

**Wood Dale SD7 Renewal Rates FY27**

Medical Plan	Type	Premium FY26 (Monthly)	Premium FY27 (Monthly)	Board Contribution (Monthly)	% Change	\$ Change
<b>HMO Illinois</b>						
	Employee*	\$917.94	<b>\$1,050.12</b>	\$1,050.12	14.4%	\$132.18
	Employee + Spouse	\$1,807.22	<b>\$2,067.46</b>	\$1,451.56	14.4%	\$260.24
	Employee + Child(ren)	\$1,716.30	<b>\$1,963.45</b>	\$1,451.56	14.4%	\$247.15
	Family	\$2,907.34	<b>\$3,326.00</b>	\$1,451.56	14.4%	\$418.66
<b>BLUE ADVANTAGE HMO</b>						
	Employee	\$890.40	<b>\$1,018.62</b>	\$1,018.62	14.4%	\$128.22
	Employee + Spouse	\$1,753.00	<b>\$2,005.43</b>	\$1,451.56	14.4%	\$252.43
	Employee + Child(ren)	\$1,664.81	<b>\$1,904.54</b>	\$1,451.56	14.4%	\$239.73
	Family	\$2,820.12	<b>\$3,226.22</b>	\$1,451.56	14.4%	\$406.10
<b>HDHP PPO Plan (HSA)</b>						
	Employee**	\$1,012.06	<b>\$1,194.94</b>	\$1,194.94	18.07%	\$182.88
	Employee + Spouse	\$1,755.60	<b>\$2,072.85</b>	\$1,451.56	18.07%	\$317.25
	Employee + Child(ren)	\$1,373.08	<b>\$1,621.21</b>	\$1,451.56	18.07%	\$248.13
	Family	\$2,438.32	<b>\$2,878.95</b>	\$1,451.56	18.07%	\$440.63
<b>PPO Plan</b>						
	Employee	\$1,229.40	<b>\$1,451.56</b>	\$1,451.56	18.07%	\$222.16
	Employee + Spouse	\$2,132.61	<b>\$2,517.99</b>	\$1,451.56	18.07%	\$385.38
	Employee + Child(ren)	\$1,667.96	<b>\$1,969.37</b>	\$1,451.56	18.07%	\$301.41
	Family	\$2,962.01	<b>\$3,497.27</b>	\$1,451.56	18.07%	\$535.26
<p>Illinois Senate Bill PA 102-0751 - new law requires expanded infertility coverage under PPO medical plans. In order to comply with the new law, all EBC PPO/HDHP medical plans must provide expanded infertility coverage, including infertility treatments, subject to a limit of four completed oocyte retrievals including infertility medications per benefit period.</p> <p>After reviewing your district's current PPO/HDHP benefits, BCBSIL has determined that benefit changes are required in order to comply with the mandate. 1.61% additional rate adjustment above the approved EBC renewal increase.</p>						
Dental Plan	Type	Premium FY26 (Monthly)	Premium FY27 (Monthly)		% Change	\$ Change
<b>DHMO</b>						
	Employee	\$18.03	<b>\$18.57</b>		3.00%	\$0.54
	Employee + Spouse	\$36.00	<b>\$37.08</b>		3.00%	\$1.08
	Employee + Child(ren)	\$41.18	<b>\$42.42</b>		3.00%	\$1.24
	Family	\$63.86	<b>\$65.78</b>		3.00%	\$1.92
<b>NAP PX (PPO)</b>						
	Employee	\$54.27	<b>\$58.29</b>		7.40%	\$4.02
	Employee + Spouse	\$110.16	<b>\$118.31</b>		7.40%	\$8.15
	Employee + Child(ren)	\$139.24	<b>\$149.54</b>		7.40%	\$10.30
	Family	\$208.23	<b>\$223.64</b>		7.40%	\$15.41
Vision Plan	Type	Premium FY26 (Monthly)	Premium FY27 (Monthly)		% Change	\$ Change
<b>DAVIS N33</b>						
	Employee	\$8.53	<b>\$8.53</b>		0.00%	\$0.00
	Employee + Spouse	\$14.35	<b>\$14.35</b>		0.00%	\$0.00
	Employee + Child(ren)	\$14.63	<b>\$14.63</b>		0.00%	\$0.00
	Family	\$23.15	<b>\$23.15</b>		0.00%	\$0.00