Romeoville After 7/1/2020 Clerical Union Rates

Medical Plan HMO Blue Advantage

Monthly Premium Rates	Total Cost	Village Cost	Employee Cost
Employee Only	$1,088.00	$957.44	$130.56
Employee + Spouse	$2,222.00	$1,955.36	$266.64
Employee + Child(ren)	$1,913.00	$1,683.44	$229.56
Family	$3,065.00	$2,697.20	$367.80

Medical Plan PPO 750

Monthly Premium Rates	Total Cost	Village Cost	Employee Cost
Employee Only	$1,141.00	$1,004.08	$136.92
Employee + Spouse	$2,327.00	$2,047.76	$279.24
Employee + Child(ren)	$2,012.00	$1,770.56	$241.44
Family	$3,196.00	$2,812.48	$383.52

Medical Plan PPO HDHP 3500

Monthly Premium Rates	Total Cost	Village Cost	Employee Cost
Employee Only	$1,058.00	$931.04	$126.96
Employee + Spouse	$2,164.00	$1,904.32	$259.68
Employee + Child(ren)	$1,867.00	$1,642.96	$224.04
Family	$2,972.00	$2,615.36	$356.64

Medical Plan PPO HDHP 4000

Monthly Premium Rates	Total Cost	Village Cost	Employee Cost
Employee Only	$995.00	$875.60	$119.40
Employee + Spouse	$2,034.00	$1,789.92	$244.08
Employee + Child(ren)	$1,759.00	$1,547.92	$211.08
Family	$2,798.00	$2,462.24	$335.76

Dental High Plan

Monthly Premium Rates	Total Cost	Village Cost	Employee Cost
Employee Only	$66.00	$66.00	$0.00
Employee + Spouse	$116.00	$116.00	$0.00
Employee + Child(ren)	$118.00	$118.00	$0.00
Family	$171.00	$171.00	$0.00

Vision

Monthly Premium Rates	Total Cost	Village Cost	Employee Cost
Employee Only	$5.77	$5.77	$0.00
Employee + Spouse	$11.01	$11.01	$0.00
Employee + Child(ren)	$11.69	$11.69	$0.00
Family	$17.18	$17.18	$0.00

Voluntary Life/AD&D

Employee Age	Employee / Spouse Monthly Rates per $1,000 of Coverage
<25	$0.055
25-29	$0.065
30-34	$0.080
35-39	$0.095
40-44	$0.120
45-49	$0.180
50-54	$0.275
55-59	$0.455
60-64	$0.780
65-69	$1.270
70-74	$2.300
75+	$3.720
AD&D (all ages)	$0.030
Child(ren) Life	$0.200
Child(ren) AD&D	$0.030

Voluntary Accident

Employee Monthly Premium Rates	Plan 1	Plan 2	Plan 3
Employee Only	$6.02	$8.54	$11.34
Employee + Spouse	$9.51	$13.47	$17.90
Employee + Child(ren)	$10.39	$14.77	$19.72
Family	$15.52	$22.03	$29.39

Voluntary Critical Illness

Employee Age	Employee Monthly Rates per $1,000 of Coverage	Spouse Monthly Rates per $1,000 of Coverage
<25	$0.40	$0.27
25-29	$0.48	$0.35
30-34	$0.58	$0.46
35-39	$0.72	$0.61
40-44	$0.95	$0.83
45-49	$1.35	$1.24
50-54	$1.87	$1.65
55-59	$2.48	$2.13
60-64	$3.42	$2.89
65-69	$4.66	$3.90
70-74	$5.98	$5.20
75-79	$7.49	$6.63
80+	$9.18	$8.26

Voluntary Hospital Indemnity

Employee Monthly Premium Rates	Plan 1	Plan 2	Plan 3
Employee Only	$7.60	$12.82	$21.57
Employee + Spouse	$17.59	$30.19	$51.78
Employee + Child(ren)	$15.87	$26.80	$44.81
Family	$27.29	$46.58	$79.02