

SPEED S.E.J.A. #802
1125 Division Street
Chicago Heights, Illinois 60411-2491



Telephone: 708-481-6100
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TO: Mrs. Sharon Rossiter, Superintendent
FROM: Kevin Slattery, Director of Business and Finance
DATE: April 20, 2016
RE: FY17 Dental and Vision Rates *RS*

The following page lists the Delta Dental and Visions insurance Rates and Coverage by plan for FY17.

The good news is that the rates remained the same as FY16 for HMO single dental and family dental.

The rates decreased for PPO single dental and family dental.

The rates remained the same for Delta Vision.

7/1/16-6/30/17

DELTA DENTAL COVERAGE

****Employee portion of premium is deducted from 1st check of the month.**

Delta Dental HMO

Single Coverage

Employee Pays	\$ 0.00
Employer Pays	<u>\$17.28</u>
Total Premium	\$17.28

Family Coverage

Employee Pays	\$25.47
Employer Pays	<u>\$17.28</u>
Total Premium	\$42.75

Delta Dental PPO

Single Coverage

Employee Pays	\$ 0.00
Employer Pays	<u>\$21.27</u>
Total Premium	\$21.27

Family Coverage

Employee Pays	\$49.09
Employer Pays	<u>\$21.05</u>
Total Premium	\$70.14

****Board Contribution is Tax Sheltered.**

7/1/16-6/30/17

DELTA VISION COVERAGE

****Employee portion of premium is deducted from 1st check of the month.**

Delta Vision Plan

Single Coverage

Employee Pays	\$5.37
Employer Pays	<u>\$0.00</u>
Total Premium	\$5.37

Family Coverage

Employee Pays	\$13.37
Employer Pays	<u>\$ 0.00</u>
Total Premium	\$13.37

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TO: Mrs. Sharon Rossiter, Superintendent
 FROM: Kevin Slattery, Director of Business and Finance *KJS*
 DATE: April 20, 2016
 RE: FY17 Medial Insurance Rates

The following lists the Medical Insurance Rates and Coverage by plan for FY17:

Insurance premiums are Deducted from the first 2 Paychecks of each calendar Month.	New Rates July 1	SPEED Pays (Deduction from June Payroll)	Employee Pays	Increase for Employees	Deduction per paycheck
HMO Blue Advantage					
Single	\$525.78	\$504.75	\$21.03	\$10.52	\$10.52
Family	\$1,485.45	\$782.83	\$702.62	\$34.78	\$351.31
HMO Illinois					
Single	\$577.75	\$504.75	\$73.00	\$12.48	\$36.50
Family	\$1,632.38	\$782.83	\$849.55	\$40.02	\$424.78
PPO Medical					
Single	\$569.84	\$504.75	\$65.09	\$21.60	\$32.55
Family	\$1610.00	\$782.83	\$827.17	\$65.72	\$413.59

In general, the PPO rates have increased 5.5% and the HMO rates have increased 3.7%.