

2020 PEBB Plan Premiums Cost for Part -Time Employees

#HRS/Cycle	34	35	36	37.6	40	45	46	48	49	50	54	56
#HRS/Week	17	17.5	18	18.8	20	22.5	23	24	24.5	25	27	28
Percentage	43.33%	41.67%	40%	37.33%	33.33%	25%	23.33%	20%	18.33%	16.67%	10%	6.67%
Kaiser Classic												
EE Only	\$421.68	\$407.28	\$392.78	\$369.61	\$334.90	\$262.62	\$248.12	\$219.23	\$204.74	\$190.33	\$132.45	\$103.55
EE + Spouse*	\$772.10	\$745.73	\$719.19	\$676.77	\$613.21	\$480.86	\$454.32	\$401.41	\$374.87	\$348.50	\$242.52	\$189.61
EE + Child(ren)	\$684.50	\$661.12	\$637.59	\$599.98	\$543.64	\$426.30	\$402.77	\$355.86	\$332.34	\$308.96	\$215.00	\$168.09
EE + Family	\$1,034.92	\$999.56	\$964.00	\$907.13	\$821.94	\$644.53	\$608.96	\$538.04	\$502.48	\$467.12	\$325.07	\$254.15
Kaiser Value												
EE Only	\$386.39	\$373.19	\$359.91	\$338.68	\$306.88	\$240.64	\$227.36	\$200.88	\$187.60	\$174.40	\$121.37	\$94.89
EE + Spouse*	\$701.53	\$677.56	\$653.45	\$614.91	\$557.16	\$436.90	\$412.79	\$364.72	\$340.61	\$316.64	\$220.35	\$172.28
EE + Child(ren)	\$622.75	\$601.47	\$580.07	\$545.85	\$494.59	\$387.84	\$366.44	\$323.76	\$302.36	\$281.08	\$195.61	\$152.93
EE + Family	\$937.88	\$905.84	\$873.61	\$822.08	\$744.87	\$584.10	\$551.87	\$487.60	\$455.36	\$423.32	\$294.59	\$230.32
Kaiser SoundChoice												
EE Only	\$359.98	\$347.68	\$335.31	\$315.53	\$285.90	\$224.19	\$211.82	\$187.15	\$174.78	\$162.48	\$113.07	\$88.40
EE + Spouse*	\$648.70	\$626.54	\$604.24	\$568.60	\$515.20	\$404.00	\$381.71	\$337.25	\$314.96	\$292.80	\$203.76	\$159.30
EE + Child(ren)	\$576.52	\$556.83	\$537.01	\$505.34	\$457.88	\$359.05	\$339.24	\$299.73	\$279.92	\$260.22	\$181.09	\$141.58
EE + Family	\$865.24	\$835.68	\$805.95	\$758.41	\$687.18	\$538.86	\$509.13	\$449.83	\$420.10	\$390.54	\$271.77	\$212.48
Kaiser CDHP (with HSA)												
EE Only	\$356.13	\$343.97	\$331.73	\$312.16	\$282.84	\$221.79	\$209.56	\$185.15	\$172.91	\$160.75	\$111.86	\$87.46
EE + Spouse*	\$638.63	\$616.81	\$594.86	\$559.77	\$507.20	\$397.73	\$375.78	\$332.02	\$310.07	\$288.25	\$200.59	\$156.83
EE + Child(ren)	\$574.74	\$555.10	\$535.35	\$503.77	\$456.46	\$357.94	\$338.19	\$298.80	\$279.05	\$259.41	\$180.53	\$141.14
EE + Family	\$830.31	\$801.94	\$773.41	\$727.78	\$659.44	\$517.10	\$488.57	\$431.67	\$403.13	\$374.77	\$260.80	\$203.90
UMP Classic												
EE Only	\$388.24	\$374.98	\$361.64	\$340.31	\$308.35	\$241.79	\$228.45	\$201.84	\$188.50	\$175.24	\$121.95	\$95.34
EE + Spouse*	\$705.23	\$681.13	\$656.90	\$618.15	\$560.10	\$439.21	\$414.97	\$366.64	\$342.40	\$318.31	\$221.51	\$173.18
EE + Child(ren)	\$625.98	\$604.60	\$583.08	\$548.69	\$497.16	\$389.85	\$368.34	\$325.44	\$303.93	\$282.55	\$196.62	\$153.72
EE + Family	\$942.97	\$910.76	\$878.35	\$826.54	\$748.91	\$587.27	\$554.86	\$490.24	\$457.83	\$425.62	\$296.19	\$231.57
UMP PSHVN												
EE Only	\$372.20	\$359.49	\$346.70	\$326.25	\$295.61	\$231.80	\$219.01	\$193.50	\$180.71	\$168.00	\$116.91	\$91.40
EE + Spouse*	\$673.15	\$650.15	\$627.02	\$590.03	\$534.62	\$419.23	\$396.09	\$349.96	\$326.83	\$303.83	\$211.44	\$165.31
EE + Child(ren)	\$597.91	\$577.49	\$556.94	\$524.09	\$474.87	\$372.37	\$351.82	\$310.85	\$290.30	\$269.88	\$187.81	\$146.83
EE + Family	\$898.86	\$868.15	\$837.26	\$787.87	\$713.88	\$559.80	\$528.91	\$467.31	\$436.42	\$405.71	\$282.33	\$220.74

UMP UW												
EE Only	\$372.20	\$359.49	\$346.70	\$326.25	\$295.61	\$231.80	\$219.01	\$193.50	\$180.71	\$168.00	\$116.91	\$91.40
EE + Spouse*	\$673.15	\$650.15	\$627.02	\$590.03	\$534.62	\$419.23	\$396.09	\$349.96	\$326.83	\$303.83	\$211.44	\$165.31
EE + Child(ren)	\$597.91	\$577.49	\$556.94	\$524.09	\$474.87	\$372.37	\$351.82	\$310.85	\$290.30	\$269.88	\$187.81	\$146.83
EE + Family	\$898.86	\$868.15	\$837.26	\$787.87	\$713.88	\$559.80	\$528.91	\$467.31	\$436.42	\$405.71	\$282.33	\$220.74
UMP CDHP (with HSA)												
EE Only	\$355.30	\$343.16	\$330.95	\$311.43	\$282.18	\$221.27	\$209.06	\$184.72	\$172.51	\$160.37	\$111.60	\$87.25
EE + Spouse*	\$636.95	\$615.20	\$593.31	\$558.31	\$505.88	\$396.69	\$374.80	\$331.15	\$309.26	\$287.50	\$200.07	\$156.42
EE + Child(ren)	\$573.27	\$553.69	\$533.99	\$502.49	\$455.30	\$357.03	\$337.32	\$298.04	\$278.34	\$258.75	\$180.07	\$140.78
EE + Family	\$828.01	\$799.72	\$771.27	\$725.77	\$657.61	\$515.67	\$487.22	\$430.47	\$402.02	\$373.73	\$260.08	\$203.34
Waive Medical – the cost share for dental, basic life, and basic LTD insurance as a part-time employee.												
	\$66.88	\$64.32	\$61.74	\$57.62	\$51.45	\$38.59	\$36.01	\$30.87	\$28.29	\$25.73	\$15.44	\$10.30

* Or state-registered domestic partner.

** PEBB requires PEBB eligible employees to enroll in dental, basic life and basic LTD coverage.

The County pays the \$154.36 charge per month for full time employees. The above is the cost share for part time employees.

Premium Calculation

1. Calculate Your Percentage

Benefit Base hours = 60 per cycle

60 (benefit base hours) – **XX** (regular scheduled work hours/pay cycle) = **YY**

YY/60 = Percentage used for calculating your cost share

Example: 60 – 40 = 20

20/60 = 33.33%

2. Calculate Your Cost Share

Employer Base (amount County pays for full-time employees) x **33.33%** (percentage) = **Base**

Base + Full Time employee cost = Pro-rata premium

Example: \$1,288.21 x 33.33% = \$429.36

\$429.36 + \$67.80 = \$497.16