2021 Health Insurance Plan Monthly Premiums - EMPLOYEE

Medical/Rx							
Blue Cross/Blue	PPO	Employee Cost	Employee Cost Per Pay	Village Cost	Total Cost		
Shield Preferred	Single	\$156.11	\$78.05	\$711.19	\$867.30		
Provider Options	Single + 1	\$302.88 \$436.18	\$151.44	\$1,379.77	\$1,682.65		
(PPO)	Family	\$436.18	\$218.09	\$1,987.02	\$2,423.20		
	HMO "Blue Advantage"						
	Single	\$92.82	\$46.41	\$570.20	\$663.02		
Blue Cross/Blue	Single + 1	\$180.29	\$90.14	\$1,107.49	\$1,287.78		
Shield Health	Family	\$259.72	\$129.86	\$1,595.44	\$1,855.16		
Maintenance Options (HMOs)	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				
	"High" Plan	Employee Cost	Employee Cost Per Pay	Village Cost	<u>Total Cost</u>		
	Single	\$33.61	\$16.81	\$0.00	\$33.61		
	Single + 1	\$65.39	\$32.70	\$0.00	\$65.39		
Delta Dental	Family	\$110.67	\$55.34	\$0.00	\$110.67		
Preferred Provider Option	"Low" Plan	Employee Cost	Employee Cost Per Pay				
	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				
	"Base" Plan	Employee Cost	Employee Cost Per Pay	Village Cost	<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		
VSP Choice	"Premier" Plan	Employee Cost	Employee Cost Per Pay	Village Cost	<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							
		Monthly Drawing					
	<u>PPO</u> Single	Monthly Premium \$867.30					
	Single + 1	\$1,682.65					
Blue Cross/Blue Shield	Family	\$2,423.20					
Preferred Provider Options	Medicare Single	\$693.85					
(PPOs)	Medicare Family	\$1,387.71					
(35)	1 Medicare/1 Single	\$1,561.14					
	gg	¥-)30-1					
	HMO "Blue Advantage"	Monthly Premium					
	Single	\$663.02					
	Single + 1	\$1,287.78					
	Family	\$1,855.16					
	Medicare Single	\$530.43					
Dive Crees /Dive Chief I	Medicare Family	\$1,060.87					
Blue Cross/Blue Shield	1 Medicare/1 Single	\$1,193.44					
<u>Health Maintenance</u> <u>Options (HMOs)</u>	HMO "Illinois"	Monthly Premium					
Options (HIVIOS)	Single	\$726.75					
	Single+1	\$1,418.43					
	Family	\$2,043.26					
	Medicare HMOI Single	\$581.40					
	Medicare HMOI Family	\$1,162.80					
	HMOI 1Med+1Single	\$1,308.16					
	_						
	Dental						
		Monthly Premium					
	Dental "High" Plan Single	Monthly Premium \$33.61					
	"High" Plan						
Dolta Dontal Proformed	<u>"High" Plan</u> Single	\$33.61					
Delta Dental Preferred Provider Option	"High" Plan Single Single+1 Family	\$33.61 \$65.39 \$110.67					
Delta Dental Preferred Provider Option	"High" Plan Single Single+1 Family "Low" Plan	\$33.61 \$65.39 \$110.67 Monthly Premium					
	"High" Plan Single Single+1 Family "Low" Plan Single	\$33.61 \$65.39 \$110.67 <u>Monthly Premium</u> \$25.44					
	"High" Plan Single Single+1 Family "Low" Plan Single Single + 1	\$33.61 \$65.39 \$110.67 Monthly Premium \$25.44 \$49.35					
	"High" Plan Single Single+1 Family "Low" Plan Single	\$33.61 \$65.39 \$110.67 <u>Monthly Premium</u> \$25.44					
	"High" Plan Single Single+1 Family "Low" Plan Single Single + 1	\$33.61 \$65.39 \$110.67 Monthly Premium \$25.44 \$49.35					
	"High" Plan Single Single+1 Family "Low" Plan Single Single + 1 Family	\$33.61 \$65.39 \$110.67 Monthly Premium \$25.44 \$49.35					
	"High" Plan Single Single+1 Family "Low" Plan Single Single + 1 Family Vision	\$33.61 \$65.39 \$110.67 Monthly Premium \$25.44 \$49.35 \$84.99					
	"High" Plan Single Single+1 Family "Low" Plan Single Single + 1 Family Vision "Base" Plan Single Single + 1	\$33.61 \$65.39 \$110.67 Monthly Premium \$25.44 \$49.35 \$84.99 Monthly Premium \$6.57 \$10.51					
	"High" Plan Single Single+1 Family "Low" Plan Single Single + 1 Family Vision "Base" Plan Single Single + 1 Single + 1 Single + 1	\$33.61 \$65.39 \$110.67 Monthly Premium \$25.44 \$49.35 \$84.99 Monthly Premium \$6.57 \$10.51 \$10.73					
Provider Option	"High" Plan Single Single+1 Family "Low" Plan Single Single + 1 Family Vision "Base" Plan Single Single + 1	\$33.61 \$65.39 \$110.67 Monthly Premium \$25.44 \$49.35 \$84.99 Monthly Premium \$6.57 \$10.51					
	"High" Plan Single Single+1 Family "Low" Plan Single Single + 1 Family Vision "Base" Plan Single Single + 1 Single Single + 1 Single + 1 Single + Children Family	\$33.61 \$65.39 \$110.67 Monthly Premium \$25.44 \$49.35 \$84.99 Monthly Premium \$6.57 \$10.51 \$10.73 \$17.29					
Provider Option	"High" Plan Single Single+1 Family "Low" Plan Single Single + 1 Family Vision "Base" Plan Single Single + 1 Single + Children Family "Premier" Plan	\$33.61 \$65.39 \$110.67 Monthly Premium \$25.44 \$49.35 \$84.99 Monthly Premium \$6.57 \$10.51 \$10.73 \$17.29 Monthly Premium					
Provider Option	"High" Plan Single Single+1 Family "Low" Plan Single Single + 1 Family Vision "Base" Plan Single Single + 1 Single + Children Family "Premier" Plan Single	\$33.61 \$65.39 \$110.67 Monthly Premium \$25.44 \$49.35 \$84.99 Monthly Premium \$6.57 \$10.51 \$10.73 \$17.29 Monthly Premium \$10.59					
Provider Option	"High" Plan Single Single+1 Family "Low" Plan Single Single + 1 Family Vision "Base" Plan Single Single + 1 Single + Children Family "Premier" Plan Single Single + 1	\$33.61 \$65.39 \$110.67 Monthly Premium \$25.44 \$49.35 \$84.99 Monthly Premium \$6.57 \$10.51 \$10.73 \$17.29 Monthly Premium \$10.59 \$16.95					
Provider Option	"High" Plan Single Single+1 Family "Low" Plan Single Single + 1 Family Vision "Base" Plan Single Single + 1 Single + Children Family "Premier" Plan Single	\$33.61 \$65.39 \$110.67 Monthly Premium \$25.44 \$49.35 \$84.99 Monthly Premium \$6.57 \$10.51 \$10.73 \$17.29 Monthly Premium \$10.59					

2021 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	Monthly Premium \$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 \$34.28 \$66.70 \$112.88 Monthly Premium \$25.95 \$50.34 \$86.69					
	Vision						
VSP Choice	"Base" Plan Single Single + 1 Single + Children Family "Premier" Plan Single Single + 1 Single + Children Family	Monthly Premium \$6.70 \$10.72 \$10.94 \$17.64 Monthly Premium \$10.80 \$17.29 \$17.66 \$28.46					