



**VILLAGE OF HOFFMAN ESTATES**  
2025 Insurance Rates for Health, Dental, and Vision  
**Fire Union Employees**

FIRE UNION EMPLOYEES					
	Monthly Premium	Employee Rate/Month	Employee Rate/Paycheck <sup>(1)</sup>	Retiree (under 65) Rate/Month	COBRA Rate/Month <sup>(2)</sup>
<b>BlueCross Blue Shield Blue Choice Option PPO (#313227)</b>					
<b>SINGLE</b>	\$862.59	\$86.26 <sup>(3)</sup>	\$43.13	\$862.59	\$879.84
<b>SINGLE +1</b>	\$1,726.06	\$172.61 <sup>(3)</sup>	\$86.30	\$1,726.06	\$1,760.58
<b>FAMILY</b>	\$2,204.76	\$220.48 <sup>(3)</sup>	\$110.24	\$2,204.76	\$2,248.86
<b>BlueCross Blue Shield Blue Advantage HMO (#B04036)</b>					
<b>SINGLE</b>	\$799.74	\$79.97 <sup>(3)</sup>	\$39.99	\$799.74	\$815.73
<b>SINGLE +1</b>	\$1,599.48	\$159.95 <sup>(3)</sup>	\$79.97	\$1,599.48	\$1,631.47
<b>FAMILY</b>	\$2,159.30	\$215.93 <sup>(3)</sup>	\$107.97	\$2,159.30	\$2,202.49
<b>BlueCross Blue Shield HDHP with HSA Option (#P66485)</b>					
<b>SINGLE</b>	\$838.96	\$92.29 <sup>(4)</sup>	\$46.14	\$838.96	\$855.74
<b>FAMILY</b>	\$2,002.20	\$220.24 <sup>(4)</sup>	\$110.12	\$2,002.20	\$2,042.24
<b>2025 HSA Maximum Contributions:</b>					
<b>SINGLE:</b> \$4,300 maximum individual contribution Village - \$255.00; Employee - \$4,045.00.			<b>FAMILY:</b> \$8,550 maximum family contribution Village - \$2,188.00; Employee - \$6,362.00.		
<b>Delta Dental PPO Plan 1</b>					
<b>SINGLE</b>	\$32.12	\$32.12	\$16.06	\$32.12	\$32.76
<b>SINGLE +1</b>	\$62.65	\$62.65	\$31.33	\$62.65	\$63.90
<b>FAMILY</b>	\$95.62	\$95.62	\$47.81	\$95.62	\$97.53
<b>Delta Dental PPO Plan 2</b>					
<b>SINGLE</b>	\$34.70	\$34.70	\$17.35	\$34.70	\$35.39
<b>SINGLE +1</b>	\$67.86	\$67.86	\$33.93	\$67.86	\$69.22
<b>FAMILY</b>	\$103.61	\$103.61	\$51.81	\$103.61	\$105.68
<b>Delta Dental PPO Plan 3</b>					
<b>SINGLE</b>	\$40.78	\$40.78	\$20.39	\$40.78	\$41.60
<b>SINGLE +1</b>	\$79.83	\$79.83	\$39.92	\$79.83	\$81.43
<b>FAMILY</b>	\$122.00	\$122.00	\$61.00	\$122.00	\$124.44
<b>VSP Vision</b>					
<b>SINGLE</b>	\$4.32	\$4.32	\$2.16	\$4.32	\$4.41
<b>FAMILY</b>	\$11.06	\$11.06	\$5.53	\$11.06	\$11.28

*Rates effective January 1, 2025, through December 31, 2025.*

<sup>(1)</sup>Health, Dental, and Vision rates are deducted two times per month (24 times per year).

<sup>(2)</sup>COBRA participants are responsible for the prepayment of the monthly premium at a rate of 102% of the applicable insurance premium cost, which includes a 2% administrative fee.

<sup>(3)</sup>Participants pay 10% of the monthly premium, or the rate indicated per the Union contract.

<sup>(4)</sup>Participants pay 11% of the monthly premium for Single coverage, or the rate indicated per the Union contract.



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HEALTH – MEDICARE-ELIGIBLE				
	BCBS Blue Choice Option PPO (#313227)		BCBS Blue Advantage HMO (#B04036)	
	Monthly Premium	COBRA Rate/Month <sup>(2)</sup>	Monthly Premium	COBRA Rate/Month <sup>(2)</sup>
<b>MEDICARE SINGLE</b>	\$646.95	\$659.89	\$650.72	\$663.73
<b>MEDICARE SINGLE +1</b>	\$1,293.89	\$1,319.77	\$1,301.43	\$1,327.46
<b>MEDICARE SINGLE +1 ACTIVE</b>	\$1,510.39	\$1,540.60	\$1,450.46	\$1,479.47
<b>MEDICARE + FAMILY</b>	\$1,989.12	\$2,028.90	\$2,010.27	\$2,050.48

HEALTH – MEDICARE-ELIGIBLE SUPPLEMENT PLAN		
BENISTAR Administration Services, Inc.		
Medicare Supplement	Provider	Monthly Premium
<b>MEDICAL</b>	United American Insurance Company	\$237.00
<b>PART D PRESCRIPTION</b>	Express Scripts Medicare®	\$254.18
<b>TOTAL (PER PERSON)</b>		\$491.18

- *Plan servicing and administration: BENISTAR Administration Services, Inc.*
- *Once you become Medicare Parts A & B eligible, you will have the choice to switch to the supplement plan. The coverage includes United American for your medical coverage and the Express Scripts Enhanced Group Medicare Part D Prescription Drug Program. Family members not yet age 65 will remain on their current Village of Hoffman Estates BCBS plan (at the single rate for each person).*
- *The medical and prescription drug plans are offered as a combined program. You cannot opt out of one and take the other. You must take both.*
- *Please be advised, you **must be actively enrolled in both Medicare Parts A & B** to qualify for this coverage.*

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<sup>(4)</sup>Participants pay 11% of the monthly premium for Single coverage, or the rate indicated per the Union contract.