

**2023 LCSC INSURANCE PREMIUMS  
CLASSIFIED STAFF**

HBST TRUST			2023						
			ANNUAL	CORP. SHARE	EMPLOYEE SHARE	26 PAYS	21 PAYS	22 PAYS	23 PAYS
ANTHEM	HEALTH		PREMIUM						
OPTION II	PPO	EMPLOYEE	\$10,128.00	\$6,375.00	<b>\$3,753.00</b>	\$144.35	\$178.71	\$170.59	\$163.17
OPTION II	PPO	EMPLOYEE/CHILD(REN)	\$20,124.00	\$13,500.00	<b>\$6,624.00</b>	\$254.77	\$315.43	\$301.09	\$288.00
OPTION II	PPO	EMPLOYEE/SPOUSE	\$23,868.00	\$13,750.00	<b>\$10,118.00</b>	\$389.15	\$481.81	\$459.91	\$439.91
OPTION II	PPO	FAMILY	\$28,476.00	\$14,000.00	<b>\$14,476.00</b>	\$556.77	\$689.33	\$658.00	\$629.39
OPTION II	PPO	FAMILY (2)	\$28,476.00	\$17,750.00	<b>\$10,726.00</b>	\$412.54	\$510.76	\$487.55	\$466.35
OPTION III	PPO	EMPLOYEE	\$8,532.00	\$6,375.00	<b>\$2,157.00</b>	\$82.96	\$102.71	\$98.05	\$93.78
OPTION III	PPO	EMPLOYEE/CHILD(REN)	\$16,980.00	\$13,500.00	<b>\$3,480.00</b>	\$133.85	\$165.71	\$158.18	\$151.30
OPTION III	PPO	EMPLOYEE/SPOUSE	\$20,220.00	\$13,750.00	<b>\$6,470.00</b>	\$248.85	\$308.10	\$294.09	\$281.30
OPTION III	PPO	FAMILY	\$24,360.00	\$14,000.00	<b>\$10,360.00</b>	\$398.46	\$493.33	\$470.91	\$450.43
OPTION III	PPO	FAMILY (2)	\$24,360.00	\$17,750.00	<b>\$6,610.00</b>	\$254.23	\$314.76	\$300.45	\$287.39
OPTION IV	HDHP	EMPLOYEE	\$6,816.00	\$6,375.00	<b>\$441.00</b>	\$16.96	\$21.00	\$20.05	\$19.17
OPTION IV	HDHP	EMPLOYEE/CHILD(REN)	\$13,632.00	\$13,500.00	<b>\$132.00</b>	\$5.08	\$6.29	\$6.00	\$5.74
OPTION IV	HDHP	EMPLOYEE/SPOUSE	\$16,032.00	\$13,750.00	<b>\$2,282.00</b>	\$87.77	\$108.67	\$103.73	\$99.22
OPTION IV	HDHP	FAMILY	\$19,260.00	\$14,000.00	<b>\$5,260.00</b>	\$202.31	\$250.48	\$239.09	\$228.70
OPTION IV	HDHP	FAMILY (2)	\$19,260.00	\$17,750.00	<b>\$1,510.00</b>	\$58.08	\$71.90	\$68.64	\$65.65
OPTION V	HDHP	EMPLOYEE	\$6,180.00	\$6,375.00	<b>\$1.00</b>	\$0.04	\$0.05	\$0.05	\$0.04
OPTION V	HDHP	EMPLOYEE/CHILD(REN)	\$12,360.00	\$13,500.00	<b>\$1.00</b>	\$0.04	\$0.05	\$0.05	\$0.04
OPTION V	HDHP	EMPLOYEE/SPOUSE	\$14,532.00	\$13,750.00	<b>\$782.00</b>	\$30.08	\$37.24	\$35.55	\$34.00
OPTION V	HDHP	FAMILY	\$17,460.00	\$14,000.00	<b>\$3,460.00</b>	\$133.08	\$164.76	\$157.27	\$150.43
OPTION V	HDHP	FAMILY (2)	\$17,460.00	\$17,750.00	<b>\$1.00</b>	\$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