



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		Prudential Supplemental Health Benefits, pages 14-16																																		
Bi-Weekly Deduction <table border="0"> <tr> <td></td> <td>3748 Plan</td> <td>3769 Plan</td> </tr> <tr> <td>EE Only</td> <td><input type="checkbox"/> \$23.18</td> <td><input type="checkbox"/> \$0.00</td> </tr> <tr> <td>EE + Spouse</td> <td><input type="checkbox"/> \$53.92</td> <td><input type="checkbox"/> \$24.30</td> </tr> <tr> <td>EE + Child(ren)</td> <td><input type="checkbox"/> \$50.16</td> <td><input type="checkbox"/> \$20.59</td> </tr> <tr> <td>EE + Family</td> <td><input type="checkbox"/> \$77.14</td> <td><input type="checkbox"/> \$51.66</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Waive</td> </tr> </table>			3748 Plan	3769 Plan	EE Only	<input type="checkbox"/> \$23.18	<input type="checkbox"/> \$0.00	EE + Spouse	<input type="checkbox"/> \$53.92	<input type="checkbox"/> \$24.30	EE + Child(ren)	<input type="checkbox"/> \$50.16	<input type="checkbox"/> \$20.59	EE + Family	<input type="checkbox"/> \$77.14	<input type="checkbox"/> \$51.66	<input type="checkbox"/> Waive			Accident <input type="checkbox"/> Enroll High Plan <input type="checkbox"/> Enroll Low Plan <input type="checkbox"/> Decline		Bi-Weekly Deduction <input type="checkbox"/> EE Only \$4.86 <input type="checkbox"/> EE+SP \$9.06 <input type="checkbox"/> EE+Child(ren) \$10.46 <input type="checkbox"/> EE+Family \$15.64 <input type="checkbox"/> EE Only \$2.79 <input type="checkbox"/> EE+SP \$3.95 <input type="checkbox"/> EE+Child(ren) \$4.36 <input type="checkbox"/> EE+Family \$6.08														
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HealthEquity Flexible Spending Accounts, pages 17-18		Delta Dental Plan, pages 21-22		EyeMed Vision Care Plan, pages 23-24																																
<input type="checkbox"/> Healthcare Spending Account (max: \$3,050/year) \$ _____ <input type="checkbox"/> Dependent Care Account (max: \$5,000/year) \$ _____ Elect an amount to contribute payroll-tax-free and use the money to pay eligible health care expenses for tax dependents or for daycare expenses for dependent child(ren) under age 13 or a tax-dependent adult.		Bi-Weekly Deduction <table border="0"> <tr> <td></td> <td>High DPPO</td> <td>Low DPPO</td> </tr> <tr> <td>EE Only</td> <td><input type="checkbox"/> \$2.88</td> <td><input type="checkbox"/> \$1.47</td> </tr> <tr> <td>EE+SP</td> <td><input type="checkbox"/> \$8.31</td> <td><input type="checkbox"/> \$2.54</td> </tr> <tr> <td>EE+Child(ren)</td> <td><input type="checkbox"/> \$6.92</td> <td><input type="checkbox"/> \$2.71</td> </tr> <tr> <td>EE+Family</td> <td><input type="checkbox"/> \$10.85</td> <td><input type="checkbox"/> \$4.08</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Waive Coverage</td> </tr> </table>			High DPPO	Low DPPO	EE Only	<input type="checkbox"/> \$2.88	<input type="checkbox"/> \$1.47	EE+SP	<input type="checkbox"/> \$8.31	<input type="checkbox"/> \$2.54	EE+Child(ren)	<input type="checkbox"/> \$6.92	<input type="checkbox"/> \$2.71	EE+Family	<input type="checkbox"/> \$10.85	<input type="checkbox"/> \$4.08	<input type="checkbox"/> Waive Coverage			Bi-Weekly Deduction EE Only <input type="checkbox"/> \$1.62 EE+SP <input type="checkbox"/> \$3.35 EE+Child(ren) <input type="checkbox"/> \$3.58 EE+Family <input type="checkbox"/> \$5.31 <input type="checkbox"/> Waive Coverage														
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New York Life Basic/AD&D and Voluntary Life/AD&D, pages 25-26				Unum Whole Life and Long-Term Care Insurance, page 26																																
Employee – Elect up to \$500,000 in \$10,000 increments; up to \$200,000 without proof of good health during this year's Open Enrollment only. Election amount: \$ _____ or <input type="checkbox"/> Waive Spouse – Up to 100% of the employee elected amount in \$5,000 increments, not to exceed \$500,000; up to \$40,000 without proof of good health. Election amount: \$ _____ or <input type="checkbox"/> Waive Child – Birth to 6 months: \$1,000; 6 months to age 26: in \$2,500 increments up to \$10,000. Elect in \$2,500 increments or <input type="checkbox"/> Waive <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 You must elect coverage for yourself to add coverage for dependents.		Voluntary Life/AD&D Monthly Rates (per \$1,000), pages 25-26 (Spouse premium is based on employee age) <table border="1"> <thead> <tr> <th rowspan="2">Employee Age</th> <th colspan="3">Separate Rates Are the Same for Employee and Spouse</th> </tr> <tr> <th>50-54</th> <th>55-59</th> <th>60-64</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Under age 30</td> <td>\$0.12</td> <td><input type="checkbox"/> 50-54</td> <td>\$0.50</td> </tr> <tr> <td><input type="checkbox"/> 30-34</td> <td>\$0.12</td> <td><input type="checkbox"/> 55-59</td> <td>\$0.83</td> </tr> <tr> <td><input type="checkbox"/> 35-39</td> <td>\$0.15</td> <td><input type="checkbox"/> 60-64</td> <td>\$1.33</td> </tr> <tr> <td><input type="checkbox"/> 40-44</td> <td>\$0.22</td> <td><input type="checkbox"/> 65-69</td> <td>\$2.13</td> </tr> <tr> <td><input type="checkbox"/> 45-49</td> <td>\$0.34</td> <td><input type="checkbox"/> 70+</td> <td>\$3.43</td> </tr> <tr> <td colspan="4" style="text-align: center;">Child: \$1.73 (for \$10,000)</td> </tr> </tbody> </table>		Employee Age	Separate Rates Are the Same for Employee and Spouse			50-54	55-59	60-64	<input type="checkbox"/> Under age 30	\$0.12	<input type="checkbox"/> 50-54	\$0.50	<input type="checkbox"/> 30-34	\$0.12	<input type="checkbox"/> 55-59	\$0.83	<input type="checkbox"/> 35-39	\$0.15	<input type="checkbox"/> 60-64	\$1.33	<input type="checkbox"/> 40-44	\$0.22	<input type="checkbox"/> 65-69	\$2.13	<input type="checkbox"/> 45-49	\$0.34	<input type="checkbox"/> 70+	\$3.43	Child: \$1.73 (for \$10,000)				Cannot elect on Oracle. Enroll between November 6 and 10, 2023 by calling 866-752-7432, 8am-8pm ET. Ask for a quote using reference number 198607. <input type="checkbox"/> Whole Life Insurance with Long-Term Care Rider included <input type="checkbox"/> Waive	
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Add Beneficiaries for Life Insurance Elections																																				
Beneficiary Name (First, Middle Initial, Last Name)		Relationship	Social Security No./Date of Birth	% of Benefit (must total 100%)																																
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