

MONADNOCK DEVELOPMENTAL SERVICES – PREMIUM OFFSET PLAN – Regular Full Time Employees

Employee: _____ Effective Date: January 1, 2023 thru December 31, 2023

Effective Date: _____

Please enroll me in MDSs agency sponsored plan. I authorized MDS to deduct my share of the cost through payroll deductions on a biweekly basis. I understand that the benefit options I have elected will remain in force, unless I notify Human Resources, in writing, that I have had a change in family status within 30 days of such change.

_____ I elect to have my biweekly deduction on a pre-tax basis. I understand that my social security wages and taxes will be reduced by my wage reduction under the Premium Offset Plan (POP), which may reduce my social security or disability benefits. I understand that I cannot change or revoke this agreement unless I have a change in family status as defined by the IRS.

_____ I DO NOT elect to participate in the POP. I understand that my biweekly deduction will be taken as an after tax deduction.

_____ I wish to participate in the wellness plan.

_____ I do not wish to participate in the wellness plan and **understand this will be an increase in my biweekly premium.**

Plan Election:

ELEVATE HEALTH - \$3,000/\$9,000 Deductible

Smoking rate applies to any and all who use tobacco products covered on the plan.

Elevate	Smoker Non Wellness	Smoker With Wellness	Non Wellness Participation	Wellness Participation	Indicate Bi -Weekly Premium Cost
Single	87.63	\$67.63	\$62.63	\$42.63	
Emp + Spouse	\$134.52	\$114.52	\$109.52	\$89.52	
Emp + Child (ren)	\$125.98	\$105.98	\$100.98	\$80.98	
Family	\$172.86	\$152.86	\$147.86	\$127.86	

Plan Election:

LP BEST BUY - \$3,000/\$9,000 Deductible

Smoking rate applies to any and all who use tobacco products covered on the plan.

Best Buy LP	Smoker Non Wellness	Smoker with Wellness	Non Wellness Participation	Wellness Participation	Indicate Bi -Weekly Premium Cost
Single	\$101.50	\$81.50	\$76.50	\$56.50	
Emp + Spouse	\$163.64	\$143.64	\$138.64	\$118.64	
Emp + Child (ren)	\$152.34	\$132.34	\$127.34	\$107.34	
Family	\$214.48	\$194.48	\$189.48	\$169.48	

Employee Signature: _____

Date: _____

Processed by: _____

Date: _____