2026/2027					
ADMINISTRATORS	DEDUCTIBLE	$2,500/$5,000			Employee
				Employee	Rate
Plan	Monthly	Annual	Employee	Annual	Per Pay
HSA/HDHP	Premium	Premium	Percentage	Share	(20 Pays)
Single					
Medical	$1,618.60	$19,423.20	23.0%	$4,467.34	$223.37
Vision	$7.13	$85.56		$19.68	$0.98
Total Med/Vision	$1,625.73	$19,508.76		$4,487.01	$224.35
Dental	$58.68	$704.16	23.0%	$161.96	$8.10
Total	$1,684.41	$20,212.92		$4,648.97	$232.45
Employee + 1					
Medical	$3,413.64	$40,963.68	23.0%	$9,421.65	$471.08
Vision	$14.27	$171.24		$39.39	$1.97
Total Med/Vision	$3,427.91	$41,134.92	23.0%	$9,461.03	$473.05
Dental	$105.63	$1,267.56	23.0%	$291.54	$14.58
Total	$3,533.54	$42,402.48		$9,752.57	$487.63
Family					
Medical	$4,273.10	$51,277.20	23.0%	$11,793.76	$589.69
Vision	$23.00	$276.00		$63.48	$3.17
Total Med/Vision	$4,296.10	$51,553.20		$11,857.24	$592.86
Dental	$180.48	$2,165.76		$498.12	$24.91
Total	$4,476.58	$53,718.96		$12,355.36	$617.77