



To: All District #33 Staff
 Date: November 8, 2020
 Re: 2021 Blue Cross Blue Shield Per Payroll Medical and Dental Deductions
 From: John Haffner

Effective January 1, 2021

MEDICAL INSURANCE
CLASSIFIED/CUSTODIAL

| Plan Option | Single Monthly Premium | Family Monthly Premium | Employee Deduction for Single | Employee Deduction for Family | 24 Pay Periods | 24 Pay Periods |
|---------------------------|---------------------------|---------------------------|----------------------------------|----------------------------------|------------------------------|------------------------------|
| | | | Per Paycheck 24 Pay Periods | Per Paycheck 24 Pay Periods | Board Contribution Single | Board Contribution Family |
| PPO 70/30 | \$871.16 | \$1,968.92 | \$130.67 | \$295.34 | \$304.91 | \$689.12 |
| HMO IL 80/20 | \$740.47 | \$1,673.59 | \$74.05 | \$167.36 | \$296.19 | \$669.44 |
| HMO BA 80/20 | \$723.06 | \$1,634.21 | \$72.31 | \$163.42 | \$289.22 | \$653.68 |
| Health Savings Acct 80/20 | \$766.61 | \$1,732.66 | \$76.66 | \$173.27 | \$306.64 | \$693.06 |

| Plan Option | Single Monthly Premium | Family Monthly Premium | Employee Deduction for Single | Employee Deduction for Family | 20 Pay Periods | 20 Pay Periods |
|---------------------------|---------------------------|---------------------------|----------------------------------|----------------------------------|------------------------------|------------------------------|
| | | | Per Paycheck 20 Pay Periods | Per Paycheck 20 Pay Periods | Board Contribution Single | Board Contribution Family |
| PPO 70/30 | \$871.16 | \$1,968.92 | \$156.81 | \$354.41 | \$365.89 | \$826.95 |
| HMO IL 80/20 | \$740.47 | \$1,673.59 | \$88.86 | \$200.83 | \$355.43 | \$803.32 |
| HMO BA 80/20 | \$723.06 | \$1,634.21 | \$86.77 | \$196.11 | \$347.07 | \$784.42 |
| Health Savings Acct 80/20 | \$766.61 | \$1,732.66 | \$91.99 | \$207.92 | \$367.97 | \$831.68 |

MEDICAL INSURANCE
ADMINISTRATIVE/CERTIFIED

| Plan Option | Single Monthly Premium | Family Monthly Premium | Employee Deduction for Single See below | Employee Deduction for Family See below | 24 Pay Periods | 24 Pay Periods |
|-----------------------------------|---------------------------|---------------------------|---|---|------------------------------|------------------------------|
| | | | Per Paycheck 24 Pay Periods | Per Paycheck 24 Pay Periods | Board Contribution Single | Board Contribution Family |
| PPO 70/30 | \$ 862.44 | \$1,949.24 | \$129.37 | \$292.39 | \$301.85 | \$682.23 |
| HMO IL 80/20 Single, 75/25 Family | \$740.47 | \$1,673.59 | \$74.05 | \$209.20 | \$296.19 | \$627.60 |
| HMO BA 80/20 | | | Same rates as Classified/Custodial apply | | | |
| Health Savings Acct 80/20 | | | Same rates as Classified/Custodial apply | | | |

| Plan Option | Single Monthly Premium | Family Monthly Premium | Employee Deduction for Single See below | Employee Deduction for Family See below | 20 Pay Periods | 20 Pay Periods |
|-----------------------------------|---------------------------|---------------------------|---|---|------------------------------|------------------------------|
| | | | Per Paycheck 20 Pay Periods | Per Paycheck 20 Pay Periods | Board Contribution Single | Board Contribution Family |
| PPO 70/30 | \$862.44 | \$1,949.24 | \$155.24 | \$350.86 | \$362.22 | \$818.68 |
| HMO IL 80/20 Single, 75/25 Family | \$725.95 | \$1,640.77 | \$87.11 | \$246.12 | \$348.46 | \$738.35 |
| HMO BA 80/20 | | | Same rates as Classified/Custodial apply | | | |
| Health Savings Acct 80/20 | | | Same rates as Classified/Custodial apply | | | |

The Board of Education will seed Health Savings Accounts for 2 years only (\$675 for Single, \$1350 for Family). Employees who have participated in the Health Savings Account for 2 or more years will not receive additional seeding. Please contact the Business or Human Resources Department if you have questions. Each eligible full-time staff members receives a Board paid life insurance policy of \$20,000.00

DENTAL INSURANCE
ALL D33 STAFF

| Plan Option | Single | Family | Employee Deduction for Single 20% | Employee Deduction for Family 20% | 24 Pay Periods 80% | 24 Pay Periods 80% |
|-------------|---------|----------|---|---|------------------------------|------------------------------|
| | | | Per Paycheck 24 Pay Periods | Per Paycheck 24 Pay Periods | Board Contribution Single | Board Contribution Family |
| Monthly | \$37.06 | \$107.24 | \$3.71 | \$10.72 | \$14.82 | \$42.90 |

| Plan Option | Single | Family | Employee Deduction for Single 20% | Employee Deduction for Family 20% | 20 Pay Periods 80% | 20 Pay Periods 80% |
|-------------|---------|----------|---|---|------------------------------|------------------------------|
| | | | Per Paycheck 20 Pay Periods | Per Paycheck 20 Pay Periods | Board Contribution Single | Board Contribution Family |
| Monthly | \$37.06 | \$107.24 | \$4.45 | \$12.87 | \$17.79 | \$51.48 |

Please note that beginning with the current custodians contract, all custodians are on the 80/20 plan. This is the same plan that certified staff and administrators are on. The only exception to this are custodians who have been on the dental plan for more than 5 years. These custodians will remain at 100% board paid dental.

Please note that beginning with current Support staff contract, all Support Staff are on the 80/20 plan. This is the same plan that certified staff, administrators, and custodians are on. The only exception to this are Support Staff who have been on the dental plan for more than 5 years. These Support Staff employees will remain at 100% board paid dental.

Dental insurance is PAID IN FULL by the Board of Education if two members of the same family work for District 33 regardless of employee category.

VISION INSURANCE
ALL D33 STAFF

| Plan Option | Employee Deduction per paycheck- 24 PAY | Employee Deduction per paycheck- 20 PAY |
|--|---|---|
| Employee Insurance Rates 2021 10-30-20.xls | 4.47 | \$ 5.36 |
| Employee and Spouse | \$ 7.16 | \$ 8.59 |

| | | | | |
|--------------------|----|-------|----|-------|
| Employee and Child | \$ | 7.30 | \$ | 8.76 |
| Family | \$ | 11.78 | \$ | 14.14 |

Employee pays 100% of Vision Insurance premium.