

# LSC-Summary of Benefits

## Medical and RX Comparison

	Anthem 2023 Benefits		
	PLAN A <u>"Buy Up"</u>	PLAN B <u>"Core"</u>	PLAN C <u>"HDHP w/Opt. H S A"</u>
Full Premiums (Per EE/MO)			
Employee Only	\$993.00	\$893.70	\$794.40
Employee & Family	\$2,502.35	\$2,252.11	\$2,001.88
<b>BENEFITS</b>			
<b><u>In-Network</u></b>			
PPO Assumption	Blue Access	Blue Access	Blue Access
Office Copay (PCP/SPC)	\$10/\$10	\$20/\$20	ded/coin
Other Copays (IP/ER/UC)	\$0/\$100/\$25	\$0/\$100/\$50	ded/coin
Deductible (Ind./family)	\$0/\$0	\$500/\$1000	\$3,000/\$6,000
Coinsurance	100%	80%	100%
Out of Pocket (Ind/Family)	\$1000/\$2000	\$2500/\$5000	\$3000/\$6000
RX copay-Retail	\$10/\$20/\$30	\$20/\$40/\$60	Int Med/Rx Ded, No
Rx Copay-Mail Order	\$20/\$40/\$60	\$40/\$80/\$120	copays
<b><u>Out of Network:</u></b>			
Deductible	\$300/\$600	\$1,000/\$2,000	\$6,000/\$12,000
Coinsurance	80%	60%	70%
Out of Pocket	\$2,000/\$4,000	\$5,000/\$10,000	\$12,000/24,000
<b>Proposed Annual Contributions</b>			
<b><u>Single</u></b>			
Employer-Annual	\$7,641.95	\$9,651.96	\$9,531.80
Employee-Annual	<u>\$4,273.99</u>	<u>\$1,072.44</u>	<u>\$1.00</u>
Total	\$11,915.94	\$10,724.40	\$9,532.80
Per Pay Deduction/24 Pays	\$178.08	\$44.68	\$1 annually
Per Pay Deduction/10 M. Emp.	\$237.44	\$59.58	\$1 annually
<b><u>Family</u></b>			
Employer-Annual	\$14,978.30	\$18,917.72	\$18,917.72
Employee-Annual	<u>\$15,049.90</u>	<u>\$8,107.60</u>	<u>\$5,104.84</u>
Total	\$30,028.20	\$27,025.32	\$24,022.56
Per Pay Deduction/24 Pays	\$627.08	\$337.82	\$212.70
Per Pay Deduction/10 MO. Empl	\$836.10	\$450.42	\$283.60

LSC will be depositing the following amounts for Plan C participants ONLY who also have an HSA account:

Single policy receives \$375.00 quarterly (\$1500.00 annually) and Family \$750.00 quarterly (\$3000.00 annually).

\*The deposits will be made by the 10th of the month quarterly in January, April, July and October 2023\*

\*\*Pro-rated amounts might apply depending on date of hire.





