2024 LCSC INSURANCE PREMIUMS CLASSIFIED STAFF

HBST TRUST			2024						
			ANNUAL	CORP. SHARE	EMPLOYEE SHARE	26 PAYS	21 PAYS	22 PAYS	23 PAYS
ANTHEM	HEALTH		PREMIUM						
OPTION II	PPO	EMPLOYEE	\$10,536.00	\$6,735.00	\$3,801.00	\$146.19	\$181.00	\$172.77	\$165.26
OPTION II	PPO	EMPLOYEE/CHILD(REN)	\$20,928.00	\$14,175.00			\$321.57	\$306.95	\$293.61
OPTION II	PPO	EMPLOYEE/SPOUSE	\$26,136.00	\$14,440.00	\$11,696.00	\$449.85	\$556.95	\$531.64	\$508.52
OPTION II	PPO	FAMILY	\$31,176.00	\$14,700.00	\$16,476.00	\$633.69	\$784.57	\$748.91	\$716.35
OPTION II	PPO	FAMILY (2)	\$31,176.00	\$18,640.00	\$12,536.00	\$482.15	\$596.95	\$569.82	\$545.04
OPTION III	PPO	EMPLOYEE	\$9,132.00			\$92.19	\$114.14	\$108.95	\$104.22
OPTION III	PPO	EMPLOYEE/CHILD(REN)	\$18,168.00	\$14,175.00		\$153.58	\$190.14	\$181.50	\$173.61
OPTION III	PPO	EMPLOYEE/SPOUSE	\$22,848.00				\$400.38	\$382.18	\$365.57
OPTION III	PPO	FAMILY	\$27,528.00				\$610.86	\$583.09	\$557.74
OPTION III	PPO	FAMILY (2)	\$27,528.00	\$18,640.00	\$8,888.00	\$341.85	\$423.24	\$404.00	\$386.43
ODTIONUN	HDHP	EMPLOYEE	\$7,428.00	\$6,735.00	#c02.00	<u></u>	<u></u>	<u></u>	#20.42
OPTION IV	HDHP				-	\$26.65	\$33.00 \$32.43	\$31.50 \$30.95	\$30.13
OPTION IV	HDHP	EMPLOYEE/CHILD(REN) EMPLOYEE/SPOUSE	\$14,856.00	\$14,175.00		\$26.19 \$150.77	\$32.43	\$30.95	\$29.61 \$170.43
			\$18,360.00		-				
OPTION IV	HDHP	FAMILY	\$22,056.00	' '		\$282.92	\$350.29	\$334.36	\$319.83
OPTION IV	HDHP	FAMILY (2)	\$22,056.00	\$18,640.00	\$3,416.00	\$131.38	\$162.67	\$155.27	\$148.52
OPTION V	HDHP	EMPLOYEE	\$6,732.00	\$6,735.00	\$1.00	\$0.04	\$0.05	\$0.05	\$0.04
OPTION V	HDHP	EMPLOYEE/CHILD(REN)	\$13,476.00			\$0.04	\$0.05	\$0.05	\$0.04
OPTION V	HDHP	EMPLOYEE/SPOUSE	\$16,644.00	\$14,440.00		\$84.77	\$104.95	\$100.18	\$95.83
OPTION V	HDHP	FAMILY	\$19,992.00			\$203.54	\$252.00	\$240.55	\$230.09
OPTION V	HDHP	FAMILY (2)	\$19,992.00		·	\$52.00	\$64.38	\$61.45	\$58.78
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HDHP PLANS	S - INCLUDES	A \$100 MONTHLY CONT	RIBUTION T	OWARD AN E	MPLOYEES HSA	1			
	IV/IOIONI	TEMPLOYEE	Т		I & 00.00	#0.00	04.57	#4.00	64.47
ANTHEM	VISION	EMPLOYEE EMPLOYEE/SPOUSE			\$ 96.00 \$ 180.00	\$3.69 \$6.92	\$4.57 \$8.57	\$4.36 \$8.18	\$4.17
					-	\$0.92 \$7.38	\$9.14	\$8.73	\$7.83 \$8.35
		EMPLOYEE/CHILD(REN) FAMILY			\$ 192.00 \$ 312.00	\$12.00	\$14.86	\$0.73 \$14.18	\$13.57
		FAMILY			\$ 312.00	\$12.00	\$14.00	Φ14.10	φ13.3 <i>1</i>
ANTHEM	DENTAL	EMPLOYEE			\$ 408.00	\$15.69	\$19.43	\$18.55	\$17.74
		EMPLOYEE-SPOUSE			\$ 900.00	\$34.62	\$42.86	\$40.91	\$39.13
		EMPLOYEE-CHILD(REN)			\$ 744.00	\$28.62	\$35.43	\$33.82	\$32.35
		FAMILY			\$ 1,272.00	\$48.92	\$60.57	\$57.82	\$55.30
		EMPLOYEE				# 000.4=	ACT 15	ACC 45	405.01
		EMPLOYEE OROLLOS			\$ 576.00	\$22.15	\$27.43	\$26.18	\$25.04
		EMPLOYEE-SPOUSE			\$ 1,236.00	\$47.54	\$58.86	\$56.18	\$53.74
		EMPLOYEE-CHILD(REN)			\$ 1,032.00	\$39.69	\$49.14	\$46.91	\$44.87
		FAMILY			\$ 1,752.00	\$67.38	\$83.43	\$79.64	\$76.17