



2007 Benefits Worksheet

NAME: _____

INSTRUCTIONS: Choose the coverage level and the corresponding monthly premium for each section (place in highlighted box). If you choose to decline an insurance, please place 0 in the box. The Diamond Contribution will be deducted at the bottom of the sheet. If you do not use the full credit (\$300), you will not be refunded the difference.

1. Health Insurance: Blue Care Network (HMO)

\$250/\$500 (family) deductible, \$10 co-pay, RX is \$10-generic, \$40-name brand, Statewide coverage

| Coverage Level Selected | Company Monthly Premium | Your Deduction |
|-------------------------|-------------------------|----------------|
| ◆ Employee | \$259.12 | |
| ◆ Two Person | \$595.99 | |
| ◆ Family | \$673.73 | |
| ◆ FC - Child in College | \$155.48 | |

2. Dental Insurance: The Principal Plan Dental (PPO)

\$0 deductible; 100% Preventative Service coverage, 80% Basic Service coverage, 50% Major Service coverage
50% Orthodontic Services covered (\$1500 lifetime maximum); \$1500 annual maximum

| Coverage Level Selected | Company Monthly Premium | Your Deduction |
|-------------------------|-------------------------|----------------|
| ◆ Employee | \$28.74 | |
| ◆ Two Person | \$56.18 | |
| ◆ Family | \$97.65 | |

3. Vision Plan: Vision Service Plan (VSP)

\$5 co-pay for Eye Exam (within VSP Network), \$10 co-pay for Lenses and Frames (within VSP Network)
\$10 co-pay for medical necessary Contact Lenses (within VSP Network), \$120 Allowance for elective Contact Lenses

| Coverage Level Selected | Company Monthly Premium | Your Deduction |
|-------------------------|-------------------------|----------------|
| ◆ Employee | \$4.88 | |
| ◆ Two Person | \$10.98 | |
| ◆ Family | \$13.16 | |
| ◆ FC - Child in College | \$2.44 | |

