

**\$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	\$1,086.00	79%	\$858.00	\$228.00
Plus Spouse	\$2,174.00	79%	\$1,717.00	\$457.00
Plus Children	\$2,011.00	79%	\$1,588.00	\$423.00
Plus Family	\$3,263.00	79%	\$2,577.00	\$686.00

**\$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	\$998.00	95%	\$948.00	\$50.00
Plus Spouse	\$1,999.00	95%	\$1,899.00	\$100.00
Plus Children	\$1,849.00	95%	\$1,757.00	\$92.00
Plus Family	\$3,002.00	95%	\$2,852.00	\$150.00

**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	\$944.00	100%	\$944.00	\$0.00
Plus Spouse	\$1,889.00	100%	\$1,889.00	\$0.00
Plus Children	\$1,747.00	100%	\$1,747.00	\$0.00
Plus Family	\$2,836.00	100%	\$2,836.00	\$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	\$32.30	100%	\$32.30	\$0.00
Plus Spouse	\$92.10	35%	\$32.30	\$59.80
Plus Children	\$108.65	30%	\$32.30	\$76.35
Plus Family	\$128.95	25%	\$32.30	\$96.65

**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