

*ISC Mfg. Inc*

**Employee Health Insurance Worksheet (01/01/2022)**

Rate Per Pay Period (Weekly)

<b>Blue Cross Blue Shield</b>	<b>Employee Only</b>	<b>Employee &amp; Spouse</b>	<b>Employee &amp; Children</b>	<b>Employee &amp; Family</b>
<b>PPO</b>	<b>2022</b>	<b>2022</b>	<b>2022</b>	<b>2022</b>
<b>G652CHC \$1500 Deductible 80/20 MOP \$5000 Office Co-pay\$40/80 RX 0/10/50/100/150/250</b>				
<b>S9M2CHC \$3500 Deductible 80/20 MOP \$8550 Office Co-pay \$40/70 RX 0/10/50/100/150/250</b>				
<b>G651CHC HSA \$3000 100%</b>				
<b>HMO</b>				
<b>G9E3ADT \$1500 Deductible 80/20 MOP \$6000 Does Not Pay Out of Network Benefits Office Copay 30/60 RX 0/10/50/100/150/250</b>				
<b>S9E3ADT \$3500 Deductible 80/20 MOP \$8550 Office Co-Pay \$40/\$70 RX 0/10/50/100/150/250</b>				
<b>G9E1ADT HSA \$3000 100% Does Not Pay Out of Network Benefits</b>				
<b>Dental Vision Plan Options</b>	<b>Employee Only</b>	<b>Employee &amp; Spouse</b>	<b>Employee &amp; Children</b>	<b>Employee &amp; Family</b>
<b>Nippon Life Network: Aetna Dental Administrators</b>				
<b>Dental Plan/ \$1500 100/100/80 Endo and Period in basic. No waiting period</b>	\$8.88	\$18.18	\$20.94	\$30.23
<b>Vision Exam co-pay \$10/ Lenses Replacement 12 Mo Frame replacement 24Mo Frame Allowance \$160 Contact allowance \$160</b>	\$1.80	\$3.94	\$3.78	\$7.03

\*\*\*\*\*Premium deducted before tax\*\*\*\*\*

**Total**

<b>Medical Plan Option:</b>
<b>Dental Plan Option:</b>
<b>Vision</b>
<b>Total:</b>

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_