

2025-26 Board & Employee Insurance Contributions

Peru Elementary School District 124

HSA Insurance Premiums MPEQ1Z0725					HRA Insurance Premiums (Blue Choice) MIBCO2045				
		Board Monthly	Employee Monthly	Employee Per Check		Board Monthly	Employee Monthly	Employee Per Check	
Single Coverage					Single Coverage				
Medical	\$1,002.31	\$831.53	\$170.78	\$85.39	Medical	\$966.24	\$792.80	\$173.44	\$86.72
Dental	\$37.68	\$31.23	\$6.45	\$3.23	Dental	\$37.68	\$31.23	\$6.45	\$3.23
Vision	\$6.67	\$5.67	\$1.00	\$0.50	Vision	\$6.67	\$5.67	\$1.00	\$0.50
Total	\$1,046.66	\$868.43	\$178.23	\$89.12	Total	\$1,010.59	\$829.70	\$180.89	\$90.45
Plus Child Coverage					Plus Child Coverage				
Medical	\$2,080.02	\$1,531.67	\$548.35	\$274.18	Medical	\$2,005.16	\$1,488.73	\$516.43	\$258.22
Dental	\$105.50	\$77.57	\$27.93	\$13.97	Dental	\$105.50	\$77.57	\$27.93	\$13.97
Vision	\$13.32	\$9.99	\$3.33	\$1.67	Vision	\$13.32	\$9.99	\$3.33	\$1.67
Total	\$2,198.84	\$1,619.23	\$579.61	\$289.82	Total	\$2,123.98	\$1,576.29	\$547.69	\$273.86
Plus Spouse Coverage					Plus Spouse Coverage				
Medical	\$2,474.19	\$1,598.16	\$876.03	\$438.02	Medical	\$2,385.14	\$1,446.28	\$938.86	\$469.43
Dental	\$75.46	\$44.90	\$30.56	\$15.28	Dental	\$75.46	\$44.90	\$30.56	\$15.28
Vision	\$12.65	\$7.59	\$5.06	\$2.53	Vision	\$12.65	\$7.59	\$5.06	\$2.53
Total	\$2,562.30	\$1,650.65	\$911.65	\$455.83	Total	\$2,473.25	\$1,498.77	\$974.48	\$487.24
Full Family Coverage					Full Family Coverage				
Medical	\$3,551.90	\$1,763.84	\$1,788.06	\$894.03	Medical	\$3,424.07	\$1,494.94	\$1,929.13	\$964.57
Dental	\$158.48	\$64.70	\$93.78	\$46.89	Dental	\$158.48	\$64.70	\$93.78	\$46.89
Vision	\$19.59	\$7.84	\$11.75	\$5.88	Vision	\$19.59	\$7.84	\$11.75	\$5.88
Total	\$3,729.97	\$1,836.38	\$1,893.59	\$946.80	Total	\$3,602.14	\$1,567.48	\$2,034.66	\$1,017.33
HSA Insurance Premiums (low cost) MIEEE3073									
		Board Monthly	Employee Monthly	Employee Per Check					
Single Coverage									
Medical	\$806.95	\$659.07	\$147.88	\$73.94					
Dental	\$37.68	\$31.23	\$6.45	\$3.23					
Vision	\$6.67	\$5.67	\$1.00	\$0.50					
Total	\$851.30	\$695.97	\$155.33	\$77.67					
Plus Child Coverage									
Medical	\$1,674.59	\$1,237.05	\$437.54	\$218.77					
Dental	\$105.50	\$77.57	\$27.93	\$13.97					
Vision	\$13.32	\$9.99	\$3.33	\$1.67					
Total	\$1,793.41	\$1,324.61	\$468.80	\$234.41					
Plus Spouse Coverage									
Medical	\$1,991.94	\$1,206.17	\$785.77	\$392.89					
Dental	\$75.46	\$44.90	\$30.56	\$15.28					
Vision	\$12.65	\$7.59	\$5.06	\$2.53					
Total	\$2,080.05	\$1,258.66	\$821.39	\$410.70					
Full Family Coverage									
Medical	\$2,859.59	\$1,252.67	\$1,606.92	\$803.46					
Dental	\$158.48	\$64.70	\$93.78	\$46.89					
Vision	\$19.59	\$7.84	\$11.75	\$5.88					
Total	\$3,037.66	\$1,325.21	\$1,712.45	\$856.23					