



Forest Preserve District of Will County Employees Hired Prior to 1/1/2018 Rates

Medical Plan HMO Blue Advantage

Monthly Premium Rates	Total Cost	FPDWC Cost	Employee Cost
Employee Only	\$962.00	\$865.80	\$96.20
Employee & Spouse	\$1,965.00	\$1,768.50	\$196.50
Employee & Child(ren)	\$1,691.00	\$1,521.90	\$169.10
Family	\$2,711.00	\$2,439.90	\$271.10

Medical Plan PPO HDHP 3400

Monthly Premium Rates	Total Cost	FPDWC Cost	Employee Cost
Employee Only	\$920.00	\$828.00	\$92.00
Employee & Spouse	\$1,881.00	\$1,692.90	\$188.10
Employee & Child(ren)	\$1,623.00	\$1,460.70	\$162.30
Family	\$2,584.00	\$2,325.60	\$258.40

Dental Low Plan

Monthly Premium Rates	Total Cost	FPDWC Cost	Employee Cost
Employee Only	\$57.00	\$51.30	\$5.70
Employee & Spouse	\$97.00	\$87.30	\$9.70
Employee & Child(ren)	\$98.00	\$88.20	\$9.80
Family	\$143.00	\$128.70	\$14.30

Vision

Monthly Premium Rates	Total Cost	FPDWC Cost	Employee Cost
Employee Only	\$5.77	\$5.19	\$0.58
Employee & Spouse	\$11.01	\$9.91	\$1.10
Employee & Child(ren)	\$11.69	\$10.52	\$1.17
Family	\$17.18	\$15.46	\$1.72



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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