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

MAP 97 UNION RETIREES
MEDICAL PLANS

	BCBS PPO 1 (#PI2557)		BCBS PPO 2 (#P06987)	
	Monthly Premium	COBRA Rate/Month[1]	Monthly Premium	COBRA Rate/Month[1]
MEDICARE SINGLE	$775.78	$791.30	$847.47	$864.42
MEDICARE SINGLE +1	$1,483.22	$1,512.88	$1,604.30	$1,636.39
MEDICARE SINGLE +1 ACTIVE	$1,794.82	$1,830.72	$2,013.10	$2,053.36
MEDICARE + FAMILY	$2,259.21	$2,304.39	$2,437.14	$2,485.88
NON-MEDICARE SINGLE	$1,083.71	$1,105.38	$1,176.86	$1,200.40
NON-MEDICARE SINGLE +1				
NON-MEDICARE FAMILY	$2,569.54	$2,620.93	$2,766.50	$2.821.83
	BCBS PPO 3 (#P06996)		**BCBS HMO (#H00302)**	
	Monthly Premium	COBRA Rate/Month[1]	Monthly Premium	COBRA Rate/Month[1]
MEDICARE SINGLE	$802.95	$819.01	$706.18	$720.30
MEDICARE SINGLE +1	$1,515.21	$1,545.51	$1,403.35	$1,431.42
MEDICARE SINGLE +1 ACTIVE	$1,915.82	$1,954.14	$1,534.78	$1,565.48
MEDICARE + FAMILY	$2,357.06	$2,404.20	$2,331.84	$2,378.48
NON-MEDICARE SINGLE	$1,112.93	$1,135.19	$828.55	$845.12
NON-MEDICARE SINGLE +1	$2,227.00	$2,271.54		
NON-MEDICARE FAMILY	$2,739.91	$2,794.71	$2,454.19	$2,503.27

MEDICARE-ELIGIBLE SUPPLEMENT PLANS
Benistar Administration Services, Inc.

Medicare Supplement	Provider	Monthly Premium
PREMIUM	The Hartford	$548.75
PREMIER – Medicare Advantage	Blue Cross Blue Shield of Illinois	$508.25
CHOICE – Medicare Advantage	Blue Cross Blue Shield of Illinois	$412.25
CLASSIC – Medicare Advantage	Blue Cross Blue Shield of Illinois	$181.25
PART D PRESCRIPTION	Prime Therapeutics	Included

- *Plan servicing and administration: Benistar Administration Services, Inc.*
  - *Benistar Customer Service: 800-236-4782*
- *Eligibility requirements: must be aged 65+, retired and Medicare Parts A & B eligible.*
- *The coverage includes your choice of The Hartford or Blue Cross Blue Shield of Illinois for your medical coverage and the Prime Therapeutics Part D Prescription Drug Program. Family members, not yet aged 65, will remain on their current Village of Hoffman Estates BCBS plan (at the single or single plus one rate).*
- *The medical and prescription drug plans are offered as a combined program. You cannot opt out of one and take the other. You must take both.*
- *Please be advised you **must be actively enrolled in both Medicare Parts A & B** to qualify for this coverage.*

Rates effective January 1, 2026, through December 31, 2026.

Continued information on the back page →

[1]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.

VILLAGE OF HOFFMAN ESTATES

2026 Insurance Rates for Health, Dental, and Vision

DENTAL & VISION – RETIREES UNDER 65				
	Delta Dental PPO Plan 1		**Delta Dental PPO Plan 2**	
	Monthly Premium	**COBRA Rate/Month[1]**	**Monthly Premium**	**COBRA Rate/Month[1]**
SINGLE	$31.96	$32.60	$34.53	$35.22
SINGLE +1	$62.34	$63.59	$67.52	$68.87
FAMILY	$95.14	$97.04	$103.09	$105.15
	Delta Dental PPO Plan 3		**VSP Vision**	
	Monthly Premium	**COBRA Rate/Month[1]**	**Monthly Premium**	**COBRA Rate/Month[1]**
SINGLE	$40.58	$41.39	$4.32	$4.41
SINGLE +1	$79.43	$81.02		
FAMILY	$121.39	$123.82	$11.06	$11.28

Rates effective January 1, 2026, through December 31, 2026.

[1]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.