



INSURANCE PREMIUMS
2023-24 SCHOOL YEAR

\$1,500 Deductible - \$40 office visit copay - 80/20 Coinsurance
Insurance Premiums 20-40 Hour Employees

Plan	Monthly Premium	% Paid by LCSD#2	Monthly Amount Paid by LCSD#2	Monthly Amount Paid by Employee
Single	\$940.00	84%	\$790.00	\$150.00
Plus Spouse	\$1,882.00	84%	\$1,581.00	\$301.00
Plus Children	\$1,741.00	84%	\$1,462.00	\$279.00
Plus Family	\$2,825.00	84%	\$2,373.00	\$452.00

\$2,500 Deductible - \$45 office visit copay - 80/20 Coinsurance
Insurance Premiums 20-40 Hour Employees

Plan	Monthly Premium	% Paid by LCSD#2	Monthly Amount Paid by LCSD#2	Monthly Amount Paid by Employee
Single	\$864.00	97%	\$838.00	\$26.00
Plus Spouse	\$1,731.00	97%	\$1,679.00	\$52.00
Plus Children	\$1,601.00	97%	\$1,553.00	\$48.00
Plus Family	\$2,599.00	97%	\$2,521.00	\$78.00

HD/HSA

\$3,500 Embedded Deductible 80/20 Coinsurance
Insurance Premiums 20-40 Hour Employees

District will make a one time HSA contribution on behalf of the employee as follows:
Single - \$250.00; Plus Spouse - \$500.00; Plus Children - \$500.00; and Family - \$750.00

Plan	Monthly Premium	% Paid by LCSD#2	Monthly Amount Paid by LCSD#2	Monthly Amount Paid by Employee
Single	\$817.00	100%	\$817.00	\$0.00
Plus Spouse	\$1,635.00	100%	\$1,635.00	\$0.00
Plus Children	\$1,513.00	100%	\$1,513.00	\$0.00
Plus Family	\$2,455.00	100%	\$2,455.00	\$0.00

DELTA DENTAL

Delta Dental Insurance Premiums 20-40 Hour Employees

Plan	Monthly Premium	% Paid by LCSD#2	Monthly Amount Paid by LCSD#2	Monthly Amount Paid by Employee
Single	\$30.45	100%	\$30.45	\$0.00
Plus Spouse	\$86.90	35%	\$30.45	\$56.45
Plus Children	\$102.50	30%	\$30.45	\$72.05
Plus Family	\$121.65	25%	\$30.45	\$91.20

VSP - Vision Insurance

VSP Insurance Premiums 20-40 Hour Employees

Plan	Monthly Premium	% Paid by LCSD#2	Monthly Amount Paid by LCSD#2	Monthly Amount Paid by Employee
Single	\$7.40	100%	\$7.40	\$0.00
Employee +1	\$10.43	71%	\$7.40	\$3.03
Plus Children	\$18.69	40%	\$7.40	\$11.29
Plus Family	\$18.69	40%	\$7.40	\$11.29