

HAND COUNTY

Avera Health Plans

Effective September 1, 2021

I wish to enroll in the following health insurance plan:

_____ **Plan #1** - \$1,000 Deductible 60/40 \$2,500 Coinsurance
\$3,500 Out-of-Pocket Maximum

_____ Employee Only _____ Emp+Spouse _____ Emp+Child(ren) _____ Family

_____ **Plan #2** - \$2,000 Deductible 70/30 \$2,500 Coinsurance
\$4,500 Out-of-Pocket Maximum

_____ Employee Only _____ Emp+Spouse _____ Emp+Child(ren) _____ Family

_____ **Plan #3** - HSA \$4,500 Deductible 100/0 \$0 Coinsurance
\$4,500 Out-of-Pocket Maximum

_____ Employee Only _____ Emp+Spouse _____ Emp+Child(ren) _____ Family

_____ **Waive Health Insurance** (must complete waiver form)

Employee Name (Print) _____

Signature _____ Date _____