

**2026 LCSC INSURANCE PREMIUMS
CLASSIFIED STAFF**

HSBT TRUST			2026						
			ANNUAL	CORP. SHARE	EMPLOYEE SHARE	26 PAYS	21 PAYS	22 PAYS	23 PAYS
ANTHEM	HEALTH		PREMIUM	Annual	Annual	Below is Employee Cost Per Pay			
OPTION II	PPO	EMPLOYEE	\$11,172.00	\$7,550.00	\$3,622.00	\$139.31	\$172.48	\$164.64	\$157.48
OPTION II	PPO	EMPLOYEE/CHILD(REN)	\$21,984.00	\$14,600.00	\$7,384.00	\$284.00	\$351.62	\$335.64	\$321.04
OPTION II	PPO	EMPLOYEE/SPOUSE	\$28,944.00	\$15,555.00	\$13,389.00	\$514.96	\$637.57	\$608.59	\$582.13
OPTION II	PPO	FAMILY	\$34,680.00	\$15,815.00	\$18,865.00	\$725.58	\$898.33	\$857.50	\$820.22
OPTION II	PPO	FAMILY (2)	\$34,680.00	\$22,150.00	\$12,530.00	\$481.92	\$596.67	\$569.55	\$544.78
OPTION III	PPO	EMPLOYEE	\$9,876.00	\$7,550.00	\$2,326.00	\$89.46	\$110.76	\$105.73	\$101.13
OPTION III	PPO	EMPLOYEE/CHILD(REN)	\$19,356.00	\$14,600.00	\$4,756.00	\$182.92	\$226.48	\$216.18	\$206.78
OPTION III	PPO	EMPLOYEE/SPOUSE	\$25,296.00	\$15,555.00	\$9,741.00	\$374.65	\$463.86	\$442.77	\$423.52
OPTION III	PPO	FAMILY	\$30,624.00	\$15,815.00	\$14,809.00	\$569.58	\$705.19	\$673.14	\$643.87
OPTION III	PPO	FAMILY (2)	\$30,624.00	\$22,150.00	\$8,474.00	\$325.92	\$403.52	\$385.18	\$368.43
OPTION IV	HDHP	EMPLOYEE	\$8,112.00	\$7,550.00	\$562.00	\$21.62	\$26.76	\$25.55	\$24.43
OPTION IV	HDHP	EMPLOYEE/CHILD(REN)	\$15,912.00	\$14,600.00	\$1,312.00	\$50.46	\$62.48	\$59.64	\$57.04
OPTION IV	HDHP	EMPLOYEE/SPOUSE	\$20,424.00	\$15,555.00	\$4,869.00	\$187.27	\$231.86	\$221.32	\$211.70
OPTION IV	HDHP	FAMILY	\$24,636.00	\$15,815.00	\$8,821.00	\$339.27	\$420.05	\$400.95	\$383.52
OPTION IV	HDHP	FAMILY (2)	\$24,636.00	\$22,150.00	\$2,486.00	\$95.62	\$118.38	\$113.00	\$108.09
OPTION V	HDHP	EMPLOYEE	\$7,500.00	\$7,550.00	\$1.00	\$0.04	\$0.05	\$0.05	\$0.04
OPTION V	HDHP	EMPLOYEE/CHILD(REN)	\$14,568.00	\$14,600.00	\$1.00	\$0.04	\$0.05	\$0.05	\$0.04
OPTION V	HDHP	EMPLOYEE/SPOUSE	\$18,684.00	\$15,555.00	\$3,129.00	\$120.35	\$149.00	\$142.23	\$136.04
OPTION V	HDHP	FAMILY	\$22,452.00	\$15,815.00	\$6,637.00	\$255.27	\$316.05	\$301.68	\$288.57
OPTION V	HDHP	FAMILY (2)	\$22,452.00	\$22,150.00	\$302.00	\$11.62	\$14.38	\$13.73	\$13.13

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

ANTHEM	VISION	EMPLOYEE			\$ 96.00	\$3.69	\$4.57	\$4.36	\$4.17
		EMPLOYEE/SPOUSE			\$ 180.00	\$6.92	\$8.57	\$8.18	\$7.83
		EMPLOYEE/CHILD(REN)			\$ 192.00	\$7.38	\$9.14	\$8.73	\$8.35
		FAMILY			\$ 312.00	\$12.00	\$14.86	\$14.18	\$13.57
ANTHEM	Core	EMPLOYEE			\$ 420.00	\$16.15	\$20.00	\$19.09	\$18.26
DENTAL		EMPLOYEE-SPOUSE			\$ 936.00	\$36.00	\$44.57	\$42.55	\$40.70
		EMPLOYEE-CHILD(REN)			\$ 768.00	\$29.54	\$36.57	\$34.91	\$33.39
		FAMILY			\$ 1,320.00	\$50.77	\$62.86	\$60.00	\$57.39
	Enhanced	EMPLOYEE			\$ 600.00	\$23.08	\$28.57	\$27.27	\$26.09
		EMPLOYEE-SPOUSE			\$ 1,284.00	\$49.38	\$61.14	\$58.36	\$55.83
		EMPLOYEE-CHILD(REN)			\$ 1,068.00	\$41.08	\$50.86	\$48.55	\$46.43
		FAMILY			\$ 1,824.00	\$70.15	\$86.86	\$82.91	\$79.30

Note: All plans are currently through Anthem