

Subject: Fwd: 2025-26 Insurance Contributions - Additional Update
From: Kelli MacMillan <macmillank@mokena159.org>
Date: 5/12/2025, 8:15 AM
To: Steve Stein <steins@mokena159.org>

Steve,

When can you discuss this? I have questions.

Kelli

----- Forwarded message -----

From: Kim Zupancich <zupancichk@mokena159.org>
Date: Fri, May 9, 2025 at 11:45 AM
Subject: 2025-26 Insurance Contributions - Additional Update
To: Heather Sullivan <sullivanh@mokena159.org>, Mary Essary <essarym@mokena159.org>, Amanda Draeger <draegera@mokena159.org>, Jim Andresen <andresenj@mokena159.org>, Kelli MacMillan <macmillank@mokena159.org>, Steve Stein <steins@mokena159.org>, Teri Shaw <shawt@mokena159.org>, Sheryl Canning <cannings@mokena159.org>, Judy Muellerschoen <muellerschoenj@mokena159.org>, Donna Versetto <versettod@mokena159.org>, Danielle Swabowski <swabowskid@mokena159.org>, Kelly Lynn <lynnk@mokena159.org>

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.

Kim Zupancich, SPHR | HR Coordinator
Mokena School District 159
11244 Willowcrest Ln
Mokena, IL 60448
zupancichk@mokena159.org
(708) 342-4912