



**INSURANCE PREMIUMS
2022-23 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	\$828.00	88%	\$728.00	\$100.00
Plus Spouse	\$1,658.00	88%	\$1,459.00	\$199.00
Plus Children	\$1,534.00	88%	\$1,350.00	\$184.00
Plus Family	\$2,489.00	88%	\$2,190.00	\$299.00

**\$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	\$761.00	100%	\$761.00	\$0.00
Plus Spouse	\$1,525.00	100%	\$1,525.00	\$0.00
Plus Children	\$1,411.00	100%	\$1,411.00	\$0.00
Plus Family	\$2,290.00	100%	\$2,290.00	\$0.00

HD/HSA

**\$3,500 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	\$751.00	100%	\$751.00	\$0.00
Plus Spouse	\$1,502.00	100%	\$1,502.00	\$0.00
Plus Children	\$1,390.00	100%	\$1,390.00	\$0.00
Plus Family	\$2,253.00	100%	\$2,253.00	\$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	\$29.25	100%	\$29.25	\$0.00
Plus Spouse	\$83.55	35%	\$29.25	\$54.30
Plus Children	\$98.55	30%	\$29.25	\$69.30
Plus Family	\$116.95	25%	\$29.25	\$87.70

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	\$7.40	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