

**January 1, 2026 - December 31, 2026**  
USW

Gold Plan								
Single: \$1,000 deductible & \$2,500 total out of pocket expense per calendar year Family: \$3,000 deductible & \$5,000 total out of pocket expense per calendar year								
Coverage	Cost	Monthly Contribution		Per Paycheck (24)		Annual		
		Board	Employee	Board	Employee	Board	Employee	
Single	\$1,355.37	\$1,287.60	\$67.77	\$643.80	\$33.88	\$15,451.24	\$813.22	
Single + Child	\$2,251.54	\$1,327.60	\$923.93	\$663.80	\$461.97	\$15,931.24	\$11,087.21	
Single + Spouse	\$2,551.84	\$1,327.60	\$1,224.24	\$663.80	\$612.12	\$15,931.24	\$14,690.83	
Family	\$2,937.96	\$1,327.60	\$1,610.35	\$663.80	\$805.18	\$15,931.24	\$19,324.26	
Coverage (18 Pay)								
Coverage	Cost	Monthly Contribution		Per Paycheck (18)		Annual		
		Board	Employee	Board	Employee	Board	Employee	
Single	\$1,807.16	\$1,716.80	\$90.36	\$858.40	\$45.18	\$15,451.24	\$813.22	
Single + Child	\$3,002.05	\$1,770.14	\$1,231.91	\$885.07	\$615.96	\$15,931.24	\$11,087.21	
Single + Spouse	\$3,402.45	\$1,770.14	\$1,632.31	\$885.07	\$816.16	\$15,931.24	\$14,690.83	
Family	\$3,917.28	\$1,770.14	\$2,147.14	\$885.07	\$1,073.57	\$15,931.24	\$19,324.26	

Silver Plan								
Single: \$2,000 deductible & \$5,000 total out of pocket expense per calendar year Family: \$6,000 deductible & \$10,000 total out of pocket expense per calendar year								
Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual		
		Board	Employee	Board	Employee	Board	Employee	
Single	\$1,194.89	\$1,135.14	\$59.74	\$567.57	\$29.87	\$13,621.71	\$716.93	
Single + Child	\$1,971.89	\$1,175.14	\$796.75	\$587.57	\$398.37	\$14,101.71	\$9,560.96	
Single + Spouse	\$2,235.66	\$1,175.14	\$1,060.52	\$587.57	\$530.26	\$14,101.71	\$12,726.21	
Family	\$2,682.14	\$1,175.14	\$1,507.00	\$587.57	\$753.50	\$14,101.71	\$18,083.94	
Coverage (18 Pay)								
Coverage	Cost	Monthly Contribution		Per Paycheck (18)		Annual		
		Board	Employee	Board	Employee	Board	Employee	
Single	\$1,593.18	\$1,513.52	\$79.66	\$756.76	\$39.83	\$13,621.71	\$716.93	
Single + Child	\$2,629.19	\$1,566.86	\$1,062.33	\$783.43	\$531.16	\$14,101.71	\$9,560.96	
Single + Spouse	\$2,980.88	\$1,566.86	\$1,414.02	\$783.43	\$707.01	\$14,101.71	\$12,726.21	
Family	\$3,576.18	\$1,566.86	\$2,009.33	\$783.43	\$1,004.66	\$14,101.71	\$18,083.94	

HSA High Deductible Plan								
Single: \$3,400 deductible & \$6,800 total out of pocket expense per calendar year Family: \$6,800 deductible & \$13,600 total out of pocket expense per calendar year								
Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual		
		Board	Employee	Board	Employee	Board	Employee	
Single	\$1,189.17	\$1,129.71	\$59.46	\$564.86	\$29.73	\$13,556.58	\$713.50	
Single + Child	\$1,962.47	\$1,169.71	\$792.75	\$584.86	\$396.38	\$14,036.58	\$9,513.04	
Single + Spouse	\$2,224.96	\$1,169.71	\$1,055.25	\$584.86	\$527.62	\$14,036.58	\$12,662.97	
Family	\$2,669.32	\$1,169.71	\$1,499.61	\$584.86	\$749.80	\$14,036.58	\$17,995.32	
Coverage (18 Pay)								
Coverage	Cost	Monthly Contribution		Per Paycheck (18)		Annual		
		Board	Employee	Board	Employee	Board	Employee	
Single	\$1,585.56	\$1,506.29	\$79.28	\$753.14	\$39.64	\$13,556.58	\$713.50	
Single + Child	\$2,616.62	\$1,559.62	\$1,057.00	\$779.81	\$528.50	\$14,036.58	\$9,513.04	
Single + Spouse	\$2,966.62	\$1,559.62	\$1,407.00	\$779.81	\$703.50	\$14,036.58	\$12,662.97	
Family	\$3,559.10	\$1,559.62	\$1,999.48	\$779.81	\$999.74	\$14,036.58	\$17,995.32	

Bronze High Deductible Plan								
Single: \$3,350 deductible & \$6,450 total out of pocket expense per calendar year Family: \$6,450 deductible & \$12,900 total out of pocket expense per calendar year								
Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual		
		Board	Employee	Board	Employee	Board	Employee	
Single	\$1,029.64	\$978.16	\$51.48	\$489.08	\$25.74	\$11,737.86	\$617.78	
Single + Child	\$1,684.29	\$0.00	\$1,684.29	\$0.00	\$842.15	\$0.00	\$20,211.50	
Single + Spouse	\$1,911.51	\$0.00	\$1,911.51	\$0.00	\$955.75	\$0.00	\$22,938.07	
Family	\$2,429.50	\$0.00	\$2,429.50	\$0.00	\$1,214.75	\$0.00	\$29,154.04	
Coverage (18 Pay)								
Coverage	Cost	Monthly Contribution		Per Paycheck (18)		Annual		
		Board	Employee	Board	Employee	Board	Employee	
Single	\$1,372.85	\$1,304.21	\$68.64	\$652.10	\$34.32	\$11,737.86	\$617.78	
Single + Child	\$2,245.72	\$0.00	\$2,245.72	\$0.00	\$1,122.86	\$0.00	\$20,211.50	
Single + Spouse	\$2,548.67	\$0.00	\$2,548.67	\$0.00	\$1,274.34	\$0.00	\$22,938.07	
Family	\$3,239.34	\$0.00	\$3,239.34	\$0.00	\$1,619.67	\$0.00	\$29,154.04	

HMO Plan								
Single: \$0 deductible - \$1,500 total out of pocket expense per calendar year Family: \$0 deductible - \$3,000 total out of pocket expense per calendar year								
Coverage	Cost	Monthly Contribution		Per Paycheck (24)		Annual		
		Board	Employee	Board	Employee	Board	Employee	
Single	\$1,110.55	\$1,055.02	\$55.53	\$527.51	\$27.76	\$12,660.27	\$666.33	
Single + Child	\$1,917.92	\$1,095.02	\$822.90	\$547.51	\$411.45	\$13,140.27	\$9,874.77	
Single + Spouse	\$2,160.57	\$1,095.02	\$1,065.55	\$547.51	\$532.77	\$13,140.27	\$12,786.57	
Family	\$2,776.40	\$1,095.02	\$1,681.38	\$547.51	\$840.69	\$13,140.27	\$20,176.53	
Coverage (18 Pay)								
Coverage	Cost	Monthly Contribution		Per Paycheck (18)		Annual		
		Board	Employee	Board	Employee	Board	Employee	
Single	\$1,480.73	\$1,406.70	\$74.04	\$703.35	\$37.02	\$12,660.27	\$666.33	
Single + Child	\$2,557.23	\$1,460.03	\$1,097.20	\$730.02	\$548.60	\$13,140.27	\$9,874.77	
Single + Spouse	\$2,880.76	\$1,460.03	\$1,420.73	\$730.02	\$710.37	\$13,140.27	\$12,786.57	
Family	\$3,701.87	\$1,460.03	\$2,241.84	\$730.02	\$1,120.92	\$13,140.27	\$20,176.53	