



2026 Benefit Premiums 18 Payroll Deductions per Year Benefit Group F

Health	Cigna \$250 Deductible EPO Health Plan (closed to new members)				
		Total Semi-Monthly Premium	Employer Paid	Employee Payroll Deduction	Wellness Premium Differential*
	Employee	\$ 595.40	\$ 539.65	\$ 55.75	\$ 33.33
	Employee + Spouse	\$ 1,247.53	\$ 539.65	\$ 707.88	\$ 33.33
	Employee + Child(ren)	\$ 1,069.68	\$ 539.65	\$ 530.03	\$ 33.33
	Family	\$ 2,077.52	\$ 539.65	\$ 1,537.87	\$ 33.33
	Cigna \$750 Deductible EPO Health Plan				
		Total Semi-Monthly Premium	Employer Paid	Employee Payroll Deduction	Wellness Premium Differential*
	Employee	\$ 568.92	\$ 539.65	\$ 29.27	\$ 33.33
	Employee + Spouse	\$ 1,191.90	\$ 539.65	\$ 652.25	\$ 33.33
Employee + Child(ren)	\$ 1,021.99	\$ 539.65	\$ 482.34	\$ 33.33	
Family	\$ 1,984.75	\$ 539.65	\$ 1,445.10	\$ 33.33	
Cigna \$1,750 Deductible EPO Health Plan					
	Total Semi-Monthly Premium	Employer Paid	Employee Payroll Deduction	Wellness Premium Differential*	
Employee	\$ 544.96	\$ 539.65	\$ 5.31	\$ 33.33	
Employee + Spouse	\$ 1,141.54	\$ 539.65	\$ 601.88	\$ 33.33	
Employee + Child(ren)	\$ 978.83	\$ 539.65	\$ 439.18	\$ 33.33	
Family	\$ 1,900.80	\$ 539.65	\$ 1,361.15	\$ 33.33	
Cigna \$2,550 Deductible EPO Health Plan					
	Total Semi-Monthly Premium	Employer Paid	Employee Payroll Deduction	Wellness Premium Differential*	
Employee	\$ 527.33	\$ 527.33	\$ -	\$ 33.33	
Employee + Spouse	\$ 1,104.47	\$ 539.65	\$ 564.82	\$ 33.33	
Employee + Child(ren)	\$ 947.07	\$ 539.65	\$ 407.42	\$ 33.33	
Family	\$ 1,839.05	\$ 539.65	\$ 1,299.39	\$ 33.33	
Cigna High Deductible Health Plan with HSA**					
	Total Semi-Monthly Premium	Employer Paid	Employee Payroll Deduction	Wellness Premium Differential*	
Employee	\$ 472.98	\$ 472.98	\$ -	\$ 33.33	
Employee + Spouse	\$ 990.31	\$ 472.98	\$ 517.33	\$ 33.33	
Employee + Child(ren)	\$ 849.23	\$ 472.98	\$ 376.25	\$ 33.33	
Family	\$ 1,648.75	\$ 472.98	\$ 1,175.77	\$ 33.33	
Per Paycheck LPS contribution to employee Health Savings Account***		\$ 66.66			

* Wellness Premium Differential is waived for employees who have met the Wellness criteria in 2025. Employees who did not have LPS insurance as of January 1, 2025 are exempt from the differential for 2026.

** For every employee who enrolls in the High Deductible Health Plan, LPS contributes \$1,200 annually to a Health Savings Account for that employee.

Accident	The Standard Accident				
		Total Semi-Monthly Premium	Employer Paid	Employee Payroll Deduction	
	Employee	\$ 7.22	\$ -	\$ 7.22	
	Employee + Spouse	\$ 11.48	\$ -	\$ 11.48	
	Employee + Child(ren)	\$ 13.98	\$ -	\$ 13.98	
Family	\$ 21.88	\$ -	\$ 21.88		

Dental	SunLife Dental - Base				
		Total Semi-Monthly Premium	Employer Paid	Employee Payroll Deduction	
	Employee	\$ 20.67	\$ 20.67	\$ -	
	Employee + Spouse	\$ 43.41	\$ 20.67	\$ 22.74	
	Employee + Child(ren)	\$ 37.21	\$ 20.67	\$ 16.55	
	Family	\$ 61.61	\$ 20.67	\$ 40.95	
	SunLife Dental - Buy-Up				
		Total Semi-Monthly Premium	Employer Paid	Employee Payroll Deduction	
	Employee	\$ 25.13	\$ 20.67	\$ 4.46	
	Employee + Spouse	\$ 52.79	\$ 20.67	\$ 32.12	
Employee + Child(ren)	\$ 45.25	\$ 20.67	\$ 24.59		
Family	\$ 74.93	\$ 20.67	\$ 54.26		

Vision	VSP Vision - Base				
		Total Semi-Monthly Premium	Employer Paid	Employee Payroll Deduction	
	Employee	\$ 4.71	\$ 4.71	\$ -	
	Employee + Spouse	\$ 9.23	\$ 4.71	\$ 4.52	
	Employee + Child(ren)	\$ 10.08	\$ 4.71	\$ 5.37	
	Family	\$ 16.11	\$ 4.71	\$ 11.40	
	VSP Vision - Buy-Up				
		Total Semi-Monthly Premium	Employer Paid	Employee Payroll Deduction	
	Employee	\$ 15.74	\$ 4.71	\$ 11.03	
	Employee + Spouse	\$ 33.98	\$ 4.71	\$ 29.27	
Employee + Child(ren)	\$ 36.54	\$ 4.71	\$ 31.83		
Family	\$ 59.89	\$ 4.71	\$ 55.18		

Identity Protection	Allstate Identity Protection Pro+ Cyber				
		Total Semi-Monthly Premium	Employer Paid	Employee Payroll Deduction	
	Employee	\$ 6.63	\$ -	\$ 6.63	
Family	\$ 11.97	\$ -	\$ 11.97		

Pet	Pet Partners				
		Total Semi-Monthly Premium	Employer Paid	Employee Payroll Deduction	
	Cat (10 years and under)	\$ 24.37	\$ -	\$ 24.37	
Dog (10 years and under)	\$ 41.12	\$ -	\$ 41.12		

Hospital	The Standard Hospital Confinement				
		Total Semi-Monthly Premium	Employer Paid	Employee Payroll Deduction	
	Employee	\$ 9.59	\$ -	\$ 9.59	
	Employee + Spouse	\$ 16.43	\$ -	\$ 16.43	
	Employee + Child(ren)	\$ 13.36	\$ -	\$ 13.36	
Family	\$ 23.92	\$ -	\$ 23.92		

Critical Illness	The Standard Critical Illness														
	Total Semi-Monthly Payroll Deduction (100% Employee Paid)														
	\$10,000 Purchase (Spouse \$5,000 and Child \$5,000)					\$20,000 Purchase (Spouse \$5,000 and Child \$10,000)					\$20,000 Purchase (Spouse \$10,000 and Child \$10,000)				
	Age	Employee	Employee + Spouse	Employee + Child(ren)	Family	Age	Employee	Employee + Spouse	Employee + Child(ren)	Family	Age	Employee	Employee + Spouse	Employee + Child(ren)	Family
	Under 30	\$2.40	\$3.60	\$2.40	\$3.60	Under 30	\$4.80	\$6.00	\$4.80	\$6.00	Under 30	\$4.80	\$7.20	\$4.80	\$7.20
30-39	\$2.94	\$4.41	\$2.94	\$4.41	30-39	\$5.87	\$7.34	\$5.87	\$7.34	30-39	\$5.87	\$8.81	\$5.87	\$8.81	
40-49	\$5.67	\$8.51	\$5.67	\$8.51	40-49	\$11.34	\$14.18	\$11.34	\$14.18	40-49	\$11.34	\$17.01	\$11.34	\$17.01	
50-59	\$10.54	\$15.81	\$10.54	\$15.81	50-59	\$21.07	\$26.34	\$21.07	\$26.34	50-59	\$21.07	\$31.61	\$21.07	\$31.61	
60-69	\$14.47	\$21.71	\$14.47	\$21.71	60-69	\$28.94	\$36.18	\$28.94	\$36.18	60-69	\$28.94	\$43.41	\$28.94	\$43.41	
70+	\$34.80	\$52.20	\$34.80	\$52.20	70+	\$69.60	\$87.00	\$69.60	\$87.00	70+	\$69.60	\$104.40	\$69.60	\$104.40	

Note that if your benefits start after January, your premiums may be prorated based on the numbers of payroll dates remaining for the calendar year.