

**City of Spearfish  
2019 Insurance Election Form**

**Avera:** Please select one of the following health plans and the type of coverage (Employee, Employee/Spouse, Employee/Child(ren), or family) you will be enrolling in:

\_\_\_ **Plan #1 - HSA \$4,500/\$9,000**

\_\_\_ Employee - \$507.24  
 \_\_\_ Employee/Spouse - \$991.08  
 \_\_\_ Employee/Child(ren) - \$903.12  
 \_\_\_ Family - \$1,298.98

**Coverage (in-network):**

Deductible: \$4,500 employee/\$9,000 family  
 Coinsurance: 100% after deductible is met  
 OPM: \$4,500 employee/\$9,000 family  
 OV: N/A  
 Rx Copay: N/A

**2019 HSA contributions limits:**

- **Individual \$3,500**
- **Family \$7,000**
- **Catch-up contributions (age 55 or older) + \$1,000**

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

\_\_\_ Employee - \$557.48  
 \_\_\_ Employee/Spouse - \$1,091.24  
 \_\_\_ Employee/Child(ren) - \$994.22  
 \_\_\_ Family - \$1,430.88

**Coverage (in-network):**

Deductible: \$2,500 employee/\$5,000 family  
 Coinsurance: 70%/30%  
 OPM: \$6,000 employee/\$12,000 family  
 OV Co-pay: \$30; ER Co-pay: \$150  
 Rx Copay: \$12/\$35/\$50/\$250

\_\_\_ 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 \$550.00 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 - \$4,500 HSA**

	Monthly Total	City Share	Employee Share	Bi-weekly Deduction
Employee	\$507.24	\$550.00	(\$42.76)	(\$21.38)
Employee/Spouse	\$991.08	\$550.00	\$441.08	\$220.54
Employee/Children	\$903.12	\$550.00	\$353.12	\$176.56
Family	\$1,298.98	\$550.00	\$748.98	\$374.49

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

	Monthly Total	City Share	Employee Share	Bi-weekly Deduction
Employee	\$557.48	\$550.00	\$7.48	\$3.74
Employee/Spouse	\$1,091.24	\$550.00	\$541.24	\$270.62
Employee/Children	\$994.22	\$550.00	\$444.22	\$222.11
Family	\$1,430.88	\$550.00	\$880.88	\$440.44

**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
- Two-person - \$84.00
- Family - \$139.22

**Optilegra (Voluntary Plan):**

Waiving Coverage

**Platinum:**

- Employee - \$21.24
- Employee/Spouse - \$38.08
- Employee/Child(ren) - \$43.94
- Employee/Family - \$74.72

**Gold:**

- Employee - \$16.82
- Employee/Spouse - \$30.12
- Employee/Child(ren) - \$34.76
- Employee/Family - \$59.12

**Silver:**

- Employee - \$11.42
- Employee/Spouse - \$20.46
- Employee/Child(ren) - \$23.62
- Employee/Family - \$40.14

**Materials Only:**

- Employee - \$11.70
- Employee/Spouse - \$20.96
- Employee/Child(ren) - \$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: \_\_\_\_\_