

Village of Bloomingdale
Health and Dental Insurance Premiums
Rates Effective for the Plan Year 7/1/25 through 6/30/26

HMO-BLUE ADVANTAGE							
Total Premium Costs							
Single	\$6,968.40	/year or	\$580.70	/month or	\$268.02	/pay period	100%
Single + Spouse	\$18,950.16	/year or	\$1,579.18	/month or	\$728.85	/pay period	100%
Single + Child	\$17,534.16	/year or	\$1,461.18	/month or	\$674.39	/pay period	100%
Family	\$21,583.20	/year or	\$1,798.60	/month or	\$830.12	/pay period	100%
Employee Contribution							
Single	\$1,045.20	/year or	\$87.10	/month or	\$40.20	/pay period	15%
Single + Spouse	\$2,842.56	/year or	\$236.88	/month or	\$109.33	/pay period	15%
Single + Child	\$2,630.16	/year or	\$219.18	/month or	\$101.16	/pay period	15%
Family	\$3,237.48	/year or	\$269.79	/month or	\$124.52	/pay period	15%
Village Contribution							
Single	\$5,923.32	/year or	\$493.61	/month or	\$227.82	/pay period	85%
Single + Spouse	\$16,107.60	/year or	\$1,342.30	/month or	\$619.52	/pay period	85%
Single + Child	\$14,904.00	/year or	\$1,242.00	/month or	\$573.23	/pay period	85%
Family	\$18,345.72	/year or	\$1,528.81	/month or	\$705.60	/pay period	85%

HMO-IL							
Total Premium Costs							
Single	\$7,159.56	/year or	\$596.63	/month or	\$275.37	/pay period	100%
Single + Spouse	\$19,473.00	/year or	\$1,622.75	/month or	\$748.96	/pay period	100%
Single + Child	\$18,017.04	/year or	\$1,501.42	/month or	\$692.96	/pay period	100%
Family	\$22,181.52	/year or	\$1,848.46	/month or	\$853.14	/pay period	100%
Employee Contribution							
Single	\$1,217.16	/year or	\$101.43	/month or	\$46.82	/pay period	17%
Single + Spouse	\$3,310.44	/year or	\$275.87	/month or	\$127.32	/pay period	17%
Single + Child	\$3,062.88	/year or	\$255.24	/month or	\$117.80	/pay period	17%
Family	\$3,770.88	/year or	\$314.24	/month or	\$145.03	/pay period	17%
Village Contribution							
Single	\$5,942.40	/year or	\$495.20	/month or	\$228.55	/pay period	83%
Single + Spouse	\$16,162.56	/year or	\$1,346.88	/month or	\$621.64	/pay period	83%
Single + Child	\$14,954.16	/year or	\$1,246.18	/month or	\$575.16	/pay period	83%
Family	\$18,410.64	/year or	\$1,534.22	/month or	\$708.10	/pay period	83%

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Health and Dental Insurance Premiums
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PPO				
Total Premium Costs				
Single	\$12,189.60 /year or	\$1,015.80 /month or	\$468.83 /pay period	100%
Single + Spouse	\$23,778.84 /year or	\$1,981.57 /month or	\$914.57 /pay period	100%
Single + Child	\$17,917.08 /year or	\$1,493.09 /month or	\$689.12 /pay period	100%
Family	\$32,101.92 /year or	\$2,675.16 /month or	\$1,234.69 /pay period	100%
Employee Contribution				
Single	\$3,047.40 /year or	\$253.95 /month or	\$117.21 /pay period	25%
Single + Spouse	\$5,944.68 /year or	\$495.39 /month or	\$228.64 /pay period	25%
Single + Child	\$4,479.24 /year or	\$373.27 /month or	\$172.28 /pay period	25%
Family	\$8,025.48 /year or	\$668.79 /month or	\$308.67 /pay period	25%
Village Contribution				
Single	\$9,142.20 /year or	\$761.85 /month or	\$351.62 /pay period	75%
Single + Spouse	\$17,834.16 /year or	\$1,486.18 /month or	\$685.93 /pay period	75%
Single + Child	\$13,437.84 /year or	\$1,119.82 /month or	\$516.84 /pay period	75%
Family	\$24,076.44 /year or	\$2,006.37 /month or	\$926.02 /pay period	75%

DENTAL				
Total Premium Costs				
Single	\$393.48 /year or	\$32.79 /month or	\$15.13 /pay period	100%
Single + Spouse	\$786.72 /year or	\$65.56 /month or	\$30.26 /pay period	100%
Single + Child	\$865.44 /year or	\$72.12 /month or	\$33.29 /pay period	100%
Family	\$1,376.76 /year or	\$114.73 /month or	\$52.95 /pay period	100%
Employee Contribution				
Single	\$149.52 /year or	\$12.46 /month or	\$5.75 /pay period	38%
Single + Spouse	\$298.92 /year or	\$24.91 /month or	\$11.50 /pay period	38%
Single + Child	\$328.92 /year or	\$27.41 /month or	\$12.65 /pay period	38%
Family	\$523.20 /year or	\$43.60 /month or	\$20.12 /pay period	38%
Village Contribution				
Single	\$243.96 /year or	\$20.33 /month or	\$9.38 /pay period	62%
Single + Spouse	\$487.80 /year or	\$40.65 /month or	\$18.76 /pay period	62%
Single + Child	\$536.52 /year or	\$44.71 /month or	\$20.64 /pay period	62%
Family	\$853.56 /year or	\$71.13 /month or	\$32.83 /pay period	62%

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VISION				
Total Premium Costs				
Single	\$122.40 /year or	\$10.20 /month or	\$4.71 /pay period	100%
Single + Spouse	\$244.68 /year or	\$20.39 /month or	\$9.41 /pay period	100%
Single + Child	\$261.72 /year or	\$21.81 /month or	\$10.07 /pay period	100%
Family	\$418.44 /year or	\$34.87 /month or	\$16.09 /pay period	100%
Employee Contribution				
Single	\$122.40 /year or	\$10.20 /month or	\$4.71 /pay period	100%
Single + Spouse	\$244.68 /year or	\$20.39 /month or	\$9.41 /pay period	100%
Single + Child	\$261.72 /year or	\$21.81 /month or	\$10.07 /pay period	100%
Family	\$418.44 /year or	\$34.87 /month or	\$16.09 /pay period	100%
Village Contribution				
Single	\$0.00 /year or	\$0.00 /month or	\$0.00 /pay period	0%
Single + Spouse	\$0.00 /year or	\$0.00 /month or	\$0.00 /pay period	0%
Single + Child	\$0.00 /year or	\$0.00 /month or	\$0.00 /pay period	0%
Family	\$0.00 /year or	\$0.00 /month or	\$0.00 /pay period	0%

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Retirees

HMO-BLUE ADVANTAGE		
Total Premium Costs		
Single Retiree < 65	\$6,968.40 /year or	\$580.70 /month
Retiree < 65 + Spouse <65	\$18,950.16 /year or	\$1,579.18 /month
Retiree < 65 + Child	\$17,534.16 /year or	\$1,461.18 /month
Retiree < 65 + Family	\$21,583.20 /year or	\$1,798.60 /month
Medicare Single	\$5,938.44 /year or	\$494.87 /month
Medicare Single + Spouse Medicare Dependent	\$11,776.08 /year or	\$981.34 /month
Medicare Single + Spouse Non-Medicare Dependent	\$12,806.04 /year or	\$1,067.17 /month
Medicare Single + Children Medicare Dependent	\$16,504.20 /year or	\$1,375.35 /month
Medicare Single + Children Non-Medicare Dependent	\$16,504.20 /year or	\$1,375.35 /month
HMO-IL		
Total Premium Costs		
Single Retiree < 65	\$7,159.56 /year or	\$596.63 /month
Retiree < 65 + Spouse <65	\$19,473.00 /year or	\$1,622.75 /month
Retiree < 65 + Child	\$18,017.04 /year or	\$1,501.42 /month
Retiree < 65 + Family	\$22,181.52 /year or	\$1,848.46 /month
Medicare Single	\$6,100.92 /year or	\$508.41 /month
Medicare Single + Spouse Medicare Dependent	\$10,869.72 /year or	\$905.81 /month
Medicare Single + Spouse Non-Medicare Dependent	\$12,100.68 /year or	\$1,008.39 /month
Medicare Single + Children Medicare Dependent	\$16,958.40 /year or	\$1,413.20 /month
Medicare Single + Children Non-Medicare Dependent	\$16,958.40 /year or	\$1,413.20 /month
PPO		
Total Premium Costs		
Single Retiree < 65	\$12,189.60 /year or	\$1,015.80 /month
Retiree < 65 + Spouse <65	\$23,778.84 /year or	\$1,981.57 /month
Retiree < 65 + Child	\$17,917.08 /year or	\$1,493.09 /month
Retiree < 65 + Family	\$32,101.92 /year or	\$2,675.16 /month
Medicare Single	\$12,189.60 /year or	\$1,015.80 /month
Medicare Single + Spouse Medicare Dependent	\$18,566.04 /year or	\$1,547.17 /month
Medicare Single + Spouse Non-Medicare Dependent	\$19,047.24 /year or	\$1,587.27 /month
Medicare Single + Children Medicare Dependent	\$13,345.44 /year or	\$1,112.12 /month
Medicare Single + Children Non-Medicare Dependent	\$13,345.44 /year or	\$1,112.12 /month
DENTAL		
Total Premium Costs		
Single	\$393.48 /year or	\$32.79 /month
Single + Spouse	\$786.72 /year or	\$65.56 /month
Single + Child	\$865.44 /year or	\$72.12 /month
Family	\$1,376.76 /year or	\$114.73 /month
VISION		
Total Premium Costs		
Single	\$122.40 /year or	\$10.20 /month or
Single + Spouse	\$244.68 /year or	\$20.39 /month or
Single + Child	\$261.72 /year or	\$21.81 /month or
Family	\$418.44 /year or	\$34.87 /month or