

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