**BENEFITS CHOICES INFORMATION**

Insurance coverage begins on the first of the month after 30 days of employment

**HEALTH INSURANCE:**

Provider: Medica (plan options effective December 1, 2023 – December 31, 2024)

4 plans available, either a PPO plan with $2,000 deductible (**National Network**)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Total premium (monthly) City pays  |   | Employee pays  |  |  |
| PPO Single  | $1173.09 $ 1079.24 |   | $93.85  |  |  |
| PPO 2-party  | $2404.85 $2033.86  |   | $370.99  |  |  |
| PPO Emp/ch  | $2052.92 $1761.11  |   | $291.81 |  |  |
| PPO Family  | $3401.98 $2806.63  |   | $595.35 |  |  |

 PPO plan with $2,000 deductible (**CHI Network**)

|  |  |  |  |
| --- | --- | --- | --- |
|   | Total premium (monthly) City pays  |  | Employee pays  |
| PPO Single  | $ 938.47 $ 863.39 |   | $75.08  |
| PPO 2-party  | $1923.88 $1627.09  |   | $296.79 |
| PPO Emp/ch  | $1642.33 $1408.88  |   | $233.45 |
| PPO Family  | $2721.58 $2245.30  |   | $476.28 |

OR a high-deductible HSA-qualified plan with $3,200 per person deductible (**National Network**)

|  |  |  |  |
| --- | --- | --- | --- |
|   | Total premium (monthly) City pays  |   | Employee pays  |
| HSA Single  | $1097.71 $1009.89  |   | $87.82  |
| HSA 2-party  | $2250.30 $1903.15  |   | $347.15 |
| HSA Emp/ch  | $1920.99 $1647.94  |   | $273.05 |
| HSA Family  | $3183.36 $2626.27  |   | $557.09 |

HSA-qualified plan with $3,200 per person deductible (**CHI Network**)

|  |  |  |  |
| --- | --- | --- | --- |
|   | Total premium (monthly) City pays  |   | Employee pays  |
| HSA Single  | $ 878.16 $807.91 |   | $70.25 |
| HSA 2-party  | $1800.24 $1522.52  |   | $277.72 |
| HSA Emp/ch  | $1536.79 $1318.35  |   | $218.44 |
| HSA Family  | $2546.69 $2101.02 |   | $445.67 |

Employees who select the high-deductible plan (HSA can request a payroll deduction to be deposited in their HSA bank account. The City currently will also contribute monthly to the HSA account.

A waiver of coverage can be requested if an employee can provide evidence of coverage under another group plan such as through a parent or spouse. If waiver is approved the City will provide a health insurance stipend of $504.95 per month (1/2 single coverage).