

**City of Spearfish  
2022 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 - \$694.86  
 Employee + 1 - \$1,252.04  
 Employee/Children - \$1,411.58  
 Family - \$1,606.60

**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 - \$736.04  
 Employee + 1 - \$1,335.66  
 Employee/Children - \$1,496.12  
 Family - \$1,717.22

**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

**2022 HSA contributions limits:**

- **Individual \$3,650**
- **Family \$7,300**
- **Catch-up contributions (age 55 or older) + \$1,000**

I am waiving health insurance coverage, my initials certify 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 coverage will be eligible to use a portion of the City sponsored allotment for dental and vision coverage for individual coverage up to family coverage **or** a contribution to the employee's 457(b) pre-tax supplemental retirement account. Employees who waive the health insurance coverage 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	\$694.86	\$694.86	\$0	\$0
Employee + 1	\$1,252.04	\$751.22	\$500.82	\$250.41
Employee/Children	\$1,411.58	\$846.96	\$564.62	\$282.31
Family	\$1,606.60	\$963.96	\$642.64	\$321.32

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

	Monthly Total	City Share	Employee Share	Bi-weekly Deduction
Employee	\$736.04	\$694.86	\$41.18	\$20.59
Employee + 1	\$1,335.66	\$751.22	\$584.44	\$292.22
Employee/Children	\$1,496.12	\$846.96	\$649.16	\$324.58
Family	\$1,717.22	\$963.96	\$753.26	\$376.63

**Delta Dental (Voluntary Plan):**

Waiving Coverage

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

- Employee - \$45.22
- Employee + 1 - \$88.20
- Family - \$146.18

**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: \_\_\_\_\_