|  |  |
| --- | --- |
|  | **Employee Healthcare Payroll Deduction** *for Lynden Incorporated & Participating Companies*  *Plan year: January 1st to December 31st, 2024* |

You are allowed to pick and choose among the plans for medical, dental and vision. For example, you can choose to only enroll in our medical plan and decline our dental and vision plans. Or you can enroll in our medical and vision plans and decline our dental plan. The choice is yours!

If you choose to cover dependents, their plan must mirror the same coverage you have. Please consider your plan decisions carefully. Your choice is binding for the entire plan year and can only be changed if you experience a qualified life event.

|  |  |  |  |
| --- | --- | --- | --- |
| **HDHP Medical Rates for Tobacco/Nicotine Free Employees\* – Monthly** | | | |
| **Who’s on the plan** | **Cost** | **Company Pays** | **Employee Pays** |
| Employee Only | $775.48 | $775.48 | $0.00 |
| Employee & Spouse | $1,553.24 | $1,403.24 | $150.00 |
| Employee & 1 Child | $1,196.75 | $1,146.75 | $50.00 |
| Employee & Children | $1,410.64 | $1,310.64 | $100.00 |
| Employee & Family | $2,123.58 | $1,923.58 | $200.00 |

|  |  |  |  |
| --- | --- | --- | --- |
| **HDHP Medical Rates – Monthly** | | | |
| **Who’s on the plan** | **Cost** | **Company Pays** | **Employee Pays** |
| Employee Only | $775.48 | $700.48 | $75.00 |
| Employee & Spouse | $1,553.24 | $1,328.24 | $225.00 |
| Employee & 1 Child | $1,196.75 | $1,071.75 | $125.00 |
| Employee & Children | $1,410.64 | $1,235.64 | $175.00 |
| Employee & Family | $2,123.58 | $1,848.58 | $275.00 |

|  |  |  |  |
| --- | --- | --- | --- |
| **PPO Medical Rates for Tobacco/Nicotine Free Employees\* – Monthly** | | | |
| **Who’s on the plan** | **Cost** | **Company Pays** | **Employee Pays** |
| Employee Only | $873.02 | $823.02 | $50.00 |
| Employee & Spouse | $1,748.60 | $1,523.60 | $225.00 |
| Employee & 1 Child | $1,347.28 | $1,222.28 | $125.00 |
| Employee & Children | $1,588.07 | $1,413.07 | $175.00 |
| Employee & Family | $2,390.68 | $2,115.68 | $275.00 |

|  |  |  |  |
| --- | --- | --- | --- |
| **PPO Medical Rates – Monthly** | | | |
| **Who’s on the plan** | **Cost** | **Company Pays** | **Employee Pays** |
| Employee Only | $873.02 | $748.02 | $125.00 |
| Employee & Spouse | $1,748.60 | $1,448.60 | $300.00 |
| Employee & 1 Child | $1,347.28 | $1,147.28 | $200.00 |
| Employee & Children | $1,588.07 | $1,338.07 | $250.00 |
| Employee & Family | $2,390.68 | $2,040.68 | $350.00 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Dental Rates – Monthly** | | | |
| **Who’s on the plan** | **Cost** | **Company Pays** | **Employee Pays** |
| Employee Only | $54.79 | $51.79 | $3.00 |
| Employee & Spouse | $92.07 | $78.07 | $14.00 |
| Employee & 1 Child | $79.50 | $71.50 | $8.00 |
| Employee & Children | $110.14 | $96.14 | $14.00 |
| Employee & Family | $144.47 | $124.47 | $20.00 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Vision Rates – Monthly** | | | |
| **Who’s on the plan** | **Cost** | **Company Pays** | **Employee Pays** |
| Employee Only | $6.17 | $4.17 | $2.00 |
| Employee & Spouse | $10.68 | $8.68 | $2.00 |
| Employee & 1 Child | $9.27 | $7.27 | $2.00 |
| Employee & Children | $11.31 | $9.31 | $2.00 |
| Employee & Family | $17.07 | $15.07 | $2.00 |

Note: When these plans are secondary coverage, coordination of the medical (excluding prescription) and dental plans are based on “non-duplication of benefits.” Deductions will be made on a pre-tax basis, and you may experience future reductions in Social Security benefits. You may request after-tax deductions by completing a form supplied by the Lynden Benefits Team.

\*We offer a free stop smoking program to employees and covered dependents 18 years or older through Quit for Life. Completion of this program qualifies you for the tobacco/nicotine free medical rates.

**If you have specific questions, please contact your HR team.**