccccc; padding: 2px;">Line #2</td> <td style="padding: 2px;">Available State Allocation Funds (Line #1 x \$843.97)</td> </tr> <tr> <td style="background-color: #cccccc; padding: 2px;">Line #3</td> <td style="padding: 2px;">Amount available for cost of medical coverage (Line #2 – cost of mandatory benefits from the chart below)</td> </tr> </table>		Line #1	Allocation Factor (1.0 Maximum)	Line #2	Available State Allocation Funds (Line #1 x \$843.97)	Line #3	Amount available for cost of medical coverage (Line #2 – cost of mandatory benefits from the chart below)
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Line #2	Available State Allocation Funds (Line #1 x \$843.97)						
Line #3	Amount available for cost of medical coverage (Line #2 – cost of mandatory benefits from the chart below)						
Total Monthly Premiums for Each Plan							
Medical Plan Option	Kaiser HMO	Kaiser PPO - \$350	Kaiser PPO - \$750	Kaiser PPO - \$2,500	Kaiser QHDHP		
Employee	767.03	777.28	700.57	671.70	679.44		
Employee + Spouse	1,426.18	1,445.23	1,302.61	1,248.93	1,263.32		
Employee + Child	1,048.27	1,062.28	957.45	917.99	928.57		
Employee + Children	1,099.38	1,114.07	1,004.13	962.75	973.84		
Employee + Spouse & Child	1,707.42	1,730.24	1,559.49	1,495.22	1,512.45		
Employee + Spouse & Children	1,758.53	1,782.02	1,606.16	1,539.98	1,557.73		
Please Note that pooling is NOT included in these calculations.							