



VILLAGE OF HOFFMAN ESTATES
 2025 Insurance Rates for Health, Dental, and Vision
Non-Union Employees

NON-UNION BENEFIT ELIGIBLE EMPLOYEES					
	Monthly Premium	Employee Rate/Month	Employee Rate/Paycheck⁽¹⁾	Retiree (under 65) Rate/Month	COBRA Rate/Month⁽²⁾
BlueCross Blue Shield Blue Choice Option PPO (#313227)					
SINGLE	\$862.59	\$86.26 ⁽³⁾	\$43.13	\$862.59	\$879.84
SINGLE +1	\$1,726.06	\$172.61 ⁽³⁾	\$86.30	\$1,726.06	\$1,760.58
FAMILY	\$2,204.76	\$220.48 ⁽³⁾	\$110.24	\$2,204.76	\$2,248.86
BlueCross Blue Shield Blue Advantage HMO (#B04036)					
SINGLE	\$799.74	\$79.97 ⁽³⁾	\$39.99	\$799.74	\$815.73
SINGLE +1	\$1,599.48	\$159.95 ⁽³⁾	\$79.97	\$1,599.48	\$1,631.47
FAMILY	\$2,159.30	\$215.93 ⁽³⁾	\$107.97	\$2,159.30	\$2,202.49
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 10% of the monthly premium.



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