

COSTS for LCSD INSURANCE - 2017-18

SINGLE
FAMILY

DISTRICT CONTRIBUTION

Per Month, Average

\$539.38
\$731.00

**MEDICAL, DENTAL AND VISION INSURANCE
EPO 3**

SINGLE
FAMILY

EMPLOYEE CONTRIBUTION

Cost per Month

\$133.00
\$705.00

OR

PPO 4

SINGLE
FAMILY

Cost per Month

\$89.00
\$622.00

OR

PPO 5

SINGLE
FAMILY

Cost per Month

\$47.00
\$544.00

OPT-OUT OPTIONS for LCSD INSURANCE - 2017-18

DENTAL INSURANCE - OPT OUT

SINGLE
FAMILY

Opt Out Savings per Month

(\$39.54)
(\$114.63)

VISION INSURANCE - OPT OUT

SINGLE
FAMILY

Opt Out Savings per Month

(\$4.75)
(\$12.12)

Example:

Family employee chooses PPO 4 but opts out of dental insurance.
His cost is now \$507.37 per month ($\$622 - \$114.63 = \507.37)

Example:

Single employee chooses PPO 5 but opts out of dental and vision insurance.
Her monthly cost is now \$2.71 ($\$47 - \$39.54 - \$4.75 = \2.71)

Example:

Single employee chooses EPO 3 but opts out of dental AND vision insurance.
His monthly cost is now \$88.71 per month ($\$133 - \$39.54 - \$4.75 = \88.71)