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VILLAGE OF OAK LAWN
MONTHLY INSURANCE CONTRIBUTION BREAKDOWN BY CARRIER

Effective: 1-1-26 through 12-31-26

Per CBA - Affects All POLICE Supervisor Retirees PRIOR to 1/1/2013

PER CBA - Affects FIRE Supervisor Retirees based on CBA ending 12/31/2025

Oak Lawn Contributes the Total Cost of the BASE PLAN PREMIUM - Retiree Pays the Difference

BASE PLAN BCBS BLUE ADVANTAGE	Coverage		
	Single	Couple	Family
Employee's Contribution	\$ -	\$ -	\$ -
Village's Contribution	\$ 847.19	\$ 1,739.15	\$ 2,543.62
Total Monthly Premium	\$ 847.19	\$ 1,739.15	\$ 2,543.62

BCBS HMO-IL	Coverage		
	Single	Couple	Family
Employee's Contribution	\$ 26.20	\$ 53.76	\$ 78.65
Village's Contribution	\$ 847.19	\$ 1,739.15	\$ 2,543.62
Total Monthly Premium	\$ 873.39	\$ 1,792.91	\$ 2,622.27

BCBS BCO PPO	Coverage		
	Single	Couple	Family
Employee's Contribution	\$ 135.56	\$ 278.25	\$ 406.94
Village's Contribution	\$ 847.19	\$ 1,739.15	\$ 2,543.62
Total Monthly Premium	\$ 982.75	\$ 2,017.40	\$ 2,950.56

DELTA DENTAL	Coverage		
	Single	Couple	Family
Total Monthly Premium *	\$ 44.65	\$ 89.04	\$ 152.08

EYEMED	Coverage		
	Single	Couple	Family
Total Monthly Premium *	\$ 4.62	\$ 8.78	\$ 12.89

* Dental and Vision are COBRA Benefits and are paid fully by the Retiree

Updated 09/20/2025

VILLAGE OF OAK LAWN
MONTHLY INSURANCE CONTRIBUTION BREAKDOWN BY CARRIER
Effective: 1-1-26 through 12-31-26

Retiree- Police Supervisor - After 1/1/2013

Oak Lawn Contributes 90% of the BASE PLAN - Retiree Pays the Difference

(Village 90% / Employee 10%)			
BASE PLAN BCBS BLUE ADVANTAGE	Coverage		
	Single	Couple	Family
Employee's Contribution	\$ 84.72	\$ 173.91	\$ 254.36
Village's Contribution	\$ 762.47	\$ 1,565.24	\$ 2,289.26
Total Monthly Premium	\$ 847.19	\$ 1,739.15	\$ 2,543.62

(Village 90% / Employee 10% of Base Plan)			
BCBS HMO-IL	Coverage		
	Single	Couple	Family
Employee's Contribution	\$ 110.92	\$ 227.67	\$ 333.01
Village's Contribution	\$ 762.47	\$ 1,565.24	\$ 2,289.26
Total Monthly Premium	\$ 873.39	\$ 1,792.91	\$ 2,622.27

(Village 90% / Employee 10% of Base Plan)			
BCBS BCO PPO	Coverage		
	Single	Couple	Family
Employee's Contribution	\$ 220.28	\$ 452.16	\$ 661.30
Village's Contribution	\$ 762.47	\$ 1,565.24	\$ 2,289.26
Total Monthly Premium	\$ 982.75	\$ 2,017.40	\$ 2,950.56

DELTA DENTAL	Coverage		
	Single	Couple	Family
Total Monthly Premium *	\$ 44.65	\$ 89.04	\$ 152.08

EYEMED	Coverage		
	Single	Couple	Family
Total Monthly Premium *	\$ 4.62	\$ 8.78	\$ 12.89

* Dental and Vision are COBRA Benefits and are paid fully by the Retiree

VILLAGE OF OAK LAWN

MONTHLY INSURANCE CONTRIBUTION BREAKDOWN BY CARRIER

Effective: 1-1-26 through 12-31-26

Retiree- Police Supervisor - After 1/1/2018

Oak Lawn Contributes 87.5% of the BASE PLAN - Retiree Pays the Difference

(Village 87.5% / Retiree 12.5%)			
BASE PLAN BCBS BLUE ADVANTAGE	Coverage		
	Single	Couple	Family
Employee's Contribution	\$ 105.90	\$ 217.39	\$ 317.95
Village's Contribution	\$ 741.29	\$ 1,521.76	\$ 2,225.67
Total Monthly Premium	\$ 847.19	\$ 1,739.15	\$ 2,543.62

(Village 87.5% / Retiree 12.5% of Base Plan)			
BCBS HMO-IL	Coverage		
	Single	Couple	Family
Employee's Contribution	\$ 132.10	\$ 271.15	\$ 396.60
Village's Contribution	\$ 741.29	\$ 1,521.76	\$ 2,225.67
Total Monthly Premium	\$ 873.39	\$ 1,792.91	\$ 2,622.27

(Village 87.5% / Retiree 12.5% of Base Plan)			
BCBS BCO PPO	Coverage		
	Single	Couple	Family
Employee's Contribution	\$ 241.46	\$ 495.64	\$ 724.89
Village's Contribution	\$ 741.29	\$ 1,521.76	\$ 2,225.67
Total Monthly Premium	\$ 982.75	\$ 2,017.40	\$ 2,950.56

DELTA DENTAL	Coverage		
	Single	Couple	Family
Total Monthly Premium *	\$ 44.65	\$ 89.04	\$ 152.08

EYEMED	Coverage		
	Single	Couple	Family
Total Monthly Premium *	\$ 4.62	\$ 8.78	\$ 12.89

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VILLAGE OF OAK LAWN

MONTHLY INSURANCE CONTRIBUTION BREAKDOWN BY CARRIER

Effective: 1-1-26 through 12-31-26

Regular Retiree (Non-Supervisor)

Retirees Rates Prior to 1/1/2013

Regular FF (non-officer) BASED ON CBA ENDING 12/31/2025

** Oak Lawn Contributes the Total Cost of the BASE PLAN for EE and Spouse - Retiree Pays the Difference

BASE PLAN BCBS BLUE ADVANTAGE	Coverage			
	Single	Retiree and Child	Couple	Family
Employee's Contribution **	\$ -	\$ 891.96	\$ -	\$ 804.47
Village's Contribution **	\$ 847.19	\$ 847.19	\$ 1,739.15	\$ 1,739.15
Total Monthly Premium	\$ 847.19	\$ 1,739.15	\$ 1,739.15	\$ 2,543.62

BCBS HMO-IL	Coverage			
	Single	Retiree and Child	Couple	Family
Employee's Contribution	\$ 26.20	\$ 945.72	\$ 53.76	\$ 883.12
Village's Contribution	\$ 847.19	\$ 847.19	\$ 1,739.15	\$ 1,739.15
Total Monthly Premium	\$ 873.39	\$ 1,792.91	\$ 1,792.91	\$ 2,622.27

BCBS BCO PPO	Coverage			
	Single	Retiree and Child	Couple	Family
Employee's Contribution	\$ 135.56	\$ 1,170.21	\$ 278.25	\$ 1,211.41
Village's Contribution	\$ 847.19	\$ 847.19	\$ 1,739.15	\$ 1,739.15
Total Monthly Premium	\$ 982.75	\$ 2,017.40	\$ 2,017.40	\$ 2,950.56

DELTA DENTAL	Coverage		
	Single	Couple	Family
Total Monthly Premium *	\$ 44.65	\$ 89.04	\$ 152.08

EYEMED	Coverage		
	Single	Couple	Family
Employee's Contribution *	\$ 4.62	\$ 8.78	\$ 12.89

Updated 09/20/2025

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VILLAGE OF OAK LAWN

MONTHLY INSURANCE CONTRIBUTION BREAKDOWN BY CARRIER

Effective: 1-1-26 through 12-31-26

Retiree- Regular (Non Supervisor)
Retirees Rates - After 1/1/2013

Oak Lawn Contributes 90% of the BASE PLAN for EE and Spouse - Retiree Pays the Difference

(Village 90% / Retiree 10%)				
BASE PLAN	Coverage			
BCBS BLUE ADVANTAGE	Single	Retiree and Child	Couple	Family
Employee's Contribution	\$ 84.72	\$ 976.68	\$ 173.91	\$ 978.38
Village's Contribution	\$ 762.47	\$ 762.47	\$ 1,565.24	\$ 1,565.24
Total Monthly Premium	\$ 847.19	\$ 1,739.15	\$ 1,739.15	\$ 2,543.62
(Village 90% / Retiree 10% of Base Plan)				
BCBS HMO-IL	Coverage			
BCBS HMO-IL	Single	Retiree and Child	Couple	Family
Employee's Contribution	\$ 110.92	\$ 1,030.44	\$ 227.67	\$ 1,057.03
Village's Contribution	\$ 762.47	\$ 762.47	\$ 1,565.24	\$ 1,565.24
Total Monthly Premium	\$ 873.39	\$ 1,792.91	\$ 1,792.91	\$ 2,622.27
(Village 90% / Retiree 10% of Base Plan)				
BCBS BCO PPO	Coverage			
BCBS BCO PPO	Single	Retiree and Child	Couple	Family
Employee's Contribution	\$ 220.28	\$ 1,254.93	\$ 452.16	\$ 1,385.32
Village's Contribution	\$ 762.47	\$ 762.47	\$ 1,565.24	\$ 1,565.24
Total Monthly Premium	\$ 982.75	\$ 2,017.40	\$ 2,017.40	\$ 2,950.56

DELTA DENTAL			
Coverage			
	Single	Couple	Family
Total Monthly Premium *	\$ 44.65	\$ 89.04	\$ 152.08

EYEMED			
Coverage			
	Single	Couple	Family
Employee's Contribution *	\$ 4.62	\$ 8.78	\$ 12.89

Updated 09/20/2025

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VILLAGE OF OAK LAWN

MONTHLY INSURANCE CONTRIBUTION BREAKDOWN BY CARRIER

Effective: 1-1-26 through 12-31-26

Retiree- Regular (Non Supervisor)

Retirees Rates- After 1/1/2018

Oak Lawn Contributes 87.50% of the BASE PLAN for EE and Spouse - Retiree Pays the Difference

(Village 87.5% / Retiree 12.5%)				
BASE PLAN BCBS BLUE ADVANTAGE	Coverage			
	Single	Retiree and Child	Couple	Family
Employee's Contribution	\$ 105.90	\$ 997.86	\$ 217.39	\$ 1,021.86
Village's Contribution	\$ 741.29	\$ 741.29	\$ 1,521.76	\$ 1,521.76
Total Monthly Premium	\$ 847.19	\$ 1,739.15	\$ 1,739.15	\$ 2,543.62
(Village 87.5% / Retiree 12.5% of Base Plan)				
BCBS HMO-IL	Coverage			
	Single	Retiree and Child	Couple	Family
Employee's Contribution	\$ 132.10	\$ 1,051.62	\$ 271.15	\$ 1,100.51
Village's Contribution	\$ 741.29	\$ 741.29	\$ 1,521.76	\$ 1,521.76
Total Monthly Premium	\$ 873.39	\$ 1,792.91	\$ 1,792.91	\$ 2,622.27
(Village 87.5% / Retiree 12.5% of Base Plan)				
BCBS BCO PPO	Coverage			
	Single	Retiree and Child	Couple	Family
Employee's Contribution	\$ 241.46	\$ 1,276.11	\$ 495.64	\$ 1,428.80
Village's Contribution	\$ 741.29	\$ 741.29	\$ 1,521.76	\$ 1,521.76
Total Monthly Premium	\$ 982.75	\$ 2,017.40	\$ 2,017.40	\$ 2,950.56

DELTA DENTAL	Coverage		
	Single	Couple	Family
Total Monthly Premium *	\$ 44.65	\$ 89.04	\$ 152.08

EYEMED	Coverage		
	Single	Couple	Family
Employee's Contribution *	\$ 4.62	\$ 8.78	\$ 12.89

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Retiree - Police Supervisor - After 1/1/2024

Oak Lawn Contributes 85% of the BASE PLAN - Retiree Pays the Difference

(Village 85% / Retiree 15%)			
BASE PLAN BCBS BLUE ADVANTAGE	Coverage		
	Single	Couple	Family
Employee's Contribution	\$ 127.08	\$ 260.87	\$ 381.54
Village's Contribution	\$ 720.11	\$ 1,478.28	\$ 2,162.08
Total Monthly Premium	\$ 847.19	\$ 1,739.15	\$ 2,543.62

(Village 85% / Retiree 15% of Base Plan)			
BCBS HMO-IL	Coverage		
	Single	Couple	Family
Employee's Contribution	\$ 153.28	\$ 314.63	\$ 460.19
Village's Contribution	\$ 720.11	\$ 1,478.28	\$ 2,162.08
Total Monthly Premium	\$ 873.39	\$ 1,792.91	\$ 2,622.27

(Village 85% / Retiree 15% of Base Plan)			
BCBS BCO PPO	Coverage		
	Single	Couple	Family
Employee's Contribution	\$ 262.64	\$ 539.12	\$ 788.48
Village's Contribution	\$ 720.11	\$ 1,478.28	\$ 2,162.08
Total Monthly Premium	\$ 982.75	\$ 2,017.40	\$ 2,950.56

DELTA DENTAL	Coverage		
	Single	Couple	Family
Total Monthly Premium *	\$ 44.65	\$ 89.04	\$ 152.08

EYEMED	Coverage		
	Single	Couple	Family
Total Monthly Premium *	\$ 4.62	\$ 8.78	\$ 12.89

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MONTHLY INSURANCE CONTRIBUTION BREAKDOWN BY CARRIER

Effective: 1-1-26 through 12-31-26

Retiree - Regular (Police Non-Supervisor after 1/1/2024)

Oak Lawn Contributes 85% of the BASE PLAN for EE and Spouse - Retiree Pays the Difference

(Village 85% of BASE PLAN)				
BASE PLAN BCBS BLUE ADVANTAGE	Coverage			
	Single	Retiree and Child	Couple	Family
Employee's Contribution	\$ 127.08	\$ 1,019.04	\$ 260.87	\$ 1,065.34
Village's Contribution	\$ 720.11	\$ 720.11	\$ 1,478.28	\$ 1,478.28
Total Monthly Premium	\$ 847.19	\$ 1,739.15	\$ 1,739.15	\$ 2,543.62
(Village 85% of BASE PLAN)				
BCBS HMO-IL	Coverage			
	Single	Retiree and Child	Couple	Family
Employee's Contribution	\$ 153.28	\$ 1,072.80	\$ 314.63	\$ 1,143.99
Village's Contribution	\$ 720.11	\$ 720.11	\$ 1,478.28	\$ 1,478.28
Total Monthly Premium	\$ 873.39	\$ 1,792.91	\$ 1,792.91	\$ 2,622.27
(Village 85% of BASE PLAN)				
BCBS BCO PPO	Coverage			
	Single	Retiree and Child	Couple	Family
Employee's Contribution	\$ 262.64	\$ 1,297.29	\$ 539.12	\$ 1,472.28
Village's Contribution	\$ 720.11	\$ 720.11	\$ 1,478.28	\$ 1,478.28
Total Monthly Premium	\$ 982.75	\$ 2,017.40	\$ 2,017.40	\$ 2,950.56

DELTA DENTAL	Coverage		
	Single	Couple	Family
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Effective: 1-1-26 through 12-31-26

COBRA			
Medicare Eligible Retirees			

BASE PLAN BCBS BLUE ADVANTAGE	Coverage		
	Single	Couple	Family
Total Monthly Premium	\$ 847.19	\$ 1,739.15	\$ 2,543.62

BCBS HMO-IL			
	Single	Couple	Family
Total Monthly Premium	\$ 873.39	\$ 1,792.91	\$ 2,622.27

BCBS BCO PPO			
	Single	Couple	Family
Total Monthly Premium	\$ 982.75	\$ 2,017.40	\$ 2,950.56

DELTA DENTAL	Coverage		
	Single	Couple	Family
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