

## 2024-2025 Insurance Rates

DENTAL	BCBS Dental	<b>Monthly Billed Rates</b>		<b>High Plan Employee Pays Per Check</b>			<b>Low Plan Employee Pays Per Check</b>			
		<b>High</b>	<b>Low</b>	24 Pay Periods	20 Pay Periods	18 Pay Periods	24 Pay Periods	20 Pay Periods	18 Pay Periods	
		Employee Only	\$ 45.38	\$ 24.21	\$ 22.69	\$ 27.23	\$ 30.25	\$ 12.11	\$ 14.53	\$ 16.14
		Employee + One	\$ 86.02	\$ 47.08	\$ 43.01	\$ 51.61	\$ 57.35	\$ 23.54	\$ 28.25	\$ 31.39
	Employee + Family	\$ 133.86	\$ 85.22	\$ 66.93	\$ 80.32	\$ 89.24	\$ 42.61	\$ 51.13	\$ 56.81	
No change from last year.										

VISION	EyeMed	<b>Monthly Billed Rates</b>		<b>Employee Pays Per Check</b>				
		24 Pay Periods	20 Pay Periods	18 Pay Periods				
		Employee Only	\$ 7.75	\$ 4.65	\$ 5.17			
		Employee + Spouse	\$ 14.71	\$ 8.83	\$ 9.81			
	Employee+ Child (ren)	\$ 15.49	\$ 9.29	\$ 10.33				
	Employee+Family	\$ 22.77	\$ 13.66	\$ 15.18				
No change from last year AND rates locked in for 48 months!								

HEALTH	BCBS of IL	<b>Monthly Billed Rates</b> <i>(amounts below are BEFORE district benefit)</i>		<b>Option 1 PPO-HRA Employee Pays Per Check</b>			<b>Option 2 PPO-Health Savings Acct Employee Pays Per Check</b>			
		<b>Option 1 PPO-HRA</b>	<b>Option 2 PPO-H.S.A.</b>	24 Pay Periods	20 Pay Periods	18 Pay Periods	24 Pay Periods	20 Pay Periods	18 Pay Periods	
		Employee Only	\$ 949.41	\$ 821.09	\$ 99.70	\$ 119.64	\$ 132.94	\$ 35.55	\$ 42.65	\$ 47.39
		Employee + One	\$ 1,542.86	\$ 1,340.04	\$ 396.43	\$ 475.71	\$ 528.57	\$ 295.02	\$ 354.02	\$ 393.36
	Employee +Family	\$ 2,148.74	\$ 1,871.18	\$ 699.37	\$ 839.24	\$ 932.49	\$ 560.59	\$ 672.71	\$ 747.45	
District benefit is \$750.00 / month										

last updated  
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