

LOCAL 57

ENROLLMENT 2027

RATE SHEETS & SCENARIOS



IBEW/Western Utilities
Health & Welfare
Trust Fund



Local 57 Plan Participants Claims Scenarios 2027

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

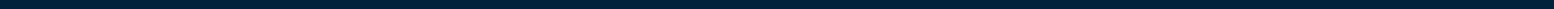
EMPLOYEE + SPOUSE: HAVING A BABY			
Service	Consumer Driven Health Plan	Comprehensive Health Plan	Premium Health Plan
Annual physical	\$0.00	\$0.00	\$0.00
Prenatal Care (6 visits)	\$0.00	\$0.00	\$0.00
Office Visit (Illness) (1 visit)	\$200.00	\$25.00	\$20.00
Ultrasound (2 scans)	\$450.00	\$450.00	\$450.00
Normal Delivery	\$12,000.00	\$12,000.00	\$12,000.00
Trust HSA Contribution	(\$1,500.00)	(\$0.00)	(\$0.00)
Member Cost	\$5,730.00	\$2,080.00	\$1,940.00
Annual Premiums	\$0.00	\$3,573.12	\$5,558.64
TOTAL ANNUAL COST	\$4,230.00	\$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	\$3,025.00	\$1,312.50	\$1,022.50
Annual Premiums	\$0.00	\$1,722.48	\$2,679.84
TOTAL ANNUAL COST	\$2,275.00	\$3,034.98	\$3,702.34



Local 57 Plan Participants

Health Plan Per-Pay-Period Contributions **2027**

	MEDICAL		
	Consumer Driven Health Plan	Comprehensive Health Plan	Premium Health Plan
You only	\$0	\$71.77	\$111.66
You + spouse or You + 1 child	\$0	\$148.88	\$231.61
You + children or You + family	\$0	\$222.40	\$346.02
	DENTAL		
	Consumer Driven Health Plan	All Other Plans	
You only	\$14.78	\$5.91	
You + spouse or You + 1 child	\$30.62	\$12.25	
You + children or You + family	\$45.75	\$18.30	
	VISION		
	Consumer Driven Health Plan	All Other Plans	
You only	\$2.06	\$0.82	
You + spouse or You + 1 child	\$4.24	\$1.69	
You + children or You + family	\$6.33	\$2.53	

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.