

EMPLOYEE PAID INSURANCE PREMIUMS 24-25

Plan	Employee Monthly Share	Employee Share 24 Paychecks	Employee Share Annualized
<b>PPO 750</b>	\$34.87	\$17.43	\$418.39
	\$550.59	\$275.29	\$6,607.04
	\$1,018.51	\$509.25	\$12,222.10
<b>PPO 1200</b>	\$31.89	\$15.94	\$382.62
	\$294.48	\$147.24	\$3,533.75
	\$625.33	\$312.66	\$7,503.93
<b>HDHP PPO 1600</b>	\$32.15	\$16.07	\$385.79
	\$465.39	\$232.70	\$5,584.68
	\$848.29	\$424.14	\$10,179.46
<b>HMOI-20 HMO Illinois 20</b>	\$27.07	\$13.53	\$324.81
	\$411.52	\$205.76	\$4,938.26
	\$676.18	\$338.09	\$8,114.18
<b>BA HMO30 BLUE ACCESS 30</b>	\$25.11	\$12.55	\$301.30
	\$381.75	\$190.87	\$4,580.96
	\$627.24	\$313.62	\$7,526.92
<b>MET LIFE Dental ORTHO MAX PP0</b>	\$-	\$-	\$-
	\$39.16	\$19.58	\$469.92
	\$88.43	\$44.22	\$1,061.16
<b>BCBSIL HMO DENTAL</b>	\$-		\$-
	\$23.78	\$11.89	\$285.36
	\$61.41	\$30.71	\$736.92
<b>NIHIP VSP VISION BUY-UP</b>	\$7.93	\$3.97	\$95.16
	\$22.32	\$11.16	\$267.84
<b>Plan Year 2024-2025</b>			