

**Bethalto Community Unit School District #8
Health, Vision, & Dental Rates 2023-2024**

Health Insurance - BlueCross BlueShield of IL (BCBS)

BCBS Buy Up Plan 1- \$500 Deductible

Plans	Monthly Total	EMPLOYER	Employee	Annual Employee Cost	12-Month	9-Month	9-Month
		Per Month Cost	Per Month Cost		Non-Certified Per Pay Rate (Paid Twice a Month)	Non-Certified Per Pay Rate (Paid 21 Pays Per Year)	Non-Certified/Cert Per Pay Rate (Paid 18 Pays Per Year)
EE	\$ 849.98	\$ 764.98	\$ 85.00	\$ 1,020.00	\$ 42.50	\$ 48.58	\$ 56.67
EE + Spouse	\$ 1,643.00	\$ 864.98	\$ 778.02	\$ 9,336.24	\$ 389.01	\$ 444.59	\$ 518.68
EE + Child(ren)	\$ 1,576.71	\$ 864.98	\$ 711.73	\$ 8,540.76	\$ 355.87	\$ 406.71	\$ 474.49
Family	\$ 2,439.43	\$ 964.98	\$ 1,474.45	\$ 17,693.40	\$ 737.23	\$ 842.55	\$ 982.97

BCBS Base Plan 2 - \$1,500 Deductible

Plans	Monthly Total	EMPLOYER	Employee	Annual Employee Cost	12-Month	9-Month	9-Month
		Per Month Cost	Per Month Cost		Non-Certified Per Pay Rate (Paid Twice a Month)	Non-Certified Per Pay Rate (Paid 21 Pays Per Year)	Non-Certified/Cert Per Pay Rate (Paid 18 Pays Per Year)
EE	\$ 731.65	\$ 658.49	\$ 73.16	\$ 877.92	\$ 36.58	\$ 41.81	\$ 48.78
EE + Spouse	\$ 1,414.28	\$ 758.49	\$ 655.79	\$ 7,869.48	\$ 327.90	\$ 374.74	\$ 437.20
EE + Child(ren)	\$ 1,357.21	\$ 758.49	\$ 598.72	\$ 7,184.64	\$ 299.36	\$ 342.13	\$ 399.15
Family	\$ 2,099.83	\$ 858.49	\$ 1,241.34	\$ 14,896.08	\$ 620.67	\$ 709.34	\$ 827.56

BCBS High Deductible Plan 3 - \$3,500 Deductible

Plans	Monthly Total	EMPLOYER	Employee	Annual Employee Cost	12-Month	9-Month	9-Month
		Per Month Cost	Per Month Cost		Non-Certified Per Pay Rate (Paid Twice a Month)	Non-Certified Per Pay Rate (Paid 21 Pays Per Year)	Non-Certified/Cert Per Pay Rate (Paid 18 Pays Per Year)
EE	\$ 644.49	\$ 580.04	\$ 64.45	\$ 773.40	\$ 32.23	\$ 36.83	\$ 42.97
EE + Spouse	\$ 1,245.80	\$ 680.04	\$ 565.76	\$ 6,789.12	\$ 282.88	\$ 323.30	\$ 377.18
EE + Child(ren)	\$ 1,195.53	\$ 680.04	\$ 515.49	\$ 6,185.88	\$ 257.75	\$ 294.57	\$ 343.66
Family	\$ 1,849.69	\$ 780.04	\$ 1,069.65	\$ 12,835.80	\$ 534.83	\$ 611.23	\$ 713.10

Vision Insurance - MetLife

Plans	Monthly Total	EMPLOYER	Employee	Annual Employee Cost	12-Month	9-Month	9-Month
		Per Month Cost	Per Month Cost		Non-Certified Per Pay Rate (Paid Twice a Month)	Non-Certified Per Pay Rate (Paid 21 Pays Per Year)	Non-Certified/Cert Per Pay Rate (Paid 18 Pays Per Year)
EE	\$ 6.07	\$ 5.46	\$ 0.61	\$ 7.32	\$ 0.31	\$ 0.35	\$ 0.41
EE + Spouse	\$ 11.52	\$ 5.46	\$ 6.06	\$ 72.72	\$ 3.03	\$ 3.47	\$ 4.04
EE + Child(ren)	\$ 12.12	\$ 5.46	\$ 6.66	\$ 79.92	\$ 3.33	\$ 3.81	\$ 4.44
Family	\$ 17.83	\$ 5.46	\$ 12.37	\$ 148.44	\$ 6.19	\$ 7.07	\$ 8.25

Dental Insurance - MetLife

PPO Option 1 Plan (LOW)

Plans	Monthly Total	EMPLOYER	Employee	Annual Employee Cost	12-Month	9-Month	9-Month
		Per Month Cost	Per Month Cost		Non-Certified Per Pay Rate (Paid Twice a Month)	Non-Certified Per Pay Rate (Paid 21 Pays Per Year)	Non-Certified/Cert Per Pay Rate (Paid 18 Pays Per Year)
EE	\$ 26.03	\$ 23.43	\$ 2.60	\$ 31.20	\$ 1.30	\$ 1.49	\$ 1.74
EE + Spouse	\$ 54.06	\$ 23.43	\$ 30.63	\$ 367.56	\$ 15.32	\$ 17.51	\$ 20.42
EE + Child(ren)	\$ 74.43	\$ 23.43	\$ 51.00	\$ 612.00	\$ 25.50	\$ 29.15	\$ 34.00
Family	\$ 101.34	\$ 23.43	\$ 77.91	\$ 934.92	\$ 38.96	\$ 44.52	\$ 51.94

PPO Option 2 Plan (HIGH)

Plans	Monthly Total	EMPLOYER	Employee	Annual Employee Cost	12-Month	9-Month	9-Month
		Per Month Cost	Per Month Cost		Non-Certified Per Pay Rate (Paid Twice a Month)	Non-Certified Per Pay Rate (Paid 21 Pays Per Year)	Non-Certified/Cert Per Pay Rate (Paid 18 Pays Per Year)
EE	\$ 36.44	\$ 23.43	\$ 13.01	\$ 156.12	\$ 6.51	\$ 7.44	\$ 8.68
EE + Spouse	\$ 69.45	\$ 23.43	\$ 46.02	\$ 552.24	\$ 23.01	\$ 26.30	\$ 30.68
EE + Child(ren)	\$ 85.81	\$ 23.43	\$ 62.38	\$ 748.56	\$ 31.19	\$ 35.65	\$ 41.59
Family	\$ 120.87	\$ 23.43	\$ 97.44	\$ 1,169.28	\$ 48.72	\$ 55.68	\$ 64.96

Life Insurance - MetLife

\$50,000 Employer Paid Life Insurance for all Employees who **do not** have Health Insurance.

\$10,000 Employer Paid Life Insurance for all Employees who **do** have Health Insurance.