

Rodick Electerical Services

Employee Health Insurance Worksheet (12/01/2020)

Plan Options	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Blue Cross Blue Shield	2020	2020	2020	2020
S18: \$2000 deductible, \$20 Office co-pay (includes lab and x-ray in office co-pay) RX 15,40,55 Co Insurance 80% max OOP \$3000	\$101.76	\$312.67	\$314.96	\$525.87
RSB4: \$5000 deductible, \$40 Office co-pay (lab and x-ray apply towards deductible) RX 20,40,60 Co Insure 70% max OOP \$5000	\$68.26	\$211.29	\$209.76	\$352.79
RSH1 Y20 Qualified H S A plan \$2800 No Co-insurance after deductible	\$95.26	\$292.71	\$294.85	\$492.30

Employee Dental & Vision Rates per pay period. (Weekly)

Plan Options	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Met Life				
Dental Plan/ \$2000 100/80/50 Endo and Perio in basic. Composite Fillings No waiting period	\$8.96	\$18.77	\$19.49	\$31.25
Vision Exam co-pay \$10/ Lenses Replacement 12 Mo Frame replacement 24Mo Frame Allowance \$160 Contact allowance	\$1.70	\$3.41	\$2.88	\$4.76
Met Life				
Dependent Life: Spouse \$20,000 dependent \$5000	\$1.66	\$1.66	\$1.66	\$1.66
Employee Group Life \$25,000 included				

*****Premium deducted before tax*****

Total

Medical Plan Option:	Name _____
Dental Plan Option:	
Vision	
Dependent Life	Signature _____
Total:	Date _____