



**City of Spearfish  
2024 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 \$3,200/\$6,000**

- \_\_\_\_\_ Employee - \$733.30
- \_\_\_\_\_ Employee + 1 - \$1,300.42
- \_\_\_\_\_ Employee/Children - \$1,462.84
- \_\_\_\_\_ Family - \$1,661.34

**Coverage (in-network):**

Deductible: \$3,200 employee/\$6,000 family  
 Coinsurance: 0%  
 OPM: \$3,200 employee/\$6,000 family  
 OV: N/A  
 Rx Copay: N/A

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

- \_\_\_\_\_ Employee - \$764.88
- \_\_\_\_\_ Employee + 1 - \$1,366.78
- \_\_\_\_\_ Employee/Children - \$1,552.14
- \_\_\_\_\_ Family - \$1,749.80

**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

**2024 HSA contributions limits:**

- Individual \$4,150
- Family \$8,300
- 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 (\$250.00 in 2024) 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 \$20,000 life insurance/AD&D policy.

Healthcare Premiums Plan 1 \$3,200 HSA	Monthly Total	Monthly City Share	Monthly Employee Share	Bi-weekly Deduction	Monthly/Bi-weekly amount left over for other benefits
Employee	\$733.30	\$764.88	\$0	\$0	\$31.58/\$15.79
Employee + 1	\$1,300.42	\$1,025.08	\$275.34	\$137.67	\$0
Employee/Children	\$1,462.84	\$1,164.10	\$298.74	\$149.37	\$0
Family	\$1,661.34	\$1,312.34	\$349.00	\$174.50	\$0

Healthcare Premiums Plan 2 \$2,500 Deductible- Office/RX Copays	Monthly Total	Monthly City Share	Monthly Employee Share	Bi-weekly Deduction
Employee	\$764.88	\$764.88	\$0	\$0
Employee + 1	\$1,366.78	\$1,025.08	\$341.70	\$170.85
Employee/Children	\$1,552.14	\$1,164.10	\$388.04	\$194.02
Family	\$1,749.80	\$1,312.34	\$437.46	\$218.73



**Delta Dental (Voluntary Plan):**

Waiving Coverage

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

- Employee - \$50.80
- Employee + 1 - \$99.10
- Family - \$164.22

**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

**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:**

Recreation Annual Membership (Free)

Membership is for employees and their families. This membership is provided to encourage employees and their families to stay healthy. The definition of family membership will follow the guidelines set by the Recreation Center. This membership does not include the Aquatics Park.

**A La Carte Benefit:**

The 2024 a la carte benefit amount is \$50 per month. Please select the a la carte benefit(s) you would like to participate in for 2024.

- Health insurance premium
- Dental insurance premium
- Vision insurance premium
- Aflac insurance premium
- Health Savings Account
- 457(b) pre-tax supplemental retirement account

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_