

LCSD INSURANCE RATES



HEALTH INSURANCE
2023-2024

EMPLOYEE CONTRIBUTION

Cost per month

EPO 3	
SINGLE	\$98.00
FAMILY	\$637.00

PPO 4	
SINGLE	\$49.00
FAMILY	\$544.00

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

Example:

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

Example:

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