

## Township High School District 214 2025 Insurance Premiums

	Total Monthly Premium	Monthly Board Contribution	Monthly Employee Deduction	Employee Per Pay Deduction (24 pays)	Employee Per Pay Deduction (20 pays*)
<b>BCBS PPO</b>					
Single	\$861.73	\$712.33	\$149.40	\$74.70	\$89.64
Family	\$2,411.35	\$1,880.73	\$530.62	\$265.31	\$318.37
<b>BCBS HDHP**</b>					
Single	\$830.51	\$755.54	\$74.97	\$37.49	\$44.98
Family	\$2,324.01	\$2,023.55	\$300.46	\$150.23	\$180.28
<b>BCBS HMO IL</b>					
Single	\$731.95	\$658.32	\$73.63	\$36.82	\$44.18
Family	\$2,049.48	\$1,765.36	\$284.12	\$142.06	\$170.47
<b>BCBS BA HMO</b>					
Single	\$712.65	\$640.96	\$71.69	\$35.84	\$43.01
Family	\$1,995.43	\$1,718.80	\$276.63	\$138.31	\$165.98
<b>Allied Dental</b>					
Single	\$81.75	\$73.85	\$7.90	\$3.95	\$4.74
Family	\$182.64	\$157.83	\$24.81	\$12.41	\$14.89
<b>EyeMed Vision</b>					
Single	\$7.60	\$0.00	\$7.60	\$3.80	\$4.56
Family	\$19.38	\$0.00	\$19.38	\$9.69	\$11.63

*\*The majority of D214 employees are on a 24-pay schedule. Those who are on a 20-pay schedule will be sent this chart separately for review*

*\*\*Employees enrolled in Single HDHP coverage will receive a one-time lump sum of \$1,600 in their HSA account through UMB. Employees enrolled in Family HDHP coverage will receive a one-time lump sum of \$3,200 in their HSA account through UMB. Amounts will be pro-rated for late enrollees/new hires in the 2025 calendar year*