



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

PUBLIC WORKS 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 (#PH1611)					
SINGLE	\$1,084.56	\$162.68 ⁽³⁾	\$81.34	\$1,084.56	\$1,106.25
FAMILY	\$2,571.55	\$385.73 ⁽³⁾	\$192.87	\$2,571.55	\$2,622.98
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 HDHP with HSA Option (#P66485)					
SINGLE	\$974.03	\$107.14 ⁽⁶⁾	\$53.57	\$974.03	\$993.51
FAMILY	\$2,324.55	\$255.70 ⁽⁶⁾	\$127.85	\$2,324.55	\$2,371.04
HDHP with HSA Contributions					
	Total Max. Contribution	Village Max. Contribution		Employee Max. Contribution	
Single	\$4,400.00	\$1,194.00		\$3,206.00	
Family	\$8,750.00	\$2,688.00		\$6,082.00	
BlueCross Blue Shield HMO (#H00302)					
SINGLE	\$828.55	\$124.28 ⁽³⁾	\$62.14	\$828.55	\$845.12
FAMILY	\$2,454.19	\$368.13 ⁽³⁾	\$184.06	\$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 15% 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.

⁽⁶⁾Employees pay 11% of the monthly premium for Single coverage, or the rate indicated per the Union contract.