

**PEORIA PUBLIC SCHOOLS**  
**ACTIVE EMPLOYEES – INSURANCE RATES – ILLUSTRATION**  
 Effective JANUARY 1, 2016 – DECEMBER 31, 2016 90/10

ADMINISTRATION ONLY

**ANCILLARY BENEFITS**

**DENTAL INSURANCE – DELTA DENTAL**

Type of Coverage	Monthly Cost	Annual Cost	Annual Share		Payroll Deductions	
			District	Employee	26 Pays	
Single TDEM9	\$ 27.89	\$334.68	\$301.22	\$ 33.46	\$ 1.29	
Emp/Spouse TDES9	55.77	669.24	602.32	66.92	2.58	
Emp/Ch(dren)TDEC9	61.91	742.92	668.63	74.29	2.86	
Family TDFA9	103.59	1243.08	1118.78	124.30	4.78	

**VISION INSURANCE – VSP**

Type of Coverage	Monthly Cost	Annual Cost	Annual Share		Payroll Deductions	
			District	Employee	26 Pays	
Single TVEM	\$ 8.81	\$ 105.72		\$ 105.72	\$ 4.07	
Emp/Spouse TVES	16.84	202.08		202.08	7.77	
Emp/Ch(dren)TVEC	17.68	212.16		212.16	8.16	
Family TVFA	18.73	224.76		224.76	8.64	