

EMPLOYEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

## BENEFIT OPTIONS:

Enroll VitableHealth Primary:  YES  NO

\$15 pay deducted monthly

Unlimited mental health telehealth

Unlimited telehealth

Prescription plans and over 1,000 free prescriptions covered

Unlimited blood testing, covid testing

Everything listed above covers employee, spouse, and children for same monthly price

Enroll VitableHealth MEC Plan:  YES  NO

IF YES, HOW MANY DEPENDENTS ARE YOU ENROLLING (NOT COUNTING YOURSELF): \_\_\_\_\_

Basic Medical plan coverages, primary care doctor visits

Employee only: \$30 pay deducted monthly

Each additional dependent added: \$20 pay deducted monthly

Enroll Dental:  YES  NO

IF YES, CHECK WHICH OPTION YOU ARE CHOOSING BELOW:

\_\_\_\_\_ Employee only: \$32.82 pay deducted monthly

\_\_\_\_\_ Employee plus spouse: \$65.64 pay deducted monthly

\_\_\_\_\_ Employee plus children: \$96.62 pay deducted monthly

\_\_\_\_\_ Family: \$129.44 pay deducted monthly

Enroll Vision:  YES  NO

IF YES, CHECK WHICH OPTION YOU ARE CHOOSING BELOW:

\_\_\_\_\_ Employee only: \$8.86 pay deducted monthly

\_\_\_\_\_ Employee plus spouse: \$17.72 pay deducted monthly

\_\_\_\_\_ Employee plus children: \$15.63 pay deducted monthly

\_\_\_\_\_ Family: \$24.49 pay deducted monthly