# FY27 Plan Premiums

| | W<br>The Washington Plan<br>HIGH-DEDUCTIBLE HEALTH PLAN | | L<br>The Lincoln Plan<br>HIGH-DEDUCTIBLE HEALTH PLAN | | J<br>The Jefferson Plan<br>LOW-DEDUCTIBLE HEALTH PLAN | | R<br>The Roosevelt Plan<br>LOW-DEDUCTIBLE HEALTH PLAN | |
|---|---|---|---|---|---|---|---|---|
| | 24 PAY PERIODS | 12 PAY PERIODS | 24 PAY PERIODS | 12 PAY PERIODS | 24 PAY PERIODS | 12 PAY PERIODS | 24 PAY PERIODS | 12 PAY PERIODS |
| Employee | $0 | $0 | $14.45 | $28.90 | $54.46 | $108.92 | $70.56 | $141.12 |
| Employee + spouse | $59.91 | $119.82 | $93.80 | $187.60 | $201.13 | $402.26 | $242.16 | $484.32 |
| Employee + child(ren) | $23.74 | $47.48 | $45.57 | $91.14 | $109.50 | $219.00 | $134.83 | $269.66 |
| Family | $70.59 | $141.18 | $110.55 | $221.19 | $235.82 | $471.64 | $284.01 | $568.02 |