

2024 VOP Benefit Plan Premiums Employee Rates

Medical/Rx

	<u>Employee Cost Per</u>	<u>Employee Cost</u>	<u>HSA Contribution</u>	<u>Village Cost</u>	<u>Total Cost Monthly</u>
	<u>Paycheck</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	
Blue Cross Blue Shield of Illinois	<u>HMO "Blue Advantage"</u>				
	Single	\$55.27	\$110.54	N/A	\$789.54
	Single + 1	\$107.35	\$214.69	N/A	\$1,533.51
	Family	\$154.64	\$309.28	N/A	\$2,209.15
	<u>HMO "Illinois"</u>				
	Single	\$59.93	\$119.85	N/A	\$856.09
	Single + 1	\$116.96	\$233.92	N/A	\$1,670.87
	Family	\$168.48	\$336.97	N/A	\$2,406.92
	<u>PPO</u>				
	Single	\$97.95	\$195.91	N/A	\$1,088.37
	Single + 1	\$190.04	\$380.08	N/A	\$2,111.56
	Family	\$273.68	\$547.36	N/A	\$3,040.87
	<u>HDHP + Health Savings Acct.</u>				
	Single	\$70.79	\$141.59	\$75.00	\$943.91
	Single + 1	\$137.35	\$274.69	\$150.00	\$1,831.29
	Family	\$197.79	\$395.59	\$200.00	\$2,637.26

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>	
Delta Dental Preferred Provider Option	<u>"Low" Plan</u>			
	Single	\$13.67	\$27.34	\$27.34
	Single + 1	\$26.52	\$53.03	\$53.03
	Family	\$45.66	\$91.32	\$91.32
	<u>"High" Plan</u>			
	Single	\$18.05	\$36.11	\$36.11
	Single + 1	\$35.13	\$70.26	\$70.26
	Family	\$59.45	\$118.91	\$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>	
VSP Choice Plan	<u>"Base" Plan</u>			
	Single	\$3.51	\$7.01	\$7.01
	Single + 1	\$5.61	\$11.21	\$11.21
	Single + Children	\$5.72	\$11.44	\$11.44
	Family	\$9.23	\$18.45	\$18.45
	<u>"Premier" Plan</u>			
	Single	\$5.65	\$11.30	\$11.30
	Single + 1	\$9.04	\$18.08	\$18.08
	Single + Children	\$9.23	\$18.45	\$18.45
	Family	\$14.88	\$29.75	\$29.75