

2026-2027 Health Plans Participant Cost Shares

Monthly Employee Cost Share: Determined by base salary compensation tier level and health coverage election. Benefit Cost Shares are deducted from payroll earnings on a semi-monthly basis, or for Equity Partners, from your monthly draw statement.

Firm Subsidy: The Firm subsidizes a portion of the benefit costs, for both employee and dependent coverage, determined by base salary compensation tier.

Base Salary Tier - Monthly Premium Contributions

Coverage Level	Aetna HDHP National Plan	Aetna EPO National Plan	Kaiser HMO California Plan	Kaiser HMO Wash DC Plan	CDPHP HMO Albany Plan
Tier 1: Below \$92,700					
EE Only	\$118	\$193	\$126	\$126	\$156
EE + Spouse	\$325	\$532	\$255	\$264	\$389
EE + Child(ren)	\$266	\$434	\$236	\$252	\$389
EE + Family	\$435	\$712	\$312	\$377	\$389
Tier 2: \$92,700 to \$128,750					
EE Only	\$177	\$322	\$167	\$168	\$207
EE + Spouse	\$454	\$709	\$340	\$352	\$520
EE + Child(ren)	\$372	\$581	\$317	\$335	\$520
EE + Family	\$609	\$950	\$415	\$503	\$520
Tier 3: Above \$128,750 to Below \$180,000					
EE Only	\$236	\$483	\$250	\$252	\$312
EE + Spouse	\$584	\$1,063	\$510	\$528	\$779
EE + Child(ren)	\$478	\$870	\$474	\$503	\$779
EE + Family	\$783	\$1,425	\$623	\$755	\$779
Tier 4: \$180,000 to Below \$220,000					
EE Only	\$266	\$483	\$250	\$252	\$312
EE + Spouse	\$584	\$1,594	\$681	\$704	\$1,039
EE + Child(ren)	\$478	\$1,304	\$632	\$671	\$1,039
EE + Family	\$783	\$2,138	\$832	\$1,006	\$1,039
Tier 5: \$220,000 and Above					
EE Only	\$266	\$644	\$376	\$377	\$467
EE + Spouse	\$584	\$1,594	\$767	\$793	\$1,168
EE + Child(ren)	\$478	\$1,304	\$710	\$755	\$1,168
EE + Family	\$783	\$2,138	\$936	\$1,132	\$1,168
Equity Partners					
EE Only	\$1,137	\$2,028	\$997	\$844	\$1,265
EE + Spouse	\$2,500	\$4,508	\$2,033	\$1,772	\$2,973
EE + Child(ren)	\$2,046	\$3,681	\$1,884	\$1,637	\$2,973
EE + Family	\$3,353	\$6,058	\$2,482	\$2,531	\$2,973
GUARDIAN DENTAL			VSP VISION		
Coverage Level	Employees Tiers 1 - 5	Equity Partner	Employees Tiers 1 - 5	Equity Partner	
EE Only	\$0	\$53	\$0	\$9	
EE + Spouse	\$57	\$110	\$6	\$15	
EE + Child(ren)	\$70	\$123	\$6	\$15	
EE + Family	\$123	\$176	\$15	\$25	

2026-2027 Health Plans Participant Cost Shares

For employees aged 65 and older, enrolling in Medicare may be a more cost-effective choice and could provide a more comprehensive health plan. Employees who choose to participate in Medicare instead of our medical plans can still cover their spouse and/or eligible children under our Aetna health plans. This coverage will continue until the spouse becomes eligible for Medicare (at age 65) or their child(ren) reaches age 26 or qualifies for other coverage including Medicare. Please refer to the Aetna employee cost share table below for details on coverage for spouses and/or children.

Employees on Medicare - Spouse/Dependents Premium Contributions

Coverage Level	Aetna HDHP National Plan	Aetna EPO National Plan	Kaiser HMO California Plan	Kaiser HMO Wash DC Plan	CDPHP HMO Albany Plan
Tier 1: Below \$92,700					
Medicare Spouse Only	\$118	\$193	n/a	n/a	n/a
Medicare Child Only	\$118	\$193	n/a	n/a	n/a
Medicare Spouse & Child(ren)	\$266	\$434	n/a	n/a	n/a
Tier 2: \$92,700 to \$128,750					
Medicare Spouse Only	\$177	\$322	n/a	n/a	n/a
Medicare Child Only	\$177	\$322	n/a	n/a	n/a
Medicare Spouse & Child(ren)	\$372	\$581	n/a	n/a	n/a
Tier 3: Above \$128,750 to Below \$180,000					
Medicare Spouse Only	\$236	\$483	n/a	n/a	n/a
Medicare Child Only	\$236	\$483	n/a	n/a	n/a
Medicare Spouse & Child(ren)	\$478	\$870	n/a	n/a	n/a
Tier 4: \$180,000 to Below \$220,000					
Medicare Spouse Only	\$266	\$483	n/a	n/a	n/a
Medicare Child Only	\$266	\$483	n/a	n/a	n/a
Medicare Spouse & Child(ren)	\$478	\$1,304	n/a	n/a	n/a
Tier 5: \$220,000 and Above					
Medicare Spouse Only	\$266	\$644	n/a	n/a	n/a
Medicare Child Only	\$266	\$644	n/a	n/a	n/a
Medicare Spouse & Child(ren)	\$478	\$1,304	n/a	n/a	n/a
Equity Partners					
Medicare Spouse Only	\$1,137	\$2,028	n/a	n/a	n/a
Medicare Child Only	\$1,137	\$2,028	n/a	n/a	n/a
Medicare Spouse & Child(ren)	\$2,046	\$3,681	n/a	n/a	n/a

Benefit Terms You Should Know

Copay: A set dollar amount that you pay for a medical service (for example, filling a prescription or a doctor's office visit).

Deductible: The amount you pay towards medical (or dental) expenses each calendar year before the plan starts paying benefits.

Emergency: An emergency is a sickness or injury severe enough that failure to receive immediate medical care could put the patient's health in serious jeopardy.

Flexible Savings Account: If you participate in any plan other than the HDHP, you can set aside a limited amount of money from each paycheck that is tax-free to pay for Medical, Dependent Care, and Commuter expenses.

Health Savings Account: If you choose the High Deductible Health Plan (HDHP) you can open a Health Savings Account (HSA). Through an HSA you can set aside tax-free money to pay for out-of-pocket health expenses now and in the future. The account is entirely owned by you and there is no limit on how much money you can accumulate in an HSA.

Limited Health Care FSA: If you participate in the HDHP, you can contribute to a Limited Health Care FSA in addition to an HSA. Money in your Limited Health Care FSA can only be used for Dental and Vision expenses. It cannot be used for Medical expenses.

Network Provider: A health care provider that has contracted to furnish services or supplies for a negotiated charge and is included in the plan's provider network.

Out-of-Pocket Maximum: The out-of-pocket maximum is the most you will need to pay towards your medical care in a calendar year. When your deductible, copay, prescription drug and "percentage of cost" payments reach the out-of-pocket maximum for a calendar year, the plan begins paying 100% of your covered expenses for the rest of the year.

Preventive Care: This care does not treat a particular condition, but is meant to help the patient get and stay healthy. Preventive care includes well-child check-ups, immunizations, annual exams, and many cancer screenings, such as mammograms.

Tier 1/Generic Drugs: Tier 1 drugs (also called generic drugs) typically have the same active ingredients and the same dosage levels and administrative method as name brand drugs. They cost less because the manufacturer doesn't have an investment in developing and marketing the drug.

EQUITY PARTNERS	2026-27 Medical Health Plans Annual Cost Comparison					
	AETNA HDHP		AETNA EPO	KAISER CA	KAISER DC	CDPHP
	IN NETWORK	OUT OF NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
DEDUCTIBLE	\$5,000	\$8,000	\$1,500	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$6,750	\$10,000	\$6,500	\$3,000	\$4,000	\$14,700
EE + FAMILY COVERAGE						
ANNUAL PREMIUM	\$40,233		\$72,693	\$29,784	\$30,377	\$35,674
TOTAL Annual Premium & OOPM	\$46,983	\$50,233	\$79,193	\$32,784	\$34,377	\$50,374
Annual Premium Cost Difference Against HDHP			\$32,460	(\$10,449)	(\$9,855)	(\$4,559)
Annual Premium + OOPM Difference Against HDHP			\$32,210	(\$14,199)	(\$12,605)	\$3,391
EE + SPOUSE COVERAGE						
ANNUAL PREMIUM	\$30,004		\$54,094	\$24,401	\$21,264	\$35,674
TOTAL Annual Premium & OOPM	\$36,754	\$40,004	\$60,594	\$27,401	\$25,264	\$50,374
Annual Premium Cost Difference Against HDHP			\$24,090	(\$5,603)	(\$8,740)	\$5,669
Annual Premium + OOPM Difference Against HDHP			\$23,840	(\$9,353)	(\$11,490)	\$13,619
EE + CHILDREN COVERAGE						
ANNUAL PREMIUM	\$24,549		\$44,175	\$22,607	\$19,644	\$35,674
TOTAL Annual Premium & OOPM	\$31,299	\$34,549	\$50,675	\$25,607	\$23,644	\$50,374
Annual Premium Cost Difference Against HDHP			\$19,626	(\$1,942)	(\$4,905)	\$11,125
Annual Premium + OOPM Difference Against HDHP			\$19,376	(\$5,692)	(\$7,655)	\$19,075
EE ONLY COVERAGE						
DEDUCTIBLE	\$3,250	\$4,000	\$750	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$4,500	\$5,000	\$3,250	\$1,500	\$2,000	\$7,350
ANNUAL PREMIUM	\$13,638		\$24,335	\$11,961	\$10,126	\$15,180
TOTAL Annual Premium & OOPM	\$18,138	\$18,638	\$27,585	\$13,461	\$12,126	\$22,530
Annual Premium Cost Difference Against HDHP			\$10,697	(\$1,677)	(\$3,513)	\$1,542
Annual Premium + OOPM Difference Against HDHP			\$9,447	(\$4,677)	(\$6,013)	\$4,392

TIER 5 Base Salary \$220,000 & Above	2026-27 Medical Health Plans Annual Cost Comparison					
	AETNA HDHP		AETNA EPO	KAISER CA	KAISER DC	CDPHP
	IN NETWORK	OUT OF NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
DEDUCTIBLE	\$5,000	\$8,000	\$1,500	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$6,750	\$10,000	\$6,500	\$3,000	\$4,000	\$14,700
EE + FAMILY COVERAGE						
ANNUAL PREMIUM	\$9,400		\$25,651	\$11,232	\$13,587	\$14,021
TOTAL Annual Premium & OOPM	\$16,150	\$19,400	\$32,151	\$14,232	\$17,587	\$28,721
Annual Premium Cost Difference Against HDHP			\$16,251	\$1,832	\$4,187	\$4,621
Annual Premium + OOPM Difference Against HDHP			\$16,001	(\$1,918)	\$1,437	\$12,571
EE + SPOUSE COVERAGE						
ANNUAL PREMIUM	\$7,010		\$19,133	\$9,205	\$9,511	\$14,021
TOTAL Annual Premium & OOPM	\$13,760	\$17,010	\$25,633	\$12,205	\$13,511	\$28,721
Annual Premium Cost Difference Against HDHP			\$12,122	\$2,195	\$2,500	\$7,011
Annual Premium + OOPM Difference Against HDHP			\$11,872	(\$1,555)	(\$250)	\$14,961
EE + CHILDREN COVERAGE						
ANNUAL PREMIUM	\$5,736		\$15,649	\$8,519	\$9,058	\$14,021
TOTAL Annual Premium & OOPM	\$12,486	\$15,736	\$22,149	\$11,519	\$13,058	\$28,721
Annual Premium Cost Difference Against HDHP			\$9,913	\$2,783	\$3,322	\$8,285
Annual Premium + OOPM Difference Against HDHP			\$9,663	(\$967)	\$572	\$16,235
EE ONLY COVERAGE						
DEDUCTIBLE	\$3,250	\$4,000	\$750	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$4,500	\$5,000	\$3,250	\$1,500	\$2,000	\$7,350
ANNUAL PREMIUM	\$3,187		\$7,729	\$4,511	\$4,529	\$5,609
TOTAL Annual Premium & OOPM	\$7,687	\$8,187	\$10,979	\$6,011	\$6,529	\$12,959
Annual Premium Cost Difference Against HDHP			\$4,543	\$1,325	\$1,342	\$2,422
Annual Premium + OOPM Difference Against HDHP			\$3,293	(\$1,675)	(\$1,158)	\$5,272

Tier 4 Base Salary \$180,000 to Below \$220,000	2026-27 Medical Health Plans Annual Cost Comparison					
	AETNA HDHP		AETNA EPO	KAISER CA	KAISER DC	CDPHP
	IN NETWORK	OUT OF NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
DEDUCTIBLE	\$5,000	\$8,000	\$1,500	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$6,750	\$10,000	\$6,500	\$3,000	\$4,000	\$14,700
EE + FAMILY COVERAGE						
ANNUAL PREMIUM	\$9,400		\$25,651	\$9,982	\$12,077	\$12,469
TOTAL Annual Premium & OOPM	\$16,150	\$19,400	\$32,151	\$12,982	\$16,077	\$27,169
Annual Premium Cost Difference Against HDHP			\$16,251	\$582	\$2,677	\$3,069
Annual Premium + OOPM Difference Against HDHP			\$16,001	(\$3,168)	(\$73)	\$11,019
EE + SPOUSE COVERAGE						
ANNUAL PREMIUM	\$7,010		\$19,133	\$8,172	\$8,452	\$12,469
TOTAL Annual Premium & OOPM	\$13,760	\$17,010	\$25,633	\$11,172	\$12,452	\$27,169
Annual Premium Cost Difference Against HDHP			\$12,122	\$1,162	\$1,441	\$5,458
Annual Premium + OOPM Difference Against HDHP			\$11,872	(\$2,588)	(\$1,309)	\$13,408
EE + CHILDREN COVERAGE						
ANNUAL PREMIUM	\$5,736		\$15,649	\$7,583	\$8,049	\$12,469
TOTAL Annual Premium & OOPM	\$12,486	\$15,736	\$22,149	\$10,583	\$12,049	\$27,169
Annual Premium Cost Difference Against HDHP			\$9,913	\$1,847	\$2,313	\$6,733
Annual Premium + OOPM Difference Against HDHP			\$9,663	(\$1,903)	(\$437)	\$14,683
EE ONLY COVERAGE						
DEDUCTIBLE	\$3,250	\$4,000	\$750	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$4,500	\$5,000	\$3,250	\$1,500	\$2,000	\$7,350
ANNUAL PREMIUM	\$3,187		\$5,797	\$3,002	\$3,026	\$3,739
TOTAL Annual Premium & OOPM	\$7,687	\$8,187	\$9,047	\$4,502	\$5,026	\$11,089
Annual Premium Cost Difference Against HDHP			\$2,610	(\$184)	(\$161)	\$552
Annual Premium + OOPM Difference Against HDHP			\$1,360	(\$3,184)	(\$2,661)	\$3,402

Tier 3 Base Salary Above \$128,750 to Below \$180,000	2026-27 Medical Health Plans Annual Cost Comparison					
	AETNA HDHP		AETNA EPO	KAISER CA	KAISER DC	CDPHP
	IN NETWORK	OUT OF NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
DEDUCTIBLE	\$5,000	\$8,000	\$1,500	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$6,750	\$10,000	\$6,500	\$3,000	\$4,000	\$14,700
EE + FAMILY COVERAGE						
ANNUAL PREMIUM	\$9,400		\$17,105	\$7,480	\$9,064	\$9,346
TOTAL Annual Premium & OOPM	\$16,150	\$19,400	\$23,605	\$10,480	\$13,064	\$24,046
Annual Premium Cost Difference Against HDHP			\$7,705	(\$1,920)	(\$336)	(\$55)
Annual Premium + OOPM Difference Against HDHP			\$7,455	(\$5,670)	(\$3,086)	\$7,895
EE + SPOUSE COVERAGE						
ANNUAL PREMIUM	\$7,011		\$12,751	\$6,126	\$6,339	\$9,346
TOTAL Annual Premium & OOPM	\$13,761	\$17,011	\$19,251	\$9,126	\$10,339	\$24,046
Annual Premium Cost Difference Against HDHP			\$5,740	(\$885)	(\$672)	\$2,335
Annual Premium + OOPM Difference Against HDHP			\$5,490	(\$4,635)	(\$3,422)	\$10,285
EE + CHILDREN COVERAGE						
ANNUAL PREMIUM	\$5,736		\$10,437	\$5,684	\$6,039	\$9,346
TOTAL Annual Premium & OOPM	\$12,486	\$15,736	\$16,937	\$8,684	\$10,039	\$24,046
Annual Premium Cost Difference Against HDHP			\$4,701	(\$52)	\$303	\$3,610
Annual Premium + OOPM Difference Against HDHP			\$4,451	(\$3,802)	(\$2,447)	\$11,560
EE ONLY COVERAGE						
DEDUCTIBLE	\$3,250	\$4,000	\$750	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$4,500	\$5,000	\$3,250	\$1,500	\$2,000	\$7,350
ANNUAL PREMIUM	\$2,833		\$5,797	\$3,002	\$3,026	\$3,739
TOTAL Annual Premium & OOPM	\$7,333	\$7,833	\$9,047	\$4,502	\$5,026	\$11,089
Annual Premium Cost Difference Against HDHP			\$2,964	\$170	\$193	\$906
Annual Premium + OOPM Difference Against HDHP			\$1,714	(\$2,830)	(\$2,307)	\$3,756

Tier 2 Base Salary \$92,700 - \$128,750	2026-27 Medical Health Plans Annual Cost Comparison					
	AETNA HDHP		AETNA EPO	KAISER CA	KAISER DC	CDPHP
	IN NETWORK	OUT OF NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
DEDUCTIBLE	\$5,000	\$8,000	\$1,500	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$6,750	\$10,000	\$6,500	\$3,000	\$4,000	\$14,700
EE + FAMILY COVERAGE						
ANNUAL PREMIUM	\$7,311		\$11,404	\$4,977	\$6,039	\$6,241
TOTAL Annual Premium & OOPM	\$14,061	\$17,311	\$17,904	\$7,977	\$10,039	\$20,941
Annual Premium Cost Difference Against HDHP			\$4,092	(\$2,334)	(\$1,273)	(\$1,070)
Annual Premium + OOPM Difference Against HDHP			\$3,842	(\$6,084)	(\$4,023)	\$6,880
EE + SPOUSE COVERAGE						
ANNUAL PREMIUM	\$5,453		\$8,505	\$4,079	\$4,226	\$6,241
TOTAL Annual Premium & OOPM	\$12,203	\$15,453	\$15,005	\$7,079	\$8,226	\$20,941
Annual Premium Cost Difference Against HDHP			\$3,052	(\$1,374)	(\$1,227)	\$789
Annual Premium + OOPM Difference Against HDHP			\$2,802	(\$5,124)	(\$3,977)	\$8,739
EE + CHILDREN COVERAGE						
ANNUAL PREMIUM	\$4,461		\$6,967	\$3,799	\$4,026	\$6,241
TOTAL Annual Premium & OOPM	\$11,211	\$14,461	\$13,467	\$6,799	\$8,026	\$20,941
Annual Premium Cost Difference Against HDHP			\$2,506	(\$662)	(\$435)	\$1,780
Annual Premium + OOPM Difference Against HDHP			\$2,256	(\$4,412)	(\$3,185)	\$9,730
EE ONLY COVERAGE						
DEDUCTIBLE	\$3,250	\$4,000	\$750	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$4,500	\$5,000	\$3,250	\$1,500	\$2,000	\$7,350
ANNUAL PREMIUM	\$2,124		\$3,865	\$2,003	\$2,019	\$2,487
TOTAL Annual Premium & OOPM	\$6,624	\$7,124	\$7,115	\$3,503	\$4,019	\$9,837
Annual Premium Cost Difference Against HDHP			\$1,740	(\$122)	(\$106)	\$363
Annual Premium + OOPM Difference Against HDHP			\$490	(\$3,122)	(\$2,606)	\$3,213

Tier 1 Base Salary Below \$92,700	2026-27 Medical Health Plans Annual Cost Comparison					
	AETNA HDHP		AETNA EPO	KAISER CA	KAISER DC	CDPHP
	IN NETWORK	OUT OF NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
DEDUCTIBLE	\$5,000	\$8,000	\$1,500	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$6,750	\$10,000	\$6,500	\$3,000	\$4,000	\$14,700
EE + FAMILY COVERAGE						
ANNUAL PREMIUM	\$5,223		\$8,546	\$3,740	\$4,529	\$4,674
TOTAL Annual Premium & OOPM	\$11,973	\$15,223	\$15,046	\$6,740	\$8,529	\$19,374
Annual Premium Cost Difference Against HDHP			\$3,323	(\$1,482)	(\$694)	(\$549)
Annual Premium + OOPM Difference Against HDHP			\$3,073	(\$5,232)	(\$3,444)	\$7,401
EE + SPOUSE COVERAGE						
ANNUAL PREMIUM	\$3,895		\$6,382	\$3,063	\$3,170	\$4,674
TOTAL Annual Premium & OOPM	\$10,645	\$13,895	\$12,882	\$6,063	\$7,170	\$19,374
Annual Premium Cost Difference Against HDHP			\$2,487	(\$831)	(\$724)	\$779
Annual Premium + OOPM Difference Against HDHP			\$2,237	(\$4,581)	(\$3,474)	\$8,729
EE + CHILDREN COVERAGE						
ANNUAL PREMIUM	\$3,187		\$5,212	\$2,835	\$3,026	\$4,674
TOTAL Annual Premium & OOPM	\$9,937	\$13,187	\$11,712	\$5,835	\$7,026	\$19,374
Annual Premium Cost Difference Against HDHP			\$2,025	(\$352)	(\$161)	\$1,487
Annual Premium + OOPM Difference Against HDHP			\$1,775	(\$4,102)	(\$2,911)	\$9,437
EE ONLY COVERAGE						
DEDUCTIBLE	\$3,250	\$4,000	\$750	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$4,500	\$5,000	\$3,250	\$1,500	\$2,000	\$7,350
ANNUAL PREMIUM	\$1,416		\$2,313	\$1,509	\$1,514	\$1,870
TOTAL Annual Premium & OOPM	\$5,916	\$6,416	\$5,563	\$3,009	\$3,514	\$9,220
Annual Premium Cost Difference Against HDHP			\$897	\$92	\$98	\$453
Annual Premium + OOPM Difference Against HDHP			(\$353)	(\$2,908)	(\$2,402)	\$3,303