

Green MD LLC

Employee Health Insurance Worksheet (01/01/2021)

Employee Payroll deductions per pay period. (Semi-monthly)

Plan Options: Blue Cross Blue Shield	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
PPO Network	2021	2021	2021	2021
G653CHC \$1550 Deductible 80% \$6000 MOP Office Co-pay \$30/60 RX 10/20/70/120/150/250				
S663CHC:\$3000 Deductible 70% MOP \$8550 Office Visit \$40/80 RX 10/20/70/120/150/250				
HMO Network				
G664ADT: \$2000 80% MOP \$6000 Out of network charges not covered. Office co-pay \$30/ \$60 RX 10/20/70/120/150/250				
S9J7ADT: \$3000 70% MOP \$8550 Out of network charges not covered. Office co-pay \$40/ \$80 RX 10/20/70/120/150/250				

Total

Medical Plan Option:
Total:

Name _____
Signature _____
Date _____

Employee Health Insurance Worksheet (01/01/2021)

Employee Payroll deductions per pay period. (Semi-monthly)

Plan Options: Blue Cross Blue Shield	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
PPO Network	2021	2021	2021	2021
G653CHC \$1550 Deductible 80% \$6000 MOP Office Co-pay \$30/60 RX 10/20/70/120/150/250	\$236.21		\$422.02	
S663CHC:\$3000 Deductible 70% MOP \$8550 Office Visit \$40/80 RX 10/20/70/120/150/250	\$196.56		\$360.01	
HMO Network				
G664ADT: \$2000 80% MOP \$6000 Out of network charges not covered. Office co-pay \$30/ \$60 RX 10/20/70/120/150/250	\$117.39		\$236.21	
S9J7ADT: \$3000 70% MOP \$8550 Out of network charges not covered. Office co-pay \$40/ \$80 RX 10/20/70/120/150/250	\$93.39		\$198.69	

Total

Medical Plan Option:
Total:

Name Sarah Donnelly

Signature _____

Date _____

Employee Health Insurance Worksheet (01/01/2021)

Employee Payroll deductions per pay period. (Semi-monthly)

Plan Options: Blue Cross Blue Shield	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
PPO Network	2021	2021	2021	2021
G653CHC \$1550 Deductible 80% \$6000 MOP Office Co-pay \$30/60 RX 10/20/70/120/150/250	\$243.17			
S663CHC:\$3000 Deductible 70% MOP \$8550 Office Visit \$40/80 RX 10/20/70/120/150/250	\$202.35			
HMO Network				
G664ADT: \$2000 80% MOP \$6000 Out of network charges not covered. Office co-pay \$30/ \$60 RX 10/20/70/120/150/250	\$120.85			
S9J7ADT: \$3000 70% MOP \$8550 Out of network charges not covered. Office co-pay \$40/ \$80 RX 10/20/70/120/150/250	\$96.15			

Total

Medical Plan Option:
Total:

Name Jason Donnelly

Signature _____

Date _____

Employee Health Insurance Worksheet (01/01/2021)

Employee Payroll deductions per pay period. (Semi-monthly)

Plan Options: Blue Cross Blue Shield	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
PPO Network	2021	2021	2021	2021
G653CHC \$1550 Deductible 80% \$6000 MOP Office Co-pay \$30/60 RX 10/20/70/120/150/250	\$324.63			
S663CHC:\$3000 Deductible 70% MOP \$8550 Office Visit \$40/80 RX 10/20/70/120/150/250	\$270.14			
HMO Network				
G664ADT: \$2000 80% MOP \$6000 Out of network charges not covered. Office co-pay \$30/ \$60 RX 10/20/70/120/150/250	\$161.33			
S9J7ADT: \$3000 70% MOP \$8550 Out of network charges not covered. Office co-pay \$40/ \$80 RX 10/20/70/120/150/250	\$128.35			

Total

Medical Plan Option:
Total:

Name Melissa Richardson

Signature _____

Date _____