

2024 RATES

Health and Dental Premium Rates



Medical Coverage PPOs

Coverage Tier	PPO 1000 PI4868			PPO 1250			HDHP 3000 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	\$1,233.12	\$79.87	\$95.84	\$1,211.29	\$68.96	\$82.75	\$1,103.76	\$15.19	\$18.41
Employee + Spouse	\$2,200.79	\$563.71	\$676.45	\$2,161.84	\$544.23	\$653.07	\$1,968.53	\$447.58	\$537.40
Employee + Child(ren)	\$2,112.77	\$519.70	\$623.64	\$2,075.38	\$501.00	\$601.20	\$1,888.78	\$407.70	\$489.55
Family	\$3,268.20	\$1,097.41	\$1,316.89	\$3,210.36	\$1,068.49	\$1,282.18	\$2,921.69	\$924.16	\$1,109.46

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	\$821.65	\$0.00	\$0.00	\$781.86	\$0.00	\$0.00
Employee + Spouse	\$1,681.88	\$304.25	\$365.10	\$1,600.48	\$263.55	\$316.26
Employee + Child(ren)	\$1,614.50	\$270.56	\$324.67	\$1,536.38	\$231.50	\$277.80
Family	\$2,497.75	\$712.18	\$854.62	\$2,376.89	\$651.75	\$782.11

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	\$48.62	\$0.00	\$0.00
Family	\$132.23	\$41.81	\$50.17
Credit for 2 Single = Family Coverage	\$132.23	\$17.38	\$20.86

