

2023-2024 Insurance Rates

DENTAL	BCBS Dental	Monthly Billed Rates		High Pla
				24 Pay Periods
				\$ 22.69
				\$ 43.01
				\$ 66.93
		High	Low	
	Employee Only	\$ 45.38	\$ 24.21	
	Employee + One	\$ 86.02	\$ 47.08	
	Employee + Family	\$ 133.86	\$ 85.22	

VISION	EyeMed	Monthly Billed Rates		Employee
				24 Pay Periods
				\$ 3.88
				\$ 7.36
				\$ 11.39
	Employee Only	\$ 7.75		
	Employee + Spouse	\$ 14.71		
	Employee+ Child (ren)	\$ 15.49		
	Employee+Family	\$ 22.77		

HEALTH	BCBS of IL	Monthly Billed Rates		Opti
		(amounts below are BEFORE district benefit)		Empl
				24 Pay Periods
				\$ 75.81
				\$ 645.30
		Option 1 PPO-HRA	Option 2 PPO-H.S.A.	
	Employee Only	\$ 901.62	\$ 787.80	
	Employee + One	\$ 1,465.20	\$ 1,285.71	
	Employee +Family	\$ 2,040.59	\$ 1,795.31	

Emp Bene=\$750/mo towards premium

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High Plan Employee Pays Per Check		Low Plan Employee Pays Per Check		
20 Pay Periods	18 Pay Periods	24 Pay Periods	20 Pay Periods	18 Pay Periods
\$ 27.23	\$ 30.25	\$ 12.11	\$ 14.53	\$ 16.14
\$ 51.61	\$ 57.35	\$ 23.54	\$ 28.25	\$ 31.39
\$ 80.32	\$ 89.24	\$ 42.61	\$ 51.13	\$ 56.81

Medium Plan Employee Pays Per Check	
20 Pay Periods	18 Pay Periods
\$ 4.65	\$ 5.17
\$ 8.83	\$ 9.81
\$ 9.29	\$ 10.33
\$ 13.66	\$ 15.18

Option 1 PPO-HRA Employee Pays Per Check		Option 2 PPO-Health Savings Acct Employee Pays Per Check		
20 Pay Periods	18 Pay Periods	24 Pay Periods	20 Pay Periods	18 Pay Periods
\$ 90.97	\$ 101.08	\$ 18.90	\$ 22.68	\$ 25.20
\$ 429.12	\$ 476.80	\$ 267.86	\$ 321.43	\$ 357.14
\$ 774.35	\$ 860.39	\$ 522.66	\$ 627.19	\$ 696.87
(High Deductible Health Plan)				