

Wood Dale SD7 Renewal Rates FY23							
	Medical Plan	Type	Premium FY22 (Monthly)	Premium FY23 (Monthly)	Board Contribution (Monthly)	% Change	\$ Change
	HMO Illinois						
		Employee*	\$649.72	\$725.74	\$725.74	11.70%	\$76.02
		Employee + Spouse	\$1,279.16	\$1,428.82	\$910.77	11.70%	\$149.66
		Employee + Child(ren)	\$1,214.81	\$1,356.94	\$910.77	11.70%	\$142.13
		Family	\$2,057.83	\$2,298.60	\$910.77	11.70%	\$240.77
	PPO Plan						
		Employee	\$816.83	\$910.77	\$910.77	11.50%	\$93.94
		Employee + Spouse	\$1,416.94	\$1,579.89	\$910.77	11.50%	\$162.95
		Employee + Child(ren)	\$1,108.22	\$1,235.67	\$910.77	11.50%	\$127.45
		Family	\$1,968.00	\$2,194.33	\$910.77	11.50%	\$226.33
	HDHP PPO Plan (HSA)						
		Employee**	\$686.50	\$765.45	\$765.45	11.50%	\$78.95
		Employee + Spouse	\$1,190.86	\$1,327.82	\$910.77	11.50%	\$136.96
		Employee + Child(ren)	\$931.40	\$1,038.51	\$910.77	11.50%	\$107.11
		Family	\$1,653.98	\$1,844.19	\$910.77	11.50%	\$190.21
* District contributes towards ancillary benefits for HMO selection of \$185.03 mo or \$85.40 check (26)							
** District contributes towards Health Savings Account (HSA) for HDHP PPO plan selection of \$145.32/mo or \$67.07/ 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		Vs FY22				
		Employee	3.00%	\$8.53	\$3.94		
		Employee + Spouse	3.00%	\$14.35	\$6.62		
		Employee + Child(ren)	3.00%	\$14.63	\$6.75		
		Family	3.00%	\$23.15	\$10.68		