

APPENDIX D**INSURANCE BENEFITS**

SPRINGFIELD PUBLIC SCHOOLS
Blue Cross Blue Shield of Illinois Health Insurance Rates

EFFECTIVE JUNE 1, 2016				
COVERAGE	BOARD PAYS	EMPLOYEE PAYS	PER PAY DEDUCTION	PER PAY INCREASE*
Single	\$608.90	\$28.68	\$14.34	\$0.21
Family	\$608.90	\$812.92	\$406.46	\$6.00
2 Employee/Family	\$1,217.80	\$204.02	\$87.67 \$14.34	\$1.29 \$0.21
Employee/Child(ren)	\$608.90	\$316.64	\$158.32	\$2.34
Employee and Spouse	\$608.90	\$633.90	\$316.95	\$4.68

TRADES PEOPLE AND RETIREES BCBS HEALTH INSURANCE			
COVERAGE	EMPLOYEE PAYS	PER PAY DEDUCTION	PER PAY INCREASE*
Single	\$637.58	\$318.79	\$4.71
Family	\$1,421.82	\$710.91	\$10.50
Employee/Child(ren)	\$925.54	\$462.77	\$6.84
Employee and Spouse	\$1,242.80	\$621.40	\$9.18

NO PLAN CHANGES
