

**2026 LCSC INSURANCE PREMIUMS
CERTIFIED STAFF**

HSBT TRUST			2026					
			ANNUAL	CORP. SHARE	EMPLOYEE SHARE	26 PAYS	22 PAYS	23 PAYS
ANTHEM	HEALTH		PREMIUM	Annual	Annual	Below is Employee Cost Per Pay		
OPTION II	PPO	EMPLOYEE	\$11,172.00	\$8,140.00	\$3,032.00	\$116.62	\$137.82	\$131.83
OPTION II	PPO	EMPLOYEE/CHILD(REN)	\$21,984.00	\$11,550.00	\$10,434.00	\$401.31	\$474.27	\$453.65
OPTION II	PPO	EMPLOYEE/SPOUSE	\$28,944.00	\$11,815.00	\$17,129.00	\$658.81	\$778.59	\$744.74
OPTION II	PPO	FAMILY	\$34,680.00	\$14,440.00	\$20,240.00	\$778.46	\$920.00	\$880.00
OPTION II	PPO	FAMILY (2)	\$34,680.00	\$19,690.00	\$14,990.00	\$576.54	\$681.36	\$651.74
OPTION III	PPO	EMPLOYEE	\$9,876.00	\$8,140.00	\$1,736.00	\$66.77	\$78.91	\$75.48
OPTION III	PPO	EMPLOYEE/CHILD(REN)	\$19,356.00	\$11,550.00	\$7,806.00	\$300.23	\$354.82	\$339.39
OPTION III	PPO	EMPLOYEE/SPOUSE	\$25,296.00	\$11,815.00	\$13,481.00	\$518.50	\$612.77	\$586.13
OPTION III	PPO	FAMILY	\$30,624.00	\$14,440.00	\$16,184.00	\$622.46	\$735.64	\$703.65
OPTION III	PPO	FAMILY (2)	\$30,624.00	\$19,690.00	\$10,934.00	\$420.54	\$497.00	\$475.39
OPTION IV	HDHP	EMPLOYEE	\$8,112.00	\$8,140.00	\$1.00	\$0.04	\$0.05	\$0.04
OPTION IV	HDHP	EMPLOYEE/CHILD(REN)	\$15,912.00	\$11,550.00	\$4,362.00	\$167.77	\$198.27	\$189.65
OPTION IV	HDHP	EMPLOYEE/SPOUSE	\$20,424.00	\$11,815.00	\$8,609.00	\$331.12	\$391.32	\$374.30
OPTION IV	HDHP	FAMILY	\$24,636.00	\$14,440.00	\$10,196.00	\$392.15	\$463.45	\$443.30
OPTION IV	HDHP	FAMILY (2)	\$24,636.00	\$19,690.00	\$4,946.00	\$190.23	\$224.82	\$215.04
OPTION V	HDHP	EMPLOYEE	\$7,500.00	\$8,140.00	\$1.00	\$0.04	\$0.05	\$0.04
OPTION V	HDHP	EMPLOYEE/CHILD(REN)	\$14,568.00	\$11,550.00	\$3,018.00	\$116.08	\$137.18	\$131.22
OPTION V	HDHP	EMPLOYEE/SPOUSE	\$18,684.00	\$11,815.00	\$6,869.00	\$264.19	\$312.23	\$298.65
OPTION V	HDHP	FAMILY	\$22,452.00	\$14,440.00	\$8,012.00	\$308.15	\$364.18	\$348.35
OPTION V	HDHP	FAMILY (2)	\$22,452.00	\$19,690.00	\$2,762.00	\$106.23	\$125.55	\$120.09

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	Core	EMPLOYEE			\$ 420.00	\$16.15	\$19.09	\$18.26
DENTAL		EMPLOYEE-SPOUSE			\$ 936.00	\$36.00	\$42.55	\$40.70
		EMPLOYEE-CHILD(REN)			\$ 768.00	\$29.54	\$34.91	\$33.39
		FAMILY			\$ 1,320.00	\$50.77	\$60.00	\$57.39
	Enhanced	EMPLOYEE			\$ 600.00	\$23.08	\$27.27	\$26.09
		EMPLOYEE-SPOUSE			\$ 1,284.00	\$49.38	\$58.36	\$55.83
		EMPLOYEE-CHILD(REN)			\$ 1,068.00	\$41.08	\$48.55	\$46.43
		FAMILY			\$ 1,824.00	\$70.15	\$82.91	\$79.30

Note: All plans are currently through Anthem