

Lake Forest Academy

Benefit Contributions 2024-2025

Medical - Blue Cross Blue Shield

BCBS HMO Advantage MIBAH2020

	Monthly Premiums Per Employee	LFA Monthly Contribution Per Employee	Employee Monthly Contribution	Employee Cost per Payperiod (24)
Employee Only	\$813.56	\$813.56	\$0.00	\$0.00
Family with 2 Employees	\$2,397.22	\$2,397.22	\$0.00	\$0.00
Employee & Child(ren)	\$1,532.60	\$1,482.60	\$50.00	\$25.00
Employee & Spouse	\$1,678.18	\$1,603.18	\$75.00	\$37.50
Employee & Family	\$2,397.22	\$2,157.22	\$240.00	\$120.00

BlueEdge HSA MIEEA2030 - \$2,500/\$5,000 Deductible Plan

	Monthly Premiums Per Employee	LFA Monthly Contribution Per Employee	Employee Monthly Contribution	Employee Cost per Payperiod (24)	LFA Annual HSA Contribution
Employee Only	\$898.59	\$878.59	\$20.00	\$10.00	\$1,500
Family with 2 Employees	\$2,647.78	\$2,587.78	\$60.00	\$30.00	\$3,000
Employee & Child(ren)	\$1,692.79	\$1,443.79	\$249.00	\$124.50	\$2,500
Employee & Spouse	\$1,853.58	\$1,524.58	\$329.00	\$164.50	\$2,500
Employee & Family	\$2,647.78	\$2,092.78	\$555.00	\$277.50	\$2,500

BlueEdge HSA MPS91605 - \$1,500/\$3,000 Deductible Plan

	Monthly Premiums Per Employee	LFA Monthly Contribution Per Employee	Employee Monthly Contribution	Employee Cost per Payperiod (24)	LFA Annual HSA Contribution
Employee Only	\$1,036.45	\$879.45	\$157.00	\$78.50	\$1,000
Family with 2 Employees	\$3,053.96	\$2,573.96	\$480.00	\$240.00	\$2,000
Employee & Child(ren)	\$1,952.47	\$1,431.47	\$521.00	\$260.50	\$1,500
Employee & Spouse	\$2,137.94	\$1,510.94	\$627.00	\$313.50	\$1,500
Employee & Family	\$3,053.96	\$2,072.96	\$981.00	\$490.50	\$1,500

Dental Insurance - Guardian

	Monthly Premiums Per Employee	LFA Monthly Contribution Per Employee	Employee Monthly Contribution	Employee Cost per Payperiod (24)
Employee Only	\$50.00	\$50.00	\$0.00	\$0.00
Family	\$140.00	\$70.00	\$70.00	\$35.00

Vision Insurance - VSP

	Monthly Premiums	Annual Premium	Deduction per Payperiod (24)
Employee Only	\$8.77	\$105.24	\$4.39
Employee & One	\$14.02	\$168.24	\$7.01
Employee & Children	\$14.32	\$171.84	\$7.16
Employee & Family	\$23.08	\$276.96	\$11.54

Allstate Identity Protection

	Monthly Premiums	Annual Premium	Deduction per Payperiod (24)
Employee Only	\$9.96	\$119.52	\$4.98
Family	\$17.96	\$215.52	\$8.98



LFA Blue Cross Blue Shield Medical Plans at a Glance

The following outlines benefits for LFA medical plans and shows the amounts YOU PAY for covered services after you meet the annual deductible (unless otherwise noted).

	BlueEdge HSA MIEEA2030 - \$2,500 Plan		BlueEdge HSA MPS91605 - \$1,500 Plan		BCBS HMO Advantage MIBAH2020	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
LFA contribution to Health Savings Account (HSA)	\$1,500 individual annually (\$750/six months) \$2,500 family annually (\$1,250/six months) \$3,000 2EE family annually (\$1,500/six months)		\$1,000 individual annually (\$500/six months) \$1,500 family annually (\$750/six months) \$2,000 2EE family annually (\$1,000/six months)		HMO plans are not eligible for HSA participation	
Annual deductible^{4,5}	\$2,500 individual \$5,000 family	\$5,000 individual \$10,000 family	\$1,500 individual \$3,000 family	\$1,500 individual \$3,000 family	\$0	\$0
Out-of-pocket limits³	\$5,000 individual \$7,350 family	\$15,000 individual \$22,050 family	\$3,000 individual \$6,000 family	\$3,000 individual \$6,000 family	\$1,500 individual \$3,000 family	\$1,500 individual \$3,000 family
Office visit						
• Primary care	20%	40%	\$0 after deductible	20%	\$20/visit	Not Covered
• Specialist	20%	40%	\$0 after deductible	20%	\$40/visit	Not Covered
Preventive care, screenings & immunizations	No charge	No charge	No charge	No charge	No Charge	Not Covered
Inpatient hospital						
• Facility fee, physician fee	20%	\$300/visit + 40%	\$0 after deductible	20%	No Charge	Not Covered
Outpatient surgery						
• Facility fee, physician fee	20%	40%	\$0 after deductible	20%	No Charge	Not Covered
Emergency room	20%	20%	10%	20%	\$250/visit	Not Covered
X-ray and lab	20%	40%	\$0 after deductible	20%	No Charge	Not Covered
Chiropractic	20% up to 30 visits annual max	40% up to 30 visits annual max	20% up to 30 visits annual max	40% up to 30 visits annual max	\$40/visit	Not Covered
Prescription drugs						
Retail (30-day supply)						
• Generic	10%	20%	20%	20%	No Charge	Not Covered
• Generic non-preferred					\$10	Not Covered
• Brand preferred	20%	20%	20%	20%	\$50	Not Covered
• Brand non-preferred	30%	30%	20%	20%	\$100	Not Covered
Home Delivery (90-day supply)						
• Generic					No Charge	Not Covered
• Generic non-preferred	10%	20%	20%	20%	\$20	Not Covered
• Brand preferred	20%	20%	20%	20%	\$100	Not Covered
• Brand non-preferred	30%	30%	20%	20%	\$200	Not Covered
Specialty						
• Preferred	40%	40%	20%	20%	\$150	Not Covered
• Non-preferred	50%	50%	20%	20%	\$250	Not Covered