



HEALTH INSURANCE BENEFIT INFORMATION
FOR FULL-TIME EMPLOYEES
Plan Year January 1, 2020 – December 31, 2020

Effective January 1, 2020, the following monthly rates are in effect for the Blue Cross/Blue Shield of Illinois Group Health Plan: These rates reflect a 2% premium increase over the 2019 plan year.

EMPLOYEE ONLY COVERAGE

District Cost	Employee Cost	Total Cost
\$548.08	\$137.02	\$685.10

EMPLOYEE +1 COVERAGE

District Cost	Employee Cost	Total Cost
\$659.36	\$439.58	\$1,098.94

FAMILY COVERAGE

District Cost	Employee Cost	Total Cost
\$977.90	\$651.94	\$1,629.84

Family Coverage for one current district employee married to another current district employee:

District Cost	Employee Cost	Total Cost
\$1,303.88	\$325.96	\$1,629.84

COBRA RATES:

SINGLE - \$698.80
SINGLE + 1 - \$1,120.92
FAMILY - \$1,662.44

MUNICIPAL CONTINUATION

EMPLOYEE ONLY - \$685.10