

## 2025 VOP Benefit Plan Premiums Employee Rates

### Medical/Rx

	<u>Employee Cost Per</u>	<u>Employee Cost</u>	<u>HSA Village</u>	<u>Village Cost</u>	<u>Total Cost Monthly</u>	
	<u>Paycheck</u>	<u>Monthly</u>	<u>Contribution</u>	<u>Monthly</u>		
<b>Blue Cross Blue Shield of Illinois</b>	<b><u>HMO "Blue Advantage"</u></b>					
	Single	\$56.65	\$113.30	N/A	\$695.98	\$809.28
	Single + 1	\$110.03	\$220.06	N/A	\$1,351.79	\$1,571.85
	Family	\$158.51	\$317.01	N/A	\$1,947.37	\$2,264.38
	<b><u>HMO "Illinois"</u></b>					
	Single	\$61.43	\$122.85	N/A	\$754.65	\$877.50
	Single + 1	\$119.89	\$239.77	N/A	\$1,472.88	\$1,712.65
	Family	\$172.70	\$345.39	N/A	\$2,121.70	\$2,467.09
	<b><u>PPO</u></b>					
	Single	\$100.40	\$200.80	N/A	\$914.78	\$1,115.58
	Single + 1	\$194.79	\$389.58	N/A	\$1,774.77	\$2,164.35
	Family	\$280.52	\$561.04	N/A	\$2,555.85	\$3,116.89
<b><u>HDHP + Health Savings Acct.</u></b>						
Single	\$72.56	\$145.13	\$75.00	\$822.38	\$967.51	
Single + 1	\$140.78	\$281.56	\$150.00	\$1,595.51	\$1,877.07	
Family	\$202.74	\$405.48	\$200.00	\$2,297.71	\$2,703.19	

### Dental

	<u>Employee Cost Per</u>	<u>Employee Cost</u>	<u>Village Cost</u>	<u>Total Cost Monthly</u>	
	<u>Paycheck</u>	<u>Monthly</u>	<u>Monthly</u>		
<b>Delta Dental Preferred Provider Option</b>	<b><u>"Low" Plan</u></b>				
	Single	\$13.67	\$27.34	\$0.00	\$27.34
	Single + 1	\$26.52	\$53.03	\$0.00	\$53.03
	Family	\$45.66	\$91.32	\$0.00	\$91.32
	<b><u>"High" Plan</u></b>				
	Single	\$18.05	\$36.11	\$0.00	\$36.11
	Single + 1	\$35.13	\$70.26	\$0.00	\$70.26
	Family	\$59.45	\$118.91	\$0.00	\$118.91

### Vision

	<u>Employee Cost Per</u>	<u>Employee Cost</u>	<u>Village Cost</u>	<u>Total Cost Monthly</u>	
	<u>Paycheck</u>	<u>Monthly</u>	<u>Monthly</u>		
<b>VSP Choice Plan</b>	<b><u>"Base" Plan</u></b>				
	Single	\$3.51	\$7.01	\$0.00	\$7.01
	Single + 1	\$5.61	\$11.21	\$0.00	\$11.21
	Single + Children	\$5.72	\$11.44	\$0.00	\$11.44
	Family	\$9.23	\$18.45	\$0.00	\$18.45
	<b><u>"Premier" Plan</u></b>				
	Single	\$5.65	\$11.29	\$0.00	\$11.29
	Single + 1	\$9.04	\$18.07	\$0.00	\$18.07
	Single + Children	\$9.23	\$18.45	\$0.00	\$18.45
	Family	\$14.87	\$29.74	\$0.00	\$29.74