

## Health, Dental and Vision Insurance Premiums\*

FULL TIME EMPLOYEE PREMIUMS PER PAY (Includes 0.8 FTE and Greater Employees)						
	LG Consumer	LG Select	LG Dental	LG Dental Plus	Vision	Vision Plus
Employee	\$0.00	\$51.00	\$5.72	\$11.93	\$1.99	\$3.81
Employee + Spouse	\$0.00	\$129.00	\$9.68	\$22.46	\$3.99	\$7.62
Employee + Child(ren)	\$0.00	\$105.00	\$8.93	\$22.10	\$4.19	\$8.00
Family	\$0.00	\$152.00	\$15.40	\$36.27	\$6.18	\$11.82

PART TIME EMPLOYEE PREMIUMS PER PAY (Includes 0.5 – 0.7 FTE Employees)						
	LG Consumer	LG Select	LG Dental	LG Dental Plus	Vision	Vision Plus
Employee	\$0.00	\$82.00	\$7.37	\$13.58	\$1.99	\$3.81
Employee + Spouse	\$0.00	\$186.00	\$14.19	\$26.97	\$3.99	\$7.62
Employee + Child(ren)	\$0.00	\$141.00	\$11.22	\$23.64	\$4.19	\$8.00
Family	\$0.00	\$214.00	\$23.32	\$44.19	\$6.18	\$11.82

\*Effective July 1, 2020 through June 30, 2021