LEBANON EDUCATORS ASSOCIATON (LEA) 2026 – 2027

CIGNA SCHOOL CARE	HEALTH INSURANCE	EMP SHARE 6% EMP SHARE 6.5% *	BOARD SHARE 94% BOARD SHARE 93.5% *			CASHBACK FLAT RATE
YELLOW OPEN ACCESS PLAN WITH CHOICE FUND	MONTHLY PREMIUM	26 PAYS	ANNUAL BREAKDOWN Emp. Pays ---	LSD Pays –- -	Yr.Total	
SINGLE (Deductible $1,250) **(Choice Fund $1,000** (Out of Pocket Max $2,000)	$1,485.00	$41.12 $44.55	$1,069.20 $1,158.30	$16,750.80 $16,661.70	$17,820.00	$3,000.00
2-PERSON (Deductible $2,500) **(Choice Fund $2,000)** (Out of Pocket Max $4,000)	$2,970.00	$82.24 $89.10	$2,138.40 $2,316.60	$33,501.60 $33,323.40	$35,640.00	$6,000.00
FAMILY (Deductible $2,500) **(Choice Fund $2,000)** (Out of Pocket Max $4,000)	$4,009.50	$111.03 $120.28	$2,886.84 $3,127.41	$45,227.16 $44,986.59	$48,114.00	$8,000.00

*The Lebanon School District will pay 94% of the total premium cost of the School Care Yellow Plan with embedded HRA, so long as the employee certifies in an affidavit, to be provided to the employee by the District no later than July 1 of each year upon request, that his or her spouse does not have paid health insurance available to him or her through his or her employer. In the event that such spouse has such insurance available and elects to be insured by the District's plan, the Lebanon School District shall only pay 93.5% of the total premium cost.

CIGNA SCHOOL CARE	DENTAL INSURANCE	BOARD SHARE 100%	CASHBACK 30% of LSD CONTRIBUTION
DP 6 plan	MONTHLY PREMIUM	ANNUAL Brd. COST	
SINGLE	$52.29	$627.48	$188.24
2 PERSON	$98.13	$1,177.56	$353.26
FAMILY	$164.54	$1,974.48	$592.34
Must work 30 hrs./wk			

NEW HAMPSHIRE RETIREMENT SYSTEM

Participation is mandatory, 7% of gross deducted, must work 30 hrs. week or .8 FTE. Matched at 19.23% by LSD. Vested after 10 yrs. participation.

LIFE INS/LONG TERM DISABILITY

Paid in full by LSD, provided through Guardian Ins., Life in. 1Xannual contracted salary, LTD 66 ⅔ of gross salary for approved disabilities, determined by GI.

FLEXIBLE SPENDING (HFSA/DEPCARE)

LEA personnel are eligible to participate in the Flexible Spending Accounts, (Health Care and/or Dependent Care, Section 125 Flexible Spending Accounts) limits are $2,750.00 for HCRA and $5,000.00 for DCRA. Health Trust is the Flex Plan Administrator.

TAX SHELTERED ANNUITY/403B

Match provided at $1.00 for every $1.00 contributed by the employee. The employer's match shall be capped at 2% of the employees' annual contract amount except for those employees who have been on step 18 for at least one year for whom the employer's match shall be capped at 3% of the employee's annual contract amount. Account must be with AMERIPRISE FINANCIAL RIVERSOURCE, ASPIRE IPX, ASPIRE FINANCIAL SERVICES, COREBRIDGE FINANCIAL [FORMERLY AIG VALIC], EQUITABLE [FORMERLY AXA], HORACE MANN LIFE INS CO, SECURITY BENEFIT.