



Memo

To: All Employees
From: Business Office
Date: May 1, 2018
Re: **Employee Benefit Cost Information**

Effective July 1, 2018

BLUE CROSS BLUE SHIELD OF ILLINOIS -PPO

Plan	<u>Monthly Premium</u>	<u>Board Share (70%)</u>	<u>Employee Share (30%)</u>	<u>24 Pay Deduct</u>
Employee	\$1,016.49	\$711.54	\$304.95	\$152.47
Employee + 1	\$1,758.48	\$1,230.94	\$527.54	\$263.77
Family	\$2,378.52	\$1,664.96	\$713.56	\$356.78

BLUE CROSS BLUE SHIELD OF ILLINOIS -HMO

Plan	<u>Monthly Premium</u>	<u>Board Share (70%)</u>	<u>Employee Share (30%)</u>	<u>24 Pay Deduct</u>
Employee	\$599.51	\$419.66	\$179.85	\$89.93
Employee & Spouse	\$1,095.52	\$766.86	\$328.66	\$164.33
Employee & Child(ren)	\$1,158.98	\$811.29	\$347.69	\$173.85
Family	\$1,655.80	\$1,159.06	\$496.74	\$248.37

METLIFE DENTAL INSURANCE

Plan	<u>Monthly Premium</u>	<u>Board Share (85%)</u>	<u>Employee Share (15%)</u>	<u>24 Pay Deduct</u>
Employee	\$32.19	\$27.36	\$4.83	\$2.41
Family	\$96.61	\$82.12	\$14.49	\$7.25