

Medical, Dental, and Vision Deductions for Part-Time Employees 9/1/2009 - 8/31/2010

	Part-Time Employee Bi-Weekly Deduction* Your Full-Time Equivalency (FTE)				
	.900	.800	.700	.600	.500
Medical Insurance					
CareFirst BlueCross BlueShield TripleChoice MPOS					
Individual	\$62.25	\$91.74	\$121.23	\$150.72	\$180.20
Parent/Child	\$123.33	\$181.76	\$240.18	\$298.61	\$357.03
Two Adults**	\$148.55	\$218.92	\$289.29	\$359.66	\$430.03
Family	\$167.49	\$246.83	\$326.17	\$405.51	\$484.85
Kaiser Permanente HMO					
Individual	\$53.47	\$78.81	\$104.14	\$129.48	\$154.81
Parent/Child(ren)	\$101.61	\$149.75	\$197.88	\$246.02	\$294.15
Two Adults**	\$125.67	\$185.21	\$244.74	\$304.28	\$363.81
Family	\$160.44	\$236.44	\$312.44	\$388.44	\$464.44
Keystone Health Plan Central HMO (Pennsylvania residents only)					
Individual	\$57.67	\$84.99	\$112.31	\$139.63	\$166.95
Parent/Child	\$112.46	\$165.74	\$219.01	\$272.29	\$325.56
Two Adults**	\$126.89	\$186.99	\$247.10	\$307.21	\$367.32
Family	\$181.68	\$267.74	\$353.79	\$439.85	\$525.91
Dental Insurance					
CareFirst Regional Dental PPO					
Individual	\$6.03	\$6.97	\$7.92	\$8.86	\$9.81
Parent/Child or Two Adults**	\$13.06	\$15.10	\$17.15	\$19.20	\$21.24
Family	\$19.80	\$22.91	\$26.01	\$29.11	\$32.22
CareFirst Regional Dental Traditional					
Individual	\$7.96	\$8.90	\$9.85	\$10.79	\$11.74
Parent/Child or Two Adults**	\$16.12	\$18.16	\$20.21	\$22.25	\$24.30
Family	\$30.06	\$33.17	\$36.27	\$39.37	\$42.48
CIGNA Dental DHMO					
Individual	\$10.33	\$11.28	\$12.22	\$13.17	\$14.11
Parent/Child(ren) or Two Adults**	\$17.69	\$19.74	\$21.78	\$23.83	\$25.87
Family	\$26.37	\$29.47	\$32.57	\$35.67	\$38.76
Vision Insurance					
Vision Service Plan					
Individual (Free if FTE is .5 or greater)	\$ -	\$ -	\$ -	\$ -	\$ -
Family (includes Parent/Child and Two Adults**)	\$5.35	\$5.35	\$5.35	\$5.35	\$5.35

Cost of Coverage for Part-Time Employees

The cost of medical and dental coverage varies according to your full-time equivalency (FTE). All employees are assigned an FTE based on the hours worked as a percentage of the number of hours a full-time employee in that same position would work. For example, an employee who works 20 hours during a week in a position which defines full-time employment as working 40 hours each week would have an FTE of .5.

* For the purpose of computing your benefits cost, if your FTE is not already an even tenth, your FTE will be rounded up to the next highest tenth. For example, an FTE of .625 results in a "benefits FTE" of .700. Any employee whose FTE is less than .5 should contact the Office of Employee Benefits and Retirement for information regarding eligibility and cost for benefits. Benefit deductions are taken from 20 pay periods between September and June.

** Domestic Partner benefits may be subject to imputed income.