

# The 2023 LiveWELL Health Plans

## MONTHLY PLAN PREMIUMS

Benefit Plan	Monthly Teammate Premium	Monthly Teammate Premium
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### MEDICAL

Medical Full-time Monthly Rates (30 scheduled hours or greater per week)	Health Savings PLAN	Co-Pay PLAN
Teammate	\$58.50	\$134.33
Teammate + Spouse	\$309.83	\$420.33
Teammate + Working Spouse	\$418.17	\$528.67
Teammate + Children	\$203.67	\$327.17
Family	\$424.67	\$561.17
Family with Working Spouse	\$533.00	\$669.50
Medical Part-time Monthly Rates (20-29 scheduled hours per week)	Health Savings PLAN	Co-Pay PLAN
Teammate	\$83.43	\$188.76
Teammate + Spouse	\$380.47	\$517.54
Teammate + Working Spouse	\$488.19	\$625.57
Teammate + Children	\$253.04	\$404.52
Family	\$521.03	\$687.26
Family with Working Spouse	\$628.72	\$795.28

### DENTAL

Dental Full-time Monthly Rates (30 scheduled hours or greater per week)	
Teammate	\$19.50
Teammate + Spouse	\$54.17
Teammate + Children	\$65.00
Family	\$93.17
Dental Part-time Monthly Rates (20-29 scheduled hours per week)	
Teammate	\$26.00
Teammate + Spouse	\$67.17
Teammate + Children	\$84.50
Family	\$119.17

### VISION

Vision Full & Part-time Monthly Rates	
Teammate	\$12.44
Teammate + One Dependent	\$23.96
Teammate + 2 or More Dependents	\$35.88

TOBACCO USER SURCHARGE	
One Tobacco User	\$54.17
Two or more Tobacco Users	\$108.33