January 1, 2027 - December 31, 2027
Transportation

Gold Plan

Single: $1,500 deductible & $3,500 total out of pocket expense per calendar year
Family: $4,500 deductible & $6,500 total out of pocket expense per calendar year

		Monthly Contribution		Per Paycheck (24)		Annual	
Coverage (24 Pay)	**Cost**	**Board**	**Employee**	**Board**	**Employee**	**Board**	**Employee**
Single	$1,572.23	$1,493.62	$78.61	$746.81	$39.31	$17,923.42	$943.34
Single + Child	$2,611.79	$1,535.29	$1,076.50	$767.64	$538.25	$18,423.42	$12,918.06
Single + Spouse	$2,960.13	$1,535.29	$1,424.84	$767.64	$712.42	$18,423.42	$17,098.14
Family	$3,408.03	$1,535.29	$1,872.74	$767.64	$936.37	$18,423.42	$22,472.94

		Monthly Contribution		Per Paycheck (18)		Annual	
Coverage (18 Pay **ONLY)**	**Cost**	**Board**	**Employee**	**Board**	**Employee**	**Board**	**Employee**
Single	$2,096.31	$1,991.49	$104.82	$995.75	$52.41	$17,923.42	$943.34
Single + Child	$3,482.39	$2,047.05	$1,435.34	$1,023.52	$717.67	$18,423.42	$12,918.06
Single + Spouse	$3,946.84	$2,047.05	$1,899.79	$1,023.52	$949.90	$18,423.42	$17,098.14
Family	$4,544.04	$2,047.05	$2,496.99	$1,023.52	$1,248.50	$18,423.42	$22,472.94

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

		Monthly Contribution		Per Paycheck (24)		Annual	
Coverage (24 Pay)	**Cost**	**Board**	**Employee**	**Board**	**Employee**	**Board**	**Employee**
Single	$1,386.07	$1,316.77	$69.30	$658.38	$34.65	$15,801.20	$831.64
Single + Child	$2,287.39	$1,358.43	$928.96	$679.22	$464.48	$16,301.20	$11,147.48
Single + Spouse	$2,593.37	$1,358.43	$1,234.94	$679.22	$617.47	$16,301.20	$14,819.24
Family	$3,111.28	$1,358.43	$1,752.85	$679.22	$876.42	$16,301.20	$21,034.16

		Monthly Contribution		Per Paycheck (18)		Annual	
Coverage (18 Pay **ONLY)**	**Cost**	**Board**	**Employee**	**Board**	**Employee**	**Board**	**Employee**
Single	$1,848.09	$1,755.69	$92.40	$877.84	$46.20	$15,801.20	$831.64
Single + Child	$3,049.85	$1,811.24	$1,238.61	$905.62	$619.30	$16,301.20	$11,147.48
Single + Spouse	$3,457.83	$1,811.24	$1,646.58	$905.62	$823.29	$16,301.20	$14,819.24
Family	$4,148.37	$1,811.24	$2,337.13	$905.62	$1,168.56	$16,301.20	$21,034.16

HSA High Deductible Plan

Single: $3,500 deductible & $7,000 total out of pocket expense per calendar year
Family: $7,000 deductible & $14,000 total out of pocket expense per calendar year

		Monthly Contribution		Per Paycheck (24)		Annual	
Coverage (24 Pay)	**Cost**	**Board**	**Employee**	**Board**	**Employee**	**Board**	**Employee**
Single	$1,379.44	$1,310.47	$68.97	$655.23	$34.49	$15,725.62	$827.66
Single + Child	$2,276.47	$1,352.13	$924.34	$676.07	$462.17	$16,225.62	$11,092.02
Single + Spouse	$2,580.95	$1,352.13	$1,228.82	$676.07	$614.41	$16,225.62	$14,745.78
Family	$3,096.41	$1,352.13	$1,744.28	$676.07	$872.14	$16,225.62	$20,931.30

		Monthly Contribution		Per Paycheck (18)		Annual	
Coverage (18 Pay)	**Cost**	**Board**	**Employee**	**Board**	**Employee**	**Board**	**Employee**
Single	$1,839.25	$1,747.29	$91.96	$873.65	$45.98	$15,725.62	$827.66
Single + Child	$3,035.29	$1,802.85	$1,232.45	$901.42	$616.22	$16,225.62	$11,092.02
Single + Spouse	$3,441.27	$1,802.85	$1,638.42	$901.42	$819.21	$16,225.62	$14,745.78
Family	$4,128.55	$1,802.85	$2,325.70	$901.42	$1,162.85	$16,225.62	$20,931.30

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

		Monthly Contribution		Per Paycheck (24)		Annual	
Coverage (24 Pay)	**Cost**	**Board**	**Employee**	**Board**	**Employee**	**Board**	**Employee**
Single	$1,194.38	$1,134.66	$59.72	$567.33	$29.86	$13,615.93	$716.63
Single + Child	$1,953.78	$0.00	$1,953.78	$0.00	$976.89	$0.00	$23,445.36
Single + Spouse	$2,217.35	$0.00	$2,217.35	$0.00	$1,108.68	$0.00	$26,608.20
Family	$2,818.22	$0.00	$2,818.22	$0.00	$1,409.11	$0.00	$33,818.64

		Monthly Contribution		Per Paycheck (18)		Annual	
Coverage (18 Pay **ONLY)**	**Cost**	**Board**	**Employee**	**Board**	**Employee**	**Board**	**Employee**
Single	$1,592.51	$1,512.88	$79.63	$756.44	$39.81	$13,615.93	$716.63
Single + Child	$2,605.04	$0.00	$2,605.04	$0.00	$1,302.52	$0.00	$23,445.36
Single + Spouse	$2,956.47	$0.00	$2,956.47	$0.00	$1,478.23	$0.00	$26,608.20
Family	$3,757.63	$0.00	$3,757.63	$0.00	$1,878.81	$0.00	$33,818.64

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

		Monthly Contribution		Per Paycheck (24)		Annual	
Coverage (24 Pay)	**Cost**	**Board**	**Employee**	**Board**	**Employee**	**Board**	**Employee**
Single	$1,288.24	$1,223.83	$64.41	$611.91	$32.21	$14,685.94	$772.94
Single + Child	$2,224.79	$1,265.49	$959.30	$632.75	$479.65	$15,185.94	$11,511.54
Single + Spouse	$2,506.26	$1,265.49	$1,240.77	$632.75	$620.38	$15,185.94	$14,889.18
Family	$3,220.62	$1,265.49	$1,955.13	$632.75	$977.56	$15,185.94	$23,461.50

		Monthly Contribution		Per Paycheck (18)		Annual	
Coverage (18 Pay **ONLY)**	**Cost**	**Board**	**Employee**	**Board**	**Employee**	**Board**	**Employee**
Single	$1,717.65	$1,631.77	$85.88	$815.89	$42.94	$14,685.94	$772.94
Single + Child	$2,966.39	$1,687.33	$1,279.06	$843.66	$639.53	$15,185.94	$11,511.54
Single + Spouse	$3,341.68	$1,687.33	$1,654.35	$843.66	$827.18	$15,185.94	$14,889.18
Family	$4,294.16	$1,687.33	$2,606.83	$843.66	$1,303.42	$15,185.94	$23,461.50