# 2023-24 Board & Employee Insurance Contributions

Peru Elementary School District 124

### **HSA Insurance Premiums**

MPEQ1Z0723

Single Coverage		Board Monthly	Employee Monthly	Employee Per Check
Medical	\$846.06	\$729.77	\$116.29	\$58.15
Dental	\$36.43	\$30.97	\$5.46	\$2.73
Vision	\$6.59	\$5.60	\$0.99	\$0.48
Total	\$889.08	\$766.34	\$122.74	\$61.36
		Board	Employee	Employee
Plus Child Coverage		Monthly	Monthly	Per Check
Medical	\$1,806.49	\$1,364.79	\$441.70	\$220.85
Dental	\$93.55	\$70.16	\$23.39	\$11.69
Vision	\$13.18	\$9.89	\$3.30	\$1.65
Total	\$1,913.22	\$1,444.84	\$468.38	\$234.19
		Board	Employee	Employee
Plus Spouse Co	overage	Monthly	Monthly	Per Check
Medical	\$2,074.53	\$1,342.34	\$732.19	\$366.10
Dental	\$73.64	\$44.18	\$29.46	\$14.73
Vision	\$12.51	\$7.51	\$5.00	\$2.50
Total	\$2,160.68	\$1,394.03	\$766.65	\$383.33
		Board	Employee	Employee
Full Family Coverage		Monthly	Monthly	Per Check
Medical	\$3,034.97	\$1,422.21	\$1,612.76	\$806.38
Dental	\$141.34	\$56.54	\$84.80	\$42.40
Vision	\$19.36	\$7.74	\$11.62	\$5.81
Total	\$3,195.67	\$1,486.49	\$1,709.18	\$854.59

## HSA Insurance Premiums (low cost) MIEEE3073 Board Employee Employee Single Coverage Monthly Monthly Per Check

Medical	\$676.88	\$575.35	\$101.53	\$50.77
Dental	\$36.43	\$30.97	\$5.46	\$2.73
Vision	\$6.59	\$5.60	\$0.99	\$0.48
Total	\$719.90	\$611.92	\$107.99	\$53.98
		Board	Employee	Employee
Plus Child Coverage		Monthly		Per Check
Medical	\$1,445.28	\$1,083.96	\$361.32	\$180.66
Dental	\$93.55	\$70.16	\$23.39	\$11.69
Vision	\$13.18	\$9.89	\$3.30	\$1.65
Total	\$1,552.01	\$1,164.01	\$388.00	\$194.00
		Board	Employee	Employee
Plus Spouse	Coverage	Board Monthly		
<b>Plus Spouse</b> Medical	Coverage \$1,659.73			Per Check
•	•	Monthly	Monthly	Per Check \$331.95
Medical	\$1,659.73	<b>Monthly</b> \$995.84	Monthly \$663.89	Per Check \$331.95 \$14.73
Medical Dental	\$1,659.73 \$73.64	Monthly \$995.84 \$44.18	Monthly \$663.89 \$29.46 \$5.00	Per Check \$331.95 \$14.73
Medical Dental Vision	\$1,659.73 \$73.64 \$12.51	Monthly \$995.84 \$44.18 \$7.51	Monthly \$663.89 \$29.46 \$5.00	Per Check \$331.95 \$14.73 \$2.50
Medical Dental Vision	\$1,659.73 \$73.64 \$12.51	Monthly \$995.84 \$44.18 \$7.51	Monthly \$663.89 \$29.46 \$5.00	Per Check \$331.95 \$14.73 \$2.50 <b>\$349.18</b>
Medical Dental Vision <b>Total</b>	\$1,659.73 \$73.64 \$12.51	Monthly \$995.84 \$44.18 \$7.51 <b>\$1,047.53</b> Board	Monthly \$663.89 \$29.46 \$5.00 <b>\$698.35</b> Employee	Per Check \$331.95 \$14.73 \$2.50 \$349.18 Employee
Medical Dental Vision <b>Total</b>	\$1,659.73 \$73.64 \$12.51 <b>\$1,745.88</b>	Monthly \$995.84 \$44.18 \$7.51 <b>\$1,047.53</b> Board Monthly	Monthly \$663.89 \$29.46 \$5.00 \$698.35 Employee Monthly	Per Check \$331.95 \$14.73 \$2.50 \$349.18 Employee Per Check
Medical Dental Vision Total Full Family C	\$1,659.73 \$73.64 \$12.51 <b>\$1,745.88</b>	Monthly \$995.84 \$44.18 \$7.51 <b>\$1,047.53</b> Board Monthly \$971.25	Monthly \$663.89 \$29.46 \$5.00 \$698.35 Employee Monthly \$1,456.88	Per Check \$331.95 \$14.73 \$2.50 \$349.18 Employee Per Check \$728.44
Medical Dental Vision Total Full Family C Medical	\$1,659.73 \$73.64 \$12.51 <b>\$1,745.88</b> Foverage \$2,428.13	Monthly \$995.84 \$44.18 \$7.51 <b>\$1,047.53</b> Board Monthly \$971.25	Monthly \$663.89 \$29.46 \$5.00 \$698.35 Employee Monthly \$1,456.88	Per Check \$331.95 \$14.73 \$2.50 \$349.18 Employee Per Check \$728.44

\$1,035.53

\$1,553.30

\$776.65

\$2,588.83

Total

#### PPO/HRA Insurance Premiums NNP93336

Single Covered		Board	Employee	Employee Per Check
Single Coverage Medical	<b>je</b> \$914.32	Monthly \$781.26	Monthly \$133.06	\$66.53
		+		
Dental	\$36.43	\$30.97	\$5.46	\$2.73
Vision	\$6.59	\$5.60	\$0.99	\$0.49
Total	\$957.34	\$817.83	\$139.51	\$69.76
		Board	Employee	Employee
Plus Child Coverage		Monthly	Monthly	Per Check
Medical	\$1,952.23	\$1,453.14	\$499.09	\$249.55
Dental	\$93.55	\$70.16	\$23.39	\$11.69
Vision	\$13.18	\$9.89	\$3.30	\$1.65
Total	\$2,058.96	\$1,533.19	\$525.77	\$262.89
		Board	Employee	Employee
Plus Spouse C	overage	Board Monthly	Employee Monthly	Employee Per Check
<b>Plus Spouse C</b> Medical	overage \$2,241.89			•••
•	U	Monthly	Monthly	Per Check
Medical	\$2,241.89	<b>Monthly</b> \$1,417.92	Monthly \$823.97	Per Check \$411.99
Medical Dental	\$2,241.89 \$73.64	<b>Monthly</b> \$1,417.92 \$44.18	Monthly \$823.97 \$29.46	Per Check \$411.99 \$14.73
Medical Dental Vision	\$2,241.89 \$73.64 \$12.51	Monthly \$1,417.92 \$44.18 \$7.51 <b>\$1,469.61</b>	Monthly \$823.97 \$29.46 \$5.00 \$858.43	Per Check \$411.99 \$14.73 \$2.50 <b>\$429.22</b>
Medical Dental Vision <b>Total</b>	\$2,241.89 \$73.64 \$12.51 <b>\$2,328.04</b>	Monthly \$1,417.92 \$44.18 \$7.51 <b>\$1,469.61</b> Board	Monthly \$823.97 \$29.46 \$5.00 \$858.43 Employee	Per Check \$411.99 \$14.73 \$2.50 \$429.22 Employee
Medical Dental Vision Total Full Family Cor	\$2,241.89 \$73.64 \$12.51 <b>\$2,328.04</b> verage	Monthly \$1,417.92 \$44.18 \$7.51 \$1,469.61 Board Monthly	Monthly \$823.97 \$29.46 \$5.00 <b>\$858.43</b> Employee Monthly	Per Check \$411.99 \$14.73 \$2.50 \$429.22 Employee Per Check
Medical Dental Vision <b>Total</b>	\$2,241.89 \$73.64 \$12.51 <b>\$2,328.04</b> verage \$3,279.82	Monthly \$1,417.92 \$44.18 \$7.51 \$1,469.61 Board Monthly \$1,468.33	Monthly \$823.97 \$29.46 \$5.00 \$858.43 Employee Monthly \$1,811.49	Per Check \$411.99 \$14.73 \$2.50 \$429.22 Employee Per Check \$905.75
Medical Dental Vision Total Full Family Cor	\$2,241.89 \$73.64 \$12.51 <b>\$2,328.04</b> verage	Monthly \$1,417.92 \$44.18 \$7.51 \$1,469.61 Board Monthly	Monthly \$823.97 \$29.46 \$5.00 <b>\$858.43</b> Employee Monthly	Per Check \$411.99 \$14.73 \$2.50 \$429.22 Employee Per Check
Medical Dental Vision Total Full Family Cor Medical	\$2,241.89 \$73.64 \$12.51 <b>\$2,328.04</b> verage \$3,279.82	Monthly \$1,417.92 \$44.18 \$7.51 \$1,469.61 Board Monthly \$1,468.33	Monthly \$823.97 \$29.46 \$5.00 \$858.43 Employee Monthly \$1,811.49	Per Check \$411.99 \$14.73 \$2.50 \$429.22 Employee Per Check \$905.75

### HRA Insurance Premiums (Blue Choice) MIBCO2040

		Board	Employee	Employee
Single Coverage		Monthly	Monthly	Per Check
Medical	\$821.68	\$698.43	\$123.25	\$61.63
Dental	\$36.43	\$30.97	\$5.46	\$2.73
Vision	\$6.59	\$5.60	\$0.99	\$0.48
Total	\$864.70	\$735.00	\$129.71	\$64.84
		Board	Employee	Employee
Plus Child Coverage		Monthly	Monthly	Per Check
Medical	\$1,754.47	\$1,315.85	\$438.62	\$219.31
Dental	\$93.55	\$70.16	\$23.39	\$11.69
Vision	\$13.18	\$9.89	\$3.30	\$1.65
Total	\$1,861.20	\$1,395.90	\$465.30	\$232.65
		Board	Employee	Employee
Plus Spouse Coverage		Monthly	Monthly	Per Check
Medical	\$2,014.80	\$1,208.88	\$805.92	\$402.96
Dental	\$73.64	\$44.18	\$29.46	\$14.73
Vision	\$12.51	\$7.51	\$5.00	\$2.50
Total	\$2,100.95	\$1,260.57	\$840.38	\$420.19
		Board	Employee	Employee
Full Family Coverage		Monthly	Monthly	Per Check
Medical	\$2,947.58	\$1,179.03	\$1,768.55	\$884.27
Dental	\$141.34	\$56.54	\$84.80	\$42.40
Vision	\$19.36	\$7.74	\$11.62	\$5.81
Total	\$3,108.28	\$1,243.31	\$1,864.97	\$932.48