



## 2019 BENEFITS CHECKLIST AND RATE SHEET

	COST PER PAY PERIOD	YOUR DEDUCTIONS
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	COST PER PAY PERIOD	YOUR DEDUCTIONS
<b>MEDICAL (PRE-TAX*)</b>		
<input type="checkbox"/> Single (Employee Only)	\$ 0.00	\$
<input type="checkbox"/> Spouse Only	\$ 325.00	\$
<input type="checkbox"/> 1 Child Only	\$ 106.00	\$
<input type="checkbox"/> 2 Children Only	\$ 212.00	\$
<input type="checkbox"/> 3 Children Only	\$ 318.00	\$
<input type="checkbox"/> Dual Spouse (Payer - Paycheck Deduction) (2 employees with 2 or more dependent children)	\$ 167.00	\$
<input type="checkbox"/> Dual Spouse (Non-Payer - No Paycheck Deduction)	\$ 0.00	\$
<input type="checkbox"/> Family	\$ 492.00	\$
<input type="checkbox"/> Refuse/Decline Coverage	\$ 0.00	\$
<b>FLEXIBLE SPENDING ACCOUNTS (PRE-TAX*)</b> <span style="color: red;"><i>\$500 rollover to next year (medical FSA only)</i></span>		
<input type="checkbox"/> Medical Reimbursement (Per Pay Period: Minimum \$5.00 / Maximum \$132.50)	\$	\$
<input type="checkbox"/> Dependent Child Care Reimbursement (Per Pay Period: Minimum \$5.00 / Maximum \$250.00)	\$	\$
<b>DENTAL INSURANCE (PRE-TAX*)</b>		
<input type="checkbox"/> Dental HMO Employee	\$ 10.23	\$
<input type="checkbox"/> Dental HMO Employee + One	\$ 17.90	\$
<input type="checkbox"/> Dental HMO Employee + Family	\$ 28.13	\$
<input type="checkbox"/> Dental PPO High Option Employee	\$ 24.13	\$
<input type="checkbox"/> Dental PPO High Option Employee + One	\$ 42.19	\$
<input type="checkbox"/> Dental PPO High Option Employee + Family	\$ 65.82	\$
<input type="checkbox"/> Dental PPO Low Option Employee	\$ 11.14	\$
<input type="checkbox"/> Dental PPO Low Option Employee + One	\$ 19.47	\$
<input type="checkbox"/> Dental PPO Low Option Employee + Family	\$ 30.37	\$
<b>VISION INSURANCE (PRE-TAX*)</b>		
<input type="checkbox"/> Vision High Employee	\$ 8.37	\$
<input type="checkbox"/> Vision High Employee + One	\$ 17.05	\$
<input type="checkbox"/> Vision High Employee + Family	\$ 32.00	\$
<input type="checkbox"/> Vision Employee	\$ 4.10	\$
<input type="checkbox"/> Vision Employee + One	\$ 8.36	\$
<input type="checkbox"/> Vision Employee + Family	\$ 15.69	\$
<b>LIFE INSURANCE</b>		
<input checked="" type="checkbox"/> Basic Life Insurance (Provided at no cost to employees. The benefit is one times the annual salary or a minimum of \$30,000 up to \$100,000)	\$ 0.00	\$ 0.00
<input type="checkbox"/> Supplemental Life Insurance \$20,000 (Pre-Tax*)	\$ 6.24	\$
<input type="checkbox"/> Voluntary Group Term Life Ins. & AD&D Employee (Post-Tax)	<a href="#">Click for Rates</a>	\$
<input type="checkbox"/> Voluntary Group Term Life Ins. & AD&D Spouse (Post-Tax)		\$
<input type="checkbox"/> Voluntary Group Term Life Ins. & AD&D Children (Post-Tax)		\$
<b>DISABILITY INSURANCE (The Standard) (POST-TAX)</b>		
<input type="checkbox"/> Option 1 - Short Term 14 Day Waiting Period & Long Term 180 Day Waiting Period	<a href="#">Click for Rates</a>	\$
<input type="checkbox"/> Option 2 - Short Term 14 Day Waiting Period		\$
<input type="checkbox"/> Option 3 - Long Term 90 Day Waiting Period		\$
<input type="checkbox"/> Option 4 - Long Term 180 Day Waiting Period		\$
<b>LEGAL SERVICES AND IDENTITY THEFT PROTECTION (POST-TAX)</b>		
<input type="checkbox"/> LegalShield Family	\$ 9.45	\$
<input type="checkbox"/> IdentityShield Family	\$ 7.65	\$
<input type="checkbox"/> LegalShield with IdentityShield Family	\$ 17.10	\$
<input type="checkbox"/> IdentityShield Individual	\$ 4.05	\$
<input type="checkbox"/> LegalShield with IdentityShield Individual	\$ 13.50	\$
<b>PET DISCOUNT PROGRAMS (POST-TAX)</b> <span style="color: red;"><i>Products can be combined</i></span>		
<input type="checkbox"/> Pet Assure Single Pet	\$ 4.80	\$
<input type="checkbox"/> Pet Assure Unlimited Pets	\$ 6.60	\$
<input type="checkbox"/> Pet Plus Single Pet (Dog & Cat only)	\$ 2.70	\$
<input type="checkbox"/> Pet Plus Unlimited Pets (Dog & Cat only)	\$ 5.10	\$
<b>VOLUNTARY WORKSITE BENEFITS</b>		
<input type="checkbox"/> Accident Enhanced Benefit (Post-Tax)	<a href="#">Click for Rates</a>	\$
<input type="checkbox"/> Critical Illness (Post-Tax)	<a href="#">Click for Rates</a>	\$
<input type="checkbox"/> Hospital Indemnity (Post-Tax)	<a href="#">Click for Rates</a>	\$
<input type="checkbox"/> Universal Life Insurance With Long Term Care Benefits (Post-Tax)	<a href="#">Click for Rates</a>	\$
<b>TOTAL COST PER PAY PERIOD</b> \$		

\*Pre-Tax – may not drop this benefit after your first payroll deduction unless there is an approved, qualifying life event.



## 2020 BENEFITS CHECKLIST AND RATE SHEET

	COST PER PAY PERIOD	YOUR DEDUCTIONS
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	COST PER PAY PERIOD	YOUR DEDUCTIONS
<b>MEDICAL (PRE-TAX*) Rate Increase</b>		
<input type="checkbox"/> Single (Employee Only)	\$ 0.00	\$
<input type="checkbox"/> Spouse Only	\$ 345.65	\$
<input type="checkbox"/> 1 Child Only	\$ 112.75	\$
<input type="checkbox"/> 2 Children Only	\$ 225.50	\$
<input type="checkbox"/> 3 Children Only	\$ 338.20	\$
<input type="checkbox"/> Dual Spouse (Payer - Paycheck Deduction) (2 employees with 2 or more dependent children)	\$ 177.60	\$
<input type="checkbox"/> Dual Spouse (Non-Payer - No Paycheck Deduction)	\$ 0.00	\$
<input type="checkbox"/> Family	\$ 523.30	\$
<input type="checkbox"/> Refuse/Decline Coverage	\$ 0.00	\$
<b>FLEXIBLE SPENDING ACCOUNTS (PRE-TAX*) \$500 rollover to next year (medical FSA only)</b>		
<input type="checkbox"/> Medical Reimbursement (Per Pay Period: Minimum \$5.00 / Maximum \$132.50)	\$	\$
<input type="checkbox"/> Dependent Child Care Reimbursement (Per Pay Period: Minimum \$5.00 / Maximum \$250.00)	\$	\$
<b>DENTAL INSURANCE (PRE-TAX*) Rate Increase</b>		
<input type="checkbox"/> Dental HMO Employee	\$ 10.75	\$
<input type="checkbox"/> Dental HMO Employee + One	\$ 18.81	\$
<input type="checkbox"/> Dental HMO Employee + Family	\$ 29.55	\$
<input type="checkbox"/> Dental PPO High Option Employee	\$ 25.36	\$
<input type="checkbox"/> Dental PPO High Option Employee + One	\$ 44.33	\$
<input type="checkbox"/> Dental PPO High Option Employee + Family	\$ 69.14	\$
<input type="checkbox"/> Dental PPO Low Option Employee	\$ 11.70	\$
<input type="checkbox"/> Dental PPO Low Option Employee + One	\$ 20.45	\$
<input type="checkbox"/> Dental PPO Low Option Employee + Family	\$ 31.90	\$
<b>VISION INSURANCE (PRE-TAX*)</b>		
<input type="checkbox"/> Vision High Employee	\$ 8.37	\$
<input type="checkbox"/> Vision High Employee + One	\$ 17.05	\$
<input type="checkbox"/> Vision High Employee + Family	\$ 32.00	\$
<input type="checkbox"/> Vision Employee	\$ 4.10	\$
<input type="checkbox"/> Vision Employee + One	\$ 8.36	\$
<input type="checkbox"/> Vision Employee + Family	\$ 15.69	\$
<b>LIFE INSURANCE</b>		
<input checked="" type="checkbox"/> Basic Life Insurance (Provided at no cost to employees. The benefit is one times the annual salary or a minimum of \$30,000 up to \$100,000)	\$ 0.00	\$ 0.00
<input type="checkbox"/> Supplemental Life Insurance \$20,000 (Pre-Tax*)	\$ 6.24	\$
<input type="checkbox"/> Voluntary Group Term Life Ins. & AD&D Employee (Post-Tax)	<a href="#">Click for Rates</a>	\$
<input type="checkbox"/> Voluntary Group Term Life Ins. & AD&D Spouse (Post-Tax)		\$
<input type="checkbox"/> Voluntary Group Term Life Ins. & AD&D Children (Post-Tax)		\$
<b>DISABILITY INSURANCE (The Standard) (POST-TAX)</b>		
<input type="checkbox"/> Option 1 - Short Term 14 Day Waiting Period & Long Term 180 Day Waiting Period	<a href="#">Click for Rates</a>	\$
<input type="checkbox"/> Option 2 - Short Term 14 Day Waiting Period		\$
<input type="checkbox"/> Option 3 - Long Term 90 Day Waiting Period		\$
<input type="checkbox"/> Option 4 - Long Term 180 Day Waiting Period		\$
<b>LEGAL SERVICES AND IDENTITY THEFT PROTECTION (POST-TAX)</b>		
<input type="checkbox"/> LegalShield Family	\$ 9.45	\$
<input type="checkbox"/> IdentityShield Family	\$ 7.65	\$
<input type="checkbox"/> LegalShield with IdentityShield Family	\$ 17.10	\$
<input type="checkbox"/> IdentityShield Individual	\$ 4.05	\$
<input type="checkbox"/> LegalShield with IdentityShield Individual	\$ 13.50	\$
<b>PET DISCOUNT PROGRAMS (POST-TAX) Products can be combined</b>		
<input type="checkbox"/> Pet Assure Single Pet	\$ 4.80	\$
<input type="checkbox"/> Pet Assure Unlimited Pets	\$ 6.60	\$
<input type="checkbox"/> Pet Plus Single Pet (Dog & Cat only)	\$ 2.70	\$
<input type="checkbox"/> Pet Plus Unlimited Pets (Dog & Cat only)	\$ 5.10	\$
<b>VOLUNTARY WORKSITE BENEFITS</b>		
<input type="checkbox"/> Accident Enhanced Benefit (Post-Tax)	<a href="#">Click for Rates</a>	\$
<input type="checkbox"/> Critical Illness (Post-Tax)	<a href="#">Click for Rates</a>	\$
<input type="checkbox"/> Hospital Indemnity (Post-Tax)	<a href="#">Click for Rates</a>	\$
<input type="checkbox"/> Universal Life Insurance With Long Term Care Benefits (Post-Tax)	<a href="#">Click for Rates</a>	\$
<b>TOTAL COST PER PAY PERIOD \$</b>		

\*Pre-Tax – may not drop this benefit after your first payroll deduction unless there is an approved, qualifying life event.