

Monthly Contributions

The State shares the cost of health coverage with you. While the State covers the majority of the cost, you must make monthly contributions determined by your annual salary. The following charts outline monthly contribution rates for full-time members. Part-time members are required to pay a percentage of the State's portion of the monthly contribution in addition to their own. Special rules apply for non-IRS dependents (see MyBenefits.illinois.gov for more information).

Employee Annual Salary	Aetna HMO	Blue Advantage HMO	Health Alliance HMO	HMO Illinois	Aetna OAP	BCBSIL* OAP	HealthLink OAP	CDHP*	QCHP*
\$0 to \$30,200	\$107	\$83	\$107	\$87	\$101	\$101	\$114	\$85	\$120
\$30,201 - \$45,600	\$126	\$102	\$126	\$106	\$120	\$120	\$133	\$104	\$139
\$45,601 - \$60,700	\$145	\$121	\$145	\$125	\$139	\$139	\$152	\$123	\$157
\$60,701 - \$75,900	\$163	\$139	\$163	\$143	\$157	\$157	\$170	\$141	\$176
\$75,901 - \$100,000	\$182	\$158	\$182	\$162	\$176	\$176	\$189	\$160	\$195
\$100,001 - \$125,000	\$235	\$211	\$235	\$215	\$229	\$229	\$242	\$213	\$248
\$125,001 & Over	\$268	\$244	\$268	\$248	\$262	\$262	\$275	\$246	\$281

Members who retire, accept a salary reduction, or return to State employment at a different salary may have their monthly contribution adjusted based upon the new salary. This applies to members who return to work after having a 10-day or greater break in State service after terminating employment. This does not apply to members who have a break in coverage due to a leave of absence.

Dependent Monthly Health Plan Contributions

In addition to monthly contributions for their own health coverage, members must make additional monthly contributions for dependents they cover. Dependents must be enrolled in the same plan as the member. The Medicare dependent monthly contribution applies only if Medicare is primary for both Parts A and B.

Number of Dependents	Aetna HMO	Blue Advantage HMO	Health Alliance HMO	HMO Illinois	Aetna OAP	BCBSIL* OAP	HealthLink OAP	CDHP*	QCHP*
1 Dependent	\$177	\$141	\$177	\$145	\$168	\$168	\$185	\$153	\$272
2+ Dependents	\$222	\$177	\$223	\$184	\$213	\$213	\$238	\$197	\$310
1 Medicare A & B Primary Dependent	\$154	\$120	\$153	\$124	\$145	\$145	\$161	\$130	\$165
2+ Medicare A & B Primary Dependents	\$196	\$155	\$197	\$161	\$187	\$187	\$208	\$171	\$226

DISCLAIMER

Retiree, annuitant, and survivor contributions for all health plan options will be in accordance with the levels set forth above in FY22. For future years, the State reserves the right to designate the plan options which constitute the basic program of health benefits and to require additional contributions in accordance with the law for any optional coverage elected by an annuitant, retiree, or survivor.

*BCBSIL OAP = Blue Cross Blue Shield of Illinois

CDHP = Consumer Driven Health Plan

QCHP = Quality Care Health Plan