#### LSC Communications







# YOUR 2024 BENEFIT PREMIUMS

As you review the 2024 premiums below, note:

- The tobacco-free credit is already included in the medical premiums and applies only if you and your covered spouse will be tobacco-free in 2024 or complete the tobacco-cessation program between January 1, 2024, and November 30, 2024. See your enrollment guide or the enrollment website for the surcharge that will be applied otherwise.
- If you enroll in HSA Core or HSA Value, the Company will match your Health Savings Account (HSA) contribution. See page 2 for the amount and other details.
- Premiums for medical, dental and vision are generally deducted pre-tax<sup>1</sup>; all other premiums are deducted after-tax.

PAY BAND <sup>2</sup>	COVERAGE LEVEL	MEDICAL PROGRAM OPTION						
		HSA CORE	HSA VALUE	COPAY ADVANTAGE				
_	Employee Only	\$10.91	\$36.52	\$118.03				
1	Employee + Spouse	\$125.01	\$172.60	\$334.48				
UNDER \$50,000	Employee + Child(ren)	\$47.92	\$84.54	\$302.21				
	Family	\$133.67	\$187.50	\$495.18				
	Employee Only	\$23.99	\$45.70	\$146.75				
2	Employee + Spouse	\$157.79	\$201.62	\$431.02				
\$50,000 - \$99,999	Employee + Child(ren)	\$68.04	\$100.68	\$363.46				
	Family	\$172.05	\$228.85	\$616.43				
	Employee Only	\$52.78	\$114.49	\$228.62				
3	Employee + Spouse	\$219.95	\$273.92	\$468.50				
\$100,000 & OVER	Employee + Child(ren)	\$120.94	\$143.38	\$416.53				
\$100,000 & OVER	Family	\$260.79	\$301.90	\$649.07				

## **2024 Biweekly Medical Premiums**

1. Employee contributions for the coverage of non-tax-dependents, such as domestic partners and their children, are deducted on a pre-tax basis based on the premium amounts noted above. However, you will also pay taxes on the value of the coverage as imputed income. Imputed income is calculated by subtracting the COBRA premium for Employee Only coverage from the COBRA premium for the coverage you have in effect such as Employee + Spouse in the case of just covering a domestic partner. The difference is your imputed income. COBRA coverage for this purpose is 100% of the unsubsidized cost of coverage and not 102%. The imputed income amount is added to your paycheck as taxable income and results in income tax withholdings.

2. Base salary as of September 1, 2023.

## Health Savings Account (HSA) Match for 2024

If you enroll in **HSA CORE** or **HSA VALUE**, for every \$1 you contribute to your HSA, the Company will match \$1 — up to \$500 per year (maximum of \$125 per quarter) if you have Employee Only medical coverage, or \$1,000 per year (maximum of \$250 per quarter) if you cover dependents. You can use this account to pay for eligible health care expenses for you and your eligible dependents on a **tax-free basis** for federal income tax purposes (state laws may vary). The money in your account is always yours.

WHO IS COVERED	MAXIMUM COMPANY MATCH	+	YOUR MAXIMUM CONTRIBUTION*	=	2024 IRS LIMIT*
Employee only	\$500		\$3,650		\$4,150
Employee + Spouse, Employee + Child(ren) or Family	\$1,000		\$7,300		\$8,300

\*If you turn age 55 by December 31, 2024, you can contribute an additional \$1,000.

## **Biweekly Critical Illness and Accident Insurance Premiums for 2024**

EMPLOYEE'S AGE	EMPLOY	EE ONLY	EMPLOYEE	EMPLOYEE + SPOUSE		EMPLOYEE + CHILD(REN)		FAMILY	
	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	
< 25	\$2.27	\$3.02	\$4.30	\$5.82	\$4.73	\$6.24	\$6.30	\$8.56	
25 - 29	\$2.32	\$3.13	\$4.41	\$6.04	\$4.78	\$6.34	\$6.41	\$8.78	
30 - 34	\$2.69	\$3.86	\$5.08	\$7.38	\$5.14	\$7.07	\$7.08	\$10.12	
35 - 39	\$3.33	\$5.15	\$6.27	\$9.76	\$5.79	\$8.36	\$8.27	\$12.51	
40 - 44	\$4.56	\$7.62	\$8.58	\$14.36	\$7.02	\$10.83	\$10.57	\$17.10	
45 - 49	\$6.55	\$11.59	\$12.24	\$21.68	\$9.00	\$14.79	\$14.23	\$24.43	
50 - 54	\$9.45	\$17.39	\$17.45	\$32.11	\$11.90	\$20.59	\$19.44	\$34.86	
55 - 59	\$13.35	\$25.20	\$24.41	\$46.03	\$15.81	\$28.40	\$26.41	\$48.78	
60 - 64	\$19.20	\$36.90	\$34.91	\$67.02	\$21.66	\$40.11	\$36.90	\$69.77	
65 - 69	\$28.92	\$56.33	\$52.16	\$101.53	\$31.38	\$59.54	\$54.15	\$104.27	
70+	\$42.45	\$83.39	\$77.55	\$152.31	\$44.91	\$86.60	\$79.55	\$155.06	

### **Biweekly Hospital Indemnity Premiums for 2024**

Employee Only	\$5.34
Employee + Spouse	\$12.05
Employee + Child(ren)	\$9.42
Employee + Spouse + Child(ren)	\$16.95

## **Biweekly Dental and Vision Premiums for 2024**

	DENTAL P	ROGRAM OPTION	VISION PROGRAM OPTION			
COVERAGE	METLIFE PPO METLIFE PPO PLUS		EYEMED	EYEMED ENHANCED		
Employee Only	\$12.95	\$20.84	\$2.73	\$8.16		
Employee + Spouse	\$25.89	\$41.68	\$4.98	\$14.91		
Employee + Child(ren)	\$25.24	\$40.63	\$4.85	\$14.52		
Family	\$38.19	\$61.47	\$6.71	\$20.08		

## Monthly Rates for Optional Life Insurance for 2024 (Per \$1,000 of Coverage)

AGE	EMPL	OYEE	AG	ε	SPO	SPOUSE			
AS OF 12/31/2024	NON-TOBACCO USER	TOBACCO USER	AS 12/31/		NON-TOBACCO USER	TOBACCO USER			
<25	\$0.038	\$0.076	<25		\$0.046	\$0.091			
25-29	\$0.038	\$0.095	25-29		\$0.046	\$0.115			
30-34	\$0.038	\$0.124	30-34	1	\$0.046	\$0.149			
35-39	\$0.047	\$0.142	35-39		\$0.057	\$0.171			
40-44	\$0.066	\$0.152	40-44	1	\$0.080	\$0.182			
45-49	\$0.124	\$0.227	45-49		\$0.144	\$0.273			
50-54	\$0.180	\$0.350	50-54	1	\$0.216	\$0.420			
55-59	\$0.322	\$0.662	55-59		\$0.387	\$0.795			
60-64	\$0.483	\$1.022	60-64		\$0.580	\$1.225			
65-69	\$0.814	\$1.976	65-69		\$0.977	\$2.371			
70+	\$1.684	\$3.177	70+		\$1.978	\$3.812			

DEPENDENT CHILD OPT	IONAL LIFE INSURANCE
Dependent Child	\$0.131

## Monthly Rates for Optional Accidental Death & Dismemberment (AD&D) Insurance for 2024 (Per \$1,000 of Coverage)

EMPLOYEE AD&D	EMPLOYEE + DEPENDENT AD&D
\$0.019	\$0.030

## Monthly Rates for Long-term Disability (LTD) Buy-up for 2024

(Per \$100 of Covered Monthly Payroll)

LTD BUY-UP PREMIUM CALCULATION											
	PREMIUM WORKSHEET						SAMPLE CALCULATION: ASSUMES \$45,000 ANNUAL SALARY AND 35-39 AGE BAND				
STEP 1	Annual S	Annual Salary / 12 = Covered Monthly Payroll						\$45,000	/ 12 = \$3,7	750	
STEP 2	Covered	Monthly Pa	ayroll / 100	= # Units				\$3,750	/ 100 = 37	.5	
STEP 3	# Units x	Rate = Pre	emium Per	Month			37.5 x 0.101 = \$3.79				
STEP 4	Bi-weekl	Bi-weekly Premium					\$3.79 x 12 = \$45.48, \$45.48 / 26 = \$1.75				5
	LTD BUY-UP RATES										
AGE BANDS	<25 25-29 30-34 35-39 40-44 45-					45-49	50-54	55-59	60-64	65-69	70+
	0.039	0.047	0.069	0.101	0.163	0.231	0.323	0.379	0.398	0.400	0.450

