

2021 Health Insurance Plan Monthly Premiums - EMPLOYEE

Medical/Rx					
Blue Cross/Blue Shield Preferred Provider Options (PPO)	PPO	<u>Employee Cost</u>	<u>Employee Cost Per Pay</u>	<u>Village Cost</u>	<u>Total Cost</u>
	Single	\$156.11	\$78.05	\$711.19	\$867.30
	Single + 1	\$302.88	\$151.44	\$1,379.77	\$1,682.65
	Family	\$436.18	\$218.09	\$1,987.02	\$2,423.20
Blue Cross/Blue Shield Health Maintenance Options (HMOs)	HMO "Blue Advantage"				
	Single	\$92.82	\$46.41	\$570.20	\$663.02
	Single + 1	\$180.29	\$90.14	\$1,107.49	\$1,287.78
	Family	\$259.72	\$129.86	\$1,595.44	\$1,855.16
	HMO "Illinois"				
	HMOI Single	\$101.74	\$50.87	\$625.01	\$726.75
	HMOI Single+1	\$198.58	\$99.29	\$1,219.85	\$1,418.43
	HMOI Family	\$286.06	\$143.03	\$1,757.20	\$2,043.26
Dental					
Delta Dental Preferred Provider Option	"High" Plan	<u>Employee Cost</u>	<u>Employee Cost Per Pay</u>	<u>Village Cost</u>	<u>Total Cost</u>
	Single	\$33.61	\$16.81	\$0.00	\$33.61
	Single + 1	\$65.39	\$32.70	\$0.00	\$65.39
	Family	\$110.67	\$55.34	\$0.00	\$110.67
	"Low" Plan	<u>Employee Cost</u>	<u>Employee Cost Per Pay</u>		
	Single	\$25.44	\$12.72	\$0.00	\$25.44
	Single + 1	\$49.35	\$24.68	\$0.00	\$49.35
	Family	\$84.99	\$42.50	\$0.00	\$84.99
Vision					
VSP Choice	"Base" Plan	<u>Employee Cost</u>	<u>Employee Cost Per Pay</u>	<u>Village Cost</u>	<u>Total Cost</u>
	Single	\$6.57	\$3.28	\$0.00	\$6.57
	Single + 1	\$10.51	\$5.25	\$0.00	\$10.51
	Single + Children	\$10.73	\$5.36	\$0.00	\$10.73
	Family	\$17.29	\$8.64	\$0.00	\$17.29
	"Premier" Plan	<u>Employee Cost</u>	<u>Employee Cost Per Pay</u>	<u>Village Cost</u>	<u>Total Cost</u>
	Single	\$10.59	\$5.29	\$0.00	\$10.59
	Single + 1	\$16.95	\$8.47	\$0.00	\$16.95
	Single + Child	\$17.31	\$8.65	\$0.00	\$17.31
	Family	\$27.90	\$13.95	\$0.00	\$27.90

2021 Health Insurance Plan Monthly Premiums - RETIREE

Medical/Rx		
Blue Cross/Blue Shield Preferred Provider Options (PPOs)	<u>PPO</u>	<u>Monthly Premium</u>
	Single	\$884.65
	Single + 1	\$1,716.30
	Family	\$2,471.66
	Medicare Single	\$707.73
	Medicare Family	\$1,415.46
	1 Medicare/1 Single	\$1,592.36
	<u>HMO "Blue Advantage"</u>	<u>Monthly Premium</u>
	Single	\$676.27
<u>Blue Cross/Blue Shield</u> <u>Health Maintenance</u> <u>Options (HMOs)</u>	Single + 1	\$1,313.53
	Family	\$1,892.26
	Medicare Single	\$541.04
	Medicare Family	\$1,082.09
	1 Medicare/1 Single	\$1,271.31
	<u>HMO "Illinois"</u>	<u>Monthly Premium</u>
	Single	\$741.28
	Single+1	\$1,446.81
	Family	\$2,084.13
	Medicare HMOI Single	\$593.03
	Medicare HMOI Family	\$1,186.06
	HMOI 1Med+1Single	\$1,334.32
Dental		
Delta Dental Preferred Provider Option	<u>"High" Plan</u>	<u>Monthly Premium</u>
	Single	\$33.61
	Single+1	\$65.39
	Family	\$110.67
	<u>"Low" Plan</u>	<u>Monthly Premium</u>
	Single	\$25.44
	Single + 1	\$49.35
	Family	\$84.99
Vision		
VSP Choice	<u>"Base" Plan</u>	<u>Monthly Premium</u>
	Single	\$6.57
	Single + 1	\$10.51
	Single + Children	\$10.73
	Family	\$17.29
	<u>"Premier" Plan</u>	<u>Monthly Premium</u>
	Single	\$10.59
	Single + 1	\$16.95
	Single + Children	\$17.31
	Family	\$27.90

2021 Health Insurance Plan Monthly Premiums - COBRA

Medical/Rx		
Blue Cross/Blue Shield Preferred Provider Options (PPOs)	<u>PPO</u>	<u>Monthly Premium</u>
	Single	\$884.65
	Single + 1	\$1,716.30
	Family	\$2,471.67
	<u>HMO "Blue Advantage"</u>	<u>Monthly Premium</u>
	Single	\$676.27
Blue Cross/Blue Shield Health Maintenance Options	Single + 1	\$1,313.53
	Family	\$1,892.26
	<u>HMO "Illinois"</u>	<u>Monthly Premium</u>
	Single	\$741.28
	Single+1	\$1,446.81
	Family	\$2,084.13
Dental		
Delta Dental Preferred Provider Option	<u>"High" Plan</u>	<u>Monthly Premium</u>
	Single	\$34.28
	Single+1	\$66.70
	Family	\$112.88
	<u>"Low" Plan</u>	<u>Monthly Premium</u>
	Single	\$25.95
VSP Choice	Single+1	\$50.34
	Family	\$86.69
Vision		
VSP Choice	<u>"Base" Plan</u>	<u>Monthly Premium</u>
	Single	\$6.70
	Single + 1	\$10.72
	Single + Children	\$10.94
	Family	\$17.64
	<u>"Premier" Plan</u>	<u>Monthly Premium</u>
	Single	\$10.80
	Single + 1	\$17.29
	Single + Children	\$17.66
	Family	\$28.46