

McHenry County Department of Human Resources

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Benefit Insurance Rate Sheet

Rates Effective: January 1, 2025 - December 31, 2025

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

			Regular PPO		
0		Based on 26 Pay Periods	Total Premium	Employer Share	Employee Share
r PP	Member Only	Per Payroll	\$567.10	\$510.39	\$56.71
Regular PPO	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	Per Payroll	\$1,417.75	\$1,134.20	\$283.55

			HSA PPO		
		Based on 26	Total	Employer	Employee
		Pay Periods	Premium	Share	Share
HSA PPO	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	Per Payroll	\$1,004.52	\$863.88	\$140.63
	(member, spouse, and	children)			

				Accident - Met Life		
	Life		Based on 26	Total	Employer	Employee
ı			Pay Periods	Premium	Share	Share
Accident Met-	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	
	A	Family	Per Payroll	\$15.82	\$0.00	\$15.82
L		(member, spouse, and	children)			

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

			Dental - Delta Select		
Select		Based on 26	Total	Employer	Employee
ele		Pay Periods	Premium	Share	Share
Dental-Delta So	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
I	Family (member, spouse, and	Per Payroll children)	\$62.58	\$50.07	\$12.52

			Vision - Eye Med		
þ		Based on 26	Total	Employer	Employee
ĭ		Pay Periods	Premium	Share	Share
Vision Eye-Med	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	Per Payroll	\$8.46	\$0.00	\$8.46
	(member, spouse, and	children)			

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