# 2015 BENEFITS ENROLLMENT WORKSHEET

For the period of 01/01/2015 to 12/31/2015

**BENEFIT COVERAGE**

Benefit Costs are shown on a Per Pay Basis

## MEDICAL OPTIONS

<table>
<thead>
<tr>
<th></th>
<th>SINGLE</th>
<th>2 PERSON</th>
<th>FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>BlueCare Network - HSA</td>
<td>$16.81</td>
<td>$32.96</td>
<td>$43.79</td>
</tr>
<tr>
<td>HealthPlus – HSA</td>
<td>$65.49</td>
<td>$137.60</td>
<td>$165.62</td>
</tr>
</tbody>
</table>

**Health Savings Account**

/24 =

Cap of $2,450.00* Single

$5,150.00* Two Person

$4,730.00* Family Coverage

*If you will be 55 or older in 2015, you may make an additional $1,000 Catch up Contribution

BlueCare Network-Healthy Blue Living HMO  | $36.74  | $77.71   | $93.65 |
HealthPlus - Healthy Solutions - HMO     | $141.19 | $302.23  | $358.23 |
**BC Community Blue – PPO**               | $343.84 | $872.08  | $1,115.83|
No Medical Election                       |         |          |        |

**Only available to those enrolled in this plan in 2014**

## DENTAL OPTIONS

<table>
<thead>
<tr>
<th></th>
<th>SINGLE</th>
<th>2 PERSON</th>
<th>FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental PPO (Point of Service)</td>
<td>$8.79</td>
<td>$13.19</td>
<td>$17.58</td>
</tr>
</tbody>
</table>
No Dental Election

## VISION OPTIONS

<table>
<thead>
<tr>
<th></th>
<th>SINGLE</th>
<th>2 PERSON</th>
<th>FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NVA – Vision</td>
<td>$0.00</td>
<td>$1.64</td>
<td>$5.90</td>
</tr>
</tbody>
</table>
(National Vision Administrators)

## REIMBURSEMENT ACCOUNTS

Health and Dependent Care Account deductions will begin with your first paycheck of the new calendar year and are taken from the first two (2) pays of each month. There is a $2,500 maximum for Health Care and $5,000 for Dependent Care account.

<table>
<thead>
<tr>
<th></th>
<th>Annual Amount</th>
<th>Per Pay Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Reimbursement</td>
<td></td>
<td>/ 24 =</td>
</tr>
</tbody>
</table>
(For out of pocket health expenses not covered by insurance)

Dependent Care Reimbursement

/ 24 =
### LEGAL SERVICES

<table>
<thead>
<tr>
<th>Plan</th>
<th>No Election</th>
<th>Election</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Plan</td>
<td>$0.00</td>
<td>$7.98</td>
</tr>
<tr>
<td>Identity Theft Shield</td>
<td>$0.00</td>
<td>$6.50</td>
</tr>
<tr>
<td>Legal Plan and Identity Theft Shield</td>
<td>$0.00</td>
<td>$12.96</td>
</tr>
</tbody>
</table>

### LIFE INSURANCE

**Basic Life (Employer paid)**
- [ ] 2 X Annual Base Salary

**Additional Life Insurance (Employee paid)**
- [ ] 1 X Annual Base Salary
- [ ] 3 X Annual Base Salary
- [ ] 5 X Annual Base Salary
- [ ] 2 X Annual Base Salary
- [ ] 4 X Annual Base Salary

*The cost is calculated based on your salary and age*
Your specific cost will be available when you complete online enrollment.

**Accidental Death & Dismemberment (AD&D) (Employer paid)**
- [ ] 2 X Annual Base Salary

**Additional AD&D (Employee paid)**
- [ ] 1 X Annual Base Salary
- [ ] 3 X Annual Base Salary
- [ ] 5 X Annual Base Salary
- [ ] 2 X Annual Base Salary
- [ ] 4 X Annual Base Salary

*The cost is calculated based on your salary*
Your specific cost will be available when you complete online enrollment.

**Dependent Life Insurance**
- [ ] $10,000/$2,000
- [ ] $20,000/$4,000
- [ ] $30,000/$6,000
- [ ] $40,000/$8,000
- [ ] $50,000/$10,000

Rates are calculated based on the Employee’s age. Your election cannot exceed 100% of your additional life election.
Your specific cost will be available when you complete online enrollment.

<table>
<thead>
<tr>
<th>YOUR DEPENDENTS</th>
<th>Social Security</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Relationship</th>
<th>Medical</th>
<th>Dental</th>
<th>Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
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Place a checkmark in the Medical, Dental and Vision boxes below indicating your election for each listed dependent.

Signature: ___________________________ Date: ___________________________

October 10, 2014