

DuPage County 2024 Monthly Rates and Employee Contributions

MEDICAL							
Monthly HMO BA	Gross Costs	Employee Contributions	Employer Net Cost	Monthly PPO 1	Gross Costs*	Employee Contributions	Employer Net Cost
Employee	\$793.43	\$130.00	\$663.43	Employee	\$1,471.47	\$284.52	\$1,186.95
Employee+Spouse	\$1,475.78	\$288.09	\$1,187.68	Employee+Spouse	\$3,163.66	\$840.75	\$2,322.90
Employee+Children	\$1,570.99	\$305.19	\$1,265.80	Employee+Children	\$3,031.22	\$806.46	\$2,224.76
Employee+Family	\$2,213.66	\$420.56	\$1,793.10	Employee+Family	\$4,693.99	\$1,236.88	\$3,457.11
<i>*Includes DPCC Rx claims</i>							
Monthly Blue Choice PPO	Gross Costs	Employee Contributions	Employer Net Cost	Monthly PPO HSA	Gross Costs	Employee Contributions	Employer Net Cost
Employee	\$1,309.56	\$269.79	\$1,039.77	Employee	\$1,251.40	\$234.02	\$1,017.38
Employee+Spouse	\$2,815.56	\$794.84	\$2,020.72	Employee+Spouse	\$2,690.51	\$592.08	\$2,098.43
Employee+Children	\$2,697.70	\$762.48	\$1,935.22	Employee+Children	\$2,577.89	\$568.22	\$2,009.67
Employee+Family	\$4,177.50	\$1,168.76	\$3,008.74	Employee+Family	\$3,991.97	\$867.93	\$3,124.04
MEDICAL - COBRA RATES (Includes 2% Administrative Fee) Monthly							
	HMO BA		Blue Choice PPO		PPO 1		PPO HSA
Employee	\$809.30		\$1,335.75		\$1,500.90		\$1,276.43
Employee+Spouse	\$1,505.29		\$2,871.87		\$3,226.93		\$2,744.32
Employee+Children	\$1,602.41		\$2,751.65		\$3,091.85		\$2,629.44
Employee+Family	\$2,257.94		\$4,261.05		\$4,787.87		\$4,071.81
DENTAL and VISION Monthly							
DENTAL- Monthly	Gross Costs	Employee Contributions	Employer Net Cost	VISION - Monthly	Gross Costs	Employee Contributions	Employer Net Cost
Employee	\$36.69	\$22.01	\$14.68	Employee	\$3.96	\$3.96	\$0.00
Employee+Family	\$100.86	\$60.52	\$40.34	Employee+Family	\$9.47	\$9.47	\$0.00
DENTAL and VISION - COBRA RATES (Includes 2% Administrative Fee) Monthly							
DENTAL - Monthly				VISION - Monthly			
Employee	\$37.42			Employee	\$4.04		
Employee+Family	\$102.88			Employee+Family	\$9.66		
OTHER: SURCHARGES and OPT-OUT BONUS							
SURCHARGES				OPT-OUT BONUS			
Spousal	\$150 per month			Medical	NONE		
Tobacco	\$75 per month						

Disclaimers and Disclosures:

This is a general outline of covered benefits and does not include all the benefits, limitations, and exclusions of the benefit programs. If there are any discrepancies between the illustrations contained herein and the benefit proposals or official benefit plan documents, the benefit proposals or official benefit plan documents prevail. See the official benefit plan documents for a full list of exclusions. Actual monthly and annual premium amounts may vary due to fluctuations in the enrollment counts and/or ages of covered persons over the previous and next year.

This analysis is for illustrative purposes only, and is not a guarantee of future expenses. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases and more. Retention and Pooling Charges are based on most recent carrier renewal and are subject to change.

HIPAA Privacy Rule Disclosure:

This report may contain Protected Health Information (PHI). The Privacy Rule requires that we limit the disclosure of PHI to your plan administration "workforce." Marsh & McLennan Agency relies on your discretion to ensure this information is only being shared with your "workforce" and will be safeguarded in the manner required by The Rule.