

Health, Dental and Vision Insurance Premiums*

FULL TIME EMPLOYEE PREMIUMS PER PAY (Includes 0.9 FTE and Greater Employees)						
	LG Consumer	LG Select	LG Dental	LG Dental Plus	Vision	Vision Plus
Employee	\$0.00	\$ 53.55	\$ 6.01	\$12.53	\$2.15	\$4.11
Employee + Spouse	\$0.00	\$135.45	\$10.16	\$23.58	\$4.30	\$8.22
Employee + Child(ren)	\$0.00	\$110.25	\$9.38	\$23.21	\$4.51	\$8.63
Family	\$0.00	\$159.60	\$16.17	\$38.08	\$6.66	\$12.74

PART TIME EMPLOYEE PREMIUMS PER PAY (Includes 0.5 – 0.8 FTE Employees)						
	LG Consumer	LG Select	LG Dental	LG Dental Plus	Vision	Vision Plus
Employee	\$0.00	\$ 86.10	\$7.74	\$14.26	\$2.15	\$4.11
Employee + Spouse	\$0.00	\$195.30	\$14.90	\$28.32	\$4.30	\$8.22
Employee + Child(ren)	\$0.00	\$148.05	\$11.78	\$24.82	\$4.51	\$8.63
Family	\$0.00	\$224.70	\$24.49	\$46.40	\$6.66	\$12.74

*The premiums reflected above will be effective from July 1, 2023 – June 30, 2024