



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

PUBLIC WORKS 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 PPO 1 (#PH1611)</b>					
<b>SINGLE</b>	\$934.16	\$140.12 <sup>(3)</sup>	\$70.06	\$934.16	\$952.84
<b>FAMILY</b>	\$2,214.94	\$332.24 <sup>(3)</sup>	\$166.12	\$2,214.94	\$2,259.24
<b>BlueCross Blue Shield PPO 2 (#P06987)</b>					
<b>SINGLE</b>	\$1,013.66	\$50.68 <sup>(4)</sup>	\$25.34	\$1,013.66	\$1,033.93
<b>FAMILY</b>	\$2,382.86	\$178.71 <sup>(4)</sup>	\$89.36	\$2,382.86	\$2,430.52
<b>BlueCross Blue Shield PPO 3 (#P06996)</b>					
<b>SINGLE</b>	\$958.60	\$19.17 <sup>(5)</sup>	\$9.59	\$958.60	\$977.77
<b>SINGLE +1</b>	\$1,918.17	\$76.73 <sup>(5)</sup>	\$38.36	\$1,918.17	\$1,956.53
<b>FAMILY</b>	\$2,359.96	\$118.00 <sup>(5)</sup>	\$59.00	\$2,359.96	\$2,407.16
<b>BlueCross Blue Shield HDHP with HSA Option (#P66485)</b>					
<b>SINGLE</b>	\$838.96	\$92.29 <sup>(6)</sup>	\$46.14	\$838.96	\$855.74
<b>FAMILY</b>	\$2,002.20	\$220.24 <sup>(6)</sup>	\$110.12	\$2,002.20	\$2,042.24
<b>2025 HSA Maximum Contributions:</b>					
<b>SINGLE:</b> \$4,300 maximum individual contribution Village - \$1,028.00; Employee - \$3,272.00.			<b>FAMILY:</b> \$8,550 maximum family contribution Village - \$2,298.00; Employee - \$6,252.00.		
<b>BlueCross Blue Shield HMO (#H00302)</b>					
<b>SINGLE</b>	\$776.52	\$116.48 <sup>(3)</sup>	\$58.24	\$776.52	\$792.05
<b>FAMILY</b>	\$2,300.08	\$345.01 <sup>(3)</sup>	\$172.51	\$2,300.08	\$2,346.08
<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 15% of the monthly premium, or the rate indicated per the Union contract.

<sup>(4)</sup>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.

<sup>(5)</sup>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.

<sup>(6)</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 PPO 1 (#PH1611)		BCBS PPO 2 (#P06987)	
	Monthly Premium	COBRA Rate/Month <sup>(2)</sup>	Monthly Premium	COBRA Rate/Month <sup>(2)</sup>
<b>MEDICARE SINGLE</b>	\$668.73	\$682.11	\$729.95	\$744.55
<b>MEDICARE SINGLE +1</b>	\$1,278.54	\$1,342.47	\$1,381.83	\$1,409.47
<b>MEDICARE SINGLE +1 ACTIVE</b>	\$1,543.90	\$1,574.78	\$1,733.94	\$1,768.62
<b>MEDICARE + FAMILY</b>	\$1,947.26	\$1,986.21	\$2,099.17	\$2,141.15
	BCBS PPO 3 (#P06996)		BCBS HMO (#H00302)	
	Monthly Premium	COBRA Rate/Month <sup>(2)</sup>	Monthly Premium	COBRA Rate/Month <sup>(2)</sup>
<b>MEDICARE SINGLE</b>	\$691.60	\$705.43	\$661.84	\$675.08
<b>MEDICARE SINGLE +1</b>	\$1,305.09	\$1,331.19	\$1,315.23	\$1,341.53
<b>MEDICARE SINGLE +1 ACTIVE</b>	\$1,650.15	\$1,683.15	\$1,438.41	\$1,467.18
<b>MEDICARE + FAMILY</b>	\$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
<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
<ul style="list-style-type: none"> <li>• Plan servicing and administration: BENISTAR Administration Services, Inc.</li> <li>• Once you become Medicare Parts A &amp; 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).</li> <li>• 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.</li> <li>• Please be advised, you <b>must be actively enrolled in both Medicare Parts A &amp; B</b> to qualify for this coverage.</li> </ul>		

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