

Village of Hoffman Estates

10/10/2023

Health and Dental Insurance Rates 01/01/2024 (MAP 97 CBA employees)

Health Plan Premiums & Employee/Retiree/COBRA Rates						Medicare Eligible/COBRA Rates		
PPO #1 - PI2557						PPO #1 - PI2557		
BlueCrossBlueShield of IL						PPO #1 - PI2557		
<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	\$914.05	15%	\$137.11	100%	\$932.33	Medicare Single	\$654.33	\$667.42
Family	\$2,167.26	15%	\$325.09	100%	\$2,210.61	Medicare Single +1	\$1,251.02	\$1,276.04
*or per Union contract						Medicare +1 Active	\$1,513.84	\$1,544.12
Rates effective through 12/31/24						Medicare + Fam	\$1,905.52	\$1,943.63
PPO #2 - P06987						PPO #2 - P06987		
BlueCrossBlueShield of IL						PPO #2 - P06987		
<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	\$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
Rates effective through 12/31/24						Medicare + Fam	\$2,053.98	\$2,095.06
PPO #3 - P06996						PPO #3 - P06996		
BlueCrossBlueShield of IL						PPO #3 - P06996		
<u>Dependent Status</u>	<u>Premium/Mo</u>	<u>Employee %</u>	<u>Employee Rate</u>	<u>Ret/PT** %</u>	<u>COBRA Rate</u>	<u>Dependent Status</u>	<u>Monthly Premium</u>	<u>COBRA Rate</u>
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								
HMO - H00302						HMO - H00302		
BlueCrossBlueShield of IL						HMO - H00302		
<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	\$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				
Dependent Status	PPO # 1 / mo	PPO #2 / mo	PPO #3 / mo	Emp/Ret %		PPO #1/mo	PPO#2/mo	PPO#3/mo
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		
Dependent Status	Premium/ month		Emp/Ret %		PPO #1/mo
Single	\$4.50		100%	Single	\$4.59
Family	\$11.52		100%	Family	\$11.75