



HEALTH BENEFITS COST PER EMPLOYEE 2017-2018

Use this sheet to complete your benefits selections. Go to www.myenroll.com and input all information.
Basic monthly benefits. Rates are net.

Basic Monthly Benefit Rate for Employees per month

Medical Plans – required unless you have other current medical coverage

	Employee Only	Employee + spouse	Employee + children	Employee + family
Kaiser DEPO 500-1-st-CO <i>NEW</i>	No cost	\$209.00	\$116.00	\$320.00
Kaiser EPO	\$27.00	\$299.00	\$190.00	\$443.00
UHC PPO 750-2 <i>NEW</i>	No cost	\$274.00	\$171.00	\$418.00
UHC PPO 500-2 <i>current</i>	\$31.00	\$327.00	\$214.00	\$490.00
UHC PPO 500-1 (replace UHC 250) <i>NEW</i>	\$68.00	\$339.00	\$234.00	\$523.00

Dental/Vision - Required

Reta Delta Dental	No cost	\$40.00	\$22.00	\$58.00
Willamette Dental	-\$25.00	\$2.00	-\$10.00	\$20.00
Kaiser Permanente Dental	-\$6.00	\$37.00	\$20.00	\$55.00
Vision – RETA VSP	Included	Included	Included	Included

Healthcare Flexible Spending Account “FSA” - *Optional*

If you elect this coverage, a pro rata portion of your annual election will be deducted from each of 12 remaining pay periods in the plan year 2017

Maximum election is \$2,600.00 per year. Write in the amount of your monthly election.

Pre-tax costs – Medical, Dental/Vision, and Healthcare FSA

Add medical, dental/vision, and FSA and enter total here

Dependent Care Reimbursement Plan – “DCRP” - *Optional*

If you elect this coverage, a pro rata portion of your annual election will be deducted from each of 12 remaining pay periods in the plan year 2017

Maximum election is \$5,000.00 per year. Write in the amount of your monthly election



ARCHDIOCESE OF PORTLAND
IN OREGON

Optional Post-tax benefits

Additional Life/AD&D - *Optional*

To enroll family members, you must select coverage for yourself. See rate sheet for premiums and the schedule of age-based premium increases.

Employee coverage amount \$ _____ (cannot exceed lesser of \$500,000 or 5x annual wages. Do not include your basic Life/AD&D amount here). After tax – enter cost here					
Spouse coverage amount \$ _____ (cannot exceed 100% of employee coverage). After tax – enter cost here					
Child(ren) coverage amount (cannot exceed 100% of employee coverage)	\$1.80 (\$6,000)	\$2.40 (\$8,000)	\$3.00 (\$10,000)	After tax – enter cost here	

Short-Term Disability - *Optional*

OPT OUT No cost	\$3.28 44-day elimination	\$5.64 30-day elimination	\$7.98 14-day elimination	After tax – enter cost here	
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Buy-up Long-Term Disability - *Optional*

\$6.62 LTD - 60% of wages	\$9.75 LTD – 66 2/3% of wages	After tax – enter cost here	
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Total Post-tax costs

Add amounts in shaded boxes above and enter here