## 2024 VOP Benefit Plan Premiums Employee Rates

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			Medical/Rx			
		Employee Cost Per	Employee Cost	HSA Contribution	Village Cost	
		Paycheck	Monthly	Monthly	Monthly	Total Cost Monthly
	HMO "Blue Advantage"	<u>r ayencek</u>	wionemy	<u>y</u>	<u>iviolitiiiy</u>	Total Cost Monthly
	Single	\$55.27	\$110.54	N/A	\$679.00	\$789.54
sic	Single + 1	\$107.35	\$214.69	N/A	\$1,318.82	\$1,533.51
l G	Family	\$154.64	\$309.28	N/A	\$1,899.87	\$2,209.15
=						
of	HMO "Illinois"					
<u> </u>	Single	\$59.93	\$119.85	N/A	\$736.24	\$856.09
je	Single + 1	\$116.96	\$233.92	N/A	\$1,436.95	\$1,670.87
S	Family	\$168.48	\$336.97	N/A	\$2,069.95	\$2,406.92
ne n						
<u>=</u>	PPO	40= 0=	440- 04		4000 10	44.000.00
SS	Single	\$97.95	\$195.91	N/A	\$892.46	\$1,088.37
<u> </u>	Single + 1	\$190.04	\$380.08	N/A	\$1,731.48	\$2,111.56
) a	Family	\$273.68	\$547.36	N/A	\$2,493.51	\$3,040.87
Blue Cross Blue Shield of Illinois	HDHP + Health Savings Acct.					
_ ~	Single	\$70.79	\$141.59	\$75.00	\$802.32	\$943.91
	Single + 1	\$137.35	\$274.69	\$150.00	\$1,556.60	\$1,831.29
	Family	\$197.79	\$395.59	\$200.00	\$2,241.67	\$2,637.26
	. 2,	7-2	7	7-22-22	<b>7</b> – <b>7</b> – · – · • ·	7-/
			Dental			
_		<b>Employee Cost Per</b>	Employee Cost	Village Cost		
ē		<u>Paycheck</u>	<b>Monthly</b>	<b>Monthly</b>	<b>Total Cost Monthly</b>	
eri	"Low" Plan					
ef tic	Single	\$13.67	\$27.34	\$0.00	\$27.34	
l 로 양	Single + 1	\$26.52	\$53.03	\$0.00	\$53.03	
tal er (	Family	\$45.66	\$91.32	\$0.00	\$91.32	
Delta Dental Preferrer Provider Option	"High" Plan					
<u>□</u>	Single	\$18.05	\$36.11	\$0.00	\$36.11	
F Ta	Single + 1	\$35.13	\$70.26	\$0.00	\$70.26	
De	Family	\$59.45	\$118.91	\$0.00	\$118.91	
Vision						
		Employee Cost Per	Employee Cost	Village Cost		
		<u>Paycheck</u>	<b>Monthly</b>	<b>Monthly</b>	<b>Total Cost Monthly</b>	
	<u>"Base" Plan</u>					
an	Single	\$3.51	\$7.01	\$0.00	\$7.01	
VSP Choice Pla	Single + 1	\$5.61	\$11.21	\$0.00	\$11.21	
	Single + Children Family	\$5.72 \$9.23	\$11.44 \$18.45	\$0.00 \$0.00	\$11.44 \$18.45	
	Family	\$3.Z3	Ş16.45	ŞU.UU	Ş18.45	
บี	"Premier" Plan					
S	Single	\$5.65	\$11.30	\$0.00	\$11.30	
\ \		\$5.65 \$9.04	\$11.30 \$18.08	\$0.00 \$0.00	\$11.30 \$18.08	
NS	Single					
NS	Single Single + 1	\$9.04	\$18.08	\$0.00	\$18.08	