

Village of Bloomingdale
Health and Dental Insurance Premiums
Rates Effective for the Plan Year 7/1/22 through 6/30/23

HMO-BLUE ADVANTAGE				
Employee Contribution				
Single	\$987.86	/year or	\$82.32	/month or \$37.99 /pay period
Single + Spouse	\$2,686.43	/year or	\$223.87	/month or \$103.32 /pay period
Single + Child	\$2,485.69	/year or	\$207.14	/month or \$95.60 /pay period
Family	\$3,059.71	/year or	\$254.98	/month or \$117.68 /pay period
HMO-IL				
Employee Contribution				
Single	\$1,150.29	/year or	\$95.86	/month or \$44.24 /pay period
Single + Spouse	\$3,128.63	/year or	\$260.72	/month or \$120.33 /pay period
Single + Child	\$2,894.72	/year or	\$241.23	/month or \$111.34 /pay period
Family	\$3,563.80	/year or	\$296.98	/month or \$137.07 /pay period
PPO				
Employee Contribution				
Single	\$2,706.93	/year or	\$225.58	/month or \$104.11 /pay period
Single + Spouse	\$5,280.54	/year or	\$440.05	/month or \$203.10 /pay period
Single + Child	\$3,978.84	/year or	\$331.57	/month or \$153.03 /pay period
Family	\$7,128.87	/year or	\$594.07	/month or \$274.19 /pay period
DENTAL				
Employee Contribution				
Single	\$169.13	/year or	\$14.09	/month or \$6.51 /pay period
Single + Spouse	\$338.26	/year or	\$28.19	/month or \$13.01 /pay period
Single + Child	\$372.10	/year or	\$31.01	/month or \$14.31 /pay period
Family	\$591.93	/year or	\$49.33	/month or \$22.77 /pay period
VISION				
Employee Contribution				
Single	\$122.40	/year or	\$10.20	/month or \$4.71 /pay period
Single + Spouse	\$244.68	/year or	\$20.39	/month or \$9.41 /pay period
Single + Child	\$261.72	/year or	\$21.81	/month or \$10.07 /pay period
Family	\$418.44	/year or	\$34.87	/month or \$16.09 /pay period