January 1, 2027 - December 31, 2027
USW

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	**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	$1,533.62	$1,078.17	$766.81	$539.09	$18,403.42	$12,938.06
Single + Spouse	$2,960.13	$1,533.62	$1,426.51	$766.81	$713.26	$18,403.42	$17,118.14
Family	$3,408.03	$1,533.62	$1,874.41	$766.81	$937.21	$18,403.42	$22,492.94

		Monthly Contribution		Per Paycheck (18)		Annual	
Coverage (18 Pay)	**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	$2,044.82	$1,437.56	$1,022.41	$718.78	$18,403.42	$12,938.06
Single + Spouse	$3,946.84	$2,044.82	$1,902.02	$1,022.41	$951.01	$18,403.42	$17,118.14
Family	$4,544.04	$2,044.82	$2,499.22	$1,022.41	$1,249.61	$18,403.42	$22,492.94

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	$1,356.77	$930.62	$678.38	$465.31	$16,281.20	$11,167.48
Single + Spouse	$2,593.37	$1,356.77	$1,236.60	$678.38	$618.30	$16,281.20	$14,839.24
Family	$3,111.28	$1,356.77	$1,754.51	$678.38	$877.26	$16,281.20	$21,054.16

		Monthly Contribution		Per Paycheck (18)		Annual	
Coverage (18 Pay)	**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	$1,809.02	$1,240.83	$904.51	$620.42	$16,281.20	$11,167.48
Single + Spouse	$3,457.83	$1,809.02	$1,648.80	$904.51	$824.40	$16,281.20	$14,839.24
Family	$4,148.37	$1,809.02	$2,339.35	$904.51	$1,169.68	$16,281.20	$21,054.16

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	$1,350.47	$926.00	$675.23	$463.00	$16,205.62	$11,112.02
Single + Spouse	$2,580.95	$1,350.47	$1,230.48	$675.23	$615.24	$16,205.62	$14,765.78
Family	$3,096.41	$1,350.47	$1,745.94	$675.23	$872.97	$16,205.62	$20,951.30

		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	$1,800.62	$1,234.67	$900.31	$617.33	$16,205.62	$11,112.02
Single + Spouse	$3,441.27	$1,800.62	$1,640.64	$900.31	$820.32	$16,205.62	$14,765.78
Family	$4,128.55	$1,800.62	$2,327.92	$900.31	$1,163.96	$16,205.62	$20,951.30

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)	**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	**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	$1,263.83	$960.96	$631.91	$480.48	$15,165.94	$11,531.54
Single + Spouse	$2,506.26	$1,263.83	$1,242.43	$631.91	$621.22	$15,165.94	$14,909.18
Family	$3,220.62	$1,263.83	$1,956.79	$631.91	$978.40	$15,165.94	$23,481.50

		Monthly Contribution		Per Paycheck (18)		Annual	
Coverage (18 Pay)	**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	$1,685.10	$1,281.28	$842.55	$640.64	$15,165.94	$11,531.54
Single + Spouse	$3,341.68	$1,685.10	$1,656.58	$842.55	$828.29	$15,165.94	$14,909.18
Family	$4,294.16	$1,685.10	$2,609.06	$842.55	$1,304.53	$15,165.94	$23,481.50