

2012 Premium Rate Estimators
Health Plans & Programs (pp.1-3)
Optional Benefits (pp. 4-7)

Table 1. 2012 Employee Medical Plan Monthly Premium Rates

| | Employees | Employee & Spouse/Partner | Employee & Children | Employee & Family |
|---|-----------|---------------------------|---------------------|-------------------|
| PEBB Statewide PPO¹ | \$990.52 | \$1,327.15 | \$1,139.02 | \$1,356.87 |
| Providence Choice² | 870.22 | 1,166.06 | 1,000.76 | 1,192.18 |
| Kaiser HMO³ | 983.01 | 1,317.23 | 1,130.49 | 1,346.73 |
| Kaiser Deductible³ | 903.83 | 1,211.11 | 1,039.40 | 1,238.24 |
| PEBB Statewide Part-time PPO⁴ | 793.10 | 1,062.66 | 912.03 | 1,086.46 |
| Providence Choice Part-time⁵ | 693.57 | 929.36 | 797.61 | 950.17 |
| Kaiser HMO Part-time⁶ | 832.18 | 1,115.10 | 957.00 | 1,140.06 |
| Kaiser Deductible Part-Time⁶ | 785.96 | 1,053.18 | 903.87 | 1,076.76 |

¹ Available to PEBB eligible full-time and part-time employees. VSP routine vision services.

² Available to PEBB eligible full-time and part-time employees in plan service area. VSP routine vision services.

³ Available to PEBB eligible full-time and part-time employees in plan service area. Kaiser routine vision services.

⁴ Additional option available to eligible part-time employees. No vision benefit.

⁵ Additional option available to eligible part-time employees in plan service area. No vision benefit.

⁶ Additional option available to eligible part-time employees in plan service area. Vision exam only.

Table 2. 2012 Employee Dental Plan Monthly Premium Rates

| | Employees | Employee & Spouse/Partner | Employee & Children | Employee & Family |
|--|-----------|---------------------------|---------------------|-------------------|
| ODS Preferred¹ | \$75.08 | \$100.60 | \$86.33 | \$102.86 |
| ODS Traditional² | 81.27 | 108.91 | 93.47 | 111.35 |
| Kaiser Permanente³ | 75.61 | 101.31 | 86.96 | 103.58 |
| Willamette Dental Group⁴ | 75.08 | 100.61 | 86.34 | 102.86 |
| ODS Part-time⁵ | 58.48 | 78.36 | 67.26 | 80.13 |
| Kaiser Permanente Part-time⁶ | 56.35 | 75.50 | 64.80 | 77.21 |

¹ Available to PEBB eligible full-time and part-time employees.

² Available to PEBB eligible full-time and part-time employees.

³ Available to PEBB eligible full-time and part-time employees in plan service area.

⁴ Available to PEBB eligible full-time and part-time employees; in plan offices.

⁵ Additional option available to eligible part-time employees in plan service area.

⁶ Additional option available to eligible part-time employees; in plan facilities.

Table 3. 2012 Subsidy for Part-time Employees Who Enroll in a Part-time Plan
With Employer Subsidy Amount Based on 95% Employer Premium Share

| Coverage Tier | Employer Subsidy Amount |
|-----------------------|-------------------------|
| Employee Only | \$346.25 |
| Employee & Partner | 452.34 |
| Employee & Child(ren) | 395.94 |
| Employee & Family | 460.52 |

NOTE: Premium share percentages and amounts of subsidy (if any) are determined by the employer or by a collective bargaining agreement for 2011-2013 for represented employees

2012 PEBB Health Plans & Programs Cost Estimator for Full-time Employees

| Line | Monthly Premium Share Worksheet | Amount | |
|-------------|--|---------------|----|
| 1 | Enter your medical premium amount (which includes vision) from Table 1. | \$ | |
| 2 | Enter your dental premium amount from Table 2. | \$ | |
| 3 | This amount is the employer-paid premium for employee basic life insurance. | \$ 1.00 | |
| 4 | Add the amounts on Line 1 through Line 3. | | \$ |
| 5 | Multiply the amount on Line 4 by the employee premium share percentage as determined by your employer or bargaining agreement. | | \$ |
| 6 | If your agency gives you a premium subsidy based on your monthly pay, enter the subsidy amount. Otherwise, enter 0. | | |
| 7 | Subtract the amount on Line 6 from the amount on Line 5. This is an estimate of your premium share. | | \$ |
| | Monthly Program Deductions Worksheet | | |
| 8 | If you use tobacco, enter \$25. | \$ | |
| 9 | If you provide medical coverage for a spouse or domestic partner who uses tobacco, enter \$25. | \$ | |
| 10 | Add the amounts on Lines 8 and 9. This is your total tobacco deduction. | | \$ |
| 11 | If you provide medical coverage for a spouse or domestic partner who waives coverage in another employer's group health plan, enter \$50. | | \$ |
| 12 | If you provide coverage only for yourself (employee only), or yourself and your children (employee/children), and will not participate in the HEM program, enter \$20.* This is your monthly HEM deduction. | \$ | |
| 13 | If you provide coverage for a spouse or domestic partner and you, or your spouse or domestic partner, will not participate in the HEM program, enter \$35. If both you and your spouse or domestic partner participate in the HEM program, enter \$0.* This is your monthly HEM deduction. | \$ | |
| 14 | Enter your monthly HEM cost from line 12 or 13. | | \$ |
| 15 | Add the amounts on Lines 10, 11 and 14. This is your total program deduction. | | \$ |
| | Estimate of Total Monthly Cost | | |
| 16 | Enter your premium share from Line 7 of the Monthly Premium Share Worksheet. | | \$ |
| 17 | Enter your deductions from Line 15 of the Program Deductions Worksheet. | | \$ |
| 18 | Add the amounts on Lines 16 and 17. This is an estimate of your total monthly cost for health plans and programs. | | \$ |

*HEM participants are PEBB-eligible employees and their covered spouses or domestic partners. Children, including adult dependent children younger than 26, do not participate in the HEM program.

NOTE: Premium share percentages and amounts of subsidy (if any) are determined by the employer or by a collective bargaining agreement for 2011-2013 for represented employees

**2012 PEBB Health Plans & Programs Cost Estimator for Part-time Employees
Represented by a Collective Bargaining Agreement as of Sept. 14, 2011**

| Line | Monthly Premium Share Worksheet | Amount | |
|-------------|--|---------------|------|
| 1 | Enter your medical premium amount from Table 1. | \$ | |
| 2 | Enter your dental premium amount from Table 2. | \$ | |
| 3 | This amount is the employer-paid premium for employee basic life insurance. | \$ | 1.00 |
| 4 | Add the amounts on Line 1 through Line 3. | | \$ |
| 5 | Multiply the amount on Line 4 by 5%. | | \$ |
| 6 | Multiply the amount on Line 4 by 95%. This is the employer's monthly premium share for a represented full-time employee. | | \$ |
| 7 | Enter the % of time you typically work compared with full time (100%). | | % |
| 8 | Multiply the amount in Line 6 by the percentage in Line 7. This is the employer's pro-rated premium share for your part-time position. | | \$ |
| 9 | If you enroll in a full-time medical plan, enter zero. If you enroll in a part-time medical plan, enter the employer subsidy amount for your coverage tier from Table 3. | | \$ |
| 10 | Add the amounts on Lines 8 and 9. This is the employer's contribution for your part-time position. | | \$ |
| 11 | Subtract the amount in Line 10 from the amount in 6. If the result is negative, enter 0. | | \$ |
| 12 | Add the amounts on Lines 5 and 11. This is an estimate of your premium share. | | \$ |
| | Monthly Programs Deduction Worksheet | | |
| 13 | If you use tobacco, enter \$25. | \$ | |
| 14 | If you provide medical coverage for a spouse or domestic partner who uses tobacco, enter \$25. | \$ | |
| 15 | Add the amounts on Lines 13 and 14. This is your total tobacco deduction. | | \$ |
| 16 | If you provide medical coverage for a spouse or domestic partner who waives coverage in another employer's group health plan, enter \$50. | | \$ |
| 17 | If you provide coverage only for yourself (employee only), or yourself and your children (employee/children), and will not participate in the HEM program, enter \$20.* This is your monthly HEM deduction. | \$ | |
| 18 | If you provide coverage for a spouse or domestic partner and you, or your spouse or domestic partner, will not participate in the HEM program, enter \$35. If both you and your spouse or domestic partner participate in the HEM program, enter \$0.* This is your monthly HEM deduction. | \$ | |
| 19 | Enter your monthly HEM deduction from line 17 or 18. | | \$ |
| 20 | Add the amounts on Lines 15, 16 and 19. This is the total program deduction. | | \$ |
| | Estimate of Total Monthly Cost | | |
| 21 | Enter your premium share from Line 12 of the Monthly Premium Share Worksheet. | | \$ |
| 22 | Enter your deductions from line 20 of the Program Deductions Worksheet. | | \$ |
| 23 | Add the amounts on lines 21 and 22. This is an estimate of your total monthly cost for health plans and programs. | | \$ |

* HEM participants are PEBB-eligible employees and their covered spouses or domestic partners. Children, including adult dependent children younger than 26, do not participate in the HEM program.

**Employee Optional Life Insurance
Monthly Premium Rates**

| Age > | Thru 24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70& up |
|---------------------|----------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------------|
| Rate Per \$10,000 > | \$0.44 | \$0.52 | \$0.67 | \$0.74 | \$0.81 | \$1.26 | \$1.85 | \$3.48 | \$5.40 | \$10.36 | \$16.80 |
| AMOUNT | | | | | | | | | | | |
| \$20,000 | 0.89 | 1.04 | 1.33 | 1.48 | 1.63 | 2.52 | 3.7 | 6.96 | 10.8 | 20.72 | 33.6 |
| \$40,000 | 1.78 | 2.07 | 2.66 | 2.96 | 3.26 | 5.03 | 7.4 | 13.91 | 21.61 | 41.44 | 67.19 |
| \$60,000 | 2.66 | 3.11 | 4 | 4.44 | 4.88 | 7.55 | 11.1 | 20.87 | 32.41 | 62.16 | 100.79 |
| \$80,000 | 3.55 | 4.14 | 5.33 | 5.92 | 6.51 | 10.06 | 14.8 | 27.82 | 43.22 | 82.88 | 134.38 |
| \$100,000 | 4.44 | 5.18 | 6.66 | 7.4 | 8.14 | 12.58 | 18.5 | 34.78 | 54.02 | 103.6 | 167.98 |
| \$120,000 | 5.33 | 6.22 | 7.99 | 8.88 | 9.77 | 15.1 | 22.2 | 41.74 | 64.82 | 124.32 | 201.58 |
| \$140,000 | 6.22 | 7.25 | 9.32 | 10.36 | 11.4 | 17.61 | 25.9 | 48.69 | 75.63 | 145.04 | 235.17 |
| \$160,000 | 7.1 | 8.29 | 10.66 | 11.84 | 13.02 | 20.13 | 29.6 | 55.65 | 86.43 | 165.76 | 268.77 |
| \$180,000 | 7.99 | 9.32 | 11.99 | 13.32 | 14.65 | 22.64 | 33.3 | 62.6 | 97.24 | 186.48 | 302.36 |
| \$200,000 | 8.88 | 10.36 | 13.32 | 14.8 | 16.28 | 25.16 | 37 | 69.56 | 108.04 | 207.2 | 335.96 |
| \$220,000 | 9.77 | 11.4 | 14.65 | 16.28 | 17.91 | 27.68 | 40.7 | 76.52 | 118.84 | 227.92 | 369.56 |
| \$240,000 | 10.66 | 12.43 | 15.98 | 17.76 | 19.54 | 30.19 | 44.4 | 83.47 | 129.65 | 248.64 | 403.15 |
| \$260,000 | 11.54 | 13.47 | 17.32 | 19.24 | 21.16 | 32.71 | 48.1 | 90.43 | 140.45 | 269.36 | 436.75 |
| \$280,000 | 12.43 | 14.5 | 18.65 | 20.72 | 22.79 | 35.22 | 51.8 | 97.38 | 151.26 | 290.08 | 470.34 |
| \$300,000 | 13.32 | 15.54 | 19.98 | 22.2 | 24.42 | 37.74 | 55.5 | 104.34 | 162.06 | 310.8 | 503.94 |
| \$320,000 | 14.21 | 16.58 | 21.31 | 23.68 | 26.05 | 40.26 | 59.2 | 111.3 | 172.86 | 331.52 | 537.54 |
| \$340,000 | 15.1 | 17.61 | 22.64 | 25.16 | 27.68 | 42.77 | 62.9 | 118.25 | 183.67 | 352.24 | 571.13 |
| \$360,000 | 15.98 | 18.65 | 23.98 | 26.64 | 29.3 | 45.29 | 66.6 | 125.21 | 194.47 | 372.96 | 604.73 |
| \$380,000 | 16.87 | 19.68 | 25.31 | 28.12 | 30.93 | 47.8 | 70.3 | 132.16 | 205.28 | 393.68 | 638.32 |
| \$400,000 | 17.76 | 20.72 | 26.64 | 29.6 | 32.56 | 50.32 | 74 | 139.12 | 216.08 | 414.4 | 671.92 |
| \$420,000 | 18.65 | 21.76 | 27.97 | 31.08 | 34.19 | 52.84 | 77.7 | 146.08 | 226.88 | 435.12 | 705.52 |
| \$440,000 | 19.54 | 22.79 | 29.3 | 32.56 | 35.82 | 55.35 | 81.4 | 153.03 | 237.69 | 455.84 | 739.11 |
| \$460,000 | 20.42 | 23.83 | 30.64 | 34.04 | 37.44 | 57.87 | 85.1 | 159.99 | 248.49 | 476.56 | 772.71 |
| \$480,000 | 21.31 | 24.86 | 31.97 | 35.52 | 39.07 | 60.38 | 88.8 | 166.94 | 259.3 | 497.28 | 806.3 |
| \$500,000 | 22.2 | 25.9 | 33.3 | 37 | 40.7 | 62.9 | 92.5 | 173.9 | 270.1 | 518 | 839.9 |
| \$520,000 | 23.09 | 26.94 | 34.63 | 38.48 | 42.33 | 65.42 | 96.2 | 180.86 | 280.9 | 538.72 | 873.5 |
| \$540,000 | 23.98 | 27.97 | 35.96 | 39.96 | 43.96 | 67.93 | 99.9 | 187.81 | 291.71 | 559.44 | 907.09 |
| \$560,000 | 24.86 | 29.01 | 37.3 | 41.44 | 45.58 | 70.45 | 103.6 | 194.77 | 302.51 | 580.16 | 940.69 |
| \$580,000 | 25.75 | 30.04 | 38.63 | 42.92 | 47.21 | 72.96 | 107.3 | 201.72 | 313.32 | 600.88 | 974.28 |
| \$600,000 | 26.64 | 31.08 | 39.96 | 44.4 | 48.84 | 75.48 | 111 | 208.68 | 324.12 | 621.6 | 1007.88 |

**Spouse or Domestic Partner Optional Life Insurance
Monthly Premium Rates**

| Age > | Thru 24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70& up |
|---------------------|---------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|
| Rate Per \$10,000 > | \$0.44 | \$0.52 | \$0.67 | \$0.74 | \$0.81 | \$1.26 | \$1.85 | \$3.48 | \$5.40 | \$10.36 | \$16.80 |
| AMOUNT | | | | | | | | | | | |
| \$20,000 | 0.88 | 1.04 | 1.34 | 1.48 | 1.62 | 2.52 | 3.7 | 6.96 | 10.8 | 20.72 | 33.6 |
| \$40,000 | 1.76 | 2.08 | 2.68 | 2.96 | 3.24 | 5.04 | 7.4 | 13.92 | 21.6 | 41.44 | 67.19 |
| \$60,000 | 2.64 | 3.12 | 4.02 | 4.44 | 4.86 | 7.56 | 11.1 | 20.88 | 32.4 | 62.16 | 100.79 |
| \$80,000 | 3.52 | 4.16 | 5.36 | 5.92 | 6.48 | 10.08 | 14.8 | 27.84 | 43.2 | 82.88 | 134.38 |
| \$100,000 | 4.4 | 5.2 | 6.7 | 7.4 | 8.1 | 12.6 | 18.5 | 34.8 | 54 | 103.6 | 167.98 |
| \$120,000 | 5.28 | 6.24 | 8.04 | 8.88 | 9.72 | 15.12 | 22.2 | 41.76 | 64.8 | 124.32 | 201.58 |
| \$140,000 | 6.16 | 7.28 | 9.38 | 10.36 | 11.34 | 17.64 | 25.9 | 48.72 | 75.6 | 145.04 | 235.17 |
| \$160,000 | 7.04 | 8.32 | 10.72 | 11.84 | 12.96 | 20.16 | 29.6 | 55.68 | 86.4 | 165.76 | 268.77 |
| \$180,000 | 7.92 | 9.36 | 12.06 | 13.32 | 14.58 | 22.68 | 33.3 | 62.64 | 97.2 | 186.48 | 302.36 |
| \$200,000 | 8.8 | 10.4 | 13.4 | 14.8 | 16.2 | 25.2 | 37 | 69.6 | 108 | 207.2 | 335.96 |
| \$220,000 | 9.68 | 11.44 | 14.74 | 16.28 | 17.82 | 27.72 | 40.7 | 76.56 | 118.8 | 227.92 | 369.56 |
| \$240,000 | 10.56 | 12.48 | 16.08 | 17.76 | 19.44 | 30.24 | 44.4 | 83.52 | 129.6 | 248.64 | 403.15 |
| \$260,000 | 11.44 | 13.52 | 17.42 | 19.24 | 21.06 | 32.76 | 48.1 | 90.48 | 140.4 | 269.36 | 436.75 |
| \$280,000 | 12.32 | 14.56 | 18.76 | 20.72 | 22.68 | 35.28 | 51.8 | 97.44 | 151.2 | 290.08 | 470.34 |
| \$300,000 | 13.2 | 15.6 | 20.1 | 22.2 | 24.3 | 37.8 | 55.5 | 104.4 | 162 | 310.8 | 503.94 |
| \$320,000 | 14.08 | 16.64 | 21.44 | 23.68 | 25.92 | 40.32 | 59.2 | 111.36 | 172.8 | 331.52 | 537.54 |
| \$340,000 | 14.96 | 17.68 | 22.78 | 25.16 | 27.54 | 42.84 | 62.9 | 118.32 | 183.6 | 352.24 | 571.13 |
| \$360,000 | 15.84 | 18.72 | 24.12 | 26.64 | 29.16 | 45.36 | 66.6 | 125.28 | 194.4 | 372.96 | 604.73 |
| \$380,000 | 16.72 | 19.76 | 25.46 | 28.12 | 30.78 | 47.88 | 70.3 | 132.24 | 205.2 | 393.68 | 638.32 |
| \$400,000 | 17.6 | 20.8 | 26.8 | 29.6 | 32.4 | 50.4 | 74 | 139.2 | 216 | 414.4 | 671.92 |

Short-term Disability Premium Rates

The premium rate is 0.0054 times your gross monthly salary.

Example:

- Your gross monthly salary is \$3,234.
- \$3,234 times 0.0054 equals \$17.46, the premium that is deducted from your salary.

Long-term Disability Premium Rates

This insurance may replace a portion of your monthly income should you become disabled. You must self pay for this coverage; the state does not provide a benefit amount for this benefit.

| Long-term Disability Summary Premium = Rate X month salary | | | | |
|---|----------|----------------|---|--|
| Option | Rate | Waiting Period | Coverage | Coverage Maximum/Minimum |
| 1 | \$0.0046 | 90 days | 60% of first \$12,000 minus deductible income | \$7,200 before reduction by deductible income/\$50 |
| 2 | \$0.0018 | 180 days | | |
| 3 | \$0.0099 | 90 days | 66 2/3% of first \$12,000 minus deductible income | \$8,000 before reduction by deductible income/\$50 |
| 4 | \$0.0025 | 180 days | | |

AD&D Premium Rates

| Accidental Death and Dismemberment Premium Rates | | |
|---|-----------------|----------------------------------|
| Amount | Employee | Employee & Dependents |
| \$50,000 | \$1.00 | \$1.70 |
| \$100,000 | \$2.00 | \$3.40 |
| \$150,000 | \$3.00 | \$5.10 |
| \$200,000 | \$4.00 | \$6.80 |
| \$250,000 | \$5.00 | \$8.50 |
| \$300,000 | \$6.00 | \$10.20 |
| \$350,000 | \$7.00 | \$11.90 |
| \$400,000 | \$8.00 | \$13.60 |
| \$450,000 | \$9.00 | \$15.30 |
| \$500,000 | \$10.00 | \$17.00 |