

Health Saver Plan (With HSA)

Coverage Level	Your Bi-Weekly Contribution	
	Full-Time	Part-Time
Associate Only	\$37.85	\$51.23
Associate + Spouse	\$83.08	\$112.15
Associate + Child	\$60.00	\$82.15
Associate + Family	\$105.23	\$143.08

Premium Health Plan

Coverage Level	Your Bi-Weekly Contribution	
	Full-Time	Part-Time
Associate Only	\$83.08	\$120.92
Associate + Spouse	\$205.85	\$287.08
Associate + Child	\$157.85	\$234.00
Associate + Family	\$304.15	\$331.85

Please note:

- \$30 per pay period nicotine surcharge applies.
- \$30 per pay period spousal surcharge applies if your spouse is offered health coverage with another employer and enrolls in a LifeBridge Health medical plan.
- Surcharges apply only if you enroll in a LifeBridge Health medical plan.

Dental

Coverage Level	Your Bi-Weekly Contribution	
	Full-Time	Part-Time
Associate Only	\$8.74	\$10.35
Associate + Spouse	\$13.68	\$20.53
Associate + Child	\$10.26	\$15.40
Associate + Family	\$19.31	\$28.92

Vision

Coverage Level	Your Bi-Weekly Contribution	
	Full-Time or Part-Time	
Associate Only	\$4.11	
Associate + Spouse	\$7.26	
Associate + Child	\$7.70	
Associate + Family	\$11.73	

Note: Your contributions for medical, dental, and vision coverage are made with **pre-tax** dollars.



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