



LARAMIE COUNTY SCHOOL DISTRICT #2
INSURANCE PREMIUMS
2018-19 SCHOOL YEAR

\$1,000 Deductible - \$35 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	\$658.13	91%	\$596.40	\$61.73
Plus Spouse	\$1,316.27	91%	\$1,192.80	\$123.47
Plus Children	\$1,217.05	91%	\$1,103.50	\$113.55
Plus Family	\$1,974.40	91%	\$1,789.20	\$185.20

\$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	\$605.22	99%	\$596.40	\$8.82
Plus Spouse	\$1,210.44	99%	\$1,192.80	\$17.64
Plus Children	\$1,120.04	99%	\$1,103.50	\$16.54
Plus Family	\$1,816.76	98%	\$1,789.20	\$27.56

HD/HSA

\$2,500 Deductible 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	\$596.40	100%	\$596.40	\$0.00
Plus Spouse	\$1,192.80	100%	\$1,192.80	\$0.00
Plus Children	\$1,103.50	100%	\$1,103.50	\$0.00
Plus Family	\$1,789.20	100%	\$1,789.20	\$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	\$27.60	100%	\$27.60	\$0.00
Plus Spouse	\$78.80	35%	\$27.60	\$51.20
Plus Children	\$92.95	30%	\$27.60	\$65.35
Plus Family	\$110.30	25%	\$27.60	\$82.70

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	\$7.53	100%	\$7.53	\$0.00
Employee +1	\$12.05	62%	\$7.53	\$4.52
Plus Children	\$12.30	61%	\$7.53	\$4.77
Plus Family	\$19.83	38%	\$7.53	\$12.30