

Benefits 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 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 (voluntary) (Pre-Tax)

VISION HARDWARE PLAN	(f)
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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

TOTAL BENEFITS MONTHLY PREMIUM (Pre-Tax)	Subtract line (i) from line (j)	(k)
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If line (k) is a negative amount, this is the left-over employer contribution amount. If line (k) is positive, this amount is your out-of-pocket expense. **THIS IS PRE-TAX ONLY**

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

MEDICAL (HEALTH)	(l)	
Minimum \$120/year Maximum \$2,850/year		
DEPENDENT CARE (DAY CARE)	(m)	
Minimum \$120/year Maximum \$5,000/year		
TOTAL FSA MONTHLY PREMIUM (Pre-Tax)	Add lines (l) and (m)	(n)

Flexible Spending Account (FSA): Employees have the option to elect a FSA using Pre-Tax employee salary contributions. Employer funds (employer contribution) are not permitted.

OPTIONAL SUPPLEMENTAL BENEFITS (voluntary) (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)
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