

## INSURANCE PREMIUMS and CONTRIBUTION

### Monthly Premiums January 1, 2017 through December 31, 2017

Insurance Plan	Single	Family
BC/BS PPO	\$948.75	\$2,135.20
BC/BS HMO Illinois	\$615.89	\$1,665.78
BC/BS Blue Advantage HMO	\$572.78	\$1,549.16
Delta Dental	\$48.03	\$120.11
EyeMed (TruAssure) Vision	\$6.76	\$16.90

## AFSCME/Confidential Employee Premium Contribution

Rates are per paycheck beginning January 1, 2017

Board premium contribution 87% single; 57% of family

### All AFSCME Employees

Per payroll deduction

Insurance Plan	Single	Family
BC/BS PPO	\$61.67	\$316.76
BC/BS HMO Illinois	\$40.03	\$265.76
BC/BS Blue Advantage HMO	\$37.23	\$247.15
Delta Dental	\$0.00	\$36.04
EyeMed (TruAssure) Vision	\$3.38	\$8.45