

## 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

## Administrator Contribution

Rates are per paycheck effective January 1, 2017

Board premium contribution 85% of single; 50% of family

### Full Time Teacher

Per payroll deduction

Insurance Plan	Single	Family
BC/BS PPO	\$71.16	\$367.77
BC/BS HMO Illinois	\$46.19	\$308.66
BC/BS Blue Advantage HMO	\$42.96	\$287.05
Delta Dental	\$0.00	\$0.00
EyeMed (TruAssure) Vision	\$3.38	\$8.45