

## 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	\$ 55.16	\$ 5.55	\$7.79	\$2.15	\$4.11
Employee + Spouse	\$0.00	\$139.51	\$10.32	\$14.19	\$4.30	\$8.22
Employee + Child(ren)	\$0.00	\$113.56	\$12.45	\$16.52	\$4.51	\$8.63
Family	\$0.00	\$164.39	\$18.40	\$25.34	\$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	\$ 88.68	\$9.06	\$12.73	\$2.15	\$4.11
Employee + Spouse	\$0.00	\$201.16	\$16.85	\$23.16	\$4.30	\$8.22
Employee + Child(ren)	\$0.00	\$152.49	\$20.32	\$34.09	\$4.51	\$8.63
Family	\$0.00	\$231.44	\$30.03	\$41.37	\$6.66	\$12.74

\*The premiums reflected above will be effective from July 1, 2024 – June 30, 2025