

# 2023 – 2024 Benefit Summary

## 12-MONTH SECRETARY

### WINNETKA PUBLIC SCHOOL DISTRICT 36 – FLEXIBLE BENEFIT PLAN ELECTION ENROLLMENT FOR 2023 – 2024 SCHOOL YEAR PLAN YEAR JULY 1, 2023 – JUNE 30, 2024

#### I. HEALTH INSURANCE

##### i. PLAN HMO IL – BlueCross/BlueShield – HMO Illinois

- Employee Only (Annual Premium: \$ 8,630.28 Employee Portion: \$ 0.00/yr; **\$ 0.00/mo**)
- Employee + Spouse (Annual Premium: \$ 18,905.88 Employee Portion: \$ 5,671.76/yr; **\$ 472.65/mo**)
- Employee + Child/ren (Annual Premium: \$ 14,837.76 Employee Portion: \$ 4,451.33/yr; **\$ 370.94/mo**)
- Family (Annual Premium: \$ 24,969.00 Employee Portion: \$ 7,490.70/yr; **\$ 624.23/mo**)

##### ii. PLAN 750 – BlueCross/BlueShield PPO (\$750 deductible)

- Employee Only (Annual Premium: \$ 12,680.52 Employee Portion: \$ 2,536.10/yr; **\$ 211.34/mo**)
- Employee + Spouse (Annual Premium: \$ 25,360.44 Employee Portion: \$ 7,608.13/yr; **\$ 634.01/mo**)
- Employee + Child/ren (Annual Premium: \$ 24,092.64 Employee Portion: \$ 7,227.79/yr; **\$ 602.32/mo**)
- Family (Annual Premium: \$ 34,870.80 Employee Portion: \$ 10,461.24/yr; **\$ 871.77/mo**)

##### iii. PLAN 1500 – BlueCross/BlueShield PPO (\$1500 deductible)

- Employee Only (Annual Premium: \$ 12,034.80 Employee Portion: \$ 2,406.96/yr; **\$ 200.58/mo**)
- Employee + Spouse (Annual Premium: \$ 24,069.36 Employee Portion: \$ 7,220.81/yr; **\$ 601.73/mo**)
- Employee + Child/ren (Annual Premium: \$ 22,866.12 Employee Portion: \$ 6,859.84/yr; **\$ 571.65/mo**)
- Family (Annual Premium: \$ 33,095.28 Employee Portion: \$ 9,928.58/yr; **\$ 827.38/mo**)

##### iv. PLAN HDHP – BlueCross/BlueShield PPO High-Deductible Health Plan

- Employee Only (Annual Premium: \$ 10,987.92 Employee Portion: \$ 2,197.58/yr; **\$ 183.13/mo**)
- Employee + Spouse (Annual Premium: \$ 21,975.36 Employee Portion: \$ 6,592.61/yr; **\$ 549.38/mo**)
- Employee + Child/ren (Annual Premium: \$ 20,876.76 Employee Portion: \$ 6,263.03/yr; **\$ 521.92/mo**)
- Family (Annual Premium: \$ 30,216.12 Employee Portion: \$ 9,064.84/yr; **\$ 755.40/mo**)

**12-MONTH SECRETARY**

**WINNETKA PUBLIC SCHOOL DISTRICT 36 – FLEXIBLE BENEFIT PLAN  
ELECTION ENROLLMENT FOR 2023 – 2024 SCHOOL YEAR  
PLAN YEAR JULY 1, 2023 – JUNE 30, 2024**

**II. DENTAL INSURANCE**

**i. Delta Dental HMO Plan**

- Employee Only (Annual Premium: \$ 229.92/yr; \$ **19.16/mo**)
- Employee + Spouse (Annual Premium: \$ 425.40/yr; \$ **35.45/mo**)
- Employee + Child/ren (Annual Premium: \$ 480.60/yr; \$ **40.05/mo**)
- Family (Annual Premium: \$ 675.96/yr; \$ **56.33/mo**)

**ii. Delta Dental PPO Plan**

- Employee Only (Annual Premium: \$ 566.88/yr; \$ **47.24/mo**)
- Employee + Spouse (Annual Premium: \$ 1,133.64/yr; \$ **94.47/mo**)
- Employee + Child/ren (Annual Premium: \$ 1,368.72/yr; \$ **114.06/mo**)
- Family (Annual Premium: \$ 2,088.12/yr; \$ **174.01/mo**)

**III. VISION INSURANCE**

**i. UnitedHealthcare**

- Employee Only (Annual Premium: \$ 69.84/yr; \$ **5.82/mo**)
- Employee + Spouse (Annual Premium: \$ 138.84/yr; \$ **11.57/mo**)
- Employee + Child/ren (Annual Premium: \$ 145.44/yr; \$ **12.12/mo**)
- Family (Annual Premium: \$ 217.68/yr; \$ **18.14/mo**)

**IV. LIFE INSURANCE**

**i. BASIC LIFE and AD&D – Paid by the School Board**

**a.** \$20,000 Basic and AD&D (Accidental Death and Dismemberment) policy

**i. Basic** (\$50,000 x 0.000095 per month x 12 months = \$ 57.00 per year)

**ii. AD&D** (\$50,000 x 0.000010 per month x 12 months = \$ 6.00 per year)

**b. Basic + AD&D = \$ School Board Cost (No Deduction)**

**ii. OPTIONAL LIFE – Value Varies**

**a.** Multiply your annual salary x 1.5 = \$ “Value” (max \$200,000)

**b. Value x 0.00035 = \_\_\_\_\_ x 12 months = \$ YOUR ANNUAL COST**

**V. LONG-TERM DISABILITY – Paid by the School Board**

**a. Multiply your annual salary x 0.0065 = \$ School Board Cost (No Deduction)**