Plan	Effective 09/01/2025	2025-2026 Monthly rate	% District Pays	District Monthly Share	District Share 24 Pays	% Employee Pays	Employee Monthly Share	Employee Share 24 Pays	100% Annual premium	District Share Annualized	Employee Share Annualized
PPO 750	Emp	$ 1,158.37	97.00%	$ 1,123.62	$ 561.81	3.00%	$ 34.75	$ 17.38	$ 13,900.44	$ 13,483.43	$ 417.01
	Emp + 1	$ 2,286.58	76.00%	$ 1,737.80	$ 868.90	24.00%	$ 548.78	$ 274.39	$ 27,438.96	$ 20,853.61	$ 6,585.35
	Family	$ 3,274.72	69.00%	$ 2,259.56	$ 1,129.78	31.00%	$ 1,015.16	$ 507.58	$ 39,296.64	$ 27,114.68	$ 12,181.96
PPO 1200	Emp	$ 1,026.15	96.90%	$ 994.34	$ 497.17	3.10%	$ 31.81	$ 15.91	$ 12,313.80	$ 11,932.07	$ 381.73
	Emp + 1	$ 2,026.15	85.50%	$ 1,732.36	$ 866.18	14.50%	$ 293.79	$ 146.90	$ 24,313.80	$ 20,788.30	$ 3,525.50
	Family	$ 2,901.72	78.50%	$ 2,277.85	$ 1,138.93	21.50%	$ 623.87	$ 311.93	$ 34,820.64	$ 27,334.20	$ 7,486.44
HDHP PPO 1650	Emp	$ 1,071.28	97.00%	$ 1,039.14	$ 519.57	3.00%	$ 32.14	$ 16.07	$ 12,855.36	$ 12,469.70	$ 385.66
	Emp + 1	$ 2,114.72	78.00%	$ 1,649.48	$ 824.74	22.00%	$ 465.24	$ 232.62	$ 25,376.64	$ 19,793.78	$ 5,582.86
	Family	$ 3,028.61	72.00%	$ 2,180.60	$ 1,090.30	28.00%	$ 848.01	$ 424.01	$ 36,343.32	$ 26,167.19	$ 10,176.13
HMOI-30 HMO Illinois 30	Emp	$ 702.37	95.84%	$ 673.15	$ 336.58	4.16%	$ 29.22	$ 14.61	$ 8,428.44	$ 8,077.82	$ 350.62
	Emp + 1	$ 1,386.47	67.96%	$ 942.25	$ 471.12	32.04%	$ 444.22	$ 222.11	$ 16,637.64	$ 11,306.94	$ 5,330.70
	Family	$ 1,985.63	63.24%	$ 1,255.71	$ 627.86	36.76%	$ 729.92	$ 364.96	$ 23,827.56	$ 15,068.55	$ 8,759.01
BA HMO30 Blue Advantage 30	Emp	$ 681.30	95.95%	$ 653.68	$ 326.84	4.05%	$ 27.62	$ 13.81	$ 8,175.60	$ 7,844.17	$ 331.43
	Emp + 1	$ 1,344.88	68.78%	$ 924.96	$ 462.48	31.22%	$ 419.92	$ 209.96	$ 16,138.56	$ 11,099.50	$ 5,039.06
	Family	$ 1,926.06	64.18%	$ 1,236.09	$ 618.05	35.82%	$ 689.97	$ 344.98	$ 23,112.72	$ 14,833.11	$ 8,279.61
MET LIFE Dental PPO ORTHO MAX	Emp	$ 43.72		$ 43.72	$ 21.86		$ -	$ -	$ 524.64	$ 524.64	$ -
	Emp + 1	$ 84.33		$ 43.72	$ 21.86		$ 40.61	$ 20.31	$ 1,011.96	$ 524.64	$ 487.32
	Family	$ 135.42		$ 43.72	$ 21.86		$ 91.70	$ 45.85	$ 1,625.04	$ 524.64	$ 1,100.40
BCBSIL HMO DENTAL 730	Emp	$ 29.74		$ 29.74	$ 14.87		$ -		$ 356.88	$ 356.88	$ -
	Emp + 1	$ 53.52		$ 29.74	$ 14.87		$ 23.78	$ 11.89	$ 642.24	$ 356.88	$ 285.36
	Family	$ 91.15		$ 29.74	$ 14.87		$ 61.41	$ 30.71	$ 1,093.80	$ 356.88	$ 736.92
NIHIP VSP VISION BUY-UP	EMP	$ 7.93				100%	$ 7.93	$ 3.97	$ 95.16		$ 95.16
	Couple & Far	$ 22.32				100%	$ 22.32	$ 11.16	$ 267.84		$ 267.84

Plan Year 2025-2026

Proofed: