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

RETIREES MEDICAL PLANS		
	BCBS Blue Choice Option PPO (#313227)	**BCBS Blue Advantage HMO (#B04036)**
	Monthly Premium[1]	**Monthly Premium[1]**
MEDICARE SINGLE	$920.23	$786.35
MEDICARE SINGLE +1	$1,840.44	$1,572.71
MEDICARE SINGLE +1 ACTIVE	$2,148.38	$1,752.80
MEDICARE + FAMILY	$2,829.34	$2,429.29
NON-MEDICARE SINGLE	$1,226.96	$966.43
NON-MEDICARE SINGLE +1	$2,455.17	$1,932.88
NON-MEDICARE FAMILY	$3,136.07	$2,609.38

MEDICARE-ELIGIBLE SUPPLEMENT PLANS Benistar Administration Services, Inc.		
Medicare Supplement	**Provider**	**Monthly Premium**
PREMIUM	The Hartford	$594.28[2]
PREMIER – Medicare Advantage	Blue Cross Blue Shield of Illinois	$611.38
CHOICE – Medicare Advantage	Blue Cross Blue Shield of Illinois	$517.49
CLASSIC – Medicare Advantage	Blue Cross Blue Shield of Illinois	$290.58
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, 2027, through December 31, 2027.

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.
[2]Florida residents: premiums for The Hartford plan vary based on age. Please view the "2027 Plan Summary (Florida)" for rate details.

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DENTAL & VISION – RETIREES UNDER 65			
	Delta Dental PPO Plan 1	**Delta Dental PPO Plan 2**	**Delta Dental PPO Plan 3**
	Monthly Premium[1]	**Monthly Premium[1]**	**Monthly Premium[1]**
SINGLE	$35.12	$37.95	$44.60
SINGLE +1	$68.51	$74.20	$87.29
FAMILY	$104.56	$113.30	$133.41
	VSP Vision		
	Monthly Premium[1]		
SINGLE	$4.32		
SINGLE +1			
FAMILY	$11.06		

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[2]Florida residents: premiums for The Hartford plan vary based on age. Please view the "2027 Plan Summary (Florida)" for rate details.