

LCSD INSURANCE RATES



EMPLOYEE CONTRIBUTION

(revised 10.22)

Cost per month

HEALTH INSURANCE

2022-2023

EPO 3	
SINGLE	\$98.00
FAMILY	\$637.00

POS 4	
SINGLE	\$49.00
FAMILY	\$544.00

POS 5	
SINGLE	\$2.00
FAMILY	\$457.00

OPTIONAL ADDITIONS for LCSD INSURANCE -

DENTAL INSURANCE

Additional cost per month

SINGLE		37.24
FAMILY		107.95

VISION INSURANCE -

Additional cost per month

SINGLE		4.75
FAMILY		12.12

Example:

Family employee chooses POS 4 health and chooses dental insurance.
His monthly cost is now \$651.95 per month (\$544 + \$107.95 = \$651.95)

Example:

Single employee chooses POS 5 health and chooses vision insurance.
Her monthly cost is now \$6.75 (\$2 + \$4.75=\$6.75)

Example:

Single employee chooses EPO 3 health only.
His monthly cost is \$98.00 per month

*All insurance selections and changes are through the [EASE](#) insurance portal.