2026/2027					
TEACHERS	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	$1,552.53	$18,630.36	23.0%	$4,284.98	$214.25
Vision	$7.13	$85.56		$19.68	$0.98
Total Med/Vision	$1,559.66	$18,715.92		$4,304.66	$215.23
Dental	$53.86	$646.32	23.0%	$148.65	$7.43
Total	$1,613.52	$19,362.24		$4,453.32	$222.67
Employee + 1					
Medical	$3,274.30	$39,291.60	23.0%	$9,037.07	$451.85
Vision	$14.27	$171.24		$39.39	$1.97
Total Med/Vision	$3,288.57	$39,462.84	23.0%	$9,076.45	$453.82
Dental	$96.91	$1,162.92	23.0%	$267.47	$13.37
Total	$3,385.48	$40,625.76		$9,343.92	$467.20
Family					
Medical	$4,098.68	$49,184.16	23.0%	$11,312.36	$565.62
Vision	$23.00	$276.00		$63.48	$3.17
Total Med/Vision	$4,121.68	$49,460.16		$11,375.84	$568.79
Dental	$165.70	$1,988.40		$457.33	$22.87
Total	$4,287.38	$51,448.56		$11,833.17	$591.66