Medical/Rx Employee Contributions
Plan Year 2027: January 1, 2027 - December 31, 2027

SALARIED (BI-WEEKLY)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Premium	$177.54	$366.49	$336.41	$515.01
Preferred	$67.72	$152.36	$139.86	$214.09
Economy	$13.44	$46.54	$42.69	$65.41
HDHP	$78.48	$153.04	$140.48	$215.04

ATU 788 (WEEKLY)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Premium	$92.21	$179.79	$165.03	$252.65
Preferred	$38.33	$74.74	$68.61	$105.02
Economy	$11.70	$22.83	$20.94	$32.09

IBEW (WEEKLY)

Plan	Employee Only	Employee + Family
Premium	$89.65	$213.05
Preferred	$35.77	$91.92
Economy	$9.15	$32.06

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