

DISTRICT 45

CERTIFICATED AND EDUCATIONAL SUPPORT STAFF

MEDICAL, DENTAL & VISION INSURANCE RATES

7/01/26 to 06/30/27

BLUE CROSS BLUE SHIELD OF IL - MEDICAL INSURANCE

HMO ILLINOIS PLAN

SINGLE:

Monthly Premium	\$913.95
Board Share (76.5%)	\$699.17
Monthly Employee Share	<u>\$214.78</u>
Employee share per check	\$107.39

FAMILY:

Monthly Premium	\$2,339.72
Board Share (84.5%)	\$1,977.06
Monthly Employee Share	<u>\$362.66</u>
Employee share per check	\$181.33

HMO BLUE ADVANTAGE PLAN

SINGLE:

Monthly Premium	\$886.53
Board Share (76.5%)	\$678.21
Monthly Employee Share	<u>\$208.32</u>
Employee share per check	\$104.16

FAMILY:

Monthly Premium	\$2,269.52
Board Share (84.5%)	\$1,917.74
Monthly Employee Share	<u>\$351.78</u>
Employee share per check	\$175.89

PPO HDHP (HIGH DEDUCTIBLE HEALTH PLAN)

SINGLE:

Monthly Premium	\$1,048.69
Board Share (63.0%)	\$660.67
Monthly Employee Share	<u>\$388.02</u>
Employee share per check	\$194.01

FAMILY:

Monthly Premium	\$2,684.72
Board Share (69.6%)	\$1,868.58
Monthly Employee Share	<u>\$816.14</u>
Employee share per check	\$408.07

PPO BLUE CHOICE PLAN

SINGLE:

Monthly Premium	\$1,148.13
Board Share (60.1%)	\$690.03
Monthly Employee Share	<u>\$458.10</u>
Employee share per check	\$229.05

FAMILY:

Monthly Premium	\$2,939.15
Board Share (66.4%)	\$1,951.61
Monthly Employee Share	<u>\$987.54</u>
Employee share per check	\$493.77

PPO PLAN (Grandfathered)

SINGLE:

Monthly Premium	\$1,291.89
Board Share (53.4%)	\$689.87
Monthly Employee Share	<u>\$602.02</u>
Employee share per check	\$301.01

FAMILY:

Monthly Premium	\$3,307.25
Board Share (59.0%)	\$1,951.29
Monthly Employee Share	<u>\$1,355.96</u>
Employee share per check	\$677.98

DENTAL INSURANCE

MetLife

SINGLE:

Monthly Premium	\$54.94
Board Share (78.8%)	\$43.30
Monthly Employee Share	<u>\$11.64</u>
Employee share per check	\$5.82

FAMILY:

Monthly Premium	\$130.83
Board Share (31.1%)	\$40.69
Monthly Employee Share	<u>\$90.14</u>
Employee share per check	\$45.07

VISION INSURANCE

VSP Standard Plan

SINGLE:

Monthly Premium \$6.20
Employee share per check \$3.10

FAMILY:

Monthly Premium \$13.32
Employee share per check \$6.66

VSP Premium Plan

SINGLE:

Monthly Premium \$9.30
Employee share per check \$4.65

FAMILY:

Monthly Premium \$20.94
Employee share per check \$10.47

DISTRICT 45

MAINTENANCE / CUSTODIAL MEDICAL, DENTAL & VISION INSURANCE RATES

7/01/26 to 06/30/27

HMO PLAN

SINGLE:

Monthly Premium	\$913.95
Board Share (85.4%)	\$780.51
<u>Monthly Employee Share</u>	<u>\$133.44</u>
Employee share per check	\$66.72

FAMILY:

Monthly Premium	\$2,339.72
Board Share (92.1%)	\$2,155.76
<u>Monthly Employee Share</u>	<u>\$183.96</u>
Employee share per check	\$91.98

HMO BLUE ADVANTAGE PLAN

SINGLE:

Monthly Premium	\$886.53
Board Share (85.4%)	\$757.11
<u>Monthly Employee Share</u>	<u>\$129.42</u>
Employee share per check	\$64.71

FAMILY:

Monthly Premium	\$2,269.52
Board Share (92.2%)	\$2,092.58
<u>Monthly Employee Share</u>	<u>\$176.94</u>
Employee share per check	\$88.47

PPO HDHP (HIGH DEDUCTIBLE HEALTH PLAN)

SINGLE:

Monthly Premium	\$1,048.69
Board Share (72.4%)	\$759.25
<u>Monthly Employee Share</u>	<u>\$289.44</u>
Employee share per check	\$144.72

FAMILY:

Monthly Premium	\$2,684.72
Board Share (80.1%)	\$2,150.46
<u>Monthly Employee Share</u>	<u>\$534.26</u>
Employee share per check	\$267.13

PPO BLUE CHOICE PLAN

SINGLE:

Monthly Premium	\$1,148.13
Board Share (69.1%)	\$793.37
<u>Monthly Employee Share</u>	<u>\$354.76</u>
Employee share per check	\$177.38

FAMILY:

Monthly Premium	\$2,939.15
Board Share (76.4%)	\$2,245.51
<u>Monthly Employee Share</u>	<u>\$693.64</u>
Employee share per check	\$346.82

PPO PLAN (Grandfathered)

SINGLE:

Monthly Premium	\$1,291.89
Board Share (61.4%)	\$793.23
<u>Monthly Employee Share</u>	<u>\$498.66</u>
Employee share per check	\$249.33

FAMILY:

Monthly Premium	\$3,307.25
Board Share (67.9%)	\$2,245.63
<u>Monthly Employee Share</u>	<u>\$1,061.62</u>
Employee share per check	\$530.81

BLUE CROSS BLUE SHIELD OF IL - MEDICAL INSURANCE

DENTAL INSURANCE

MetLife

SINGLE:

Monthly Premium	\$54.94
Board Share (84.1%)	\$46.20
<u>Monthly Employee Share</u>	<u>\$8.74</u>
Employee share per check	\$4.37

FAMILY:

Monthly Premium	\$130.83
Board Share (35.3%)	\$46.19
<u>Monthly Employee Share</u>	<u>\$84.64</u>
Employee share per check	\$42.32

VSP Standard Plan**SINGLE:**

Monthly Premium	\$6.20
Employee share per check	\$3.10

FAMILY:

Monthly Premium	\$13.32
Employee share per check	\$6.66

VSP Premium Plan**SINGLE:**

Monthly Premium	\$9.30
Employee share per check	\$4.65

FAMILY:

Monthly Premium	\$20.94
Employee share per check	\$10.47
