

**LYONS INDUSTRIES, INC.**  
**2022 BENEFIT COVERAGE ELECTION FORM**

**MEDICAL INSURANCE COVERAGE**

**BASIC PLAN - \$500 Deductible Per Employee, \$1,000 Per Family**

<b>Participation</b>	<b>Weekly Cost</b>	<b>Bi-Weekly Cost</b>
Employee Only	\$28.00	\$56.00
Employee & Spouse	\$68.00	\$136.00
Employee & Children	\$60.00	\$120.00
Family	\$69.00	\$138.00

**ENHANCED PLAN - \$250 Deductible Per Employee, \$500 Per Family**

<b>Participation</b>	<b>Weekly Cost</b>	<b>Bi-Weekly Cost</b>
Employee Only	\$36.00	\$72.00
Employee & Spouse	\$93.00	\$186.00
Employee & Children	\$79.00	\$158.00
Family	\$95.00	\$190.00

A) Medical Participation Cost Elected: \$ \_\_\_\_\_



**DENTAL, VISION, and EMPLOYEE ONLY LONG-TERM DISABILITY INSURANCE COVERAGE**

<b>Participation</b>	<b>Weekly Cost</b>	<b>Bi-Weekly Cost</b>
Employee Only	\$15.00	\$30.00
Employee & Spouse	\$21.00	\$42.00
Employee & Children	\$19.00	\$38.00
Family	\$27.00	\$54.00

B) Dental, Vision and LTD Participation Cost Elected: \$ \_\_\_\_\_

**Your Total Cost Per Payroll Period (ADD A & B above) = \$ \_\_\_\_\_**