

LCSD INSURANCE RATES- 2022-23



Lake County School District
Learning Beyond Walls

MEDICAL, DENTAL AND VISION INSURANCE	EMPLOYEE CONTRIBUTION Cost per month	DISTRICT CONTRIBUTION Cost per Month
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EPO 3		
SINGLE	\$148 (15%)	\$815 (85%)
FAMILY	\$789 (39%)	\$1211 (61%)

PPO 4		
SINGLE	\$101 (11%)	\$824 (89%)
FAMILY	\$694 (36%)	\$1208 (64%)

PPO 5		
SINGLE	\$51 (6%)	\$806 (94%)
FAMILY	\$605 (34%)	\$1185 (66%)

AVERAGE SINGLE	\$100 (11%)	\$815 (89%)
AVERAGE FAMILY	\$696 (37%)	\$1201.33 (63%)

OPT-OUT OPTIONS for LCSD INSURANCE - 2022-23

DENTAL INSURANCE - OPT OUT

	Opt Out Savings per Month
SINGLE	-37.24
FAMILY	-107.95

VISION INSURANCE - OPT OUT

	Opt Out Savings per Month
SINGLE	-4.75
FAMILY	-12.12

Example:

Family employee chooses PPO 4 but opts out of dental insurance.
His cost is now \$586.05 per month (\$694-\$107.95=\$586.05)

Example:

Single employee chooses PPO 5 but opts out of dental AND vision insurance.
Her monthly cost is now \$9.01 (\$51-\$37.24-\$4.75=\$9.01)

Example:

Single employee chooses EPO 3 but opts out of dental AND vision insurance.
His monthly cost is now \$106.01 per month (\$148-\$37.24-\$4.75=\$106.01)