



VILLAGE OF HOFFMAN ESTATES
 2025 Insurance Rates for Health, Dental, and Vision
MAP 96 Union Employees

MAP 96 UNION EMPLOYEES					
	Monthly Premium	Employee Rate/Month	Employee Rate/Paycheck ⁽¹⁾	Retiree (under 65) Rate/Month	COBRA Rate/Month ⁽²⁾
BlueCross Blue Shield PPO 1 (#PE1551)					
SINGLE	\$925.53	\$138.83 ⁽³⁾	\$69.41	\$925.53	\$944.04
FAMILY	\$2,194.48	\$329.17 ⁽³⁾	\$164.59	\$2,194.48	\$2,238.37
BlueCross Blue Shield PPO 2 (#P06987)					
SINGLE	\$1,013.66	\$50.68 ⁽⁴⁾	\$25.34	\$1,013.66	\$1,033.93
FAMILY	\$2,382.86	\$178.71 ⁽⁴⁾	\$89.36	\$2,382.86	\$2,430.52
BlueCross Blue Shield PPO 3 (#P06996)					
SINGLE	\$958.60	\$19.17 ⁽⁵⁾	\$9.59	\$958.60	\$977.77
SINGLE +1	\$1,918.17	\$76.73 ⁽⁵⁾	\$38.36	\$1,918.17	\$1,956.53
FAMILY	\$2,359.96	\$118.00 ⁽⁵⁾	\$59.00	\$2,359.96	\$2,407.16
BlueCross Blue Shield HMO (#H00302)					
SINGLE	\$776.52	\$116.48 ⁽³⁾	\$58.24	\$776.52	\$792.05
FAMILY	\$2,300.08	\$345.01 ⁽³⁾	\$172.51	\$2,300.08	\$2,346.08
Delta Dental PPO Plan 1					
SINGLE	\$32.12	\$32.12	\$16.06	\$32.12	\$32.76
SINGLE +1	\$62.65	\$62.65	\$31.33	\$62.65	\$63.90
FAMILY	\$95.62	\$95.62	\$47.81	\$95.62	\$97.53
Delta Dental PPO Plan 2					
SINGLE	\$34.70	\$34.70	\$17.35	\$34.70	\$35.39
SINGLE +1	\$67.86	\$67.86	\$33.93	\$67.86	\$69.22
FAMILY	\$103.61	\$103.61	\$51.81	\$103.61	\$105.68
Delta Dental PPO Plan 3					
SINGLE	\$40.78	\$40.78	\$20.39	\$40.78	\$41.60
SINGLE +1	\$79.83	\$79.83	\$39.92	\$79.83	\$81.43
FAMILY	\$122.00	\$122.00	\$61.00	\$122.00	\$124.44
VSP Vision					
SINGLE	\$4.32	\$4.32	\$2.16	\$4.32	\$4.41
FAMILY	\$11.06	\$11.06	\$5.53	\$11.06	\$11.28

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

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

⁽²⁾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.

⁽³⁾Participants pay 15% of the monthly premium, or the rate indicated per the Union contract.

⁽⁴⁾Participants pay 5% of the monthly premium for Single coverage, 7.5% of the monthly premium for Family coverage, or the rate indicated per the Union contract.

⁽⁵⁾Participants pay 2% of the monthly premium for Single coverage, 4% of the monthly premium for Single +1 coverage, 5% of the monthly premium for Family coverage, or the rate indicated per the Union contract.



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HEALTH – MEDICARE-ELIGIBLE				
	BCBS PPO 1 (#PE1551)		BCBS PPO 2 (#P06987)	
	Monthly Premium	COBRA Rate/Month ⁽²⁾	Monthly Premium	COBRA Rate/Month ⁽²⁾
MEDICARE SINGLE	\$662.55	\$675.80	\$729.95	\$744.55
MEDICARE SINGLE +1	\$1,266.72	\$1,292.05	\$1,381.83	\$1,409.47
MEDICARE SINGLE +1 ACTIVE	\$1,529.66	\$1,560.25	\$1,733.94	\$1,768.62
MEDICARE + FAMILY	\$1,929.27	\$1,967.86	\$2,099.17	\$2,141.15
	BCBS PPO 3 (#P06996)		BCBS HMO (#H00302)	
	Monthly Premium	COBRA Rate/Month ⁽²⁾	Monthly Premium	COBRA Rate/Month ⁽²⁾
MEDICARE SINGLE	\$691.60	\$705.43	\$661.84	\$675.08
MEDICARE SINGLE +1	\$1,305.09	\$1,331.19	\$1,315.23	\$1,341.53
MEDICARE SINGLE +1 ACTIVE	\$1,650.15	\$1,683.15	\$1,438.41	\$1,467.18
MEDICARE + FAMILY	\$2,030.20	\$2,070.80	\$2,185.42	\$2,229.13

HEALTH – MEDICARE-ELIGIBLE SUPPLEMENT PLAN		
BENISTAR Administration Services, Inc.		
Medicare Supplement	Provider	Monthly Premium
MEDICAL	United American Insurance Company	\$237.00
PART D PRESCRIPTION	Express Scripts Medicare®	\$254.18
TOTAL (PER PERSON)		\$491.18
<ul style="list-style-type: none"> 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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