

City of Kerman
Health Insurance Expense
July 2024

Today's Date
3/13/25

Employee Name: _____

Blue Shield Subscriber ID _____

ASI ID _____

Insurance Plan: Blue Shield 7/1/2024

Dependents Covered: (Y or N) _____

Coverage _____

Name of Dependents:	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Single Coverage:

Medical Cost - Single 758.67

Dental Cost - Single 32.00

Vision Cost - Single 7.36

ASI Contribution - Single 100.00

TPA Fee 21.00

Total Cost for Single Coverage 919.03

Medical Cost - With Dependents 0.00

Dental Cost - With Dependents 0.00

Vision Cost - With Dependents 0.00

ASI Contribution - With Dependents 0.00

Total Cost With Dependent Coverage 0.00

Difference Between Single & Dep Coverage

Medical Cost (Total cost less credit for single coverage) 0.00

Dental Cost (Total cost less credit for single coverage) 0.00

Vision Cost (Total cost less credit for single coverage) 0.00

ASI Contribution Cost (Total cost less credit for single coverage) 0.00

Total Cost for Dependent Coverage 0.00

PAYROLL DEDUCTION AMOUNT

30% of Dependent Cost (Monthly Cost) 0.00

BI-WEEKLY PAYROLL DEDUCTION 0.00

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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Single Coverage:

Medical Cost - Single	1,066.05
Dental Cost - Single	32.00
Vision Cost - Single	7.36
ASI Contribution - Single	100.00
TPA Fee	21.00

Total Cost for Single Coverage 1,226.41

Medical Cost - With Dependents	0.00
Dental Cost - With Dependents	0.00
Vision Cost - With Dependents	0.00
ASI Contribution - With Dependents	0.00
Total Cost With Dependent Coverage	<u>0.00</u>

Difference Between Single & Dep Coverage

Medical Cost (Total cost less credit for single coverage)	0.00
Dental Cost (Total cost less credit for single coverage)	0.00
Vision Cost (Total cost less credit for single coverage)	0.00
ASI Contribution Cost (Total cost less credit for single coverage)	0.00
Total Cost for Dependent Coverage	<u>0.00</u>

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Coverage _____

Name of Dependents:	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Single Coverage:

Medical Cost - Single 454.14

Dental Cost - Single 32.00

Vision Cost - Single 7.36

ASI Contribution - Single 100.00

TPA Fee 21.00

Total Cost for Single Coverage 614.50

Medical Cost - With Dependents 0.00

Dental Cost - With Dependents 0.00

Vision Cost - With Dependents 0.00

ASI Contribution - With Dependents 0.00

Total Cost With Dependent Coverage 0.00

Difference Between Single & Dep Coverage

Medical Cost (Total cost less credit for single coverage) 0.00

Dental Cost (Total cost less credit for single coverage) 0.00

Vision Cost (Total cost less credit for single coverage) 0.00

ASI Contribution Cost (Total cost less credit for single coverage) 0.00

Total Cost for Dependent Coverage 0.00

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Coverage _____

Name of Dependents:	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Single Coverage:

Medical Cost - Single 513.12

Dental Cost - Single 32.00

Vision Cost - Single 7.36

ASI Contribution - Single 100.00

TPA Fee 21.00

Total Cost for Single Coverage 673.48

Medical Cost - With Dependents 0.00

Dental Cost - With Dependents 0.00

Vision Cost - With Dependents 0.00

ASI Contribution - With Dependents 0.00

Total Cost With Dependent Coverage 0.00

Difference Between Single & Dep Coverage

Medical Cost (Total cost less credit for single coverage) 0.00

Dental Cost (Total cost less credit for single coverage) 0.00

Vision Cost (Total cost less credit for single coverage) 0.00

ASI Contribution Cost (Total cost less credit for single coverage) 0.00

Total Cost for Dependent Coverage 0.00

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Coverage _____

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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Single Coverage:

Medical Cost - Single 964.42

Dental Cost - Single 32.00

Vision Cost - Single 7.36

ASI Contribution - Single 100.00

TPA Fee 21.00

Total Cost for Single Coverage 1,124.78

Medical Cost - With Dependents 0.00

Dental Cost - With Dependents 0.00

Vision Cost - With Dependents 0.00

ASI Contribution - With Dependents 0.00

Total Cost With Dependent Coverage 0.00

Difference Between Single & Dep Coverage

Medical Cost (Total cost less credit for single coverage) 0.00

Dental Cost (Total cost less credit for single coverage) 0.00

Vision Cost (Total cost less credit for single coverage) 0.00

ASI Contribution Cost (Total cost less credit for single coverage) 0.00

Total Cost for Dependent Coverage 0.00

PAYROLL DEDUCTION AMOUNT

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BI-WEEKLY PAYROLL DEDUCTION 0.00