January 1, 2027 - December 31, 2027
Custodial/Maintenance

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	$1,543.62	$1,068.17	$771.81	$534.09	$18,523.42	$12,818.06
Single + Spouse	$2,960.13	$1,543.62	$1,416.51	$771.81	$708.26	$18,523.42	$16,998.14
Family	$3,408.03	$1,543.62	$1,864.41	$771.81	$932.21	$18,523.42	$22,372.94

		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	$2,058.16	$1,424.23	$1,029.08	$712.11	$18,523.42	$12,818.06
Single + Spouse	$3,946.84	$2,058.16	$1,888.68	$1,029.08	$944.34	$18,523.42	$16,998.14
Family	$4,544.04	$2,058.16	$2,485.88	$1,029.08	$1,242.94	$18,523.42	$22,372.94

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	$0.00	$658.38	$0.00	$15,801.20	$0.00
Single + Child	$2,287.39	$1,366.77	$920.62	$683.38	$460.31	$16,401.20	$11,047.48
Single + Spouse	$2,593.37	$1,366.77	$1,226.60	$683.38	$613.30	$16,401.20	$14,719.24
Family	$3,111.28	$1,366.77	$1,744.51	$683.38	$872.26	$16,401.20	$20,934.16

		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	$1,822.36	$1,227.50	$911.18	$613.75	$16,401.20	$11,047.48
Single + Spouse	$3,457.83	$1,822.36	$1,635.47	$911.18	$817.74	$16,401.20	$14,719.24
Family	$4,148.37	$1,822.36	$2,326.02	$911.18	$1,163.01	$16,401.20	$20,934.16

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	$1,360.47	$916.00	$680.23	$458.00	$16,325.62	$10,992.02
Single + Spouse	$2,580.95	$1,360.47	$1,220.48	$680.23	$610.24	$16,325.62	$14,645.78
Family	$3,096.41	$1,360.47	$1,735.94	$680.23	$867.97	$16,325.62	$20,831.30

		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	$1,813.96	$1,221.34	$906.98	$610.67	$16,325.62	$10,992.02
Single + Spouse	$3,441.27	$1,813.96	$1,627.31	$906.98	$813.65	$16,325.62	$14,645.78
Family	$4,128.55	$1,813.96	$2,314.59	$906.98	$1,157.29	$16,325.62	$20,831.30

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 (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(ren)	$2,224.79	$1,273.83	$950.96	$636.91	$475.48	$15,285.94	$11,411.54
Single + Spouse	$2,506.26	$1,273.83	$1,232.43	$636.91	$616.22	$15,285.94	$14,789.18
Family	$3,220.62	$1,273.83	$1,946.79	$636.91	$973.40	$15,285.94	$23,361.50

		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(ren)	$2,966.39	$1,698.44	$1,267.95	$849.22	$633.97	$15,285.94	$11,411.54
Single + Spouse	$3,341.68	$1,698.44	$1,643.24	$849.22	$821.62	$15,285.94	$14,789.18
Family	$4,294.16	$1,698.44	$2,595.72	$849.22	$1,297.86	$15,285.94	$23,361.50