

**EMPLOYEE WORKSHEET
CAFETERIA PLAN OPTIONS - CALENDAR YEAR 2015**

The County contributes a dollar amount, usually determined through labor negotiations that will be applied toward the cost of health, dental and vision plans you select. Your benefit options and their costs are provided below. **In order to complete this worksheet, you must obtain the semi-monthly amount of the County Contribution from your Payroll Coordinator.** All premiums listed below are **semi-monthly** amounts. Circle the premium amounts for the plans you have selected.

Health (Optional)	<u>Single</u>	<u>2 – Party</u>	<u>Family</u>
Blue Shield HMO Access+	\$299.33	\$598.66	\$778.26
Blue Shield HMO NetValue	\$280.55	\$561.09	\$729.42
Anthem HMO Traditional	\$371.56	\$743.12	\$966.06
PERS Select	\$292.79	\$585.58	\$761.26
PERS Choice	\$297.20	\$594.40	\$772.72
PERS Care	\$328.66	\$657.32	\$854.52
PORAC	\$337.50	\$646.00	\$821.00
Waive Coverage	N/A	N/A	N/A
Dental (Mandatory)			
Delta Dental	\$25.12	\$42.70	\$65.30
Aetna Dental DMO	\$15.18	\$25.10	\$37.09
Vision (Mandatory)			
VSP	\$ 4.77	\$7.27	\$11.76

Employee Cash-out or Deduction

COUNTY CONTRIBUTION \$ _____
(*semi-monthly*)

**(Subtract \$61.00 if health coverage waived)
(Mgt. & Confidential subtract \$69.50 if health coverage is waived)

LESS: Health \$ _____
Dental \$ _____
Vision \$ _____

(_____)

(Add the insurance plan costs and subtract from County contribution.)

NET CASH or DEDUCTION \$ _____

NOTE: All medical deductions are pretax dollars unless you elect to waive this tax benefit.

**** No cashout for employees in BU 03, 21, 14, 06, and 22 who opt out of medical on or after 1/ 1/2014.**

No cashout for employees in BU 07-11 and 17 who opt out of medical on or after 1/1/2015.

No cashout for new hires in BU 01, 02, 05 and 13 who opt out of medical on or after 2/15/2015 and no cashout for all existing employees hired prior to 2/15/2015 who opt out of County medical on or after 1/1/2016.