

LOCAL 125

ENROLLMENT 2027

RATE SHEETS & SCENARIOS



IBEW/Western Utilities
Health & Welfare
Trust Fund



Local 125 Plan Participants

Claims Scenarios 2027

EMPLOYEE ONLY: GENERALLY HEALTHY

Service	Consumer Driven Health Plan	Comprehensive Health Plan	Premium Health Plan	Kaiser Traditional Plan	Kaiser Everyday Care Plan
Annual physical	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Office Visit (Illness) (1 visit)	\$200.00	\$25.00	\$20.00	\$20.00	\$5.00
Generic Antibiotic (1 prescription)	\$20.00	\$20.00	\$20.00	\$10.00	\$10.00
Trust HSA Contribution	(\$750.00)	(\$0.00)	(\$0.00)	(\$0.00)	(\$0.00)
Member Cost	\$220.00	\$45.00	\$40.00	\$30.00	\$15.00
Annual Premiums	\$0.00	\$1,464.24	\$2,421.60	\$5,792.88	\$2,870.88
TOTAL ANNUAL COST	\$0.00	\$1,509.24	\$2,461.60	\$5,822.88	\$2,885.88

EMPLOYEE + SPOUSE: HAVING A BABY

Service	Consumer Driven Health Plan	Comprehensive Health Plan	Premium Health Plan	Kaiser Traditional Plan	Kaiser Everyday Care Plan
Annual physical	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prenatal Care (6 visits)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Office Visit (Illness) (1 visit)	\$200.00	\$25.00	\$20.00	\$0.00	\$0.00
Ultrasound (2 scans)	\$450.00	\$450.00	\$450.00	\$0.00	\$100.00
Normal Delivery	\$12,000.00	\$12,000.00	\$12,000.00	\$0.00	\$8,000.00
Trust HSA Contribution	(\$1,500.00)	(\$0.00)	(\$0.00)	(\$0.00)	(\$0.00)
Member Cost	\$5,730.00	\$2,080.00	\$1,940.00	\$0.00	\$8,000.00
Annual Premiums	\$0.00	\$3,037.20	\$5,022.72	\$11,055.36	\$5,211.12
TOTAL ANNUAL COST	\$4,230.00	\$5,117.20	\$6,962.72	\$11,055.36	\$13,211.12

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	Kaiser Traditional Plan	Kaiser Everyday Care Plan
Emergency Room Care	\$2,000.00	\$250.00	\$100.00	\$250.00	\$500.00
X-ray	\$300.00	\$300.00	\$300.00	\$0.00	\$50.00
DME	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00
Physical Therapy (5 visits)	\$750.00	\$750.00	\$750.00	\$100.00	\$50.00
Trust HSA Contribution	(\$1,500.00)	(\$0.00)	(\$0.00)	(\$0.00)	(\$0.00)
Member Cost	\$3,163.00	\$1,176.30	\$891.30	\$372.60	\$713.00
Annual Premiums	\$0.00	\$4,536.96	\$7,503.84	\$16,674.00	\$7,907.76
TOTAL ANNUAL COST	\$1,663.00	\$5,713.26	\$8,395.14	\$17,046.60	\$8,620.76

EMPLOYEE ONLY: DIABETES					
Service	Consumer Driven Health Plan	Comprehensive Health Plan	Premium Health Plan	Kaiser Traditional Plan	Kaiser Everyday Care Plan
ER Visit (if applicable)	\$2,750.00	\$250.00	\$100.00	\$250.00	\$500.00
Specialist Visits (3 visits)	\$600.00	\$150.00	\$60.00	\$60.00	\$30.00
Nutrition/Diabetes Education	\$600.00	\$25.00	\$20.00	\$20.00	\$5.00
Diagnostic Tests/Labs	\$450.00	\$450.00	\$450.00	\$0.00	\$50.00
Glucose Meter & Supplies (no CGM)	\$325.00	\$325.00	\$325.00	\$325.00	\$325.00
Medications (Oral + Insulin) (non GLP-1/SGLT 2)	\$480.00	\$540.00	\$540.00	\$80.00	\$200.00
Trust HSA Contribution	(\$750.00)	(\$0.00)	(\$0.00)	(\$0.00)	(\$0.00)
Member Cost	\$3,025.00	\$1,312.50	\$1,022.50	\$475.00	\$1,110.00
Annual Premiums	\$0.00	\$1,464.24	\$2,421.60	\$5,792.88	\$2,870.88
TOTAL ANNUAL COST	\$2,275.00	\$2,776.74	\$3,444.10	\$6,267.88	\$3,980.88

Local 125 Plan Participants

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

	Medical				
	Consumer Driven Health Plan	Comprehensive Health Plan	Premium Health Plan	Kaiser Traditional Plan	Kaiser Everyday Care Plan
You only	\$0	\$30.51	\$50.45	\$120.69	\$59.81
You + spouse or You + 1 child	\$0	\$63.28	\$104.64	\$230.32	\$108.57
You + children or You + family	\$0	\$94.52	\$156.33	\$347.38	\$164.75

	Dental	
	Consumer Driven Health Plan	All Other Plans
You only	\$7.39	\$2.51
You + spouse or You + 1 child	\$15.31	\$5.21
You + children or You + family	\$22.88	\$7.78

	Vision	
	Consumer Driven Health Plan	All Other Plans
You only	\$1.03	\$0.35
You + spouse or You + 1 child	\$2.12	\$0.72
You + children or You + family	\$3.17	\$1.08

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

The employer pays 83% of the Comprehensive rate toward the Comprehensive, Premium, Kaiser Everyday Care, or Kaiser Traditional plan.

You pay 17% for the Comprehensive plan, plus the cost of the benefit differential for the Premium, Kaiser Everyday Care, or Kaiser Traditional plan.

The employer pays 83% of the contribution rate for the dental and vision plans. You pay 17%.

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