

Lab Waxing Inc DBA European Wax Center

VA

Employee Health Insurance Worksheet (07/01/2023)

Instructions:

Mark the box next to each plan that you would like to apply for. You may only select one plan from each product line.

Add each plan you have selected to the table on the bottom of this form. Include the cost for each plan selection to calculate your total premium per pay period.

Employee Payroll deductions per pay period. (Bi-Weekly)

Employer contributes 50% to EE's health plan Employers portion has already been deducted.

Plan Options	Blue Cross PPO Network	Employee Only	Employee & Children	Employee & Spouse	Employee & Family
	Blue Cross Blue Shield PPO Network	2023	2023	2023	2023
6SGP:Anthem Gold PPO Deductible \$1500 80/20 MAX Op \$6250 Office Co-pay \$25 Specialist \$60 RX: \$15/45 Specialty Med 25% up to \$200					
6SGH:Anthem Silver PPO Deductible \$4000 80/20 MAX Op \$9100 Office Co-pay \$45 Specialist \$70 RX: \$15/45 Specialty Med 25% Up to \$200					
6SGG :Anthem Silver OAPOS Network Deductible \$4000 80/20 MAX Op \$9100 Office Co-pay \$45 Specialist \$70 RX: \$15/45 Specialty Med 25% Up to \$200					
Plan Options		Employee Only	Employee & Children	Employee & Spouse	Employee & Family
Dental and Vision Rates per pay period. (Bi Weekly)					
Dental Plan/ \$1500 100/80/50 No waiting period for Preventive & Basic services / 12 month waiting for major services		\$15.00	\$32.76	\$30.59	\$49.80
Vision Exam co-pay \$20/ Lenses Replacement 12 Mo Frame replacement 24Mo \$130 Frame allowance Contacts \$130 Allowance		\$2.98	\$4.84	\$5.38	\$8.20

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

Total

Medical Plan Option:
Dental Plan Option:
Vision
Total:

Name _____

Signature _____

Date _____