2026/2027					
NURSES	DEDUCTIBLE $3,000/$6,000				Employee
				Employee	Rate
Plan	Monthly	Annual	Employee	Annual	Per Pay
HSA/HDHP	Premium	Premium	Percentage	Share	(20 Pays)
Single					
Medical	$1,532.24	$18,386.88	23.0%	$4,228.98	$211.45
Vision	$7.13	$85.56		$19.68	$0.98
Total Med/Vision	$1,539.37	$18,472.44		$4,248.66	$212.43
Dental	$55.61	$667.32	23.0%	$153.48	$7.67
Total	$1,594.98	$19,139.76		$4,402.14	$220.11
Employee + 1					
Medical	$3,231.52	$38,778.24	23.0%	$8,919.00	$445.95
Vision	$14.27	$171.24		$39.39	$1.97
Total Med/Vision	$3,245.79	$38,949.48	23.0%	$8,958.38	$447.92
Dental	$100.12	$1,201.44	23.0%	$276.33	$13.82
Total	$3,345.91	$40,150.92		$9,234.71	$461.74
Family					
Medical	$4,045.13	$48,541.56	23.0%	$11,164.56	$558.23
Vision	$23.00	$276.00		$63.48	$3.17
Total Med/Vision	$4,068.13	$48,817.56		$11,228.04	$561.40
Dental	$171.12	$2,053.44		$472.29	$23.61
Total	$4,239.25	$50,871.00		$11,700.33	$585.02