

Village of Hoffman Estates

10/10/23

Health and Dental Insurance Rates 1/1/2024 (MAP 96 CBA employees)

Health Plan Premiums & Employee/Retiree/COBRA Rates						Medicare Eligible/COBRA Rates		
<b>PPO #1 - PE1551</b>						<b>PPO #1 - PE1551</b>		
<b>BlueCrossBlueShield of IL</b>						<b>PPO #1 - PE1551</b>		
Dependent Status	Premium/Mo	Employee %	Employee Rate	Retiree %	COBRA Rate	Dependent Status	Monthly Premium	COBRA Rate
Single	\$905.61	15%	\$135.84	100%	\$923.72	Medicare Single	\$648.29	\$661.26
Family	\$2,147.24	15%	\$322.09	100%	\$2,190.18	Medicare Single +1	\$1,239.45	\$1,264.24
*or per Union contract						Medicare +1 Active	\$1,496.73	\$1,526.66
Rates effective through 12/31/24						Medicare + Fam	\$1,887.74	\$1,925.49
<b>PPO #2 - P06987</b>						<b>PPO #2 - P06987</b>		
<b>BlueCrossBlueShield of IL</b>						<b>PPO #2 - P06987</b>		
Dependent Status	Premium/Mo	Employee %	Employee Rate	Retiree %	COBRA Rate	Dependent Status	Monthly Premium	COBRA Rate
Single	\$991.84	5%	\$49.59	100%	\$1,011.68	Medicare Single	\$714.24	\$728.52
Family	\$2,331.57	7.5%	\$174.87	100%	\$2,378.20	Medicare Single +1	\$1,352.08	\$1,379.12
Rates effective through 12/31/24						Medicare +1 Active	\$1,696.61	\$1,730.54
						Medicare + Fam	\$2,053.98	\$2,095.06
<b>PPO #3 - P06996</b>						<b>PPO #3 - P06996</b>		
<b>BlueCrossBlueShield of IL</b>						<b>PPO #3 - P06996</b>		
Dependent Status	Premium/Mo	Employee %	Employee Rate	Ret/PT** %	COBRA Rate	Dependent Status	Monthly Premium	COBRA Rate
Single***	\$937.96	2%	\$18.76	100%	\$956.72	Medicare Single	\$676.71	\$690.24
Single + 1	\$1,876.88	4%	\$75.08	100%	\$1,914.42	Medicare Single +1	\$1,277.00	\$1,302.54
Family	\$2,309.16	5%	\$115.46	100%	\$2,355.34	Medicare +1 Active	\$1,614.63	\$1,646.92
Rates effective through 12/31/24								
<b>HMO - H00302</b>						<b>HMO - H00302</b>		
<b>BlueCrossBlueShield of IL</b>						<b>HMO - H00302</b>		
Dependent Status	Premium/Mo	Employee %	Employee Rate	Retiree %	COBRA Rate	Dependent Status	Monthly Premium	COBRA Rate
Single	\$753.17	15%	\$112.98	100%	\$768.23	Medicare Single	\$641.94	\$654.78
Family	\$2,230.92	15%	\$334.64	100%	\$2,275.54	Medicare Single +1	\$1,275.68	\$1,301.19
*or per Union contract						Medicare +1 Active	\$1,395.16	\$1,423.06
Rates effective through 12/31/24						Medicare + Fam	\$2,119.71	\$2,162.10

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