

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

**ELITE LEAD FACILITATORS**

**ANCILLARY BENEFITS**

**DENTAL INSURANCE – DELTA DENTAL**

Type of Coverage	Monthly Cost	Annual Cost	Annual Share		Payroll Deductions	
			District	Employee	17 Pays	
Single TDEM9	\$ 27.89	\$334.68	\$301.22	\$ 33.46	\$1.97	
Emp/Spouse TDES9	55.77	669.24	602.32	66.92	3.94	
Emp/Ch(dren)TDEC9	61.91	742.92	668.63	74.29	4.37	
Family TDFA9	103.59	1243.08	1118.78	124.30	7.31	

**VISION INSURANCE – VSP**

Type of Coverage	Monthly Cost	Annual Cost	Annual Share		Payroll Deductions	
			District	Employee	17 Pays	
Single TVEM	\$ 8.81	\$ 105.72		\$ 105.72	\$ 6.22	
Emp/Spouse TVES	16.84	202.08		202.08	11.89	
Emp/Ch(dren)TVEC	17.68	212.16		212.16	12.48	
Family TVFA	18.73	224.76		224.76	13.22	