

**HEALTH INSURANCE**  
2024-2025

**EMPLOYEE  
CONTRIBUTION**  
Cost per month



Lake County School District  
Learning Beyond Walls

<b>EPO 3</b>	
SINGLE	\$98.00
FAMILY	\$637.00

<b>POS 4</b>	
SINGLE	\$49.00
FAMILY	\$544.00

<b>POS 5</b>	
SINGLE	\$2.00
FAMILY	\$457.00

**OPTIONAL ADDITIONS for LCSD INSURANCE -**

<b>DENTAL INSURANCE</b>	
Additional cost per month	
SINGLE	\$36.19
FAMILY	\$104.90

<b>VISION INSURANCE -</b>	
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 \$719.62 per month (\$544.00 + \$104.90 = \$648.90)

**Example:**

Single employee chooses POS 5 health and chooses vision insurance.  
Her monthly cost is \$7.01 (\$2.00 + \$4.75=\$6.75)

**Example:**

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

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