

McHenry County Department of Human Resources

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www.mchenrycountyil.gov

Benefit Insurance Rate Sheet

Medical & Dental Plans

Rates Effective: January 1, 2026 - December 31, 2026

			Blue AdvantageHMO		
		Based on 26	Total	Employer	Employee
1		Pay Periods	Premium	Share	Share
. HMO	Member Only	Per Payroll	\$472.57	\$425.31	\$47.26
Adv.	Member + Spouse	Per Payroll	\$945.14	\$803.37	\$141.77
Blue	Member + Child(ren)	Per Payroll	\$779.74	\$662.78	\$116.96
	Family	Per Payroll	\$1,181.42	\$1,004.21	\$177.21
	(member, spouse, and	children)			

			HSA PPO			
HSA PPO		Based on 26	Total	Employer	Employee	
		Pay Periods	Premium	Share	Share	
	Member Only	Per Payroll	\$430.34	\$430.34	\$0.00	
	Member + Spouse	Per Payroll	\$860.67	\$753.09	\$107.58	
	Member + Child(ren)	Per Payroll	\$710.05	\$632.59	\$77.46	
	Family	Per Payroll	\$1,075.84	\$925.22	\$150.62	
	(member, spouse, and	children)				

			Regular PPO		
		Based on 26	Total	Employer	Employee
0		Pay Periods	Premium	Share	Share
PP0	Member Only	Per Payroll	\$607.37	\$546.63	\$60.74
Regular	Member + Spouse	Per Payroll	\$1,214.73	\$971.78	\$242.95
Reg	Member + Child(ren)	Per Payroll	\$1,002.15	\$801.72	\$200.43
	Family	Per Payroll	\$1,518.42	\$1,214.74	\$303.68
	(member, spouse, and	children)			

7.0			Blue Cross Options - BCO		
ptions		Based on 26	Total	Employer	Employee
tio		Pay Periods	Premium	Share	Share
Blue Cross Opt	Member Only	Per Payroll	\$565.17	\$508.65	\$56.52
	Member + Spouse	Per Payroll	\$1,130.34	\$904.27	\$226.07
	Member + Child(ren)	Per Payroll	\$932.54	\$746.03	\$186.51
B	Family	Per Payroll	\$1,412.94	\$1,130.35	\$282.59
	(member, spouse, and				

			Dental - Delta Basic		
္ပ		Based on 26	Total	Employer	Employee
Basic		Pay Periods	Premium	Share	Share
Ã	Member Only	Per Payroll	\$22.54	\$20.29	\$2.25
Dental-Delta					
	Member + Spouse	Per Payroll	\$39.43	\$31.54	\$7.89
lta	Member + Child(ren)	Per Payroll	\$30.42	\$24.34	\$6.08
er Jer					
	Family	Per Payroll	\$48.45	\$38.76	\$9.69
	(member, spouse, and	children)			

			Dental - Delta Select		
ct		Based on 26	Total	Employer	Employee
le		Pay Periods	Premium	Share	Share
Dental-Delta Select	Member Only	Per Payroll	\$29.81	\$26.83	\$2.98
	Member + Spouse	Per Payroll	\$52.17	\$41.74	\$10.43
	Member + Child(ren)	Per Payroll	\$40.24	\$32.19	\$8.05
en					
D	Family	Per Payroll	\$64.09	\$51.27	\$12.82
	(member, spouse, and	children)			