

# BLUECROSS BLUESHIELD 2018 ELECTION FORM

Name: \_\_\_\_\_

## Single Coverage

| (X)<br>Select<br>One     | 2018 Insurance Plans                 | Monthly<br>Premium | 25%<br>Monthly<br>Employee<br>Contribution<br>25% Premium | 75%<br>City<br>Monthly<br>Premium<br>Contribution | Monthly<br>VEBA<br>Fund | Employer<br>Annual<br>Contribution |
|--------------------------|--------------------------------------|--------------------|-----------------------------------------------------------|---------------------------------------------------|-------------------------|------------------------------------|
|                          |                                      |                    |                                                           |                                                   | \$ 1,200.00             |                                    |
| <input type="checkbox"/> | CDHP 830 \$1,200/\$2,400 Deductibles | \$ 632.00          | \$ 158.00                                                 | \$ 474.00                                         | \$ 100.00               | \$ 6,888.00                        |
| <input type="checkbox"/> | CDHP 831 \$1,850/\$3,700 Deductibles | \$ 589.50          | \$ 147.38                                                 | \$ 442.13                                         | \$ 100.00               | \$ 6,505.50                        |
| <input type="checkbox"/> | CDHP 860 \$3,375/\$6,750 Deductibles | \$ 515.50          | \$ 128.88                                                 | \$ 386.63                                         | \$ 100.00               | \$ 5,839.50                        |

## Family Coverage

| (X)<br>Select<br>One     | 2018 Insurance Plans                 | Monthly<br>Premium | 25%<br>Monthly<br>Employee<br>Contribution<br>25% Premium | 75%<br>City<br>Monthly<br>Premium<br>Contribution | Monthly<br>VEBA<br>Fund | Employer<br>Annual<br>Contribution |
|--------------------------|--------------------------------------|--------------------|-----------------------------------------------------------|---------------------------------------------------|-------------------------|------------------------------------|
|                          |                                      |                    |                                                           |                                                   | \$ 2,400.00             |                                    |
| <input type="checkbox"/> | CDHP 830 \$1,200/\$2,400 Deductibles | \$ 1,686.50        | \$ 421.63                                                 | \$ 1,264.88                                       | \$ 200.00               | \$ 17,578.50                       |
| <input type="checkbox"/> | CDHP 831 \$1,850/\$3,700 Deductibles | \$ 1,565.50        | \$ 391.38                                                 | \$ 1,174.13                                       | \$ 200.00               | \$ 16,489.50                       |
| <input type="checkbox"/> | CDHP 860 \$3,375/\$6,750 Deductibles | \$ 1,354.50        | \$ 338.63                                                 | \$ 1,015.88                                       | \$ 200.00               | \$ 14,590.50                       |