2027 LCSC INSURANCE PREMIUMS
CERTIFIED STAFF

HSBT TRUST			2027					
			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	$11,508.00	$8,140.00	**$3,368.00**	$129.54	$153.09	$146.43
OPTION II	PPO	EMPLOYEE/CHILD(REN)	$22,092.00	$11,550.00	**$10,542.00**	$405.46	$479.18	$458.35
OPTION II	PPO	EMPLOYEE/SPOUSE	$29,532.00	$11,815.00	**$17,717.00**	$681.42	$805.32	$770.30
OPTION II	PPO	FAMILY	$36,420.00	$14,440.00	**$21,980.00**	$845.38	$999.09	$955.65
OPTION II	PPO	FAMILY (2)	$36,420.00	$19,690.00	**$16,730.00**	$643.46	$760.45	$727.39
OPTION III	PPO	EMPLOYEE	$10,224.00	$8,140.00	**$2,084.00**	$80.15	$94.73	$90.61
OPTION III	PPO	EMPLOYEE/CHILD(REN)	$19,656.00	$11,550.00	**$8,106.00**	$311.77	$368.45	$352.43
OPTION III	PPO	EMPLOYEE/SPOUSE	$25,812.00	$11,815.00	**$13,997.00**	$538.35	$636.23	$608.57
OPTION III	PPO	FAMILY	$32,160.00	$14,440.00	**$17,720.00**	$681.54	$805.45	$770.43
OPTION III	PPO	FAMILY (2)	$32,160.00	$19,690.00	**$12,470.00**	$479.62	$566.82	$542.17
OPTION IV	HDHP	EMPLOYEE	$8,484.00	$8,140.00	**$344.00**	$13.23	$15.64	$14.96
OPTION IV	HDHP	EMPLOYEE/CHILD(REN)	$16,164.00	$11,550.00	**$4,614.00**	$177.46	$209.73	$200.61
OPTION IV	HDHP	EMPLOYEE/SPOUSE	$21,036.00	$11,815.00	**$9,221.00**	$354.65	$419.14	$400.91
OPTION IV	HDHP	FAMILY	$25,992.00	$14,440.00	**$11,552.00**	$444.31	$525.09	$502.26
OPTION IV	HDHP	FAMILY (2)	$25,992.00	$19,690.00	**$6,302.00**	$242.38	$286.45	$274.00
OPTION V	HDHP	EMPLOYEE	$7,872.00	$8,140.00	**$1.00**	$0.04	$0.05	$0.04
OPTION V	HDHP	EMPLOYEE/CHILD(REN)	$14,784.00	$11,550.00	**$3,234.00**	$124.38	$147.00	$140.61
OPTION V	HDHP	EMPLOYEE/SPOUSE	$19,248.00	$11,815.00	**$7,433.00**	$285.88	$337.86	$323.17
OPTION V	HDHP	FAMILY	$23,688.00	$14,440.00	**$9,248.00**	$355.69	$420.36	$402.09
OPTION V	HDHP	FAMILY (2)	$23,688.00	$19,690.00	**$3,998.00**	$153.77	$181.73	$173.83

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