



McHenry County
Department of Human Resources

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Benefit Insurance Rate Sheet
Rates Effective: January 1, 2025 - December 31, 2025

Blue Adv. HMO			Blue AdvantageHMO		
	Based on 26 Pay Periods		Total Premium	Employer Share	Employee Share
	Member Only	Per Payroll	\$426.89	\$384.20	\$42.69
	Member + Spouse	Per Payroll	\$853.78	\$725.71	\$128.07
	Member + Child(ren)	Per Payroll	\$704.37	\$598.71	\$105.66
	Family (member, spouse, and children)	Per Payroll	\$1,067.22	\$907.14	\$160.08

Dental-Delta Basic			Dental - Delta Basic		
	Based on 26 Pay Periods		Total Premium	Employer Share	Employee Share
	Member Only	Per Payroll	\$22.01	\$19.81	\$2.20
	Member + Spouse	Per Payroll	\$38.51	\$30.80	\$7.70
	Member + Child(ren)	Per Payroll	\$29.70	\$23.76	\$5.94
	Family (member, spouse, and children)	Per Payroll	\$47.31	\$37.85	\$9.46

Regular PPO			Regular PPO		
	Based on 26 Pay Periods		Total Premium	Employer Share	Employee Share
	Member Only	Per Payroll	\$567.10	\$510.39	\$56.71
	Member + Spouse	Per Payroll	\$1,134.20	\$907.36	\$226.84
	Member + Child(ren)	Per Payroll	\$935.71	\$748.57	\$187.14
	Family (member, spouse, and children)	Per Payroll	\$1,417.75	\$1,134.20	\$283.55

Dental-Delta Select			Dental - Delta Select		
	Based on 26 Pay Periods		Total Premium	Employer Share	Employee Share
	Member Only	Per Payroll	\$29.11	\$26.20	\$2.91
	Member + Spouse	Per Payroll	\$50.94	\$40.75	\$10.19
	Member + Child(ren)	Per Payroll	\$39.30	\$31.44	\$7.86
	Family (member, spouse, and children)	Per Payroll	\$62.58	\$50.07	\$12.52

HSA PPO			HSA PPO		
	Based on 26 Pay Periods		Total Premium	Employer Share	Employee Share
	Member Only	Per Payroll	\$401.81	\$401.81	\$0.00
	Member + Spouse	Per Payroll	\$803.61	\$703.16	\$100.45
	Member + Child(ren)	Per Payroll	\$662.98	\$590.65	\$72.32
	Family (member, spouse, and children)	Per Payroll	\$1,004.52	\$863.88	\$140.63

Vision Eye-Med			Vision - Eye Med		
	Based on 26 Pay Periods		Total Premium	Employer Share	Employee Share
	Member Only	Per Payroll	\$2.84	\$0.00	\$2.84
	Member + Spouse	Per Payroll	\$5.40	\$0.00	\$5.40
	Member + Child(ren)	Per Payroll	\$5.68	\$0.00	\$5.68
	Family (member, spouse, and children)	Per Payroll	\$8.46	\$0.00	\$8.46

Accident Met-Life			Accident - Met Life		
	Based on 26 Pay Periods		Total Premium	Employer Share	Employee Share
	Member Only	Per Payroll	\$6.17	\$0.00	\$6.17
	Member + Spouse	Per Payroll	\$12.62	\$0.00	\$12.62
	Member + Child(ren)	Per Payroll	\$12.66	\$0.00	\$12.66
	Family (member, spouse, and children)	Per Payroll	\$15.82	\$0.00	\$15.82

Vision VSP			Vision - VSP		
	Based on 26 Pay Periods		Total Premium	Employer Share	Employee Share
	Member Only	Per Payroll	\$3.70	\$0.00	\$3.70
	Member + Spouse	Per Payroll	\$7.38	\$0.00	\$7.38
	Member + Child(ren)	Per Payroll	\$7.91	\$0.00	\$7.91
	Family (member, spouse, and children)	Per Payroll	\$12.63	\$0.00	\$12.63