

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)

Option 1: BCBSIL HMO Blue Advantage Medical Coverage & BCBSIL Dental Coverage: PPO

	Dental Coverage: PPO		EyeMed Vision		Annual Premium	Board Contribution	Annual Premium Employee Portion	Per Pay Period 26 Pay Periods
	Monthly Premium	Monthly Premium	Monthly Premium	Annual Premium				
Employee Only	\$ 655.37	\$ 30.66	\$ 5.02					
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: HMO		EyeMed Vision		Annual Premium	Board Contribution	Annual Premium Employee Portion	Per Pay Period 26 Pay Periods
	Monthly Premium	Monthly Premium	Monthly Premium	Annual Premium				
Employee Only	\$ 655.37	\$ 19.13	\$ 5.02					
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

	Dental Coverage: PPO		EyeMed Vision		Annual Premium	Board Contribution	Annual Premium Employee Portion	Per Pay Period 26 Pay Periods
	Monthly Premium	Monthly Premium	Monthly Premium	Annual Premium				
Employee Only	\$ 647.99	\$ 30.66	\$ 5.02					
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		EyeMed Vision		Annual Premium	Board Contribution	Annual Premium Employee Portion	Per Pay Period 26 Pay Periods
	Monthly Premium	Monthly Premium	Monthly Premium	Annual Premium				
Employee Only	\$ 647.99	\$ 19.13	\$ 5.02					
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

	Dental Coverage: PPO		EyeMed Vision		Annual Premium	Board Contribution	Annual Premium Employee Portion	Per Pay Period 26 Pay Periods
	Monthly Premium	Monthly Premium	Monthly Premium	Annual Premium				
Employee Only	\$ 795.82	\$ 30.66	\$ 5.02					
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		EyeMed Vision		Annual Premium	Board Contribution	Annual Premium Employee Portion	Per Pay Period 26 Pay Periods
	Monthly Premium	Monthly Premium	Monthly Premium	Annual Premium				
Employee Only	\$ 795.82	\$ 19.13	\$ 5.02					
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

	Dental Coverage: PPO		EyeMed Vision		Annual Premium	Board Contribution	Annual Premium Employee Portion	Per Pay Period 26 Pay Periods
	Monthly Premium	Monthly Premium	Monthly Premium	Annual Premium				
Employee Only	\$ 688.14	\$ 30.66	\$ 5.02					
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	

OR

Option 8: BCBSIL HMO IL Medical Coverage & BCBSIL Dental Coverage: HMO

	Dental Coverage: HMO		EyeMed Vision		Annual Premium	Board Contribution	Annual Premium Employee Portion	Per Pay Period 26 Pay Periods
	Monthly Premium	Monthly Premium	Monthly Premium	Annual Premium				
Employee Only	\$ 688.14	\$ 19.13	\$ 5.02					
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	