

Employee Costs – 24 Pay

Medical Plan	<u>PPO 1000</u>				<u>PPO 1250</u>			
	Monthly District Cost		Per Pay Period Employee Cost (24)		Monthly District Cost		Per Pay Period Employee Cost (24)	
	1/1/24-12/31/24	1/1/25-12/31/25	1/1/24-12/31/24	1/1/25-12/31/25	1/1/24-12/31/24	1/1/25-12/31/25	1/1/24-12/31/24	1/1/25-12/31/25
Employee Only	\$1,233.12	\$1,355.58	\$79.87	\$107.56	\$1,211.29	\$1,331.58	\$68.96	\$95.55
Employee & Spouse	\$2,200.79	\$2,419.35	\$563.71	\$639.44	\$2,161.84	\$2,376.53	\$544.23	\$618.03
Employee & Child(ren)	\$2,112.77	\$2,322.59	\$519.70	\$591.06	\$2,075.38	\$2,281.48	\$501.00	\$570.51
Family	\$3,268.20	\$3,592.76	\$1,097.41	\$1,226.15	\$3,210.36	\$3,529.18	\$1,068.49	\$1,194.36

Medical Plan	<u>HDHP 3300</u>			
	Monthly Cost		Per Pay Period Employee Cost (24)	
	1/1/24-12/31/24	1/1/25-12/31/25	1/1/24-12/31/24	1/1/25-12/31/25
Employee Only	\$1,103.76	\$1,212.88	\$15.19	\$36.21
Employee & Spouse	\$1,968.53	\$2,163.15	\$447.58	\$511.34
Employee & Child(ren)	\$1,888.78	\$2,075.52	\$407.70	\$467.52
Family	\$2,921.69	\$3,210.56	\$924.16	\$1,035.04

Medical Plan	<u>HMO A (HMO Illinois)</u>				<u>HMO B (Blue Advantage HMO)</u>			
	Monthly Cost		Per Pay Period Employee Cost (24)		Monthly Cost		Per Pay Period Employee Cost (24)	
	1/1/24-12/31/24	1/1/25-12/31/25	1/1/24-12/31/24	1/1/25-12/31/25	1/1/24-12/31/24	1/1/25-12/31/25	1/1/24-12/31/24	1/1/25-12/31/25
Employee Only	\$821.65	\$914.37	\$0.00	\$0.00	\$781.86	\$870.09	\$0.00	\$0.00
Employee & Spouse	\$1,681.88	\$1,871.68	\$304.25	\$365.61	\$1,600.48	\$1,781.10	\$263.55	\$320.32
Employee & Child(ren)	\$1,614.50	\$1,796.70	\$270.56	\$328.12	\$1,536.38	\$1,709.76	\$231.50	\$284.65
Family	\$2,497.75	\$2,779.63	\$712.18	\$819.58	\$2,376.89	\$2,645.13	\$651.75	\$752.33



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)	
	1/1/24-12/31/24	1/1/25-12/31/25	1/1/24-12/31/24	1/1/25-12/31/25	1/1/24-12/31/24	1/1/25-12/31/25	1/1/24-12/31/24	1/1/25-12/31/25
Employee Only	\$1,233.12	\$1,355.58	\$95.84	\$129.07	\$1,211.29	\$1,331.58	\$82.75	\$114.67
Employee & Spouse	\$2,200.79	\$2,419.35	\$676.45	\$767.33	\$2,161.84	\$2,376.53	\$653.07	\$741.64
Employee & Child(ren)	\$2,112.77	\$2,322.59	\$623.64	\$709.27	\$2,075.38	\$2,281.48	\$601.20	\$684.61
Family	\$3,268.20	\$3,592.76	\$1,316.89	\$1,471.37	\$3,210.36	\$3,529.18	\$1,282.18	\$1,433.23

Medical Plan	HDHP 3300			
	Monthly Cost		Per Pay Period Employee Cost (20)	
	1/1/24-12/31/24	1/1/25-12/31/25	1/1/24-12/31/24	1/1/25-12/31/25
Employee Only	\$1,103.76	\$1,212.88	\$18.41	\$43.45
Employee & Spouse	\$1,968.53	\$2,163.15	\$537.40	\$613.61
Employee & Child(ren)	\$1,888.78	\$2,075.52	\$489.55	\$561.03
Family	\$2,921.69	\$3,210.56	\$1,109.46	\$1,242.05

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)	
	1/1/24-12/31/24	1/1/25-12/31/25	1/1/24-12/31/24	1/1/25-12/31/25	1/1/24-12/31/24	1/1/25-12/31/25	1/1/24-12/31/24	1/1/25-12/31/25
Employee Only	\$821.65	\$914.37	\$0.00	\$0.00	\$781.86	\$870.09	\$0.00	\$0.00
Employee & Spouse	\$1,681.88	\$1,871.68	\$365.10	\$438.73	\$1,600.48	\$1,781.10	\$316.26	\$384.38
Employee & Child(ren)	\$1,614.50	\$1,796.70	\$324.67	\$393.74	\$1,536.38	\$1,709.76	\$277.80	\$341.57
Family	\$2,497.75	\$2,779.63	\$854.62	\$983.50	\$2,376.89	\$2,645.13	\$782.11	\$902.80

