

MEDICA 2023 ELECTION FORM

Name: _____

Single Coverage

(X)
Select
One

Plan #1

\$3,375 Deductible 100% OPMAX, PASSPORT

2023 Health Savings Account Maximum Contributions
Single \$3,650

2023 Wellness Incentive
\$500

	25% Monthly Employee Contribution 25% Premium	75% City Monthly Premium Contribution	\$ 2,500.00	100% VEBA	100% H S A	50%/50% VEBA/H S A
Monthly Premium			Monthly Employer Contribution			
\$ 862.98	\$ 215.75	\$ 647.23	\$ 208.33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(X) Select
One

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Family Coverage

(X)
Select
One

Plan #1

\$3,375 /\$6,750 Deductible 100% OPMAX, PASSPORT

2023 Health Savings Account Maximum Contributions
Family \$7,300 (includes \$500 wellness incentive)

2023 Wellness Incentive
\$500

	25% Monthly Employee Contribution 25% Premium	75% City Monthly Premium Contribution	\$ 5,000.00	100% VEBA	100% H S A	50%/50% VEBA/H S A
Monthly Premium			Monthly Employer Contribution			
\$ 2,265.69	\$ 566.42	\$ 1,699.27	\$ 416.67	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(X) Select
One

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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