## USD 263 Blue Cross Blue Shield Health and Dental Insurance Premiums 2017-2018 School Year

	Employee Only	Employee/ Children	Employee/ Spouse	Employee/ Family
Option 1 - \$2,500/\$5,000	\$431.32	\$909.05	\$926.19	\$1,403.93
Option 2 - \$3,500/\$7,000	\$418.96	\$882.99	\$899.64	\$1,363.66
\$5,000 (HDHP)	\$386.90	\$815.32	\$830.69	\$1,259.11
Dental	\$34.51	\$68.38	\$74.20	\$107.20

The above rates are before the \$291.00 monthly employer contribution paid on health insurance premiums.