

McDonald County Ancillary Benefits

2021 Employee Benefits Renewal

Plan Year Dates: **1/1/21 - 12/31/21**

Instructions & Notes:

- 1) All eligible employees required to complete and sign - even if waiving coverage.
- 2) Check only one plan option per insurance type.
- 3) Sign and return by the open enrollment end date.

The employee premium rates shown below are:

Monthly

Dental Insurance - MetLife

Tier	Employee Premium
Employee Only	\$29.49
Employee/Spouse	\$58.82
Employee/Child(ren)	\$64.29
Employee/Family	\$100.09
Waive	

Vision Insurance - MetLife

Tier	Employee Premium
Employee Only	\$7.98
Employee/Spouse	\$15.99
Employee/Child(ren)	\$13.54
Employee/Family	\$22.33
Waive	

Vision Insurance - Vision Service Plan

Tier	Employee Premium	
	Base Plan	Buy Up Plan
Employee Only	\$10.36	\$14.79
Employee/Spouse	\$16.58	\$23.66
Employee/Child(ren)	\$16.92	\$24.15
Employee/Family	\$27.28	\$38.94
Waive		

Voluntary Life - MetLife

Tier	Employee Premium	Short Term Disability
Keep current coverage		60% Benefit
Enroll for coverage	Complete Enrollment Form and Evidence of Insurability form	Enroll
Increase my coverage		Enroll
Waive		Waive

Employee Signature _____

Date _____

Employee Name (print) _____