

# MEDICA 2022 ELECTION FORM

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

## Single Coverage

		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
					\$ 2,500.00			
<p>(X) Select One</p> <p><input style="width: 40px; height: 15px;" type="text"/> Plan #1</p>	<p>\$3,375 Deductible 100% OPMAX, PASSPORT</p> <p>2022 Health Savings Account Maximum Contributions Single \$3,650</p> <p>2022 Wellness Incentive \$500</p>	\$ 788.11	\$ 197.03	\$ 591.08	\$ 208.33			
						(X) Select One		



## Family Coverage

		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
					\$ 5,000.00			
<p>(X) Select One</p> <p><input style="width: 40px; height: 15px;" type="text"/> Plan #1</p>	<p>\$3,375 /\$6,750 Deductible 100% OPMAX, PASSPORT</p> <p>2022 Health Savings Account Maximum Contributions Family \$7,300 (includes \$500 wellness incentive)</p> <p>2022 Wellness Incentive \$500</p>	\$ 2,069.12	\$ 517.28	\$ 1,551.84	\$ 416.67			
						(X) Select One		