

District 45, DuPage County

Renewal Rates

July 1, 2025 through June 30, 2026

LIFE		2024-25	2025-26		
Active Life		\$ 0.095	\$ 0.095		
AD&D		\$ 0.010	\$ 0.010		
MEDICAL					
HMO Illinois					
H00183	Employee	\$ 766.71	\$ 798.91	Renewal:	4.2%
	Family	\$ 1,962.77	\$ 2,045.21	Non-Grandfathered	
	Medicare Employee	\$ 669.94	\$ 698.08		
	Medicare Family	\$ 1,339.90	\$ 1,396.18		
	Retiree over 65	\$ 669.94	\$ 698.08		
	Retiree over 65 and Spouse over 65	\$ 1,339.90	\$ 1,396.18		
	Retiree over 65 and Spouse under 65	\$ 1,436.65	\$ 1,496.99		
	Retiree under 65	\$ 766.71	\$ 798.91		
	Retiree under 65 and Spouse under 65	\$ 1,962.77	\$ 2,045.21		
	Retiree under 65 and Spouse over 65	\$ 1,436.65	\$ 1,496.99		
	Retiree and Spouse + Child/Children	\$ 1,962.77	\$ 2,045.21		
	Retiree over 65 + Child/Children	\$ 1,436.65	\$ 1,496.99		
	Retiree under + Child/Children	\$ 1,962.77	\$ 2,045.21		
Blue Advantage HMO					
TBD	Employee		\$ 774.94	Renewal:	4.2%
	Family		\$ 1,983.85	New Plan Effective 7/1/25	
	Medicare Employee		\$ 677.14	Savings to HMO Illinois	-3%
	Medicare Family		\$ 1,354.29		
	Retiree over 65		\$ 677.14		
	Retiree over 65 and Spouse over 65		\$ 1,354.29		
	Retiree over 65 and Spouse under 65		\$ 1,452.08		
	Retiree under 65		\$ 774.94		
	Retiree under 65 and Spouse under 65		\$ 1,983.85		
	Retiree under 65 and Spouse over 65		\$ 1,452.08		
	Retiree and Spouse + Child/Children		\$ 1,983.85		
	Retiree over 65 + Child/Children		\$ 1,452.08		
	Retiree under + Child/Children		\$ 1,983.85		
PPO Blue Choice					
0MC002	Employee	\$ 950.97	\$ 988.06	Renewal:	3.9%
	Family	\$ 2,434.45	\$ 2,529.39	Non-Grandfathered	
	Medicare Employee	\$ 950.97	\$ 988.06		
	Medicare Family	\$ 1,901.91	\$ 1,976.08		
	Retiree over 65	\$ 950.97	\$ 988.06		
	Retiree over 65 and Spouse over 65	\$ 1,901.91	\$ 1,976.08		
	Retiree over 65 and Spouse under 65	\$ 1,901.93	\$ 1,976.11		
	Retiree under 65	\$ 950.97	\$ 988.06		
	Retiree under 65 and Spouse under 65	\$ 2,434.45	\$ 2,529.39		
	Retiree under 65 and Spouse over 65	\$ 1,901.93	\$ 1,976.11		
	Retiree and Spouse + Child/Children	\$ 2,434.45	\$ 2,529.39		
	Retiree over 65 + Child/Children	\$ 1,901.93	\$ 1,976.11		
	Retiree under + Child/Children	\$ 2,434.45	\$ 2,529.39		
PPO Plan					
PD3157	Employee	\$ 1,070.05	\$ 1,111.78	Renewal:	3.9%
	Family	\$ 2,739.34	\$ 2,846.17	Non-Grandfathered	
	Medicare Employee	\$ 1,070.05	\$ 1,111.78		
	Medicare Family	\$ 2,140.12	\$ 2,223.58		
	Retiree over 65	\$ 1,070.05	\$ 1,111.78		
	Retiree over 65 and Spouse over 65	\$ 2,140.12	\$ 2,223.58		
	Retiree over 65 and Spouse under 65	\$ 2,140.09	\$ 2,223.55		
	Retiree under 65	\$ 1,070.05	\$ 1,111.78		
	Retiree under 65 and Spouse under 65	\$ 2,739.34	\$ 2,846.17		
	Retiree under 65 and Spouse over 65	\$ 2,140.09	\$ 2,223.55		
	Retiree and Spouse + Child/Children	\$ 2,739.34	\$ 2,846.17		
	Retiree over 65 + Child/Children	\$ 2,140.09	\$ 2,223.55		
	Retiree under + Child/Children	\$ 2,739.34	\$ 2,846.17		
PPO HDHP Plan					
PJ0391	Employee	\$ 874.39	\$ 902.49	Renewal:	3.9%
	Family	\$ 2,238.48	\$ 2,310.43	Non-Grandfathered	
	Medicare Employee	\$ 874.39	\$ 902.49	IRS Mandated Change: 7/1/25	-0.66%
	Medicare Family	\$ 1,748.81	\$ 1,805.02		
	Retiree over 65	\$ 874.39	\$ 902.49		

	Retiree over 65 and Spouse over 65	\$ 1,748.81	\$ 1,805.02
	Retiree over 65 and Spouse under 65	\$ 1,748.81	\$ 1,805.02
	Retiree under 65	\$ 874.39	\$ 902.49
	Retiree under 65 and Spouse under 65	\$ 2,238.48	\$ 2,310.43
	Retiree under 65 and Spouse over 65	\$ 1,748.81	\$ 1,805.02
	Retiree and Spouse + Child/Children	\$ 2,238.48	\$ 2,310.43
	Retiree over 65 + Child/Children	\$ 1,748.81	\$ 1,805.02
	Retiree under + Child/Children	\$ 2,238.48	\$ 2,310.43
DENTAL			
303341-0070	Employee	\$ 50.85	\$ 52.88
	Family	\$ 121.08	\$ 125.92

Renewal:

4.0%

DISTRICT 45

CERTIFICATED AND EDUCATIONAL SUPPORT STAFF

MEDICAL, DENTAL & VISION INSURANCE RATES

7/01/25 to 06/30/26

BLUE CROSS BLUE SHIELD OF IL - MEDICAL INSURANCE	<u>HMO ILLINOIS PLAN</u>			
	SINGLE:		FAMILY:	
	Monthly Premium	\$798.91	Monthly Premium	\$2,045.21
	Board Share (76.5%)	\$611.17	Board Share (84.5%)	\$1,728.21
	<u>Monthly Employee Share</u>	<u>\$187.74</u>	<u>Monthly Employee Share</u>	<u>\$317.00</u>
	Employee share per check	\$93.87	Employee share per check	\$158.50
	<u>HMO BLUE ADVANTAGE PLAN</u>			
	SINGLE:		FAMILY:	
	Monthly Premium	\$774.94	Monthly Premium	\$1,983.85
	Board Share (76.5%)	\$592.84	Board Share (84.5%)	\$1,676.35
	<u>Monthly Employee Share</u>	<u>\$182.10</u>	<u>Monthly Employee Share</u>	<u>\$307.50</u>
	Employee share per check	\$91.05	Employee share per check	\$153.75
	<u>PPO HDHP (HIGH DEDUCTIBLE HEALTH PLAN)</u>			
	SINGLE:		FAMILY:	
	Monthly Premium	\$902.49	Monthly Premium	\$2,310.43
	Board Share (63.0%)	\$568.57	Board Share (69.6%)	\$1,608.07
	<u>Monthly Employee Share</u>	<u>\$333.92</u>	<u>Monthly Employee Share</u>	<u>\$702.36</u>
	Employee share per check	\$166.96	Employee share per check	\$351.18
	<u>PPO BLUE CHOICE PLAN</u>			
	SINGLE:		FAMILY:	
	Monthly Premium	\$988.06	Monthly Premium	\$2,529.39
	Board Share (60.1%)	\$593.82	Board Share (66.4%)	\$1,679.51
	<u>Monthly Employee Share</u>	<u>\$394.24</u>	<u>Monthly Employee Share</u>	<u>\$849.88</u>
	Employee share per check	\$197.12	Employee share per check	\$424.94
	<u>PPO PLAN (Grandfathered)</u>			
	SINGLE:		FAMILY:	
	<u>Monthly Premium</u>	<u>\$1,111.78</u>	<u>Monthly Premium</u>	<u>\$2,846.17</u>
	<u>Board Share (53.4%)</u>	<u>\$593.70</u>	<u>Board Share (59.0%)</u>	<u>\$1,679.25</u>
	<u>Monthly Employee Share</u>	<u>\$518.08</u>	<u>Monthly Employee Share</u>	<u>\$1,166.92</u>
	<u>Employee share per check</u>	<u>\$259.04</u>	<u>Employee share per check</u>	<u>\$583.46</u>
DENTAL INSURANCE	<u>MetLife</u>			
	SINGLE:		FAMILY:	
	Monthly Premium	\$52.88	Monthly Premium	\$125.92
	Board Share (78.8%)	\$41.68	Board Share (31.1%)	\$39.16
	<u>Monthly Employee Share</u>	<u>\$11.20</u>	<u>Monthly Employee Share</u>	<u>\$86.76</u>
	Employee share per check	\$5.60	Employee share per check	\$43.38
VISION INSURANCE	<u>VSP Standard Plan</u>			
	SINGLE:		FAMILY:	
	Monthly Premium	\$6.20	Monthly Premium	\$13.32
	Employee share per check	\$3.10	Employee share per check	\$6.66
	<u>VSP Premium Plan</u>			
	SINGLE:		FAMILY:	
	Monthly Premium	\$9.30	Monthly Premium	\$20.94
	Employee share per check	\$4.65	Employee share per check	\$10.47

DISTRICT 45

MAINTENANCE / CUSTODIAL

MEDICAL, DENTAL & VISION INSURANCE RATES

7/01/25 to 06/30/26

BLUE CROSS BLUE SHIELD OF IL - MEDICAL INSURANCE	HMO PLAN			
	SINGLE:		FAMILY:	
	Monthly Premium	\$798.91	Monthly Premium	\$2,045.21
	Board Share (85.4%)	\$682.27	Board Share (94.4%)	\$1,930.69
	<u>Monthly Employee Share</u>	<u>\$116.64</u>	<u>Monthly Employee Share</u>	<u>\$114.52</u>
	Employee share per check	\$58.32	Employee share per check	\$57.26
	HMO BLUE ADVANTAGE PLAN			
	SINGLE:		FAMILY:	
	Monthly Premium	\$774.94	Monthly Premium	\$1,983.85
	Board Share (85.4%)	\$661.80	Board Share (94.4%)	\$1,872.75
	<u>Monthly Employee Share</u>	<u>\$113.14</u>	<u>Monthly Employee Share</u>	<u>\$111.10</u>
	Employee share per check	\$56.57	Employee share per check	\$55.55
	PPO HDHP (HIGH DEDUCTIBLE HEALTH PLAN)			
	SINGLE:		FAMILY:	
	Monthly Premium	\$902.49	Monthly Premium	\$2,310.43
	Board Share (72.4%)	\$653.41	Board Share (80.1%)	\$1,850.65
	<u>Monthly Employee Share</u>	<u>\$249.08</u>	<u>Monthly Employee Share</u>	<u>\$459.78</u>
	Employee share per check	\$124.54	Employee share per check	\$229.89
	PPO BLUE CHOICE PLAN			
	SINGLE:		FAMILY:	
	Monthly Premium	\$988.06	Monthly Premium	\$2,529.39
	Board Share (69.1%)	\$682.76	Board Share (76.4%)	\$1,932.45
	<u>Monthly Employee Share</u>	<u>\$305.30</u>	<u>Monthly Employee Share</u>	<u>\$596.94</u>
	Employee share per check	\$152.65	Employee share per check	\$298.47
	<u>PPO PLAN (Grandfathered)</u>			
	<u>SINGLE:</u>		<u>FAMILY:</u>	
	<u>Monthly Premium</u>	<u>\$1,111.78</u>	<u>Monthly Premium</u>	<u>\$2,846.17</u>
	<u>Board Share (61.4%)</u>	<u>\$682.64</u>	<u>Board Share (67.9%)</u>	<u>\$1,932.55</u>
	<u>Monthly Employee Share</u>	<u>\$429.14</u>	<u>Monthly Employee Share</u>	<u>\$913.62</u>
	<u>Employee share per check</u>	<u>\$214.57</u>	<u>Employee share per check</u>	<u>\$456.81</u>
DENTAL INSURANCE	MetLife			
	SINGLE:		FAMILY:	
	Monthly Premium	\$52.88	Monthly Premium	\$125.92
	Board Share (84.1%)	\$44.48	Board Share (35.3%)	\$44.46
	<u>Monthly Employee Share</u>	<u>\$8.40</u>	<u>Monthly Employee Share</u>	<u>\$81.46</u>
	Employee share per check	\$4.20	Employee share per check	\$40.73
VISION INSURANCE	VSP Standard Plan			
	SINGLE:		FAMILY:	
	Monthly Premium	\$6.20	Monthly Premium	\$13.32
	Employee share per check	\$3.10	Employee share per check	\$6.66
	VSP Premium Plan			
	SINGLE:		FAMILY:	
	Monthly Premium	\$9.30	Monthly Premium	\$20.94
	Employee share per check	\$4.65	Employee share per check	\$10.47