

The 2021 LiveWELL Health Plans

MONTHLY PLAN PREMIUMS

Benefit Plan	Monthly Teammate Premium	Monthly Teammate Premium
	Health Savings PLAN	Co-Pay PLAN
Medical Full-time Monthly Rates (30 scheduled hours or greater per week)		
Teammate	\$56.33	\$130.00
Teammate + Spouse	\$292.50	\$405.17
Teammate + Working Spouse	\$400.83	\$513.50
Teammate + Children	\$199.33	\$314.17
Family	\$403.00	\$541.67
Family with Working Spouse	\$511.33	\$650.00
Tobacco Rates		
Teammate	\$64.38	\$148.57
Teammate + Spouse	\$344.22	\$476.81
Teammate + Working Spouse	\$452.56	\$585.15
Teammate + Children	\$235.58	\$371.29
Family	\$472.78	\$635.46
Family with Working Spouse	\$581.12	\$743.80
Medical Part-time Monthly Rates (24-29 scheduled hours per week)		
Teammate	\$79.24	\$182.86
Teammate + Spouse	\$360.27	\$499.05
Teammate + Working Spouse	\$468.61	\$607.38
Teammate + Children	\$247.66	\$390.33
Family	\$493.72	\$663.60
Family with Working Spouse	\$602.05	\$771.93
Tobacco Rates		
Teammate	\$91.62	\$211.43
Teammate + Spouse	\$424.48	\$587.99
Teammate + Working Spouse	\$532.82	\$696.32
Teammate + Children	\$292.96	\$461.73
Family	\$582.69	\$783.19
Family with Working Spouse	\$691.03	\$891.52
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	\$12.13	
Teammate + One Dependent	\$23.38	
Teammate + 2 or More Dependents	\$35.01	