Health and Welfare Plans

Frequently Asked Questions

2027 plan year • Effective January 1, 2027 • Updated October 25, 2026

This FAQ explains how CHPW makes health and welfare benefit decisions and how 2027 selected renewal benefits compare with KFF's employer benchmarks. National averages provide context; they do not describe every employer or every employee's costs.

How does CHPW decide which benefits to offer?

Each year, CHPW balances employee needs, affordability, the ability to attract and retain talent, and the overall administrative budget. We review medical, dental, vision, life, disability, and voluntary benefits offered by similar organizations.

How does CHPW budget for benefits?

The CHPW Board approves the administrative budget based on recommendations from the Board Finance Committee, CFO, and CEO. The budget includes pay, benefits, and other operating expenses. The Board considers projected revenue, business needs, and administrative expenses at comparable organizations.

What does self insured mean and why does CHPW use this approach?

CHPW self-insures its medical and dental plans. This means CHPW funds covered claims rather than paying an insurance company a fixed premium to assume the claims risk. Each year, we evaluate whether self-insurance or fully insured coverage is the more affordable approach. The decision considers expected claims and the cost of providing coverage.

How are plan costs and employee contributions determined?

CHPW reviews healthcare claims for employees and covered dependents and year-over-year trends to forecast the cost of coverage. Total plan costs and employee contributions are different: the employee contribution is the amount an employee pays toward coverage. For 2027, employee contribution amounts are not changing.

Please refer to the summary plan description (SPD) and CHPW policies for complete benefit provisions. In the event of a discrepancy, the SPD and plan documents govern plan administration.

How do employee contributions compare with other employers?

KFF's Employer Health Benefits Survey reports the following national averages across plan types. These amounts represent the employee's share of the premium, not the full cost of coverage. [1]

Coverage	National average employee contribution
Individual	$139 per month
Family	$623 per month

Compare your confirmed 2027 monthly employee contribution with the corresponding coverage category above. The benchmark describes 2026 contributions and does not predict 2027 market averages. These national averages do not establish that every CHPW employee pays less than employees at other organizations.

How do medical deductibles compare?

The table below compares CHPW's 2027 in-network individual deductibles with KFF's 2026 benchmarks. PPO benchmarks include participants whose plans have a general annual deductible. The HSA-qualified benchmark is the relevant plan-type comparison for an HSA-qualified CDHP. [1]

Individual deductible	CHPW 2027	KFF 2026 benchmark
PPO Tier II	$1,350	$1,446 — PPOs nationally
PPO Tier II	$1,350	$1,282 — PPOs at employers with 200 or more workers
CDHP	$1,750	$2,912 — HSA-qualified plans nationally

CHPW's PPO Tier II deductible is below the national PPO average and slightly above the PPO average for employers with 200 or more workers. The CDHP deductible is below the national HSA-qualified plan average. These comparisons describe deductibles only; other plan features also affect what members pay.

CHPW's 2027 family deductibles are $2,700 for PPO Tier II and $3,500 for CDHP. PPO Tier I has no deductible. Family deductible structures differ across plans, so an individual benchmark should not be used to evaluate family coverage.

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How do copayments and coinsurance compare?

A copayment is a fixed dollar amount for a covered service. Coinsurance is the percentage of covered costs the member pays. The comparisons below concern in-network care; deductibles and other plan provisions may also apply.

Cost sharing	CHPW 2027	KFF 2026 national average
PPO Tier II primary-care visit	$20 copay	$27 copay
PPO Tier II specialist visit	$30 copay	$46 copay
PPO and CDHP inpatient hospital care	20% member coinsurance after deductible	20% member coinsurance

KFF copay averages apply to participants with copays; the hospital coinsurance average applies to participants with that requirement. These benchmarks cover multiple plan types. [1]

CHPW's PPO Tier II office-visit copays are below these national averages, and inpatient coinsurance matches the national average. PPO Tier I primary-care and specialist visits are covered at 100%. For CDHP office visits, Tier I is covered at 100% after the deductible and Tier II at 80% after the deductible, leaving a 20% member share.

What should I know about these comparisons?

KFF provides national employer-plan benchmarks. These comparisons use CHPW's 2027 renewal benefits and KFF's 2026 survey results; they are not 2027 market benchmarks. These are not healthcare-industry or western-region averages. The employer-size comparison uses 200 or more workers. Plan type, network, salary-based contributions, employer HSA contributions, and out-of-pocket limits all matter when assessing the overall value of coverage.

Who can answer questions about my benefits?

Contact the Alliant Benefits Advocate at Benefitsupport@alliant.com or 800.489.1390 for questions about your CHPW health and welfare benefits and employee contributions.

Benchmark source

[1] KFF, 2026 Employer Health Benefits Survey, published October 22, 2026. Sections 6 and 7 cover employee contributions and cost sharing. Monthly contribution amounts are rounded as reported by KFF. Accessed October 25, 2026.

https://www.kff.org/health-costs/2026-employer-health-benefits-survey/

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