



Health Insurance Election 2017-2018

Employee Name: _____ Date of Hire: _____
 Mailing Address: _____
 Date of Birth: _____

MEDICAL - UMR	EMPLOYEE COST PER PAY PERIOD	ELECTION
<u>Value PPO Plan:</u>		
1. Employee Only	\$40.00	\$ _____
2. Employee + Spouse	\$120.00	\$ _____
3. Employee + Children	\$110.00	\$ _____
4. Employee + Family	\$180.00	\$ _____
<u>PPO 750:</u>		
1. Employee Only	\$70.00	\$ _____
2. Employee + Spouse	\$260.00	\$ _____
3. Employee + Children	\$175.00	\$ _____
4. Employee + Family	\$385.00	\$ _____
<u>HDHP 1500:</u>		
1. Employee Only	\$50.00	\$ _____
2. Employee + Spouse	\$125.00	\$ _____
3. Employee + Children	\$115.00	\$ _____
4. Employee + Family	\$185.00	\$ _____
Waiving Coverage due to the following: Have Coverage elsewhere _____ Name of Carrier _____ Not interested _____		
DENTAL – GUARDIAN		
<u>DHMO:</u>		
1. Employee Only	\$1.25	\$ _____
2. Employee + Spouse	\$4.60	\$ _____
3. Employee + Children	\$7.55	\$ _____
4. Employee + Family	\$12.65	\$ _____
<u>PPO SM only</u>		
1. Employee Only	\$7.00	\$ _____
2. Employee + Spouse	\$20.00	\$ _____
3. Employee + Children	\$26.00	\$ _____
4. Employee + Family	\$43.00	\$ _____
<u>PPO UCR:</u>		
1. Employee Only	\$16.50	\$ _____
2. Employee + Spouse	\$36.00	\$ _____
3. Employee + Children	\$49.00	\$ _____
4. Employee + Family	\$68.00	\$ _____
<u>PPO MAC (in network):</u>		
1. Employee Only	\$16.50	\$ _____
2. Employee + Spouse	\$36.00	\$ _____
3. Employee + Children	\$49.00	\$ _____
4. Employee + Family	\$68.00	\$ _____

VISION – VSP	EMPLOYEE COST PER PAY PERIOD	ELECTION
Employee Only	\$1.50	\$ _____
Employee + Spouse	\$3.65	\$ _____
Employee + Children	\$3.95	\$ _____
Employee + Family	\$9.00	\$ _____

VOLUNTARY LIFE: *- Guardian	AD&D:- Guardian																
<table style="width: 100%;"> <tr> <th style="width: 30%;">Amount Elected</th> <th style="width: 70%;">Monthly Cost</th> </tr> <tr> <td><input type="checkbox"/> Employee _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Spouse _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Dependents _____</td> <td>\$ _____</td> </tr> </table>	Amount Elected	Monthly Cost	<input type="checkbox"/> Employee _____	\$ _____	<input type="checkbox"/> Spouse _____	\$ _____	<input type="checkbox"/> Dependents _____	\$ _____	<table style="width: 100%;"> <tr> <th style="width: 30%;">Amount Elected</th> <th style="width: 70%;">Monthly Cost</th> </tr> <tr> <td><input type="checkbox"/> Employee _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Spouse _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Dependents _____</td> <td>\$ _____</td> </tr> </table>	Amount Elected	Monthly Cost	<input type="checkbox"/> Employee _____	\$ _____	<input type="checkbox"/> Spouse _____	\$ _____	<input type="checkbox"/> Dependents _____	\$ _____
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* Cost is Based on Age Per Pay Period \$ _____	Per Pay Period \$ _____																

*Employee Participating in the Health Questionnaire & Biometric Screening:
Wellness Benefit Incentive = \$15 Per Pay Period

☐ Incentive Earned (\$ _____)

HSA +	Employee Contribution	Per Pay Period
	Annual Contribution \$ _____	\$ _____

HSA	AG RX Contribution	Per Pay Period
	<input type="checkbox"/> \$500 (Employee only) <input type="checkbox"/> \$750 (Employee + Spouse, Child(ren) or Family) <input type="checkbox"/> \$390 (Wellness Benefit)	\$ _____
	Add Wellness premium discount to HSA account lump payment	\$ _____

HRA	AG RX Contribution	Per Pay Period
	<input type="checkbox"/> \$1000 (Employee, Employee + Spouse, Child(ren) or Family)	\$ _____

Flexible Spending Account	<input type="checkbox"/> Medical Annual \$ _____ <input type="checkbox"/> Dependent Care Annual \$ _____
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	Per Pay Period
Medical, Dental & Vision Insurance Total	\$ _____
Life & AD&D Insurance Total	\$ _____
*HSA Employee Contribution	\$ _____
Questionnaire & Screening – Incentive Earned	\$ _____
Flexible Spending Account	\$ _____
Employee Total Contribution	\$ _____

+ The IRS has established annual limits that can be contributed to a Health Savings Account.

Note: Since your contribution limits are specific to your circumstances, we recommend that you contact your Tax Advisor to verify what your contribution limits are.

I authorize the reduction of my salary on a per paycheck basis, by the amount designated above. I understand that funds that are deducted from my pay and not used for eligible health care expenses incurred after my HSA account was established will be **taxable** in accordance with IRS regulations, and it is solely my responsibility to report these funds to the IRS.

Employee Signature: _____ Date: _____