



VILLAGE OF HOFFMAN ESTATES
 2025 Insurance Rates for Health, Dental, and Vision
MAP 97 Union Employees

MAP 97 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 (#PI2557)					
SINGLE	\$933.43	\$149.35 ⁽³⁾	\$74.67	\$933.43	\$952.10
FAMILY	\$2,213.21	\$354.11 ⁽³⁾	\$177.06	\$2,213.21	\$2,257.47
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	\$124.24 ⁽³⁾	\$62.12	\$776.52	\$792.05
FAMILY	\$2,300.08	\$368.01 ⁽³⁾	\$184.01	\$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 16% 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 (#PI2557)		BCBS PPO 2 (#P06987)	
	Monthly Premium	COBRA Rate/Month⁽²⁾	Monthly Premium	COBRA Rate/Month⁽²⁾
MEDICARE SINGLE	\$668.20	\$681.56	\$729.95	\$744.55
MEDICARE SINGLE +1	\$1,277.54	\$1,303.09	\$1,381.83	\$1,409.47
MEDICARE SINGLE +1 ACTIVE	\$1,545.93	\$1,576.85	\$1,733.94	\$1,768.62
MEDICARE + FAMILY	\$1,945.92	\$1,984.84	\$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"> • <i>Plan servicing and administration: BENISTAR Administration Services, Inc.</i> • <i>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).</i> • <i>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.</i> • <i>Please be advised, you must be actively enrolled in both Medicare Parts A & B to qualify for this coverage.</i> 		

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