

# NONHAZARDOUS Percentage Contribution Premium Calculation Worksheet

## Use this Health Insurance form if:

- You are Nonhazardous.
- You are a retiree or a beneficiary\* receiving benefits.
- Your participation date with KPPA was **PRIOR** to July 1, 2003.

### 1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2022.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref**
LivingWell CDHP	\$750.30	\$1,036.40	\$1,453.30	\$1,623.94	\$866.72
LivingWell PPO	\$772.16	\$1,101.08	\$1,691.64	\$1,883.60	\$929.70
LivingWell Limited High Deductible Plan	\$642.02	\$914.78	\$1,407.32	\$1,566.78	\$772.32
LivingWell Basic CDHP	\$721.54	\$994.72	\$1,537.72	\$1,713.58	\$846.38

\*\* Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KPPA. You must contact your spouse's insurance coordinator for information for spouse's portion of the premium.

**NOTICE:** Nonhazardous Retirees who elect the LivingWell CDHP, LivingWell PPO or LivingWell Basic CDHP with a coverage level of Parent Plus, Couple, Family or Family Cross Reference: The Maximum Contribution allowed for the LivingWell CDHP is \$750.30, the Maximum Contribution allowed for the LivingWell PPO is \$772.16 and the Maximum Contribution allowed for the LivingWell Basic CDHP is \$721.54. Retirees and beneficiaries may also contact the retirement office for assistance in determining insurance costs.

### 2. Service Credit

Subtract the following, based upon your months of service.

Applicant's months of Service			
240+ months or more	Contribution based on Plan selected	LivingWell CDHP	\$750.30
		LivingWell PPO	\$772.16
		LivingWell Limited High Deductible Plan	\$642.02
		LivingWell Basic CDHP	\$721.54
180 - 239 months			\$579.12
120 - 179 months			\$386.08
48 - 119 months			\$193.04
0 - 47 months			\$0.00

Box 1

Box 2

Your Subtotal  
Box 1 subtract  
Box 2

### 3. Tobacco Status

Select one, based upon tobacco usage in the past six months. If you are a tobacco user, you will be required to pay the amount in box 3.

Non-tobacco user	+\$0.00
Retiree or beneficiary uses tobacco selecting Single coverage	+\$40.00
Retiree or beneficiary uses tobacco selecting Family, Parent Plus, or Couple coverage	+\$80.00

### 4. LivingWell Promise

Select one. If you did not fulfill the LivingWell Promise for Plan Year 2020, you will be required to pay the amount in Box 4 in 2021.

Promise Completed	+\$0.00
Applicant failed to complete Promise	+\$40.00

\* KPPA does not pay a contribution for coverage on behalf of a beneficiary receiving a monthly retirement benefit. Beneficiaries obtaining coverage should enter "\$0.00" in Box 2. Exception: If you are a spouse beneficiary or a dependent child receiving a monthly benefit under the Fred Capps Memorial Act, contact KPPA.

Box 3

Box 4

**TOTAL**  
**Monthly Premium**  
Box 1 subtract Box 2  
+ Box 3 + Box 4

# DOLLAR CONTRIBUTION PREMIUM CALCULATION WORKSHEET

The dollar contribution amounts below will increase by 1.5% on July 1<sup>st</sup>. Visit our website for contribution examples.

## Use this Health Insurance form if:

- You are either Hazardous or Nonhazardous
- You are a retiree or beneficiary\* receiving benefits.
- You are Tier 1 with a participation date with KPPA **BETWEEN** July 1, 2003 and August 31, 2008. You must have a minimum of 120 months of service to be eligible for insurance benefits.
- You are Tier 2 with a participation date with KPPA on or **AFTER** September 1, 2008. You must have a minimum of 180 months of service to be eligible for insurance benefits.
- If you have hazardous and nonhazardous service, you will receive contribution based on full years of service for each. If you have partial years of service, please contact KPPA for assistance.

## 1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2022.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref**
LivingWell CDHP	\$750.30	\$1,036.40	\$1,453.30	\$1,623.94	\$866.72
LivingWell PPO	\$772.16	\$1,101.08	\$1,691.64	\$1,883.60	\$929.70
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\*\* Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KPPA. You must contact your spouse's insurance coordinator for information for spouse's portion of the premium.



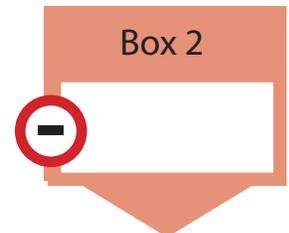
## 2. Nonhazardous Service Credit

Subtract the following, based on the calculation of Years of Nonhazardous Service multiplied by the Health Insurance Dollar Contribution Amount.

Dollar Contribution Amount	X	FULL Years of Nonhazardous Service	=	BOX 2 TOTAL
\$13.99	X		=	

Calculate the KPPA Service Credit Dollar Amount by multiplying the Years of Nonhazardous Service by the Health Insurance Dollar Contribution Amount.

\* KPPA does not pay a contribution for coverage on behalf of a beneficiary receiving a monthly retirement benefit. Beneficiaries obtaining coverage should enter "\$0.00" in Box 2. Exception: If you are a spouse beneficiary or a dependent child receiving a monthly benefit under the Fred Capps Memorial Act, contact KPPA.

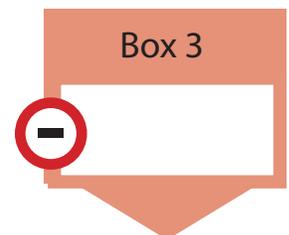


## 3. Hazardous Service Credit

Subtract the following, based on the calculation of Years of Hazardous Service multiplied by the Health Insurance Dollar Contribution Amount.

Dollar Contribution Amount	X	FULL Years of Hazardous Service	=	BOX 3 TOTAL
\$20.99	X		=	

Calculate the KPPA Service Credit Dollar Amount by multiplying the Years of Service by the Health Insurance Dollar Contribution Amount, using the appropriate Hazardous and Nonhazardous service credit.



Your Subtotal\*\*

Box 1 subtract Box 2 and/or subtract Box 3\*\*

# NOTICE

\*\*Please refer to items 3 and 4 on page 6 for details about Tobacco Status and LivingWell Promise costs. If these apply, you must add the additional amounts to your subtotal to determine your total monthly premium.