

ELECTION FORM



Lincoln County

08/01/2024 through 7/31/2025

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
\$706.62 \$1,423.98 \$1,280.24 \$1,999.15

HSA High Deductible Health Plan \$3500/\$3500 with PassThru Rx
____ Employee ____ Employee + Spouse ____ Employee + Child(ren) ____ Family
\$667.47 \$1,344.74 \$1,209.06 \$1,887.71

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 _____