

**Wills Eye Hospital/Wills Eye Ophthalmology Clinic  
July 01, 2021 through June 30, 2022  
Enrollment Form**

*Medical and Dental Insurance Options Cost Per Pay*

<b>Option</b>	<b>Single</b>	<b>EE &amp; Child</b>	<b>EE &amp; Children</b>	<b>EE &amp; Spouse</b>	<b>EE &amp; Family</b>
<b>Plan 1 – Core Plan</b> Primary: \$20.00 Specialist: \$40.00	\$121.00	\$174.00	\$211.00	\$238.00	\$287.00
<b>High Deductible Plan</b>	\$0.00	\$154.00	\$186.00	\$210.00	\$253.00
<b>Taxable Credit: Opt. Down</b>	<b>Single</b>	<b>EE &amp; Child</b>	<b>EE &amp; Children</b>	<b>EE &amp; Spouse</b>	<b>EE &amp; Family</b>
Employee Only	n/a	\$27.00	\$33.00	\$41.00	\$47.00
EE & Child	n/a	n/a	n/a	n/a	\$15.00
EE & Children	n/a	n/a	n/a	n/a	\$20.00
<b>Opt. Out</b>	<b>\$15.00</b>	<b>\$20.00</b>	<b>\$25.00</b>	<b>\$67.00</b>	<b>\$74.00</b>

**Taxable Credit Per Pay \$:** \_\_\_\_\_

**Option Chosen**

<b>Plan 1 – Core Plan</b> <input type="checkbox"/>	<b>High Deductible Plan</b> <input type="checkbox"/>	<b>Opt. Out</b> <input type="checkbox"/>
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**Category**

<b>Single</b> <input type="checkbox"/>	<b>EE &amp; Child</b> <input type="checkbox"/>	<b>EE &amp; Children</b> <input type="checkbox"/>	<b>EE &amp; Spouse</b> <input type="checkbox"/>	<b>EE &amp; Family</b> <input type="checkbox"/>
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**Cost per Pay Period \$:** \_\_\_\_\_

**Employee Name (print):** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_