

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: \$30 pay deducted monthly

Enroll VitableHealth MEC Plus Plan: _____ YES _____ NO

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

Basic Medical plan coverages, primary care doctor visits

Employee only: \$125 pay deducted monthly

Each additional dependent added: \$100 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