

*Magna Mechanical LLC*

Employee Health Insurance Worksheet (06/01/2023)

Rate Per Pay Period (Weekly)

<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>	<b>2023</b>	<b>2023</b>	<b>2023</b>	<b>2023</b>
G9L1CHC \$2000 Deductible 80/20 MOP \$6000 Office Co-pay \$30/60 RX 0/10/50/100/150/250	\$122.73	\$291.62	\$291.62	\$460.50
S666CHC \$4250 Deductible 70/30 MOP \$9000 Office Co-pay \$50/90 RX 0/10/50/100/150/250	\$101.39	\$248.93	\$248.93	\$396.47
B660CHC HSA \$6350 Deductible 70/30 MOP \$6900	\$87.69	\$221.53	\$221.53	\$355.37
<b>HMO</b>				
G664ADT \$2000 Deductible 80/20 MOP \$6000 <b>Does Not Pay Out of Network Benefits</b> Office Copay 30/60 RX 0/10/50/100/150/250	\$65.23	\$176.61	\$176.61	\$287.92
S641ADT \$4250 Deductible 70/30 MOP \$9000 <b>Does Not Pay Out of Network Benefits</b> Office Co-Pay \$50/90 RX 0/10/50/100/150/250	\$50.32	\$146.79	\$146.79	\$243.27
B9E1ADT HSA \$6350 70/30 MOP \$6900 <b>Does Not Pay Out of Network Benefits</b>	\$39.59	\$125.34	\$125.34	\$211.09
<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/ \$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

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

**Total**

Medical Plan Option:
Dental Plan Option:
Vision
Total:

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