January 1, 2027 - December 31, 2027
FEA - Wellness

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	$1,336.40	$235.83	$668.20	$117.92	$16,036.75	$2,830.01
Single + Child	$2,611.79	$1,697.66	$914.13	$848.83	$457.06	$20,371.96	$10,969.52
Single + Spouse	$2,960.13	$1,924.08	$1,036.05	$962.04	$518.02	$23,089.01	$12,432.55
Family	$3,408.03	$2,215.22	$1,192.81	$1,107.61	$596.41	$26,582.63	$14,313.73

		Monthly Contribution		Per Paycheck (18)		Annual	
Coverage (18 Pay)	**Cost**	**Board**	**Employee**	**Board**	**Employee**	**Board**	**Employee**
Single	$2,096.31	$1,781.86	$314.45	$890.93	$157.22	$16,036.75	$2,830.01
Single + Child	$3,482.39	$2,263.55	$1,218.84	$1,131.78	$609.42	$20,371.96	$10,969.52
Single + Spouse	$3,946.84	$2,565.45	$1,381.39	$1,282.72	$690.70	$23,089.01	$12,432.55
Family	$4,544.04	$2,953.63	$1,590.41	$1,476.81	$795.21	$26,582.63	$14,313.73

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	$1,178.16	$207.91	$589.08	$103.96	$14,137.91	$2,494.93
Single + Child	$2,287.39	$1,486.80	$800.59	$743.40	$400.29	$17,841.64	$9,607.04
Single + Spouse	$2,593.37	$1,685.69	$907.68	$842.85	$453.84	$20,228.29	$10,892.15
Family	$3,111.28	$2,022.33	$1,088.95	$1,011.17	$544.47	$24,267.98	$13,067.38

		Monthly Contribution		Per Paycheck (18)		Annual	
Coverage (18 Pay)	**Cost**	**Board**	**Employee**	**Board**	**Employee**	**Board**	**Employee**
Single	$1,848.09	$1,570.88	$277.21	$785.44	$138.61	$14,137.91	$2,494.93
Single + Child	$3,049.85	$1,982.40	$1,067.45	$991.20	$533.72	$17,841.64	$9,607.04
Single + Spouse	$3,457.83	$2,247.59	$1,210.24	$1,123.79	$605.12	$20,228.29	$10,892.15
Family	$4,148.37	$2,696.44	$1,451.93	$1,348.22	$725.97	$24,267.98	$13,067.38

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	$1,172.52	$206.92	$586.26	$103.46	$14,070.29	$2,482.99
Single + Child	$2,276.47	$1,479.71	$796.76	$739.85	$398.38	$17,756.47	$9,561.17
Single + Spouse	$2,580.95	$1,677.62	$903.33	$838.81	$451.67	$20,131.41	$10,839.99
Family	$3,096.41	$2,012.67	$1,083.74	$1,006.33	$541.87	$24,152.00	$13,004.92

		Monthly Contribution		Per Paycheck (18)		Annual	
Coverage (18 Pay)	**Cost**	**Board**	**Employee**	**Board**	**Employee**	**Board**	**Employee**
Single	$1,839.25	$1,563.37	$275.89	$781.68	$137.94	$14,070.29	$2,482.99
Single + Child	$3,035.29	$1,972.94	$1,062.35	$986.47	$531.18	$17,756.47	$9,561.17
Single + Spouse	$3,441.27	$2,236.82	$1,204.44	$1,118.41	$602.22	$20,131.41	$10,839.99
Family	$4,128.55	$2,683.56	$1,444.99	$1,341.78	$722.50	$24,152.00	$13,004.92

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	$1,015.22	$179.16	$507.61	$89.58	$12,182.68	$2,149.88
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	$1,095.00	$193.24	$547.50	$96.62	$13,140.05	$2,318.83
Single + Child	$2,224.79	$1,446.11	$778.68	$723.06	$389.34	$17,353.36	$9,344.12
Single + Spouse	$2,506.26	$1,629.07	$877.19	$814.53	$438.60	$19,548.83	$10,526.29
Family	$3,220.62	$2,093.40	$1,127.22	$1,046.70	$563.61	$25,120.84	$13,526.60

		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	$2,966.39	$1,928.15	$1,038.24	$964.08	$519.12	$17,353.36	$9,344.12
Single + Spouse	$3,341.68	$2,172.09	$1,169.59	$1,086.05	$584.79	$19,548.83	$10,526.29
Family	$4,294.16	$2,791.20	$1,502.96	$1,395.60	$751.48	$25,120.84	$13,526.60