

**Arlington Heights School District 25
Insurance Rates
2017 Plan Year**

Medical						
	Employee's Cost (per pay check)		Board Cost (per pay check)		Total Cost (per pay check)	Total Cost (per month)
Blue Cross Blue Shield PPO & HMO Illinois		<i>job share</i>		<i>job share</i>		
Single	\$13.19	\$181.94	\$337.50	\$168.75	\$350.69	\$701.37
Family	\$256.75	\$517.39	\$521.28	\$260.64	\$778.03	\$1,556.05
BCBS HMO Blue Advantage						
Single	\$0.00	\$142.95	\$285.90	\$142.95	\$285.90	\$571.80
Family	\$237.74	\$498.37	\$521.28	\$260.64	\$759.01	\$1,518.02
BCBS High Deductible PPO *						
Single	\$0.00	\$159.28	\$318.57	\$159.28	\$318.57	\$637.13
Family	\$166.75	\$427.39	\$521.28	\$260.64	\$688.03	\$1,376.05
* plus \$400 Board Contribution to Health Savings Account (HSA)						
Health Care Reform Fees (Applies only to Medical Plans)						
* Insurer Tax - \$0.00/pay			* Transitional Reinsurance Fee - \$0.00/covered person/pay			
Dental						
	Employee's Cost (per pay check)		Board Cost (per pay check)		Total Cost (per pay check)	Total Cost (per month)
Guardian Dental						
Single	\$0.00	\$9.57	\$19.15	\$9.58	\$19.15	\$38.30
Family	\$31.91	\$41.48	\$19.15	\$9.58	\$51.06	\$102.11
Guardian DHMO						
Single	\$0.00	\$3.65	\$7.29	\$3.64	\$7.29	\$14.57
Family	\$2.92	\$12.49	\$19.15	\$9.58	\$22.07	\$44.14
Vision						
	Employee's Cost (per pay check)		Board Cost (per pay check)		Total Cost (per pay check)	Total Cost (per month)
Vision Service Plan						
Single	\$0.00	\$1.58	\$3.16	\$1.58	\$3.16	\$6.31
Family	\$3.79	\$5.36	\$3.16	\$1.58	\$6.94	\$13.88
Life						
	Employee's Cost (per pay check)		Board Cost (per pay check)		Total Cost (per pay check)	Total Cost (per month)
Guardian Life \$50,000 Policy	\$0.00		\$2.50		\$2.50	\$5.00

*Assuming 24 paychecks per year

Last updated 11/28/16