

**Arlington Heights School District 25  
Insurance Rates for 0.5 FTE Certificated/Licensed Staff  
2017 Plan Year**

<b>Medical</b>				
	<i><b>Employee Cost</b></i>	<i><b>Board Cost</b></i>	Total Cost	Total Cost
<i><b>Blue Cross Blue Shield PPO</b></i>	<i><b>(per pay check)</b></i>	<i><b>(per pay check)</b></i>	<i><b>(per pay check)</b></i>	<i><b>(per month)</b></i>
<b>Single</b>	<b>\$263.01</b>	\$87.67	\$350.69	\$701.37
<b>Family</b>	<b>\$690.35</b>	\$87.67	\$778.03	\$1,556.05
<b>BCBS High Deductible PPO *</b>				
<b>Single</b>	<b>\$230.89</b>	\$87.67	\$318.57	\$637.13
<b>Family</b>	<b>\$600.35</b>	\$87.67	\$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/check

\* Transitional Reinsurance Fee - \$0.00/covered person/check