**VILLAGE OF HOFFMAN ESTATES**

2026 Insurance Rates for Health, Dental, and Vision

| 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** | $1,083.71 | $173.39[3] | $86.70 | $1,083.71 | $1,105.38 |
| **FAMILY** | $2,569.54 | $411.13[3] | $205.56 | $2,569.54 | $2,620.93 |
| **BlueCross Blue Shield PPO 2 (#P06987)** | | | | | |
| **SINGLE** | $1,176.86 | $58.84[4] | $29.42 | $1,176.86 | $1,200.40 |
| **FAMILY** | $2,766.50 | $207.49[4] | $103.74 | $2,766.50 | $2,821.83 |
| **BlueCross Blue Shield PPO 3 (#P06996)** | | | | | |
| **SINGLE** | $1,112.93 | $22.26[5] | $11.13 | $1,112.93 | $1,135.19 |
| **SINGLE +1** | $2,227.00 | $89.08[5] | $44.54 | $2,227.00 | $2,271.54 |
| **FAMILY** | $2,739.91 | $137.00[5] | $68.50 | $2,739.91 | $2,794.71 |
| **BlueCross Blue Shield HMO (#H00302)** | | | | | |
| **SINGLE** | $828.55 | $132.57[3] | $66.28 | $828.55 | $845.12 |
| **FAMILY** | $2,454.19 | $392.67[3] | $196.34 | $2,454.19 | $2,503.27 |
| **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 16% of the monthly premium, or the rate indicated per the Union contract.

[4]Employees 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]Employees 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.