

BLUECROSS BLUESHIELD 2019 ELECTION FORM

Name: _____

Single Coverage

	2019 BCBS Insurance	Monthly Premium	25% Monthly Employee Contribution 25% Premium	75% City Monthly Premium Contribution	Monthly Employer Contribution	100% VEBA	100% H S A	50%/50% VEBA/H S A
(X) Select One	CDHP 3375 \$3,375 /\$6,750 Deductible; Aware; ClassicRx; No 4th Qtr	\$ 596.50	\$ 149.13	\$ 447.38	\$ 208.33	(X) Select One	<input type="checkbox"/>	<input type="checkbox"/>



Family Coverage

	2018 Insurance Plans	Monthly Premium	25% Monthly Employee Contribution 25% Premium	75% City Monthly Premium Contribution	Monthly Employer Contribution	100% VEBA	100% H S A	50%/50% VEBA/H S A
(X) Select One	CDHP 6750 \$3,375 /\$6,750 Deductible; Aware; ClassicRx; No 4th Qtr	\$ 1,566.50	\$ 391.63	\$ 1,174.88	\$ 416.67	(X) Select One	<input type="checkbox"/>	<input type="checkbox"/>