Illini Central CUSD #189
Report as of 29 June 2026

Plan Group Comparison - 9/1/26 - 8/31/27

This is a brief, illustrative summary of the benefits and rates. This is not intended to be a complete comparison of contract provisions. Refer to the contract/certificate for exact benefit details. While every effort has been made to ensure the accuracy of the rates, final rates are subject to change and are based on final enrollment and underwriting approval.

* = Additional details available

	Current Blue Cross **$ 1,071,787.46**	Proposed Renewal: Blue Cross **$ 1,309,919.69** +22.2%	Proposed Blue Cross (Options Network) **$ 1,097,255.81** +2.4%	
Medical Plan Design	Blue Cross PPO MIBPP2035 Blue Print PPO Blue Print	Blue Cross PPO MIBPP2036 Blue Print PPO Blue Print	Blue Cross PPO MIBCO2006 Blue Choice Option Blue Choice Options	Blue Cross PPO MIBCO2006 (PPO Tier) Blue Ch PPO
	Single / Family	Single / Family	Single / Family	Single / Family
Deductible	$ 750 / $ 2,250	$ 750 / $ 2,250	$ 750 / $ 2,250	$ 1,750 / $ 5,250
Employee Coinsurance	20 % / 20 %	20 % / 20 %	10 % / 10 %	30 % / 30 %
Out-of-Pocket Max	$ 3,000 / $ 9,000	$ 3,000 / $ 9,000	$ 4,500 / $ 9,000	$ 6,100 / $ 12,200
Employer Funding	$ - 0 / $ - 0	$ - 0 / $ - 0	$ - 0 / $ - 0	$ - 0 / $ - 0
Net Out-of-Pocket Max	$ 3,000 / $ 9,000	$ 3,000 / $ 9,000	$ 4,500 / $ 9,000	$ 6,100 / $ 12,200
Employee Annual Premium	$ + 1,203 / $ + 30,213	$ + 1,470 / $ + 35,928	$ + 1,231 / $ + 30,095	$ + 0 / $ + 0
Employee Max Annual Cost	$ 4,203 / $ 39,213	$ ▲4,470 / $ ▲44,928	$ ▲5,731 / $ ▼39,095	$ 6,100 / $ 12,200
Medical Copays	Copay	Copay	Copay	Copay
Primary Care	$ 25	$ 30	$ 30	$ 60
Specialty Care	$ 50	$ 60	$ 60	$ 110
Urgent Care	$ --	$ --	$ 75	$ 75
Emergency	$ 150	$ 350	$ 500 copay plus coinsurance	$ 500 copay plus coinsurance
In-Patient Hospital	$ --	$ 200 copay plus coinsurance	$ 350 copay plus coinsurance	$ 600 copay plus coinsurance
Out-Patient Hospital	$ --	$ 100 copay plus coinsurance	$ 300 copay plus coinsurance	$ 600 copay plus coinsurance
Rx	No Deductible	No Deductible	No Deductible	No Deductible
Tiers	$5, $15, $60, $110, $250, $350	$5, $15, $60, $110, $250, $350	$5, $15, $45, $85, $250, $350	$5, $15, $45, $85, $250, $350
Enrollment	99 / Prem / ER / EE	99 / Prem / ER / EE	99 / Prem / ER / EE	0 / Prem / ER / EE
Employee Only	92 / $ 1,002.42 / 90 % / $ 100.24	92 / $ 1,225.14 / 90 % / $ 122.51	92 / $ 1,026.24 / 90 % / $ 102.62	0 / $ 0.00 / 100 % / $ 0.00
Employee + Spouse	1 / $ 2,214.96 / 41 % / $ 1,312.78	1 / $ 2,728.63 / 40 % / $ 1,626.00	1 / $ 2,285.66 / 40 % / $ 1,362.04	0 / $ 0.00 / 100 % / $ 0.00
Employee + Children	6 / $ 2,207.35 / 41 % / $ 1,305.17	6 / $ 2,593.13 / 43 % / $ 1,490.50	6 / $ 2,172.15 / 43 % / $ 1,248.53	0 / $ 0.00 / 100 % / $ 0.00
Family	0 / $ 3,419.89 / 26 % / $ 2,517.71	0 / $ 4,096.62 / 27 % / $ 2,993.99	0 / $ 3,431.57 / 27 % / $ 2,507.95	0 / $ 0.00 / 100 % / $ 0.00
Annual Insurance Premium	$ 1,292,180.40	$ 1,572,003.48 ▲ +21.7%	$ 1,316,791.68 ▲ +1.9%	$ 0.00
Employer Premium Contribution	$ 1,071,787.46	$ 1,309,919.69	$ 1,097,255.81	$ 0.00
Budgeted HRA + HSA	$ + 0.00 + 0.00	$ + 0.00 + 0.00	$ + 0.00 + 0.00	$ + 0.00 + 0.00
Employer Annual Cost	**$ 1,071,787.46**	**$ 1,309,919.69** +22.2%	**$ 1,097,255.81** +2.4%	**$ 0.00**

Blue Cross no longer offers the current plan. The renewal is closest benefit match.

The In-Network benefits shown are for the Blue Choice Options network only. If the PPO network is utilized, higher amounts apply. Refer to benefit summary for details.

The In-Network benefits shown here are for the Blue Choice Options PPO tier network. Refer to benefit summary for details.

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Medical Plan Group

Proposed Blue Cross (Options Network) $ 1,032,023.92 -3.7%	Proposed Blue Cross (Options Network) $ 996,269.87 -7.0%

Medical Plan Design

	Blue Cross PPO MIBCO5006 Blue Choice Option Blue Choice Options		Blue Cross PPO MIBCO5006 (PPO Tier) Blue Ch PPO		Blue Cross PPO MIBCO5016 Blue Choice Option Blue Choice Options		Blue Cross PPO MIBCO5016 (PPO Tier) Blue Ch PPO	
	Single	Family	Single	Family	Single	Family	Single	Family
Deductible	$ 2,000	$ 8,000	$ 4,000	$ 16,000	$ 3,000	$ 9,000	$ 4,500	$ 18,000
Employee Coinsurance	10 %	10 %	30 %	30 %	20 %	20 %	40 %	40 %
Out-of-Pocket Max	$ 4,500	$ 9,000	$ 6,500	$ 18,000	$ 5,500	$ 18,000	$ 6,500	$ 18,000
Employer Funding	$ - 0	$ - 0	$ - 0	$ - 0	$ - 0	$ - 0	$ - 0	$ - 0
Net Out-of-Pocket Max	$ 4,500	$ 9,000	$ 6,500	$ 18,000	$ 5,500	$ 18,000	$ 6,500	$ 18,000
Employee Annual Premium	$ + 1,158	$ + 28,306	$ + 0	$ + 0	$ + 1,118	$ + 27,325	$ + 0	$ + 0
Employee Max Annual Cost	$ ▲5,658	$ ▼37,306	$ 6,500	$ 18,000	$ ▲6,618	$ ▲45,325	$ 6,500	$ 18,000
Medical Copays	Copay		Copay		Copay		Copay	
Primary Care	$ 40		$ 60		$ 45		$ 70	
Specialty Care	$ 70		$ 110		$ 75		$ 130	
Urgent Care	$ 75		$ 75		$ 75		$ 75	
Emergency	$ 500 copay plus coinsurance		$ 500 copay plus coinsurance		$ 600 copay plus coinsurance		$ 600 copay plus coinsurance	
In-Patient Hospital	$ 350 copay plus coinsurance		$ 600 copay plus coinsurance		$ 350 copay plus coinsurance		$ 600 copay plus coinsurance	
Out-Patient Hospital	$ 300 copay plus coinsurance		$ 500 copay plus coinsurance		$ 300 copay plus coinsurance		$ 500 copay plus coinsurance	
Rx	No Deductible		No Deductible		No Deductible		No Deductible	
Tiers	$5, $15, $45, $85, $250, $350		$5, $15, $45, $85, $250, $350		$5, $15, $45, $85, $250, $350		$5, $15, $45, $85, $250, $350	
Enrollment	**99** Prem ER EE		**0** Prem ER EE		**99** Prem ER EE		**0** Prem ER EE	
Employee Only	92 $ 965.23 90 % $ 96.52		0 $ 0.00 100 % $ 0.00		92 $ 931.79 90 % $ 93.18		0 $ 0.00 100 % $ 0.00	
Employee + Spouse	1 $ 2,149.77 40 % $ 1,281.06		0 $ 0.00 100 % $ 0.00		1 $ 2,075.27 40 % $ 1,236.66		0 $ 0.00 100 % $ 0.00	
Employee + Children	6 $ 2,043.01 43 % $ 1,174.30		0 $ 0.00 100 % $ 0.00		6 $ 1,972.22 43 % $ 1,133.61		0 $ 0.00 100 % $ 0.00	
Family	0 $ 3,227.56 27 % $ 2,358.85		0 $ 0.00 100 % $ 0.00		0 $ 3,115.70 27 % $ 2,277.09		0 $ 0.00 100 % $ 0.00	
Annual Insurance Premium	$ 1,238,507.88 ▼ -4.2%		$ 0.00		$ 1,195,599.24 ▼ -7.5%		$ 0.00	
Employer Premium Contribution	$ 1,032,023.92		$ 0.00		$ 996,269.87		$ 0.00	
Budgeted HRA + HSA	$ + 0.00 + 0.00		$ + 0.00 + 0.00		$ + 0.00 + 0.00		$ + 0.00 + 0.00	
Employer Annual Cost	**$ 1,032,023.92 -3.7%**		**$ 0.00**		**$ 996,269.87 -7.0%**		**$ 0.00**	
	The In-Network benefits shown are for the Blue Choice Options network only. If the PPO network is utilized, higher amounts apply. Refer to benefit summary for details.		The In-Network benefits shown here are for the Blue Choice Options PPO tier network. Refer to benefit summary for details.		The In-Network benefits shown are for the Blue Choice Options network only. If the PPO network is utilized, higher amounts apply. Refer to benefit summary for details.		The In-Network benefits shown here are for the Blue Choice Options PPO tier network. Refer to benefit summary for details.	

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Medical Plan Group

Proposed
Blue Cross (Options Network)
$ 868,553.93 -19.0%

Medical Plan Design

	Blue Cross PPO MIBCO4076 Blue Choice Option Blue Choice Options		Blue Cross PPO MIBCO4076 (PPO Tier) Blue Ch PPO	
	Single	Family	Single	Family
Deductible	$ 5,250	$ 10,500	$ 6,250	$ 12,500
Employee Coinsurance	20 %	20 %	40 %	40 %
Out-of-Pocket Max	$ 7,100	$ 14,200	$ 8,100	$ 16,200
Employer Funding	$ - 0	$ - 0	$ - 0	$ - 0
Net Out-of-Pocket Max	$ 7,100	$ 14,200	$ 8,100	$ 16,200
Employee Annual Premium	$ + 975	$ + 23,823	$ + 0	$ + 0
Employee Max Annual Cost	$ ▲8,075	$ ▼38,023	$ 8,100	$ 16,200
Medical Copays	Copay		Copay	
Primary Care	$ 50		$ 75	
Specialty Care	$ 80		$ 130	
Urgent Care	$ 75		$ 75	
Emergency	$ 600 copay plus coinsurance		$ 600 copay plus coinsurance	
In-Patient Hospital	$ 350 copay plus coinsurance		$ 600 copay plus coinsurance	
Out-Patient Hospital	$ 300 copay plus coinsurance		$ 500 copay plus coinsurance	
Rx	No Deductible		No Deductible	
Tiers	$5, $15, $45, $85, $250, $350		$5, $15, $45, $85, $250, $350	
Enrollment	**99** **Prem** **ER** **EE**		**0** **Prem** **ER** **EE**	
Employee Only	92 $ 812.34 90 % $ 81.23		0 $ 0.00 100 % $ 0.00	
Employee + Spouse	1 $ 1,809.26 40 % $ 1,078.15		0 $ 0.00 100 % $ 0.00	
Employee + Children	6 $ 1,719.41 43 % $ 988.30		0 $ 0.00 100 % $ 0.00	
Family	0 $ 2,716.33 27 % $ 1,985.22		0 $ 0.00 100 % $ 0.00	
Annual Insurance Premium	$ 1,042,332.00 ▼ -19.3%		$ 0.00	
Employer Premium Contribution	$ 868,553.93		$ 0.00	
Budgeted HRA + HSA	$ + 0.00 + 0.00		$ + 0.00 + 0.00	
Employer Annual Cost	**$ 868,553.93 -19.0%**		**$ 0.00**	

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The In-Network benefits shown here are for the Blue Choice Options PPO tier network. Refer to benefit summary for details.