2026/2027					
CAFETERIA	DEDUCTIBLE $2,000/$4,000				Employee
				Employee	Rate
Plan	Monthly	Annual	Employee	Annual	Per Pay
HSA/HDHP	Premium	Premium	Percentage	Share	(20 Pays)
Single					
Medical	$1,745.29	$20,943.48	20.0%	$4,188.70	$209.43
Vision	$7.13	$85.56		$17.11	$0.86
Total Med/Vision	$1,752.42	$21,029.04		$4,205.81	$210.29
Dental	$55.61	$667.32	20.0%	$133.46	$6.67
Total	$1,808.03	$21,696.36		$4,339.27	$216.96
Employee + 1					
Medical	$3,680.82	$44,169.84	20.0%	$8,833.97	$441.70
Vision	$14.27	$171.24		$34.25	$1.71
Total Med/Vision	$3,695.09	$44,341.08	20.0%	$8,868.22	$443.41
Dental	$100.12	$1,201.44	20.0%	$240.29	$12.01
Total	$3,795.21	$45,542.52		$9,108.50	$455.43
Family					
Medical	$4,607.58	$55,290.96	20.0%	$11,058.19	$552.91
Vision	$23.00	$276.00		$55.20	$2.76
Total Med/Vision	$4,630.58	$55,566.96		$11,113.39	$555.67
Dental	$171.12	$2,053.44		$410.69	$20.53
Total	$4,801.70	$57,620.40		$11,524.08	$576.20