

**City of Spearfish
2021 Insurance Election Form**

Health Pool of South Dakota: Please select one of the following health plans and the type of coverage (Employee, Employee + 1, Employee/Children, or family) you will be enrolling in:

___ **Plan #1 - HSA \$3,000/\$6,000**

___ Employee - \$661.92
 ___ Employee + 1 - \$1,192.56
 ___ Employee/Children - \$1,344.50
 ___ Family - \$1,530.24

Coverage (in-network):

Deductible: \$3,000 employee/\$6,000 family
 Coinsurance: 0%
 OPM: \$3,000 employee/\$6,000 family
 OV: N/A
 Rx Copay: N/A

___ **Plan #2 - \$2,500/\$5,000**

___ Employee - \$701.14
 ___ Employee + 1 - \$1,272.20
 ___ Employee/Children - \$1,425.02
 ___ Family - \$1,635.60

Coverage (in-network):

Deductible: \$2,500 employee/\$5,000 family
 Coinsurance: 80%/20%
 OPM: \$4,000 employee/\$8,000 family
 OV Co-pay: \$25; ER Co-pay: \$150
 Rx Copay: \$10/\$30/\$50 - Drug Card: \$2,600/\$5,200

2021 HSA contributions limits:

- **Individual \$3,600**
- **Family \$7,200**
- **Catch-up contributions (age 55 or older) + \$1,000**

___ I am waiving coverage, my signature below certifies I have been informed that an employer sponsored group health care benefit plan is available to my dependents and myself through the City of Spearfish and I have voluntarily elected not to enroll in the plan. Employees who choose to waive the health insurance will be eligible to use a portion of the \$661.92 City sponsored allotment for dental and vision coverage for individual coverage up to family coverage. Employees who waive the health insurance will be covered by the \$10,000 life insurance/AD&D policy.

Healthcare Premiums Plan 1 - \$3,000 HSA

	Monthly Total	City Share	Employee Share	Bi-weekly Deduction
Employee	\$661.92	\$661.92	\$0	\$0
Employee + 1	\$1,192.56	\$715.54	\$477.02	\$238.51
Employee/Children	\$1,344.50	\$806.70	\$537.80	\$268.90
Family	\$1,530.24	\$918.14	\$612.10	\$306.05

Healthcare Premiums Plan 2 - \$2,500 Deductible-Office/Rx Co-pays

	Monthly Total	City Share	Employee Share	Bi-weekly Deduction
Employee	\$701.14	\$661.92	\$39.22	\$19.61
Employee + 1	\$1,272.20	\$715.54	\$556.66	\$278.33
Employee/Children	\$1,425.02	\$806.70	\$618.32	\$309.16
Family	\$1,635.60	\$918.14	\$717.46	\$358.73

Delta Dental (Voluntary Plan):

Waiving Coverage

Please select the type (single, two-person, family) of **Delta Dental** plan you will be enrolling in:

Employee - \$43.06

Employee + 1 - \$84.00

Family - \$139.22

Optilegra (Voluntary Plan):

Waiving Coverage

Platinum:

Employee - \$21.24

Employee + 1 - \$38.08

Employee/Children - \$43.94

Employee/Family - \$74.72

Gold:

Employee - \$16.82

Employee + 1 - \$30.12

Employee/Children - \$34.76

Employee/Family - \$59.12

Silver:

Employee - \$11.42

Employee + 1 - \$20.46

Employee/Children - \$23.62

Employee/Family - \$40.14

Materials Only:

Employee - \$11.70

Employee + 1 - \$20.96

Employee/Children - \$24.18

Employee/Family - \$41.12

Recreation Memberships:

Employees Recreation Annual Membership (Free)

Membership is on an annual basis. Employees are encouraged to use this membership as a condition to continue the annual membership in future years. This membership does not include the Aquatics Park.

Employee Signature: _____ Date: _____