

Magna Mechanical LLC

Employee Health Insurance Worksheet (06/01/2022)

Rate Per Pay Period (Weekly)

Blue Cross Blue Shield	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
PPO	2022	2022	2022	2022
G9L1CHC \$2000 Deductible 80/20 MOP \$6000 Office Co-pay \$30/60 RX 0/10/50/100/150/250	\$117.93	\$282.01	\$282.01	\$446.10
S666CHC \$4000 Deductible 70/30 MOP \$8550 Office Co-pay \$40/80 RX 0/10/50/100/150/250	\$100.14	\$246.43	\$246.43	\$392.73
B660CHC HSA \$6350 Deductible 70/30 MOP \$6900	\$81.54	\$209.24	\$209.24	\$336.94
HMO				
G664ADT \$2000 Deductible 80/20 MOP \$6000 Does Not Pay Out of Network Benefits Office Copay 30/60 RX 0/10/50/100/150/250	\$62.34	\$170.83	\$170.83	\$279.32
S641ADT \$4000 Deductible 70/30 MOP \$8550 Does Not Pay Out of Network Benefits Co-Pay \$40/\$80 RX 0/10/50/100/150/250	\$49.73	\$145.61	\$145.61	\$241.46
B9E1ADT HSA \$6350 70/30 MOP \$6900 Does Not Pay Out of Network Benefits	\$34.32	\$114.78	\$114.78	\$195.32
Dental Vision Plan Options	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Nippon Life Network: Aetna Dental Administrators				
Dental Plan/ \$2000 100/80/50 Endo and Period in basic. No waiting period	\$4.73	\$9.62	\$10.38	\$16.08
Vision EyeMed Insight Network Exam co-pay \$10 12 Mo. Lenses Replacement 12 Mo Frame replacement 12 Mo Frame Allowance \$150 Contact allowance \$150	\$1.80	\$3.95	\$3.77	\$7.00

Group Employee Life \$15,000

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

Total

Medical Plan Option:	Name _____
Dental Plan Option:	
Vision	
	Signature _____
Total:	Date _____