

01/01/2026 - 12/31/2026

Plan	Coverage	# Enrolled	Total	Employer	Employee	Employee Per Pay	Employer %	Employer Annual HSA Contribution
EMI U \$3,500 QHDP	Employee	12	\$532.11	\$478.90	\$53.21	\$26.61	90%	\$1 for \$1 up to \$1,500/year
	Employee+Spouse	5	\$1,383.44	\$1,245.10	\$138.34	\$69.17	90%	\$1 for \$1 up to \$1,500/year
	Employee+Child(ren)	0	\$1,010.96	\$909.86	\$101.10	\$50.55	90%	\$1 for \$1 up to \$1,500/year
	Family	10	\$1,862.32	\$1,676.09	\$186.23	\$93.12	90%	\$1 for \$1 up to \$1,500/year
		27	\$31,925.72	\$28,733.15	\$3,192.57	\$1,596.29		

Plan	Coverage	Total	Employer	Employee	Employee Per Pay	Employer %
EMI Choice PPO Dental	Employee	\$40.10	\$0.00	\$40.10	\$20.05	0%
	Employee + 1	\$83.80	\$0.00	\$83.80	\$41.90	0%
	Family	\$141.50	\$0.00	\$141.50	\$70.75	0%

Plan	Coverage	Total	Employer	Employee		Employer %
				Employee	Per Pay	
Vision 0-10-130C+	Employee	\$9.00	\$0.00	\$9.00	\$4.50	0%
	Employee + 1	\$17.50	\$0.00	\$17.50	\$8.75	0%
	Family	\$27.80	\$0.00	\$27.80	\$13.90	0%

Plan	Coverage	Total	Employer	Employee	Per Pay	Employer %
Accident - Standard	Employee	\$9.45	\$0.00	\$9.45	\$4.73	0%
	Employee+Spouse	\$12.59	\$0.00	\$12.59	\$6.30	0%
	Employee+Child(ren)	\$15.67	\$0.00	\$15.67	\$7.84	0%
	Family	\$19.82	\$0.00	\$19.82	\$9.91	0%

Plan	Coverage	Total	Employer	Employee	Per Pay	Employee %
Accident - Enhanced	Employee	\$12.85	\$0.00	\$12.85	\$6.43	0%
	Emplooyee+Spouse	\$20.18	\$0.00	\$20.18	\$10.09	0%
	Employee+Child(ren)	\$23.79	\$0.00	\$23.79	\$11.90	0%
	Family	\$31.13	\$0.00	\$31.13	\$15.57	0%

Plan	Coverage	Total	Employer	Employee	Per Pay	Employer %
ID Theft	Employee	\$6.49	\$6.49	\$0.00	\$0.00	100%
	Family	\$19.47	\$6.49	\$12.98	\$6.49	33%

(\$12.98+\$6.49)