



EMPLOYER PLAN SELECTION

This form must be completed and returned to WTW no later than **April 30, 2025**. Effective July 1, 2025, City of Lander selects the following benefit options to be offered to our staff.

☒ **NO PLAN CHANGES, DELETIONS OR ADDITIONS**

MEDICAL (Maximum of 3 options per group)

- ☒ \$3,500 Deductible, 80/20 to \$7,500, \$50 Office Copay
☐ \$5,000 Deductible, 80/20 to \$7,500, \$55 Office Copay
☐ \$1,650 High Deductible Health Plan
☐ \$2,500 High Deductible Health Plan
☐ \$3,500 High Deductible Health Plan
☐ \$5,000 High Deductible Health Plan

DENTAL

- ☒ Standard Option Dental ☐ High Option Dental

VISION

- ☒ Employer Paid Vision ☐ Voluntary Vision

LIFE

- ☒ Life and AD&D ☒ Dependent Life

Group Name City of Lander Branch WEBT

Authorized by Date