

# BestBuyFlex Premium Calculation Worksheet

## Mandatory Benefits

### Extended Health Care Premiums

	Monthly rate	x	# Employees	=	Monthly Premiums
Single	\$ 66.37	x	_____	=	\$ _____
Family	\$ 151.39	x	_____	=	\$ _____
				<b>A</b>	<b>\$ _____</b>

**A: Total Extended Health Care Premiums**

## Optional Benefits

### Pooled Benefits Premiums (Minimum 3 lives for EACH benefit)

	Monthly rate	x	# Employees	=	Monthly Premiums
Life Insurance	\$12.25	x	_____	=	\$ _____
Accidental Death & Dismemberment	\$1.25	x	_____	=	\$ _____
Critical Illness	\$28.25	x	_____	=	\$ _____
Dependant Life	\$3.80	x	_____	=	\$ _____
				<b>B</b>	<b>\$ _____</b>

**B: Total Pooled Premiums**

### Dental Care Premiums

	Monthly rate	x	# Employees	=	Monthly Premiums
Single	\$ 45.09	x	_____	=	\$ _____
Family	\$ 121.74	x	_____	=	\$ _____
				<b>C</b>	<b>\$ _____</b>

**C: Total Dental Care Premiums**

### Health Care Spending Account Premiums

Amount as determined by the plan sponsor.

Annual amount / 12 =	Monthly amount	x	# Employees	=	Monthly Premiums
Class A _____ / 12 =	_____	x	_____	=	\$ _____
Class B _____ / 12 =	_____	x	_____	=	\$ _____
Class C _____ / 12 =	_____	x	_____	=	\$ _____
				Total HCSA per Month	<b>\$ _____</b>

Administration Fee 15% of HCSA Premiums

Total HCSA per Month x 15%

**D: Total HCSA & Admin per Month**

**D** \$ \_\_\_\_\_

### Calculating the Deposit

Step 1	Total Extended Health Care per month	A	Mandatory	\$ _____
Step 2	Total Pooled per Month	B		\$ _____
Step 3	Total Dental Care per month	C		\$ _____
Step 4	Total HCSA & Admin per Month	D		\$ _____
Step 5	<b>Overall Total</b>	(A+B+C+D)	<b>Deposit</b>	<b>\$ _____</b>

\* Applicable provincial and federal sales taxes will apply to monthly invoices

Applications received by the 10th of the month will take effect on the 1st of the following month

