

**LENNOX SCHOOL DISTRICT NO. 41-4**  
**2018 - 2019 INSURANCE RATES - Effective July 1, 2018**

<b>HEALTH INSURANCE *</b>	<b>12 MONTH</b>			<b>10 MONTH</b>		
	<b>DISTRICT MONTHLY SHARE</b>	<b>EMPLOYEE MONTHLY SHARE</b>	<b>TOTAL</b>	<b>DISTRICT MONTHLY SHARE</b>	<b>EMPLOYEE MONTHLY SHARE</b>	<b>TOTAL</b>
- You have to work at least 30 hours a week to be eligible for health insurance.						
<b>SINGLE - HILLS (\$2,000 Deductible)</b>	456.00	136.02	592.02	547.20	163.22	710.42
<b>SINGLE - FALLS (\$2,500 Deductible)</b>	456.00	124.97	580.97	547.20	149.96	697.16
<b>SINGLE - RUSHMORE (\$2,700 HDHP/HSA)</b>	456.00	95.75	551.75	547.20	114.90	662.10
<b>SINGLE - PLAINS (\$4,000 HDHP/HSA)</b>	456.00	85.09	541.09	547.20	102.11	649.31
<b>FAMILY - HILLS (\$2,000 Deductible)</b>	890.00	588.22	1,478.22	1,068.00	705.86	1,773.86
<b>FAMILY - FALLS (\$2,500 Deductible)</b>	890.00	560.61	1,450.61	1,068.00	672.73	1,740.73
<b>FAMILY - RUSHMORE (\$2,700 HDHP/HSA)</b>	890.00	487.55	1,377.55	1,068.00	585.06	1,653.06
<b>FAMILY - PLAINS (\$4,000 HDHP/HSA)</b>	890.00	460.92	1,350.92	1,068.00	553.10	1,621.10

<b>DENTAL INSURANCE</b>	<b>12 MONTH</b>			<b>10 MONTH</b>		
	<b>DISTRICT MONTHLY SHARE</b>	<b>EMPLOYEE MONTHLY SHARE</b>	<b>TOTAL</b>	<b>DISTRICT MONTHLY SHARE</b>	<b>EMPLOYEE MONTHLY SHARE</b>	<b>TOTAL</b>
<b>SINGLE</b>						
FULL TIME (40 HRS)	25.00	15.60	40.60	30.00	18.72	48.72
3/4 TIME	18.75	21.85	40.60	22.50	26.22	48.72
HALF TIME	12.50	28.10	40.60	15.00	33.72	48.72
<b>FAMILY</b>						
FULL TIME (40 HRS)	25.00	86.96	111.96	30.00	104.35	134.35
3/4 TIME	18.75	93.21	111.96	22.50	111.85	134.35
HALF TIME	12.50	99.46	111.96	15.00	119.35	134.35

<b>VISION INSURANCE</b>	<b>12 MONTH</b>			<b>10 MONTH</b>		
	<b>DISTRICT MONTHLY SHARE</b>	<b>EMPLOYEE MONTHLY SHARE</b>	<b>TOTAL</b>	<b>DISTRICT MONTHLY SHARE</b>	<b>EMPLOYEE MONTHLY SHARE</b>	<b>TOTAL</b>
<b>BASE PLAN</b>						
EMPLOYEE ONLY	0.00	5.63	5.63	0.00	6.76	6.76
EMPLOYEE + SPOUSE	0.00	11.28	11.28	0.00	13.54	13.54
EMPLOYEE + CHILDREN	0.00	12.08	12.08	0.00	14.50	14.50
EMPLOYEE + FAMILY	0.00	19.30	19.30	0.00	23.16	23.16
<b>PREMIER PLAN</b>						
EMPLOYEE ONLY	0.00	8.04	8.04	0.00	9.65	9.65
EMPLOYEE + SPOUSE	0.00	16.08	16.08	0.00	19.30	19.30
EMPLOYEE + CHILDREN	0.00	17.20	17.20	0.00	20.64	20.64
EMPLOYEE + FAMILY	0.00	27.48	27.48	0.00	32.98	32.98

\* The definition of Full-Time status is 30 hours for health insurance purposes only.

**HEALTH SAVINGS ACCOUNTS - \$500 Employer Contribution a year**

Upon enrollment in a High Deductible Health Plan (HDHP), employees will have the option to enroll in a Health Savings Account (HSA). The district will contribute \$500 per year into an employee's HSA. The payment will be made every October.