

## To: All District #33 Staff Date: November 8, 2022 Re: 2022 Blue Cross Blue Shield Per Payroll Medical and Dental Deductions From: John Haffner

District J Effective January 1, 2022					
		Employee Deduction for Single	Employee Deduction for Family		
				24 Pay Periods	24 Pay Periods
Single Monthly Premium	Family Monthly Premium	Per Paycheck 24 Pay Periods	Per Paycheck 24 Pay Periods	Board Contribution Single	Board Contribution Family
\$888.58 \$755.28 \$737.52 \$781.94	\$2,008.30 \$1,707.06 \$1,666.89 \$1,767.31	\$133.29 \$75.53 \$73.75 \$78.19	\$301.24 \$170.71 \$166.69 \$176.73	\$311.00 \$302.11 \$295.01 \$312.78	\$702.90 \$682.82 \$666.76 \$706.93
	Single Monthly Premium \$888.58 \$755.28 \$737.52	Single Family   Monthly Premium Monthly Premium   \$888.58 \$2,008.30   \$755.28 \$1,707.06   \$737.52 \$1,666.89	Single Family Per Paycheck   Single Family Monthly Premium Per Paycheck   \$888.58 \$2,008.30 \$133.29   \$755.28 \$1,707.06 \$75.53   \$737.52 \$1,666.89 \$73.75	Single Monthly PremiumFamily Monthly PremiumPer Paycheck 24 Pay PeriodsPer Paycheck 24 Pay Periods\$888.58 \$755.28 \$737.52\$2,008.30 \$1,070.06 \$75.53 \$1,666.89\$133.29 \$73.75\$301.24 \$166.69	Single Monthly PremiumFamily Monthly PremiumPer Paycheck 24 Pay PeriodsPer Paycheck 24 Pay Periods24 Pay Periods\$888.58 \$755.28 \$737.52\$1,007.06 \$1,666.89\$73.75 \$166.69\$301.24 \$1295.01\$301.14 \$302.11

			Employee Deduction for Single	Employee Deduction for Family		
			-		20 Pay Periods	20 Pay Periods
Plan Option	Single Monthly Premium	Family Monthly Premium	Per Paycheck 20 Pay Periods	Per Paycheck 20 Pay Periods	Board Contribution Single	Board Contribution Family
PPO 70/30 HMO IL 80/20 HMO BA 80/20 Health Savings Acct 80/20	\$888.58 \$755.28 \$737.52 \$781.94	\$2,008.30 \$1,707.06 \$1,666.89 \$1,767.31	\$159.94 \$90.63 \$88.50 \$93.83	\$361.49 \$204.85 \$200.03 \$212.08	\$373.20 \$362.53 \$354.01 \$375.33	\$843.49 \$819.39 \$800.11 \$848.31
MEDICAL INSURANCE ADMINISTRATIVE/CERTIFIED			Employee Deduction for Single See below	for Family See below	24 Pay Periods See below	24 Pay Periods See below
Plan Option	Single Monthly Premium	Family Monthly Premium	Per Paycheck 24 Pay Periods	Per Paycheck 24 Pay Periods	Board Contribution Single	Board Contribution Family
PPO 70/30 HMO IL 80/20 Single, 75/25 Family HMO BA 80/20	\$	\$1,988.22 \$1,707.06 Same rate	\$131.95 \$75.56 es as Classified/Custo	\$298.23 \$213.38 odial apply	\$307.89 \$302.22	\$695.88 \$640.15

Employee Deduction Employee Deduction for Family for Single 20 Pay Periods 20 Pay Periods See below See below See below See below Plan Option Single Family Per Paycheck Per Paycheck **Board Contribution Board Contribution** Monthly Premium Monthly Premium 20 Pay Periods 20 Pay Periods Single Family PPO 70/30 \$879.69 \$1,988.22 \$357.88 \$369.47 \$835.05 \$158.34 HMO IL 80/20 Single, 75/25 Family \$1,707.06 \$362.66 \$768.18 \$755.55 \$90.67 \$256.06 HMO BA 80/20 Same rates as Classified/Custodial apply

Same rates as Classified/Custodial apply

The Board of Education will continue to seed Health Savings Accounts for 2 years only (\$675 for Single, \$1350 for Family) for employees CURRENTLY participating. Employees who have participated in the Health Savings Account for 2 or more years will not receive additional seeding.

The Board of Education will NOT seed Health Savings Accounts for any new Employee enrollments beginning in January 2022.

Please contact the Business or Human Resources Department if you have questions

Effective January 1, 2022

Each eligible full-time staff members receives a Board paid life insurance policy of \$20,000.00

## DENTAL INSURANCE ALL D33 STAFF

Health Savings Acct 80/20

			for Single	for Family		
			20%	20%	24 Pay Periods 80%	24 Pay Periods 80%
Plan Optio	n Single	Family	Per Paycheck 24 Pay Periods	Per Paycheck 24 Pay Periods	Board Contribution Single	Board Contribution Family
Monthly	\$34.65	\$100.27	\$3.47	\$10.03	\$13.86	\$40.11
			Employee Deduction for Single	Employee Deduction for Family		
			20%	20%	20 Pay Periods 80%	20 Pay Periods 80%
Plan Optio	n Single	Family	Per Paycheck 20 Pay Periods	Per Paycheck 20 Pay Periods	Board Contribution Single	Board Contribution Family
Monthly	\$34.65	\$100.27	\$4.16	\$12.03	\$16.63	\$48.13

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.

Employee Deduction Employee Deduction

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 Dec	duction per paycheck- 20 PAY	
Emplo	byee	\$	4.47	\$	5.36	
	Employee and Spouse	\$	7.16	\$	8.59	
Emplo	oyee and Child	\$	7.30	\$	8.76	Insurance Rates 2022 10-28-21
Famil	у	\$	11.78	\$	14.14	11/5/2021

Employee pays 100% of Vision Insurance premium.