

**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*)
BCBS HMO Illinois (current)					
Single	\$731.95	\$658.32	\$73.63	\$36.82	\$44.18
Family	\$2,049.48	\$1,765.36	\$284.12	\$142.06	\$170.47
BCBS Blue Advantage HMO (new)					
Single	\$712.65	\$640.96	\$71.69	\$35.84	\$43.01
Family	\$1,995.43	\$1,718.80	\$276.63	\$138.31	\$165.98