

# FY25 Blue Cross Blue Shield of IL - HEALTH INSURANCE

## ADMINISTRATION

OPEN ENROLLMENT:	*August 2024*
EFFECTIVE DATE:	09/01/24 - 8/31/2025

PPO + PPO PLUS (\$500 single deductible / \$1500 family )	Employee Single	Employee + Spouse	Employee + Child(ren)	Family
Monthly Premium	1,124.00	2,416.00	2,126.00	3,420.00
<i>Monthly Benefit</i>	1,124.00	1,124.00	2,126.00	2,126.00
Monthly Employee Share	0.00	(1,292.00)	0.00	(1,294.00)
Employee Deduction Per Pay (2 pays per month)	0.00	(646.00)	0.00	(647.00)

PPO + CUSTOM BLUE EDGE (\$2,500 single deductible/ \$5000 family)	Employee Single	Employee + Spouse	Employee + Child(ren)	Family
Monthly Premium	774.00	1,664.00	1,464.00	2,354.00
Monthly Benefit - Premium Payment	774.00	774.00	1,464.00	1,464.00
H S A Monthly Benefit - Deposited to H S A acct	350.00	350.00	663.00	663.00
TOTAL MONTHLY BENEFIT	1,124.00	1,124.00	2,127.00	2,127.00
Monthly Employee Share	0.00	(890.00)	0.00	(890.00)
Employee Deduction Per Pay (2 pays per month)	0.00	(445.00)	0.00	(445.00)

Contact the District office before noon August 31st if you wish to enroll or make any changes to your existing coverage plan.

TELEPHONE #: 309/582-2238