

# Deep Cuts LLC

## Employee Health Insurance Worksheet (09/01/2021)

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
G652CHC \$1500 Deductible MOP \$5000 Office Co-pay\$40/\$80 RX 10/20/70/120/150/250	218.19	518.97	518.97	819.76
G651CHC: \$3000 100% HSA Plan	\$209.40	\$501.83	\$501.83	\$794.05
S666CHC:\$4000 Deductible 70% MOP \$8550 Office Visit \$40/\$80 RX 10/20/70/120/150/250	\$176.75	\$436.09	\$436.09	\$695.44
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	\$107.76	\$298.12	\$298.12	\$488.48
S9E3ADT: \$3500 80% MOP \$8550 Out of network charges not covered. Office co-pay \$40/ \$70 RX 10/20/70/120/150/250	\$90.26	\$263.11	\$263.11	\$435.97
S9E5ADT: \$6000 Deductible 80% MOP \$7900 Out of network charges not covered. Office co-pay \$40/ \$70 RX 10/20/70/120/150/250	\$82.61	\$247.81	\$247.81	\$413.02
Plan Options	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Met Life				
Dental: \$2000 annual Max 100/80/50% Max Endo and Perio in Basic No Waiting periods Child Ortho \$1500 life time	\$25.96	\$51.74	\$59.84	\$91.74
Vision Exam co-pay \$10/ Lenses Replacement 12 Mo Frame replacement 24Mo\$150Frame allowance 20% discount over \$150. Contacts in lue of fames.	\$3.72	\$7.52	\$6.37	\$10.50

**Total**

Medical Plan Option:
Dental Plan Option:
Vision
Total:

Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_