



CITY OF LAKE FOREST

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2025 Benefits Open Enrollment – Retirees under 65 BCBS Health Insurance, Delta Dental, and VSP Vision

Section A: Retiree Information

Name: _____

Address: _____

Phone (primary): _____ (type) _____

Phone (secondary): _____ (type) _____

Personal E-Mail Address: (primary): _____

Personal E-Mail Address: (secondary): _____

Section B: Enrollment Agreement & Payroll Deduction Authorization

I acknowledge that the information included represents my enrollment choices. I understand that by signing this form I am authorizing the contributions for the coverage(s) selected. I further understand that my elections cannot be changed until a future open enrollment period.

Signature: _____ Date: _____

Section C: Health Insurance - BCBS

Check the box indicating your elections for each benefit, including any waivers of benefits

PPO - HDHP w/ HSA	PPO	HMO
<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee Only
<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Spouse
<input type="checkbox"/> Employee + Children	<input type="checkbox"/> Employee + Children	<input type="checkbox"/> Employee + Child
<input type="checkbox"/> Family	<input type="checkbox"/> Family	<input type="checkbox"/> Family

Waive Health Insurance Coverage

2025 BCBS Medical Insurance Premiums:

Coverage Tier	PPO - HDHP w/ HSA		PPO		HMO	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
Employee Only	\$875.55	\$10,506.60	\$928.11	\$11,137.32	\$715.74	\$8,588.88
Employee + Spouse	\$1,926.21	\$23,114.52	\$2,041.85	\$24,502.20	\$1,574.63	\$18,895.56
Employee + Children	\$1,663.54	\$19,962.48	\$1,763.41	\$21,160.92	\$1,359.91	\$16,318.92
Family	\$2,736.34	\$32,836.08	\$2,900.61	\$34,807.32	\$2,236.89	\$26,842.68

2024 PBA Medical Insurance Premiums:

Coverage Tier	PBA Choice		PBA Basic	
	Monthly	Annual	Monthly	Annual
Employee Only	\$991.75	\$11,901.00	\$696.69	\$8,360.28
Family	\$2717.24	\$32,606.88	\$1,835.60	\$22,027.20

Section D: Dental Insurance – Delta Dental

Check the box indicating your elections for each benefit, including any waivers of benefits.

Delta Dental
<input type="checkbox"/> Employee Only
<input type="checkbox"/> Employee + Spouse
<input type="checkbox"/> Employee + Children
<input type="checkbox"/> Family
<input type="checkbox"/> Waive Dental Coverage

Delta Dental	Monthly	Annual
Employee Only	\$56.67	\$680.04
Employee + Spouse	\$124.68	\$1,496.16
Employee + Children	\$107.67	\$1,292.04
Family	\$220.95	\$2,651.40

PBA Dental 2024	Monthly	Annual
Employee Only	\$58.08	\$676.67
Family	\$180.46	\$2,102.38

Section E: Vision Insurance – VSP

Check the box indicating your elections for each benefit, including any waivers of benefits. Vision is now a separate election from Medical.

VSP
<input type="checkbox"/> Employee Only
<input type="checkbox"/> Employee + Spouse
<input type="checkbox"/> Employee + Children
<input type="checkbox"/> Family
<input type="checkbox"/> Waive Vision Coverage

Coverage Tier	Monthly	Annual
Employee Only	\$9.18	\$110.16
Employee + Spouse	\$18.35	\$220.20
Employee + Children	\$19.63	\$235.56
Family	\$31.35	\$376.20