

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

**CAFETERIA AND TRANSPORTATION**

**ANCILLARY BENEFITS**

**DENTAL INSURANCE – DELTA DENTAL**

Type of Coverage	Monthly Cost	Annual Cost	Annual Share		Payroll Deductions	
			District	Employee	17 Pays	
Single TDECT	\$ 27.89	\$334.68	\$267.75	\$ 66.93	\$ 3.94	
Emp/Spouse TDSCT	55.77	669.24	535.40	133.84	7.88	
Emp/Ch(dren)TDCCT	61.91	742.92	594.34	148.58	8.74	
Family TDFCT	103.59	1243.08	994.47	248.61	14.63	

**VISION INSURANCE – VSP**

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