January 1, 2027 - December 31, 2027
FEA

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	$1,257.78	$314.45	$628.89	$157.22	$15,093.41	$3,773.35
Single + Child	$2,611.79	$1,567.07	$1,044.72	$783.54	$522.36	$18,804.89	$12,536.59
Single + Spouse	$2,960.13	$1,776.08	$1,184.05	$888.04	$592.03	$21,312.94	$14,208.62
Family	$3,408.03	$2,044.82	$1,363.21	$1,022.41	$681.61	$24,537.82	$16,358.54

		Monthly Contribution		Per Paycheck (18)		Annual	
Coverage (18 Pay)	**Cost**	**Board**	**Employee**	**Board**	**Employee**	**Board**	**Employee**
Single	$2,096.31	$1,677.05	$419.26	$838.52	$209.63	$15,093.41	$3,773.35
Single + Child	$3,482.39	$2,089.43	$1,392.95	$1,044.72	$696.48	$18,804.89	$12,536.59
Single + Spouse	$3,946.84	$2,368.10	$1,578.74	$1,184.05	$789.37	$21,312.94	$14,208.62
Family	$4,544.04	$2,726.42	$1,817.62	$1,363.21	$908.81	$24,537.82	$16,358.54

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	$1,108.86	$277.21	$554.43	$138.61	$13,306.27	$3,326.57
Single + Child	$2,287.39	$1,372.43	$914.96	$686.22	$457.48	$16,469.21	$10,979.47
Single + Spouse	$2,593.37	$1,556.02	$1,037.35	$778.01	$518.67	$18,672.26	$12,448.18
Family	$3,111.28	$1,866.77	$1,244.51	$933.38	$622.26	$22,401.22	$14,934.14

		Monthly Contribution		Per Paycheck (18)		Annual	
Coverage (18 Pay)	**Cost**	**Board**	**Employee**	**Board**	**Employee**	**Board**	**Employee**
Single	$1,848.09	$1,478.47	$369.62	$739.24	$184.81	$13,306.27	$3,326.57
Single + Child	$3,049.85	$1,829.91	$1,219.94	$914.96	$609.97	$16,469.21	$10,979.47
Single + Spouse	$3,457.83	$2,074.70	$1,383.13	$1,037.35	$691.57	$18,672.26	$12,448.18
Family	$4,148.37	$2,489.02	$1,659.35	$1,244.51	$829.67	$22,401.22	$14,934.14

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	$1,103.55	$275.89	$551.78	$137.94	$13,242.62	$3,310.66
Single + Child	$2,276.47	$1,365.88	$910.59	$682.94	$455.29	$16,390.58	$10,927.06
Single + Spouse	$2,580.95	$1,548.57	$1,032.38	$774.29	$516.19	$18,582.84	$12,388.56
Family	$3,096.41	$1,857.85	$1,238.56	$928.92	$619.28	$22,294.15	$14,862.77

		Monthly Contribution		Per Paycheck (18)		Annual	
Coverage (18 Pay)	**Cost**	**Board**	**Employee**	**Board**	**Employee**	**Board**	**Employee**
Single	$1,839.25	$1,471.40	$367.85	$735.70	$183.93	$13,242.62	$3,310.66
Single + Child	$3,035.29	$1,821.18	$1,214.12	$910.59	$607.06	$16,390.58	$10,927.06
Single + Spouse	$3,441.27	$2,064.76	$1,376.51	$1,032.38	$688.25	$18,582.84	$12,388.56
Family	$4,128.55	$2,477.13	$1,651.42	$1,238.56	$825.71	$22,294.15	$14,862.77

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	$955.50	$238.88	$477.75	$119.44	$11,466.05	$2,866.51
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	$1,353.63	$238.88	$676.82	$119.44	$12,182.68	$2,149.88
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	$1,030.59	$257.65	$515.30	$128.82	$12,367.10	$3,091.78
Single + Child(ren)	$2,224.79	$1,334.87	$889.92	$667.44	$444.96	$16,018.49	$10,678.99
Single + Spouse	$2,506.26	$1,503.76	$1,002.50	$751.88	$501.25	$18,045.07	$12,030.05
Family	$3,220.62	$1,932.37	$1,288.25	$966.19	$644.12	$23,188.46	$15,458.98

		Monthly Contribution		Per Paycheck (18)		Annual	
Coverage (18 Pay)	**Cost**	**Board**	**Employee**	**Board**	**Employee**	**Board**	**Employee**
Single	$1,717.65	$1,460.01	$257.65	$730.00	$128.82	$13,140.05	$2,318.83
Single + Child(ren)	$2,966.39	$1,779.83	$1,186.55	$889.92	$593.28	$16,018.49	$10,678.99
Single + Spouse	$3,341.68	$2,005.01	$1,336.67	$1,002.50	$668.34	$18,045.07	$12,030.05
Family	$4,294.16	$2,576.50	$1,717.66	$1,288.25	$858.83	$23,188.46	$15,458.98