

Open Enrollment Event

- 1 **Select Benefits** 2 Sign Up 3 Confirm Enrollment

Exit Event

Please make your plan selection below and click *Next* to continue.

Medical

Choose Your Plan

Medical Summary

Dental

Flexible Spending

Disability

Life

Benefits Summary

Choose Your Medical Plan

Bi-Weekly

Plan Choices	Your Contribution	Employer Contribution	Total Plan Cost
<u>Custom Choice Fund 500</u>			
<input type="radio"/> Employee	\$25.80 - \$63.91	\$175.00	\$200.80 - \$238.91
<input type="radio"/> Employee + One	\$42.58 - \$128.04	\$345.00	\$397.58 - \$473.04
<input checked="" type="radio"/> Employee + Family	\$76.30 - \$185.69	\$500.00	\$576.30 - \$685.69
<u>Network Plan</u>			
<input type="radio"/> Employee	\$40.01	\$175.00	\$215.01
<input type="radio"/> Employee + One	\$80.73	\$345.00	\$425.73
<input type="radio"/> Employee + Family	\$117.12	\$500.00	\$617.12
<u>Standard PPO Plan</u>			
<input type="radio"/> Employee	\$20.06	\$175.00	\$195.06
<input type="radio"/> Employee + One	\$41.22	\$345.00	\$386.22
<input type="radio"/> Employee + Family	\$57.87	\$500.00	\$557.87
<input type="radio"/> I choose to <u>waive</u> my Medical benefit.			

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