2020 Health Insurance Plan Monthly Premiums - EMPLOYEE

		Medic	cal/Rx		
Blue Cross/Blue Shield Preferred Provider Options (PPO)	PPO Single Single + 1 Family	Employee Cost \$156.11 \$302.88 \$436.18	\$78.05 \$151.44 \$218.09	Village Cost \$711.19 \$1,379.77 \$1,987.02	Total Cost \$867.30 \$1,682.65 \$2,423.20
Blue Cross/Blue Shield Health Maintenance Options (HMOs)	HMO "Blue Advantage" Single Single + 1 Family HMO "Illinois" HMOI Single HMOI Single+1 HMOI Family	\$92.82 \$180.29 \$259.72 \$101.74 \$198.58 \$286.06	\$46.41 \$90.14 \$129.86 \$50.87 \$99.29 \$143.03	\$570.20 \$1,107.49 \$1,595.44 \$625.01 \$1,219.85 \$1,757.20	\$663.02 \$1,287.78 \$1,855.16 \$726.75 \$1,418.43 \$2,043.26
	Timo Tanini,	Ψ200100		Ψ1)/3/120	Q2)0 10:120
			Dental		
Delta Dental Preferred Provider Option	"High" Plan Single Single + 1 Family "Low" Plan Single Single + 1 Family	Employee Cost \$35.01 \$68.11 \$115.28 Employee Cost \$26.50 \$51.41 \$88.53	\$17.50 \$34.05 \$57.64 Employee Cost Per Pay \$13.25 \$25.70 \$44.26	Village Cost \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$35.01 \$68.11 \$115.28 \$26.50 \$51.41 \$88.53
	ranniy	700.33	Ş 44 .20	70.00	9 00.55
			Vision		
VSP Choice	"Base" Plan Single Single + 1 Single + Children Family "Premier" Plan Single Single + 1 Single + Child Family	\$6.57 \$10.51 \$10.73 \$17.29 Employee Cost \$10.59 \$16.95 \$17.31 \$27.90	\$3.28 \$5.25 \$5.36 \$8.64 Employee Cost Per Pay \$5.29 \$8.47 \$8.65 \$13.95	\frac{\text{Village Cost}}{\\$0.00} \\$0.00 \\$0.00 \\$0.00 \\\\\\\\\\\\\\\\\\	Total Cost \$6.57 \$10.51 \$10.73 \$17.29 Total Cost \$6.57 \$10.51 \$10.73 \$17.29

2020 Health Insurance Plan Monthly Premiums - RETIREE

Medical/Rx			
Blue Cross/Blue Shield Preferred Provider Options (PPOs)	PPO Single Single + 1 Family Medicare Single Medicare Family 1 Medicare/1 Single	Monthly Premium \$867.30 \$1,682.65 \$2,423.20 \$693.85 \$1,387.71 \$1,561.14	
Blue Cross/Blue Shield Health Maintenance Options (HMOs)	HMO "Blue Advantage" Single Single + 1 Family Medicare Single Medicare Family 1 Medicare/1 Single HMO "Illinois" Single Single+1 Family Medicare HMOI Single Medicare HMOI Family HMOI 1Med+1Single	Monthly Premium \$663.01 \$1,287.78 \$1,855.16 \$530.43 \$1,060.87 \$1,193.44 Monthly Premium \$726.75 \$1,418.44 \$2,043.26 \$581.40 \$1,162.80 \$1,308.15	

Dental			
Delta Dental Preferred Provider Option	"High" Plan Single Single+1 Family "Low" Plan Single Single + 1 Family	Monthly Premium \$35.01 \$68.11 \$115.28 Monthly Premium \$26.50 \$51.41 \$88.53	

Vision			
	"Base" Plan	Monthly Premium	
	Single	\$6.57	
	Single + 1	\$10.51	
	Single + Children	\$10.73	
	Family	\$17.29	
VSP Choice			
	"Premier" Plan	Monthly Premium	
	Single	\$10.59	
	Single + 1	\$16.95	
	Single + Children	\$17.31	
	Family	\$27.90	

2020 Health Insurance Plan Monthly Premiums - COBRA

Medical/Rx			
Blue Cross/Blue Shield Preferred Provider Options (PPOs)	PPO Single Single + 1 Family	Monthly Premium \$884.65 \$1,716.30 \$2,471.67	
Blue Cross/Blue Shield Health Maintenance Options	HMO "Blue Advantage" Single Single + 1 Family HMO "Illinois" Single Single+1 Family	\$676.27 \$1,313.53 \$1,892.26 Monthly Premium \$741.28 \$1,446.81 \$2,084.13	

Dental			
Delta Dental Preferred Provider Option	"High" Plan Single Single+1 Family "Low" Plan Single Single+1 Family	Monthly Premium \$37.14 \$69.47 \$117.59 Monthly Premium \$27.03 \$52.44 \$90.30	

Vision			
	"Base" Plan	Monthly Premium	
	Single	\$6.70	
	Single + 1	\$10.72	
	Single + Children	\$10.94	
	Family	\$17.64	
VSP Choice			
	"Premier" Plan	Monthly Premium	
	Single	\$10.80	
	Single + 1	\$17.29	
	Single + Children	\$17.66	
	Family	\$28.46	

Village of Oak Park

