Village of Romeoville 1/1/2027 COBRA Rates

Medical Plan HMO Blue Advantage

Monthly Premium Rates	Total Cost	Village Cost	COBRA Cost
COBRA Beneficiary Only	$1,088.00	$0	$1,088.00
COBRA Beneficiary + Spouse	$2,222.00	$0	$2,222.00
COBRA Beneficiary + Child(ren)	$1,913.00	$0	$1,913.00
COBRA Beneficiary, Spouse, & Child(ren)	$3,065.00	$0	$3,065.00

Medical Plan PPO 300 w/BCO

Monthly Premium Rates	Total Cost	Village Cost	COBRA Cost
COBRA Beneficiary Only	$1,310.00	$0	$1,310.00
COBRA Beneficiary + Spouse	$2,712.00	$0	$2,712.00
COBRA Beneficiary + Child(ren)	$2,330.00	$0	$2,330.00
COBRA Beneficiary, Spouse, & Child(ren)	$3,716.00	$0	$3,716.00

Medical Plan PPO 300

Monthly Premium Rates	Total Cost	Village Cost	COBRA Cost
COBRA Beneficiary Only	$1,380.00	$0	$1,380.00
COBRA Beneficiary + Spouse	$2,857.00	$0	$2,857.00
COBRA Beneficiary + Child(ren)	$2,453.00	$0	$2,453.00
COBRA Beneficiary, Spouse, & Child(ren)	$3,914.00	$0	$3,914.00

Medical Plan PPO 750

Monthly Premium Rates	Total Cost	Village Cost	COBRA Cost
COBRA Beneficiary Only	$1,141.00	$0	$1,141.00
COBRA Beneficiary + Spouse	$2,327.00	$0	$2,327.00
COBRA Beneficiary + Child(ren)	$2,012.00	$0	$2,012.00
COBRA Beneficiary, Spouse, & Child(ren)	$3,196.00	$0	$3,196.00

Medical Plan PPO HDHP 3500

Monthly Premium Rates	Total Cost	Village Cost	COBRA Cost
COBRA Beneficiary Only	$1,058.00	$0	$1,058.00
COBRA Beneficiary + Spouse	$2,164.00	$0	$2,164.00
COBRA Beneficiary + Child(ren)	$1,867.00	$0	$1,867.00
COBRA Beneficiary, Spouse, & Child(ren)	$2,972.00	$0	$2,972.00

Medical Plan PPO HDHP 4000

Monthly Premium Rates	Total Cost	Village Cost	COBRA Cost
COBRA Beneficiary Only	$995.00	$0	$995.00
COBRA Beneficiary + Spouse	$2,034.00	$0	$2,034.00
COBRA Beneficiary + Child(ren)	$1,759.00	$0	$1,759.00
COBRA Beneficiary, Spouse, & Child(ren)	$2,798.00	$0	$2,798.00

Rates effective January 1, 2027 – December 31, 2027

Dental High Plan

Monthly Premium Rates	Total Cost	Village Cost	COBRA Cost
COBRA Beneficiary Only	$66.00	$0	$66.00
COBRA Beneficiary + Spouse	$116.00	$0	$116.00
COBRA Beneficiary + Child(ren)	$118.00	$0	$118.00
COBRA Beneficiary, Spouse, & Child(ren)	$171.00	$0	$171.00

Vision

Monthly Premium Rates	Total Cost	Village Cost	COBRA Cost
COBRA Beneficiary Only	$5.77	$0	$5.77
COBRA Beneficiary + Spouse	$11.01	$0	$11.01
COBRA Beneficiary + Child(ren)	$11.69	$0	$11.69
COBRA Beneficiary, Spouse, & Child(ren)	$17.18	$0	$17.18