

Prospect Heights School District 23
2024-25 PPO Medical Insurance Rates

SINGLE/FAMILY	TOTAL ANNUAL PREMIUM	TOTAL MONTHLY PREMIUM	Contract %			Monthly Premium			Per Check (24) Premium			Per Check (20) Premium	
			Employee	BOE		Employee	BOE Share		Employee	BOE Share		Employee	BOE Share
BCBS PPO													
Single	\$11,707.92	\$975.66	7.73%	92.27%		\$75.42	\$900.24		\$37.71	\$450.12		\$45.25	\$540.14
Family	\$31,738.08	\$2,644.84	26.52%	73.48%		\$701.41	\$1,943.43		\$350.71	\$971.71		\$420.85	\$1,166.06
BCBS High Deductible PPO													
Single	\$9,694.32	\$807.86	7.73%	92.27%		\$62.45	\$745.41		\$31.22	\$372.71		\$37.47	\$447.25
Family	\$26,279.28	\$2,189.94	26.52%	73.48%		\$580.77	\$1,609.17		\$290.39	\$804.58		\$348.46	\$965.50

Prospect Heights School District 23
2024-25 HMO Medical Insurance Rates

SINGLE/FAMILY	TOTAL ANNUAL PREMIUM	TOTAL MONTHLY PREMIUM	Contract %			Monthly Premium			Per Check (24) Premium			Per Check (20) Premium	
			Employee	BOE		Employee	BOE Share		Employee	BOE Share		Employee	BOE Share
HMO Blue Advantage													
Single	\$9,851.28	\$820.94	11.61%	88.39%		\$95.31	\$725.63		\$47.66	\$362.81		\$57.19	\$435.38
Family	\$26,488.68	\$2,207.39	30.47%	69.53%		\$672.59	\$1,534.80		\$336.30	\$767.40		\$403.56	\$920.88

Prospect Heights School District 23
2024-25 Dental Insurance Rates

SINGLE/FAMILY		TOTAL MONTHLY PREMIUM	Contract %			Monthly Premium			Per Check (24) Premium			Per Check (20) Premium	
			Employee	BOE		Employee	BOE Share		Employee	BOE Share		Employee	BOE Share
Single	\$461.88	\$38.49	0.00%	100%		\$0.00	\$38.49		\$0.00	\$19.25		\$0.00	\$23.09
Family	\$1,291.44	\$107.62	0.00%	100%		\$0.00	\$107.62		\$0.00	\$53.81		\$0.00	\$64.57

Prospect Heights School District 23
2024-25 Vision Insurance Rates

Single	\$88.68	\$7.39		100%	0.00%		\$7.39	\$0.00		\$3.70	\$0.00		\$4.43	\$0.00
Family	\$190.56	\$15.88		100%	0.00%		\$15.88	\$0.00		\$7.94	\$0.00		\$9.53	\$0.00

Prospect Heights School District 23

2024-25 Life Insurance Rates

Single	\$31.56	\$2.63		0.00%	100%		\$0.00	\$2.63		\$0.00	\$1.32		\$0.00	\$1.58
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2024-25 Flexible Spending

FSA Maximum	\$3,200.00	Carryover \$640
DCAP Maximum	\$5,000.00	

Plan Year for ALL Benefits is 7/1/24 through 6/30/25

Medical and Dental Deductibles Begin 1/1 and go through 12/31

HSA Max Single	\$3,400*	Employee Maximum \$3,400 + Board contribution \$750 = IRS Maximum of \$4,150
HSA Max Family	\$6,800*	Employee Maximum \$6,800 + Board contribution \$1,500 = IRS Maximum of \$8,300

*Board will match HSA contributions up to \$750 for individual and up to \$1500 for family