

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
Employee Only		\$124.15
Employee + Spouse		\$273.23
Employee + Child		\$198.92
Employee + Family		\$348.00

Your Bi-Weekly Contribution

If Annual Base Pay Is Under \$50,000

Coverage Level	Full-Time Associate
Associate Only	\$72.92
Associate + Spouse	\$162.00
Associate + Child	\$117.23
Associate + Family	\$205.85

If Annual Base Pay Is Between \$50,000 and \$100,000

Coverage Level	Full-Time Associate
Associate Only	\$81.23
Associate + Spouse	\$177.23
Associate + Child	\$130.15
Associate + Family	\$226.15

If Annual Base Pay Exceeds \$100,000

Coverage Level	Full-Time Associate
Associate Only	\$84.92
Associate + Spouse	\$186.92
Associate + Child	\$136.15
Associate + Family	\$238.15

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	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.



CARE BRAVELY