

2024 Open Enrollment Benefits Election Worksheet

Before enrolling, complete this worksheet and refer to it when enrolling on Oracle. Everyone must enroll for 2024 benefits between October 30 and November 17, 2023.

Page references refer to pages in the Benefits Guide.

Florida Blue Medical Benefits, pages 10-13				ntial Supple	emental	Health Ben	jes 14	4-16						
Bi-Weekly Deductio	Accide	nt	Bi-We	ekly Deduction	1									
3748 Plan 3769 Plan				oll High Plan		-			6 ☐ EE+Child(ren) \$10.46 ☐ EE+Family \$15.64					
EE Only	□ \$23.18	□ \$0.00	☐ Enro	oll Low Plan line	EE	Only \$2.79] EE+SP \$3	3.95 □	5 EE+Child(ren) \$4.36 EE+Family \$6.08					
EE + Spouse	□ \$53.92	□ \$24.30	Critical	Illness	Benefi	t Options				Rates are available in				
EE + Child(ren)	□ \$50.16	□ \$20.59	☐ Enroll High Plan Employee \$30,000, Spouse \$15,00						000, Child \$15,000 the Benefits Guide and					
EE + Family	□ \$77.14	\$51.66	Employee \$15,000, Spouse \$7,500,						, Child \$7,500 on Oracle.					
☐ Waive			Hospita	I Indemnity	Bi-We	ekly Deduction	1							
vvaive				oll High Plan		•			2.02 EE+Child(ren) \$16.61 EE+Family \$28.56					
			☐ Enroll Low Plan ☐ EE Only \$5.27 ☐ EE+SP \$11					311.51	☐ EE+Child(ren) \$	8.94				
Haalib Farriby Fla	wihla Casad	in a Anna conta	Decline											
HealthEquity Floor pages 17-18	exible Spena	ing Accounts,	Delta Dental Plan, pages 21-22						EyeMed Vision Care Plan, pages 23-24					
☐ Healthcare Sper	nding Account (m	nax: \$3,050/year)	Bi-Weekly Deduction						Bi-Weekly Deduction					
\$					High Low DPPO DPPO									
Dependent Care Account (max: \$5,000/year)						DPPO		EE Only	☐ \$1.62					
\$			EE Or	•		\$2.88	\$1.47		EE+SP	□ \$3.35				
		II-tax-free and use the	EE+S			\$8.31	\$2.54		EE+Child(ren)	□ \$3.58				
money to pay eligible			EE+C	hild(ren)		\$6.92 \$2.71 \$10.85 \$4.08			EE+Family	\$5.31				
dependents or for daycare expenses for dependent child(ren) under age 13 or a tax-dependent adult.				amily		□ \$10.85								
	☐ Waive Coverage						☐ Waive Coverage							
				aive Coverage						96				
	Basic/	New Yorl AD&D and Voluntary	k Life		25-26					nd Long-Term Care				
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2024 Open Enrollment Benefits Election Worksheet

Add Beneficiaries for Life Insurance Elections														
					nship					% of Benefit (must total 100%)				
☐ Primary or	First/Middle			SS#				% Basic Life/AD&D						
☐ Contingent		Last:			DOB				% Voluntary Life/AD&D					
☐ Primary or		First/Middle				SS#	SS#				% Basic Life/AD&D			
☐ Contingent	Last:		DOB					% Voluntary Life/AD&D						
List the Dependents to Add to Your Coverage (see page 7 for Eligibility Requirements)														
No		Social Social		Security Date		e of Birth Gende /dd/year M/F	Gender	Handicapped Y/N	Student Y/N	Coverage Y/N				
Name (First, Middle initial, Last)		Relationship	Number Number		mm/d		M/F			Medical Y/N	Dental Y/N	Vision Y/N	Voluntary Life/AD&D	
(1.104, 1.1104.1	(1 list, Wildale lilital, Last)									1711		.,,,	LIIONIDAD	
								19						
Notes and Questions to Ask														

If you have questions, contact HR.