

DPE Enterprises LLC dba National Auto Collision

Employee Health Insurance Worksheet (02/01/2024)

Employee Payroll deductions per pay period. (Weekly)

Plan Options	Employee Only	Employee & Children	Employee & Spouse	Employee & Family
Blue Cross Blue Shield	2024	2024	2024	2024
PPO				
G653CHC: \$1500 Deductible MOP \$6000 Office Co-pay \$40/80 RX \$10/20/70/120/150/350	\$143.38	\$384.65	\$384.65	\$625.91
S667CHC:PPO \$6000 Deductible Max \$8250 Office Visit \$50/\$90 RX \$0/\$10/\$50/\$100/\$150/250	\$113.77	\$325.43	\$325.43	\$537.08
HMO				
S641ADT \$4250 Deductible MOP \$9000 Office co-pay \$50/90 RX: \$15/25/70/120/250/350 Does Not Pay Out of Network Benefits	\$68.14	\$204.43	\$204.43	\$340.72

Employee Dental & Vision Rates per pay period. (Weekly)

Plan Options	Employee Only	Employee & Children	Employee & Spouse	Employee & Family
Dental and Vision Humana	2024	2024	2024	2024
\$2000 Annual Max \$50 deductible. Endo and Perio in Basic. No waiting periods	\$10.37	\$26.45	\$20.75	\$36.83
Vision \$10 Eye Exam \$160 Frame Allowance 24 months. New lenses every 12 months. Contact allowance \$160 12 months	\$2.29	\$4.33	\$4.57	\$6.82

Premiums deducted before tax

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