January 1, 2027 - December 31, 2027

Gold Plan - ADMN 2

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	$2,481.20	$130.59	$1,240.60	$65.29	$29,774.41	$1,567.07
Single + Spouse	$2,960.13	$2,812.12	$148.01	$1,406.06	$74.00	$33,745.48	$1,776.08
Family	$3,408.03	$3,237.63	$170.40	$1,618.81	$85.20	$38,851.54	$2,044.82

Silver Plan ADMN 2

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	$2,173.02	$114.37	$1,086.51	$57.18	$26,076.25	$1,372.43
Single + Spouse	$2,593.37	$2,463.70	$129.67	$1,231.85	$64.83	$29,564.42	$1,556.02
Family	$3,111.28	$2,955.72	$155.56	$1,477.86	$77.78	$35,468.59	$1,866.77

HSA High Deductible Plan - ADMN2

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	$2,162.65	$113.82	$1,081.32	$56.91	$25,951.76	$1,365.88
Single + Spouse	$2,580.95	$2,451.90	$129.05	$1,225.95	$64.52	$29,422.83	$1,548.57
Family	$3,096.41	$2,941.59	$154.82	$1,470.79	$77.41	$35,299.07	$1,857.85

Bronze High Deductible Plan - ADMN 2

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

HMO - ADMN 2

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	$2,113.55	$111.24	$1,056.78	$55.62	$25,362.61	$1,334.87
Single + Spouse	$2,506.26	$2,380.95	$125.31	$1,190.47	$62.66	$28,571.36	$1,503.76
Family	$3,220.62	$3,059.59	$161.03	$1,529.79	$80.52	$36,715.07	$1,932.37