

# FY24 Blue Cross Blue Shield of IL - HEALTH INSURANCE

## ALL NON-ADMINISTRATIVE FACULTY & STAFF

(ELIGIBLE MCEA, MCEEA, Non-Union Faculty and Staff)

OPEN ENROLLMENT:	<b>*August 2023*</b>
EFFECTIVE DATE:	<b>09/01/23 - 8/31/2024</b>

PPO + PPO PLUS ( <small>\$500 single deductible / \$1500 family</small> )	Employee Single	Employee + Spouse	Employee + Child(ren)	Family
Monthly Premium	1,005.00	1,900.00	2,160.00	3,055.00
<i>Monthly Benefit</i>	<i>854.25</i>	<i>854.25</i>	<i>854.25</i>	<i>854.25</i>
Monthly Employee Share	(150.75)	(1,045.75)	(1,305.75)	(2,200.75)
Employee Deduction Per Pay (2 pays per month)	(75.38)	(522.88)	(652.88)	(1,100.38)

PPO + CUSTOM BLUE EDGE ( <small>\$2,500 single deductible/ \$5000 family</small> )	Employee Single	Employee + Spouse	Employee + Child(ren)	Family
Monthly Premium	690.00	1,310.00	1,485.00	2,105.00
Monthly Benefit - Premium Payment	690.00	690.00	690.00	690.00
H S A Monthly Benefit - Deposited to H S A acct	164.25	164.25	164.25	164.25
<b>TOTAL MONTHLY BENEFIT</b>	<b>854.25</b>	<b>854.25</b>	<b>854.25</b>	<b>854.25</b>
Monthly Employee Share	0.00	(620.00)	(795.00)	(1,415.00)
Employee Deduction Per Pay (2 pays per month)	0.00	(310.00)	(397.50)	(707.50)

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

TELEPHONE # 309/582-2238