2025-2026 Insurance Rates

DENTAL

BCBS Dental	Monthly Billed Rates		High Plan Employee Pays Per Check			Low Plan Employee Pays Per Check		
	High	Low	24 Pay Periods	20 Pay Periods	18 Pay Periods	24 Pay Periods	20 Pay Periods	18 Pay Periods
Employee Only	$ 45.38	$ 24.21	$ 22.69	$ 27.23	$ 30.25	$ 12.11	$ 14.53	$ 16.14
Employee + One	$ 86.02	$ 47.08	$ 43.01	$ 51.61	$ 57.35	$ 23.54	$ 28.25	$ 31.39
Employee + Family	$ 133.86	$ 85.22	$ 66.93	$ 80.32	$ 89.24	$ 42.61	$ 51.13	$ 56.81

No change from last year.

VISION

EyeMed	Monthly Billed Rates	Employee Pays Per Check		
		24 Pay Periods	20 Pay Periods	18 Pay Periods
Employee Only	$ 7.75	$ 3.88	$ 4.65	$ 5.17
Employee + Spouse	$ 14.71	$ 7.36	$ 8.83	$ 9.81
Employee+ Child (ren)	$ 15.49	$ 7.75	$ 9.29	$ 10.33
Employee+Family	$ 22.77	$ 11.39	$ 13.66	$ 15.18

No change from last year AND rates locked in for 36 more months!

HEALTH

BCBS of IL	Monthly Billed Rates *(amounts below are BEFORE district benefit)*		Option 1 PPO-HRA Employee Pays Per Check			Option 2 PPO-Health Savings Acct Employee Pays Per Check		
	Option 1 PPO-HRA	Option 2 PPO-H.S.A.	24 Pay Periods	20 Pay Periods	18 Pay Periods	24 Pay Periods	20 Pay Periods	18 Pay Periods
Employee Only	$ 1,024.41	$ 880.29	$ 112.21	$ 134.65	$ 149.61	$ 40.15	$ 48.17	$ 53.53
Employee + One	$ 1,664.75	$ 1,436.65	$ 432.38	$ 518.85	$ 576.50	$ 318.33	$ 381.99	$ 424.43
Employee +Family	$ 2,318.49	$ 2,006.08	$ 759.25	$ 911.09	$ 1,012.33	$ 603.04	$ 723.65	$ 804.05

District benefit is $800.00 / month

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