

Blue Cross / Blue Shield of IL Health Insurance

RATES EFFECTIVE JANUARY 2025			
Plan and Family Tier	Monthly Premium	Employer Contribution	Employee Contribution
PPO			
Employee Only	\$1,144.39	\$858.29	\$286.10
Employee + One	\$2,016.67	\$1,512.50	\$504.17
Employee + Family	\$3,051.71	\$2,288.78	\$762.93
HDHP/HSA			
Employee Only	\$1,029.94	\$823.95	\$205.99
Employee + One	\$1,815.00	\$1,452.00	\$363.00
Employee + Family	\$2,746.54	\$2,197.23	\$549.31
HMO (Blue Advantage)			
Employee Only	\$823.95	\$659.16	\$164.79
Employee + One	\$1,452.00	\$1,161.60	\$290.40
Employee + Family	\$2,197.23	\$1,757.78	\$439.45
PPO Blue Choice			
Employee Only	\$1,021.41	\$868.20	\$153.21
Employee + One	\$1,799.72	\$1,439.78	\$359.94
Employee + Family	\$2,724.09	\$2,179.27	\$544.82

MetLife Dental Insurance

Plan and Family Tier	Monthly Premium	Employer Contribution	Employee Contribution
PPO			
Employee Only	\$56.57	\$37.34	\$19.23
Employee + One	\$106.66	\$70.40	\$36.26
Employee + Family	\$161.45	\$106.56	\$54.89

EyeMed Vision Insurance

Plan and Family Tier	Monthly Premium	Employer Contribution	Employee Contribution
Employee Only	\$5.32	\$2.66	\$2.66
Employee + One	\$10.11	\$5.06	\$5.05
Employee + Family	\$14.84	\$7.42	\$7.42