



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

PUBLIC WORKS UNION RETIREES				
MEDICAL PLANS				
	BCBS PPO 1 (#PH1611)		BCBS PPO 2 (#P06987)	
	Monthly Premium	COBRA Rate/Month ⁽¹⁾	Monthly Premium	COBRA Rate/Month ⁽¹⁾
MEDICARE SINGLE	\$776.40	\$791.93	\$847.47	\$864.42
MEDICARE SINGLE +1	\$1,484.38	\$1,514.07	\$1,604.30	\$1,636.39
MEDICARE SINGLE +1 ACTIVE	\$1,792.47	\$1,828.32	\$2,013.10	\$2,053.36
MEDICARE + FAMILY	\$2,260.77	\$2,260.77	\$2,437.14	\$2,485.88
NON-MEDICARE SINGLE	\$1,084.56	\$1,106.25	\$1,176.86	\$1,200.40
NON-MEDICARE SINGLE +1				
NON-MEDICARE FAMILY	\$2,571.55	\$2,622.98	\$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.

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⁽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

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⁽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.