

PHD Communications

Employee Health Insurance Worksheet (11/01/2021)

Employee Payroll deductions per pay period. (Bi-Weekly)

Plan Options: Blue Cross Blue Shield	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
PPO Network	2021	2021	2021	2021
G9L1CHC \$2000 Deductible MOP \$6000 Office co-pay \$30/60 RX 10/20/70/120/150/250	\$174.55	\$473.25	\$473.25	\$771.96
S666CHC:\$4000 Deductible 70% MOP \$8550 Office Visit \$40/\$80 RX 10/20/70/120/150/250	\$140.14	\$404.43	\$404.43	\$668.72
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	\$69.84	\$263.83	\$263.83	\$457.83
S641ADT: \$4000 Deductible 70% MOP \$8550 Out of network charges not covered. Office co-pay \$40/ \$80 RX 10/20/70/120/150/250	\$46.15	\$216.46	\$216.46	\$386.77
Employee Dental & Vision Rates per pay period. (Bi-Weekly)				
Plan Options	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Blue Cross Dental				
Dental: \$3000 annual Max 100/80/50% No Waiting periods Endo and Pero in basic Child Ortho \$2000 life time	\$25.67	\$51.33	\$62.88	\$101.38

Total

Medical Plan Option:
Dental Plan Option:
Vision
Total:

Name _____
Signature _____
Date _____