

Subject: 2025-26 Insurance Contributions - Additional Update

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Good Afternoon,

We have made additional revisions to the New Options PPO Plan employee contributions, which lowered the employee per pay cost.

Our medical employee and employer contributions for 2025-26 Open Enrollment are as follows:

| | A | B | C | D | E | F | G | H | I |
|----|---|---------------------------|------------------------------|------------------------------|---|---------------------------------|------------------------------|------------------------------|---|
| 1 | Effective 7/1/2025 | | | Medical (Per Month) | | Medical (Per Pay Period) | | | |
| 2 | | | | | | | | | |
| 3 | | A | B | C | | A | B | C | |
| 4 | \$500 PPO Plan - Certified/Classified FTE 1 | Total Monthly Cost | Employer Monthly Cost | Employee Monthly Cost | | Total Per Pay Cost | Employer Per Pay Cost | Employee Per Pay Cost | |
| 5 | Employee only | 1,281.58 | 1,281.58 | 0.00 | | 640.79 | 640.79 | 0.00 | |
| 6 | Employee + children | 2,459.77 | 1,587.67 | 872.10 | | 1,229.89 | 793.84 | 436.05 | |
| 7 | Employee + spouse | 2,547.05 | 1,493.19 | 1,053.86 | | 1,273.53 | 746.60 | 526.93 | |
| 8 | Employee + family | 3,725.25 | 1,820.76 | 1,904.49 | | 1,862.63 | 910.38 | 952.25 | |
| 9 | \$500 SELECT PPO Plan - Certified/Classified FTE 1 | Total Monthly Cost | Employer Monthly Cost | Employee Monthly Cost | | Total Per Pay Cost | Employer Per Pay Cost | Employee Per Pay Cost | |
| 10 | Employee only | 1,032.96 | 1,032.96 | 0.00 | | 516.48 | 516.48 | 0.00 | |
| 11 | Employee + children | 1,982.60 | 1,387.10 | 595.50 | | 991.30 | 693.55 | 297.75 | |
| 12 | Employee + spouse | 2,052.94 | 1,314.99 | 737.95 | | 1,026.47 | 657.50 | 368.98 | |
| 13 | Employee + family | 3,002.58 | 1,509.59 | 1,492.99 | | 1,501.29 | 754.80 | 746.50 | |
| 14 | HMO Plan - Certified/Classified FTE 1 | Total Monthly Cost | Employer Monthly Cost | Employee Monthly Cost | | Total Per Pay Cost | Employer Per Pay Cost | Employee Per Pay Cost | |
| 15 | Employee only | 939.00 | 939.00 | 0.00 | | 469.50 | 469.50 | 0.00 | |
| 16 | Employee + children | 1,802.25 | 1,403.71 | 398.54 | | 901.13 | 701.86 | 199.27 | |
| 17 | Employee + spouse | 1,866.18 | 1,376.99 | 489.19 | | 933.09 | 688.50 | 244.60 | |
| 18 | Employee + family | 2,729.45 | 1,555.42 | 1,174.03 | | 1,364.73 | 777.71 | 587.02 | |
| 19 | Options PPO Plan - Certified/Classified FTE 1 | Total Monthly Cost | Employer Monthly Cost | Employee Monthly Cost | | Total Per Pay Cost | Employer Per Pay Cost | Employee Per Pay Cost | |
| 20 | Employee only | 1,226.79 | 1,226.79 | 0.00 | | 613.40 | 613.40 | 0.00 | |
| 21 | Employee + children | 2,354.64 | 1,573.12 | 781.52 | | 1,177.32 | 786.56 | 390.76 | |
| 22 | Employee + spouse | 2,438.17 | 1,507.60 | 930.57 | | 1,219.09 | 753.80 | 465.29 | |
| 23 | Employee + family | 3,566.01 | 1,791.31 | 1,774.70 | | 1,783.01 | 895.66 | 887.35 | |

I would like to thank our 2025-26 Insurance Committee for your time and dedication.

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