

Wood Dale SD7 Renewal Rates FY22

	Medical Plan	Type	Premium FY21 (Monthly)	Premium FY22 (Monthly)	Board Contribution (Monthly)	Staff Contribution (Monthly)	Staff Contribution (per check) 26 checks	Benefit/check	% Change	\$ Change	Employee Contribution Change per Check vs FY21
	HMO Illinois										
		Employee*	\$662.30	\$649.72	\$649.72	\$0.00	\$0.00	\$299.87	-1.90%	-\$12.58	\$0.00
		Employee + Spouse	\$1,303.93	\$1,279.16	\$816.83	\$462.32	\$213.38	\$377.00	-1.90%	-\$24.77	-\$18.46
		Employee + Child(ren)	\$1,238.34	\$1,214.81	\$816.83	\$397.98	\$183.68	\$377.00	-1.90%	-\$23.53	-\$17.89
		Family	\$2,097.69	\$2,057.83	\$816.83	\$1,241.00	\$572.77	\$377.00	-1.90%	-\$39.86	-\$25.42
	PPO Plan										
		Employee	\$801.60	\$816.83	\$816.83	\$0.00	\$0.00	\$377.00	1.90%	\$15.23	\$0.00
		Employee + Spouse	\$1,390.52	\$1,416.94	\$816.83	\$600.11	\$276.97	\$377.00	1.90%	\$26.42	\$5.16
		Employee + Child(ren)	\$1,087.56	\$1,108.22	\$816.83	\$291.39	\$134.49	\$377.00	1.90%	\$20.66	\$2.51
		Family	\$1,931.31	\$1,968.00	\$816.83	\$1,151.17	\$531.31	\$377.00	1.90%	\$36.69	\$9.91
	HDHP PPO Plan (HSA)										
		Employee**	\$673.70	\$686.50	\$686.50	\$0.00	\$0.00	\$316.85	1.90%	\$12.80	\$0.00
		Employee + Spouse	\$1,168.66	\$1,190.86	\$816.83	\$374.03	\$172.63	\$377.00	1.90%	\$22.20	\$3.22
		Employee + Child(ren)	\$914.03	\$931.40	\$816.83	\$114.57	\$52.88	\$377.00	1.90%	\$17.37	\$0.99
		Family	\$1,623.14	\$1,653.98	\$816.83	\$837.15	\$386.38	\$377.00	1.90%	\$30.84	\$7.20