

Wood Dale SD7 Renewal Rates FY24

Medical Plan	Type	Premium FY23 (Monthly)	Premium FY24 (Monthly)	Board Contribution (Monthly)	% Change	\$ Change
HMO Illinois						
	Employee*	\$725.74	\$794.69	\$794.69	9.5%	\$68.95
	Employee + Spouse	\$1,428.82	\$1,564.56	\$1,023.71	9.5%	\$135.74
	Employee + Child(ren)	\$1,356.94	\$1,485.85	\$1,023.71	9.5%	\$128.91
	Family	\$2,298.60	\$2,516.97	\$1,023.71	9.5%	\$218.37
PPO Plan						
	Employee	\$910.77	\$1,023.71	\$1,023.71	12.4%	\$112.94
	Employee + Spouse	\$1,579.89	\$1,775.80	\$1,023.71	12.4%	\$195.91
	Employee + Child(ren)	\$1,235.67	\$1,388.89	\$1,023.71	12.4%	\$153.22
	Family	\$2,194.33	\$2,466.43	\$1,023.71	12.4%	\$272.10
HDHP PPO Plan (HSA)						
	Employee**	\$765.45	\$860.37	\$860.37	12.4%	\$94.92
	Employee + Spouse	\$1,327.82	\$1,492.47	\$1,023.71	12.4%	\$164.65
	Employee + Child(ren)	\$1,038.51	\$1,167.29	\$1,023.71	12.4%	\$128.78
	Family	\$1,844.19	\$2,072.87	\$1,023.71	12.4%	\$228.68

* District contributes towards ancillary benefits for HMO selection of \$229.02 mo or \$105.70 check (26)

** District contributes towards Health Savings Account (HSA) for HDHP PPO plan selection of \$163.34/mo or \$75.39/ check (26)

Wood Dale SD 7 Dental/Vision Rates-

Dental Plan	Type	Option 1 (EXP 6/30/24)	Option 2 (EXP 6/30/25)	Premium (Monthly)
DHMO				
	Employee	\$18.03	\$18.03	
	Employee + Spouse	\$36.00	\$36.00	
	Employee + Child(ren)	\$41.18	\$41.18	
	Family	\$63.86	\$63.86	
NAP PX (PPO)				
	Employee	\$54.27	\$56.17	3.50%
	Employee + Spouse	\$110.16	\$114.02	3.50%
	Employee + Child(ren)	\$139.24	\$144.11	3.50%
	Family	\$208.23	\$215.52	3.50%
Vision Plan				
	Type	Option 1 (EXP 6/30/24)	Option 2 (EXP 6/30/25)	Premium (Monthly)
DAVIS N33				
	Employee	\$8.53	\$8.79	3.00%
	Employee + Spouse	\$14.35	\$14.78	3.00%
	Employee + Child(ren)	\$14.63	\$15.07	3.00%
	Family	\$23.15	\$23.84	3.00%