

Benefits Cost Estimation Worksheet for 2007

(Bi-Weekly)

This worksheet has been designed to help you calculate your bi-weekly benefit cost.

Step 1 Calculate the cost of you and your family's medical and dental coverage plus your basic life insurance and disability coverage. Using the rate information in the **Enrollment Guide**, write the monthly cost for:

Medical Coverage	\$ _____	
Dental Coverage	\$ _____	
Basic Life and AD&D Insurance Coverage	\$ 1.80	
Disability Coverage	\$ 3.48	
Total Cost of Coverages (A)	\$ _____	A

Step 2 Calculate the additional plans in which you wish to participate and the rates:

Supplemental Life Insurance, if any	\$ _____	
Vision Plan Premiums	\$ _____	
HealthCare Account Deposits	\$ _____	
Dependent Care Account Deposits	\$ _____	
Dependent Life Insurance Premiums	\$ _____	
Total Cost for Additional Elections (B)	\$ _____	B

Total Cost of Coverages A	\$ _____	
Plus	+	
Total Cost of Elections B	\$ _____	
Subtotal of A+B=	\$ _____	C

My Benefit Allowance for myself (and family)**	\$ _____
Line C	(-) \$ _____
Equals your Bi-Weekly Payroll Deduction (-) or Credit (+)*	\$ _____



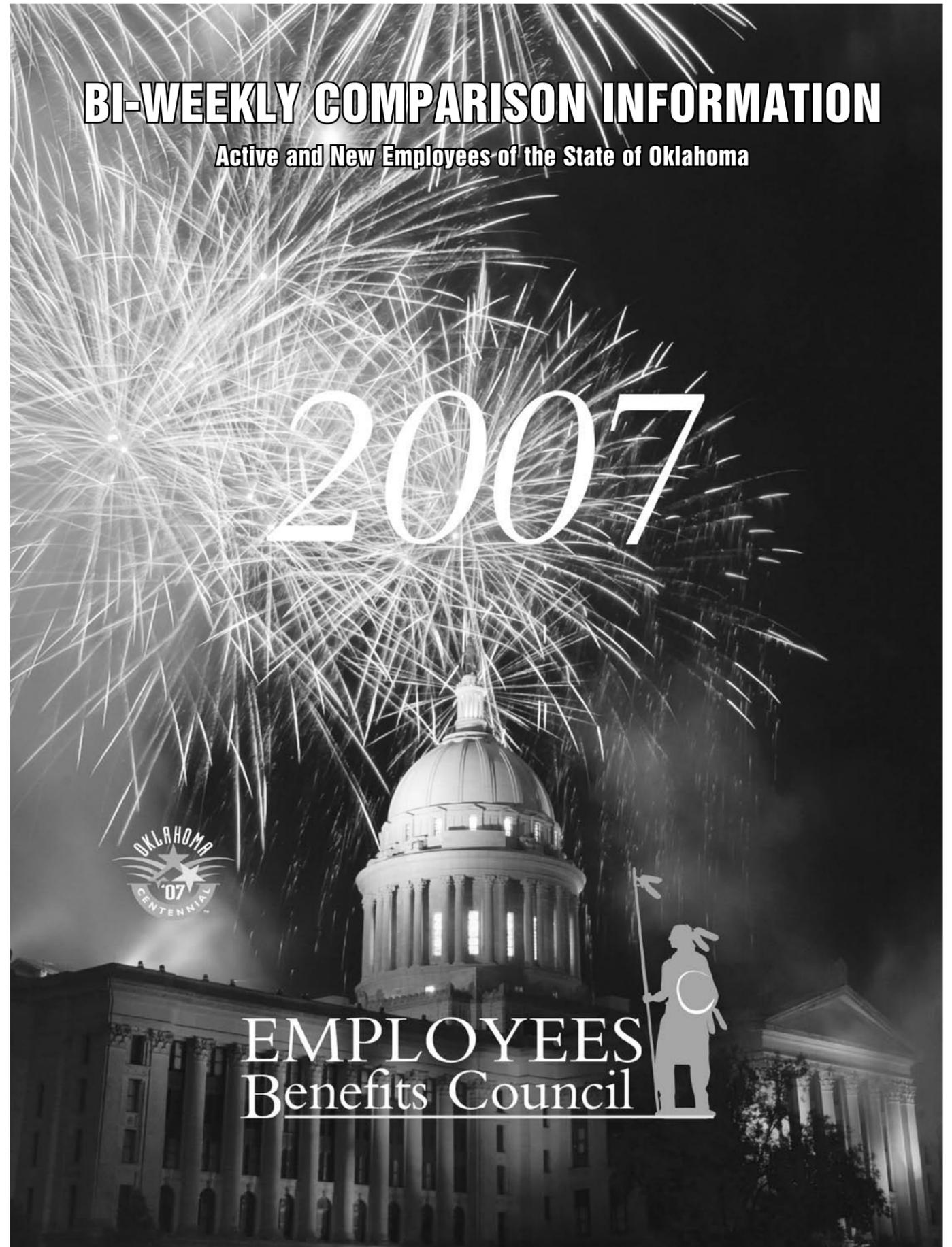
* Should your bi-weekly allowance exceed your expenses, that amount will be paid to you as taxable income bi-weekly in your paycheck. Or it can be deposited in a health care or dependent care account tax-free.

**See this insert for Benefits Allowance amounts.

If you have internet access, try the new interactive EBC Benefits Calculator by logging onto www.ebc.state.ok.us. The calculator will allow you to enter benefits selections and will automatically calculate benefits cost and benefits allowance. Be sure to select the **bi-weekly** option from the drop down menu of the calculator.

For Benefits Calculator, logon to www.ebc.state.ok.us/en/Benefits/PlanYear2007/calculator/

(#29897, 09/06)



Bi-Weekly Comparison Information

Your Benefit Allowance Helps Cover Your Costs

After you've considered your benefit choices, the State gives you an "allowance" to help pay for your selections. The Benefit Allowance helps you pay for insurance premiums that would otherwise come out of your own pocket. This year's employee benefit allowance has increased from last year, helping meet the rising costs of your benefits. For employees electing to cover dependents on the health option, an allowance is provided to cover 75% of the average of all high option premium dependent costs.

EMPLOYEES Benefits Council



Employee only	Bi-Weekly	Yearly
	\$242.58	\$6,307.08
Child	\$111.82	\$9,214.40
Children	\$148.22	\$10,160.80
Spouse	\$228.84	\$12,256.92
Spouse/Child	\$340.66	\$15,164.24
Spouse/Children	\$377.06	\$16,110.64

Did you know, in 2006 the benefit allowance covered 100% of the core insurance costs for

- 95% of employee only coverage
- 92% of family coverage

Health Plan Comparison

Although HMO plan designs have not changed for 2007, plan coverage has changed for HealthChoice High. Be sure to review all plan designs when making your choice. For more details about each health plan's benefit design, see the enclosed Health Plan Comparison Chart.

PLAN YEAR 2007 BI-WEEKLY RATES

	Employee	EE & Spouse	EE, SP & Child,	EE, SP, Children	EE, 1 child	2 children EE, or more
HealthChoice High	168.11	423.89	511.14	561.17	255.36	305.93
HealthChoice Basic	146.85	373.56	449.78	494.52	223.07	267.81
Aetna Standard	266.22	620.28	881.17	881.17	527.11	527.11
Aetna Alternative	159.89	372.52	529.20	529.20	316.57	316.57
CommunityCare Std	273.47	556.82	728.54	785.78	445.19	502.43
CommunityCare Alt.	191.95	380.69	494.17	532.40	305.43	343.66
GlobalHealth Std.	156.42	388.52	474.11	525.00	242.01	292.90
GlobalHealth Alt.	139.59	346.73	423.11	468.53	215.97	261.39
PacifiCare Std.	279.95	680.28	820.26	904.24	419.93	503.91
PacifiCare Alt.	162.83	395.63	476.99	525.84	244.19	293.04
Tricare Supp.	27.23	54.46	73.38	73.38	46.15	46.15

PLAN YEAR 2007:

Benefit Allowance	242.58	471.42	583.24	619.64	354.40	390.80
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Dental Plan Comparison

	Employee	EE & Spouse	EE, SP & Child,	EE, SP, Children	EE, 1 child	2 children EE, or more
Assurant Heritage Plus Prepaid	5.42	9.51	13.02	16.53	8.93	12.44
Assurant Freedom Preferred	11.46	22.86	31.41	45.84	20.01	34.44
Cigna Dental Prepaid	4.27	7.07	10.34	14.15	7.54	11.35
Delta Dental PPO- Point of Service	12.73	25.46	36.14	52.93	23.41	40.20
Delta's Choice – PPO	4.52	14.86	24.70	39.12	14.36	28.78
HealthChoice	12.37	24.74	35.05	51.50	22.68	39.13

Vision Plan Comparison

	Employee	EE & Spouse	EE, SP & Child,	EE, SP, Children	EE, 1 child	2 children EE, or more
CompBenefits	3.12	5.46	7.11	7.52	4.77	5.18
Primary Vision Care Svc	4.27	7.85	11.66	12.58	8.08	9.00
Spectera	3.60	6.14	8.16	9.21	5.62	6.67
Superior Vision Services	3.22	6.40	9.45	9.45	6.27	6.27
Vision Services Plan (VSP)	4.14	6.91	9.56	12.87	6.79	10.10

Basic Life Coverage(\$20,000) \$1.80

Includes AD&D

\$20,000 Supplemental Life \$1.80

Includes AD&D

Additional Units of Supplemental Life Age-rated (Per \$20,000)

Under 30 years	\$.55
30-34 years	.55
35-39 years	.83
40-44 years	1.20
45-49 years	1.94
50-54 years	3.23
55-59 years	5.35
60-64 years	6.18
65-69 years	10.15
70-74 years	17.17
75+ years	26.68

Dependent Life Low	\$1.00
Dependent Life Standard	1.66
Dependent Life Premier	3.32
Disability	\$3.48