2026/2027					
CUSTODIANS	**DEDUCTIBLE**	**$3,000/$6,000**			**Employee Rate Per Pay (20 Pays)**
				Employee	
Plan	**Monthly**	**Annual**	**Employee**	**Annual**	
HSA/HDHP	**Premium**	**Premium**	**Percentage**	**Share**	
Single					
Medical	$ 1,560.33	$ 18,723.96	21.5%	$ 4,025.65	$ 201.28
Vision	$ 7.13	$ 85.56		$ 18.40	$ 0.92
Total Med/Vision	$ 1,567.46	$ 18,809.52		$ 4,044.05	**$ 202.20**
Dental	$ 55.61	$ 667.32	21.5%	$ 143.47	$ 7.17
Total	$ 1,623.07	$ 19,476.84		$ 4,187.52	**$ 209.38**
Employee + 1					
Medical	$ 3,290.75	$ 39,489.00	21.5%	$ 8,490.14	$ 424.51
Vision	$ 14.27	$ 171.24		$ 36.82	$ 1.84
Total Med/Vision	$ 3,305.02	$ 39,660.24	21.5%	$ 8,526.95	**$ 426.35**
Dental	$ 100.12	$ 1,201.44	21.5%	$ 258.31	$ 12.92
Total	$ 3,405.14	$ 40,861.68		$ 8,785.26	**$ 439.26**
Family					
Medical	$ 4,119.28	$ 49,431.36	21.5%	$ 10,627.74	$ 531.39
Vision	$ 23.00	$ 276.00		$ 59.34	$ 2.97
Total Med/Vision	$ 4,142.28	$ 49,707.36		$ 10,687.08	**$ 534.35**
Dental	$ 171.12	$ 2,053.44		$ 441.49	$ 22.07
Total	$ 4,313.40	$ 51,760.80		$ 11,128.57	**$ 556.43**