

# HAZARDOUS Percentage Contribution Premium Calculation Worksheet

## Use this Health Insurance form if:

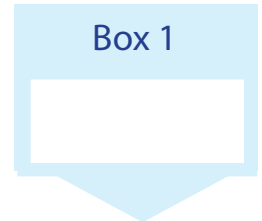
- You are Hazardous.
- Combined service of Hazardous and Nonhazardous.
- You are a retiree or a beneficiary receiving benefits.
- Your participation date with KPPA was **PRIOR** to July 1, 2003.

### 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

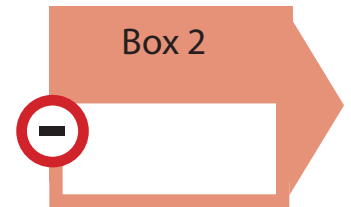
\* Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KPPA. If Cross-Reference option is selected and the retiree has a surplus of contribution to cover the retiree's portion of the premium, it will be applied to the spouses portion of the premium.



### 2. Service Credit

Subtract the following, based upon your months of service.

Applicant's months of Service	Contribution
240+ months	\$772.16
180 - 239 months	\$579.12
120 - 179 months	\$386.08
48 - 119 months	\$193.04
0 - 47 months	\$0.00



**PLEASE READ THE  
HAZ NOTICE  
BEFORE CONTINUING  
TO BOX 3**



## HAZARDOUS DUTY RETIREES WITH HEALTH INSURANCE DEPENDENTS

Please visit our website at [KYRET.KY.GOV](http://KYRET.KY.GOV) for more information.

**You MUST SUBMIT a FORM 6256 EVERY YEAR.**

**You MUST provide eligibility documentation for your dependent(s) if it is not already on file with KPPA.**

**CHILD:** If your dependent child is between the ages of 18 and 22, You MUST complete Form 6256. A Birth certificate or other supporting documentation will be required if not on file with KPPA.

**SPOUSE:** You MUST complete Form 6256. A marriage certificate or other supporting documentation will be required if not on file with KPPA.

**Note:** If you fail to notify KPPA of changes in your dependent's eligibility (child AND spouse), you will **BE REQUIRED TO REPAY** any insurance benefits paid on behalf of the ineligible person.

**Note:** You may continue to cover Dependents of Hazardous Duty between the ages of 22-26 as they are eligible for coverage but not eligible for the Premium Contribution. Retiree will be responsible for the additional cost for coverage.

### 3. Spouse & Dependent Coverage

Select one. If you retired **August 1, 1998** or after, your additional contribution toward Parent Plus, Couple or Family coverage is based upon hazardous duty service credit only. Apply your service credit to the table below to determine your additional contribution if selecting Parent Plus, Couple or Family coverage. Please enter this value in Box 3.

If you retired **prior to August 1, 1998**, your additional contribution toward Parent Plus, Couple or Family coverage is based upon total service credit. Apply your total service credit to the table below to determine your additional contribution if selecting Parent Plus, Couple or Family coverage. Please enter this value in Box 3.

Hazardous Service Only <sup>1</sup>	Parent Plus	Couple	Family	Family X-Ref
240+ months	\$328.92	\$919.48	\$1,111.44	\$1,087.24
180 - 239 months	\$246.69	\$689.61	\$833.58	\$815.43
120 - 179 months	\$164.46	\$459.74	\$555.72	\$543.62
48 - 119 months	\$82.23	\$229.87	\$277.86	\$271.81
0 - 47 months	\$0.00	\$0.00	\$0.00	\$0.00

<sup>1</sup> If you retired prior to August 1, 1998, your additional contribution toward Parent Plus, Couple or Family coverage is based upon total service credit.

Box 3

-

**Your Subtotal**  
**Box 1 subtract Box 2 & 3**

### 4. 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 4.

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

Box 4

+

### 5. LivingWell Promise

Select one. If you did not fulfill the LivingWell Promise for Plan Year 2021, you will be required to pay amount in Box 5 in 2022.

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

Box 5

+

**Total Monthly Premium**  
**Subtotal (Box 1 - Box 2 - Box 3) + Box 4 + Box 5 = Total**