



**City of Spearfish
2023 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 - \$673.70
- ___ Employee + 1 - \$1,196.38
- ___ Employee/Children - \$1,346.08
- ___ Family - \$1,529.02

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 - \$702.80
- ___ Employee + 1 - \$1,257.54
- ___ Employee/Children - \$1,428.38
- ___ Family - \$1,610.56

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

2023 HSA contributions limits:

- **Individual \$3,850**
- **Family \$7,750**
- **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 (\$250.00 in 2023) of the City sponsored allotment for dental and vision coverage for individual coverage up to family coverage **and/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 | Monthly City Share | Monthly Employee Share | Bi-weekly Deduction | Monthly/Bi-weekly HSA Contributions |
|--|---------------|--------------------|------------------------|---------------------|-------------------------------------|
| Employee | \$673.70 | \$702.80 | \$0 | \$0 | \$29.10/\$14.55 |
| Employee + 1 | \$1,196.38 | \$943.16 | \$253.22 | \$126.61 | \$0 |
| Employee/Children | \$1,346.08 | \$1,071.30 | \$274.78 | \$137.39 | \$0 |
| Family | \$1,529.02 | \$1,207.92 | \$321.10 | \$160.55 | \$0 |

| Healthcare Premiums Plan 2 - \$2,500 Deductible-Office/RX Copays | Monthly Total | Monthly City Share | Monthly Employee Share | Bi-weekly Deduction | Monthly/Bi-weekly HSA Contribution |
|--|---------------|--------------------|------------------------|---------------------|------------------------------------|
| Employee | \$702.80 | \$702.80 | \$0 | \$0 | \$0 |
| Employee + 1 | \$1,257.54 | \$943.16 | \$314.38 | \$157.19 | \$0 |
| Employee/Children | \$1,428.38 | \$1,071.30 | \$357.08 | \$178.54 | \$0 |
| Family | \$1,610.56 | \$1,207.92 | \$402.64 | \$201.32 | \$0 |



Delta Dental (Voluntary Plan):

Waiving Coverage

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

Employee - \$47.48

Employee + 1 - \$92.62

Family - \$153.48

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

Exam Only:

Employee - \$4.00

Employee + 1 - \$7.16

Employee/Children - \$8.26

Employee/Family - \$14.02

Gold Materials Only:

Employee - \$11.70

Employee + 1 - \$20.96

Employee/Children - \$24.18

Employee/Family - \$41.12

Sunwear Materials Only:

Employee - \$13.42

Employee + 1 - \$24.06

Employee/Children - \$27.76

Employee/Family - \$47.20

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: _____