

2024 Plan Year Benefit Pricing LCC

Medical/Rx Plan Wellness Rate*				
	Total Monthly Premium	Monthly Employer Share	Monthly Employee Share	Bi-Weekly Employee Share
Employee Only	\$773.92	\$696.62	\$77.30	\$38.65
Employee + 1 Dependent	\$1,543.20	\$1,389.04	\$154.16	\$77.08
Family (Employee + 2 or More Dependents)	\$2,276.96	\$2,049.26	\$227.70	\$113.85

August 13, 2022 to receive the preferred wellness premium for calendar year 2023. If the employee (and a covered spouse) completed the Health

Dental Plan				
	Total Monthly Premium	Monthly Employer Share	Monthly Employee Share	Bi-Weekly Employee Share
Employee Only	\$24.48	\$19.76	\$4.72	\$2.36
Employee + 1 Dependent	\$48.72	\$39.34	\$9.38	\$4.69
Family (Employee + 2 or More Dependents)	\$79.70	\$64.36	\$15.34	\$7.67

Vision Plan				
	Total Monthly Premium	Monthly Employer Share	Monthly Employee Share	Bi-Weekly Employee Share
Employee Only	\$6.38	\$5.22	\$1.16	\$0.58
Employee + One Dependent	\$9.74	\$7.96	\$1.78	\$0.89
Family (Employee + 2 or More Dependents)	\$17.46	\$14.28	\$3.18	\$1.59

Premiums are deducted 24 pay dates (the first two pay dates of each month of coverage)
within 30 days of the qualifying change

Children may be covered until the end of the month of their 26th birthday.

