



# Village of Lemont 1/1/2026 Employee Rates

## Medical Plan HMO Blue Advantage

Monthly Premium Rates	Total Cost	Employer Cost	Employee Cost
Employee Only	\$962.00	\$885.04	\$76.96
Employee & Spouse	\$1,965.00	\$1,768.50	\$196.50
Employee & Child(ren)	\$1,691.00	\$1,521.90	\$169.10
Family	\$2,711.00	\$2,385.68	\$325.32

## Medical Plan PPO 750

Monthly Premium Rates	Total Cost	Employer Cost	Employee Cost
Employee Only	\$992.00	\$912.64	\$79.36
Employee & Spouse	\$2023.00	\$1,820.70	\$202.30
Employee & Child(ren)	\$1,749.00	\$1,574.10	\$174.90
Family	\$2,779.00	\$2,445.52	\$333.48

## Medical Plan PPO HDHP 3400

Monthly Premium Rates	Total Cost	Employer Cost	Employee Cost
Employee Only	\$920.00	\$846.40	\$73.60
Employee & Spouse	\$1,881.00	\$1,692.90	\$188.10
Employee & Child(ren)	\$1,623.00	\$1,460.70	\$162.30
Family	\$2,584.00	\$2,273.92	\$310.08

## Dental High Plan

Monthly Premium Rates	Total Cost	Employer Cost	Employee Cost
Employee Only	\$66.00	\$60.72	\$5.28
Employee & Spouse	\$116.00	\$104.40	\$11.60
Employee & Child(ren)	\$118.00	\$106.20	\$11.80
Family	\$171.00	\$150.48	\$20.52

## Vision

Monthly Premium Rates	Total Cost	Employer Cost	Employee Cost
Employee Only	\$5.77	\$5.31	\$0.46
Employee & Spouse	\$11.01	\$9.91	\$1.10
Employee & Child(ren)	\$11.69	\$10.52	\$1.17
Family	\$17.18	\$15.12	\$2.06

# Voluntary Life/AD&D

Employee Age	Employee /Spouse Monthly Rates per \$1,000 of Coverage
<25	\$0.055
25-29	\$0.065
30-34	\$0.080
35-39	\$0.095
40-44	\$0.120
45-49	\$0.180
50-54	\$0.275
55-59	\$0.455
60-64	\$0.780
65-69	\$1.270
70-74	\$2.300
75-79	\$3.720
80+	\$3.720
AD&D (all ages)	\$0.030
Child(ren) Life	\$0.200
Child(ren) AD&D	\$0.030