D 219
NILES TOWNSHIP HIGH SCHOOLS

Niles Township High Schools - District 219
Health & Dental Insurance Coverage - Summary
July 1, 2025 through June 30, 2026

Medical

	Full Annual Funding Rate		Board Annual Share		Employee Annual Share		Employee Cost Per Paycheck (21 Pays / 19 benefit deductions)*		Employee Cost Per Paycheck (26 Pays / 24 benefit deductions)*	
	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY
BCBS PPO Plan 1 (NTSS & Conf)	$15,530.60	$38,805.30	$14,166.23	$35,396.24	$1,364.37	$3,409.06	$71.81	$179.42	$56.85	$142.04
BCBS PPO Plan 2 (NTFT, Adm)	$15,499.29	$38,725.95	$13,985.57	$34,943.84	$1,513.72	$3,782.11	$79.67	$199.06	$63.07	$157.59
BCBS PPO HDHP w/ HSA	$11,231.40	$28,062.08	$11,231.40	$28,062.08	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
BCBS HMO Illinois (NTSS & Conf)	$10,573.48	$27,542.31	$9,644.59	$25,122.70	$928.89	$2,419.61	$48.89	$127.35	$38.70	$100.82
BCBS HMO Illinois (NTFT, Adm)	$10,573.48	$27,542.31	$9,540.84	$24,852.43	$1,032.64	$2,689.88	$54.35	$141.57	$43.03	$112.08
BCBS Blue Advantage HMO	$9,247.37	$24,088.35	$8,897.37	$23,138.35	$350.00	$950.00	$18.42	$50.00	$14.58	$39.58

Dental

	Full Annual Funding Rate		Board Annual Share		Employee Annual Share		Employee Cost Per Paycheck (21 Pays / 19 benefit deductions)*		Employee Cost Per Paycheck (26 Pays / 24 benefit deductions)*	
	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY
NTFT, Adm, Conf	$548.91	$1,699.63	$548.91	$1,124.27	$0.00	$575.36	$0.00	$30.28	$0.00	$23.97
NTSS	$548.91	$1,699.63	$507.74	$1,083.10	$41.17	$616.53	$2.17	$32.45	$1.72	$25.69

**If there happens to be three paychecks in a month, no benefit deductions will be taken on the third paycheck*