

BLUECROSS BLUESHIELD 2021 ELECTION FORM

Name: _____

Single Coverage

(X)
Select
One

CDHP 3375 \$3,375 Deductible; Aware; ClassicRx; No 4th Qtr

2021 Health Savings Account Maximum Contributions
Single \$3,600

2021 Wellness Incentive
500 (includes \$500 wellness incentive)

	25% Monthly Employee Contribution 25% Premium	75% City Monthly Premium Contribution	\$ 2,500.00				
Monthly Premium				Monthly Employer Contribution	100% VEBA	100% H S A	50%/50% VEBA/H S A
\$ 743.50	\$ 185.88	\$ 557.62	\$ 208.33	(X) Select One			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



Family Coverage

(X)
Select
One

CDHP 6750 \$3,375 /\$6,750 Deductible; Aware; ClassicRx; No 4th Qtr

2021 Health Savings Account Maximum Contributions
Family \$7,200 (includes \$500 wellness incentive)

2021 Wellness Incentive
\$500

	25% Monthly Employee Contribution 25% Premium	75% City Monthly Premium Contribution	\$ 5,000.00				
Monthly Premium				Monthly Employer Contribution	100% VEBA	100% H S A	50%/50% VEBA/H S A
\$ 1,952.00	\$ 488.00	\$ 1,464.00	\$ 416.67	(X) Select One			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>