

# HEALTH BENEFITS SELECTION WORKSHEET 2016 – 2017

Use this sheet to complete your benefits selections. Then, go to [www.myenroll.com](http://www.myenroll.com) and enter the information.

<b>Monthly Flex Credits</b>					Flex Credits	COST	
(\$836.00) (\$100.00)	Monthly Flex Benefits Credit if you elect medical Monthly Flex Benefits Credit if you waive medical	(Select one) Elect medical      Waive medical					
<b>Medical Plans – required unless you have other current medical coverage</b>							
<b>Benefit Selection</b>	<b>Employee only</b>	<b>Employee and Spouse</b>	<b>Employee and Child(ren)</b>	<b>Employee and Family</b>			
Kaiser EPO	768.00	1013.00	914.00	1142.00			
UHC PPO 500	768.00	1038.00	936.00	1185.00			
UHC PPO 250	828.00	1049.00	961.00	1222.00			
Before tax – enter cost here					➔		
<b>Dental / Vision – required</b>							
Reta Delta Dental	91.00	123.00	107.00	140.00			
Willamette Dental	65.00	89.00	78.00	101.00			
Kaiser Permanente Dental	82.00	121.00	105.00	137.00			
Vision - RETA VSP	(included)	(included)	(included)	(included)			
Before tax – enter cost here					➔		
<b>Additional Life / AD&amp;D – Optional</b>							
To enroll family members, you must select coverage for yourself. See rate sheet for premiums and the schedule of age-based premium increases.							
<b>Employee coverage amount</b> \$ _____	<b>Year of Birth</b> _____				After tax – enter cost here	➔	
(Cannot exceed lesser of \$500,000 or 5 x annual wages. Do not include your basic life AD&D amount here.)							
<b>Spouse coverage amount</b> \$ _____	<b>Year of Birth</b> _____				After tax – enter cost here	➔	
(Cannot exceed 100% of employee coverage)							
<b>Child(ren) coverage amount</b>	\$1.80 (\$6,000.00)	\$2.40 (\$8,000.00)	\$3.00 (\$10,000.00)			After tax – enter cost here	
(Cannot exceed 100% of employee coverage)							
<b>Short Term Disability - Optional</b>							
44-day STD is automatic at initial enrollment if you don't opt out	\$0.00 OPT OUT	\$7.98 STD 14-day	\$5.64 STD 30-day	\$3.28 STD 44-day			
					After tax – enter cost here	➔	
<b>Buy-Up Long Term Disability – Optional</b>							
LTD - 60% of wages      \$6.62		LTD - 66 2/3% of wages      \$9.75				After tax – enter cost here	
➔							
<b>Healthcare Flexible Spending Account “FSA” – Optional</b>							
If you elect this coverage, a pro rata portion of your annual election will be deducted from each of the remaining pay periods in the plan year.							
<b>Monthly election amount</b> \$ _____						Before tax – enter cost here	➔
(Maximum election is \$2,550.00 per year, or \$212.50 per month.)							
<b>Total of Credits and Costs</b>							
Sum of Coverage Costs (add amounts in Cost column from above and enter here)					➔		
Flex Credit Amount (from the top)					➔		
<b>Total Cost to Employee</b> (Sum of Coverage Costs minus Flex Credit Amount)					➔		