



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

NON-UNION RETIREES				
MEDICAL PLANS				
	BCBS Blue Choice Option PPO (#313227)		BCBS Blue Advantage HMO (#B04036)	
	Monthly Premium	COBRA Rate/Month ⁽¹⁾	Monthly Premium	COBRA Rate/Month ⁽¹⁾
MEDICARE SINGLE	\$751.11	\$766.13	\$694.32	\$708.21
MEDICARE SINGLE +1	\$1,502.21	\$1,532.25	\$1,388.63	\$1,416.40
MEDICARE SINGLE +1 ACTIVE	\$1,753.56	\$1,788.63	\$1,547.64	\$1,578.59
MEDICARE + FAMILY	\$2,309.37	\$2,355.56	\$2,144.96	\$2,187.86
NON-MEDICARE SINGLE	\$1,001.47	\$1,021.50	\$853.32	\$870.39
NON-MEDICARE SINGLE +1	\$2,003.96	\$2,044.04	\$1,706.65	\$1,740.78
NON-MEDICARE FAMILY	\$2,559.73	\$2,610.92	\$2,303.97	\$2,350.05

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.