

Insurance Rates

September 1, 2018-August 31, 2019

Blue Cross Blue Shield Health Insurance**

PPO Plan	District Cost per Month	Employee Cost per Month	Total Premium per Month
Single	\$534.33	--	534.33
Employee + Spouse	\$548.85	\$548.85	\$1097.69
Employee + Child(ren)	\$534.33	\$500.05	\$1034.38
Family	\$774.86	\$774.86	\$1549.75

Delta Dental of Illinois Dental Insurance**

PPO Plan	District Cost per Month	Employee Cost per Month	Total Premium per Month
Single	\$30.89	--	\$30.89
Family	\$30.89	\$62.69	\$93.58

Delta Vision/Eye Med**

PPO Plan	District Cost per Month	Employee Cost per Month	Total Premium per Month
Single	--	\$7.22	\$7.22
Employee + 1	--	\$14.50	\$14.50
Employee +Family	--	\$21.75	\$21.75

**These insurance rates are based on Full Time employees or those over 2000 hours per year. Employees that are part time/under 2000 hours per year, please contact Liz Jones at the District Office for your specific rate based on your hours worked.

*Employees who regularly work at least 1,000 hours per year (28 hours/week) will be eligible to participate in the District's Medical, Dental and Life Insurance plans in accordance with those actual insurance contracts/policies.