

| Wood Dale SD7 Renewal Rates FY21 | | | | | | |
|---|----------------------------|-----------------------|-------------------|------------------------------|------------------------------|--|
| | Medical Plan | Type | Premium (Monthly) | Board Contribution (Monthly) | Staff Contribution (Monthly) | Staff Contribution (per check) 26 checks |
| | HMO Illinois | | | | | |
| | | Employee* | \$662.30 | \$662.30 | \$0.00 | \$0.00 |
| | | Employee + Spouse | \$1,303.93 | \$801.60 | \$502.32 | \$231.84 |
| | | Employee + Child(ren) | \$1,238.34 | \$801.60 | \$436.73 | \$201.57 |
| | | Family | \$2,097.69 | \$801.60 | \$1,296.08 | \$598.19 |
| | PPO Plan | | | | | |
| | | Employee | \$801.60 | \$801.60 | \$0.00 | \$0.00 |
| | | Employee + Spouse | \$1,390.52 | \$801.60 | \$588.92 | \$271.81 |
| | | Employee + Child(ren) | \$1,087.56 | \$801.60 | \$285.96 | \$131.98 |
| | | Family | \$1,931.31 | \$801.60 | \$1,129.70 | \$521.40 |
| | HDHP PPO Plan (HSA) | | | | | |
| | | Employee** | \$673.70 | \$673.70 | \$0.00 | \$0.00 |
| | | Employee + Spouse | \$1,168.66 | \$801.60 | \$367.06 | \$169.41 |
| | | Employee + Child(ren) | \$914.03 | \$801.60 | \$112.43 | \$51.89 |
| | | Family | \$1,623.14 | \$801.60 | \$821.54 | \$379.17 |

* District contributes towards ancillary benefits for HMO selection of \$139.30 mo or \$64.29 check (26)

** District contributes towards Health Savings Account (HSA) for HDHP PPO plan selection of \$127.90/mo or \$59.03/ check (26)

| Wood Dale SD 7 Dental/Vision Rates | | | | | | |
|---|---------------------|-----------------------|-------------------|--|--|--|
| | Dental Plan | Type | Premium (Monthly) | Staff Contribution (per check) 26 checks | | |
| | DHMO | | | | | |
| | | Employee | \$18.03 | \$8.32 | | |
| | | Employee + Spouse | \$36.00 | \$16.62 | | |
| | | Employee + Child(ren) | \$41.18 | \$19.01 | | |
| | | Family | \$63.86 | \$29.47 | | |
| | NAP PX (PPO) | | | | | |
| | | Employee | \$54.27 | \$25.05 | | |
| | | Employee + Spouse | \$110.16 | \$50.84 | | |
| | | Employee + Child(ren) | \$139.24 | \$64.26 | | |
| | | Family | \$208.23 | \$96.11 | | |
| | Vision Plan | Type | Premium (Monthly) | Staff Contribution (per check) 26 checks | | |
| | DAVIS N33 | | | | | |
| | | Employee | \$8.28 | \$3.82 | | |
| | | Employee + Spouse | \$13.93 | \$6.43 | | |
| | | Employee + Child(ren) | \$14.20 | \$6.55 | | |
| | | Family | \$22.48 | \$10.38 | | |