

2018 Health Insurance Plan Monthly Premiums - EMPLOYEE

Medical/Rx					
Blue Cross/Blue Shield Preferred Provider Options (PPOs)	<u>PPO</u>	<u>Employee Cost</u>	<u>Employee Cost:</u> <u>Per Pay</u>	<u>Village Cost</u>	<u>Total Cost</u>
	Single	\$159.30	\$79.65	\$725.70	\$885.00
	Single + 1	\$309.06	\$154.53	\$1,407.93	\$1,716.99
	Family	\$445.08	\$222.54	\$2,027.57	\$2,472.65
Blue Cross/Blue Shield Health Maintenance Options (HMOs)	<u>HMO "Blue Advantage"</u>				
	Single	\$94.72	\$47.36	\$581.83	\$676.55
	Single + 1	\$183.97	\$91.98	\$1,130.09	\$1,314.06
	Family	\$265.02	\$132.51	\$1,628.00	\$1,893.02
	<u>HMO "Illinois"</u>				
	HMOI Single	\$103.82	\$51.91	\$637.76	\$741.58
	HMOI Single+1	\$202.63	\$101.32	\$1,244.75	\$1,447.39
	HMOI Family	\$291.89	\$145.95	\$1,793.07	\$2,084.96
Dental					
Delta Dental Preferred Provider Option	<u>"High" Plan</u>		<u>Employee Cost</u>		
	Single		\$37.78		
	Family		\$108.46		
	<u>"Low" Plan</u>		<u>Employee Cost</u>		
	Single		\$28.59		
	Family		\$81.76		
Vision					
VSP Choice	<u>"Base" Plan</u>		<u>Employee Cost</u>		
	Single		\$5.55		
	Single + 1		\$8.88		
	Single + Children		\$9.07		
	Family		\$14.62		
	<u>"Premier" Plan</u>		<u>Employee Cost</u>		
	Single		\$9.06		
	Single + 1		\$14.49		
	Single + Child		\$14.79		
	Family		\$23.85		

2018 Health Insurance Plan Monthly Premiums - RETIREE

Medical/Rx		
Blue Cross/Blue Shield Preferred Provider Options (PPOs)	<u>PPO</u>	<u>Monthly Premium</u>
	Single	\$885.00
	Single + 1	\$1,716.99
	Family	\$2,472.65
	Medicare Single	\$708.01
	Medicare Family	\$1,416.03
	1 Medicare/1 Single	\$1,593.00
Blue Cross/Blue Shield Health Maintenance Options (HMOs)	<u>HMO "Blue Advantage"</u>	<u>Monthly Premium</u>
	Single	\$676.54
	Single + 1	\$1,314.06
	Family	\$1,893.02
	Medicare Single	\$541.26
	Medicare Family	\$1,082.52
	1 Medicare/1 Single	\$1,217.80
	<u>HMO "Illinois"</u>	<u>Monthly Premium</u>
	Single	\$741.58
	Single+1	\$1,447.39
	Family	\$2,084.96
	Medicare HMOI Single	\$593.27
	Medicare HMOI Family	\$1,186.53
	HMOI 1Med+1Single	\$1,334.85
Dental		
Delta Dental Preferred Provider Option	<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
Vision		
VSP Choice	<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

2018 Health Insurance Plan Monthly Premiums - COBRA

Medical/Rx		
Blue Cross/Blue Shield Preferred Provider Options (PPOs)	<u>PPO</u>	<u>Monthly Premium</u>
	Single	\$902.70
	Single + 1	\$1,751.33
	Family	\$2,522.11
Blue Cross/Blue Shield Health Maintenance Options	<u>HMO "Blue Advantage"</u>	<u>Monthly Premium</u>
	Single	\$690.07
	Single + 1	\$1,340.34
	Family	\$1,930.88
	<u>HMO "Illinois"</u>	<u>Monthly Premium</u>
	Single	\$756.41
	Single+1	\$1,476.34
	Family	\$2,126.66

Dental		
Delta Dental Preferred Provider Option	<u>"High" Plan</u>	<u>Monthly Premium</u>
	Single	\$38.54
	Family	\$110.63
	<u>"Low" Plan</u>	<u>Monthly Premium</u>
	Single	\$29.16
	Family	\$83.40

Vision		
VSP Choice	<u>"Base" Plan</u>	<u>Monthly Premium</u>
	Single	\$5.66
	Single + 1	\$9.06
	Single + Children	\$9.25
	Family	\$14.91
	<u>"Premier" Plan</u>	<u>Monthly Premium</u>
	Single	\$9.24
	Single + 1	\$14.78
	Single + Children	\$15.09
	Family	\$24.33