

2027 Health Care Contributions

Your Health Plan employee contributions will be deducted from your pay on a pretax basis and determined based on your annual base salary as of December 31, 2026.

MEDICAL CONTRIBUTIONS

WEEKLY	HSA BASIC		HSA PLUS		PPO	
	Less than \$50k	\$50k or more	Less than \$50k	\$50k or more	Less than \$50k	\$50k or more
WITH TOBACCO-FREE PLEDGE						
Employee Only	\$15.69	\$25.15	\$32.08	\$51.23	\$81.23	\$129.92
Employee + Child(ren)	\$24.69	\$39.46	\$50.54	\$80.54	\$127.85	\$205.15
Employee + Spouse*	\$30.92	\$49.38	\$63.46	\$100.38	\$155.31	\$248.31
Family	\$47.31	\$75.92	\$85.62	\$143.08	\$195.00	\$312.46
WITHOUT TOBACCO-FREE PLEDGE						
Employee Only	\$20.54	\$32.77	\$41.77	\$66.69	\$105.69	\$168.92
Employee + Child(ren)	\$32.08	\$51.23	\$65.77	\$104.77	\$166.62	\$266.54
Employee + Spouse*	\$39.92	\$64.15	\$76.85	\$130.38	\$201.69	\$323.31
Family	\$61.62	\$98.54	\$105.23	\$186.00	\$253.38	\$406.15

BI-WEEKLY	HSA BASIC		HSA PLUS		PPO	
	Less than \$50k	\$50k or more	Less than \$50k	\$50k or more	Less than \$50k	\$50k or more
WITH TOBACCO-FREE PLEDGE						
Employee Only	\$31.38	\$50.31	\$64.15	\$102.46	\$162.46	\$259.85
Employee + Child(ren)	\$49.38	\$78.92	\$101.08	\$161.08	\$255.69	\$410.31
Employee + Spouse*	\$61.85	\$98.77	\$126.92	\$200.77	\$310.62	\$496.62
Family	\$94.62	\$151.85	\$171.23	\$286.15	\$390.00	\$624.92
WITHOUT TOBACCO-FREE PLEDGE						
Employee Only	\$41.08	\$65.54	\$83.54	\$133.38	\$211.38	\$337.85
Employee + Child(ren)	\$64.15	\$102.46	\$131.54	\$209.54	\$333.23	\$533.08
Employee + Spouse*	\$79.85	\$128.31	\$153.69	\$260.77	\$403.38	\$646.62
Family	\$123.23	\$197.08	\$210.46	\$372.00	\$506.77	\$812.31

* Employees that choose to cover a spouse will be required to certify that the spouse does not have coverage available through another employer. If your spouse has other coverage available and you enroll him/her in the Watts Water medical plan, there will be a \$100 per month surcharge for enrollment.

DENTAL

	WEEKLY	BI-WEEKLY
Employee Only	\$2.54	\$5.08
Employee + Child(ren)	\$4.96	\$9.92
Employee + Spouse	\$7.38	\$14.77
Family	\$9.92	\$19.85

VISION

	WEEKLY	BI-WEEKLY
Employee Only	\$2.28	\$4.55
Employee + Child(ren)	\$3.66	\$7.32
Employee + Spouse	\$3.58	\$7.17
Family	\$5.90	\$11.80