



**24.25 Health Insurance Per Pay Contributions**

**ESPA - Support Staff (24 pays per year)**

	Medical	Dental	Vision	EE Annual Max
EE Only	\$12.98	\$0.00	\$0.00	\$311.52
EE + Child	\$19.47	\$0.00	\$0.00	\$467.28
EE + Children	\$27.26	\$0.00	\$0.00	\$654.24
EE + Spouse	\$28.55	\$0.00	\$0.00	\$685.20
Family (EE + Spouse + Child(ren))	\$37.64	\$0.00	\$0.00	\$903.36
Spousal Surcharge	\$100.00	\$0.00	\$0.00	\$2,400.00

**LIUEA - Professional Staff (24 pays per year)**

	Medical	Dental	Vision	EE Annual Max
EE Only	\$42.70	\$0.00	\$0.00	\$1,024.80
EE + Child	\$64.05	\$0.00	\$0.00	\$1,537.20
EE + Children	\$89.65	\$0.00	\$0.00	\$2,151.60
EE + Spouse	\$93.95	\$0.00	\$0.00	\$2,254.80
Family (EE + Spouse + Child(ren))	\$123.85	\$0.00	\$0.00	\$2,972.40
Spousal Surcharge	\$150.00	\$0.00	\$0.00	\$3,600.00

**Act 93 - Administrators (24 pays per year)**

	Medical	Dental	Vision	EE Annual Max
EE Only	\$42.70	\$0.00	\$0.00	\$1,024.80
EE + Child	\$64.05	\$0.00	\$0.00	\$1,537.20
EE + Children	\$89.65	\$0.00	\$0.00	\$2,151.60
EE + Spouse	\$93.95	\$0.00	\$0.00	\$2,254.80
Family (EE + Spouse + Child(ren))	\$123.85	\$0.00	\$0.00	\$2,972.40
Spousal Surcharge	\$150.00	\$0.00	\$0.00	\$3,600.00

**Confidential Staff (24 pays per year)**

	Medical	Dental	Vision	EE Annual Max
EE Only	\$12.98	\$0.00	\$0.00	\$311.52
EE + Child	\$19.47	\$0.00	\$0.00	\$467.28
EE + Children	\$27.26	\$0.00	\$0.00	\$654.24
EE + Spouse	\$28.55	\$0.00	\$0.00	\$685.20
Family (EE + Spouse + Child(ren))	\$37.64	\$0.00	\$0.00	\$903.36
Spousal Surcharge	\$125.00	\$0.00	\$0.00	\$3,000.00

\*This information is subject to change based on revisions to bargaining agreements and/or plan documents.



# Lincoln Intermediate Unit

— An Educational Service Agency —

## 24.25 Health Insurance Per Pay Contributions

### ESPA - Support Staff (20 pays per year)

	Medical	Dental	Vision	EE Annual Max
EE Only	\$15.58	\$0.00	\$0.00	\$311.52
EE + Child	\$23.36	\$0.00	\$0.00	\$467.28
EE + Children	\$32.71	\$0.00	\$0.00	\$654.24
EE + Spouse	\$34.26	\$0.00	\$0.00	\$685.20
Family (EE + Spouse + Child(ren))	\$45.17	\$0.00	\$0.00	\$903.36
Spousal Surcharge	\$120.00	\$0.00	\$0.00	\$2,400.00

### PT LIUEA - Professional Staff (20 pays per year)

	Medical	Dental	Vision	EE Annual Max
EE Only	\$51.24	\$0.00	\$0.00	\$1,024.80
EE + Child	\$76.86	\$0.00	\$0.00	\$1,537.20
EE + Children	\$107.58	\$0.00	\$0.00	\$2,151.60
EE + Spouse	\$112.74	\$0.00	\$0.00	\$2,254.80
Family (EE + Spouse + Child(ren))	\$148.62	\$0.00	\$0.00	\$2,972.40
Spousal Surcharge	\$180.00	\$0.00	\$0.00	\$3,600.00

\*This information is subject to change based on revisions to bargaining agreements and/or plan documents.

Eff. 7.1.24