

University of Puget Sound 2021 Benefits Election Worksheet

This worksheet is a tool to help you complete your 2021 Benefits Enrollment Form. The figures you calculate will help you plan by providing an estimate of your portion of benefit costs. Your portion is withheld through payroll deduction and is split over both paychecks each month. **Please do not submit this worksheet to Human Resources.**

MEDICAL PLAN ELECTION (Premera Blue Cross)

Refer to our Benefits Guide for a detailed description of our medical Heritage Prime plan through Premera Blue Cross. The table below shows your monthly costs for our medical plan.

Coverage Category	You Pay	Puget Sound Pays
You	\$0	\$668.00
You & Spouse/Partner	\$624.00	\$876.00
You & Child(ren)	\$249.00	\$917.00
You & Spouse/Partner & Child(ren)	\$873.00	\$1,125.00
No coverage through the University*	\$0	\$0

Enter the cost of your selection here

*Waiver only allowed if you have adequate medical coverage elsewhere.

Vision Plan (Vision Services Plan (VSP))

Refer to our Benefits Guide for a detailed description of our vision plan through VSP. The table below shows your monthly costs for our vision plan.

Coverage Category	Base Plan You Pay	Buy-Up Plan You Pay
You	\$0	\$8.60
You & Spouse/Partner	\$0	\$17.72
You & Child(ren)	\$0	\$18.96
You & Spouse/Partner & Child(ren)	\$0	\$30.30
No coverage through the University*	\$0	\$0

Enter the cost of your selection here

DENTAL PLAN ELECTION (Premera Blue Cross)

Refer to our Benefits Guide for a detailed description of our Dental Optima plan through Premera Blue Cross. The table below shows your monthly costs for our dental plan.

Coverage Category	Base Plan You Pay	Buy-Up Plan You Pay
You	\$0	\$27.00
You & Spouse/Partner	\$17.00	\$71.00
You & Child(ren)	\$21.00	\$83.00
You & Spouse/Partner & Child(ren)	\$38.00	\$126.50

Enter the cost of your selection here

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (Discovery Benefits)

Refer to our Benefit Guide for a detailed description of the Healthcare Flexible Spending Account. Many types of out of pocket healthcare expenses are eligible for reimbursement through your Healthcare Flexible Spending Account. Following is a list of some of the more common expenses that can qualify, along with some room for you to estimate what your expenses might be in each area. This list is not all-inclusive.

Projected Expenses for 2021	Deductible*	Copayments	Coinsurance (the 20% you pay)	Other out-of-pocket expenses
Office Visits*				
X-ray, Lab or other Tests*				
Hospital Services*				
Surgery*				
Delivery of a baby*				
Dental Services				
Orthodontia Services				
Eyeglasses, contact lenses				
Prescriptions*				
Other eligible healthcare expenses				
Total				

***Remember:** You should only fund medical deductible, coinsurance and copayment amounts over that of the health reimbursement arrangement dollars Puget Sound funds each calendar year of \$750 for an individual or \$1,500 for a family.

Since faculty and staff are paid semi-monthly, your monthly election will be divided in half to determine how much will come out of our pay check per pay period. If you are newly eligible for benefits, you will need to modify the number of months to reflect the actual number for which you are eligible for benefits for the balance of the calendar year.

Annual Contribution (Maximum \$2,750)	Divide by 12 months	Monthly Election
\$ _____	/ _____	= \$ _____

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (Discovery Benefits)

Refer to our Benefit Guide for a detailed description of the Dependent Care Flexible Spending Account. Eligible expenses are:

- Charges for the care of your children, age 12 or under, so you and your spouse can work or go to school full time
- Charges for the care of children or adults of any age who are unable to care for themselves because of physical or mental handicap. A person qualifying for the type of care must be claimed as a dependent on your tax return. Nursing home expenses do not qualify.

The amount you elect divided by 12 will be the monthly amount deposited into your dependent care reimbursement account. This amount cannot exceed \$5,000. Since faculty and staff are paid semi-monthly, your monthly election will be divided in half to determine how much will come out of our pay check per pay period. If you are newly eligible for benefits, you will need to modify the number of months to reflect the actual number for which you are eligible for benefits for the balance of the calendar year. Below is a table to help you estimate your dependent care expenses. When determining your contribution amount, remember to account for vacation days, holidays, and rate changes as your children age.

Weekly Cost of Care	# of weeks of care through 12/31/2021	Estimated Annual Expenses (Maximum \$5,000)	Divide by 12 months	Monthly Election
\$ _____	X _____	=\$ _____	/ _____	=\$ _____

VOLUNTARY LIFE / ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE (Lincoln Financial Group)

You may elect voluntary life insurance in addition to the \$25,000 the University provides. You may purchase life insurance for yourself, your spouse/partner and your children up to age 26.

Coverage Levels:

You may elect up to the lesser of 5 times your salary or \$500,000 for yourself, up to the lesser of 50% of your amount or \$150,000 for your spouse/partner and up to the lesser of 50% of your amount or \$20,000 for children between 6 months and 26 years of age. Up to \$2,500 of coverage can be purchased for children 14 days to 6 months old.

As long as you enroll within 31 days of eligibility, you can purchase up to the guarantee issue amount of \$180,000 for yourself, \$50,000 for your spouse/partner and/or the full amount for children without having to prove your good health. If you don't enroll within 31 days of eligibility, or if you elect an amount above the guarantee issue, you will have to fill out an evidence of insurability form and be approved by Lincoln. You will be allowed to increase your election one benefit increment per year during open enrollment without an evidence of insurability.

Voluntary Life premiums for you and your spouse/partner are based on your age on January first of each year. Coverage for yourself must be increments of \$10,000 and coverage for your spouse/partner and/or dependent children must be in increments of \$5,000.

Age	EE/SP rate per \$1,000	Age	EE/SP rate per \$1,000	Child rate per \$1,000	AD&D rate per \$1,000
<25	\$0.038	55-59	\$0.399	\$0.280	\$0.026
25-29	\$0.038	60-64	\$0.627		
30-34	\$0.057	65-69	\$1.216		
35-39	\$0.076	70-74	\$1.957		
40-44	\$0.095	75-79	\$1.957		
45-49	\$0.150	80-89	\$1.957		
50-54	\$0.212	90+	\$1.957		

Semi-monthly payroll deductions will be equivalent to half of the premium listed.

Note: If you are age 70, your life benefits will be reduced to 65% of your original amount and at age 75 will reduce to 50% of the original amount. Voluntary life coverage cannot be increased after a reduction due to age.

To calculate the monthly premiums for yourself, divide the total coverage amount (in \$10,000 increments) by 1,000 and multiply that amount by the rate for your age bracket in the table above. That will be the monthly cost for coverage for yourself.

To calculate the monthly premiums for your spouse/partner, divide the total coverage amount (in \$5,000 increments) by 1,000 and multiply that amount by the rate for **your** age bracket in the table above. That will be the monthly cost of coverage for your spouse/partner.

To calculate the monthly premiums for your child(ren), divide the total coverage amount (in \$5,000 increments) by 1,000 and multiply by the rate in the table above for child life. That will be the monthly cost of coverage for your child(ren).

Enter the cost of the coverage you wish to purchase for yourself	\$
Enter the cost of the coverage you wish to purchase for your spouse/partner	\$
Enter the cost of the coverage you wish to purchase for child(ren)	\$
Add the three lines together to get your Total Monthly Cost for all AD&D elections	\$

Voluntary AD&D Insurance is available for yourself, your spouse/partner and/or your children (up to age 26) at the same coverage levels listed above for voluntary life insurance. Since voluntary AD&D coverage is not based on your good health, guarantee issue amounts do not apply and you may add any level of coverage during open enrollment. The rate is the same regardless of age and is included in the voluntary life table above.

To calculate the monthly premiums for yourself, your spouse/partner and/or your child(ren), follow the steps for voluntary life listed above. After dividing the coverage amount by 1,000 you will multiply by the AD&D rate instead of the age based rates.

Enter the cost of the coverage you wish to purchase for yourself	\$
Enter the cost of the coverage you wish to purchase for your spouse/partner	\$
Enter the cost of the coverage you wish to purchase for child(ren)	\$
Add the three lines together to get your Total Monthly Cost for all AD&D elections	\$