

2025 Bi-Weekly Contributions: Sinai 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
SINAI UNION PPO PLAN				
Sinai Union PPO	\$92.33	\$148.43	\$205.11	\$260.63
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

Dental Bi-Weekly Rates — Silver Plan	FULL-TIME
Team Member Only	\$0.00
Team Member + Child(ren)	\$0.00
Team Member + Spouse	\$0.00
Family	\$0.00

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
SINAI UNION PPO PLAN				
Sinai Union PPO	\$191.09	\$305.04	\$417.82	\$532.94
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

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.

This benefit summary describes only certain highlights of some of LifeBridge Health's benefit plans. It does not supersede the actual plan provisions of the plan documents, which in all cases are the final authority. Company plans, programs, practices and processes may be amended, changed or terminated by the company at any time without prior notice to, or consent by, participants. This summary does not constitute a contract of employment between the company and any individual, or an obligation by the company to maintain any particular benefit program, practice or policy.