



**INSURANCE PREMIUMS
2024-25 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	\$1,034.00	80%	\$827.00	\$207.00
Plus Spouse	\$2,070.00	80%	\$1,656.00	\$414.00
Plus Children	\$1,915.00	80%	\$1,532.00	\$383.00
Plus Family	\$3,108.00	80%	\$2,486.00	\$622.00

**\$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	\$950.00	96%	\$912.00	\$38.00
Plus Spouse	\$1,904.00	96%	\$1,828.00	\$76.00
Plus Children	\$1,761.00	96%	\$1,691.00	\$70.00
Plus Family	\$2,859.00	96%	\$2,745.00	\$114.00

HD/HSA

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

District will make HSA an 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	\$899.00	100%	\$899.00	\$0.00
Plus Spouse	\$1,799.00	100%	\$1,799.00	\$0.00
Plus Children	\$1,664.00	100%	\$1,664.00	\$0.00
Plus Family	\$2,701.00	100%	\$2,701.00	\$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