

### Missouri Affiliated Governments Insurance Consortium

Representing the Health Insurance Needs of Missouri Government Affiliates

## McDonald County

## Benefit Election Form

Plan Year - 1/1/2025 - 12/31/2025

Employee FULL Name (please print)					
Employee Address (please print)	)				
SSN	Date of Birth				
GENDER	Date of Hire				
Family Information (Required to enroll AN	NY Dependent in <i>F</i>	ANY Benefit)			
Dependent Full Names	Relationship (Spouse/Child)	Date of Birth	Gender	Social Security Number	
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# McDonald County

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## Make your Enrollment Elections in the Yellow Boxes

Medical Plan: UHC Choice Plus Balanced - Plan BU9X Mod4 (\$4500 80/50)					Wellness Incentive
Make Election Here	Coverage Type	2025 Monthly Premium Cost	Total Employer Cost at 8.39%	Projected Employee Cost	Total Employee Cost
	Employee Only	\$937.42	\$669.31	\$268.11	\$248.11
	Employee + Spouse	\$1,924.01	\$669.31	\$1,254.70	\$1,234.70
	Employee + Child(ren)	\$1,594.61	\$669.31	\$925.30	\$905.30
	Family	\$2,720.48	\$669.31	\$2,051.17	\$2,031.17

Medical Plan: UHC Choice Plus Balanced - Plan BU9X Mod5 (\$6000 90/60)				Wellness Incentive	
Make Election Here	Coverage Type	Total Monthly Cost	Total Employer Cost at 8.39%	Total Monthly Employee Cost	Total Employee Cost
	Employee Only	\$903.50	\$669.31	\$234.19	\$214.19
	Employee + Spouse	\$1,854.35	\$669.31	\$1,185.04	\$1,165.04
	Employee + Child(ren)	\$1,536.88	\$669.31	\$867.57	\$847.57
	Family	\$2,622.01	\$669.31	\$1,952.70	\$1,932.70

Medical Plan: UHC Choice Plus H.S.A Plan BKOJ H.S.A. (\$6000 100/70)					Wellness Incentive
Make Election Here	Coverage Type	Total Monthly Cost	Total Employer Cost at 8.39%	Total Employee Cost	Total Employee Cost
	Employee Only	\$771.07	\$669.31	\$101.76	\$81.76
	Employee + Spouse	\$1,582.58	\$669.31	\$913.27	\$893.27
	Employee + Child(ren)	\$1,311.63	\$669.31	\$642.32	\$622.32
	Family	\$2,237.71	\$669.31	\$1,568.40	\$1,548.40

## Additional H.S.A. Election Amount (Will be deducted from pay)

Make		
Election		Per Pay Period
Here	Annual Amount	<u>Amount</u>

**Waive Medical** 

### **Authorization**

irrevocable unless there is a change in status (e.g., change in marital status; change in number of dependents; termination of employment or