

## 2017 Health Insurance Plan Monthly Premiums - EMPLOYEE

Medical/Rx				
Blue Cross/Blue Shield Preferred Provider Options (PPOs)	<b>PPO</b>	<u>Employee Cost</u>	<u>Village Cost</u>	<u>Total Cost</u>
	Single	\$148.92	\$702.04	\$850.95
	Single + 1	\$272.41	\$1,378.54	\$1,650.95
	Family	\$380.41	\$1,997.14	\$2,377.55
	<b>PPO "Legacy"</b>			
	Single	\$130.52	\$615.31	\$745.83
	Single + 1	\$237.17	\$1,200.20	\$1,437.37
	Family	\$330.95	\$1,737.48	\$2,068.43
Blue Cross/Blue Shield Health Maintenance Options (HMOs)	<b>HMO Illinois</b>			
	Single	\$87.35	\$625.71	\$713.06
	Single + 1	\$180.92	\$1,210.80	\$1,391.72
	Family	\$255.61	\$1,749.16	\$2,004.77
	<b>HMO "Blue Advantage"</b>			
	Single	\$79.69	\$570.83	\$650.51
	Single + 1	\$164.26	\$1,099.26	\$1,263.51
	Family	\$232.08	\$1,588.13	\$1,820.21

Dental		
Delta Dental Preferred Provider Option	<b>"High" Plan</b>	<u>Employee Cost</u>
	Single	\$37.78
	Family	\$108.46
	<b>"Low" Plan</b>	<u>Employee Cost</u>
	Single	\$28.59
	Family	\$81.76
	<b>"Fire &amp; Police" Plan*</b>	<u>Employee Cost</u>
	Single	\$14.30
	Family	\$67.47
	<i>*Applicable to the Fire positions of Battalion Chief, Deputy Chief, &amp; Chief</i>	
	<i>*Applicable to the Police positions of Officer, Sergeant, Commander, Deputy Chief &amp; Chief</i>	

Vision		
VSP Choice	<b>"Base" Plan</b>	<u>Employee Cost</u>
	Single	\$5.55
	Single + 1	\$8.88
	Single + Children	\$9.07
	Family	\$14.62
	<b>"Premier" Plan</b>	<u>Employee Cost</u>
	Single	\$9.06
	Single + 1	\$14.49
	Single + Children	\$14.79
	Family	\$23.85

## 2017 Health Insurance Plan Monthly Premiums - RETIREE

Medical/Rx		
Blue Cross/Blue Shield Preferred Provider Options (PPOs)	<b><u>PPO</u></b>	<b><u>Monthly Premium</u></b>
	Single	\$850.96
	Single + 1	\$1,650.95
	Family	\$2,377.55
	Medicare Single	\$680.78
	Medicare Family	\$1,361.57
	1 Medicare/1 Single	\$1,531.73
	<b><u>PPO "Legacy"</u></b>	<b><u>Monthly Premium</u></b>
	Single	\$745.83
	Single + 1	\$1,437.36
	Family	\$2,068.44
	Medicare Single	\$596.63
	Medicare Family	\$1,193.27
	1 Medicare/1 Single	\$1,342.46
Blue Cross/Blue Shield Health Maintenance Options (HMOs)	<b><u>HMO Illinois</u></b>	<b><u>Monthly Premium</u></b>
	Single	\$713.06
	Single + 1	\$1,391.72
	Family	\$2,004.77
	Medicare Single	\$570.45
	Medicare Family	\$1,140.89
	1 Medicare/1 Single	\$1,283.51
	<b><u>HMO "Blue Advantage"</u></b>	<b><u>Monthly Premium</u></b>
	Single	\$650.52
	Single + 1	\$1,263.51
	Family	\$1,820.21
	Medicare Single	\$520.44
	Medicare Family	\$1,040.88
	1 Medicare/1 Single	\$1,170.96
Dental		
Delta Dental Preferred Provider Option	<b><u>"High" Plan</u></b>	<b><u>Monthly Premium</u></b>
	Single	\$37.78
	Family	\$108.46
	<b><u>"Low" Plan</u></b>	<b><u>Monthly Premium</u></b>
	Single	\$28.59
	Family	\$81.76
Vision		
VSP Choice	<b><u>"Base" Plan</u></b>	<b><u>Monthly Premium</u></b>
	Single	\$5.55
	Single + 1	\$8.88
	Single + Children	\$9.07
	Family	\$14.62
	<b><u>"Premier" Plan</u></b>	<b><u>Monthly Premium</u></b>
	Single	\$9.06
	Single + 1	\$14.49
	Single + Children	\$14.79
	Family	\$23.85

## 2017 Health Insurance Plan Monthly Premiums - COBRA

Medical/Rx		
Blue Cross/Blue Shield Preferred Provider Options (PPOs)	<b><u>PPO</u></b>	<b><u>Monthly Premium</u></b>
	Single	\$867.64
	Single + 1	\$1,683.32
	Family	\$2,424.17
	Medicare Single	\$694.13
	Medicare Family	\$1,388.26
	1 Medicare/1 Single	\$1,561.77
	<b><u>PPO "Legacy"</u></b>	<b><u>Monthly Premium</u></b>
	Single	\$760.46
	Single + 1	\$1,465.55
	Family	\$2,109.00
	Medicare Single	\$608.33
	Medicare Family	\$1,216.66
	1 Medicare/1 Single	\$1,368.79
Blue Cross/Blue Shield Health Maintenance Options (HMOs)	<b><u>HMO Illinois</u></b>	<b><u>Monthly Premium</u></b>
	Single	\$727.04
	Single + 1	\$1,419.01
	Family	\$2,044.08
	Medicare Single	\$581.63
	Medicare Family	\$1,163.26
	1 Medicare/1 Single	\$1,308.67
	<b><u>HMO "Blue Advantage"</u></b>	<b><u>Monthly Premium</u></b>
	Single	\$663.27
	Single + 1	\$1,288.29
	Family	\$1,855.90
	Medicare Single	\$530.65
	Medicare Family	\$1,061.29
	1 Medicare/1 Single	\$1,193.92
Dental		
Delta Dental Preferred Provider Option	<b><u>"High" Plan</u></b>	<b><u>Monthly Premium</u></b>
	Single	\$38.54
	Family	\$110.63
	<b><u>"Low" Plan</u></b>	<b><u>Monthly Premium</u></b>
	Single	\$29.16
	Family	\$83.40
Vision		
VSP Choice	<b><u>"Base" Plan</u></b>	<b><u>Monthly Premium</u></b>
	Single	\$5.66
	Single + 1	\$9.06
	Single + Children	\$9.25
	Family	\$14.91
	<b><u>"Premier" Plan</u></b>	<b><u>Monthly Premium</u></b>
	Single	\$9.24
	Single + 1	\$14.78
	Single + Children	\$15.09
	Family	\$24.33

## 2016 Health Insurance Plan Monthly Premiums - Retirees

Blue Cross/Blue Shield Preferred Provider Options (PPOs)	Medical/Rx	
	<u>PPO</u>	<u>Monthly Premium</u>
	Single	\$834.27
	Single + 1	\$1,618.58
	Family	\$2,330.93
	Medicare Single	\$667.43
	Medicare Family	\$1,334.87
	1 Medicare/1 Single	\$1,501.70
	<u>PPO "Legacy"</u>	<u>Monthly Premium</u>
	Single	\$731.21
	Single + 1	\$1,409.18
	Family	\$2,027.88
	Medicare Single	\$584.93
	Medicare Family	\$1,169.87
	1 Medicare/1 Single	\$1,316.14
Blue Cross/Blue Shield Health Maintenance Options (HMOs)	HMO Illinois	
		<u>Monthly Premium</u>
	Single	\$699.08
	Single + 1	\$1,364.43
	Family	\$1,965.46
	Medicare Single	\$559.26
	Medicare Family	\$1,118.52
	1 Medicare/1 Single	\$1,258.34
	HMO "Blue Advantage"	
		<u>Monthly Premium</u>
	Single	\$637.76
	Single + 1	\$1,238.74
	Family	\$1,784.52
	Medicare Single	\$510.24
	Medicare Family	\$1,020.47
	1 Medicare/1 Single	\$1,148.00
Delta Dental Preferred Provider Option	Dental	
	<u>"High" Plan</u>	<u>Monthly Premium</u>
	Single	\$37.78
	Family	\$108.46
	<u>"Low" Plan</u>	<u>Monthly Premium</u>
	Single	\$28.59
	Family	\$81.76
VSP Choice	Vision	
	<u>"Base" Plan</u>	<u>Monthly Premium</u>
	Single	\$5.55
	Single + 1	\$8.88
	Single + Children	\$9.07
	Family	\$14.62
	<u>"Premier" Plan</u>	<u>Monthly Premium</u>
	Single	\$9.06
	Single + 1	\$14.49
	Single + Children	\$14.79
	Family	\$23.85