

Gold Star Distrobutors

Employee Health Insurance Worksheet (12/01/2020)

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.

If you would like to waive coverage for a product line, please mark the waive box.

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)

Plan Options	Employee Only	Employee & Children	Employee & Spouse	Employee & Family
Blue Cross Blue Shield	2020	2020	2020	2020
PPO				
S665CHC:PPO \$3250 Deductible 60% Max \$7900 Office Visit \$40/\$70 RX \$0/\$10/\$50/\$100/\$150/250				
B660CHC HSA 6350 deductible Max out of Pocket \$6750				
HMO				
S641ADT: HMO\$4000 Deductible 80% Max \$8150 Office Visit \$40/\$80 RX \$0/\$10/\$50/\$100/\$150\250				
B9E1ADT HMO HSA \$6350 Deductible Max out of pocket \$6750				

Employee Dental per pay period. (Bi-Weekly)

Plan Options	Employee Only	Employee & Children	Employee & Spouse	Employee & Family
Dental Select				
Dental Plan/ \$1000 Annual benefit 100/80/50	\$18.07	\$44.73	\$41.14	\$64.50

Medical Plan Option:
Dental Plan Option:
Total:

Name: _____

Signature _____

Date _____