

RATES EFFECTIVE JANUARY 2027

Blue Cross/Blue Shield of IL Health Insurance

Plan and Family Tier	Monthly Premium	Employer Contribution	Employee Contribution
HDHP/HSA			
Employee Only	\$1,331.16	\$1,024.99	\$306.17
Employee + One	\$2,345.83	\$1,806.29	\$539.54
Employee + Family	\$3,549.80	\$2,733.35	\$816.45
HMO (Blue Advantage)			
Employee Only	\$911.75	\$729.40	\$182.35
Employee + One	\$1,606.73	\$1,285.38	\$321.35
Employee + Family	\$2,431.37	\$1,945.10	\$486.27
PPO Blue Choice			
Employee Only	\$1,292.55	\$840.16	\$452.39
Employee + One	\$2,277.47	\$1,480.36	\$797.11
Employee + Family	\$3,447.23	\$2,240.70	\$1,206.53

MetLife Dental Insurance

Plan and Family Tier	Monthly Premium	Employer Contribution	Employee Contribution
PPO			
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