VILLAGE OF HOFFMAN ESTATES

2026 Insurance Rates for Health, Dental, and Vision

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	$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	$1,000.00	$500.00
Single +1	$2,000.00	$1,000.00
Family	$3,000.00	$1,500.00

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.