

2023 RATES

Health and Dental Premium Rates



Medical Coverage PPOs

| Coverage Tier | PPO 750 P58206 | | | PPO 1000 Board Paid Plan – PI4868 PJ4048 (HRA) | | | HDHP 2800 PI4869 | | |
|-----------------------|-------------------------|---|---|--|---|---|-------------------------|---|---|
| | District Rate Per Month | 24 Pay Deduction Amount (24 Paychecks) | 20 Pay Deduction Amount (20 Paychecks) | District Rate Per Month | 24 Pay Deduction Amount (24 Paychecks) | 20 Pay Deduction Amount (20 Paychecks) | District Rate Per Month | 24 Pay Deduction Amount (24 Paychecks) | 20 Pay Deduction Amount (20 Paychecks) |
| Employee Only | \$1,124.93 | \$57.35 | \$68.81 | \$1,064.87 | \$27.32 | \$32.78 | \$966.01 | \$0.00 | \$0.00 |
| Employee + Spouse | \$2,006.87 | \$498.32 | \$597.98 | \$1,900.51 | \$445.14 | \$534.16 | \$1,722.85 | \$356.31 | \$427.57 |
| Employee + Child(ren) | \$1,925.86 | \$457.81 | \$549.37 | \$1,824.50 | \$407.13 | \$488.56 | \$1,653.06 | \$321.41 | \$385.69 |
| Family | \$2,979.90 | \$984.83 | \$1,181.80 | \$2,822.28 | \$906.02 | \$1,087.22 | \$2,557.06 | \$773.41 | \$928.09 |

Medical Coverage HMOs

| Coverage Tier | HMO A (HMO Illinois Network) H56154 | | | HMO B (Blue Advantage Network) B56153 | | |
|-----------------------|--|---|---|--|---|---|
| | District Rate Per Month | 24 Pay Deduction Amount (24 Paychecks) | 20 Pay Deduction Amount (20 Paychecks) | District Rate Per Month | 24 Pay Deduction Amount (24 Paychecks) | 20 Pay Deduction Amount (20 Paychecks) |
| Employee Only | \$840.59 | \$0.00 | \$0.00 | \$759.09 | \$0.00 | \$0.00 |
| Employee + Spouse | \$1,720.65 | \$355.21 | \$426.25 | \$1,553.86 | \$271.81 | \$326.17 |
| Employee + Child(ren) | \$1,651.71 | \$320.74 | \$384.88 | \$1,491.63 | \$240.70 | \$288.83 |
| Family | \$2,555.32 | \$772.54 | \$927.05 | \$2,307.66 | \$648.71 | \$778.45 |

Dental Coverage

| Coverage Tier | Dental Plan PPO P64507 | | |
|--|---------------------------|---|---|
| | District Rate Per Month | 24 Pay Deduction Amount (24 Paychecks) | 20 Pay Deduction Amount (20 Paychecks) |
| Employee Only | \$47.61 | \$0.00 | \$0.00 |
| Family | \$129.49 | \$40.94 | \$49.13 |
| Credit for 2 Single = Family Coverage | \$129.49 | \$17.14 | \$20.56 |

