

Employee Costs – 24 Pay

Medical Plan	PPO 1000				PPO 1250			
	Monthly District Cost		Per Pay Period Employee Cost (24)		Monthly District Cost		Per Pay Period Employee Cost (24)	
	1/1/23-12/31/23	1/1/24-12/31/24	1/1/23-12/31/23	1/1/24-12/31/24	1/1/23-12/31/23	1/1/24-12/31/24	1/1/23-12/31/23	1/1/24-12/31/24
Employee Only	\$1,064.87	\$1,233.12	\$27.31	\$79.87	N/A	\$1,211.29	N/A	\$68.96
Employee & Spouse	\$1,900.51	\$2,200.79	\$445.14	\$563.71	N/A	\$2,161.84	N/A	\$544.23
Employee & Child(ren)	\$1,824.50	\$2,112.77	\$407.13	\$519.70	N/A	\$2,075.38	N/A	\$501.00
Family	\$2,822.28	\$3,268.20	\$906.02	\$1,097.41	N/A	\$3,210.36	N/A	\$1,068.49

Medical Plan	HDHP 3000			
	Monthly Cost		Per Pay Period Employee Cost (24)	
	9/1/23-12/31/23	1/1/24-12/31/24	1/1/23-12/31/23	1/1/24-12/31/24
Employee Only	\$953.16	\$1,103.76	\$0.00	\$15.19
Employee & Spouse	\$1,699.94	\$1,968.53	\$344.85	\$447.58
Employee & Child(ren)	\$1,631.07	\$1,888.78	\$310.42	\$407.70
Family	\$2,523.05	\$2,921.69	\$756.41	\$924.16

Medical Plan	HMO A (HMO Illinois)				HMO B (Blue Advantage HMO)			
	Monthly Cost		Per Pay Period Employee Cost (24)		Monthly Cost		Per Pay Period Employee Cost (24)	
	1/1/23-12/31/23	1/1/24-12/31/24	1/1/23-12/31/23	1/1/24-12/31/24	1/1/23-12/31/23	1/1/24-12/31/24	1/1/23-12/31/23	1/1/24-12/31/24
Employee Only	\$840.59	\$821.65	\$0.00	\$0.00	\$759.09	\$781.86	\$0.00	\$0.00
Employee & Spouse	\$1,720.65	\$1,681.88	\$355.21	\$304.25	\$1,553.86	\$1,600.48	\$271.81	\$263.55
Employee & Child(ren)	\$1,651.71	\$1,614.50	\$320.74	\$270.56	\$1,491.63	\$1,536.38	\$240.70	\$231.50
Family	\$2,555.32	\$2,497.75	\$772.54	\$712.18	\$2,307.66	\$2,376.89	\$648.71	\$651.75

Board Contribution per month is \$1,073.38



Employee Costs – 20 Pay

Medical Plan	PPO 1000				PPO 1250			
	Monthly District Cost		Per Pay Period Employee Cost (20)		Monthly District Cost		Per Pay Period Employee Cost (20)	
	1/1/23-12/31/23	1/1/24-12/31/24	1/1/23-12/31/23	1/1/24-12/31/24	1/1/23-12/31/23	1/1/23-12/31/23	1/1/23-12/31/23	1/1/23-12/31/23
Employee Only	\$1,064.87	\$1,233.12	\$32.78	\$95.84	N/A	\$1,211.29	N/A	\$82.75
Employee & Spouse	\$1,900.51	\$2,200.79	\$534.16	\$676.45	N/A	\$2,161.84	N/A	\$653.07
Employee & Child(ren)	\$1,824.50	\$2,112.77	\$488.56	\$623.74	N/A	\$2,075.38	N/A	\$601.20
Family	\$2,822.28	\$3,268.20	\$1,087.22	\$1,316.89	N/A	\$3,210.36	N/A	\$1,282.18

Medical Plan	HDHP 3000			
	Monthly Cost		Per Pay Period Employee Cost (20)	
	1/1/23-12/31/23	1/1/24-12/31/24	1/1/23-12/31/23	1/1/24-12/31/24
Employee Only	\$953.16	\$1,103.76	\$0.00	\$18.41
Employee & Spouse	\$1,699.94	\$1,968.53	\$427.57	\$537.40
Employee & Child(ren)	\$1,631.07	\$1,888.78	\$385.69	\$489.55
Family	\$2,523.05	\$2,921.69	\$928.09	\$1,109.46

Medical Plan	HMO A (HMO Illinois)				HMO B (Blue Advantage HMO)			
	Monthly Cost		Per Pay Period Employee Cost (20)		Monthly Cost		Per Pay Period Employee Cost (20)	
	1/1/23-12/31/23	1/1/24-12/31/24	1/1/23-12/31/23	1/1/24-12/31/24	1/1/23-12/31/23	1/1/24-12/31/24	1/1/23-12/31/23	1/1/24-12/31/24
Employee Only	\$797.72	\$821.65	\$0.00	\$0.00	\$759.09	\$781.86	\$0.00	\$0.00
Employee & Spouse	\$1,632.90	\$1,681.88	\$426.25	\$365.10	\$1,553.86	\$1,600.48	\$326.17	\$316.26
Employee & Child(ren)	\$1,567.47	\$1,614.50	\$384.88	\$324.67	\$1,491.63	\$1,536.38	\$288.83	\$277.80
Family	\$2,425.00	\$2,497.75	\$927.05	\$854.62	\$2,307.66	\$2,376.89	\$778.45	\$782.11

Board Contribution per month is \$1,073.38

