

Village of Hoffman Estates

10/8/23

Health and Dental Insurance Rates - as of 1/1/2024 (Non-contract employees)

Health Plan Premiums & Employee/Retiree/COBRA Rates						Medicare Eligible/COBRA Rates		
<b>Blue Choice Options PPO BlueCrossBlueShield of IL</b>						<b>Blue Choice Options PPO</b>		
<u>Dependent Status</u>	<u>Premium/Mo</u>	<u>Employee %</u>	<u>Employee Rate</u>	<u>Retiree %</u>	<u>COBRA Rate</u>	<u>Dependent Status</u>	<u>Monthly Premium</u>	<u>COBRA Rate</u>
Single	\$844.02	10%	\$84.40	100%	\$860.90	Medicare Single	\$633.02	\$645.68
Single + 1	\$1,688.90	10%	\$168.89	100%	\$1,722.68	Medicare Single +1	\$1,266.04	\$1,291.36
Family	\$2,157.30	10%	\$215.73	100%	\$2,200.45	Medicare +1 Active	\$1,477.88	\$1,507.44
						Medicare + Family	\$1,946.30	\$1,985.23
<b>Blue Advantage HMO BlueCrossBlueShield of IL</b>						<b>Blue Advantage HMO</b>		
<u>Dependent Status</u>	<u>Premium/Mo</u>	<u>Employee %*</u>	<u>Employee Rate</u>	<u>Retiree %</u>	<u>COBRA Rate</u>	<u>Dependent Status</u>	<u>Monthly Premium</u>	<u>COBRA Rate</u>
Single	\$775.69	10%	\$77.57	100%	\$791.20	Medicare Single	\$631.15	\$643.77
Single + 1	\$1,551.39	10%	\$155.14	100%	\$1,582.42	Medicare Single +1	\$1,262.30	\$1,287.55
Family	\$2,094.37	10%	\$209.44	100%	\$2,136.26	Medicare +1 Active	\$1,406.85	\$1,434.99
						Medicare + Fam	\$1,949.83	\$1,988.83
<b>Delta Dental Employee/Retiree Premiums</b>						<b>COBRA</b>		
<u>Dependent Status</u>	<u>PPO # 1 / mo</u>	<u>PPO #2 / mo</u>	<u>PPO #3 / mo</u>	<u>Emp/Ret %</u>		<u>PPO #1/mo</u>	<u>PPO#2/mo</u>	<u>PPO#3/mo</u>
Single	\$31.09	\$33.59	\$39.48	100%	Single	\$31.71	\$34.26	\$40.27
Single + 1	\$60.65	\$65.69	\$77.28	100%	Single + 1	\$61.86	\$67.00	\$78.83
Family	\$92.57	\$100.30	\$118.10	100%	Family	\$94.42	\$102.31	\$120.46
<b>VSP Vision Employee/Retiree Premiums</b>						<b>COBRA</b>		
<u>Dependent Status</u>	<u>Premium/ month</u>			<u>Emp/Ret %</u>		<u>Premium/mo</u>		
Single	\$4.50			100%	Single	\$4.59		
Family	\$11.52			100%	Family	\$11.75		

All rates effective through 12/31/24

Delta Dental Employee/Retiree Premiums					COBRA			
<u>Dependent Status</u>	<u>PPO # 1 / mo</u>	<u>PPO #2 / mo</u>	<u>PPO #3 / mo</u>	<u>Emp/Ret %</u>		<u>PPO #1/mo</u>	<u>PPO#2/mo</u>	<u>PPO#3/mo</u>
Single	\$31.09	\$33.59	\$39.48	100%	Single	\$31.71	\$34.26	\$40.27
Single + 1	\$60.65	\$65.69	\$77.28	100%	Single + 1	\$61.86	\$67.00	\$78.83
Family	\$92.57	\$100.30	\$118.10	100%	Family	\$94.42	\$102.31	\$120.46

VSP Vision Employee/Retiree Premiums				COBRA	
<u>Dependent Status</u>	<u>Premium/ month</u>		<u>Emp/Ret %</u>		<u>Premium/mo</u>
Single	\$4.50		100%	Single	\$4.59
Family	\$11.52		100%	Family	\$11.75