

KMRG Holdings LLC, DBA European Wax Center

Employee Health Insurance Worksheet (05/01/2020)

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

Plan Options	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Blue Cross Blue Shield	2020	2020	2020	2020
PPO	PPO	PPO	PPO	PPO
G653CHC: \$1500 Deductible 80/60% MOP \$6000 Office Co-pay \$30/\$60 RX 0/10/50/100/150/250	\$139.28	\$385.05	\$385.05	\$630.82
S666CHC: \$4000 Deductible 80/60% MOP \$8150 Office Visit \$40/\$80 RX 0/10/50/100/150/250	\$106.49	\$319.48	\$319.48	\$532.46
HMO	HMO	HMO	HMO	HMO
S641ADT: \$4000 Deductible Out of Pocket \$8150 Office Visit \$40/80 \$0/\$10/\$50/\$100/\$150/250 Max RX	\$75.48	\$226.44	\$226.44	\$377.40

Plan Options	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Humana Dental & Vision				
Dental Plan/ \$2000Annual Max 100/80/50 \$50 deductible Endo & Perio in Basic,	\$16.89	\$33.79	\$43.08	\$59.97
Vision Exam co-pay \$10/ Lenses Replacement 12 Mo \$160 Frame allowance replacement 24Mo Contacts \$160 Annual allowance	\$4.85	\$9.70	\$9.22	\$14.49

Total

Medical Plan Option:
Dental Plan Option:
Vision Plan
Total:

Name _____

Signature _____

Date _____