

McDonald County Medical Election Sheet

2021 Employee Benefits Renewal

Plan Year Dates: **1/1/21 - 12/31/21**

Open Enrollment Period

Start Date:

End Date:

Instructions:

- 1) All eligible employees required to complete and sign - even if waiving coverage.
- 2) Check only one plan option per insurance type.
- 3) Sign and return by the open enrollment end date.

NOTE... THERE ARE TWO PREMIUMS.... Wellness Incentive Reward VS those who did not participate.

Medical Insurance Premium Contributions

Employee contribution frequency: Monthly Monthly
WELLNESS ELIGIBLE REWARD

| <input type="checkbox"/> | Tier | Contribution | Contribution |
|--|---------------------|--------------|--------------|
| Anthem Blue Preferred Option 13 Rx T1 | | | |
| <input type="checkbox"/> | Employee Only | \$ 330.83 | \$ 310.83 |
| <input type="checkbox"/> | Employee/Spouse | \$ 1,045.72 | \$ 1,025.72 |
| <input type="checkbox"/> | Employee/Child(ren) | \$ 807.42 | \$ 787.42 |
| <input type="checkbox"/> | Employee/Family | \$ 1,624.41 | \$ 1,604.41 |
| Anthem Blue Preferred Option 7 Rx T1 | | | |
| <input type="checkbox"/> | Employee Only | \$ 413.15 | \$ 393.15 |
| <input type="checkbox"/> | Employee/Spouse | \$ 1,214.48 | \$ 1,194.48 |
| <input type="checkbox"/> | Employee/Child(ren) | \$ 947.36 | \$ 927.36 |
| <input type="checkbox"/> | Employee/Family | \$ 1,863.14 | \$ 1,843.14 |

- Waive, other coverage obtained
 Waive, no other coverage

I understand, by signing below, that the elections indicated above will be the coverage that I will receive until December 31, 2021 and are pre-tax deductions. The coverage cannot be changed mid-plan year unless I have a qualifying event.

Employee Signature

Date

Employee Name (print)