

Choices Benefits Spending Worksheet

Monthly Out-of-Pocket Benefit Premium Costs

MANDATORY BENEFITS (must choose) (unless you waive all benefits) (Pre-Tax)

MEDICAL PLAN	Medical Plan	(a)
DENTAL PLAN	Basic or Select Plan	(b)
BASIC LIFE/AD&D	Basic Life/AD&D Option 1	\$15,000 (c)
	Basic Life/AD&D Option 2	\$30,000 (c)
	Basic Life/AD&D Option 3	\$48,000 (c)
LONG TERM DISABILITY (Option 2- No new enrollments are allowed)	Option 1	(d)
	Option 2	(d)
	Option 3	(d)
TOTAL MANDATORY BENEFITS MONTHLY PREMIUM (Pre-Tax)	Add lines a,b,c and d	(e)

OPTIONAL BENEFITS (optional) (Pre-Tax)

VISION HARDWARE PLAN _____ (f)

PRE-TAX MONTHLY PREMIUM TOTALS

MANDATORY BENEFITS	Enter amount from line (e)	(g)
OPTIONAL BENEFITS	Enter amount from line (f)	(h)
TOTAL BENEFITS (Pre-Tax)	Add lines (g) and (h)	(i)
(Employer Contribution for July 1 through June 30)		\$1,054 (j)

**Employer Contribution applies to Medical, Dental, Basic Life/AD&D, LTD and optional Vision Hardware only

TOTAL BENEFITS MONTHLY PREMIUM (Pre-Tax) Subtract line (j) from line (i) (k)

If line (k) is a negative amount, the left-over amount is the remaining Employer Contribution amount.

If line (k) is a positive amount, the amount is your Out-of-Pocket expense.

FLEXIBLE SPENDING ACCOUNTS (FSA) (optional) (Pre-Tax)

HEALTH CARE FSA		(l)
Minimum \$120/year Maximum \$3,050/year		
DEPENDENT CARE (DAY CARE) FSA		(m)
Minimum \$120/year Maximum \$5,000/year		
TOTAL FSA MONTHLY PREMIUM (Pre-Tax)	Add lines (l) and (m)	(n)

Employees have the option to elect a FSA using Pre-Tax salary contributions.

OPTIONAL SUPPLEMENTAL BENEFITS (optional) (Post-Tax)

SUPPLEMENTAL LIFE (EMPLOYEE)		(o)
SUPPLEMENTAL LIFE (SPOUSE)		(p)
SUPPLEMENTAL LIFE (CHILD(REN))		(q)
SUPPLEMENTAL AD&D (EMPLOYEE)		(r)
SUPPLEMENTAL AD&D (SPOUSE)		(s)
SUPPLEMENTAL AD&D (CHILD(REN))		(t)
TOTAL OPTIONAL BENEFITS MONTHLY PREMIUM (Post-Tax)	Add lines (o) through (t)	(u)
TOTAL MONTHLY OUT-OF-POCKET COST (Pre-Tax and Post-Tax)	Add lines (k), (n) and (u)	(v)