

**2024 LCSC INSURANCE PREMIUMS
CERTIFIED STAFF**

HBST TRUST			2024					
			ANNUAL PREMIUM	CORP. SHARE	EMPLOYEE SHARE	26 PAYS	22 PAYS	23 PAYS
OPTION II	PPO	EMPLOYEE	\$10,536.00	\$8,140.00	\$2,396.00	\$92.15	\$108.91	\$104.17
OPTION II	PPO	EMPLOYEE/CHILD(REN)	\$20,928.00	\$11,550.00	\$9,378.00	\$360.69	\$426.27	\$407.74
OPTION II	PPO	EMPLOYEE/SPOUSE	\$26,136.00	\$11,815.00	\$14,321.00	\$550.81	\$650.95	\$622.65
OPTION II	PPO	FAMILY	\$31,176.00	\$14,440.00	\$16,736.00	\$643.69	\$760.73	\$727.65
OPTION II	PPO	FAMILY (2)	\$31,176.00	\$19,690.00	\$11,486.00	\$441.77	\$522.09	\$499.39
OPTION III	PPO	EMPLOYEE	\$9,132.00	\$8,140.00	\$992.00	\$38.15	\$45.09	\$43.13
OPTION III	PPO	EMPLOYEE/CHILD(REN)	\$18,168.00	\$11,550.00	\$6,618.00	\$254.54	\$300.82	\$287.74
OPTION III	PPO	EMPLOYEE/SPOUSE	\$22,848.00	\$11,815.00	\$11,033.00	\$424.35	\$501.50	\$479.70
OPTION III	PPO	FAMILY	\$27,528.00	\$14,440.00	\$13,088.00	\$503.38	\$594.91	\$569.04
OPTION III	PPO	FAMILY (2)	\$27,528.00	\$19,690.00	\$7,838.00	\$301.46	\$356.27	\$340.78
OPTION IV	HDHP	EMPLOYEE	\$7,428.00	\$8,140.00	\$1.00	\$0.04	\$0.05	\$0.04
OPTION IV	HDHP	EMPLOYEE/CHILD(REN)	\$14,856.00	\$11,550.00	\$3,306.00	\$127.15	\$150.27	\$143.74
OPTION IV	HDHP	EMPLOYEE/SPOUSE	\$18,360.00	\$11,815.00	\$6,545.00	\$251.73	\$297.50	\$284.57
OPTION IV	HDHP	FAMILY	\$22,056.00	\$14,440.00	\$7,616.00	\$292.92	\$346.18	\$331.13
OPTION IV	HDHP	FAMILY (2)	\$22,056.00	\$19,690.00	\$2,366.00	\$91.00	\$107.55	\$102.87
OPTION V	HDHP	EMPLOYEE	\$6,732.00	\$8,140.00	\$1.00	\$0.04	\$0.05	\$0.04
OPTION V	HDHP	EMPLOYEE/CHILD(REN)	\$13,476.00	\$11,550.00	\$1,926.00	\$74.08	\$87.55	\$83.74
OPTION V	HDHP	EMPLOYEE/SPOUSE	\$16,644.00	\$11,815.00	\$4,829.00	\$185.73	\$219.50	\$209.96
OPTION V	HDHP	FAMILY	\$19,992.00	\$14,440.00	\$5,552.00	\$213.54	\$252.36	\$241.39
OPTION V	HDHP	FAMILY (2)	\$19,992.00	\$19,690.00	\$302.00	\$11.62	\$13.73	\$13.13

HDHP PLANS - INCLUDES A \$100 MONTHLY CONTRIBUTION TOWARD AN EMPLOYEES HSA

ANTHEM	VISION	EMPLOYEE			\$ 96.00	\$3.69	\$4.36	\$4.17
		EMPLOYEE/SPOUSE			\$ 180.00	\$6.92	\$8.18	\$7.83
		EMPLOYEE/CHILD(REN)			\$ 192.00	\$7.38	\$8.73	\$8.35
		FAMILY			\$ 312.00	\$12.00	\$14.18	\$13.57

ANTHEM	DENTAL	EMPLOYEE			\$ 408.00	\$15.69	\$18.55	\$17.74
		EMPLOYEE-SPOUSE			\$ 900.00	\$34.62	\$40.91	\$39.13
		EMPLOYEE-CHILD(REN)			\$ 744.00	\$28.62	\$33.82	\$32.35
		FAMILY			\$ 1,272.00	\$48.92	\$57.82	\$55.30
		EMPLOYEE			\$ 576.00	\$22.15	\$26.18	\$25.04
		EMPLOYEE-SPOUSE			\$ 1,236.00	\$47.54	\$56.18	\$53.74
		EMPLOYEE-CHILD(REN)			\$ 1,032.00	\$39.69	\$46.91	\$44.87
		FAMILY			\$ 1,752.00	\$67.38	\$79.64	\$76.17