

ENROLLMENT 2026 LOCAL 57

RATE SHEETS & SCENARIOS

Local 57 Plan Participants Claims Scenarios 2026

EMPLOYEE ONLY: GENERALLY HEALTHY			
Service	Consumer Driven Health Plan	Comprehensive Health Plan	Premium Health Plan
Annual physical	\$0.00	\$0.00	\$0.00
Office Visit (Illness) (1 visit)	\$200.00	\$25.00	\$20.00
Generic Antibiotic (1 prescription)	\$20.00	\$20.00	\$20.00
Trust HSA Contribution	(\$750.00)	(\$0.00)	(\$0.00)
Member Cost	\$220.00	\$45.00	\$40.00
Annual Premiums	\$0.00	\$1,722.48	\$2,679.84
TOTAL ANNUAL COST	\$0.00	\$1,767.48	\$2,719.84

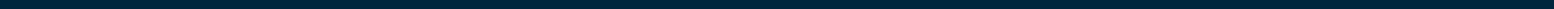
EMPLOYEE + SPOUSE: HAVING A BABY			
Service	Consumer Driven Health Plan	Comprehensive Health Plan	Premium Health Plan
Annual physical	\$0.00	\$0.00	\$0.00
Prenatal Care (6 visits)	\$0.00	\$0.00	\$0.00
Office Visit (Illness) (1 visit)	\$200.00	\$25.00	\$20.00
Ultrasound (2 scans)	\$450.00	\$450.00	\$450.00
Normal Delivery	\$12,000.00	\$12,000.00	\$12,000.00
Trust HSA Contribution	(\$1,500.00)	(\$0.00)	(\$0.00)
Member Cost	\$6,530.00	\$2,080.00	\$1,940.00
Annual Premiums	\$0.00	\$3,573.12	\$5,558.64
TOTAL ANNUAL COST	\$5,030.00	\$5,653.12	\$7,498.64

Please note: The medical examples provided are for illustrative purposes only and represent approximate costs for common medical services. Actual expenses may vary based.



EMPLOYEE + FAMILY: BROKEN ARM			
Service	Consumer Driven Health Plan	Comprehensive Health Plan	Premium Health Plan
Emergency Room Care	\$2,000.00	\$250.00	\$100.00
X-ray	\$300.00	\$300.00	\$300.00
DME	\$113.00	\$113.00	\$113.00
Physical Therapy (5 visits)	\$750.00	\$750.00	\$750.00
Trust HSA Contribution	(\$1,500.00)	(\$0.00)	(\$0.00)
Member Cost	\$3,163.00	\$1,176.30	\$891.30
Annual Premiums	\$0.00	\$5,337.60	\$8,304.48
TOTAL ANNUAL COST	\$1,663.00	\$6,513.90	\$9,195.78

EMPLOYEE ONLY: DIABETES			
Service	Consumer Driven Health Plan	Comprehensive Health Plan	Premium Health Plan
ER Visit (if applicable)	\$2,750.00	\$250.00	\$100.00
Specialist Visits (3 visits)	\$600.00	\$150.00	\$60.00
Nutrition/Diabetes Education	\$600.00	\$25.00	\$20.00
Diagnostic Tests/Labs	\$450.00	\$450.00	\$450.00
Glucose Meter & Supplies (no CGM)	\$325.00	\$325.00	\$325.00
Medications (Oral + Insulin) (non GLP-1/SGLT 2)	\$480.00	\$540.00	\$540.00
Trust HSA Contribution	(\$750.00)	(\$0.00)	(\$0.00)
Member Cost	\$3,425.00	\$1,312.50	\$1,022.50
Annual Premiums	\$0.00	\$1,722.48	\$2,679.84
TOTAL ANNUAL COST	\$2,675.00	\$3,034.98	\$3,702.34



Local 57 Plan Participants

Health Plan Per-Pay-Period Contributions **2026**

	MEDICAL		
	Consumer Driven Health Plan	Comprehensive Health Plan	Premium Health Plan
You only	\$0	\$35.89	\$55.83
You + spouse or You + 1 child	\$0	\$74.44	\$115.81
You + children or You + family	\$0	\$111.20	\$173.01
	DENTAL		
	Consumer Driven Health Plan	All Other Plans	
You only	\$7.39	\$2.96	
You + spouse or You + 1 child	\$15.31	\$6.13	
You + children or You + family	\$22.88	\$9.15	
	VISION		
	Consumer Driven Health Plan	All Other Plans	
You only	\$1.03	\$0.41	
You + spouse or You + 1 child	\$2.12	\$0.85	
You + children or You + family	\$3.17	\$1.27	

The employer pays 100% of the contribution rate for the Consumer Driven Health Plan. You pay nothing.

The employer pays 80% of the Comprehensive rate toward the Comprehensive, or Premium plan.

You pay 20% for the Comprehensive plan, plus the cost of the benefit differential for the Premium plan.

The employer pays 80% of the contribution rate for the dental and vision plans. You pay 20%.

Participants enrolled in the Consumer Driven Health Plan pay 50% of the cost for dental and/or vision coverage.