



## 2007 Benefits Worksheet

**NAME:** \_\_\_\_\_

**INSTRUCTIONS:** Choose the coverage level and the corresponding monthly premium for each section (place in highlighted box). If you choose to decline an insurance, please place 0 in the box. The Diamond Contribution will be deducted at the bottom of the sheet. If you do not use the full credit (\$300), you will not be refunded the difference.

### 1. Health Insurance: Blue Care Network (HMO)

\$250/\$500 (family) deductible, \$10 co-pay, RX is \$10-generic, \$40-name brand, Statewide coverage

Coverage Level Selected	Company Monthly Premium	Your Deduction
◆ Employee	\$259.12	
◆ Two Person	\$595.99	
◆ Family	\$673.73	
◆ FC - Child in College	\$151.19	

### 2. Dental Insurance: The Principal Plan Dental (PPO)

\$0 deductible; 100% Preventative Service coverage, 80% Basic Service coverage, 50% Major Service coverage  
50% Orthodontic Services covered (\$1500 lifetime maximum); \$1500 annual maximum

Coverage Level Selected	Company Monthly Premium	Your Deduction
◆ Employee	\$30.25	
◆ Two Person	\$59.13	
◆ Family	\$102.79	

### 3. Vision Plan: Vision Service Plan (VSP)

\$5 co-pay for Eye Exam (within VSP Network), \$10 co-pay for Lenses and Frames (within VSP Network)  
\$10 co-pay for medical necessary Contact Lenses (within VSP Network), \$120 Allowance for elective Contact Lenses

Coverage Level Selected	Company Monthly Premium	Your Deduction
◆ Employee	\$6.59	
◆ Two Person	\$14.83	
◆ Family	\$17.79	
◆ FC - Child in College	\$3.29	

**4. Short Term Disability: Principal Financial**

Disability begins on the 8th day following an injury or sickness. The benefit percentage is 60% of pre-disability earnings with a maximum weekly benefit of \$600. The benefit duration is a maximum of 26 weeks.

Coverage Level Selected	Company Monthly Premium	Your Deduction
◆ Employee	\$40.19	

**5. Long Term Disability: Principal Financial**

Disability has zero day residual and the elimination period is 180 days. The benefit percentage is 60% of pre-disability earnings (base pay) with a maximum monthly benefit of \$6000. The benefit duration is to Social Security normal retirement age.

Coverage Level Selected	Company Monthly Premium	Your Deduction
◆ Employee	\$29.06	

Total Deductions	
Less Diamond Contribution	\$0.00
Monthly Total	
Payroll Deduction (if paid weekly*)	
Payroll Deduction (if paid bi-weekly**)	

Your insurance will begin on the first day of the month following the 30-day waiting period. Cards will be mailed to your residence.

After completing this form, please make sure the office receives a copy ASAP (via one of the two ways):

(1) Email: [lou@therapiststaff.com](mailto:lou@therapiststaff.com)

(2) Mail: 127 S. Main Street, Suite 111  
Plymouth, MI 48170

\* To determine your weekly deduction: Monthly Total x 12 / 52

\*\* To determine your bi-weekly deduction: Monthly Total x 12 / 26