2027 Benefit Premiums

24 Payroll Deductions per Year

Benefit Group C and I

Health

Cigna $1,750 Deductible EPO Health Plan	Total Premium	Employer Paid	Employee Payroll Deduction	Wellness Premium Differential*
Employee	$ 467.02	$ 404.74	$ 62.28	$ 25.00
Employee + Spouse	$ 978.27	$ 404.74	$ 573.53	$ 25.00
Employee + Child(ren)	$ 838.84	$ 404.74	$ 434.10	$ 25.00
Family	$ 1,628.95	$ 404.74	$ 1,224.21	$ 25.00

Cigna $3,050 Deductible EPO Health Plan	Total Premium	Employer Paid	Employee Payroll Deduction	Wellness Premium Differential*
Employee	$ 436.22	$ 404.74	$ 31.48	$ 25.00
Employee + Spouse	$ 913.66	$ 404.74	$ 508.92	$ 25.00
Employee + Child(ren)	$ 783.45	$ 404.74	$ 378.71	$ 25.00
Family	$ 1,521.32	$ 404.74	$ 1,116.58	$ 25.00

Cigna High Deductible Core Health Plan	Total Premium	Employer Paid	Employee Payroll Deduction	Wellness Premium Differential*
Employee	$ 404.74	$ 404.74	$ -	$ 25.00
Employee + Spouse	$ 848.69	$ 404.74	$ 443.95	$ 25.00
Employee + Child(ren)	$ 727.78	$ 404.74	$ 323.04	$ 25.00
Family	$ 1,412.95	$ 404.74	$ 1,008.21	$ 25.00
Semi-monthly LPS contribution to employee Health Savings Account		$ -		

Cigna High Deductible HSA Plus Health Plan**	Total Premium	Employer Paid	Employee Payroll Deduction	Wellness Premium Differential*
Employee	$ 368.49	$ 368.49	$ -	$ 25.00
Employee + Spouse	$ 771.53	$ 368.49	$ 403.05	$ 25.00
Employee + Child(ren)	$ 661.62	$ 368.49	$ 293.13	$ 25.00
Family	$ 1,284.50	$ 368.49	$ 916.01	$ 25.00
*Semi-monthly LPS contribution to employee Health Savings Account***		*$ 36.26*		

Dental

SunLife Dental - Base	Total Premium	Employer Paid	Employee Payroll Deduction
Employee	$ 15.50	$ 15.50	$ -
Employee + Spouse	$ 32.56	$ 15.50	$ 17.06
Employee + Child(ren)	$ 27.91	$ 15.50	$ 12.41
Family	$ 46.21	$ 15.50	$ 30.71

SunLife Dental - Buy-Up	Total Premium	Employer Paid	Employee Payroll Deduction
Employee	$ 18.85	$ 15.50	$ 3.35
Employee + Spouse	$ 39.59	$ 15.50	$ 24.09
Employee + Child(ren)	$ 33.94	$ 15.50	$ 18.44
Family	$ 56.20	$ 15.50	$ 40.70

Vision

VSP Vision - Base	Total Premium	Employer Paid	Employee Payroll Deduction
Employee	$ 3.53	$ 3.53	$ -
Employee + Spouse	$ 6.92	$ 3.53	$ 3.39
Employee + Child(ren)	$ 7.56	$ 3.53	$ 4.03
Family	$ 12.08	$ 3.53	$ 8.55

VSP Vision - Buy-Up	Total Premium	Employer Paid	Employee Payroll Deduction
Employee	$ 11.80	$ 3.53	$ 8.27
Employee + Spouse	$ 25.48	$ 3.53	$ 21.95
Employee + Child(ren)	$ 27.40	$ 3.53	$ 23.87
Family	$ 44.92	$ 3.53	$ 41.39

Accident

The Standard Accident	Employee Payroll Deduction
Employee	$ 5.42
Employee + Spouse	$ 8.61
Employee + Child(ren)	$ 10.49
Family	$ 16.41

Hospital

The Standard Hospital Confinement	Employee Payroll Deduction
Employee	$ 7.19
Employee + Spouse	$ 12.32
Employee + Child(ren)	$ 10.02
Family	$ 17.94

Identity

Allstate Identity Protection Pro+ Cyber	Employee Payroll Deduction
Employee	$ 4.98
Family	$ 8.98

Pet

Pet Partners	Employee Payroll Deduction
Cat (10 years and under)	$ 18.28
Dog (10 years and under)	$ 30.84

*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 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	$1.80	$2.70	$1.80	$2.70	Under 30	$3.60	$4.50	$3.60	$4.50	Under 30	$3.60	$5.40	$3.60	$5.40
30-39	$2.20	$3.30	$2.20	$3.30	30-39	$4.40	$5.50	$4.40	$5.50	30-39	$4.40	$6.60	$4.40	$6.60
40-49	$4.25	$6.38	$4.25	$6.38	40-49	$8.50	$10.63	$8.50	$10.63	40-49	$8.50	$12.75	$8.50	$12.75
50-59	$7.90	$11.85	$7.90	$11.85	50-59	$15.80	$19.75	$15.80	$19.75	50-59	$15.80	$23.70	$15.80	$23.70
60-69	$10.85	$16.28	$10.85	$16.28	60-69	$21.70	$27.13	$21.70	$27.13	60-69	$21.70	$32.55	$21.70	$32.55
70+	$26.10	$39.15	$26.10	$39.15	70+	$52.20	$65.25	$52.20	$65.25	70+	$52.20	$78.30	$52.20	$78.30