



2018 Elections Worksheet

Use this worksheet as a guide to make your 2018 benefit elections before going online to complete Open Enrollment. To learn more about these plans and complete Open Enrollment, visit the LiveWell website at www.mcclatchylivewell.com.

The rates listed below are the per pay period costs. Premium contributions will be deducted from the first and second paychecks of each month for 24 deductions in 2018.

Every employee MUST complete Open Enrollment to have health benefits for 2018

- 1) **Medical** – Choose an Aetna medical plan and coverage tier for 2018 or waive coverage. You will need to complete the online eligibility certification for any spouse/domestic partner coverage.

	<u>Classic Care</u>	<u>Savings Advantage</u>
Employee Only	___ \$ 70.31	___ \$ 39.39
Employee + Child(ren)	___ \$172.67	___ \$106.37
Employee + Spouse/DP	___ \$238.69	___ \$147.03
Employee + Family	___ \$309.78	___ \$190.83
___ Waive medical coverage		

- 2) **Dental** – Choose a Cigna dental plan and coverage tier for 2018 or waive coverage. You will need to complete the online eligibility certification for any spouse/domestic partner coverage.

	<u>Basic</u>	<u>Comprehensive</u>
Employee Only	___ \$2.06	___ \$ 5.15
Employee + Child(ren)	___ \$4.90	___ \$12.25
Employee + Spouse/DP	___ \$5.16	___ \$12.89
Employee + Family	___ \$8.00	___ \$19.99
___ Waive dental coverage		

- 3) **Vision** – Choose a VSP vision plan and coverage tier for 2018 or waive coverage. Spouse/domestic partner eligibility certification is not required for this coverage.

	<u>Basic</u>	<u>Comprehensive</u>
Employee Only	_____ \$0.08	_____ \$ 3.56
Employee + Child(ren)	_____ \$0.19	_____ \$ 6.82
Employee + Spouse/DP	_____ \$0.21	_____ \$ 7.18
Employee + Family	_____ \$0.31	_____ \$11.11
_____ Waive vision coverage		

- 4) **Flexible Spending Account (FSA) Plans** – Any benefits-eligible employee may enroll in the Dependent Care Assistance Plan (DCAP). If you waive medical coverage or are enrolled in the Classic Care plan, you also may enroll in the Health Care Reimbursement Plan (HCRP). However, you are NOT eligible for the HCRP if you are enrolled in the Savings Advantage plan.

Enrollment in a FSA plan is not automatic – if you want to participate in a FSA plan in 2018, you must complete online open enrollment and elect an annual pledge amount.

_____ Health Care Reimbursement Plan \$_____ annual pledge (max \$2,600)
 _____ Dependent Care Assistance Plan \$_____ annual pledge (max \$5,000)

- 5) **Health Saving Account (HSA)** – You must be enrolled in the Savings Advantage plan in order to be eligible for an HSA. The HSA employee contribution limits for 2018 are \$2,950 for Employee Only coverage, \$6,100 for Employee + Spouse/DP or Employee + Child(ren) and \$5,850 for Employee + Family coverage. You can contribute another \$1,000 as a catch-up contribution if you are over the age of 55.

Participation in the HSA is not automatic – if you want to participate in the HSA in 2018, you must elect an annual pledge amount.

_____ Employee Only \$_____ annual pledge (max \$2,950)
 _____ Employee + (Spouse/DP or Child(ren))\$_____ annual pledge (max \$6,100)
 _____ Employee + Family \$_____ annual pledge (max \$5,850)

6) Supplemental Life Insurance

- No change in supplemental life insurance coverage
- Reduce or waive supplemental life insurance
- Purchase additional supplemental life insurance coverage (Evidence of Insurability may be required).

You must designate or confirm a beneficiary for basic life insurance as well as any supplemental employee life insurance coverage that you purchase.

Child supplemental life insurance is \$0.064 per pay period per \$1,000 coverage.

Per pay period, rates per \$1,000 coverage for employee and spouse/domestic partner coverage are listed below and are based on age as of Dec. 31, 2017:

<u>Age</u>	<u>Employee or Spouse/Domestic Partner</u>
Under 25	\$0.023
25-29	\$0.028
30-34	\$0.037
35-39	\$0.042
40-44	\$0.047
45-49	\$0.073
50-54	\$0.114
55-59	\$0.197
60-64	\$0.303
65-69	\$0.583
70+	\$0.945

Beneficiary: _____

Name	Birth date	SSN
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7) Long-Term Disability (LTD) Insurance

- No change in LTD coverage
- Waive or drop LTD buy-up coverage
- Purchase LTD buy-up coverage, (Evidence of Insurability is required). Cost is \$0.07 per pay period per \$100 of wage earned.

8) Accident – Choose an Allstate Accident plan and coverage tier for 2018 or waive coverage.

	<u>Low Plan</u>	<u>High Plan</u>
Employee Only	<input type="checkbox"/> \$1.92	<input type="checkbox"/> \$ 3.92
Employee + Child(ren)	<input type="checkbox"/> \$4.21	<input type="checkbox"/> \$ 9.04
Employee + Spouse	<input type="checkbox"/> \$3.33	<input type="checkbox"/> \$ 6.79
Employee + Family	<input type="checkbox"/> \$5.58	<input type="checkbox"/> \$11.23
<input type="checkbox"/> Waive Accident coverage		

9) **Critical Illness** – Choose an Allstate Critical Illness plan and coverage tier for 2018 or waive coverage.

	<u>Low Plan</u>	<u>High Plan</u>
Employee Only or Employee + Child(ren)	_____	_____
Employee + Spouse or Employee + Family	_____	_____
_____ Waive Critical Illness coverage		

Premium rates for Critical Illness are based on 1) the employee’s age as of Dec. 31, 2017, and 2) tobacco status, which is determined by whether any individual (age 19+) covered under the plan has used tobacco in the last 12 months.

Low Plan					High Plan				
Age	Non-Tobacco		Tobacco		Age	Non-Tobacco		Tobacco	
	EE or EE + Ch	EE or F	EE or EE + Ch	EE or F		EE or EE + Ch	EE or F	EE or EE + Ch	EE or F
18-24	\$0.57	\$0.86	\$0.69	\$1.04	18-24	\$1.16	\$1.72	\$1.39	\$2.07
25-29	\$0.78	\$1.17	\$0.92	\$1.36	25-29	\$1.56	\$2.33	\$1.83	\$2.73
30-34	\$1.14	\$1.71	\$1.53	\$2.29	30-34	\$2.28	\$3.42	\$3.06	\$4.59
35-39	\$1.83	\$2.75	\$2.55	\$3.82	35-39	\$3.67	\$5.48	\$5.11	\$7.65
40-44	\$2.64	\$3.96	\$3.77	\$5.65	40-44	\$5.28	\$7.91	\$7.53	\$11.29
45-49	\$3.74	\$5.61	\$5.77	\$8.64	45-49	\$7.48	\$11.22	\$11.53	\$17.30
50-54	\$5.25	\$7.86	\$8.52	\$12.77	50-54	\$10.49	\$15.72	\$17.02	\$25.53
55-59	\$6.98	\$10.46	\$11.67	\$17.51	55-59	\$13.95	\$20.92	\$23.34	\$35.01
60-64	\$10.04	\$15.07	\$16.97	\$25.45	60-64	\$20.10	\$30.13	\$33.93	\$50.88
65-69	\$14.27	\$21.40	\$24.25	\$36.37	65-69	\$28.54	\$42.79	\$48.49	\$72.73
70-74	\$20.15	\$30.23	\$33.54	\$50.31	70-74	\$40.31	\$60.46	\$67.08	\$100.62
75-79	\$26.40	\$39.59	\$42.00	\$63.00	75-79	\$52.79	\$79.19	\$84.00	\$125.98
80+	\$33.15	\$49.72	\$52.15	\$78.21	80+	\$66.29	\$99.43	\$104.28	\$156.42

EE = Employee Only; EE+Ch = Employee + Child(ren); EE+Sp = Employee + Spouse; F = Employee + Family

10) **Identity Theft Plan** – Choose an InfoArmor Identity Theft coverage tier or waive coverage.

<u>Coverage Level</u>	<u>Cost</u>
Employee Only	_____ \$4.97
Family (Employee + one or more dependents)	_____ \$8.97
_____ Waive Identity Theft coverage	

If you elect Family coverage, dependents can be added through InfoArmor’s website after coverage begins. Login information will be sent to you in early January.

11) Dependent Information

Dependent Information				Select Dependent Coverage(s)					
Name	Relationship	SSN (Required)	DOB	Medical	Dental	Vision	Supplemental Life	Accident	Critical Illness
(example – John Doe)	Spouse	123-45-6789	02/29/1976	X			X	X	

***To complete Open Enrollment, go to the Open Enrollment link found on the McClatchy LiveWell website at www.mcclatchylivewell.com.
Open Enrollment is available November 1 - 10***