**BENEFITS CHOICES INFORMATION**

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

**HEALTH INSURANCE:**

Provider: Medica (plan options effective January 1, 2025 – December 31, 2025)

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Total premium (monthly) City pays |  | Employee pays |  |  |
| PPO Single | $1184.83 $1090.04 |  | $94.79 |  |  |
| PPO 2-party | $2428.89 $2054.19 |  | $374.70 |  |  |
| PPO Emp/Ch | $2073.44 $1778.72 |  | $294.72 |  |  |
| PPO Family | $3436.00 $2834.70 |  | $601.30 |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total premium (monthly) City pays |  | Employee pays |
| PPO Single | $ 947.86 $872.03 |  | $75.83 |
| PPO 2-party | $1943.11 $1643.35 |  | $299.76 |
| PPO Emp/ch | $1658.76 $1422.98 |  | $235.78 |
| PPO Family | $2748.80 $2267.76 |  | $481.04 |

OR a high-deductible HSA-qualified plan with $3,300 per person deductible (**National Network**)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total premium (monthly) City pays |  | Employee pays |
| HSA Single | $1100.89 $1012.82 |  | $88.07 |
| HSA 2-party | $2256.83 $1908.67 |  | $348.16 |
| HSA Emp/ch | $1926.56 $1652.71 |  | $273.85 |
| HSA Family | $3192.59 $2633.89 |  | $558.70 |

HSA-qualified plan with $3,300 per person deductible (**CHI Network or Elevate**)(Narrow networks)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total premium (monthly) City pays |  | Employee pays |
| HSA Single | $880.71 $810.25 |  | $70.46 |
| HSA 2-party | $1805.46 $1526.93 |  | $278.53 |
| HSA Emp/ch | $1541.25 $1322.17 |  | $219.08 |
| HSA Family | $2554.07 $2107.11 |  | $446.96 |

Employees who select the high-deductible plan (HSA can request a payroll deduction to be deposited to an HSA bank account of their choosing. The city currently contributes monthly to the employee’s 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 the waiver is approved the City will provide a health insurance stipend of $510.00 per month.