2027 LCSC INSURANCE PREMIUMS
CLASSIFIED STAFF

HSBT TRUST			2027						
			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	$11,508.00	$7,871.00	**$3,637.00**	$139.88	$173.19	$165.32	$158.13
OPTION II	PPO	EMPLOYEE/CHILD(REN)	$22,092.00	$14,783.00	**$7,309.00**	$281.12	$348.05	$332.23	$317.78
OPTION II	PPO	EMPLOYEE/SPOUSE	$29,532.00	$15,740.00	**$13,792.00**	$530.46	$656.76	$626.91	$599.65
OPTION II	PPO	FAMILY	$36,420.00	$16,000.00	**$20,420.00**	$785.38	$972.38	$928.18	$887.83
OPTION II	PPO	FAMILY (2)	$36,420.00	$22,654.00	**$13,766.00**	$529.46	$655.52	$625.73	$598.52
OPTION III	PPO	EMPLOYEE	$10,224.00	$7,871.00	**$2,353.00**	$90.50	$112.05	$106.95	$102.30
OPTION III	PPO	EMPLOYEE/CHILD(REN)	$19,656.00	$14,783.00	**$4,873.00**	$187.42	$232.05	$221.50	$211.87
OPTION III	PPO	EMPLOYEE/SPOUSE	$25,812.00	$15,740.00	**$10,072.00**	$387.38	$479.62	$457.82	$437.91
OPTION III	PPO	FAMILY	$32,160.00	$16,000.00	**$16,160.00**	$621.54	$769.52	$734.55	$702.61
OPTION III	PPO	FAMILY (2)	$32,160.00	$22,654.00	**$9,506.00**	$365.62	$452.67	$432.09	$413.30
OPTION IV	HDHP	EMPLOYEE	$8,484.00	$7,871.00	**$613.00**	$23.58	$29.19	$27.86	$26.65
OPTION IV	HDHP	EMPLOYEE/CHILD(REN)	$16,164.00	$14,783.00	**$1,381.00**	$53.12	$65.76	$62.77	$60.04
OPTION IV	HDHP	EMPLOYEE/SPOUSE	$21,036.00	$15,740.00	**$5,296.00**	$203.69	$252.19	$240.73	$230.26
OPTION IV	HDHP	FAMILY	$25,992.00	$16,000.00	**$9,992.00**	$384.31	$475.81	$454.18	$434.43
OPTION IV	HDHP	FAMILY (2)	$25,992.00	$22,654.00	**$3,338.00**	$128.38	$158.95	$151.73	$145.13
OPTION V	HDHP	EMPLOYEE	$7,872.00	$7,871.00	**$1.00**	$0.04	$0.05	$0.05	$0.04
OPTION V	HDHP	EMPLOYEE/CHILD(REN)	$14,784.00	$14,783.00	**$1.00**	$0.04	$0.05	$0.05	$0.04
OPTION V	HDHP	EMPLOYEE/SPOUSE	$19,248.00	$15,740.00	**$3,508.00**	$134.92	$167.05	$159.45	$152.52
OPTION V	HDHP	FAMILY	$23,688.00	$16,000.00	**$7,688.00**	$295.69	$366.10	$349.45	$334.26
OPTION V	HDHP	FAMILY (2)	$23,688.00	$22,654.00	**$1,034.00**	$39.77	$49.24	$47.00	$44.96

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 DENTAL	Core	EMPLOYEE			$ 420.00	$16.15	$20.00	$19.09	$18.26
		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