



City of Elmhurst 1/1/2026 Active Employees, Police Union and Fire Union Rates

Medical Plan HMO Blue Advantage

Monthly Premium Rates	Total Cost	Employer Cost	Employee Cost
Employee Only	\$946.00	\$804.10	\$141.90
Employee & Spouse	\$1,932.00	\$1,642.20	\$289.80
Employee & Child(ren)	\$1,663.00	\$1,413.55	\$249.45
Family	\$2,665.00	\$2,265.25	\$399.75

Medical Plan PPO 300 w/BCO Please note that new Police Officers and Firefighters may not enroll in the BCO PPO 300

Monthly Premium Rates	Total Cost	Employer Cost	Employee Cost
Employee Only	\$1,139.00	\$854.25	\$284.75
Employee & Spouse	\$2,358.00	\$1,768.50	\$589.50
Employee & Child(ren)	\$2,026.00	\$1,519.50	\$506.50
Family	\$3,231.00	\$2,423.25	\$807.75

Medical Plan PPO HDHP 3400

Monthly Premium Rates	Total Cost	Employer Cost	Employee Cost
Employee Only	\$920.00	\$782.00	\$138.00
Employee & Spouse	\$1,881.00	\$1,598.85	\$282.15
Employee & Child(ren)	\$1,623.00	\$1,379.55	\$243.45
Family	\$2,584.00	\$2,196.40	\$387.60

Dental CORE Plan

Monthly Premium Rates	Total Cost	Employer Cost	Employee Cost
Employee Only	\$43.00	\$13.85	\$29.15
Employee & Spouse	\$75.00	\$21.12	\$53.88
Employee & Child(ren)	\$76.00	\$21.12	\$54.88
Family	\$112.00	\$39.25	\$72.75

Dental Low Plan

Monthly Premium Rates	Total Cost	Employer Cost	Employee Cost
Employee Only	\$57.00	\$13.85	\$43.15
Employee & Spouse	\$97.00	\$21.12	\$75.88
Employee & Child(ren)	\$98.00	\$21.12	\$76.88
Family	\$143.00	\$39.25	\$103.75

Dental High Plan

Monthly Premium Rates	Total Cost	Employer Cost	Employee Cost
Employee Only	\$66.00	\$13.85	\$52.15
Employee & Spouse	\$116.00	\$21.12	\$94.88
Employee & Child(ren)	\$118.00	\$21.12	\$96.88
Family	\$171.00	\$39.25	\$131.75

Vision

Monthly Premium Rates	Total Cost	Employer Cost	Employee Cost
Employee Only	\$5.77	\$0	\$5.77
Employee & Spouse	\$11.01	\$0	\$11.01
Employee & Child(ren)	\$11.69	\$0	\$11.69
Family	\$17.18	\$0	\$17.18

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
75-79	\$3.720
80+	\$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 1.1	Plan 2.1	Plan 3.1
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