

2024 MONTHLY INSURANCE RATES

ALL EMPLOYEES

	<u>HMO-BA</u>	<u>HMO-IL</u>	<u>PPO1*</u>	<u>PPO2</u>
Employee	\$ 70.22 (12%)	\$ 78.90 (12%)	\$134.50 (15%)	\$117.84 (15%)
Employee + 1	\$ 157.40 (10%)	\$176.88 (10%)	\$320.54 (13%)	\$280.86 (13%)
Family	\$ 188.88 (12%)	\$212.26 (12%)	\$369.86 (15%)	\$324.07 (15%)

APPRENTICES

	<u>HMO-BA</u>
Employee	\$ 70.22
Family	\$1574.00

FULL PREMIUM

	<u>HMO-BA</u>	<u>HMO-IL</u>	<u>PPO1</u>	<u>PPO2</u>
Employee	\$ 585.15	\$ 657.54	\$ 896.64	\$ 785.66
Family	\$1,574.00	\$1768.81	\$2465.73	\$2160.49

COBRA Health Insurance (Premium + 2%)

	<u>HMO-BA</u>	<u>HMO-IL</u>	<u>PPO1</u>	<u>PPO2</u>
Single	\$ 596.85	\$ 670.69	\$ 914.57	\$ 801.37
Family	\$1605.48	\$1804.19	\$2515.04	\$ 2203.70

Waiver of City-Sponsored Medical Insurance -\$150/month (FOP and IAFF)
\$208.33/month (AFSCME and Non- Union)

EYE MED VISION INSURANCE

***PPO Option 1** (Coverage is included at no cost for HMOs and PPO2)

Employee	\$4.25	Employee + Spouse	\$8.07
Employee + Child(ren)	\$8.50	Family	\$12.49

COBRA

Employee	\$4.34	Employee + Spouse	\$8.23
Employee + Child(ren)	\$8.67	Family	\$12.74

DENTAL INSURANCE

Guardian Dental

	<u>Active</u>	<u>COBRA</u>
HMO Single	\$19.24	\$19.62
HMO Family	\$45.99	\$46.90
PPO Single	\$25.48	\$25.99
PPO Family	\$70.09	\$71.49

MetLife Dental

	<u>Active</u>	<u>COBRA</u>
Employee	\$53.81	\$54.89
Employee + 1	\$105.22	\$107.32
Family	\$179.68	\$183.27

LIFE INSURANCE

Exempt, Police Officers – term life 1 times base salary (100% City paid)

Non-Union, AFSCME, IAFF – term life \$5,000 (City paid) or 1 times base salary (EE/ER split 50%/50%)

Additional Life – additional benefit, cost is age banded, 100% employee-paid

FLEXIBLE SPENDING ACCOUNT MAXIMUMS

Dependent Care FSA Max = \$5,000/family

Medical Care FSA Max = \$3,050/employee with \$250 minimum enrollment

Commuter Benefits = \$300/month for transit and \$300/month for parking

ADDITIONAL LIFE INSURANCE

You may elect Additional Life Insurance for which you are interested in applying within the coverage amount guidelines shown below. AD&D is not available with Additional Life Insurance.

	Minimum	Incremental Unit	Guarantee issue Amount	Maximum
Employee	\$10,000	\$10,000	\$300,000	\$750,000

Employees are only eligible to elect additional life during the Open Enrollment period if they are outside of the new hire period. Any increase/change during Open Enrollment will result in the employee undergoing the life insurance vendor Evidence of Insurability process. During the 2024 Open Enrollment period, employees are eligible to elect this benefit up to \$300,000 in total without being subjected to the life vendor evidence of insurability process. This is a one-time opportunity.

If you elect Additional Life Insurance, your monthly rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your 2nd paycheck of the month.

Employee's Age (as of last January 1 or July 1)	Rate (Per \$1,000 of Total Coverage)	Employee's Age (as of last January 1 or July 1)	Rate (Per \$1,000 of Total Coverage)
<25	\$0.055	50-54	\$0.275
25-29	\$0.065	55-59	\$0.455
30-34	\$0.080	60-64	\$0.780
35-39	\$0.095	65-69	\$1.270
40-44	\$0.120	70-74	\$2.300
45-49	\$0.180	75+	\$3.720

To calculate your premium:

Amount Elected: Write this amount on the Additional Life.

Line 1: _____

Line 1 divided by \$1,000=Line 2.

Line 2: _____

Select your rate from the rate table and enter in Line 3.

Line 3: _____

Line 2 multiplied by Line 3 = your monthly cost.

Line 4: _____