2025
City of Rock Island
Insurance Premiums Pre-Tax Enrollment Form

Employee Name: _____
(Please Print)

BCBS of Illinois Medical PPO Plan

Premiums per period (26 per year):

_____ Employee	$97.52
_____ Employee/Spouse	$195.03
_____ Employee/Child	$183.28
_____ Family	$272.07
_____ Waive Medical Coverage	

Delta Dental of Illinois Plan

Low Plan ($1000 Maximum) Premiums per pay period:

_____ Employee	$13.26
_____ Employee/Spouse	$26.51
_____ Employee/Child	$32.74
_____ Family	$52.12

High Plan ($2000 Maximum) Premiums per pay period:

_____ Employee	$15.28
_____ Employee/Spouse	$30.56
_____ Employee/Child	$40.28
_____ Family	$61.41
_____ Waive Dental Coverage	

Avesis Vision Plan

Premiums per period (26 per year):

_____ Employee	$4.25
_____ Employee/Spouse	$8.15
_____ Employee/Child	$8.88
_____ Family	$11.44
_____ Waive Vision Coverage	

Note: These premiums will be taken out as pre-tax deductions on your paycheck. If you would like the deductions taken out on a post-tax basis, please check here: _____

Signature: _____ Date: _____

ROCK ISLAND
ILLINOIS