2025 BCBSIL PPO & Kaiser DHMO TO HDHP COMPARISON



There are many factors to consider as you compare the new BCBSIL PPO and Kaiser DHMO to the HDHP and make your medical plan decision for 2025. The charts below describe two scenarios you could face in the 2025 plan year, to represent the range of potential costs for the plan year. The minimum plan cost chart shows the lowest price you would pay in a plan year. This chart considers the annualized premiums and assumes you only utilize in-network preventive care in 2025. The maximum plan cost chart shows the most you would pay in a plan year. This chart assumes you will meet your in-network out-of-pocket maximum on medical and/or prescription costs in 2025. Both charts consider the impact of the HSA employer contribution, when enrolled in the HDHP for 2025.

Minimum Plan Cost

\$70,999 or less*	BCBSIL PPO / I	Caiser DHMO	HD	HDHP Savings	
Coverage Tier	Your Annualized Premiums	Employer HSA Contribution	Your Annualized Premiums	Employer HSA Contribution	Premium Difference Plus Employer HSA Contribution
EE Only	\$2,058	\$0	\$1,758	\$500	\$800
EE + Spouse	\$4,866	\$0	\$4,032	\$1,000	\$1,834
EE + Children	\$3,852	\$0	\$3,336	\$1,000	\$1,516
EE + Family	\$6,396	\$0	\$5,082	\$1,000	\$2,314

\$70,999 or less*	BCBSIL PPO / Kaiser DHMO			HDHP			HDHP Savings
Coverage Tier	Your Annualized Premiums	Out-of-Pocket Maximum	Employer HSA Contribution	Your Annualized Premiums	Out-of-Pocket Maximum	Employer HSA Contribution	Difference in Your Maximum Plan Cost
EE Only	\$2,058	\$3,000	\$0	\$1,758	\$3,425	\$500	\$375
EE + Spouse	\$4,866	\$6,000	\$0	\$4,032	\$6,850	\$1,000	\$984
EE + Children	\$3,852	\$6,000	\$0	\$3,336	\$6,850	\$1,000	\$666
EE + Family	\$6,396	\$6,000	\$0	\$5,082	\$6,850	\$1,000	\$1,464

^{*} Your eligible total compensation is your base salary, overtime, shift differential and any variable pay that is related to work performance that you receive between October 1 and September 30 of the prior year. For example, for 2025, your total compensation is based on eligible pay paid from October 1, 2023, to September 30, 2024. You can view your total compensation in Workday. In your worker profile, select "Actions" > "Benefits" > "View Benefits Annual Rate."



\$71,000 - \$130,999 *	BCBSIL PPO / I	Caiser DHMO	HD	HDHP Savings	
Coverage Tier	Your Annualized Premiums	Employer HSA Contribution	Your Annualized Premiums	Employer HSA Contribution	Premium Difference Plus Employer HSA Contribution
EE Only	\$2,508	\$0	\$2,208	\$500	\$800
EE + Spouse	\$5,928	\$0	\$5,094	\$1,000	\$1,834
EE + Children	\$4,728	\$0	\$4,212	\$1,000	\$1,516
EE + Family	\$7,728	\$0	\$6,414	\$1,000	\$2,314

\$71,000 - \$130,999*	BCBSIL PPO / Kaiser DHMO			НДНР			HDHP Savings
Coverage Tier	Your Annualized Premiums	Out-of-Pocket Maximum	Employer HSA Contribution	Your Annualized Premiums	Out-of-Pocket Maximum	Employer HSA Contribution	Difference in Your Maximum Plan Cost
EE Only	\$2,508	\$3,000	\$0	\$2,208	\$3,425	\$500	\$375
EE + Spouse	\$5,928	\$6,000	\$0	\$5,094	\$6,850	\$1,000	\$984
EE + Children	\$4,728	\$6,000	\$0	\$4,212	\$6,850	\$1,000	\$666
EE + Family	\$7,728	\$6,000	\$0	\$6,414	\$6,850	\$1,000	\$1,464

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\$131,000 - \$175,999*	BCBSIL PPO / I	Caiser DHMO	HD	HDHP Savings	
Coverage Tier	Your Annualized Premiums	Employer HSA Contribution	Your Annualized Premiums	Employer HSA Contribution	Premium Difference Plus Employer HSA Contribution
EE Only	\$2,760	\$0	\$2,460	\$500	\$800
EE + Spouse	\$6,504	\$0	\$5,670	\$1,000	\$1,834
EE + Children	\$5,202	\$0	\$4,686	\$1,000	\$1,516
EE + Family	\$8,442	\$0	\$7,128	\$1,000	\$2,314

\$131,000 - \$175,999*	BCBSIL PPO / Kaiser DHMO			НОНР			HDHP Savings
Coverage Tier	Your Annualized Premiums	Out-of-Pocket Maximum	Employer HSA Contribution	Your Annualized Premiums	Out-of-Pocket Maximum	Employer HSA Contribution	Difference in Your Maximum Plan Cost
EE Only	\$2,760	\$3,000	\$0	\$2,460	\$3,425	\$500	\$375
EE + Spouse	\$6,504	\$6,000	\$0	\$5,670	\$6,850	\$1,000	\$984
EE + Children	\$5,202	\$6,000	\$0	\$4,686	\$6,850	\$1,000	\$666
EE + Family	\$8,442	\$6,000	\$0	\$7,128	\$6,850	\$1,000	\$1,464

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\$176,000 - \$285,999*	BCBSIL PPO /	Kaiser DHMO	HD	HDHP Savings	
Coverage Tier	Your Annualized Premiums	Employer HSA Contribution	Your Annualized Premiums	Employer HSA Contribution	Premium Difference Plus Employer HSA Contribution
EE Only	\$3,078	\$0	\$2,778	\$500	\$800
EE + Spouse	\$7,224	\$0	\$6,390	\$1,000	\$1,834
EE + Children	\$5,802	\$0	\$5,286	\$1,000	\$1,516
EE + Family	\$9,354	\$0	\$8,040	\$1,000	\$2,314

\$176,000 - \$285,999*	BCBSIL PPO / Kaiser DHMO			НДНР			HDHP Savings
Coverage Tier	Your Annualized Premiums	Out-of-Pocket Maximum	Employer HSA Contribution	Your Annualized Premiums	Out-of-Pocket Maximum	Employer HSA Contribution	Difference in Your Maximum Plan Cost
EE Only	\$3,078	\$3,000	\$0	\$2,778	\$3,425	\$500	\$375
EE + Spouse	\$7,224	\$6,000	\$0	\$6,390	\$6,850	\$1,000	\$984
EE + Children	\$5,802	\$6,000	\$0	\$5,286	\$6,850	\$1,000	\$666
EE + Family	\$9,354	\$6,000	\$0	\$8,040	\$6,850	\$1,000	\$1,464

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\$286,000 and over*	BCBSIL PPO /	Kaiser DHMO	HD	HDHP Savings	
Coverage Tier	Your Annualized Premiums	Employer HSA Contribution	Your Annualized Premiums	Employer HSA Contribution	Premium Difference Plus Employer HSA Contribution
EE Only	\$3,438	\$0	\$3,138	\$500	\$800
EE + Spouse	\$8,052	\$0	\$7,218	\$1,000	\$1,834
EE + Children	\$6,480	\$0	\$5,964	\$1,000	\$1,516
EE + Family	\$10,404	\$0	\$9,090	\$1,000	\$2,314

\$286,000 and over*	BCBSIL PPO / Kaiser DHMO			НДНР			HDHP Savings
Coverage Tier	Your Annualized Premiums	Out-of-Pocket Maximum	Employer HSA Contribution	Your Annualized Premiums	Out-of-Pocket Maximum	Employer HSA Contribution	Difference in Your Maximum Plan Cost
EE Only	\$3,438	\$3,000	\$0	\$3,138	\$3,425	\$500	\$375
EE + Spouse	\$8,052	\$6,000	\$0	\$7,218	\$6,850	\$1,000	\$984
EE + Children	\$6,480	\$6,000	\$0	\$5,964	\$6,850	\$1,000	\$666
EE + Family	\$10,404	\$6,000	\$0	\$9,090	\$6,850	\$1,000	\$1,464

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