Employee weekly contributions

2027 RATES Contributions are taken through weekly payroll deductions (52 pays per year). CHL pays the majority of the cost of your medical coverage — and contributes up to $750 a year to your HSA on the HSA Plan.

MEDICAL & PRESCRIPTION • WEEKLY (52 PAY PERIODS)

Coverage tier	HSA Plan	PPO Plan
Employee only	$31.42	$45.00
Employee + Spouse	$147.52	$220.82
Employee + Child(ren)	$131.40	$195.36
Employee + Family	$155.24	$254.15

DENTAL & VISION • WEEKLY (52 PAY PERIODS)

Coverage tier	Dental + vision (with a CHL medical plan)	Dental only	Vision only
Employee only	$3.12	$8.91	$0.92
Employee + Spouse	$5.83	$16.64	$1.75
Employee + Child(ren)	$5.49	$15.47	$1.84
Employee + Family	$8.49	$24.09	$2.70

The combined dental + vision rate applies when you are enrolled in a CHL medical plan. If you are not enrolled in a CHL medical plan, you may elect dental and/or vision at the dental-only and vision-only rates.

$0

PROVIDED AT NO COST TO YOU

$40,000 Basic Life insurance from CHL

Basic life and long-term disability insurance are provided by CHL at no cost to you.