

ELECTION FORM



Lincoln County

08/01/2022 through 7/30/2023

Health Insurance – Joint Powers Trust

The County pays 100% the cost of the premiums for all employees and their covered family members.

CMM \$2000/\$6000 70/30, \$20 Office Visit Copay for first five visits

____ Employee	____ Employee + Spouse	____ Employee + Child(ren)	____ Family
\$642.82	\$1,295.42	\$1,164.66	\$1,818.66

HSA High Deductible Health Plan \$3500/\$3500 with PassThru Rx

____ Employee	____ Employee + Spouse	____ Employee + Child(ren)	____ Family
\$607.21	\$1,223.34	\$1,099.90	\$1,717.28

Waiver Health Insurance Coverage

Voluntary Dental Insurance – Joint Powers Trust

Yes

____ Employee	____ Employee + Spouse	____ Employee + Child(ren)	____ Family
\$35.78	\$71.58	\$75.16	\$107.36

No (Waive Dental Coverage)

**If enrolling or making changes to current medical and/or dental coverage you must complete the EBMS Enrollment form*

Name (Please Print) _____

Signature _____ Date _____