

Birdsong Electric, Inc

Employee Health Insurance Worksheet (11/01/2021)

Employee Payroll deductions per pay period. (Weekly)

Plan Options	Employee Only	Employee & Children	Employee & Spouse	Employee & Family
Blue Cross Blue Shield	2021	2021	2021	2021
PPO				
G653 CHC: PPO \$1500 deductible/80% MOP 6000 Office co-pay \$30/60 RX \$0/\$50/\$100/\$150/\$250	\$111.87	\$283.74	\$283.74	\$455.61
S665CHC: PPO \$3250 deductible 60/40% MOP 7900 Office co-pay \$40/70 RX \$0/\$10/\$50/\$100/\$150/\$250	\$88.85	\$237.71	\$237.71	\$386.56
HMO				
G9E3 ADT: PPO \$1500 deductible/ 80% MOP \$6000 Office co-pay \$30/60 RX \$0/\$10/\$50/\$100/\$150/\$250	\$51.82	\$163.64	\$163.64	\$275.46
S9E5 ADT: HMO \$6000 Deductible MOP 7900 Office co-pay \$40/70 RX \$0/\$10/\$50/\$100/\$150/\$250	\$35.38	\$130.77	\$130.77	\$226.15

Employee Dental & Vision Rates per pay period. (Weekly)

Plan Options	Employee Only	Employee & Children	Employee & Spouse	Employee & Family
Voluntary Principal Life Dental and Vision				
Dental Plan/ \$1500 100/80/50 Endo and Perio in Basic No waiting periods	\$6.60	\$16.21	\$13.52	\$24.18
Vision Exam co-pay \$10/ Lenses Replacement 12 Mo Frame allowance \$150 replacement 24Mo Contacts \$150 annual allowance	\$1.28	\$2.87	\$2.97	\$4.89

\$25,000 Employee group life Included

*****All Premium deducted before tax*****

Health Plan
Dental Plan Option:
Vision
Total:

Name _____

Signature _____

Date _____