# Berwyn North School District 98 - BCBSIL Medical & Dental Insurance - EyeMed Vision Insurance Rate Sheet for Coverage from July 1, 2022 through June 30, 2023

Annual Board Contribution \$10,978.00: \$9,978.00 Medical, Dental, Vision Plus \$1,000 Additional Contribution \*Monthly Medical \$795.82 + Dental \$30.66 + Vision \$5.02 = \$831.50 - Annual \$9,978.00 (\$831.50\*12)

Ontion 1. BCBSII HMO Blue	Advantage Medical Coverage &	BCBSII Dontal Coverage: DDO
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		Dental (	Coverage: PPO	Eye	eMed Vision							
	Monthly	Monthly Monthly		Monthly		Annual	Board		<b>Annual Premium</b>		Per	Pay Period
	Premium		Premium		Premium	Premium	C	ontribution	En	nployee Portion	26	Pay Periods
Employee Only	\$ 655.37	\$	30.66	\$	5.02	Board	Pay	s the Premiur	n or	the Employee O	nly Op	otion
Employee + 1 Dependent	\$ 1,258.85	\$	68.82	\$	9.54	\$ 16,046.52	\$	(10,978.00)	\$	5,068.52	\$	194.94
Employee & Family	\$ 1,625.45	\$	129.30	\$	14.01	\$ 21,225.12	\$	(10,978.00)	\$	10,247.12	\$	394.12
					OR							

## Option 2: BCBSIL HMO Blue Advantage Medical Coverage & BCBSIL Dental Coverage: HMO

		Dental Coverage: I	OMH	Eye	eMed Vision						
	Monthly	Monthly			Monthly	Annual	Board	Annual F	Premium	Per P	ay Period
	Premium	Premium			Premium	Premium	Contribution	Employe	e Portion	26 Pa	ay Periods
Employee Only	\$ 655.37	\$	19.13	\$	5.02	Board	Pays the Premiu	m on the	Employee O	nly Opt	ion
Employee + 1 Dependent	\$ 1,258.85	\$	34.60	\$	9.54	\$ 15,635.88	\$ (10,978.00)	\$	4,657.88	\$	179.15
Employee & Family	\$ 1,625.45	\$	55.96	\$	14.01	\$ 20,345.04	\$ (10,978.00)	\$	9,367.04	\$	360.27

# Option 3: BCBSIL PPO Choice Select Medical Coverage & BCBSIL Dental Coverage: PPO

		Den	tal Coverage: PPO	e: PPO EyeMed Vision								
	Monthly		Monthly		Monthly	Annual		Board	Α	nnual Premium	P	er Pay Period
	Premium		Premium		Premium	Premium	C	Contribution	Er	mployee Portion	20	6 Pay Periods
Employee Only	\$ 647.99	\$	30.66	\$	5.02	Board	Pay	s the Premiu	m o	n the Employee Or	nly (	Option
Employee + 1 Dependent	\$ 1,244.68	\$	68.82	\$	9.54	\$ 15,876.48	\$	(10,978.00)	\$	4,898.48	\$	188.40
Employee & Family	\$ 1,607.14	\$	129.30	\$	14.01	\$ 21,005.40	\$	(10,978.00)	\$	10,027.40	\$	385.67
					OR							

## Option 4: BCBSIL PPO Choice Select Medical Coverage & BCBSIL Dental Coverage: HMO

	Dental Coverage: HMO					eMed Vision							
	Monthly		Monthly			Monthly	Annual		Board	Α	nnual Premium	Pe	r Pay Period
	Premium		Premium			Premium	Premium	(	Contribution	En	nployee Portion	26	Pay Periods
Employee Only	\$ 647.99	\$		19.13	\$	5.02	Board	Pay	s the Premiur	n or	n the Employee Or	nly O	ption
Employee + 1 Dependent	\$ 1,244.68	\$		34.60	\$	9.54	\$ 15,465.84	\$	(10,978.00)	\$	4,487.84	\$	172.61
Employee & Family	\$ 1,607.14	\$		55.96	\$	14.01	\$ 20,125.32	\$	(10,978.00)	\$	9,147.32	\$	351.82

# Option 5: BCBSIL PPO Medical Coverage & BCBSIL Dental Coverage: PPO

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		Denta	al Coverage: PPO	Ey	eMed Vision							
	Monthly	nthly Monthly			Monthly	Annual	Board		Annual Premium		Per	r Pay Period
	Premium		Premium		Premium	Premium	C	Contribution	E	mployee Portion	26	Pay Periods
Employee Only	\$ 795.82	\$	30.66	\$	5.02	Board	Pay	s the Premiu	m o	n the Employee Or	nly Or	ption
Employee + 1 Dependent	\$ 1,528.94	\$	68.82	\$	9.54	\$ 19,287.60	\$	(10,978.00)	\$	8,309.60	\$	319.60
Employee & Family	\$ 1,973.80	\$	129.30	\$	14.01	\$ 25,405.32	\$	(10,978.00)	\$	14,427.32	\$	554.90
					OR							

# Option 6: BCBSIL PPO Medical Coverage & BCBSIL Dental Coverage: HMO

	Dental Coverage: HMO					eMed Vision							
	Monthly		Monthly			Monthly	Annual		Board	F	Annual Premium	Per	Pay Period
	Premium		Premium			Premium	Premium	C	Contribution	Ε	mployee Portion	26	Pay Periods
Employee Only	\$ 795.82	\$		19.13	\$	5.02	Board	Pay	s the Premiu	m c	on the Employee Or	nly O	ption
Employee + 1 Dependent	\$ 1,528.94	\$		34.60	\$	9.54	\$ 18,876.96	\$	(10,978.00)	\$	7,898.96	\$	303.81
Employee & Family	\$ 1,973.80	\$		55.96	\$	14.01	\$ 24,525.24	\$	(10,978.00)	\$	13,547.24	\$	521.05

\*Please note only members already enrolled in BCBSIL HMO IL are eligible to continue on this plan\*

## \*Option 7: BCBSIL HMO IL Medical Coverage & BCBSIL Dental Coverage: PPO\*

		Den	tal Coverage: PPO	Ey	eMed Vision							
	Monthly		Monthly		Monthly	Annual		Board	Δ	nnual Premium	Pe	er Pay Period
	Premium		Premium		Premium	Premium	C	Contribution	E	mployee Portion	26	6 Pay Periods
Employee Only	\$ 688.14	\$	30.66	\$	5.02	Board	Pay	s the Premiu	m o	n the Employee Or	nly C	Option
Employee + 1 Dependent	\$ 1,321.78	\$	68.82	\$	9.54	\$ 16,801.68	\$	(10,978.00)	\$	5,823.68	\$	223.99
Employee & Family	\$ 1,706.76	\$	129.30	\$	14.01	\$ 22,200.84	\$	(10,978.00)	\$	11,222.84	\$	431.65
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# \*Option 8: BCBSIL HMO IL Medical Coverage & BCBSIL Dental Coverage: HMO\*

		Dent	al Coverage: H	MO	Eye	eMed Vision							
	Monthly		Monthly			Monthly	Annual		Board	A	Annual Premium	Pe	r Pay Period
	Premium		Premium			Premium	Premium	C	Contribution	Ε	mployee Portion	26	Pay Periods
Employee Only	\$ 688.14	\$		19.13	\$	5.02	Board	Pay	s the Premiur	m o	on the Employee Or	nly C	ption
Employee + 1 Dependent	\$ 1,321.78	\$		34.60	\$	9.54	\$ 16,391.04	\$	(10,978.00)	\$	5,413.04	\$	208.19
Employee & Family	\$ 1,706.76	\$		55.96	\$	14.01	\$ 21,320.76	\$	(10,978.00)	\$	10,342.76	\$	397.80