

## DuPage County 2023 Monthly Rates and Employee Contributions

<b>MEDICAL</b>							
<b>Monthly HMO BA</b>	<b>Gross Costs</b>	<b>Employee Contributions</b>	<b>Employer Net Cost</b>	<b>Monthly PPO 1</b>	<b>Gross Costs*</b>	<b>Employee Contributions</b>	<b>Employer Net Cost</b>
Employee	\$703.85	\$125.60	\$578.25	Employee	\$1,663.91	\$274.90	\$1,389.01
Employee+Spouse	\$1,309.16	\$278.35	\$1,030.81	Employee+Spouse	\$3,577.40	\$812.32	\$2,765.08
Employee+Children	\$1,393.62	\$294.87	\$1,098.75	Employee+Children	\$3,427.65	\$779.19	\$2,648.46
Employee+Family	\$1,963.74	\$406.34	\$1,557.40	Employee+Family	\$5,307.86	\$1,195.05	\$4,112.81
<i>*Includes DPCC Rx claims</i>							
<b>Monthly Blue Choice PPO</b>	<b>Gross Costs</b>	<b>Employee Contributions</b>	<b>Employer Net Cost</b>	<b>Monthly PPO HSA</b>	<b>Gross Costs</b>	<b>Employee Contributions</b>	<b>Employer Net Cost</b>
Employee	\$1,480.88	\$260.67	\$1,220.21	Employee	\$1,414.32	\$226.11	\$1,188.21
Employee+Spouse	\$3,183.89	\$767.96	\$2,415.93	Employee+Spouse	\$3,040.79	\$572.06	\$2,468.73
Employee+Children	\$3,050.61	\$736.70	\$2,313.91	Employee+Children	\$2,913.50	\$549.00	\$2,364.50
Employee+Family	\$4,724.00	\$1,129.24	\$3,594.76	Employee+Family	\$4,511.69	\$838.58	\$3,673.11
<b>MEDICAL - COBRA RATES (Includes 2% Administrative Fee) Monthly</b>							
	<b>HMO BA</b>		<b>Blue Choice PPO</b>		<b>PPO 1</b>		<b>PPO HSA</b>
Employee	\$717.93		\$1,510.50		\$1,697.19		\$1,442.61
Employee+Spouse	\$1,335.35		\$3,247.56		\$3,648.95		\$3,101.61
Employee+Children	\$1,421.50		\$3,111.62		\$3,496.20		\$2,971.77
Employee+Family	\$2,003.02		\$4,818.48		\$5,414.02		\$4,601.92
<b>DENTAL and VISION Monthly</b>							
<b>DENTAL- Monthly</b>	<b>Gross Costs</b>	<b>Employee Contributions</b>	<b>Employer Net Cost</b>	<b>VISION - Monthly</b>	<b>Gross Costs</b>	<b>Employee Contributions</b>	<b>Employer Net Cost</b>
Employee	\$36.69	\$18.18	\$18.51	Employee	\$4.33	\$4.33	\$0.00
Employee+Family	\$100.86	\$50.27	\$50.59	Employee+Family	\$10.36	\$10.36	\$0.00
<b>DENTAL and VISION - COBRA RATES (Includes 2% Administrative Fee) Monthly</b>							
<b>DENTAL - Monthly</b>				<b>VISION - Monthly</b>			
Employee	\$37.42			Employee	\$4.42		
Employee+Family	\$102.88			Employee+Family	\$10.57		
<b>OTHER: SURCHARGES and OPT-OUT BONUS</b>							
<b>SURCHARGES</b>				<b>OPT-OUT BONUS</b>			
Spousal	\$100 per month			Medical	\$50 per month		
Tobacco	\$75 per month						

Disclaimers and Disclosures:

This is a general outline of covered benefits and does not include all the benefits, limitations, and exclusions of the benefit programs. If there are any discrepancies between the illustrations contained herein and the benefit proposals or official benefit plan documents, the benefit proposals or official benefit plan documents prevail. See the official benefit plan documents for a full list of exclusions. Actual monthly and annual premium amounts may vary due to fluctuations in the enrollment counts and/or ages of covered persons over the previous and next year.

This analysis is for illustrative purposes only, and is not a guarantee of future expenses. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases and more. Retention and Pooling Charges are based on most recent carrier renewal and are subject to change.

HIPAA Privacy Rule Disclosure:

This report may contain Protected Health Information (PHI). The Privacy Rule requires that we limit the disclosure of PHI to your plan administration "workforce." Marsh & McLennan Agency relies on your discretion to ensure this information is only being shared with your "workforce" and will be safeguarded in the manner required by The Rule.