

# McDonald County Ancillary Benefits

## 2022 Employee Benefits Renewal

Plan Year Dates: **1/1/22 - 12/31/22**

**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:

### 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

**4% increase**

| Tier                | Employee Premium |
|---------------------|------------------|
| Employee Only       | \$8.30           |
| Employee/Spouse     | \$16.63          |
| Employee/Child(ren) | \$14.08          |
| Employee/Family     | \$23.22          |
| Waive               |                  |

### Vision Insurance - Vision Service Plan Premium cover specialty lenses

| Tier                | Employee Premium |             |
|---------------------|------------------|-------------|
|                     | Base Plan        | Buy Up Plan |
| Employee Only       | \$10.72          | \$15.40     |
| Employee/Spouse     | \$17.15          | \$24.64     |
| Employee/Child(ren) | \$17.50          | \$25.15     |
| Employee/Family     | \$28.55          | \$40.55     |
| Waive               |                  |             |

### Voluntary Life - MetLife

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

Employee Signature

Date

Employee Name (print)