

# BestBuyFlex Premium Calculation Worksheet

## Mandatory Benefits

### Extended Health Care Premiums

	Monthly rate	x	# Employees	=	Monthly Premiums
Single	\$ 66.37	x	<u>                    </u>	=	\$ <u>                    </u>
Family	\$ 151.39	x	<u>                    </u>	=	\$ <u>                    </u>
<b>A: Total Extended Health Care Premiums</b>				<b>A</b>	<b>\$ <u>                    </u></b>

## Optional Benefits

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

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

### Dental Care Premiums

	Monthly rate	x	# Employees	=	Monthly Premiums
Single	\$ 45.09	x	<u>                    </u>	=	\$ <u>                    </u>
Family	\$ 121.74	x	<u>                    </u>	=	\$ <u>                    </u>
<b>C: Total Dental Care Premiums</b>				<b>C</b>	<b>\$ <u>                    </u></b>

### Health Care Spending Account Premiums

Amount as determined by the plan sponsor.

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

Administration Fee	15% of HCSA Premiums	Total HCSA per Month x 15%	\$
<b>D: Total HCSA &amp; Admin per Month</b>			<b>D \$</b>

### Calculating the Deposit

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

