

Employee Name \_\_\_\_\_ ID # \_\_\_\_\_

2009-2010 HEALTH AND WELFARE CALCULATION SHEET

- A. MEDICAL Composite
- Blue Cross Plan 4A  \$1065.00
  - Blue Cross Plan 4C  \$1042.00
  - Blue Cross Plan 6C  \$ 962.00
  - Blue Cross Plan 10C  \$ 674.00
  - Blue Cross HDHP-2  \$ 686.00
  - Kaiser Plan 1  \$1135.00
  - Kaiser Plan 7  \$ 965.00
  - PacifiCare  \$1807.00

*Amount of Plan Selected from Section A*

- B. DENTAL
- Delta Dental - Incentive  \$158.30
  - Delta Dental – Non-Incentive  \$ 89.60

*Amount of Plan Selected from Section B*

- C. VISION
- VSP  \$19.53

*Amount of Plan Selected from Section C*

**TOTAL FROM SECTIONS A, B & C\***

**CALCULATION**

*Your Employee Contribution for 2009-2010 Benefit year will be as follows:*

<b>*Total from Sections A, B &amp; C</b>	=	<input style="width: 80%; height: 20px;" type="text"/>	
Subtract Defined Contribution	=	<input style="width: 80%; height: 20px; background-color: #cccccc;" type="text" value="-1086.18"/>	
<b>Employee Contribution</b>	=	<input style="width: 80%; height: 20px; background-color: #cccccc;" type="text"/>	x _____ (Signature)

*For Office Use Only:*

Deduction \$ _____	Effective Date: _____
Processed By HR Representative _____	Date _____