

## Blue Cross / Blue Shield of IL Health Insurance

	RATES EFFECTIVE JANUARY 2026		
Plan and Family Tier	Monthly Premium	Employer Contribution	Employee Contribution
<b>PPO</b>			
Employee Only	\$1,293.19	\$759.79	\$533.40
Employee + One	\$2,278.90	\$1,338.94	\$939.96
Employee + Family	\$3,448.54	\$2,026.14	\$1,422.40
<b>HDHP/HSA</b>			
Employee Only	\$1,018.84	\$759.79	\$259.05
Employee + One	\$1,795.44	\$1,338.94	\$456.50
Employee + Family	\$2,716.93	\$2,026.14	\$690.79
<b>HMO (Blue Advantage)</b>			
Employee Only	\$949.74	\$759.79	\$189.95
Employee + One	\$1,673.68	\$1,338.94	\$334.74
Employee + Family	\$2,532.68	\$2,026.14	\$506.54
<b>PPO Blue Choice</b>			
Employee Only	\$1,118.25	\$759.79	\$358.46
Employee + One	\$1,970.36	\$1,338.94	\$631.42
Employee + Family	\$2,982.38	\$2,026.14	\$956.24

## MetLife Dental Insurance

Plan and Family Tier	Monthly Premium	Employer Contribution	Employee Contribution
<b>PPO</b>			
Employee Only	\$59.40	\$39.20	\$20.20
Employee + One	\$111.99	\$73.91	\$38.08
Employee + Family	\$169.52	\$111.88	\$57.64

## 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