



	12 Month Paid Employees (24 Deductions/Year)		10 Month Paid Employees (20 Deductions/Year)	
	Full-time Per Pay Period Deduction	Part-time Per Pay Period Deduction	Full-time Per Pay Period Deduction	Part-time Per Pay Period Deduction
KeyCare Enhanced PPO/Including Blue View Vision				
Employee Only	\$ 57.40	\$ 185.95	\$ 68.88	\$ 223.14
Employee & Children	\$ 225.12	\$ 396.03	\$ 270.15	\$ 475.24
Employee & Spouse	\$ 262.13	\$ 459.99	\$ 314.55	\$ 551.99
Employee & Family	\$ 371.07	\$ 656.73	\$ 445.29	\$ 788.08
SB Spouse/Family	\$ 114.80	\$ 371.90	\$ 137.76	\$ 446.28
KeyCare Core PPO/Including Blue View Vision				
Employee Only	\$ 28.51	\$ 157.06	\$ 34.21	\$ 188.47
Employee & Children	\$ 174.30	\$ 345.21	\$ 209.16	\$ 414.25
Employee & Spouse	\$ 203.29	\$ 401.15	\$ 243.94	\$ 481.38
Employee & Family	\$ 286.57	\$ 572.23	\$ 343.89	\$ 686.68
SB Spouse/Family	\$ 57.02	\$ 314.12	\$ 68.42	\$ 376.94
Healthkeepers HMO/Including Blue View Vision				
Employee Only	\$ 13.53	\$ 142.08	\$ 16.24	\$ 170.50
Employee & Children	\$ 146.50	\$ 317.41	\$ 175.80	\$ 380.89
Employee & Spouse	\$ 169.60	\$ 367.46	\$ 203.52	\$ 440.96
Employee & Family	\$ 244.85	\$ 530.51	\$ 293.82	\$ 636.61
SB Spouse/Family	\$ 27.06	\$ 284.16	\$ 32.48	\$ 341.00
Delta Dental Premier Plan				
Employee Only	\$ 0.83	\$ 8.75	\$ 1.00	\$ 10.50
Employee & Children	\$ 10.01	\$ 21.68	\$ 12.01	\$ 26.01
Employee & Spouse	\$ 9.55	\$ 20.69	\$ 11.46	\$ 24.83
Employee & Family	\$ 14.72	\$ 31.90	\$ 17.67	\$ 38.28
SB Spouse/Family	\$ 1.66	\$ 17.50	\$ 2.00	\$ 21.00
Delta Dental PPO Plan				
Employee Only	\$ 12.34		\$ 14.81	
Employee & Children	\$ 26.85		\$ 32.22	
Employee & Spouse	\$ 23.48		\$ 28.18	
Employee & Family	\$ 41.99		\$ 50.39	
Supplemental Vision Service Plan				
Employee Only	\$ 4.48		\$ 5.37	
Employee & Children	\$ 5.68		\$ 6.81	
Employee & Spouse	\$ 5.55		\$ 6.66	
Employee & Family	\$ 9.11		\$ 10.93	

Additional Enrollment Information

- The effective date of coverage for new employees is the first of the month following 30 days of employment. For example, if you are hired on August 21st your effective date of coverage is October 1st. If a family status change occurs, the effective date is determined by the documentation provided.
- PWCS premium is paid one month in advance. For example, September deductions pay for October coverage. Depending on the effective date of your coverage, you may owe additional premiums to pay for the previous month's missed deductions. If you owe more than \$100 in back premium, you may elect that they be divided and equally withheld from:
(Select one) One Two or Three pay checks.
- If your spouse also works for PWCS please enter your spouse's name and SSN below:
Spouse's Name: _____ Spouse's SSN: _____

Waive/Decline Coverage

My Spouse is employed with PWCS and I am a dependent on his/her policy. I elect NOT to enroll separately.
 I elect NOT to enroll in PWCS Group Health Insurance at this time.

Acknowledgement

By signing below, I authorize the premium deductions be withheld from my pay on a pre-tax basis. I understand that I am NOT able to make changes to or cancel this insurance election until the PWCS annual open enrollment period or within 30 days of a qualifying status change, as defined by the Department of Treasury.

Print Name: _____ SSN: _____
 Employee Signature: _____ Date: _____