

*ISC Mfg LLC*

**Employee Health Insurance Worksheet (01/01/2023)**

Rate Per Pay Period (Semi-monthly)

<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>	2023	2023	2023	2023
G652CHC \$1500 Deductible 80/20 MOP \$5250 Office Co-pay\$45/90 RX 0/10/50/100/150/250				
S9M2CHC \$3750 Deductible 80/20 MOP \$9000 Office Co-pay \$45/90 RX 0/10/50/100/150/250				
<b>HMO</b>				
G9E3ADT \$1500 Deductible 80/20 MOP \$6000 <b>Does Not Pay Out of Network Benefits</b> Office Copay 40/80 RX 0/10/50/100/150/250				
S9E3ADT \$3750 Deductible 80/20 MOP \$9000 Office Co-Pay \$45/\$90 RX 0/10/50/100/150/250				
<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>				
Dental Plan/ \$1500 100/100/80 Endo and Period in basic. No waiting period	\$19.25	\$38.65	\$44.53	\$65.49
Vision Exam co-pay \$10/ Lenses Replacement 12 Mo Frame replacement 24Mo Frame Allowance \$160 Contact allowance	\$3.91	\$8.59	\$8.20	\$15.23

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

total

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

Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_