

## EXTENDED CARE PLAN (ECP)

Preventive service and prescription coverage are the same as the PCP. However, the ECP includes coverage for hospital stays.

- \$50,000 per Plan Year maximum, unlimited lifetime maximum
- \$1,000 per person deductible
- Prescription coverage has a \$5,000 maximum per Plan Year

<b>ECP</b>	Full-time individual	Full-time w/spouse	Full-time w/child	Full-time w/children	Full-time w/family
<b>Actual Rate</b>	<b>\$7.93</b>	<b>\$21.03</b>	<b>\$12.69</b>	<b>\$18.64</b>	<b>\$29.36</b>
<b>Without Wellness Discount •</b>	<b>\$12.86</b>	<b>\$25.96</b>	<b>\$17.62</b>	<b>\$23.57</b>	<b>\$34.29</b>

<b>ECP</b>	Onboard Part Time 24–28 +hrs/wk	Onboard Part Time 28 +hrs/wk	Hereafter PT 24+hrs/wk after 3 yrs of service	Hereafter PT 28+hrs/wk after 5 yrs of service
<b>Actual Rate</b>	<b>\$19.83</b>	<b>\$11.90</b>	<b>\$19.83</b>	<b>\$11.90</b>
<b>Without Wellness Discount •</b>	<b>\$24.76</b>	<b>\$16.83</b>	<b>\$24.76</b>	<b>\$16.83</b>

## WORKSHEET

**Weekly Pay:** Hourly rate \$ \_\_\_\_\_ times Average Hours Per Week \_\_\_\_\_ **A** = \$ \_\_\_\_\_

**Dues:** Your hourly rate \$ \_\_\_\_\_ times 2 plus \$11 or \$25.08 (the current UFCW minimum), whichever is greater, is your monthly dues payment. Multiply the monthly dues amount by 12 months and divide by 52 weeks for your weekly dues payment. **B** = \$ \_\_\_\_\_

### Weekly Benefit Costs:

1. Enter the weekly contribution for your medical plan = \$ \_\_\_\_\_
2. **Dental / Vision weekly** contribution (See page 1) = \$ \_\_\_\_\_
3. **Short Term Disability Insurance** weekly premium = \$ \_\_\_\_\_
4. **Annual Flexible Spending** \$ \_\_\_\_\_ divided by the 52 weeks in the 2008 Plan Year = \$ \_\_\_\_\_
5. **Annual Dependent Care** contribution \$ \_\_\_\_\_ divided by 52 weeks = \$ \_\_\_\_\_
6. **Annual Health Savings Account** contribution (for HDHP only) \$ \_\_\_\_\_ divided by 52 weeks = \$ \_\_\_\_\_
7. Spouse Surcharge (if applicable): \$25 for IHP, HDHP, PHN, HMO; \$15 for ECP = \$ \_\_\_\_\_
8. Add all the above for your total weekly benefits costs **C** + \$ \_\_\_\_\_
9. **Tobacco-Free Incentive** (if applicable) **subtract:** \$3 per adult for PCP, ECP; \$5 per adult for IHP, HDHP, PHN, HMO. **D** – \$ \_\_\_\_\_

**Add together Dues B** \$ \_\_\_\_\_ + **Benefit Costs C** \$ \_\_\_\_\_

**Subtract** – Tobacco-Free Incentive **D** \$ \_\_\_\_\_ = **E** Total Cost **E** = \$ \_\_\_\_\_

Determine your estimated pre-tax take-home pay by **A** = \$ \_\_\_\_\_

**Subtracting E Total Costs** from **A Average Weekly Pay** **E** – \$ \_\_\_\_\_

Equals your estimated pre-tax take-home pay = \$ \_\_\_\_\_

Meijer deducts money for Flex Accounts, HSAs, and DCAs as well as your weekly contributions for health plans and short term disability insurance before taxes. This worksheet reflects how these deductions reduce your taxable income, but only estimates your take-home pay since it does not include a tax calculation or other paycheck deductions.