

2025 Bi-Weekly Contributions: Levindale Union Based Team Members

Medical and Prescription Drug Rates

FULL TIME Bi-Weekly Rates	TEAM MEMBER ONLY	TEAM MEMBER + CHILD(REN)	TEAM MEMBER + SPOUSE	FAMILY
HSA PLAN				
<\$50k	\$61.10	\$132.39	\$183.30	\$264.78
\$50 – \$100k	\$67.82	\$146.95	\$203.47	\$293.90
\$100k+	\$75.28	\$163.12	\$225.85	\$326.23
PPO PLAN				
<\$50k	\$95.16	\$192.06	\$261.26	\$372.00
\$50 – \$100k	\$105.63	\$213.18	\$290.01	\$412.92
\$100k+	\$117.25	\$236.63	\$321.90	\$458.34
EXCLUSIVE PLAN				
<\$50k	\$47.23	\$113.34	\$160.57	\$236.14
\$50 – \$100k	\$52.42	\$125.82	\$178.24	\$262.11
\$100k+	\$58.19	\$139.66	\$197.84	\$290.94
ESSENTIAL PLAN				
<\$50k	\$34.86	\$83.66	\$118.51	\$174.28
\$50 – \$100k	\$38.69	\$92.86	\$131.55	\$193.45
\$100k+	\$42.95	\$103.08	\$146.02	\$214.73
KAISER PLAN				
Kaiser	\$95.56	\$181.58	\$200.70	\$286.72

Dental Bi-Weekly Rates — Silver Plan	FULL-TIME
Team Member Only	\$6.52
Team Member + Child(ren)	\$10.76
Team Member + Spouse	\$13.03
Family	\$17.23

Dental Bi-Weekly Rates — Gold Plan	FULL-TIME
Team Member Only	\$8.80
Team Member + Child(ren)	\$15.45
Team Member + Spouse	\$17.59
Family	\$24.16

PART TIME Bi-Weekly Rates	TEAM MEMBER ONLY	TEAM MEMBER + CHILD(REN)	TEAM MEMBER + SPOUSE	FAMILY
HSA PLAN				
<\$50k	\$162.94	\$305.51	\$407.34	\$570.28
\$50 – \$100k	\$180.86	\$339.12	\$452.16	\$633.02
\$100k+	\$200.76	\$376.42	\$501.89	\$702.65
PPO PLAN				
<\$50k	\$216.28	\$397.96	\$527.72	\$735.35
\$50 – \$100k	\$240.07	\$441.73	\$585.78	\$816.24
\$100k+	\$266.48	\$490.32	\$650.21	\$906.03
EXCLUSIVE PLAN				
<\$50k	\$145.62	\$263.24	\$347.26	\$481.68
\$50 – \$100k	\$161.64	\$292.20	\$385.46	\$534.67
\$100k+	\$179.42	\$324.35	\$427.86	\$593.48
ESSENTIAL PLAN				
<\$50k	\$64.49	\$162.08	\$240.51	\$365.99
\$50 – \$100k	\$71.58	\$179.91	\$266.97	\$406.26
\$100k+	\$79.45	\$199.70	\$296.34	\$450.94
KAISER PLAN				
Kaiser	\$191.13	\$363.16	\$401.40	\$573.44

Vision Bi-Weekly Rates	FULL-TIME AND PART-TIME
Team Member Only	\$3.07
Team Member + Child(ren)	\$5.76
Team Member + Spouse	\$5.43
Family	\$8.78

Surcharges

Smoker Surcharge

To encourage you to make healthy choices, tobacco users will pay an additional \$30 per pay period more when they enroll in our medical plan.

Spousal Surcharge

You will pay an additional \$30 per pay period if you enroll your spouse who has access to health coverage through their employer who is not LifeBridge Health. **If covering a spouse on a medical plan, you will need to complete a benefit verification form, which will be provided during enrollment.** The form is also located under Benefit Resources in the benefits portal.

More details and plan information are available at
www.lifebridgehealth.org/benefits.