



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

NON-UNION BENEFIT ELIGIBLE 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	\$153.37 ⁽³⁾	\$76.69	\$1,226.96
SINGLE +1	\$2,455.17	\$306.90 ⁽³⁾	\$153.45	\$2,455.17
FAMILY	\$3,136.07	\$392.01 ⁽³⁾	\$196.01	\$3,136.07
BCO PPO with HRA Village Contributions				
	Total Annual Contribution	Jan 1 / Jul 1 Distributions		
Single	\$500.00	\$250.00		
Single +1	\$1,000.00	\$500.00		
Family	\$1,500.00	\$750.00		
BlueCross Blue Shield Blue Advantage HMO (#B04036)				
SINGLE	\$966.43	\$120.80 ⁽³⁾	\$60.40	\$966.43
SINGLE +1	\$1,932.88	\$241.61 ⁽³⁾	\$120.81	\$1,932.88
FAMILY	\$2,609.38	\$326.17 ⁽³⁾	\$163.09	\$2,609.38
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 12.5% of the monthly premium.