

## 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

### Grant Employees Based on 20 pay periods

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	\$74.00	\$380.11
BC/BS HMO Illinois	\$48.04	\$318.91
BC/BS Blue Advantage HMO	\$44.68	\$296.58
Delta Dental	\$0.00	\$43.24
EyeMed (TruAssure) Vision	\$4.05	\$10.14