

Open Enrollment Worksheet

RETURN TO HR

Make a selection in each area. Turn in to HR by Nov 13, 2020.

Name: _____

Department _____

Mark this box if you want to leave ALL benefits the same as current:
If you want to make any changes for 2021 plan year, make a selection in ALL areas below.

* HEALTH INSURANCE		Base		Buy Up	
Deductible		\$2,000	\$4,000	\$1,000	\$2,000
Ded/Coin Max		\$4,500	\$9,000	\$3,500	\$7,000
		\$35 copay	50% coin	\$25 copay	20% coin
Single	<input type="checkbox"/>	\$ 43.54		<input type="checkbox"/>	\$ 100.26
Child(ren)	<input type="checkbox"/>	\$ 405.01		<input type="checkbox"/>	\$ 520.08
Spouse	<input type="checkbox"/>	\$ 420.69		<input type="checkbox"/>	\$ 542.61
Family	<input type="checkbox"/>	\$ 629.78		<input type="checkbox"/>	\$ 809.90
					<input type="checkbox"/> Waive
* DENTAL INSURANCE		Base		Buy Up	
Preventative coverage		50%		100%	
Annual Maximum Benefit		\$2,000		\$3,000	
Orthodontic coverage		None		50% \$1500 life max	
Single	<input type="checkbox"/>	\$ 2.17		<input type="checkbox"/>	\$ 10.81
Child(ren)	<input type="checkbox"/>	\$ 19.43		<input type="checkbox"/>	\$ 43.16
Spouse	<input type="checkbox"/>	\$ 20.52		<input type="checkbox"/>	\$ 39.92
Family	<input type="checkbox"/>	\$ 30.64		<input type="checkbox"/>	\$ 64.14
					<input type="checkbox"/> Waive
* VISION INSURANCE					
Single	<input type="checkbox"/>	\$ 7.89			<input type="checkbox"/> Waive
Child(ren)	<input type="checkbox"/>	\$ 15.31			
Spouse	<input type="checkbox"/>	\$ 15.60			
Family	<input type="checkbox"/>	\$ 23.27			
* PRE TAX DEDUCTIONS	<input type="checkbox"/>				<input type="checkbox"/> Waive
* FLEX SPENDING ACCOUNT	<input type="checkbox"/>			<input type="checkbox"/> DEBIT CARD	<input type="checkbox"/> Waive
* LIFE TEAM MEMBERSHIP	<input type="checkbox"/>	\$ 30.00	ee only	<input type="checkbox"/>	\$ 50.00 household
					<input type="checkbox"/> Waive
* LEGAL SHIELD / ID SHIELD		Legal Only		ID Only	Package Plan
Individual	<input type="checkbox"/>	\$ 16.95		<input type="checkbox"/>	\$ 8.95
				<input type="checkbox"/>	\$ 25.90
Family	<input type="checkbox"/>	18.95		<input type="checkbox"/>	\$ 18.95
				<input type="checkbox"/>	\$ 33.90
					<input type="checkbox"/> Waive

X _____

_____ Date

My signature on this document indicates my elections for the 2021 plan year. I have attached all necessary enrollment or waiver forms. I authorize the City of Emporia to deduct payments for these benefits from my paycheck.