



The benefit plan premiums published in the 2019 Benefit 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
Medical Full-time Monthly Rates (30 scheduled hours or greater per week)	
LiveWELL Health Plan	
Teammate	\$49.29
Teammate + Spouse	\$355.33
Teammate + Working Spouse	\$426.83
Teammate + Children	\$286.00
Family	\$500.50
Family with Working Spouse	\$572.00
LiveWELL Health Plan - Tobacco	
Teammate	\$56.33
Teammate + Spouse	\$418.17
Teammate + Working Spouse	\$489.67
Teammate + Children	\$338.00
Family	\$587.17
Family with Working Spouse	\$658.67
Medical Part-time Monthly Rates (24-29 scheduled hours per week)	
LiveWELL Health Plan	
Teammate	\$69.33
Teammate + Spouse	\$437.67
Teammate + Working Spouse	\$509.17
Teammate + Children	\$355.33
Family	\$613.17
Family with Working Spouse	\$684.67
LiveWELL Health Plan - Tobacco	
Teammate	\$80.17
Teammate + Spouse	\$515.67
Teammate + Working Spouse	\$587.17
Teammate + Children	\$420.33
Family	\$723.67
Family with Working Spouse	\$795.17
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 (24-29 scheduled hours per week)	
Teammate	\$26.00
Teammate + Spouse	\$67.17
Teammate + Children	\$84.50
Family	\$119.17
Vision Full & Part-time Monthly Rates	
Teammate	\$12.46
Teammate + One Dependent	\$23.77
Teammate + 2 or More Dependents	\$35.60