



# 2027 Benefit Premiums

12 Payroll Deductions per Year

Benefit Group A, B and E

| Health | Cigna \$1,750 Deductible EPO Health Plan                      | Total Monthly Premium | Employer Paid | Employee Payroll Deduction | Wellness Premium Differential* |
|--------|---------------------------------------------------------------|-----------------------|---------------|----------------------------|--------------------------------|
|        | Employee                                                      | \$ 934.03             | \$ 809.48     | \$ 124.55                  | \$ 50.00                       |
|        | Employee + Spouse                                             | \$ 1,956.54           | \$ 809.48     | \$ 1,147.06                | \$ 50.00                       |
|        | Employee + Child(ren)                                         | \$ 1,677.68           | \$ 809.48     | \$ 868.20                  | \$ 50.00                       |
|        | Family                                                        | \$ 3,257.89           | \$ 809.48     | \$ 2,448.41                | \$ 50.00                       |
|        | Cigna \$3,050 Deductible EPO Health Plan                      | Total Monthly Premium | Employer Paid | Employee Payroll Deduction | Wellness Premium Differential* |
|        | Employee                                                      | \$ 872.44             | \$ 809.48     | \$ 62.96                   | \$ 50.00                       |
|        | Employee + Spouse                                             | \$ 1,827.31           | \$ 809.48     | \$ 1,017.83                | \$ 50.00                       |
|        | Employee + Child(ren)                                         | \$ 1,566.90           | \$ 809.48     | \$ 757.42                  | \$ 50.00                       |
|        | Family                                                        | \$ 3,042.64           | \$ 809.48     | \$ 2,233.16                | \$ 50.00                       |
|        | Cigna High Deductible Core Healh Plan                         | Total Monthly Premium | Employer Paid | Employee Payroll Deduction | Wellness Premium Differential* |
|        | Employee                                                      | \$ 809.48             | \$ 809.48     | \$ -                       | \$ 50.00                       |
|        | Employee + Spouse                                             | \$ 1,697.37           | \$ 809.48     | \$ 887.89                  | \$ 50.00                       |
|        | Employee + Child(ren)                                         | \$ 1,455.55           | \$ 809.48     | \$ 646.07                  | \$ 50.00                       |
|        | Family                                                        | \$ 2,825.89           | \$ 809.48     | \$ 2,016.41                | \$ 50.00                       |
|        | Monthly LPS contribution to employee Health Savings Account   |                       | \$ -          |                            |                                |
|        | Cigna High Deductible HSA Plus Healh Plan**                   | Total Monthly Premium | Employer Paid | Employee Payroll Deduction | Wellness Premium Differential* |
|        | Employee                                                      | \$ 736.97             | \$ 736.97     | \$ -                       | \$ 50.00                       |
|        | Employee + Spouse                                             | \$ 1,543.06           | \$ 736.97     | \$ 806.09                  | \$ 50.00                       |
|        | Employee + Child(ren)                                         | \$ 1,323.23           | \$ 736.97     | \$ 586.26                  | \$ 50.00                       |
|        | Family                                                        | \$ 2,568.99           | \$ 736.97     | \$ 1,832.02                | \$ 50.00                       |
|        | Monthly LPS contribution to employee Health Savings Account** |                       | \$ 72.51      |                            |                                |

| Dental | SunLife Dental - Base   |                       |               |                            |
|--------|-------------------------|-----------------------|---------------|----------------------------|
|        |                         | Total Monthly Premium | Employer Paid | Employee Payroll Deduction |
|        | Employee                | \$ 31.00              | \$ 31.00      | \$ -                       |
|        | Employee + Spouse       | \$ 65.11              | \$ 31.00      | \$ 34.11                   |
|        | Employee + Child(ren)   | \$ 55.82              | \$ 31.00      | \$ 24.82                   |
|        | Family                  | \$ 92.42              | \$ 31.00      | \$ 61.42                   |
|        | SunLife Dental - Buy-Up |                       |               |                            |
|        |                         | Total Monthly Premium | Employer Paid | Employee Payroll Deduction |
|        | Employee                | \$ 37.69              | \$ 31.00      | \$ 6.69                    |
|        | Employee + Spouse       | \$ 79.18              | \$ 31.00      | \$ 48.18                   |
|        | Employee + Child(ren)   | \$ 67.88              | \$ 31.00      | \$ 36.88                   |
|        | Family                  | \$ 112.39             | \$ 31.00      | \$ 81.39                   |

| Vision | VSP Vision - Base     |                       |               |                            |
|--------|-----------------------|-----------------------|---------------|----------------------------|
|        |                       | Total Monthly Premium | Employer Paid | Employee Payroll Deduction |
|        | Employee              | \$ 7.06               | \$ 7.06       | \$ -                       |
|        | Employee + Spouse     | \$ 13.84              | \$ 7.06       | \$ 6.78                    |
|        | Employee + Child(ren) | \$ 15.12              | \$ 7.06       | \$ 8.06                    |
|        | Family                | \$ 24.16              | \$ 7.06       | \$ 17.10                   |
|        | VSP Vision - Buy-Up   |                       |               |                            |
|        |                       | Total Monthly Premium | Employer Paid | Employee Payroll Deduction |
|        | Employee              | \$ 23.60              | \$ 7.06       | \$ 16.54                   |
|        | Employee + Spouse     | \$ 50.96              | \$ 7.06       | \$ 43.90                   |
|        | Employee + Child(ren) | \$ 54.80              | \$ 7.06       | \$ 47.74                   |
|        | Family                | \$ 89.83              | \$ 7.06       | \$ 82.77                   |

| Accident | The Standard Accident |  | Employee Payroll Deduction |
|----------|-----------------------|--|----------------------------|
|          | Employee              |  | \$ 10.83                   |
|          | Employee + Spouse     |  | \$ 17.21                   |
|          | Employee + Child(ren) |  | \$ 20.97                   |
|          | Family                |  | \$ 32.81                   |

| Hospital | The Standard Hospital Confinement |  | Employee Payroll Deduction |
|----------|-----------------------------------|--|----------------------------|
|          | Employee                          |  | \$ 14.38                   |
|          | Employee + Spouse                 |  | \$ 24.64                   |
|          | Employee + Child(ren)             |  | \$ 20.03                   |
|          | Family                            |  | \$ 35.88                   |

| Identity | Allstate Identity Protection Pro+ Cyber |  | Employee Payroll Deduction |
|----------|-----------------------------------------|--|----------------------------|
|          | Employee                                |  | \$ 9.95                    |
|          | Family                                  |  | \$ 17.95                   |

| Pet | Pet Partners             |  | Employee Payroll Deduction |
|-----|--------------------------|--|----------------------------|
|     | Cat (10 years and under) |  | \$ 36.55                   |
|     | Dog (10 years and under) |  | \$ 61.68                   |

\*Employees who have met the Wellness criteria in 2026 will not be charged the additional Wellness Premium Differential. Employees who become eligible for benefits on or after July 1, 2026, are automatically exempt from the surcharge for 2027.

\*\*For every employee who enrolls in the High Deductible HSA Plus Health Plan, LPS contributes \$870.12 annually to a Health Savings Account for that employee.

| Critical Illness | The Standard Critical Illness                        |          |                   |                        |         |                                                       |          |                   |                        |          |                                                        |          |                   |                        |
|------------------|------------------------------------------------------|----------|-------------------|------------------------|---------|-------------------------------------------------------|----------|-------------------|------------------------|----------|--------------------------------------------------------|----------|-------------------|------------------------|
|                  | Total 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) |
|                  |                                                      |          |                   |                        |         |                                                       |          |                   |                        |          |                                                        |          |                   |                        |
|                  | Under 30                                             | \$3.60   | \$5.40            | \$3.60                 | \$5.40  | Under 30                                              | \$7.20   | \$9.00            | \$7.20                 | \$9.00   | Under 30                                               | \$7.20   | \$10.80           | \$7.20                 |
|                  | 30-39                                                | \$4.40   | \$6.60            | \$4.40                 | \$6.60  | 30-39                                                 | \$8.80   | \$11.00           | \$8.80                 | \$11.00  | 30-39                                                  | \$8.80   | \$13.20           | \$8.80                 |
|                  | 40-49                                                | \$8.50   | \$12.75           | \$8.50                 | \$12.75 | 40-49                                                 | \$17.00  | \$21.25           | \$17.00                | \$21.25  | 40-49                                                  | \$17.00  | \$25.50           | \$17.00                |
|                  | 50-59                                                | \$15.80  | \$23.70           | \$15.80                | \$23.70 | 50-59                                                 | \$31.60  | \$39.50           | \$31.60                | \$39.50  | 50-59                                                  | \$31.60  | \$47.40           | \$31.60                |
|                  | 60-69                                                | \$21.70  | \$32.55           | \$21.70                | \$32.55 | 60-69                                                 | \$43.40  | \$54.25           | \$43.40                | \$54.25  | 60-69                                                  | \$43.40  | \$65.10           | \$43.40                |
|                  | 70+                                                  | \$52.20  | \$78.30           | \$52.20                | \$78.30 | 70+                                                   | \$104.40 | \$130.50          | \$104.40               | \$130.50 | 70+                                                    | \$104.40 | \$156.60          | \$104.40               |