

Community Unit School District 300 Human Resources
Insurance Rates SY2018-2019 (0.5 FTE)
September 2018 through August 2019

MEDICAL

COVERAGE OPTIONS	PER PAYCHECK 24 PAY	PER PAYCHECK 20 PAY	PER PAYCHECK 18 PAY	TOTAL ANNUAL (INCLUDES BOARD CONTRIBUTIONS)
MEDICAL - HMO ILLINOIS				
SINGLE	\$ 169.34	\$ 203.21	\$ 225.79	\$ 6,773.64
FAMILY	\$ 479.38	\$ 575.26	\$ 639.17	\$ 17,700.24
MEDICAL - PPO				
SINGLE	\$ 256.14	\$ 307.37	\$ 341.52	\$ 10,245.60
EMPLOYEE & SPOUSE	\$ 528.74	\$ 634.48	\$ 704.98	\$ 19,522.56
EMPLOYEE & CHILD(REN)	\$ 518.97	\$ 622.76	\$ 691.96	\$ 19,161.96
FAMILY	\$ 738.57	\$ 886.28	\$ 984.75	\$ 27,270.12
MEDICAL - BLUECHOICE ® PPO				
SINGLE	\$ 217.98	\$ 261.57	\$ 290.63	\$ 8,718.96
EMPLOYEE & SPOUSE	\$ 448.70	\$ 538.43	\$ 598.26	\$ 16,567.20
EMPLOYEE & CHILD(REN)	\$ 441.60	\$ 529.92	\$ 588.80	\$ 16,305.24
FAMILY	\$ 622.50	\$ 746.99	\$ 829.99	\$ 22,984.56
MEDICAL - BLUE EDGE HSA ®				
SINGLE	\$ 250.13	\$ 300.15	\$ 333.50	\$ 10,005.00
EMPLOYEE & SPOUSE	\$ 518.02	\$ 621.63	\$ 690.70	\$ 19,127.04
EMPLOYEE & CHILD(REN)	\$ 510.84	\$ 613.00	\$ 681.12	\$ 18,861.72
FAMILY	\$ 699.50	\$ 839.40	\$ 932.67	\$ 25,827.72

DENTAL

COVERAGE OPTIONS	PER PAYCHECK 24 PAY	PER PAYCHECK 20 PAY	PER PAYCHECK 18 PAY	TOTAL ANNUAL (INCLUDES BOARD CONTRIBUTIONS)
HMO SINGLE	\$ 6.24	\$ 7.49	\$ 8.32	\$ 249.60
HMO FAMILY	\$ 14.61	\$ 17.53	\$ 19.47	\$ 584.28
PPO SINGLE				
PPO SINGLE	\$ 7.48	\$ 8.97	\$ 9.97	\$ 299.04
PPO FAMILY	\$ 21.26	\$ 25.51	\$ 28.34	\$ 850.32
PREMIER SINGLE				
PREMIER SINGLE	\$ 9.70	\$ 11.63	\$ 12.93	\$ 387.84
PREMIER FAMILY	\$ 26.48	\$ 31.77	\$ 35.30	\$ 1,059.12

VISION SERVICE PLAN

VISION COVERAGE	PER PAYCHECK 24 PAY	PER PAYCHECK 20 PAY	PER PAYCHECK 18 PAY	TOTAL ANNUAL (INCLUDES BOARD CONTRIBUTIONS)
SINGLE	\$ 2.23	\$ 2.68	\$ 2.97	\$ 89.28
FAMILY	\$ 4.97	\$ 5.96	\$ 6.63	\$ 198.84

To view all information about D300 Benefits visit <https://d300.gethrinfo.com/>