



# City of Elmhurst 1/1/2026 - Retiree Rates

\*Retirees eligible for Medicare on or after June 1, 2021, will be offered medical/Rx coverage through Benistar. The City's BCBS medical plans are no longer an option for Medicare-eligible retirees. If you have questions, please contact HR at 630.530.3770.

*If a retiree voluntarily removes themselves or a dependent from the City's retiree health, dental and/or vision insurance, the retiree and/or dependent will not be able to return to the insurance plan at any time and will no longer be eligible to participate in the benefit moving forward. Employees and/or dependents may only participate in the City's insurance plan(s) as a retiree if they are enrolled in the City's insurance plan(s) at the time of retirement.*

## Medical Plan HMO Blue Advantage\*

Monthly Premium Rates	Total Cost	Employer Cost	Retiree Cost
Retiree Only	\$946.00	\$0	\$946.00
Retiree & Spouse	\$1,932.00	\$0	\$1,932.00
Retiree & Child(ren)	\$1,663.00	\$0	\$1,663.00
Retiree Family	\$2,665.00	\$0	\$2,665.00

## Medical Plan PPO 300 w/ BCO\*

Monthly Premium Rates	Total Cost	Employer Cost	Retiree Cost
Retiree Only	\$1,139.00	\$0	\$1,139.00
Retiree & Spouse	\$2,358.00	\$0	\$2,358.00
Retiree & Child(ren)	\$2,026.00	\$0	\$2,026.00
Retiree Family	\$3,231.00	\$0	\$3,231.00

## Medical Plan PPO HDHP 3400\*

Monthly Premium Rates	Total Cost	Employer Cost	Retiree Cost
Retiree Only	\$920.00	\$0	\$920.00
Retiree & Spouse	\$1,881.00	\$0	\$1,881.00
Retiree & Child(ren)	\$1,623.00	\$0	\$1,623.00
Retiree Family	\$2,584.00	\$0	\$2,584.00

## Dental CORE Plan

Monthly Premium Rates	Total Cost	Employer Cost	Retiree Cost
Retiree Only	\$43.00	\$0	\$43.00
Retiree & Spouse	\$75.00	\$0	\$75.00
Retiree & Child(ren)	\$76.00	\$0	\$76.00
Retiree Family	\$112.00	\$0	\$112.00

## Dental Low Plan

Monthly Premium Rates	Total Cost	Employer Cost	Retiree Cost
Retiree Only	\$57.00	\$0	\$57.00
Retiree & Spouse	\$97.00	\$0	\$97.00
Retiree & Child(ren)	\$98.00	\$0	\$98.00
Retiree Family	\$143.00	\$0	\$143.00

## Dental High Plan

Monthly Premium Rates	Total Cost	Employer Cost	Retiree Cost
Retiree Only	\$66.00	\$0	\$66.00
Retiree & Spouse	\$116.00	\$0	\$116.00
Retiree & Child(ren)	\$118.00	\$0	\$118.00
Retiree Family	\$171.00	\$0	\$171.00

## Vision

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