

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

Teacher Premium 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	\$36.04
EyeMed (TruAssure) Vision	\$3.38	\$8.45

PT Teacher More than 55%

Per payroll deduction

Insurance Plan	Single	Family
BC/BS PPO	\$138.36	\$484.41
BC/BS HMO Illinois	\$89.82	\$396.04
BC/BS Blue Advantage HMO	\$83.53	\$368.31
Delta Dental	\$4.00	\$40.04
EyeMed (TruAssure) Vision	\$4.06	\$10.14

Two Full Time Teacher Family

Per payroll deduction

Insurance Plan	Single	Family
BC/BS PPO	n/a	\$71.16
BC/BS HMO Illinois	n/a	\$46.19
BC/BS Blue Advantage HMO	n/a	\$42.96
Delta Dental	n/a	\$12.03

Teacher and PT Teacher (more than 55%)

Per payroll deduction

Insurance Plan	Single	Family
BC/BS PPO	n/a	\$120.59
BC/BS HMO Illinois	n/a	\$89.94
BC/BS Blue Advantage HMO	n/a	\$83.64
Delta Dental	\$0.00	\$12.03