2027 CHPW Employee and Employer Contribution Tables

Vision Plan				
All Salary Tiers				
Coverage	**Monthly Employee Premium**	**Monthly Employer Premium**	**% Employer Paid**	**Total Monthly Premium**
Employee Only	$0.00	$9.77	100%	$9.77
Employee & Spouse	$0.00	$15.64	100%	$15.64
Employee & Children	$0.00	$15.97	100%	$15.97
Employee & Family	$0.00	$25.73	100%	$25.73