

The benefit plan premiums published in the 2018 Enrollment Guide are bi-weekly premiums, applicable to the majority of our teammates who are paid on a bi-weekly basis. The premiums illustrated below apply to monthly paid teammates.

Benefit Plan	Monthly Teammate Premium	Monthly True-up Premium
Medical Full-time Monthly Rates (30 scheduled hours or greater per week)		
LiveWELL Health Plan		
Teammate	\$44.96	\$496.93
Teammate + Spouse	\$344.50	\$739.25
Teammate + Working Spouse	\$416.00	\$667.75
Teammate + Children	\$277.33	\$611.37
Family	\$485.33	\$1,015.69
Family with Working Spouse	\$556.83	\$944.19
LiveWELL Health Plan - Tobacco		
Teammate	\$52.00	\$489.88
Teammate + Spouse	\$407.33	\$676.41
Teammate + Working Spouse	\$478.83	\$604.91
Teammate + Children	\$329.33	\$559.37
Family	\$572.00	\$929.02
Family with Working Spouse	\$643.50	\$857.52
Medical Part-time Monthly Rates (24-29 scheduled hours per week)		
LiveWELL Health Plan		
Teammate	\$62.83	\$479.05
Teammate + Spouse	\$424.67	\$659.08
Teammate + Working Spouse	\$496.17	\$587.58
Teammate + Children	\$344.50	\$544.20
Family	\$595.83	\$905.19
Family with Working Spouse	\$667.33	\$833.69
LiveWELL Health Plan - Tobacco		
Teammate	\$73.67	\$468.22
Teammate + Spouse	\$500.50	\$583.25
Teammate + Working Spouse	\$572.00	\$511.75
Teammate + Children	\$407.33	\$481.37
Family	\$702.00	\$799.02
Family with Working Spouse	\$773.50	\$727.52
Dental Full-time Monthly Rates (30 scheduled hours or greater per week)		
Teammate	\$19.50	\$19.67
Teammate + Spouse	\$54.17	\$21.67
Teammate + Children	\$65.00	\$30.90
Family	\$93.17	\$40.37
Dental Part-time Monthly Rates (24-29 scheduled hours per week)		
Teammate	\$26.00	\$13.17
Teammate + Spouse	\$67.17	\$8.67
Teammate + Children	\$84.50	\$11.40
Family	\$119.17	\$14.37
Vision – Full & Part-time Monthly Rates		
Teammate	\$12.46	\$0.00
Teammate + One Dependent	\$23.77	\$0.00
Teammate + 2 or More Dependents	\$35.60	\$0.00