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 Dental Plan	(b)
BASIC LIFE/AD&D	Basic Life/AD&D Option 1 $25,000	(c)
	Basic Life/AD&D Option 2 $50,000	(c)
LONG TERM DISABILITY	LTD Option 1	(d)
	LTD Option 2	(d)
	LTD 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)**		$1,080 (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 (i) from line (j)**	**(k)**

If line (k) is a negative amount, the left-over amount is the excess 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 **or** LIMITED PURPOSE FSA		(l)
Minimum $120/year, Maximum $3,300/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)**