

Insurance Premiums

County of Kankakee

COBRA Participants

January 1, 2026 - December 31, 2026

Option 1 MIBCO2055 \$4,250(S)/\$10,500(F) deductible	<u>SINGLE</u>	<u>EMP + Spouse</u>	<u>EMP + Child(ren)</u>	<u>FAMILY</u>
Total cost per former employee per month:	\$910.63	\$1,912.31	\$1,566.26	\$2,750.08

Option 2 (HSA) MICOE3013 (Health Savings Account) \$6,000(S)/\$12,000(F) deductible	<u>SINGLE</u>	<u>EMP + Spouse</u>	<u>EMP + Child(ren)</u>	<u>FAMILY</u>
Total cost per former employee per month:	\$751.80	\$1,578.76	\$1,293.08	\$2,270.41

Option 3 (BCO) MIBCO5005 \$2,000(S)/\$8,000(F) deductible	<u>SINGLE</u>	<u>EMP + Spouse</u>	<u>EMP + Child(ren)</u>	<u>FAMILY</u>
Total cost per former employee per month:	\$986.91	\$2,072.50	\$1,697.47	\$2,980.46

Delta Dental	<u>SINGLE</u>	<u>EMP + Spouse</u>	<u>EMP + Child(ren)</u>	<u>FAMILY</u>
Total cost per former employee per month:	\$26.52	\$52.02	\$63.24	\$103.02

BCBS Vision	<u>SINGLE</u>	<u>EMP + Spouse</u>	<u>EMP + Child(ren)</u>	<u>FAMILY</u>
Total cost per former employee per month:	\$6.93	\$13.16	\$13.85	\$20.36