



Forest Preserve District of Will County Employees Hired On or After 1/1/2018 Rates

Medical Plan HMO Blue Advantage

Monthly Premium Rates	Total Cost	FPDWC Cost	Employee Cost
Employee Only	\$962.00	\$769.60	\$192.40
Employee & Spouse	\$1,965.00	\$1,572.00	\$393.00
Employee & Child(ren)	\$1,691.00	\$1,352.80	\$338.20
Family	\$2,711.00	\$2,168.80	\$542.20

Medical Plan PPO HDHP 3400

Monthly Premium Rates	Total Cost	FPDWC Cost	Employee Cost
Employee Only	\$920.00	\$736.00	\$184.00
Employee & Spouse	\$1,881.00	\$1,504.80	\$376.20
Employee & Child(ren)	\$1,623.00	\$1,298.40	\$324.60
Family	\$2,584.00	\$2,067.20	\$516.80

Dental Low Plan

Monthly Premium Rates	Total Cost	FPDWC Cost	Employee Cost
Employee Only	\$57.00	\$45.60	\$11.40
Employee & Spouse	\$97.00	\$77.60	\$19.40
Employee & Child(ren)	\$98.00	\$78.40	\$19.60
Family	\$143.00	\$114.40	\$28.60

Vision

Monthly Premium Rates	Total Cost	FPDWC Cost	Employee Cost
Employee Only	\$5.77	\$4.62	\$1.15
Employee & Spouse	\$11.01	\$8.81	\$2.20
Employee & Child(ren)	\$11.69	\$9.35	\$2.34
Family	\$17.18	\$13.74	\$3.44



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Voluntary Life/AD&D

Employee Age	Employee /Spouse Monthly Rates per \$1,000 of Coverage
<25	\$0.055
25-29	\$0.065
30-34	\$0.080
35-39	\$0.095
40-44	\$0.120
45-49	\$0.180
50-54	\$0.275
55-59	\$0.455
60-64	\$0.780
65-69	\$1.270
70-74	\$2.300
75-79	\$3.720
80+	\$3.720
AD&D (all ages)	\$0.030
Child(ren) Life	\$0.200
Child(ren) AD&D	\$0.030