

Selection Sheet for PEBB Insurance Deductions - Klickitat County

Full Time - Effective January 1, 2020 premiums reflected on your Dec. 25th payroll check

Go to the Web - Health Care Authority, Public Employees Benefits Board, for Benefit Descriptions at:
www.hca.wa.gov/pebb

Print Last Name:	Emp No:
Signature:	Date:
<i>I hereby authorize the deductions below and acknowledge that I have been informed of my COBRA rights.</i>	

County contributes 100% for Employee Medical, Dental, Vision, Life Insurance & LTD &
 70% of the Additional Cost for Dependent Medical, Dental, Vision, Life Ins & LTD Coverage (County Pays an Avg of 86% for Dep)

C h e c k (X) O n e P l a n	MEDICAL & VISION PLANS \$250 ind/\$750 fam ded, \$2000 ind/\$4000 fam out of pocket max, 15% office visit co-pay, 15%/40% hospital co-insurance 5%/10%/\$100 ded/30%/50%, \$2000 OOP, Prescription Vision: No co-pay on annual exam, \$150 hardware every 24 months	Uniform Medical Plan (UMP) - Classic Premium <u>Includes:</u> Dental, Vision, Life Insurance & EE LTD Coverage - Administered by Regence			MARK ONE (X)	Ded Code
		PREMIUM	COUNTY PAYS	EMPLOYEE PAYS		
	EMPLOYEE	841.02	841.02	0.00		300-1
	EMPLOYEE & SPOUSE	1,527.67	1,321.68	205.99		300-2
	EMPLOYEE & CHILDREN	1,356.01	1,201.51	154.50		300-3
EMPLOYEE & FAMILY	2,042.67	1,682.18	360.49		300-4	
	HEALTH SAVINGS ACCOUNT (HSA) & VISION PLANS Must Pay ALL of Ded 1st, then pays 15%/40% of medical, hospital, emergency room, prescriptions until total out of pocket is met. \$1400 ind/\$2800 fam ded, plus \$4200/\$8400 out of pocket max, 5%/10%/\$100 ded/30%/50%, \$2000 OOP, Prescription Vision: No co-pay on annual exam, \$150 hardware every 24 months Contribution Limits: Under 55-\$3450 ind/\$6900 fam. Over 55: \$4450 ind/\$7,900 fam	UMP Consumer-Directed Health Plan (CDHP) (HSA) - Premium <u>Includes:</u> Dental, Vision, Basic Life Insurance & EE LTD Coverage - Regence			MARK IF CONTRIB. TO HSA	
	Emp HSA Contribution: \$				306-1	
	PREMIUM	COUNTY PAYS	COUNTY PAYS TO HSA 305-1	EMPLOYEE PAYS	MARK ONE (X)	Ded Code
EMPLOYEE	769.65	841.02	71.37	0.00		301-1
EMPLOYEE & SPOUSE	1,379.78	1,321.68	0.00	58.10		301-2
EMPLOYEE & CHILDREN	1,241.83	1,201.51	0.00	40.32		301-3
EMPLOYEE & FAMILY	1,793.64	1,682.18	0.00	111.46		301-4
	Waiver Fee: If you waive Medical, you must be on Dental, Life & LTD		154.36			302-1
	Tobacco Surcharge: If you, or a dependent covered by the plan, use tobacco products			25.00		302-90
	Spouse or Dom. Partner Coverage Surcharge (go to Spousal Plan Calculator on the web)			50.00		302-91
c h e c k O n e P l a n	Dental Plans You May Select One of the Following (place "X" in small box) Employees can place dep on dental plans, without placing on medical.					
	1) <input type="checkbox"/> Uniform Dental Plan (Group 3000), OR, Administered by Delta Dental		2) <input type="checkbox"/> WILLAMETTE, (Group 0), OR,		MARK ONE PLAN CARRIER AND ONE EMPLOYEE GROUP (X)	
			3) <input type="checkbox"/> DELTA CARE GROUP (Group 3100)			
	\$50 deductible in-network, 100% Preventive, \$1750 annual max, 80% basic, 50% major, adult & child orthodontia		IN NETWORK ONLY - Managed Care Plans, Set Rates & No Max Benefit			
				EMPLOYEE PAYS		
EMPLOYEE			0.00			
EMPLOYEE & SPOUSE			0.00			
EMPLOYEE & CHILDREN			0.00			
EMPLOYEE & FAMILY			0.00			
	LIFE INSURANCE & AD & D - Administered by Metlife			MARK ONE (X)		
Life Insurance Amounts Employee \$35,000 & Additional \$5,000 for accidental death			EMPLOYEE PAYS			
			0.00	X		
LONG TERM DISABILITY (LTD) - Administered by Standard Insurance Co.			0.00	X		
After 90 days being disabled, 60% of 1st \$400 of current earnings. Min \$50 & Max \$240 per month						
VOLUNTARY TAX SAVING PLANS OR ADDITIONAL INSURANCE SELECTION			Monthly Amount	Mark "X"	DC	
Flexible Spending Account (FSA), Max \$2,650 - Plus Point		FSA/DCR Fee	\$5.00	92-95	\$	92-5
Dependent Care Reimbursement (DCR) Max \$2,500/\$5,000 - Plus Point		All Self- Paid		\$		92-15
Voluntary Long Term Disability Plan (Income protection if disable)		All Self- Paid				316-1

Selection Sheet for PEBB Insurance Deductions - Klickitat County

.8 FTE/32 hrs per week - Effective January 1, 2020, premiums reflected on your Dec. 25th payroll check

Go to the Web - Health Care Authority, Public Employees Benefits Board, for Benefit Descriptions at:

www.hca.wa.gov/pebb

Print Last Name:	Emp No:
Signature:	Date:
<i>I hereby authorize the deductions below and acknowledge that I have been informed of my COBRA rights.</i>	

County contributes 100% for Employee Medical, Dental, Vision, Life Insurance & LTD & 70% of the Additional Cost for Dependent Medical, Dental, Vision, Life Ins & LTD Coverage (County Pays an Avg of 86% for Dep)

C h e c k (X) O n e P l a n	MEDICAL & VISION PLANS	Uniform Medical Plan (UMP) - Classic Premium <u>Includes:</u> Dental, Vision, Life Insurance & EE LTD Coverage - Administered by Regence			MARK ONE (X)	Ded Code		
	\$250 ind/\$750 fam ded, \$2000 ind/\$4000 fam out of pocket max, 15% office visit co-pay, 15%/40% hospital co-insurance 5%/10%/\$100 ded/30%/50%, \$2000 OOP, Prescription Vision: No co-pay on annual exam, \$150 hardware every 24 months		PREMIUM	COUNTY PAYS	EMPLOYEE PAYS			
	EMPLOYEE		841.02	672.82	168.20	300-1		
	EMPLOYEE & SPOUSE		1,527.67	1,057.34	470.33	300-2		
	EMPLOYEE & CHILDREN		1,356.01	961.21	394.80	300-3		
EMPLOYEE & FAMILY		2,042.67	1,345.74	696.93	300-4			
HEALTH SAVINGS ACCOUNT (HSA) & VISION PLANS		UMP Consumer-Directed Health Plan (CDHP) (HSA) - Premium <u>Includes:</u> Dental, Vision, Basic Life Insurance & EE LTD Coverage - Regence			MARK IF CONTRIB. TO HSA			
Must Pay ALL of Ded 1st, then pays 15%/40% of medical, hospital, emergency room, prescriptions until total out of pocket is met. \$1400 ind/\$2800 fam ded, plus \$4200/\$8400 out of pocket max, 5%/10%/\$100 ded/30%/50%, \$2000 OOP, Prescription Vision: No co-pay on annual exam, \$150 hardware every 24 months Contribution Limits: Under 55-\$3450 ind/\$6900 fam. Over 55: \$4450 ind/\$7,900 fam		Emp HSA Contribution: \$				306-1		
		PREMIUM	COUNTY PAYS	COUNTY PAYS TO HSA 305-1	EMPLOYEE PAYS	MARK ONE (X)	Ded Code	
EMPLOYEE		769.65	672.82	0.00	96.83		301-1	
EMPLOYEE & SPOUSE		1,379.78	1,057.34	0.00	322.44		301-2	
EMPLOYEE & CHILDREN		1,241.83	961.21	0.00	280.62		301-3	
EMPLOYEE & FAMILY		1,793.64	1,345.74	0.00	447.90		301-4	
Waiver Fee: If you waive Medical, you must be on Dental, Life & LTD			154.36				302-1	
Tobacco Surcharge: If you, or a dependent covered by the plan, use tobacco products				25.00			302-90	
Spouse or Dom. Partner Coverage Surcharge (go to Spousal Plan Calculator on the web)				50.00			302-91	
Dental Plans You May Select One of the Following (place "X" in small box) Employees can place dep on dental plans, without placing on medical.								
1) <input type="checkbox"/> Uniform Dental Plan (Group 3000), OR, Administered by Delta Dental		2) <input type="checkbox"/> WILLAMETTE, (Group 0), OR,		MARK ONE PLAN CARRIER AND ONE EMPLOYEE GROUP (X)				
3) <input type="checkbox"/> DELTA CARE GROUP (Group 3100)		IN NETWORK ONLY - Managed Care Plans, Set Rates & No Max Benefit						
\$50 deductible in-network, 100% Preventive, \$1750 annual max, 80% basic, 50% major, adult & child orthodontia								
				EMPLOYEE PAYS				
EMPLOYEE				0.00				
EMPLOYEE & SPOUSE				0.00				
EMPLOYEE & CHILDREN				0.00				
EMPLOYEE & FAMILY				0.00				
LIFE INSURANCE & AD & D - Administered by Metlife					MARK ONE (X)			
Life Insurance Amounts				EMPLOYEE PAYS				
Employee \$35,000 & Additional \$5,000 for accidental death				0.00				
LONG TERM DISABILITY (LTD) - Standard Insurance Co.					0.00			
After 90 days being disabled, 60% of 1st \$400 of current earnings. Min \$50 & Max \$240 per month								
VOLUNTARY TAX SAVING PLANS OR ADDITIONAL INSURANCE SELECTION					Monthly Amount		Mark "X"	DC
Flexible Spending Account (FSA), Max \$2,650 - Plus Point			FSA/DCR Fee	\$5.00	92-95	\$		92-5
Dependent Care Reimbursement (DCR) Max \$2,500/\$5,000 - Plus Point			All Self- Paid		\$			92-15
Voluntary Long Term Disability Plan (Income protection if disable)			All Self- Paid					316-1

Selection Sheet for PEBB Insurance Deductions - Klickitat County

.75 FTE/30 hrs per week - Effective January 1, 2020, premiums reflected on your Dec. 25th payroll check

Go to the Web - Health Care Authority, Public Employees Benefits Board, for Benefit Descriptions at:

www.hca.wa.gov/pebb

Print Last Name:	Emp No:
Signature:	Date:
<i>I hereby authorize the deductions below and acknowledge that I have been informed of my COBRA rights.</i>	

County contributes 100% for Employee Medical, Dental, Vision, Life Insurance & LTD & 70% of the Additional Cost for Dependent Medical, Dental, Vision, Life Ins & LTD Coverage (County Pays an Avg of 86% for Dep)

C h e c k (X)	MEDICAL & VISION PLANS \$250 ind/\$750 fam ded, \$2000 ind/\$4000 fam out of pocket max, 15% office visit co-pay, 15%/40% hospital co-insurance 5%/10%/\$100 ded/30%/50%, \$2000 OOP, Prescription Vision: No co-pay on annual exam, \$150 hardware every 24 months	Uniform Medical Plan (UMP) - Classic Premium Includes: Dental, Vision, Life Insurance & EE LTD Coverage - Administered by Regence			MARK ONE (X)	Ded Code			
		PREMIUM	COUNTY PAYS	EMPLOYEE PAYS					
	EMPLOYEE	841.02	630.77	210.25					
	EMPLOYEE & SPOUSE	1,527.67	991.26	536.41					
	EMPLOYEE & CHILDREN	1,356.01	901.13	454.88					
	EMPLOYEE & FAMILY	2,042.67	1,261.64	781.03		300-4			
O n e P l a n	HEALTH SAVINGS ACCOUNT (HSA) & VISION PLANS Must Pay ALL of Ded 1st, then pays 15%/40% of medical, hospital, emergency room, prescriptions until total out of pocket is met. \$1400 ind/\$2800 fam ded, plus \$4200/\$8400 out of pocket max, 5%/10%/\$100 ded/30%/50%, \$2000 OOP, Prescription Vision: No co-pay on annual exam, \$150 hardware every 24 months Contribution Limits: Under 55-\$3450 ind/\$6900 fam. Over 55: \$4450 ind/\$7,900 fam	UMP Consumer-Directed Health Plan (CDHP) (HSA) - Premium Includes: Dental, Vision, Basic Life Insurance & EE LTD Coverage - Regence			MARK IF CONTRIB. TO HSA				
		Emp HSA Contribution: \$							
		PREMIUM	COUNTY PAYS	COUNTY PAYS TO HSA 305-1			EMPLOYEE PAYS	MARK ONE (X)	Ded Code
	EMPLOYEE	769.65	630.77	0.00			138.88		301-1
	EMPLOYEE & SPOUSE	1,379.78	991.26	0.00			388.52		301-2
	EMPLOYEE & CHILDREN	1,241.83	901.13	0.00	340.70	301-3			
	EMPLOYEE & FAMILY	1,793.64	1,261.64	0.00	532.00	301-4			
	Waiver Fee: If you waive Medical, you must be on Dental, Life & LTD	154.36				302-1			
	Tobacco Surcharge: If you, or a dependent covered by the plan, use tobacco products			25.00		302-90			
	Spouse or Dom. Partner Coverage Surcharge (go to Spousal Plan Calculator on the web)			50.00		302-91			
c h e c k o n e P l a n	Dental Plans You May Select One of the Following (place "X" in small box) Employees can place dep on dental plans, without placing on medical.								
	1) <input type="checkbox"/> Uniform Dental Plan (Group 3000), OR, Administered by Delta Dental		2) <input type="checkbox"/> WILLAMETTE, (Group 0), OR,		MARK ONE PLAN CARRIER AND ONE EMPLOYEE GROUP (X)				
			3) <input type="checkbox"/> DELTA CARE GROUP (Group 3100)						
	\$50 deductible in-network, 100% Preventive, \$1750 annual max, 80% basic, 50% major, adult & child orthodontia		IN NETWORK ONLY - Managed Care Plans, Set Rates & No Max Benefit						
			EMPLOYEE PAYS						
EMPLOYEE		0.00							
EMPLOYEE & SPOUSE		0.00							
EMPLOYEE & CHILDREN		0.00							
EMPLOYEE & FAMILY		0.00							
	LIFE INSURANCE & AD & D - Administered by Metlife				MARK ONE (X)				
	Life Insurance Amounts			EMPLOYEE PAYS					
	Employee \$35,000 & Additional \$5,000 for accidental death			0.00			X		
	LONG TERM DISABILITY (LTD) - Standard Insurance Co.				0.00	X			
	After 90 days being disabled, 60% of 1st \$400 of current earnings. Min \$50 & Max \$240 per month								
	VOLUNTARY TAX SAVING PLANS OR ADDITIONAL INSURANCE SELECTION				Monthly Amount		Mark "X"	DC	
	Flexible Spending Account (FSA), Max \$2,650 - Plus Point		FSA/DCR Fee	\$5.00	92-95	\$		92-5	
	Dependent Care Reimbursement (DCR) Max \$2,500/\$5,000 - Plus Point		All Self- Paid		\$			92-15	
	Voluntary Long Term Disability Plan (Income protection if disable)		All Self- Paid					316-1	

Selection Sheet for PEBB Insurance Deductions - Klickitat County

.7 FTE/28 hrs per week - Effective January 1, 2020, premiums reflected on your Dec. 25th payroll check

Go to the Web - Health Care Authority, Public Employees Benefits Board, for Benefit Descriptions at:
www.hca.wa.gov/pebb

Print Last Name:	Emp No:
Signature:	Date:
<i>I hereby authorize the deductions below and acknowledge that I have been informed of my COBRA rights.</i>	

County contributes 100% for Employee Medical, Dental, Vision, Life Insurance & LTD &
 70% of the Additional Cost for Dependent Medical, Dental, Vision, Life Ins & LTD Coverage (County Pays an Avg of 86% for Dep)

C h e c k (X) O n e P l a n	MEDICAL & VISION PLANS \$250 ind/\$750 fam ded, \$2000 ind/\$4000 fam out of pocket max, 15% office visit co-pay, 15%/40% hospital co-insurance 5%/10%/\$100 ded/30%/50%, \$2000 OOP, Prescription Vision: No co-pay on annual exam, \$150 hardware every 24 months	Uniform Medical Plan (UMP) - Classic Premium <u>Includes:</u> Dental, Vision, Life Insurance & EE LTD Coverage - Administered by Regence			MARK ONE (X)	Ded Code			
		PREMIUM	COUNTY PAYS	EMPLOYEE PAYS					
	EMPLOYEE	841.02	588.71	252.31					
	EMPLOYEE & SPOUSE	1,527.67	925.18	602.49					
	EMPLOYEE & CHILDREN	1,356.01	841.06	514.95					
	EMPLOYEE & FAMILY	2,042.67	1,177.53	865.14		300-4			
	HEALTH SAVINGS ACCOUNT (HSA) & VISION PLANS Must Pay ALL of Ded 1st, then pays 15%/40% of medical, hospital, emergency room, prescriptions until total out of pocket is met. \$1400 ind/\$2800 fam ded, plus \$4200/\$8400 out of pocket max, 5%/10%/\$100 ded/30%/50%, \$2000 OOP, Prescription Vision: No co-pay on annual exam, \$150 hardware every 24 months Contribution Limits: Under 55-\$3450 ind/\$6900 fam. Over 55: \$4450 ind/\$7,900 fam	UMP Consumer-Directed Health Plan (CDHP) (HSA) - Premium Includes: Dental, Vision, Basic Life Insurance & EE LTD Coverage - Regence			MARK IF CONTRIB. TO HSA				
	Emp HSA Contribution: \$						306-1		
		PREMIUM	COUNTY PAYS	COUNTY PAYS TO HSA 305-1	EMPLOYEE PAYS	MARK ONE (X)	Ded Code		
	EMPLOYEE	769.65	588.71	0.00	180.94		301-1		
	EMPLOYEE & SPOUSE	1,379.78	925.18	0.00	454.60		301-2		
	EMPLOYEE & CHILDREN	1,241.83	841.06	0.00	400.77		301-3		
	EMPLOYEE & FAMILY	1,793.64	1,177.53	0.00	616.11		301-4		
	Waiver Fee: If you waive Medical, you must be on Dental, Life & LTD		154.36				302-1		
	Tobacco Surcharge: If you, or a dependent covered by the plan, use tobacco products				25.00		302-90		
	Spouse or Dom. Partner Coverage Surcharge (go to Spousal Plan Calculator on the web)				50.00		302-91		
c h e c k O n e P l a n	Dental Plans You May Select One of the Following (place "X" in small box) Employees can place dep on dental plans, without placing on medical.								
	1) <input type="checkbox"/> Uniform Dental Plan (Group 3000), OR, Administered by Delta Dental		2) <input type="checkbox"/> WILLAMETTE, (Group 0), OR,		MARK ONE PLAN CARRIER AND ONE EMPLOYEE GROUP (X)				
			3) <input type="checkbox"/> DELTA CARE GROUP (Group 3100)						
	\$50 deductible in-network, 100% Preventive, \$1750 annual max, 80% basic, 50% major, adult & child orthodontia		IN NETWORK ONLY - Managed Care Plans, Set Rates & No Max Benefit						
					EMPLOYEE PAYS				
	EMPLOYEE			0.00					
	EMPLOYEE & SPOUSE			0.00					
	EMPLOYEE & CHILDREN			0.00					
	EMPLOYEE & FAMILY			0.00					
	LIFE INSURANCE & AD & D - Administered by Metlife					MARK ONE (X)			
	Life Insurance Amounts			EMPLOYEE PAYS					
	Employee \$35,000 & Additional \$5,000 for accidental death			0.00		X			
	LONG TERM DISABILITY (LTD) - Standard Insurance Co.					0.00			
	After 90 days being disabled, 60% of 1st \$400 of current earnings. Min \$50 & Max \$240 per month								
	VOLUNTARY TAX SAVING PLANS OR ADDITIONAL INSURANCE SELECTION					Monthly Amount		Mark "X"	DC
	Flexible Spending Account (FSA), Max \$2,650 - Plus Point		FSA/DCR Fee	\$5.00	92-95	\$		92-5	
	Dependent Care Reimbursement (DCR) Max \$2,500/\$5,000 - Plus Point		All Self- Paid		\$			92-15	
	Voluntary Long Term Disability Plan (Income protection if disable)		All Self- Paid					316-1	

Selection Sheet for PEBB Insurance Deductions - Klickitat County

.6 FTE/24 hr per week - Effective January 1, 2019, premiums reflected on your Dec. 25th payroll check
 Go to the Web - Health Care Authority, Public Employees Benefits Board, for Benefit Descriptions at:
www.hca.wa.gov/pebb

Print Last Name:	Emp No:
Signature:	Date:
<i>I hereby authorize the deductions below and acknowledge that I have been informed of my COBRA rights.</i>	

County contributes 100% for Employee Medical, Dental, Vision, Life Insurance & LTD & 70% of the Additional Cost for Dependent Medical, Dental, Vision, Life Ins & LTD Coverage (County Pays an Avg of 86% for Dep)							
C h e c k (X) O n e P l a n	MEDICAL & VISION PLANS \$250 ind/\$750 fam ded, \$2000 ind/\$4000 fam out of pocket max, 15% office visit co-pay, 15%/40% hospital co-insurance 5%/10%/\$100 ded/30%/50%, \$2000 OOP, Prescription Vision: No co-pay on annual exam, \$150 hardware every 24 months	Uniform Medical Plan (UMP) - Classic Premium <u>Includes:</u> Dental, Vision, Life Insurance & EE LTD Coverage - Administered by Regence			MARK ONE (X)	Ded Code	
	EMPLOYEE	PREMIUM	COUNTY PAYS	EMPLOYEE PAYS		300-1	
	EMPLOYEE & SPOUSE	841.02	504.61	336.41		300-2	
	EMPLOYEE & CHILDREN	1,527.67	793.01	734.66		300-3	
	EMPLOYEE & FAMILY	1,356.01	720.91	635.10		300-4	
	EMPLOYEE & FAMILY	2,042.67	1,009.31	1,033.36		300-4	
	HEALTH SAVINGS ACCOUNT (HSA) & VISION PLANS Must Pay ALL of Ded 1st, then pays 15%/40% of medical, hospital, emergency room, prescriptions until total out of pocket is met. \$1400 ind/\$2800 fam ded, plus \$4200/\$8400 out of pocket max, 5%/10%/\$100 ded/30%/50%, \$2000 OOP, Prescription Vision: No co-pay on annual exam, \$150 hardware every 24 months Contribution Limits: Under 55-\$3450 ind/\$6900 fam. Over 55: \$4450 ind/\$7,900 fam	UMP Consumer-Directed Health Plan (CDHP) (HSA) - Premium Includes: Dental, Vision, Basic Life Insurance & EE LTD Coverage - Regence			MARK IF CONTRIB. TO HSA		
		Emp HSA Contribution: \$				306-1	
	EMPLOYEE	PREMIUM	COUNTY PAYS	COUNTY PAYS TO HSA 305-1	EMPLOYEE PAYS	MARK ONE (X)	Ded Code
	EMPLOYEE & SPOUSE	769.65	504.61	0.00	265.04		301-1
	EMPLOYEE & CHILDREN	1,379.78	793.01	0.00	586.77		301-2
EMPLOYEE & FAMILY	1,241.83	720.91	0.00	520.92		301-3	
	EMPLOYEE & FAMILY	1,793.64	1,009.31	0.00	784.33	301-4	
	Waiver Fee: If you waive Medical, you must be on Dental, Life & LTD	154.36				302-1	
	Tobacco Surcharge: If you, or a dependent covered by the plan, use tobacco products			25.00		302-90	
	Spouse or Dom. Partner Coverage Surcharge (go to Spousal Plan Calculator on the web)			50.00		302-91	
c h e c k o n e p l a n	Dental Plans You May Select One of the Following (place "X" in small box) Employees can place dep on dental plans, without placing on medical.						
	1) <input type="checkbox"/> Uniform Dental Plan (Group 3000), OR, Administered by Delta Dental		2) <input type="checkbox"/> WILLAMETTE, (Group 0), OR,		MARK ONE PLAN CARRIER AND ONE EMPLOYEE GROUP (X)		
			3) <input type="checkbox"/> DELTA CARE GROUP (Group 3100)				
	\$50 deductible in-network, 100% Preventive, \$1750 annual max, 80% basic, 50% major, adult & child orthodontia		IN NETWORK ONLY - Managed Care Plans, Set Rates & No Max Benefit				
			EMPLOYEE PAYS				
EMPLOYEE		0.00					
EMPLOYEE & SPOUSE		0.00					
EMPLOYEE & CHILDREN		0.00					
EMPLOYEE & FAMILY		0.00					
LIFE INSURANCE & AD & D - Administered by Metlife							
Life Insurance Amounts Employee \$35,000 & Additional \$5,000 for accidental death				EMPLOYEE PAYS	MARK ONE (X)		
				0.00	X		
LONG TERM DISABILITY (LTD) - Standard Insurance Co.							
After 90 days being disabled, 60% of 1st \$400 of current earnings. Min \$50 & Max \$240 per month				0.00	X		
VOLUNTARY TAX SAVING PLANS OR ADDITIONAL INSURANCE SELECTION							
Flexible Spending Account (FSA), Max \$2,650 - Plus Point			FSA/DCR Fee	\$5.00	Monthly Amount	Mark "X"	
				92-95	\$	DC	
Dependent Care Reimbursement (DCR) Max \$2,500/\$5,000 - Plus Point			All Self- Paid		\$	92-15	
Voluntary Long Term Disability Plan (Income protection if disable)			All Self- Paid			316-1	