	Total Monthly Premium	Total Annual Premium	Employee Monthly Premium	Employee Annual Premium	Board Monthly Premium	Board Annual Premium	Payroll Deduction based on 22 deductions
		Blue	Advantage	HMO - Premiu	m Split		
SINGLE	621.54	7,458.48	31.08	372.92	590.46	7,085.56	16.95
FAMILY	1,644.80	19,737.60	411.20	4,934.40	1,233.60	14,803.20	224.29
			HMO Illinois	- Premium Sp	olit		
SINGLE	677.50	8,130.00	33.88	406.50	643.63	7,723.50	18.48
FAMILY	1,792.78	21,513.36	448.20	5,378.34	1,344.59	16,135.02	244.47
	TROUGHT THE		BCBS PPO	- Premium Sp	lit		
SINGLE	1,095.01	13,140.12	54.75	657.01	1,040.26	12,483.11	29.86
FAMILY	2,982.19	35,786.28	745.55	8,946.57	2,236.64	26,839.71	406.66
	4 1 14 N 18 N 19	THE RELEASE	veMed - Paid	by the Emplo	ovee		374 T. W.
SINGLE	7.20	86.40	7.20				3.93
FAMILY	18.36	220.32	18.36				10.01
		M	etLife Dental	- Paid by the	BOE		
SINGLE	36.47	437.64	0.00	0.00	36.47	437.64	0.00
FAMILY	98.18	1,178.16	0.00	0.00	98.18	1,178.16	0.00
		L	ife Insurance	- Paid by the	BOE		
20000	2.10	25.20	0.00	0.00	2.10	25.20	0.00
100000	10.50	126.00	0.00	0.00	10.50	126.00	0.00

MEDICAL INSURANCE RATES REPRESENT THE FOLLOWING MONTHLY PREMIUM SCHEDULE

Single coverage:

Board Pays 95%

Employee Pays 5%

Family Coverage:

Board Pays 75%

Employee Pays 25%