

FY20 Blue Cross Blue Shield of IL - HEALTH INSURANCE

NON UNION STAFF

OPEN ENROLLMENT:	*August 2019*
EFFECTIVE DATE:	09/01/19 - 8/31/2020

PPO + PPO PLUS (\$500 deductible)	Employee Single	Employee + Spouse	Employee + Child(ren)	Family
Monthly Premium	750.00	1,615.00	1,420.00	2,285.00
<i>Monthly Benefit</i>	<i>640.00</i>	<i>640.00</i>	<i>640.00</i>	<i>640.00</i> *
Monthly Employee Share	110.00	975.00	780.00	1,645.00
Employee Deduction Per Pay (2 pays per month)	55.00	487.50	390.00	822.50

PPO + CUSTOM BLUE EDGE (\$2,500 deductible)	Employee Single	Employee + Spouse	Employee + Child(ren)	Family
Monthly Premium	515.00	1,110.00	980.00	1,570.00
Monthly Benefit - Premium Payment	515.00	515.00	515.00	515.00
H S A Monthly Benefit - Deposited to H S A acct	125.00	125.00	125.00	125.00 *
TOTAL MONTHLY BENEFIT	<i>640.00</i>	<i>640.00</i>	<i>640.00</i>	<i>640.00</i> *
Monthly Employee Share	0.00	595.00	465.00	1,055.00
Employee Deduction Per Pay (2 pays per month)	0.00	297.50	232.50	527.50

* Benefit amount subject to change with negotiations

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