

2026 Retiree Monthly Health and Dental Contributions

RETIRES: <65 NON -MEDICARE ELIGIBLE WITH 15 PLUS YEARS OF SERVICE

Medical & Vision

	Retiree Contribution (90%)	Kane County Contribution (10%)	2026 TOTAL PREMIUM RATE
<u>PPO</u>			
Retiree	\$1,117.46	\$124.16	\$1,241.62
Retiree + 1 Child	\$2,200.18	\$244.46	\$2,444.64
Retiree + Spouse	\$2,200.18	\$244.46	\$2,444.64
Family	\$3,387.80	\$376.42	\$3,764.22
<u>HMO-IL</u>			
Retiree	\$726.24	\$80.69	\$806.93
Retiree + 1 Child	\$1,420.07	\$157.79	\$1,577.85
Retiree + Spouse	\$1,420.07	\$157.79	\$1,577.85
Family	\$2,178.57	\$242.06	\$2,420.63
<u>HMO-BA</u>			
Retiree	\$678.29	\$75.37	\$753.65
Retiree + 1 Child	\$1,323.92	\$147.10	\$1,471.02
Retiree + Spouse	\$1,323.92	\$147.10	\$1,471.02
Family	\$2,029.36	\$225.48	\$2,254.84
<u>Dental PPO</u>			
Single	\$33.32	\$3.70	\$37.02
Family	\$88.17	\$9.80	\$97.97

2026 Retiree Monthly Health and Dental Contributions

**RETIREEES: <65 NON-MEDICARE ELIGIBLE WITH LESS THAN 15
YEARS OF SERVICE**

Medical & Vision

PPO	Full Rate
Retiree	\$1,241.62
Retiree +1 Child	\$2,444.64
Retiree + Spouse	\$2,444.64
Family	\$3,764.22
HMO-IL	Full Rate
Retiree	\$806.93
Retiree +1 Child	\$1,577.85
Retiree + Spouse	\$1,577.85
Family	\$2,420.63
HMO-BA	Full Rate
Retiree	\$753.65
Retiree +1 Child	\$1,471.02
Retiree + Spouse	\$1,471.02
Family	\$2,254.84
Dental PPO	Full Rate
Single	\$37.02
Family	\$97.97

**RETIREEES: MEDICARE ELIGIBLE / DISABLED EMPLOYEES
PARTICIPATING IN PPO MEDICARE SUPPLEMENT PLAN***

PPO - 65+	2026 Retiree Contribution
Retiree	\$355.65
Retiree + Spouse	\$711.30

*The Humana Medicare Advantage PPO plan is for medical and prescriptions only.