

# CITY of ROCHELLE

Coverage: January 1 - December 31, 2024

**HEALTH INSURANCE:** BCBS OF IL (IPBC Rate Changes will be 1/1/2024)

	<b>600 PPO</b>	<b>HDHP PPO</b>
Total Monthly cost of Employee-Only	\$865.45	\$760.90
Total Monthly cost of Family	\$2,219.45	\$1,951.34

**HSA** City Contributions:  
2 years ONLY

\*Year 1: \$2,000 Single  
\*Year 1: \$3,500 Family  
\*Year 2: \$1,000 Single  
\*Year 2: \$2,800 Family

\*Have to be on plan year both years to receive Year 1&2 - Join plan Year 2, do not receive YR 1 contributions.

**Bi-Monthly (24) employee-paid premiums**

(Two months the 3rd check will not have a deduction.)

**Non-Union EMPLOYEE HIRED BEFORE 1/1/2018**

<b><u>TIER 1</u></b>		MONTHLY	<b><u>BI-MONTHLY</u></b>
The premium cost is shared:	*16% Employee Monthly	\$138.47	<b>\$69.24</b>
	*19% Family Monthly	\$421.70	<b>\$210.85</b>
		MONTHLY	<b><u>BI-MONTHLY</u></b>
	<b>HDHP - Emp</b>	\$121.74	<b>\$60.87</b>
	<b>HDHP - Fam</b>	\$370.75	<b>\$185.38</b>

**NEW EMPLOYEE AFTER 1/1/2018 - \*See union contracts for correct tier**

<b><u>TIER 2</u></b>		MONTHLY	<b><u>BI-MONTHLY</u></b>
The premium cost is shared:	20% Employee Monthly	\$173.09	<b>\$86.55</b>
	25% Family Monthly	\$554.86	<b>\$277.43</b>
		MONTHLY	<b><u>BI-MONTHLY</u></b>
	<b>HDHP - Emp</b>	\$152.18	<b>\$76.09</b>
	<b>HDHP - Fam</b>	\$487.84	<b>\$243.92</b>

**UNION - Per Union Contract - Effective 1/1/2021 \* See union contracts for correct tier**

<b><u>TIER 3</u></b>		MONTHLY	<b><u>BI-MONTHLY</u></b>
The premium cost is shared:	*18% Employee Monthly	\$155.78	<b>\$77.89</b>
	*20% Family Monthly	\$443.89	<b>\$221.95</b>
		MONTHLY	<b><u>BI-MONTHLY</u></b>
	<b>HDHP - Emp</b>	\$136.96	<b>\$68.48</b>
	<b>HDHP - Fam</b>	\$390.27	<b>\$195.13</b>

**DENTAL INSURANCE: UNUM \*\*RATE CHANGES FOR 2024**

Voluntary Benefit, all premiums are paid by employee

Two (2) Options: High Plan or Low Plan  
Monthly Cost paid on bi-monthly (24) basis

<b>HIGH PLAN**</b>	<b>Employee</b>	<b>Family</b>	<b>LOW PLAN**</b>	<b>Employee</b>	<b>Family</b>
Monthly	\$46.28	\$143.14	Monthly	\$40.18	\$110.31
<b>Bi-Monthly</b>	<b>\$23.14</b>	<b>\$71.57</b>	<b>Bi-Monthly</b>	<b>\$20.09</b>	<b>\$55.16</b>

**VISION INSURANCE: VSP \*\*NO RATE CHANGES FOR 2024**

Voluntary Benefit, all premiums are paid by employee

		<u>Monthly Cost paid on bi-weekly (24) basis</u>	
Employee	\$6.42 Monthly	<b>Bi-Monthly</b>	<b>\$3.21</b>
Family	\$13.80 Monthly	<b>Bi-Monthly</b>	<b>\$6.90</b>