

Rodick Electrical Services

Employee Health Insurance Worksheet (12/01/2022)

Rate Per Pay Period (Weekly)

Blue Cross Blue Shield	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
PPO	2022	2022	2022	2022
G652 \$1500 Deductible 80/20 MOP \$5000 Office Co-pay\$40/80 RX 0/10/50/100/150/250	\$108.83	\$326.48	\$326.48	\$544.13
S9M2CHC \$3500 Deductible 80/20 MOP \$8550 Office Co-pay \$40/70 RX 0/10/50/100/150/250	\$97.33	\$291.99	\$291.99	\$486.65
G651 HSA \$3000 100%	\$105.33	\$316.13	\$316.13	\$526.89
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	\$71.51	\$214.51	\$214.51	\$357.52
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	\$62.04	\$186.13	\$186.13	\$310.22

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 \$150 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	
Total:	Signature_____
	Date_____