

|                              | 2025-2026 Monthly<br>Insurance<br>Employee Share | 2025-2026 Monthly<br>Insurance<br>District Share | 2025-2026<br>Employee deduction<br>per paycheck - 24 checks |
|------------------------------|--------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------|
| <b>HMO Blue Advantage 30</b> |                                                  |                                                  |                                                             |
| Single                       |                                                  | 840.44                                           |                                                             |
| Single + Spouse              | 594.19                                           | 840.44                                           | 297.10                                                      |
| Single +Child(ren)           | 522.47                                           | 840.44                                           | 261.24                                                      |
| Family                       | 1132.19                                          | 840.44                                           | 566.10                                                      |
| <b>HMO Illinois 30</b>       |                                                  |                                                  |                                                             |
| Single                       |                                                  | 866.43                                           |                                                             |
| Single + Spouse              | 612.57                                           | 866.43                                           | 306.29                                                      |
| Single +Child(ren)           | 538.63                                           | 866.43                                           | 269.32                                                      |
| Family                       | 1167.21                                          | 866.43                                           | 583.61                                                      |
| <b>PPO Plan 350</b>          |                                                  |                                                  |                                                             |
| Single                       |                                                  | 1174.90                                          |                                                             |
| Single + Spouse              | 886.94                                           | 1174.90                                          | 443.47                                                      |
| Single +Child(ren)           | 783.89                                           | 1174.90                                          | 391.95                                                      |
| Family                       | 1660.17                                          | 1174.90                                          | 830.09                                                      |
| <b>PPO Plan 500</b>          |                                                  |                                                  |                                                             |
| Single                       |                                                  | 1174.90                                          |                                                             |
| Single + Spouse              | 886.94                                           | 1174.90                                          | 443.47                                                      |
| Single +Child(ren)           | 783.89                                           | 1174.90                                          | 391.95                                                      |
| Family                       | 1660.17                                          | 1174.90                                          | 830.09                                                      |
| <b>PPO Plan 750</b>          |                                                  |                                                  |                                                             |
| Single                       |                                                  | 1063.66                                          |                                                             |
| Single + Spouse              | 802.97                                           | 1063.66                                          | 401.49                                                      |
| Single +Child(ren)           | 709.69                                           | 1063.66                                          | 354.85                                                      |
| Family                       | 1503.01                                          | 1063.66                                          | 751.51                                                      |
| <b>PPO Plan 2500</b>         |                                                  |                                                  |                                                             |
| Single                       |                                                  | 941.35                                           |                                                             |
| Single + Spouse              | 710.63                                           | 941.35                                           | 355.32                                                      |
| Single +Child(ren)           | 628.07                                           | 941.35                                           | 314.04                                                      |
| Family                       | 1330.17                                          | 941.35                                           | 665.09                                                      |
| <b>Vision</b>                |                                                  |                                                  |                                                             |
| Single                       | 6.22                                             |                                                  | 3.11                                                        |
| Family                       | 13.40                                            |                                                  | 6.70                                                        |
| <b>PPO Dental</b>            |                                                  |                                                  |                                                             |
| Single                       |                                                  | 34.64                                            |                                                             |
| Family                       | 68.68                                            | 34.64                                            | 34.34                                                       |
| <b>HMO Dental</b>            |                                                  |                                                  |                                                             |
| Single                       |                                                  | 17.11                                            |                                                             |
| Family                       | 28.09                                            | 17.11                                            | 14.05                                                       |