

2026-2027 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 | \$ 46.29 | \$ 24.69 | \$ 23.15 | \$ 27.77 | \$ 30.86 | \$ 12.35 | \$ 14.81 |
| Employee + One | \$ 87.74 | \$ 48.02 | \$ 43.87 | \$ 52.64 | \$ 58.49 | \$ 24.01 | \$ 28.81 | \$ 32.01 | |
| Employee + Family | \$ 136.54 | \$ 86.92 | \$ 68.27 | \$ 81.92 | \$ 91.03 | \$ 43.46 | \$ 52.15 | \$ 57.95 | |

| LIFE/ADD | Reliance | Monthly Billed Rates |
|----------|----------|---|
| | | Based on age and limit of coverage. Check out the rate sheet for age groups and rates. |

No change in rates from last year BUT if your age has bumped to the next age group, your rate will reflect an increase.

| VISION | EyeMed | Monthly Billed Rates | | Employee Pays Per Check | | |
|------------------------|----------|----------------------|-------------------|-------------------------|----------------|----------------|
| | | Employee Only | Employee + Spouse | 24 Pay Periods | 20 Pay Periods | 18 Pay Periods |
| | | \$ 7.75 | \$ 14.71 | \$ 3.88 | \$ 4.65 | \$ 5.17 |
| 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 24 more months!

| HEALTH HRA Options | BCBS of IL | Monthly Billed Rates <i>(amounts below are BEFORE district benefit)</i> | | HRA Option 1 (\$2500 Deductible) Employee Pays Per Check | | | HRA Option 2 (\$5000 Deductible) Employee Pays Per Check | | |
|--------------------------|-------------|--|---------------------------------|---|----------------|----------------|---|----------------|----------------|
| | | HRA Opt 1 \$2,500 Deductible | HRA Opt 2 \$5,000 Deductible | 24 Pay Periods | 20 Pay Periods | 18 Pay Periods | 24 Pay Periods | 20 Pay Periods | 18 Pay Periods |
| | | Employee Only | \$ 1,190.36 | \$ 1,111.80 | \$ 195.18 | \$ 234.22 | \$ 260.24 | \$ 155.90 | \$ 187.08 |
| Employee + One | \$ 1,934.44 | \$ 1,806.77 | \$ 567.22 | \$ 680.66 | \$ 756.29 | \$ 503.39 | \$ 604.06 | \$ 671.18 | |
| Employee +Family | \$ 2,694.09 | \$ 2,516.28 | \$ 947.05 | \$ 1,136.45 | \$ 1,262.73 | \$ 858.14 | \$ 1,029.77 | \$ 1,144.19 | |

District benefit is \$800.00 / month

| HEALTH HDHP (HSA) Options | BCBS of IL | Monthly Billed Rates <i>(amounts below are BEFORE district benefit)</i> | | HDHP/HSA Option 1 (\$2500 Deductible) Employee Pays Per Check | | | HDHP/HSA Option 2 (\$5000 Deductible) Employee Pays Per Check | | |
|---------------------------------|-------------|--|---------------------------------|--|----------------|----------------|--|----------------|----------------|
| | | HSA Opt 1 \$2,500 Deductible | HSA Opt 2 \$5,000 Deductible | 24 Pay Periods | 20 Pay Periods | 18 Pay Periods | 24 Pay Periods | 20 Pay Periods | 18 Pay Periods |
| | | Employee Only | \$ 941.07 | \$ 798.89 | \$ 70.54 | \$ 84.64 | \$ 94.05 | \$ - | \$ - |
| Employee + One | \$ 1,535.84 | \$ 1,303.80 | \$ 367.92 | \$ 441.50 | \$ 490.56 | \$ 251.90 | \$ 302.28 | \$ 335.87 | |
| Employee +Family | \$ 2,144.58 | \$ 1,820.56 | \$ 672.29 | \$ 806.75 | \$ 896.39 | \$ 510.28 | \$ 612.34 | \$ 680.37 | |

District benefit is \$800.00 / month