



VILLAGE OF HOFFMAN ESTATES
2027 Insurance Rates for Health, Dental, and Vision

FIRE UNION EMPLOYEES				
	Monthly Premium ⁽²⁾	Employee Rate Per Month	Employee Rate Per Paycheck ⁽¹⁾	Retiree Rate Per Month (under 65)
BlueCross Blue Shield Blue Choice Option PPO (#313227)				
SINGLE	\$1,226.96	\$122.70 ⁽³⁾	\$61.35	\$1,226.96
SINGLE +1	\$2,455.17	\$245.52 ⁽³⁾	\$122.76	\$2,455.17
FAMILY	\$3,136.07	\$313.61 ⁽³⁾	\$156.81	\$3,136.07
BCO PPO with HRA Village Contributions				
	Total Annual Contribution		Jan 1 / Jul 1 Distributions	
Single	\$500.00		\$250.00	
Single +1	\$700.00		\$350.00	
Family	\$900.00		\$450.00	
BlueCross Blue Shield Blue Advantage HMO (#B04036)				
SINGLE	\$966.43	\$96.64 ⁽³⁾	\$48.32	\$966.43
SINGLE +1	\$1,932.88	\$193.29 ⁽³⁾	\$96.65	\$1,932.88
FAMILY	\$2,609.38	\$260.94 ⁽³⁾	\$130.47	\$2,609.38
BlueCross Blue Shield HDHP with HSA Option (#P66485)				
SINGLE	\$1,193.34	\$131.27 ⁽⁴⁾	\$65.64	\$1,193.34
FAMILY	\$2,847.95	\$313.27 ⁽⁴⁾	\$156.64	\$2,847.95
HDHP with HSA Contributions				
	Total Max. Contribution	Village Max. Contribution	Employee Max. Contribution	
Single	\$4,500.00	\$456.00	\$4,044.00	
Family	\$9,000.00	\$3,108.00	\$5,892.00	
Delta Dental PPO Plan 1				
SINGLE	\$35.12	\$35.12	\$17.56	\$35.12
SINGLE +1	\$68.51	\$68.51	\$34.26	\$68.51
FAMILY	\$104.56	\$104.56	\$52.28	\$104.56
Delta Dental PPO Plan 2				
SINGLE	\$37.95	\$37.95	\$18.98	\$37.95
SINGLE +1	\$74.20	\$74.20	\$37.10	\$74.20
FAMILY	\$113.30	\$113.30	\$56.65	\$113.30
Delta Dental PPO Plan 3				
SINGLE	\$44.60	\$44.60	\$22.30	\$44.60
SINGLE +1	\$87.29	\$87.29	\$43.65	\$87.29
FAMILY	\$133.41	\$133.41	\$66.71	\$133.41
VSP Vision				
SINGLE	\$4.32	\$4.32	\$2.16	\$4.32
FAMILY	\$11.06	\$11.06	\$5.53	\$11.06

Rates effective January 1, 2027, through December 31, 2027.

⁽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⁾Employees pay 10% of the monthly premium, or the rate indicated per the Union contract.

⁽⁴⁾Employees pay 11% of the monthly premium for Single coverage, or the rate indicated per the Union contract.