

**VILLAGE OF OAK LAWN
MONTHLY INSURANCE CONTRIBUTION BREAKDOWN BY CARRIER**

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

ACTIVE EMPLOYEES (MAP#309 / FOP / MAP #351 / L150 / L150 Crew Chief & Non-Union)

(Village = 85% of BASE PLAN / Employee = 15%)

BASE PLAN BCBS BLUE ADVANTAGE	Coverage		
	Single	Couple	Family
Employee's Contribution	\$ 127.08	\$ 260.86	\$ 381.54
Village's Contribution	\$ 720.11	\$ 1,478.28	\$ 2,162.08
Total Monthly Premium	\$ 847.19	\$ 1,739.15	\$ 2,543.62

BCBS HMO-IL	Coverage		
	Single	Couple	Family
Employee's Contribution	\$ 153.28	\$ 314.62	\$ 460.18
Village's Contribution	\$ 720.11	\$ 1,478.28	\$ 2,162.08
Total Monthly Premium	\$ 873.39	\$ 1,792.91	\$ 2,622.27

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
Employee's Contribution	\$ 7.54	\$ 12.62	\$ 18.94
Village's Contribution	\$ 37.11	\$ 76.42	\$ 133.14
Total Monthly Premium	\$ 44.65	\$ 89.04	\$ 152.08

EYEMED	
Employee's Contribution	\$ 1.50
Village's Contribution	\$ 11.39
Total Monthly Premium	\$ 12.89

Updated 09/20/2025

For the per pay period premium amount, divide the employee contribution amount by 2.

**VILLAGE OF OAK LAWN
MONTHLY INSURANCE CONTRIBUTION BREAKDOWN BY CARRIER**

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

ACTIVE EMPLOYEES - 3405 & 3405 Officers Based on CBA Ending 12/31/2025

(Village = 90% of BASE PLAN / Employee = 10%)

BASE PLAN BCBS BLUE ADVANTAGE	Coverage		
	Single	Couple	Family
Employee's Contribution	\$ 84.72	\$ 173.90	\$ 254.36
Village's Contribution	\$ 762.47	\$ 1,565.24	\$ 2,289.26
Total Monthly Premium	\$ 847.19	\$ 1,739.15	\$ 2,543.62

BCBS HMO-IL	Coverage		
	Single	Couple	Family
Employee's Contribution	\$ 110.92	\$ 227.66	\$ 333.00
Village's Contribution	\$ 762.47	\$ 1,565.24	\$ 2,289.26
Total Monthly Premium	\$ 873.39	\$ 1,792.91	\$ 2,622.27

BCBS BCO PPO	Coverage		
	Single	Couple	Family
Employee's Contribution	\$ 220.28	\$ 452.16	\$ 661.29
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
Employee's Contribution	\$ 7.54	\$ 12.62	\$ 18.94
Village's Contribution	\$ 37.11	\$ 76.42	\$ 133.14
Total Monthly Premium	\$ 44.65	\$ 89.04	\$ 152.08

EYEMED	
Employee's Contribution	\$ 1.50
Village's Contribution	\$ 11.39
Total Monthly Premium	\$ 12.89

Updated 09/20/2025

For the per pay period premium amount, divide the employee contribution amount by 2.