



# ENROLLMENT 2026 LOCAL 57

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## RATE SHEETS & SCENARIOS

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# 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
<b>Trust HSA Contribution</b>	<b>(\$750.00)</b>	<b>(\$0.00)</b>	<b>(\$0.00)</b>
<b>Member Cost</b>	<b>\$220.00</b>	<b>\$45.00</b>	<b>\$40.00</b>
<b>Annual Premiums</b>	<b>\$0.00</b>	<b>\$1,722.48</b>	<b>\$2,679.84</b>
<b>TOTAL ANNUAL COST</b>	<b>\$0.00</b>	<b>\$1,767.48</b>	<b>\$2,719.84</b>

### 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
<b>Trust HSA Contribution</b>	<b>(\$1,500.00)</b>	<b>(\$0.00)</b>	<b>(\$0.00)</b>
<b>Member Cost</b>	<b>\$6,530.00</b>	<b>\$2,080.00</b>	<b>\$1,940.00</b>
<b>Annual Premiums</b>	<b>\$0.00</b>	<b>\$3,573.12</b>	<b>\$5,558.64</b>
<b>TOTAL ANNUAL COST</b>	<b>\$5,030.00</b>	<b>\$5,653.12</b>	<b>\$7,498.64</b>

*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
<b>Emergency Room Care</b>	\$2,000.00	\$250.00	\$100.00
<b>X-ray</b>	\$300.00	\$300.00	\$300.00
<b>DME</b>	\$113.00	\$113.00	\$113.00
<b>Physical Therapy (5 visits)</b>	\$750.00	\$750.00	\$750.00
<b>Trust HSA Contribution</b>	(\$1,500.00)	(\$0.00)	(\$0.00)
<b>Member Cost</b>	\$3,163.00	\$1,176.30	\$891.30
<b>Annual Premiums</b>	\$0.00	\$5,337.60	\$8,304.48
<b>TOTAL ANNUAL COST</b>	<b>\$1,663.00</b>	<b>\$6,513.90</b>	<b>\$9,195.78</b>

### EMPLOYEE ONLY: DIABETES

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

## Local 57 Plan Participants

## Health Plan Per-Pay-Period Contributions 2026

MEDICAL			
	Consumer Driven Health Plan	Comprehensive Health Plan	Premium Health Plan
<b>You only</b>	\$0	\$35.89	\$55.83
<b>You + spouse or You + 1 child</b>	\$0	\$74.44	\$115.81
<b>You + children or You + family</b>	\$0	\$111.20	\$173.01

  

DENTAL		
	Consumer Driven Health Plan	All Other Plans
<b>You only</b>	\$7.39	\$2.96
<b>You + spouse or You + 1 child</b>	\$15.31	\$6.13
<b>You + children or You + family</b>	\$22.88	\$9.15

  

VISION		
	Consumer Driven Health Plan	All Other Plans
<b>You only</b>	\$1.03	\$0.41
<b>You + spouse or You + 1 child</b>	\$2.12	\$0.85
<b>You + children or You + family</b>	\$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.**