## January 1, 2025 - December 31, 2025 USW

## **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	\$846.95	\$804.60	\$42.35	\$402.30	\$21.17	\$9,655.21	\$508.17
Single + Child	\$1,385.45	\$0.00	\$1,385.45	\$0.00	\$692.72	\$0.00	\$16,625.37
Single + Spouse	\$1,572.35	\$0.00	\$1,572.35	\$0.00	\$786.17	\$0.00	\$18,868.15
Family	\$1,998.44	\$0.00	\$1,998.44	\$0.00	\$999.22	\$0.00	\$23,981.24

		Monthly Contribution		Per Paycheck (18)		Annual					
Coverage (18 Pay)	Cost	Board	Employee	Board	Employee	Board	Employee				
Single	\$1,129.26	\$1,072.80	\$56.46	\$536.40	\$28.23	\$9,655.21	\$508.17				
Single + Child	\$1,847.26	\$0.00	\$1,847.26	\$0.00	\$923.63	\$0.00	\$16,625.37				
Single + Spouse	\$2,096.46	\$0.00	\$2,096.46	\$0.00	\$1,048.23	\$0.00	\$18,868.15				
Family	\$2,664.58	\$0.00	\$2,664.58	\$0.00	\$1,332.29	\$0.00	\$23,981.24				