

Village of Hoffman Estates

10/03/2019

Health and Dental Insurance Rates - as of 1/1/2020 (All Fire CBA employees)

Health Plan Premiums & Employee/Retiree/COBRA Rates						Medicare Eligible/COBRA Rates		
<b>PPO #1 PE1552</b>						<b>PPO #1 - PE1552</b>		
<b>BlueCrossBlueShield of IL</b>								
Dependent Status	Premium/Mo	Employee %	Employee Rate	Retiree %	COBRA Rate	Dependent Status	Monthly Premium	COBRA Rate
Single	\$830.98	13%	\$108.03	100%	\$847.60	Medicare Single	\$594.85	\$606.75
Family	\$1,970.29	13%	\$256.14	100%	\$2,009.70	Medicare Single +1	\$1,137.30	\$1,160.05
*or per Union contract						Medicare +1 Active	\$1,373.39	\$1,400.86
Rates effective through 12/31/20						Medicare + Fam	\$1,732.18	\$1,766.82
<b>PPO #2 P06987</b>						<b>PPO #2 - P06987</b>		
<b>BlueCrossBlueShield of IL</b>								
Dependent Status	Premium/Mo	Employee %	Employee Rate	Retiree %	COBRA Rate	Dependent Status	Monthly Premium	COBRA Rate
Single	\$884.82	5%	\$44.24	100%	\$902.52	Medicare Single	\$637.19	\$649.93
Family	\$2,080.01	7.5%	\$156.00	100%	\$2,121.61	Medicare Single +1	\$1,206.21	\$1,230.33
Rates effective through 12/31/20						Medicare +1 Active	\$1,513.57	\$1,543.84
Rates effective through 12/31/20						Medicare + Fam	\$1,832.37	\$1,869.02
<b>PPO #3 P06996</b>						<b>PPO #3 - P06996</b>		
<b>BlueCrossBlueShield of IL</b>								
Dependent Status	Premium/Mo	Employee %	Employee Rate	Ret/PT** %	COBRA Rate	Dependent Status	Monthly Premium	COBRA Rate
Single***	\$836.75	2%	\$16.74	100%	\$853.49	Medicare Single	\$603.69	\$615.76
Single + 1	\$1,674.39	4%	\$66.98	100%	\$1,707.88	Medicare Single +1	\$1,139.21	\$1,161.99
Family	\$2,060.03	5%	\$103.00	100%	\$2,101.23	Medicare +1 Active	\$1,440.43	\$1,469.24
Rates effective through 12/31/20								
***Certain PT employees > 4 years eligible for 2% co-pay				**PT < 4 yrs				
<b>HMO H00009</b>						<b>HMO - H00009</b>		
<b>BlueCrossBlueShield of IL</b>								
Dependent Status	Premium/Mo	Employee %	Employee Rate	Retiree %	COBRA Rate	Dependent Status	Monthly Premium	COBRA Rate
Single	\$661.61	13%	\$86.01	100%	\$674.84	Medicare Single	\$563.92	\$575.20
Family	\$1,959.72	13%	\$254.76	100%	\$1,998.91	Medicare Single +1	\$1,120.61	\$1,143.02
*or per Union contract						Medicare +1 Active	\$1,225.56	\$1,250.07
Rates only guaranteed through 12/31/20						Medicare + Family	\$1,862.03	\$1,899.27
<b>H.S.A. Option P66485 - Maximum Individual Contribution \$3,550 Maximum Family Contribution \$7,100</b>								
Dependent Status	Premium/mo	Employee %	Employee Rate	Retiree %	COBRA Rate	Village Contributions	Maximum Employee Contributions	
Single	\$732.33	11%	\$80.56	100%	\$746.98	\$1,065.00	\$2,485.00	
Family	\$1,747.75	11%	\$192.25	100%	\$1,782.71	\$2,403.00	\$4,697.00	

<b>MetLife Dental Employee/Retiree Premiums</b>					<b>COBRA</b>			
<u>Dependent Status</u>	<u>PPO # 1 / mo</u>	<u>PPO #2 / mo</u>	<u>PPO #3 / mo</u>	<u>Emp/Ret %</u>		<u>PPO #1/mo</u>	<u>PPO#2/mo</u>	<u>PPO#3/mo</u>
Single	\$34.42	\$37.19	\$39.66	100%	Single	\$35.11	\$37.93	\$40.45
Single + 1	\$67.14	\$72.70	\$77.63	100%	Single + 1	\$68.48	\$74.15	\$79.18
Family	\$102.47	\$111.03	\$118.63	100%	Family	\$104.52	\$113.25	\$121.00