

**LENNOX SCHOOL DISTRICT NO. 41-4
2019 - 2020 INSURANCE RATES - Effective January 1, 2019**

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

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

DENTAL INSURANCE	12 MONTH			10 MONTH		
	DISTRICT MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	TOTAL	DISTRICT MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	TOTAL
SINGLE						
FULL TIME (40 HRS)	25.00	16.90	41.90	30.00	20.28	50.28
3/4 TIME	18.75	23.15	41.90	22.50	27.78	50.28
HALF TIME	12.50	29.40	41.90	15.00	35.28	50.28
FAMILY						
FULL TIME (40 HRS)	25.00	90.54	115.54	30.00	108.65	138.65
3/4 TIME	18.75	96.79	115.54	22.50	116.15	138.65
HALF TIME	12.50	103.04	115.54	15.00	123.65	138.65

VISION INSURANCE	12 MONTH			10 MONTH		
	DISTRICT MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	TOTAL	DISTRICT MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	TOTAL
BASE PLAN						
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
PREMIER PLAN						
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

ID SHIELD	12 MONTH			10 MONTH		
	DISTRICT MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	TOTAL	DISTRICT MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	TOTAL
SINGLE	0.00	8.45	8.45	0.00	10.14	10.14
FAMILY	0.00	15.95	15.95	0.00	19.14	19.14

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.