

TCCN Health Insurance Program

Practice Information Sheet



A Pediatric Clinically
Integrated Network

Practice Legal Name: _____

Practice Administrator Name: _____

Practice Administrator Email: _____

Please put an X by selected option for practice (can only select one option)

Waiting period – the time an employee must wait before being eligible for benefits

_____ 1st of the month following date of hire

_____ 1st of the month following 30 days

_____ 1st of the month following 60 days

Contribution – the amount that the practice **contributes to each employee per month** for medical (this is calculated as the % of the employee only premium of the base plan: \$5500 plan)

_____ 50% of the employee only premium of the base plan (\$345.86)

_____ 60% of the employee only premium of the base plan (\$415.03)

_____ 70% of the employee only premium of the base plan (\$484.21)

_____ 80% of the employee only premium of the base plan (\$553.38)

_____ 90% of the employee only premium of the base plan (\$622.55)

_____ 100% of the employee only premium of the base plan (\$691.72)

_____ We contribute a flat rate of _____ (minimum amount must be \$345.86)

Please confirm – Our practice has 24 pay periods or 26 pay periods _____

Note: All practices will have the ability to enroll in voluntary products (accident / critical illness / hospital indemnity / voluntary life) **unless you specifically tell us to exclude your practice.**

Please initial _____

*Please return this form to Vxtra Partners:
vxtrapartners@vxtra.com*
