

Magna Fab LLC

Employee Health Insurance Worksheet (06/01/2023)

Rate Per Pay Period (Weekly)

Blue Cross Blue Shield	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
PPO	2023	2023	2023	2023
G9L1CHC \$2000 Deductible 80/20 MOP \$6000 Office Co-pay \$30/60 RX 0/10/50/100/150/250	\$112.23	\$270.62	\$270.62	\$475.17
S666CHC \$4250 Deductible 70/30 MOP \$9000 Office Co-pay \$50/90 RX 0/10/50/100/150/250	\$92.21	\$230.58	\$230.58	\$368.95
B660CHC HSA \$6350 Deductible 70/30 MOP \$6900	\$79.37	\$204.89	\$204.89	\$330.41
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	\$58.30	\$162.76	\$162.76	\$267.22
S641ADT \$4250 Deductible 70/30 MOP \$9000 Does Not Pay Out of Network Benefits Office Co-Pay \$50/90 RX 0/10/50/100/150/250	\$44.32	\$134.80	\$134.80	\$225.27
B9E1ADT HSA \$6350 70/30 MOP \$6900 Does Not Pay Out of Network Benefits	\$34.26	\$114.68	\$114.68	\$195.10
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	\$5.79	\$11.89	\$12.71	\$19.68
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

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

Total

Medical Plan Option:
Dental Plan Option:
Vision
Total:

Name _____

Signature _____

Date _____