



## 2017 Elections Worksheet

Use this worksheet as a guide to make your 2017 benefit elections before going online to complete Open Enrollment. You can find more information about the plans on the LiveWell website at [www.mcclatchylivewell.com](http://www.mcclatchylivewell.com).

The rates listed on this worksheet are your costs on a per pay period basis. Your premium contributions will be deducted from the first and second paychecks of each month for a total of 24 deductions in 2017.

- 1) Medical** – Choose an Aetna medical plan and coverage tier for 2017 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	___ \$ 65.90		___ \$ 36.92
Employee + Child(ren)	___ \$161.83		___ \$ 99.69
Employee + Spouse/DP	___ \$223.70		___ \$137.80
Employee + Family	___ \$290.33		___ \$178.85
___ Waive medical coverage			

- 2) Dental** – Choose a Cigna dental plan and coverage tier for 2017 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	___ \$2.02		___ \$ 5.05
Employee + Child(ren)	___ \$4.80		___ \$12.00
Employee + Spouse/DP	___ \$5.05		___ \$12.63
Employee + Family	___ \$7.84		___ \$19.58
___ Waive dental coverage			

- 3) **Vision** – Choose a VSP vision plan and coverage tier for 2017 or waive coverage. Spouse/domestic partner eligibility certification is not required for this coverage.

	<u>Basic</u>	<u>Comprehensive</u>
Employee Only	_____ \$0.08	_____ \$ 3.50
Employee + Child(ren)	_____ \$0.19	_____ \$ 6.69
Employee + Spouse/DP	_____ \$0.20	_____ \$ 7.04
Employee + Family	_____ \$0.31	_____ \$10.91
_____ 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.

2017 DCAP and HCRP claims must be incurred by Dec. 31, 2017 and submitted for reimbursement by March 31, 2018. Please remember that if you do not claim all of your account balance by the reimbursement deadline, you will forfeit any remaining funds.

*Enrollment in a FSA plan is not automatic – if you want to participate in a FSA plan in 2017, you must complete online open enrollment and elect an annual pledge amount.*

\_\_\_\_\_ Health Care Reimbursement Plan      \$\_\_\_\_\_ annual pledge (max \$2,550)  
 \_\_\_\_\_ Dependent Care Assistance Plan      \$\_\_\_\_\_ annual pledge (max \$5,000)

5) **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, 2016:

<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

