



McDonald County
Benefit Election Form
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Missouri Affiliated Governments
Insurance Consortium
Representing the Health Insurance Needs of Missouri
Government Affiliates

Make your Enrollment Elections in the Yellow Boxes

Medical Plan: UHC Choice Plus Balanced - Plan BU9X Mod4 (\$4500 80/50)				<i>Wellness Incentive</i>	
Make Election Here	Coverage Type	Total Monthly Cost	Total Employer Cost	Total Employee Cost	Total Employee Cost
	Employee Only	\$865.09	\$615.65	\$249.44	\$229.44
	Employee + Spouse	\$1,775.56	\$615.65	\$1,159.91	\$1,139.91
	Employee + Child(ren)	\$1,471.57	\$615.65	\$855.92	\$835.92
	Family	\$2,510.58	\$615.65	\$1,894.93	\$1,874.93

Medical Plan: UHC Choice Plus Balanced - Plan BU9X Mod5 (\$6000 90/60)				<i>Wellness Incentive</i>	
Make Election Here	Coverage Type	Total Monthly Cost	Total Monthly Employer Cost	Total Monthly Employee Cost	Total Employee Cost
	Employee Only	\$833.79	\$615.65	\$218.14	\$198.14
	Employee + Spouse	\$1,711.28	\$615.65	\$1,095.63	\$1,075.63
	Employee + Child(ren)	\$1,418.30	\$615.65	\$802.65	\$782.65
	Family	\$2,419.70	\$615.65	\$1,804.05	\$1,784.05

Medical Plan: UHC Choice Plus H.S.A. - Plan BKOJ H.S.A. (\$6000 100/70)				<i>Wellness Incentive</i>	
Make Election Here	Coverage Type	Total Monthly Cost	Total Employer Cost	Total Employee Cost	Total Employee Cost
	Employee Only	\$711.58	\$615.65	\$95.93	\$75.93
	Employee + Spouse	\$1,460.47	\$615.65	\$844.82	\$824.82
	Employee + Child(ren)	\$1,210.43	\$615.65	\$594.78	\$574.78
	Family	\$2,065.06	\$615.65	\$1,449.41	\$1,429.41

Additional H.S.A. Election Amount (Will be deducted from pay)		
Make Election Here	Annual Amount	Per Pay Period Amount
	Waive Medical	

Authorization

I authorize the cost amounts to be deducted from my paychecks each month beginning January 1, 2023. I acknowledge that my elections are irrevocable unless there is a change in status (e.g., change in marital status; change in number of dependents; termination of employment or commencement of employment; commencement or return from an unpaid leave of absence; a change in worksite; a change in residence, a dependent ceases to satisfy eligibility requirements for coverage; or any change in employment status that affects eligibility).

Signature _____

Date _____

McDonald County Ancillary Benefits

2024 Employee Benefits Renewal

Plan Year Dates: **1/1/24 - 12/31/24**

Instructions & Notes:

- 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.

The employee premium rates shown below are: Monthly

Dental Insurance - DELTA DENTAL*New Carrier -- Need Enrollment Form

Tier	Employee Premium
Employee Only	\$26.87
Employee/Spouse	\$54.97
Employee/Child(ren)	\$64.59
Employee/Family	\$100.25
Waive	

Vision Insurance - MetLife

Tier	Employee Premium
Employee Only	\$8.98
Employee/Spouse	\$17.99
Employee/Child(ren)	\$15.23
Employee/Family	\$25.12
Waive	

Vision Insurance - Vision Service Plan Premium cost specialty lenses

Tier	Base Plan	Buy Up Plan
	Employee Premium	Employee Premium
Employee Only	\$10.69	\$16.13
Employee/Spouse	\$17.10	\$25.80
Employee/Child(ren)	\$17.45	\$26.34
Employee/Family	\$28.14	\$42.47
Waive		

Voluntary Life - MetLife

Tier	Employee Premium	Short Term Disability
Keep current coverage		60% Benefit
Enroll for coverage	Complete Enrollment Form and Evidence of	
Increase my coverage		Enroll
Waive		Waive

Employee Signature _____

Date _____

Employee Name (print) _____