

Rodick Electrical Services

Employee Health Insurance Worksheet (12/01/2021)

Rate Per Pay Period (Weekly)

Blue Cross Blue Shield	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
PPO	2021	2021	2021	2021
G652CHC \$1500 Deductible 80/20 MOP \$5000 Office Co-pay\$40/80 RX 0/10/50/100/150/250	\$111.28	\$333.83	\$333.83	\$556.38
S9M2CHC \$3500 Deductible 80/20 MOP \$8550 Office Co-pay \$40/70 RX 0/10/50/100/150/250	\$98.93	\$296.79	\$296.79	\$494.42
G651CHC HSA \$3000 100%	\$108.11	\$324.32	\$324.32	\$540.53
HMO				
G9E5ADT \$1250 Deductible 80/20 MOP \$5000 Does Not Pay Out of Network Benefits Office Copay 40/80 RX 0/10/50/100/150/250	\$71.82	\$215.44	\$215.44	\$359.07
S641ADT \$4000 Deductible 70/30 MOP \$8550 Does Not Pay Out of Network Benefits Office Co-pay \$40/80 RX 0/10/50/100/150/250	\$61.83	\$185.48	\$185.48	\$309.14

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 Period 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_____