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 | | Ψ | 0.010 | Ψ | 0.010 | | |
| HMO Illinois | | | | | | | |
| | Employee | \$ | 766.71 | \$ | 798 91 | Renewal: | 4.2% |
| | Family | \$ | 1,962.77 | \$ | | Non-Grandfathered | |
| | Medicare Employee | \$ | 669.94 | - | 698.08 | non oranajamerea | |
| | Medicare Family | \$ | 1,339.90 | _ | 1,396.18 | | |
| | Retiree over 65 | \$ | - | \$ | 698.08 | | |
| | Retiree over 65 and Spouse over 65 | \$ | 1,339.90 | | 1,396.18 | | |
| | Retiree over 65 and Spouse under 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 | \$ | , | \$ | 1,496.99 | | |
| | Retiree and Spouse + Child/Children | \$ | The state of the s | \$ | 2,045.21 | | |
| | Retiree over 65 + Child/Children | \$ | | \$ | 1,496.99 | | |
| | Retiree under + Child/Children | \$ | 1,962.77 | \$ | 2,045.21 | | |
| Diversity of UNAC | Retiree under + Child/Children | Ş | 1,962.77 | Ş | 2,045.21 | | |
| Blue Advantage HMO | | | | _ | 774.04 | | 4.20/ |
| IBD | Employee | ļ | | \$ | | Renewal: | 4.2% |
| | Family | | | \$ | | New Plan Effective 7/1/25 | |
| | Medicare Employee | | | \$ | | Savings to HMO Illinois | -3% |
| | Medicare Family | | | \$ | 1,354.29 | | |
| | Retiree over 65 | <u> </u> | | \$ | 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 | \$ | - | \$ | 1,111.78 | | |
| | 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 | nesses under a crimay crimaren | ٧ | 2,133.34 | 7 | 2,0+0.17 | | |
| | Employee | \$ | 874.39 | ć | 902.40 | Renewal: | 3.9% |
| P10391 | † ' ' | \$ | | _ | | | 5.5% |
| | Family Medicare Employee | \$ | 2,238.48 | _ | | Non-Grandfathered | 0.000 |
| | Medicare Employee | ıγ | 874.39 | Þ | 902.49 | IRS Mandated Change: 7/1/25 | -0.66% |
| | | ć | 1 740 04 | ۲ | 1 005 03 | | |
| | Medicare Family Retiree over 65 | \$ | 1,748.81 874.39 | | 1,805.02 902.49 | | |

| | 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 | Renewal: |
| | Family | \$ 121.08 | \$ 125.92 | |

4.0%

DISTRICT 45

CERTIFICATED AND EDUCATIONAL SUPPORT STAFF

MEDICAL, DENTAL & VISION INSURANCE RATES

7/01/25 to 06/30/26

| | HMO ILLINOIS PLAN | | | | | | |
|--|--------------------------|-------------------------|--------------------------|-------------------|--|--|--|
| | SINGLE: | | FAMILY: | | | | |
| | Monthly Premium | \$798.91 | Monthly Premium | \$2,045.21 | | | |
| | Board Share (76.5%) | \$611.17 | Board Share (84.5%) | \$1,728.21 | | | |
| | Monthly Employee Share | \$187.74 | Monthly Employee Share | \$317.00 | | | |
| | Employee share per check | \$93.87 | Employee share per check | \$158.50 | | | |
| | Employee share per check | ψ55.01 | Employee share per check | ψ100.50 | | | |
| | HMO BLUE ADVANTAGE PLA | HMO BLUE ADVANTAGE PLAN | | | | | |
| | SINGLE: | | FAMILY: | | | | |
| | Monthly Premium | \$774.94 | Monthly Premium | \$1,983.85 | | | |
| CE | Board Share (76.5%) | \$592.84 | Board Share (84.5%) | \$1,676.35 | | | |
| N N N | Monthly Employee Share | \$182.10 | Monthly Employee Share | \$307.50 | | | |
| SUF | Employee share per check | \$91.05 | Employee share per check | \$153.75 | | | |
| AL IN | | | | | | | |
| EDIC, | PPO HDHP (HIGH DEDUCTIBI | LE HEALTH I | | | | | |
| ΞĔ | SINGLE: | | FAMILY: | | | | |
| ≟ | Monthly Premium | \$902.49 | Monthly Premium | \$2,310.43 | | | |
| P | Board Share (63.0%) | \$568.57 | Board Share (69.6%) | \$1,608.07 | | | |
| | Monthly Employee Share | \$333.92 | Monthly Employee Share | \$702.36 | | | |
| 岩 | Employee share per check | \$166.96 | Employee share per check | \$351.18 | | | |
| UE 8 | | | | | | | |
| S BL | PPO BLUE CHOICE PLAN | | | | | | |
| BLUE CROSS BLUE SHIELD OF IL - MEDICAL INSURANCE | SINGLE: | | FAMILY: | | | | |
| JE C | Monthly Premium | \$988.06 | Monthly Premium | \$2,529.39 | | | |
| BLI | Board Share (60.1%) | \$593.82 | Board Share (66.4%) | \$1,679.51 | | | |
| | Monthly Employee Share | \$394.24 | Monthly Employee Share | \$849.88 | | | |
| | Employee share per check | \$197.12 | Employee share per check | \$424.94 | | | |
| | | | | | | | |
| | PPO PLAN (Grandfathered) | | | | | | |
| | SINGLE: | | FAMILY: | | | | |
| | Monthly Premium | \$1,111.78 | Monthly Premium | \$2,846.17 | | | |
| | Board Share (53.4%) | \$593.70 | Board Share (59.0%) | \$1,679.25 | | | |
| | Monthly Employee Share | <u>\$518.08</u> | Monthly Employee Share | <i>\$1,166.92</i> | | | |
| | Employee share per check | \$259.04 | Employee share per check | \$583.46 | | | |
| ш | 1 | | | | | | |
| ANCE | <u>MetLife</u> | | | | | | |
| DENTAL INSURA | SINGLE: | | FAMILY: | | | | |
| Ž | Monthly Premium | \$52.88 | Monthly Premium | \$125.92 | | | |
| ₹ | Board Share (78.8%) | \$41.68 | Board Share (31.1%) | \$39.16 | | | |
| E N | Monthly Employee Share | \$11.20 | Monthly Employee Share | \$86.76 | | | |
| | Employee share per check | \$5.60 | Employee share per check | \$43.38 | | | |
| | | | | | | | |
| | VSP Standard Plan | | | | | | |
| SE | SINGLE: | | FAMILY: | | | | |
| N N | Monthly Premium | \$6.20 | Monthly Premium | \$13.32 | | | |
| SUF | Employee share per check | \$3.10 | Employee share per check | \$6.66 | | | |
| VISION INSURANCE | \ | | | | | | |
| SIO | VSP Premium Plan | | FARM V. | | | | |
| > | SINGLE: | # C 22 | 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

| HMO | PLAN | |
|------------|-------------|--|
|------------|-------------|--|

| Single: FAMILY: | | HMO PLAN | | | | | | | |
|---|---------------------------------|--|-----------------|--------------------------|---------------------------------------|--|--|--|--|
| Board Share (85.4%) \$682.27 Board Share (84.4%) \$1.330.69 | | SINGLE: | | FAMILY: | | | | | |
| Monthly Employee Share \$116.64 | | Monthly Premium | \$798.91 | Monthly Premium | \$2,045.21 | | | | |
| Employee share per check \$58.32 Employee share per check \$57.26 | | Board Share (85.4%) | \$682.27 | Board Share (94.4%) | \$1,930.69 | | | | |
| HMO BLUE ADVANTAGE PLAN SINGLE: FAMILY: Monthly Premium \$1,983.85 Board Share (86.4%) \$661.80 Board Share (94.4%) \$1,983.85 Monthly Employee Share \$111.10 Employee Share \$111.11 Monthly Employee Share \$111.11 Employee Share \$111.11 Monthly Employee Share \$111.11 Employee Share \$111.10 Employee Share | | Monthly Employee Share | <u>\$116.64</u> | Monthly Employee Share | · · · · · · · · · · · · · · · · · · · | | | | |
| Single: FAMILY: Monthly Premium \$1,983.85 | | Employee share per check | \$58.32 | Employee share per check | \$57.26 | | | | |
| Single: Family: Single: Sing | l | HMO BLUE ADVANTAGE | PLAN | | | | | | |
| Single: Family: Single: Sing | NCE | SINGLE: | | FAMILY: | | | | | |
| Single: Family: Single: Sing | ₽¥. | Monthly Premium | \$774.94 | Monthly Premium | \$1,983.85 | | | | |
| Single: Family: Single: Sing | NSI | Board Share (85.4%) | · | ` , | \$1,872.75 | | | | |
| Single: Family: Single: Sing | AL. | Monthly Employee Share | | | <u>\$111.10</u> | | | | |
| Single: Family: Single: Sing | EDIC | Employee share per check | \$56.57 | Employee share per check | \$55.55 | | | | |
| Single: Family: Single: Sing | - M | PPO HDHP (HIGH DEDUCTIBLE HEALTH PLAN) | | | | | | | |
| Single: Family: Single: Sing | 0 OF | SINGLE: | | FAMILY: | | | | | |
| Single: Family: Single: Sing | | Monthly Premium | \$902.49 | Monthly Premium | \$2,310.43 | | | | |
| Single: Family: Single: Sing | 문 | Board Share (72.4%) | \$653.41 | Board Share (80.1%) | \$1,850.65 | | | | |
| Single: Family: Single: Sing | J. | Monthly Employee Share | \$249.08 | Monthly Employee Share | \$459.78 | | | | |
| Board Share (69.1%) | S BL | Employee share per check | \$124.54 | Employee share per check | \$229.89 | | | | |
| Board Share (69.1%) | ROS | PPO BLUE CHOICE PLAN | <u>l</u> | | | | | | |
| Board Share (69.1%) | ЭЩ | SINGLE: | | FAMILY: | | | | | |
| Monthly Employee Share \$305.30 Monthly Employee Share \$596.94 | BLL | Monthly Premium | \$988.06 | Monthly Premium | \$2,529.39 | | | | |
| PPO PLAN (Grandfathered) SINGLE: FAMILY: Monthly Premium \$1,111.78 Monthly Premium \$2,846.17 Board Share (61.4%) \$682.64 Board Share (67.9%) \$1,932.55 Monthly Employee Share \$429.14 Monthly Employee Share \$913.62 Employee share per check \$214.57 Employee share per check \$456.81 MetLife | | Board Share (69.1%) | \$682.76 | Board Share (76.4%) | \$1,932.45 | | | | |
| PPO PLAN (Grandfathered) SINGLE: FAMILY: Monthly Premium \$1,111.78 Monthly Premium \$2,846.17 Board Share (61.4%) \$682.64 Board Share (67.9%) \$1,932.55 Monthly Employee Share \$429.14 Monthly Employee Share \$913.62 Employee share per check \$214.57 Employee share per check \$456.81 MetLife | | Monthly Employee Share | \$305.30 | Monthly Employee Share | \$596.94 | | | | |
| SINGLE: FAMILY: | | Employee share per check | \$152.65 | Employee share per check | · · · · · · · · · · · · · · · · · · · | | | | |
| SINGLE: FAMILY: | | | | | | | | | |
| SINGLE: FAMILY: | | DDO DI AN (Overe elfeste eve | -1) | | | | | | |
| Monthly Premium \$1,111.78 Monthly Premium \$2,846.17 | | | <u>(a)</u> | FAMILY: | | | | | |
| Board Share (61.4%) \$682.64 Board Share (67.9%) \$1,932.55 Monthly Employee Share \$429.14 Monthly Employee Share \$913.62 Employee share per check \$214.57 Employee share per check \$456.81 MetLife SINGLE: FAMILY: Monthly Premium \$52.88 Monthly Premium \$125.92 Monthly Employee Share \$8.40 Monthly Employee Share \$81.46 Employee share per check \$4.20 Employee share per check \$40.73 VSP Standard Plan \$682.64 Board Share (67.9%) \$1,932.55 Monthly Employee Share \$913.62 Employee share per check \$40.73 VSP Standard Plan \$682.64 Board Share (67.9%) \$1,932.55 Monthly Employee Share \$913.62 FAMILY: \$4456.81 Monthly Premium \$125.92 Monthly Employee Share \$81.46 Employee share per check \$40.73 VSP Standard Plan \$40.73 VSP Standard Pl | | | \$1 111 78 | | \$2 846 17 | | | | |
| Monthly Employee Share Employee share per check \$429.14 | | - | | | | | | | |
| MetLife SINGLE: Monthly Premium \$52.88 Monthly Premium \$125.92 Monthly Employee Share \$81.46 Monthly Employee Share \$40.73 | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| SINGLE: FAMILY: Monthly Premium \$52.88 Monthly Premium \$125.92 Board Share (84.1%) \$44.48 Board Share (35.3%) \$44.46 Monthly Employee Share \$8.40 Monthly Employee Share \$81.46 Employee share per check \$4.20 Employee share per check \$40.73 | | | | | | | | | |
| SINGLE: FAMILY: Monthly Premium \$52.88 Monthly Premium \$125.92 Board Share (84.1%) \$44.48 Board Share (35.3%) \$44.46 Monthly Employee Share \$8.40 Monthly Employee Share \$81.46 Employee share per check \$4.20 Employee share per check \$40.73 | Ш | MetLife | | | | | | | |
| Second Share (84.1%) S44.48 Board Share (35.3%) S44.48 S44.48 Board Share (35.3%) S44.48 | NC | I——— | | FAMILY: | | | | | |
| Second Share (84.1%) S44.48 Board Share (35.3%) S44.48 Board Share (35.3%) S44.48 Board Share (35.3%) S44.48 S44.48 Board Share (35.3%) S44.48 | UR/ | | \$52.88 | | \$125.92 | | | | |
| VSP Standard Plan | | Board Share (84.1%) | \$44.48 | Board Share (35.3%) | \$44.46 | | | | |
| VSP Standard Plan | ΤAL | Monthly Employee Share | \$8.40 | Monthly Employee Share | <u>\$81.46</u> | | | | |
| l l | DEN | Employee share per check | \$4.20 | Employee share per check | \$40.73 | | | | |
| l l | | | | | | | | | |
| l l | | ٦ | | | | | | | |
| SINGLE: FAMILY: Monthly Premium \$6.20 Monthly Premium \$13.32 Employee share per check \$3.10 Employee share per check \$6.60 | | | | | | | | | |
| Monthly Premium \$6.20 Monthly Premium \$13.32 Employee share per check \$3.10 Employee share per check \$6.66 | S | | | | | | | | |
| I 告 IEmployee share per check | \ \ \ \ \ \ \ | | | | | | | | |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ISUF | Employee share per check | \$3.10 | Employee share per check | \$6.66 | | | | |
| VSP Premium Plan | NC NC | VSP Premium Plan | | | | | | | |
| Single Single: Family: | VISI ^c | SINGLE: | | FAMILY: | | | | | |
| 1.5 14 01 5 1 | | Monthly Premium | \$9.30 | Monthly Premium | \$20.94 | | | | |
| | | Employee share per check | \$4.65 | Employee share per check | \$10.47 | | | | |
| I Monthly Premium \$9.30 Monthly Dremium \$20.04 | | | | | · | | | | |
| | | _ | | • | | | | | |