Plan	Effective 09/01/2024	2024-2025 Monthly rate	% District Pays	District Monthly Share	District Share 24 Pays	% Employee Pays	Employee Monthly Share	Employee Share 24 Pays	100% Annual premium	District Share Annualized	Employee Share Annualized
PPO 750	Emp	$ 1,162.19	97.00%	$ 1,127.32	$ 563.66	3.00%	$ 34.87	$ 17.43	$ 13,946.28	$ 13,527.89	$ 418.39
	Emp + 1	$ 2,294.11	76.00%	$ 1,743.52	$ 871.76	24.00%	$ 550.59	$ 275.29	$ 27,529.32	$ 20,922.28	$ 6,607.04
	Family	$ 3,285.51	69.00%	$ 2,267.00	$ 1,133.50	31.00%	$ 1,018.51	$ 509.25	$ 39,426.12	$ 27,204.02	$ 12,222.10
PPO 1200	Emp	$ 1,028.55	96.9000%	$ 996.66	$ 498.33	3.10%	$ 31.89	$ 15.94	$ 12,342.60	$ 11,959.98	$ 382.62
	Emp + 1	$ 2,030.89	85.5000%	$ 1,736.41	$ 868.21	14.50%	$ 294.48	$ 147.24	$ 24,370.68	$ 20,836.93	$ 3,533.75
	Family	$ 2,908.50	78.5000%	$ 2,283.17	$ 1,141.59	21.50%	$ 625.33	$ 312.66	$ 34,902.00	$ 27,398.07	$ 7,503.93
HDHP PPO 1600	Emp	$ 1,071.63	97.0000%	$ 1,039.48	$ 519.74	3.00%	$ 32.15	$ 16.07	$ 12,859.56	$ 12,473.77	$ 385.79
	Emp + 1	$ 2,115.41	78.0000%	$ 1,650.02	$ 825.01	22.00%	$ 465.39	$ 232.70	$ 25,384.92	$ 19,800.24	$ 5,584.68
	Family	$ 3,029.60	72.0000%	$ 2,181.31	$ 1,090.66	28.00%	$ 848.29	$ 424.14	$ 36,355.20	$ 26,175.74	$ 10,179.46
HMOI-20 HMO Illinois 20	Emp	$ 650.66	95.8400%	$ 623.59	$ 311.80	4.16%	$ 27.07	$ 13.53	$ 7,807.92	$ 7,483.11	$ 324.81
	Emp + 1	$ 1,284.40	67.9600%	$ 872.88	$ 436.44	32.04%	$ 411.52	$ 205.76	$ 15,412.80	$ 10,474.54	$ 4,938.26
	Family	$ 1,839.45	63.2400%	$ 1,163.27	$ 581.63	36.76%	$ 676.18	$ 338.09	$ 22,073.40	$ 13,959.22	$ 8,114.18
BA HMO30 BLUE ACCESS 30	Emp	$ 603.57	95.8400%	$ 578.46	$ 289.23	4.16%	$ 25.11	$ 12.55	$ 7,242.84	$ 6,941.54	$ 301.30
	Emp + 1	$ 1,191.47	67.9600%	$ 809.72	$ 404.86	32.04%	$ 381.75	$ 190.87	$ 14,297.64	$ 9,716.68	$ 4,580.96
	Family	$ 1,706.32	63.2400%	$ 1,079.08	$ 539.54	36.76%	$ 627.24	$ 313.62	$ 20,475.84	$ 12,948.92	$ 7,526.92
MET LIFE Dental ORTHO MAX PP0	Emp	$ 42.16		$ 42.16	$ 21.08		$ -	$ -	$ 505.92	$ 505.92	$ -
	Emp + 1	$ 81.32		$ 42.16	$ 21.08		$ 39.16	$ 19.58	$ 975.84	$ 505.92	$ 469.92
	Family	$ 130.59		$ 42.16	$ 21.08		$ 88.43	$ 44.22	$ 1,567.08	$ 505.92	$ 1,061.16
BCBSIL HMO DENTAL	Emp	$ 29.72		$ 29.72	$ 14.86		$ -		$ 356.64	$ 356.64	$ -
	Emp + 1	$ 53.50		$ 29.72	$ 14.86		$ 23.78	$ 11.89	$ 642.00	$ 356.64	$ 285.36
	Family	$ 91.13		$ 29.72	$ 14.86		$ 61.41	$ 30.71	$ 1,093.56	$ 356.64	$ 736.92
NIHIP VSP VISION BUY-UP	EMP	$ 7.93				100%	$ 7.93	$ 3.97	$ 95.16		$ 95.16
	Couple & Family	$ 22.32				100%	$ 22.32	$ 11.16	$ 267.84		$ 267.84

Plan Year 2024-2025