

Village of Poplar Grove

Major Medical Plan Comparison

July 1st, 2026 - Renewal



Group Quoted As:	Current Blue Cross Blue Shield				Renewal Blue Cross Blue Shield			
	Plan 1 - P503PPO (PPO)		Plan 2 - P506PSN (HMO)		Plan 1 - P503PPO (PPO)		Plan 2 - P506PSN (HMO)	
Under 50 ACA								
Plan Details	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Visits								
OV - Primary/Spec	\$35/ \$70	Ded + 50%	\$15/ \$45	Not Covered	\$35/ \$70	Ded + 50%	\$15/ \$45	Not Covered
Urgent Care	\$70	Ded + 50%	\$45	Not Covered	\$70	Ded + 50%	\$45	Not Covered
Virtual Visits/Telahealth	\$35	NA	NA	Not Covered	\$35	NA	NA	Not Covered
Deductible								
Individual	\$350	\$700	\$0	Not Covered	\$350	\$700	\$0	Not Covered
Family	\$1,050	\$2,100	\$0	Not Covered	\$1,050	\$2,100	\$0	Not Covered
Coinsurance	80%	50%	100%	Not Covered	80%	50%	100%	Not Covered
OOP Max (Including Ded)								
Individual Med OPX	\$1,750	Unlimited	\$1,750	Not Covered	\$1,750	Unlimited	\$1,750	Not Covered
Family Med OPX	\$5,250	Unlimited	\$5,250	Not Covered	\$5,250	Unlimited	\$5,250	Not Covered
In-Patient/Out-Patient Svcs								
Inpatient Hospital Admission	\$200+ Ded +20%	\$300+ Ded +50%	\$150 Per Visit	Not Covered	\$200+ Ded +20%	\$300+ Ded +50%	\$150 Per Visit	Not Covered
Outpatient Hospital Services	\$150+ Ded + 20%	\$250+ Ded + 50%	\$100 Per Visit	Not Covered	\$150+ Ded + 20%	\$250+ Ded + 50%	\$100 Per Visit	Not Covered
X-Rays, Lab Work	Ded + 20%	Ded + 50%	\$45 Per Test	Not Covered	Ded + 20%	Ded + 50%	\$45 Per Test	Not Covered
CT/PET Scans, MRI	Ded + 20%	Ded + 50%	\$250 Per Test	Not Covered	Ded + 20%	Ded + 50%	\$250 Per Test	Not Covered
Emergency Room	\$400 + Ded + 20%		\$300/ Visit		\$400 + Ded + 20%		\$300/ Visit	
Prescription Drugs								
Rx Tiers (Specialty)	\$5/\$15/\$45/\$85 (\$250/ \$350)	See SPD	\$5/\$15/\$60/\$110 (\$250/ \$350)	See SPD	\$5/\$15/\$45/\$85 (\$250/ \$350)	See SPD	\$5/\$15/\$60/\$110 (\$250/ \$350)	See SPD
Network Name	Blue PPO		Blue Precision HMO		Blue PPO		Blue Precision HMO	
Hospitals	Javon Bea, UW Swedes, OSF, Beloit Memorial		UW Swedes		Javon Bea, UW Swedes, OSF, Beloit Memorial		UW Swedes	
Rate Tiers	Composite Rates		Composite Rates		Composite Rates		Composite Rates	
Employee	3	\$1,081.98	0	\$735.15	3	\$1,180.29	0	\$797.43
Employee + Spouse	0	\$2,163.96	0	\$1,470.30	0	\$2,360.58	0	\$1,594.86
Employee + Child(ren)	0	\$2,001.66	0	\$1,360.03	0	\$2,183.54	0	\$1,475.25
Employee + Family	5	\$3,083.64	0	\$2,095.18	5	\$3,363.83	0	\$2,272.68
Estimated Monthly Premium	\$18,664.14		\$0.00		\$20,360.02		\$0.00	
Est. Combined Mo. Premium	\$18,664.14				\$20,360.02			
Estimated Annual Premium	\$223,969.68				\$244,320.24			
% Change From Current	N/A				9.09%			
Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only, see certificate or SBC for more details.	Carrier Notes:		Carrier Notes: Referrals required for everything except visits to your PCP.		Carrier Notes:		Carrier Notes: Referrals required for everything except visits to your PCP.	

Village of Poplar Grove

Major Medical Plan Comparison

July 1st, 2026 - Renewal



Group Quoted As:	Current Blue Cross Blue Shield		Renewal Blue Cross Blue Shield		Alternative 1 Blue Cross Blue Shield		Alternative 2 Blue Cross Blue Shield	
	Plan 1 - P503PPO (PPO)		Plan 1 - P503PPO (PPO)		P5M1PPO (PPO)		G534PPO (PPO)	
Under 50 ACA								
Plan Details	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Visits								
OV - Primary/Spec	\$35/ \$70	Ded + 50%	\$35/ \$70	Ded + 50%	\$15/ \$30	Ded + 20%	\$50/ \$75	Ded + 50%
Urgent Care	\$70	Ded + 50%	\$70	Ded + 50%	\$50	Ded + 20%	\$80	Ded + 50%
Virtual Visits/Telahealth	\$35	NA	\$35	NA	\$15	NA	\$50	NA
Deductible								
Individual	\$350	\$700	\$350	\$700	\$1,500	\$3,000	\$1,100	\$2,200
Family	\$1,050	\$2,100	\$1,050	\$2,100	\$3,000	\$6,000	\$3,300	\$6,600
Coinsurance	80%	50%	80%	50%	100%	80%	80%	50%
OOP Max (Including Ded)								
Individual Med OPX	\$1,750	Unlimited	\$1,750	Unlimited	\$3,000	\$6,000	\$8,000	Unlimited
Family Med OPX	\$5,250	Unlimited	\$5,250	Unlimited	\$6,000	\$12,000	\$16,000	Unlimited
In-Patient/Out-Patient Svcs								
Inpatient Hospital Admission	\$200+ Ded +20%	\$300+ Ded +50%	\$200+ Ded +20%	\$300+ Ded +50%	\$0 after Ded	\$250+ Ded + 20%	\$250+ Ded +20%	\$350+ Ded +50%
Outpatient Hospital Services	\$150+ Ded + 20%	\$250+ Ded + 50%	\$150+ Ded + 20%	\$250+ Ded + 50%	\$0 after Ded	\$200+ Ded + 20%	\$200+ Ded + 20%	\$300+ Ded + 50%
X-Rays, Lab Work	Ded + 20%	Ded + 50%	Ded + 20%	Ded + 50%	\$0 after Ded	Ded + 20%	Ded + 20%	Ded + 50%
CT/PET Scans, MRI	Ded + 20%	Ded + 50%	Ded + 20%	Ded + 50%	\$0 after Ded	Ded + 20%	Ded + 20%	Ded + 50%
Emergency Room	\$400 + Ded + 20%		\$400 + Ded + 20%		\$200/visit		\$500 + Ded + 20%	
Prescription Drugs								
Rx Tiers (Specialty)	\$5/\$15/\$45/\$85 (\$250/ \$350)	See SPD	\$5/\$15/\$45/\$85 (\$250/ \$350)	See SPD	\$5/\$15/\$60/\$110 (\$250/ \$350)	See SPD	\$5/\$15/\$60/\$110 (\$250/ \$350)	See SPD
Network Name	Blue PPO		Blue PPO		Blue PPO		Blue PPO	
Hospitals	Javon Bea, UW Swedes, OSF, Beloit Memorial		Javon Bea, UW Swedes, OSF, Beloit Memorial		Javon Bea, UW Swedes, OSF, Beloit Memorial		Javon Bea, UW Swedes, OSF, Beloit Memorial	
Rate Tiers	Composite Rates		Composite Rates		Composite Rates		Composite Rates	
Employee	3	\$1,081.98	3	\$1,180.29	3	\$1,169.37	3	\$1,000.53
Employee + Spouse	0	\$2,163.96	0	\$2,360.58	0	\$2,338.74	0	\$2,001.06
Employee + Child(ren)	0	\$2,001.66	0	\$2,183.54	0	\$2,163.33	0	\$1,850.98
Employee + Family	5	\$3,083.64	5	\$3,363.83	5	\$3,332.70	5	\$2,851.51
Estimated Monthly Premium	\$18,664.14		\$20,360.02		\$20,171.61		\$17,259.14	
Estimated Annual Premium	\$223,969.68		\$244,320.24		\$242,059.32		\$207,109.68	
% Change From Current	N/A		9.09%		-0.93%		-14.44%	
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Village of Poplar Grove

Major Medical Plan Comparison

July 1st, 2026 - Renewal

Group Quoted As:	Current Blue Cross Blue Shield		Renewal Blue Cross Blue Shield		Alternative 3 Blue Cross Blue Shield		
	Plan 1 - P503PPO (PPO)		Plan 1 - P503PPO (PPO)		P5N1OPT (PPO)		
Plan Details	In-Network	Out-of-Network	In-Network	Out-of-Network	BCO-Network	PPO-Network	Out-of-Network
Office Visits							
OV - Primary/Spec	\$35/ \$70	Ded + 50%	\$35/ \$70	Ded + 50%	\$20/\$40	\$35/\$70	Ded + 50%
Urgent Care	\$70	Ded + 50%	\$70	Ded + 50%	\$75	\$75	Ded + 50%
Virtual Visits/Telahealth	\$35	NA	\$35	NA	\$20	NA	NA
Deductible							
Individual	\$350	\$700	\$350	\$700	\$350	\$850	\$1,700
Family	\$1,050	\$2,100	\$1,050	\$2,100	\$1,050	\$2,550	\$7,650
Coinsurance	80%	50%	80%	50%	90%	70%	50%
OOP Max (Including Ded)							
Individual Med OPX	\$1,750	Unlimited	\$1,750	Unlimited	\$2,500	\$7,000	Unlimited
Family Med OPX	\$5,250	Unlimited	\$5,250	Unlimited	\$7,500	\$18,400	Unlimited
In-Patient/Out-Patient Svcs							
Inpatient Hospital Admission	\$200+ Ded +20%	\$300+ Ded +50%	\$200+ Ded +20%	\$300+ Ded +50%	\$150+ Ded+10%	\$450+ Ded+30%	\$550+ Ded+50%
Outpatient Hospital Services	\$150+ Ded + 20%	\$250+ Ded + 50%	\$150+ Ded + 20%	\$250+ Ded + 50%	\$100+ Ded + 10%	\$300+ Ded + 30%	\$400+ Ded + 50%
X-Rays, Lab Work	Ded + 20%	Ded + 50%	Ded + 20%	Ded + 50%	Ded + 10%	Ded + 30%	Ded + 50%
CT/PET Scans, MRI	Ded + 20%	Ded + 50%	Ded + 20%	Ded + 50%	Ded + 10%	Ded + 30%	Ded + 50%
Emergency Room	\$400 + Ded + 20%		\$400 + Ded + 20%		Ded + 10%	Ded + 30%	Ded + 50%
						\$200 + Ded + 10%	
Prescription Drugs							
Rx Tiers (Specialty)	\$5/\$15/\$45/\$85 (\$250/ \$350)	See SPD	\$5/\$15/\$45/\$85 (\$250/ \$350)	See SPD	\$15/\$25/\$60/\$110 (\$350/\$450)		See SPD
Network Name	Blue PPO Javon Bea, UW Swedes, OSF, Beloit Memorial		Blue PPO Javon Bea, UW Swedes, OSF, Beloit Memorial		Blue Choice Options UW Swedes,OSF	Blue PPO Javon Bea, UW Swedes, OSF, Beloit Memorial	
Hospitals							
Rate Tiers	Composite Rates		Composite Rates		Composite Rates		
Employee	3	\$1,081.98	3	\$1,180.29	3	\$1,006.47	
Employee + Spouse	0	\$2,163.96	0	\$2,360.58	0	\$2,012.94	
Employee + Child(ren)	0	\$2,001.66	0	\$2,183.54	0	\$1,861.97	
Employee + Family	5	\$3,083.64	5	\$3,363.83	5	\$2,868.44	
Estimated Monthly Premium	\$18,664.14		\$20,360.02		\$17,361.61		
Estimated Annual Premium	\$223,969.68		\$244,320.24		\$208,339.32		
% Change From Current	N/A		9.09%		-14.73%		
Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only, see certificate or SBC for more details.	Carrier Notes:		Carrier Notes:		Carrier Notes:		



Village of Poplar Grove

Dental Plan Analysis

July 1st, 2026 - Renewal

	Current Humana		Renewal Humana		Option 1 Blue Cross Blue Shield		Option 2 Delta Dental			Option 3 Delta Dental		
	IL TRP O2K UC 19		IL TRP O2K UC 19		DILHR32 Contributory		Ascent			Ascent		
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Delta PPO	Delta Premier	Out-of-Network	Delta PPO	Delta Premier	Out-of-Network
Annual Deductible												
Single/Family	\$50/ \$150	\$50/ \$150	\$50/ \$150	\$50/ \$150	\$50/ \$150	\$50/ \$150	\$50/ \$150	\$50/ \$150	\$50/ \$150	\$50/ \$150	\$50/ \$150	\$50/ \$150
Annual Plan Max.	\$2,000		\$2,000		\$2,000		\$2,000			\$2,000		
Includes Rollover/Carryover?	Yes, 30% Extended Annual Max		Yes, 30% Extended Annual Max		No		No			Yes		
Benefits												
Type I - Prev. & Diagnostic	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Deductible Waived (Yes/No)	Yes		Yes		Yes		Yes			Yes		
Type II - Basic Service	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Type III - Major Services	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Type IV - Orthodontic Services	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia Lifetime Max	\$2,000		\$2,000		\$2,000		\$2,000			\$2,000		
Orthodontia Age Limit	Child & Adult		Child & Adult		Child & Adult		Child & Adult			Child & Adult		
Perio & Endo Benefits												
Perio - Non-Surg/Surg	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Endo - Non-Surg/Surg	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Waiting Periods	12 Months Major		12 Months Major		None		None			None		
Other Features							See notes regarding reimbursement method			See notes regarding reimbursement method		
Claims Reimbursements	Negotiated Fee	90%	Negotiated Fee	90%	Negotiated Fee	90%	Negotiated Fee	MPA***	MPA***	Negotiated Fee	MPA***	MPA***
Annual Open Enrollment Allowed?	Yes		Yes		Yes		Yes		Yes	Yes		Yes
Min. Participation Req.	50%		50%		>70% Participation		50% (min 2 enrollees)		50% (min 2 enrollees)	50% (min 2 enrollees)		50% (min 2 enrollees)
Network Name	Humana Traditional Preferred		Humana Traditional Preferred		BCBSIL Dental		Delta Dental			Delta Dental		
Network Website	www.humana.com		www.humana.com		www.bcbsil.com/find-care/find-a-dentist		www.deltadentalil.com			www.deltadentalil.com		
Rate Guarantee	7/1/2026		7/1/2027		7/1/2027		7/1/2027			7/1/2027		
Rates	Counts	4-Tier Rates	4-Tier Rates	w/RR	4-Tier Rates	2-Tier Rates	3-Tier Rates	2-Tier Rates	3-Tier Rates	2-Tier Rates	3-Tier Rates	3-Tier Rates
EE	3	\$48.44	\$54.32	\$51.73	\$44.18	\$38.02	\$38.02	\$52.30	\$52.30	\$52.30	\$52.30	\$52.30
EESP	0	\$96.89	\$108.64	\$103.46	\$88.36	\$114.87	\$107.64	\$107.64	\$107.64	\$146.68	\$107.64	\$107.64
EECH (Delta = 1 child)	0	\$135.73	\$150.72	\$143.53	\$108.24	\$114.87	\$79.10	\$146.68	\$107.64	\$146.68	\$107.64	\$107.64
FAM	5	\$187.42	\$208.28	\$198.35	\$174.51	\$114.87	\$133.29	\$146.68	\$166.79	\$146.68	\$166.79	\$166.79
Estimated Monthly Premium		\$1,082.42	\$1,204.36	\$1,146.91	\$1,005.09	\$688.41	\$780.51	\$890.30	\$990.85	\$890.30	\$990.85	\$990.85
Estimated Annual Premium		\$12,989.04	\$14,452.32	\$13,762.94	\$12,061.08	\$8,260.92	\$9,366.12	\$10,683.60	\$11,890.20	\$10,683.60	\$11,890.20	\$11,890.20
% Change From Current		N/A	11.3%	6.0%	-7.1%	-36.4%	-27.9%	-17.7%	-8.5%	-17.7%	-8.5%	-8.5%
Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only, see carrier certificate for more details.	Carrier Notes:	Carrier Notes: Rate Relief is a projection. Revised renewal waiting for confirmation of Renewing. Amelia Seith is our contact.		Carrier Notes: Implants are covered at the same percentage as prosthodontics.	*** Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's MPA. **** Non-Network (non-Delta Dental PPO/Non-Delta Dental Premier) dentist reimbursement is based on the lesser of the submitted fee or the Delta Dental Premier MPA.	*** Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's MPA. **** Non-Network (non-Delta Dental PPO/Non-Delta Dental Premier) dentist reimbursement is based on the lesser of the submitted fee or the Delta Dental Premier MPA.			*** Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's MPA. **** Non-Network (non-Delta Dental PPO/Non-Delta Dental Premier) dentist reimbursement is based on the lesser of the submitted fee or the Delta Dental Premier MPA.			



Village of Poplar Grove

Vision Plan Analysis

July 1st, 2026 - Renewal

	Current Humana Vision 130		Renewal Humana Vision 130		Option 1 Blue Cross Blue Shield Vision Plan 8		Option 2 Delta Dental Vision	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Overview of Benefits								
Exam Copay	\$10	See Below	\$10	See Below	\$10	See Below	\$10	See Below
Material Copay	\$15	See Below	\$15	See Below	\$25	See Below	\$25	See Below
Frequency (months)	12/12/12		12/12/12		12/12/12		12/12/12	
Exam/Lenses/Contacts	24		24		24		24	
Benefit Allowances								
Exams	100% After Copay	Up to \$30	100% After Copay	Up to \$30	100% After Copay	Up to \$30	100% After Copay	Up to \$35
Frames	Up to \$130+ 20% off balance over \$130	Up to \$65	Up to \$130+ 20% off balance over \$130	Up to \$65	Up to \$130+ 20% off balance over \$130	Up to \$65	Up to \$130+ 20% off balance over \$130	Up to \$65
Single Vision Lenses	100% After Copay	Up to \$25	100% After Copay	Up to \$25	100% After Copay	Up to \$25	100% After Copay	Up to \$25
Bifocal Lenses	100% After Copay	Up to \$40	100% After Copay	Up to \$40	100% After Copay	Up to \$40	100% After Copay	Up to \$40
Trifocal Lenses	100% After Copay	Up to \$60	100% After Copay	Up to \$60	100% After Copay	Up to \$55	100% After Copay	Up to \$55
Contacts - Necessary	100% After Copay	Up to \$200	100% After Copay	Up to \$200	100% After Copay	Up to \$210	100% After Copay	Up to \$200
Contacts - Elective	Up to \$130	Up to \$104	Up to \$130	Up to \$104	Up to \$130	Up to \$104	Up to \$130	Up to \$104
Other Features								
Annual Open Enrollment Allowed?	Yes		Yes		Yes		Yes	
Network Name	Humana Insight		Humana Insight		EyeMed		EyeMed	
Network Website	www.humana.com		www.humana.com		www.bcbsil.com/find-care/find-a-vision-provider		eyedoclocator.eyemedvisioncare.com/dil/en-us	
Minimum Participation	50% of Eligible EEs		50% of Eligible EEs		50% of Eligible EEs		50% (min 2 enrollees)	
Rate Guarantee	Renews 07/01/2025		1 year		1 year		1 year	
Rates	Counts	4-Tier Rates	4-Tier Rates	4-Tier Rates	4-Tier Rates	2-Tier Rates	3-Tier Rates	
EE	3	\$6.60	\$6.86	\$7.60	\$6.97	\$6.97		
EESP	0	\$13.19	\$13.72	\$14.44	\$17.42	\$13.60		
EECH (Delta = 1 child)	0	\$14.03	\$14.53	\$15.20	\$17.42	\$13.60		
FAM	5	\$21.20	\$21.98	\$22.35	\$17.42	\$20.39		
Estimated Monthly Premium		\$125.80	\$130.48	\$134.55	\$108.01	\$122.86		
Estimated Annual Premium		\$1,509.60	\$1,565.76	\$1,614.60	\$1,296.12	\$1,474.32		
% Change From Current			3.7%	7.0%	-14.1%	-2.3%		
Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only, see certificate for more details.	Carrier Notes:		Carrier Notes:		Carrier Notes:		Carrier Notes:	



Broker Disclosures

You are a valued client, and we take pride in providing you with exceptional service. As an independent insurance broker, we offer you superior service and competitive pricing by searching for and identifying the coverage from the insurer that best meets your needs.

Marketing Disclaimer: The rates illustrated on this analysis may not match your new bill from the carrier due to the timing of age changes, new hires, birth, death, and terminations, etc. Your renewal is being processed by the carrier at least 3-4 months prior to renewal. At the same time, we are requesting the census update from you, and census changes happen. This is a snapshot of the information we have at the time of our analysis.

Commission: Our firm does not charge a fee for placing your policy. We are paid a commission by the insurer that is part of, not added to, your premiums. The amount of commission earned is according to the standard commission schedule established by each insurer.

Client Consulting Fees: Our firm does not charge you any fees for placement of your policy or for any additional professional services. We are compensated entirely by the insurer in the manner generally described above.

Scope of Services: Our firm works with a number of competing insurers, and we will attempt to obtain quotes from the insurers that we believe to be suitable based on the preferences and needs that you have communicated to us. We cannot obtain quotes from all insurers with products suiting your needs. We will attempt to answer any questions you have regarding the quotes, insurers or policies that we obtain. However, you make the final decision on which insurance product and coverage amount you purchase.

Additional Information: For more information, specific details or answers to any questions about our services, fees or compensation, please contact us at 815.965.6700 or info.10247@trucordia.com.

Thank you for choosing us to assist you with your insurance needs. We value your trust and appreciate your business. Please let us know if there is anything we can do to serve you better.

Broadmoor Agency is now Trucordia. PCF has rebranding under the name Trucordia. Please note, you may see both names on your policy information. We are excited to be a part of this growing organization and offer even more services to support your needs.