



VILLAGE OF HOFFMAN ESTATES
2026 Insurance Rates for Health, Dental, and Vision

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 Blue Choice Option PPO (#313227)					
SINGLE	\$1,001.47	\$100.15 ⁽³⁾	\$50.07	\$1,001.47	\$1,021.50
SINGLE +1	\$2,003.96	\$200.40 ⁽³⁾	\$100.20	\$2,003.96	\$2,044.04
FAMILY	\$2,559.73	\$255.97 ⁽³⁾	\$127.99	\$2,559.73	\$2,610.92
BCO PPO with HRA Village Contributions					
	Total Annual Contribution		Jan 1 / Jul 1 Distributions		
Single	\$700.00		\$350.00		
Single +1	\$900.00		\$450.00		
Family	\$1,100.00		\$550.00		
BlueCross Blue Shield Blue Advantage HMO (#B04036)					
SINGLE	\$853.32	\$85.33 ⁽³⁾	\$42.67	\$853.32	\$870.39
SINGLE +1	\$1,706.65	\$170.67 ⁽³⁾	\$85.33	\$1,706.65	\$1,740.78
FAMILY	\$2,303.97	\$230.40 ⁽³⁾	\$115.20	\$2,303.97	\$2,350.05
Delta Dental PPO Plan 1					
SINGLE	\$31.96	\$31.96	\$15.98	\$31.96	\$32.60
SINGLE +1	\$62.34	\$62.34	\$31.17	\$62.34	\$63.59
FAMILY	\$95.14	\$95.14	\$47.57	\$95.14	\$97.04
Delta Dental PPO Plan 2					
SINGLE	\$34.53	\$34.53	\$17.27	\$34.53	\$35.22
SINGLE +1	\$67.52	\$67.52	\$33.76	\$67.52	\$68.87
FAMILY	\$103.09	\$103.09	\$51.55	\$103.09	\$105.15
Delta Dental PPO Plan 3					
SINGLE	\$40.58	\$40.58	\$20.29	\$40.58	\$41.39
SINGLE +1	\$79.43	\$79.43	\$39.72	\$79.43	\$81.02
FAMILY	\$121.39	\$121.39	\$60.70	\$121.39	\$123.82
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, 2026, through December 31, 2026.

⁽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.