

**2023 LCSC INSURANCE PREMIUMS
CERTIFIED STAFF**

HBST TRUST			2023						
ANTHEM	HEALTH		ANNUAL PREMIUM	CORP. SHARE	EMPLOYEE SHARE	26 PAYS	21 PAYS	22 PAYS	23 PAYS
OPTION II	PPO	EMPLOYEE	\$10,128.00	\$7,750.00	\$2,378.00	\$91.46	\$113.24	\$108.09	\$103.39
OPTION II	PPO	EMPLOYEE/CHILD(REN)	\$20,124.00	\$11,000.00	\$9,124.00	\$350.92	\$434.48	\$414.73	\$396.70
OPTION II	PPO	EMPLOYEE/SPOUSE	\$23,868.00	\$11,250.00	\$12,618.00	\$485.31	\$600.86	\$573.55	\$548.61
OPTION II	PPO	FAMILY	\$28,476.00	\$13,750.00	\$14,726.00	\$566.38	\$701.24	\$669.36	\$640.26
OPTION II	PPO	FAMILY (2)	\$28,476.00	\$18,750.00	\$9,726.00	\$374.08	\$463.14	\$442.09	\$422.87
OPTION III	PPO	EMPLOYEE	\$8,532.00	\$7,750.00	\$782.00	\$30.08	\$37.24	\$35.55	\$34.00
OPTION III	PPO	EMPLOYEE/CHILD(REN)	\$16,980.00	\$11,000.00	\$5,980.00	\$230.00	\$284.76	\$271.82	\$260.00
OPTION III	PPO	EMPLOYEE/SPOUSE	\$20,220.00	\$11,250.00	\$8,970.00	\$345.00	\$427.14	\$407.73	\$390.00
OPTION III	PPO	FAMILY	\$24,360.00	\$13,750.00	\$10,610.00	\$408.08	\$505.24	\$482.27	\$461.30
OPTION III	PPO	FAMILY (2)	\$24,360.00	\$18,750.00	\$5,610.00	\$215.77	\$267.14	\$255.00	\$243.91
OPTION IV	HDHP	EMPLOYEE	\$6,816.00	\$7,750.00	\$1.00	\$0.04	\$0.05	\$0.05	\$0.04
OPTION IV	HDHP	EMPLOYEE/CHILD(REN)	\$13,632.00	\$11,000.00	\$2,632.00	\$101.23	\$125.33	\$119.64	\$114.43
OPTION IV	HDHP	EMPLOYEE/SPOUSE	\$16,032.00	\$11,250.00	\$4,782.00	\$183.92	\$227.71	\$217.36	\$207.91
OPTION IV	HDHP	FAMILY	\$19,260.00	\$13,750.00	\$5,510.00	\$211.92	\$262.38	\$250.45	\$239.57
OPTION IV	HDHP	FAMILY (2)	\$19,260.00	\$18,750.00	\$510.00	\$19.62	\$24.29	\$23.18	\$22.17
OPTION V	HDHP	EMPLOYEE	\$6,180.00	\$7,750.00	\$1.00	\$0.04	\$0.05	\$0.05	\$0.04
OPTION V	HDHP	EMPLOYEE/CHILD(REN)	\$12,360.00	\$11,000.00	\$1,360.00	\$52.31	\$64.76	\$61.82	\$59.13
OPTION V	HDHP	EMPLOYEE/SPOUSE	\$14,532.00	\$11,250.00	\$3,282.00	\$126.23	\$156.29	\$149.18	\$142.70
OPTION V	HDHP	FAMILY	\$17,460.00	\$13,750.00	\$3,710.00	\$142.69	\$176.67	\$168.64	\$161.30
OPTION V	HDHP	FAMILY (2)	\$17,460.00	\$18,750.00	\$1.00	\$0.04	\$0.05	\$0.05	\$0.04

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

ANTHEM	VISION	EMPLOYEE			\$ 88.80	\$3.42	\$4.23	\$4.04	\$3.86	
		EMPLOYEE/SPOUSE			\$ 177.60	\$6.83	\$8.46	\$8.07	\$7.72	
		EMPLOYEE/CHILD(REN)			\$ 190.08	\$7.31	\$9.05	\$8.64	\$8.26	
		FAMILY			\$ 303.60	\$11.68	\$14.46	\$13.80	\$13.20	
ANTHEM	DENTAL	EMPLOYEE			\$ 396.00	\$15.23	\$18.86	\$18.00	\$17.22	
		EMPLOYEE-SPOUSE			\$ 864.00	\$33.23	\$41.14	\$39.27	\$37.57	
		EMPLOYEE-CHILD(REN)			\$ 720.00	\$27.69	\$34.29	\$32.73	\$31.30	
		FAMILY			\$ 1,224.00	\$47.08	\$58.29	\$55.64	\$53.22	
			EMPLOYEE			\$ 552.00	\$21.23	\$26.29	\$25.09	\$24.00
			EMPLOYEE-SPOUSE			\$ 1,188.00	\$45.69	\$56.57	\$54.00	\$51.65
			EMPLOYEE-CHILD(REN)			\$ 996.00	\$38.31	\$47.43	\$45.27	\$43.30
			FAMILY			\$ 1,680.00	\$64.62	\$80.00	\$76.36	\$73.04