ELECTION FORM

Lincoln County **08/01/2023 through 7/30/2024**

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
$680.75	$1,371.85	$1,233.37	$1,925.96

☐ **HSA High Deductible Health Plan $3500/$3500 with PassThru Rx**

_____Employee	_____Employee + Spouse	_____Employee + Child(ren)	_____Family
$643.03	$1,295.51	$1,164.80	$1,818.60

☐ **Waiver Health Insurance Coverage**

Voluntary Dental Insurance – Joint Powers Trust

☐ Yes _____Employee _____Employee + Spouse _____Employee + Child(ren) _____Family

$36.50 $73.01 $76.66 $109.51

☐ No (Waive Dental Coverage)

Voluntary Vision Insurance – Mutual of Omaha

☐ Yes _____Employee _____Employee + Spouse _____Employee + Child(ren) _____Family

Cost with Medical $7.05 $16.89 $18.30 $31.22

☐ No (Waive Vision Coverage)

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

Name (Please Print) _____

Signature _____ Date _____