

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

ALL GROUP'S EXCEPT CAFETERIA, TRANSPORTATION AND ADMINISTRATION

ANCILLARY BENEFITS

DENTAL INSURANCE – DELTA DENTAL

Type of Coverage	Monthly Cost	Annual Cost	Annual Share		Payroll Deductions	
			District	Employee	26 Pays	
Single TDEM	\$ 27.89	\$334.68	\$267.75	\$ 66.93	\$ 2.58	
Emp/Spouse TDES	55.77	669.24	535.40	133.84	5.15	
Emp/Ch(dren)TDEC	61.91	742.92	594.34	148.58	5.72	
Family TDFA	103.59	1243.08	994.47	248.61	9.57	

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	