Crest Hill
CITY OF NEIGHBORS

TO: Interim City Administrator Tony Graff
FROM: Interim Human Resources Manager Dave Strahl
SUBJECT: Non-Union Health Insurance Contribution Rates
DATE: June 10, 2024

Background:
The current contribution levels for non-union employees are 10% of the cost of health insurance, vision and dental. The insurance rates will be increasing on July 1, 2024. The attached table highlights the current amounts and the changes that will be effective with the new rates in July. It is unknown as to when the last change to employee contributions was implemented other than just increasing the amounts to match the increase in annual costs but remain at 10%. A summary of what other surrounding communities is charging employees is provided for informational purposes and attached. While the information from surrounding communities is limited, 10% contribution is not necessarily the standard deduction amount universally. Also, the collective bargaining agreements for the police and sergeants increased their contributions to 12% effective May 1, 2024, and increasing to 15% effective May 1, 2026.

Direction Requested:
Direction from the city council as to whether the non-union employee contributions should increase effective July 1, 2024 above the current 10% amount.

CITY OF CREST HILL
20600 City Center Boulevard
Crest Hill, IL 60403
815-741-5100
cityofcresthill.com

Employee Insurance Contribution Rates

EE Contribution Amount:	10.0%	2023-2024 Current Monthly Premium	2023-2024 Employer Current Monthly Premium	2023-2024 Employee Current Monthly Premium	2024-2025 Monthly Premium	2024-2025 Employee Monthly Premium	2024-2025 Employer Monthly Premium
Plan Name	Pricing Tier						
BCBS HMO	Employee Only	$ 563.21	$ 506.89	$ 56.32	$ 583.49	$ 58.35	$ 525.14
BCBS HMO	Employee/Spouse	$ 1,126.42	$ 1,013.78	$ 112.64	$ 1,166.97	$ 116.70	$ 1,050.27
BCBS HMO	Family	$ 1,592.52	$ 1,433.27	$ 159.25	$ 1,108.63	$ 110.86	$ 997.77
BCBS HMO	Employee/Children	$ 1,070.11	$ 963.10	$ 107.01	$ 1,649.85	$ 164.99	$ 1,484.87
BCBS PPO	Employee Only	$ 920.01	$ 828.01	$ 92.00	$ 910.81	$ 91.08	$ 819.73
BCBS PPO	Employee/Spouse	$ 1,840.03	$ 1,656.03	$ 184.00	$ 1,821.63	$ 182.16	$ 1,639.47
BCBS PPO	Family	$ 2,601.39	$ 2,341.25	$ 260.14	$ 2,575.38	$ 257.54	$ 2,317.84
BCBS PPO	Employee/Children	$ 1,748.03	$ 1,573.23	$ 174.80	$ 1,730.55	$ 173.06	$ 1,557.50
VSP Vision	Employee Only	$ 8.42	$ 7.58	$ 0.84	$ 8.42	$ 0.84	$ 7.58
VSP Vision	Family	$ 8.42	$ 7.58	$ 0.84	$ 8.42	$ 0.84	$ 7.58
Deltal Dental	Employee Only	$ 33.69	$ 30.32	$ 3.37	$ 32.61	$ 3.26	$ 29.35
Deltal Dental	Employee/Spouse	$ 67.37	$ 60.63	$ 6.74	$ 65.21	$ 6.52	$ 58.69
Deltal Dental	Family	$ 93.29	$ 83.96	$ 9.33	$ 90.30	$ 9.03	$ 81.27
Deltal Dental	Employee/Children	$ 76.46	$ 68.81	$ 7.65	$ 74.01	$ 7.40	$ 66.61

Rates are Effective 7/1/2023 to 6/30/2024

FY	Plan Type	Premium	Bi-Weekly EE Cost	% Increase Premium	% Increase EE Cost
2013	HMO Single	$ 547.64	$ 25.28		
	HMO Single + 1	$ 1,331.41	$ 61.45		
	HMO Family	$ 1,730.80	$ 79.88		
	PPO Single	$ 712.74	$ 32.90		
	PPO Family	$ 1,845.35	$ 85.17		
	Single Dental	$ 35.85	$ 1.65		
	Family Dental	$ 92.79	$ 4.28		
2014	HMO Single	$ 563.52	$ 26.01	2.90%	2.90%
	HMO Single + 1	$ 1,370.02	$ 63.23	2.90%	2.90%
	HMO Family	$ 1,780.99	$ 82.20	2.90%	2.90%
	PPO Single	$ 727.71	$ 33.59	2.10%	2.10%
	PPO Family	$ 1,884.10	$ 86.96	2.10%	2.10%
	Single Dental	$ 37.43	$ 1.73	4.41%	4.41%
	Family Dental	$ 96.87	$ 4.47	4.40%	4.40%
2015	HMO Single	$ 583.24	$ 26.92	3.50%	3.50%
	HMO Single + 1	$ 1,417.97	$ 65.44	3.50%	3.50%
	HMO Family	$ 1,843.32	$ 85.08	3.50%	3.50%
	PPO Single	$ 694.96	$ 32.08	-4.50%	-4.50%
	PPO Family	$ 1,799.32	$ 83.05	-4.50%	-4.50%
	Single Dental	$ 37.47	$ 1.73	0.11%	0.11%
	Family Dental	$ 96.97	$ 4.48	0.10%	0.10%
2016	HMO Single	$ 554.66	$ 25.60	-4.90%	-4.90%
	HMO Single + 1	$ 1,348.49	$ 62.24	-4.90%	-4.90%
	HMO Family	$ 1,753.00	$ 80.91	-4.90%	-4.90%
	PPO Single	$ 722.06	$ 33.33	3.90%	3.90%
	PPO Family	$ 1,869.49	$ 86.28	3.90%	3.90%
	Single Dental	$ 38.89	$ 1.79	3.79%	3.79%
	Family Dental	$ 100.65	$ 4.65	3.79%	3.79%
2017	HMO Single	$ 569.08	$ 26.27	2.60%	2.60%
	HMO Single + 1	$ 1,383.55	$ 63.86	2.60%	2.60%
	HMO Family	$ 1,798.58	$ 83.01	2.60%	2.60%
	PPO Single	$ 740.11	$ 34.16	2.50%	2.50%
	PPO Family	$ 1,916.23	$ 88.44	2.50%	2.50%
	Single Dental	$ 37.72	$ 1.74	-3.01%	-3.01%
	Family Dental	$ 97.63	$ 4.51	-3.00%	-3.00%

Insuracne Rate History 2013-2024

FY	Plan Type	Premium	Bi-Weekly EE Cost	% Increase Premium	% Increase EE Cost
2018	HMO Single	$ 570.22	$ 26.32	0.20%	0.20%
	HMO Single + 1	$ 1,386.32	$ 63.98	0.20%	0.20%
	HMO Family	$ 1,802.18	$ 83.18	0.20%	0.20%
	PPO Single	$ 791.92	$ 36.55	7.00%	7.00%
	PPO Family	$ 2,050.37	$ 94.63	7.00%	7.00%
	Single Dental	$ 41.04	$ 1.89	8.80%	8.80%
	Family Dental	$ 106.22	$ 4.90	8.80%	8.80%
2019	HMO Single	$ 575.31	$ 26.55	0.89%	0.89%
	HMO Single + 1	$ 1,064.33	$ 49.12	-23.23%	-23.23%
	HMO Family	$ 1,818.27	$ 83.92	0.89%	0.89%
	PPO Single	$ 812.11	$ 37.48	2.55%	2.55%
	PPO Single +1	$ 1,502.41	$ 69.34		
	PPO Family	$ 2,102.65	$ 97.05	2.55%	2.55%
	Single Dental	$ 41.19	$ 1.90	0.37%	0.37%
	Family Dental	$ 106.61	$ 4.92	0.37%	0.37%
2020	HMO Single	$ 578.19	$ 26.69	0.50%	0.50%
	HMO Single + 1	$ 1,069.65	$ 49.37	0.50%	0.50%
	HMO Family	$ 1,827.36	$ 84.34	0.50%	0.50%
	PPO Single	$ 893.81	$ 41.25	10.06%	10.06%
	PPO Single +1	$ 1,653.55	$ 76.32	10.06%	10.06%
	PPO Family	$ 2,314.18	$ 106.81	10.06%	10.06%
	Single Dental	$ 41.19	$ 1.90	0.00%	0.00%
	Family Dental	$ 106.61	$ 4.92	0.00%	0.00%
2021	HMO Single	$ 481.15	$ 22.21	-16.78%	-16.78%
	HMO Single + 1		$ -		
	HMO Family	$ 1,788.99	$ 82.57	-2.10%	-2.10%
	PPO Single	$ 933.14	$ 43.07	4.40%	4.40%
	PPO Single +1				
	PPO Family	$ 2,416.00	$ 111.51	4.40%	4.40%
	Single Dental	$ 38.02	$ 1.75	-7.70%	-7.70%
	Family Dental	$ 98.40	$ 4.54	-7.70%	-7.70%

Insuracne Rate History 2013-2024

FY	Plan Type	Premium	Bi-Weekly EE Cost	% Increase Premium	% Increase EE Cost
2022	HMO Single	$ 524.16	$ 24.19	8.94%	8.94%
	HMO Single + 1	$ 1,048.32	$ 48.38		
	HMO Family	$ 1,482.10	$ 68.40	-17.15%	-17.15%
	PPO Single	$ 930.34	$ 42.94	-0.30%	-0.30%
	PPO Single +1	$ 1,860.68	$ 85.88		
	PPO Family	$ 2,630.59	$ 121.41	8.88%	8.88%
	Single Dental	$ 36.50	$ 1.68	-4.00%	-4.00%
	Family Dental	$ 101.08	$ 4.67	2.72%	2.72%
2023	HMO Single	$ 563.21	$ 25.99	7.45%	7.45%
	HMO Single + 1	$ 1,126.42	$ 51.99	7.45%	7.45%
	HMO Family	$ 1,592.52	$ 73.50	7.45%	7.45%
	PPO Single	$ 920.01	$ 42.46	-1.11%	-1.11%
	PPO Single +1	$ 1,840.03	$ 84.92	-1.11%	-1.11%
	PPO Family	$ 2,601.39	$ 120.06	-1.11%	-1.11%
	Single Dental	$ 33.69	$ 1.55	-7.70%	-7.70%
	Family Dental	$ 93.29	$ 4.31	-7.71%	-7.71%
2024	HMO Single	$ 583.49	$ 26.93	3.60%	3.60%
	HMO Single + 1	$ 1,166.97	$ 53.86	3.60%	3.60%
	HMO Family	$ 1,649.85	$ 76.15	3.60%	3.60%
	PPO Single	$ 910.81	$ 42.04	-1.00%	-1.00%
	PPO Single +1	$ 1,821.63	$ 84.08	-1.00%	-1.00%
	PPO Family	$ 2,575.38	$ 118.86	-1.00%	-1.00%
	Single Dental	$ 32.61	$ 1.51	-3.21%	-3.21%
	Family Dental	$ 90.30	$ 4.17	-3.21%	-3.21%

Insurance Rate - Community Comparison

Community	% EE Pays	Monthly $ EE Pays	Coverage Type	Coverage	Notes	
Plainfield	18%		PPO 1			
	13%		PPO 2			
	13%		HMO			Total Cost
New Lenox	5%	$ 20.08	PPO 300	EE		$ 401.54
	5%	$ 41.58	PPO 300	EE + Spouse		$ 831.69
	5%	$ 35.72	PPO 300	EE + Children		$ 714.46
	5%	$ 56.98	PPO 300	Family		$1,139.54
	5%	$ 17.63	PPO 750	EE		$ 352.62
	5%	$ 35.98	PPO 750	EE + Spouse		$ 719.54
	5%	$ 31.08	PPO 750	EE + Children		$ 621.69
	5%	$ 49.43	PPO 750	Family		$ 988.62
	5%	$ 17.24	HMO	EE		$ 344.77
	5%	$ 35.24	HMO	EE + Spouse		$ 704.77
	5%	$ 30.32	HMO	EE + Children		$ 606.46
	5%	$ 48.62	HMO	Family		$ 972.46
Frankfort	15%	$ 103.35	PPO 350	EE		$ 689.00
	15%	$ 211.50	PPO 350	EE + Spouse		$1,410.00
	15%	$ 182.85	PPO 350	EE + Children		$1,219.00
	15%	$ 291.00	PPO 350	Family		$1,940.00
	15%	$ 114.60	PPO 750	EE		$ 764.00
	15%	$ 233.85	PPO 750	EE + Spouse		$1,559.00
	15%	$ 202.05	PPO 750	EE + Children		$1,347.00
	15%	$ 321.30	PPO 750	Family		$2,142.00
	15%	$ 114.00	HMO	EE		$ 760.00
	15%	$ 234.15	HMO	EE + Spouse		$1,561.00
	15%	$ 202.35	HMO	EE + Children		$1,349.00
	15%	$ 321.00	HMO	Family		$2,140.00
Lemont	8%	$ 61.12	BC/BS PPO	EE		$ 764.00
	10%	$ 155.90	BC/BS PPO	EE + Spouse		$1,559.00
	10%	$ 134.70	BC/BS PPO	EE + Children		$1,347.00
	12%	$ 257.04	BC/BS PPO	Family		$2,142.00
	10%	$ 76.00	BC/BS HMO	EE		$ 760.00
	10%	$ 156.10	BC/BS HMO	EE + Spouse		$1,561.00
	10%	$ 134.90	BC/BS HMO	EE + Children		$1,349.00
	12%	$ 256.80	BC/BS HMO	Family		$2,140.00
Crest Hill	**10%**	**$ 92.00**	**BC/BS PPO**	**EE**		$ 920.01
	10%	**$ 184.00**	**BC/BS PPO**	**EE + Spouse**		$1,840.03
	10%	**$ 174.80**	**BC/BS PPO**	**EE + Children**		$1,748.03
	10%	**$ 260.14**	**BC/BS PPO**	**Family**		$2,601.39
	10%	**$ 56.32**	**BC/BS HMO**	**EE**		$ 563.21
	10%	**$ 112.64**	**BC/BS HMO**	**EE + Spouse**		$1,126.42
	10%	**$ 107.01**	**BC/BS HMO**	**EE + Children**		$1,070.11
	10%	**$ 159.25**	**BC/BS HMO**	**Family**		$1,592.52

Insurance Rate - Community Comparison

Community	% EE Pays	Monthly $ EE Pays	Coverage Type	Coverage	Notes	
Monee	10%	$ 85.09	BC/BS PPO	EE		$ 850.88
	10%	$ 170.17	BC/BS PPO	EE + Spouse		$1,701.74
	10%	$ 260.37	BC/BS PPO	Family		$2,603.67
	10%	$ 59.24	BC/BS HMO	EE		$ 592.39
	10%	$ 118.48	BC/BS HMO	EE + Spouse		$1,184.84
	10%	$ 177.73	BC/BS HMO	Family		$1,777.25
Mokena	12%	50.05	BC/BS PPO	EE	Inc. Life,Dental,Vision	$ 50.95
	12%	128.94	BC/BS PPO	Family		$ 131.27
	12%	35.71	BC/BS HMO	EE		$ 36.16
	12%	103.94	BC/BS HMO	Family		$ 105.28