



McHenry County Department of Human Resources

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Benefit Insurance Rate Sheet

Voluntary Plans

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

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

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

Accident Securian			Accident - Securian		
	<u>Level High</u>	Based on 26 Pay Periods	Total Premium	Employer Share	Employee Share
	Member Only	Per Payroll	\$2.58	\$0.00	\$2.58
	Member + Spouse	Per Payroll	\$4.10	\$0.00	\$4.10
	Member + Child(ren)	Per Payroll	\$5.69	\$0.00	\$5.69
	Family (member, spouse, and children)	Per Payroll	\$8.08	\$0.00	\$8.08

Accident Securian			Accident - Securian		
	<u>Level Low</u>	Based on 26 Pay Periods	Total Premium	Employer Share	Employee Share
	Member Only	Per Payroll	\$1.42	\$0.00	\$1.42
	Member + Spouse	Per Payroll	\$2.29	\$0.00	\$2.29
	Member + Child(ren)	Per Payroll	\$3.12	\$0.00	\$3.12
	Family (member, spouse, and children)	Per Payroll	\$4.47	\$0.00	\$4.47

Hospital Indemnity			Hospital Indemnity - Securian		
	<u>Level High</u>	Based on 26 Pay Periods	Total Premium	Employer Share	Employee Share
	Member Only	Per Payroll	\$5.64	\$0.00	\$5.64
	Member + Spouse	Per Payroll	\$13.86	\$0.00	\$13.86
	Member + Child(ren)	Per Payroll	\$8.24	\$0.00	\$8.24
	Family (member, spouse, and children)	Per Payroll	\$17.07	\$0.00	\$17.07

Hospital Indemnity			Hospital Indemnity - Securian		
	<u>Level Low</u>	Based on 26 Pay Periods	Total Premium	Employer Share	Employee Share
	Member Only	Per Payroll	\$3.35	\$0.00	\$3.35
	Member + Spouse	Per Payroll	\$8.30	\$0.00	\$8.30
	Member + Child(ren)	Per Payroll	\$4.90	\$0.00	\$4.90
	Family (member, spouse, and children)	Per Payroll	\$10.21	\$0.00	\$10.21

NOTE SEPARATE PAYROLL RATE SHEET FOR "CRITICAL ILLNESS" VOLUNTARY PLAN