



Are you wondering which health plan to choose?

The City of Bloomington offers several health plans options and networks. The following table compares deductibles, copays, out-of-pocket maximums and premiums to assist in determining the maximum annual cost under each of the various plan options.

Of course cost is not the only factor to consider when selecting a health plan. Employees are free to choose whichever plan best meets their needs.

EMPLOYEE-ONLY COVERAGE	HIGH DEDUCTIBLE HEALTH PLAN - HSA		HIGH DEDUCTIBLE HEALTH PLAN - HRA		\$30 COPAY PLAN	
	Choice Passport	Elect or Essential	Choice Passport	Elect or Essential	Choice Passport	Elect or Essential
Maximum Out Of Pocket Cost*	\$ 2,700	\$ 2,700	\$ 2,700	\$ 2,700	\$ 1,500	\$ 1,500
City Contribution to HRA or HSA	- \$ 1,800	- \$ 1,800	- \$ 1,800	- \$ 1,800	\$ 0	\$ 0
Employee Responsibility	\$ 900	\$ 900	\$ 900	\$ 900	\$ 1,500	\$ 1,500
Employee Share of Annual Premium	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Your Maximum Annual Cost*	\$ 900	\$ 900	\$ 900	\$ 900	\$ 1,500	\$ 1,500

TWO-PERSON COVERAGE	HIGH DEDUCTIBLE HEALTH PLAN - HSA		HIGH DEDUCTIBLE HEALTH PLAN - HRA		\$30 COPAY PLAN	
	Choice Passport	Elect or Essential	Choice Passport	Elect or Essential	Choice Passport	Elect or Essential
Maximum Out Of Pocket Cost*	\$ 5,400	\$ 5,400	\$ 5,400	\$ 5,400	\$ 3,000	\$ 3,000
City Contribution to HRA or HSA	- \$ 1,800	- \$ 1,800	- \$ 1,800	- \$ 1,800	\$ 0	\$ 0
Employee Responsibility	\$ 3,600	\$ 3,600	\$ 3,600	\$ 3,600	\$ 3,000	\$ 3,000
Employee Share of Annual Premium	\$ 0	\$ 0	\$ 0	\$ 0	\$ 111	\$ 0
Your Maximum Annual Cost*	\$ 3,600	\$ 3,600	\$ 3,600	\$ 3,600	\$ 3,111	\$ 3,000

FAMILY COVERAGE	HIGH DEDUCTIBLE HEALTH PLAN - HSA		HIGH DEDUCTIBLE HEALTH PLAN - HRA		\$30 COPAY PLAN	
	Choice Passport	Elect or Essential	Choice Passport	Elect or Essential	Choice Passport	Elect or Essential
Maximum Out Of Pocket Cost*	\$ 5,400	\$ 5,400	\$ 5,400	\$ 5,400	\$ 3,000	\$ 3,000
City Contribution to HRA or HSA	- \$ 1,800	- \$ 1,800	- \$ 1,800	- \$ 1,800	\$ 0	\$ 0
Employee Responsibility	\$ 3,600	\$ 3,600	\$ 3,600	\$ 3,600	\$ 3,000	\$ 3,000
Employee Share of Annual Premium	\$ 4,475	\$ 2,898	\$ 5,123	\$ 3,500	\$ 9,197	\$ 7,289
Your Maximum Annual Cost*	\$ 8,075	\$ 6,498	\$ 8,723	\$ 7,100	\$ 12,197	\$ 10,289

*FOR IN-NETWORK SERVICES