

City of Edwardsville

BCBSIL Medical/Delta Dental/VSP Vision/Securian Life

2026 Rates

BCBSIL Medical:	BCBSIL Premium Cost	Health Savings Acct Cost	Total Health Cost	Employee Monthly Cost 25% of Premium	City Monthly Cost 75% Premium	2026 Employee Each Pay Cost
-----------------	---------------------	--------------------------	-------------------	--------------------------------------	-------------------------------	-----------------------------

PPO

Single	\$ 969.22	\$ -	\$ 969.22	\$ -	\$ 969.22	\$0.00
Emp/Spouse	\$ 1,950.34	\$ -	\$ 1,950.34	\$ 245.28	\$ 1,705.06	\$122.64
Emp/Children	\$ 1,722.71	\$ -	\$ 1,722.71	\$ 188.37	\$ 1,534.34	\$94.19
Family	\$ 2,592.23	\$ -	\$ 2,592.23	\$ 405.75	\$ 2,186.48	\$202.88

HDHP/HSA

Single	\$ 791.37	\$ 177.85	\$ 791.37	\$ -	\$ 791.37	\$0.00
Emp/Sp	\$ 1,601.06	\$ 177.85	\$ 1,601.06	\$ 202.42	\$ 1,398.63	\$101.21
Emp/Ch	\$ 1,398.66	\$ 177.85	\$ 1,398.66	\$ 151.82	\$ 1,246.84	\$75.91
Family	\$ 2,135.51	\$ 177.85	\$ 2,135.51	\$ 336.04	\$ 1,799.47	\$168.02

**Delta Dental of IL
Dental**

	Dental Cost	City Monthly	Employee Monthly	Employee Per Pay
Single	\$ 35.07	\$ 35.07	\$ -	\$ -
Emp/Spouse	\$ 64.57	\$ 57.20	\$ 7.38	\$ 3.69
Emp/Children	\$ 89.27	\$ 75.72	\$ 13.55	\$ 6.78
Family	\$ 120.71	\$ 99.30	\$ 21.41	\$ 10.70

**VSP
Vision**

	Vision Cost	City Monthly	Employee Monthly	Employee Per Pay
Single	\$ 4.32	\$ 4.32	\$ -	\$ -
Emp/Spouse	\$ 8.03	\$ 7.10	\$ 0.93	\$ 0.46
Emp/Children	\$ 8.58	\$ 7.52	\$ 1.07	\$ 0.53
Family	\$ 13.71	\$ 11.36	\$ 2.35	\$ 1.17

**Securian
Term Life/AD&D**

	Life All Cost	City Monthly Cost	Employee Monthly Cost	Employee Each Pay Cost
Single	\$ 1.40	\$ 1.05	\$ 0.35	\$ 0.18
Emp/Spouse	\$ 1.66	\$ 1.25	\$ 0.42	\$ 0.21
Emp/Children	\$ 1.66	\$ 1.25	\$ 0.42	\$ 0.21
Family	\$ 1.66	\$ 1.25	\$ 0.42	\$ 0.21

TOTAL Per Pay Deduction for ALL benefits: Medical, Dental, Vision & Life

	<u>PPO</u>	<u>HDHP/HSA</u>
Single	\$0.18	\$0.18
Emp/Spouse	\$127.00	\$105.57
Emp/Children	\$101.70	\$83.43
Family	\$214.96	\$180.10

City of Edwardsville

BCBSIL Medical/Delta Dental/VSP Vision

2026 RETIREE RATES

Non-Medicare status governed by Age of Member & Dependent (PPO Plan)

Plan Type	Health Cost	Medical Reimburse Cost	Total Health Cost	Dental Cost	Vision Cost	2026 Monthly All Cost
PPO Retiree						
Single - Retiree	\$969.22	\$0.00	\$969.22	\$35.07	\$4.32	\$1,008.61
Emp/Spouse - Retiree	\$1,950.34	\$0.00	\$1,950.34	\$64.57	\$8.03	\$2,022.94
Emp/Children - Retiree	\$1,722.71	\$0.00	\$1,722.71	\$89.27	\$8.58	\$1,820.56
Family - Retiree	\$2,592.23	\$0.00	\$2,592.23	\$120.71	\$13.71	\$2,726.65

Non-Medicare status governed by Age of Member & Dependent (HDHP/HSA Plan)

Plan Type	Health Cost	Medical Reimburse Cost	Total Health Cost	Dental Cost	Vision Cost	2026 Monthly All Cost
HDHP/HSA Retiree						
Single - Retiree	\$791.37		\$791.37	\$35.07	\$4.32	\$830.76
Emp/Spouse - Retiree	\$1,601.06		\$1,601.06	\$64.57	\$8.03	\$1,673.66
Emp/Children - Retiree	\$1,398.66		\$1,398.66	\$89.27	\$8.58	\$1,496.51
Family - Retiree	\$2,135.51		\$2,135.51	\$120.71	\$13.71	\$2,269.93

Medicare status governed by Age of Member & Dependent (PPO PLAN)

Plan Type	Health Cost	Medical Reimburse Cost	Total Health Cost	Dental Cost	Vision Cost	2026 Monthly All Cost
Medicare						
Single - Retiree Medicare	\$969.22	\$0.00	\$969.22	\$35.07	\$4.32	\$1,008.61
Emp/Spouse - Retiree Medicare	\$1,950.34	\$134.25	\$2,084.58	\$64.57	\$8.03	\$2,157.19
Emp/Spouse - Retiree Split Medicare & Non-Medicare	\$1,950.34	\$134.25	\$2,084.58	\$64.57	\$8.03	\$2,157.19