

# 2024 Lubrizol Biweekly Contributions



## → Active Employees – Full-time and Part-time

<b>MEDICAL<sup>1</sup></b>	Individual	2-Person	Family
Core	\$0	\$17	\$25
Standard	\$31	\$86	\$122
Plus	\$74.12	\$176.34	\$253.28
OOA	\$31	\$86	\$122
Midland BCBS	\$25.91	\$78.75	\$96.37

<b>DENTAL</b>	Individual	2-Person	Family
Network PPO Dental	\$3.36	\$7.83	\$14.55
Comprehensive Dental	\$7.86	\$15.71	\$22.44

<b>VISION</b>	Individual	2-Person	Family
EyeMed Vision	\$3.75	\$6.56	\$ 10.26

## → Active Employees – Full-time and Part-time

(Employee + Domestic Partner and Employee + Domestic Partner/Children)

<b>MEDICAL<sup>1</sup></b>	Individual + DP			Individual + DP and DP's Child(ren)			Individual + DP and Employee's Child(ren) or Employee's and DP's Child(ren)		
	YOUR CONTRIBUTION	PRE-TAX/ POST-TAX	IMPUTED INCOME <sup>3</sup>	YOUR CONTRIBUTION	PRE-TAX/ POST-TAX	IMPUTED INCOME <sup>3</sup>	YOUR CONTRIBUTION	PRE-TAX/ POST-TAX	IMPUTED INCOME <sup>3</sup>
Core <sup>2</sup>	\$17	\$0/\$17	\$273.30	\$25	\$0/\$25	\$500.05	\$25	\$8/\$17	\$273.30
Standard <sup>2</sup>	\$86	\$31/\$55	\$266.58	\$122	\$31/\$91	\$490.64	\$122	\$67/\$55	\$266.58
Plus <sup>2</sup>	\$176.34	\$74.12/\$102.22	\$273.30	\$253.28	\$74.12/\$179.16	\$500.05	\$253.28	\$151.06/\$102.22	\$273.30
OOA	\$86	\$31/\$55	\$266.58	\$122	\$31/\$91	\$490.64	\$122	\$67/\$55	\$266.58
Midland BCBS	\$78.75	\$25.91/\$52.84	\$316.21	\$96.37	\$25.91/\$70.46	\$456.77	\$96.37	\$43.52/\$52.85	\$316.21

<b>DENTAL</b>	Individual + DP			Individual + DP and DP's Child(ren)			Individual + DP and Employee's Child(ren) or Employee's and DP's Child(ren)		
	YOUR CONTRIBUTION	PRE-TAX/ POST-TAX	IMPUTED INCOME <sup>3</sup>	YOUR CONTRIBUTION	PRE-TAX/ POST-TAX	IMPUTED INCOME <sup>3</sup>	YOUR CONTRIBUTION	PRE-TAX/ POST-TAX	IMPUTED INCOME <sup>3</sup>
Network PPO Dental	\$7.83	\$3.36/\$4.47	\$6.72	\$14.55	\$3.36/\$11.19	\$20.94	\$14.55	\$10.07/\$4.48	\$6.72
Comprehensive Dental	\$15.71	\$7.86/\$7.85	\$10.53	\$22.44	\$7.86/\$14.58	\$24.96	\$22.44	\$14.59/\$7.85	\$10.53

<b>VISION</b>	Individual + DP			Individual + DP and DP's Child(ren)			Individual + DP and Employee's Child(ren) or Employee's and DP's Child(ren)		
	YOUR CONTRIBUTION	PRE-TAX/ POST-TAX	IMPUTED INCOME <sup>3</sup>	YOUR CONTRIBUTION	PRE-TAX/ POST-TAX	IMPUTED INCOME <sup>3</sup>	YOUR CONTRIBUTION	PRE-TAX/ POST-TAX	IMPUTED INCOME <sup>3</sup>
EyeMed Vision	\$6.56	\$3.75/\$2.81	\$0	\$10.26	\$3.75/\$6.51	\$0	\$10.26	\$7.45/\$2.81	\$0

# 2024 Lubrizol Biweekly Contributions



## → International Employees (Expatriates Only)

MEDICAL <sup>1</sup>	Individual	Individual + Spouse	Family
Cigna International Medical	\$65.17	\$158.16	\$213.09

DENTAL	Individual	Individual + Spouse	Family
Cigna International Dental	\$9.84	\$17.44	\$30.70

## → International Employees (Expatriates Only)

(Employee + Domestic Partner and Employee + Domestic Partner/Children)

MEDICAL <sup>1</sup>	Individual + DP			Individual + DP and DP's Child(ren)			Individual + DP and Employee's Child(ren) or Employee's and DP's Child(ren)		
	YOUR CONTRIBUTION	PRE-TAX/ POST-TAX	IMPUTED INCOME <sup>3</sup>	YOUR CONTRIBUTION	PRE-TAX/ POST-TAX	IMPUTED INCOME <sup>3</sup>	YOUR CONTRIBUTION	PRE-TAX/ POST-TAX	IMPUTED INCOME <sup>3</sup>
Cigna International Medical	\$158.16	\$65.17/ \$92.99	\$411.69	\$213.09	\$65.17/ \$147.92	\$655.31	\$213.09	\$120.10/ \$92.99	\$411.69

DENTAL	Individual + DP			Individual + DP and DP's Child(ren)			Individual + DP and Employee's Child(ren) or Employee's and DP's Child(ren)		
	YOUR CONTRIBUTION	PRE-TAX/ POST-TAX	IMPUTED INCOME <sup>3</sup>	YOUR CONTRIBUTION	PRE-TAX/ POST-TAX	IMPUTED INCOME <sup>3</sup>	YOUR CONTRIBUTION	PRE-TAX/ POST-TAX	IMPUTED INCOME <sup>3</sup>
Cigna International Dental	\$17.44	\$9.84/ \$7.60	\$13.81	\$30.70	\$9.84/ \$20.86	\$37.92	\$30.70	\$23.10/ \$7.60	\$13.81

### IMPORTANT

- <sup>1</sup> If your spouse or domestic partner is enrolled in your medical coverage but has access to other group medical coverage and chooses not to enroll, you will pay a medical surcharge of \$45 biweekly (\$1,170 annually). If you or a covered family member (18 or older) uses tobacco, you will pay a \$35 tobacco surcharge every biweekly pay period (\$910 annually).
- <sup>2</sup> If you enroll a non-tax domestic partner in the CDHP, he or she cannot participate in your HSA. You cannot use your HSA to be reimbursed for expenses incurred by your non-tax domestic partner.
- <sup>3</sup> Imputed income will appear on each biweekly paycheck and is subject to applicable taxes.

Actual amounts may vary slightly due to system rounding.