2027 Open Enrollment Contribution

Account Type	Types of Coverage	Applicability	Minimum Employee Contribution	Maximum Employee Contribution	Employer Contribution Amount
FSA/Flexible Spending Account	**PPO** from City, or no City insurance	FSA	$5.00 per pay/$130 annually	$130.76 per pay/$3,400 annually	None
HSA/Health Savings Account	**HDHP** (High Deductible Healthcare Plan)	HSA		Employee Only: $134.61 per pay $4,500 annually including $1,000 City contribution Employee Plus: $288.46 per pay $9,000 annually including $1,500 City contribution	Employee Only: $500 in Jan/$500 in July ($1,000 annually) Employee Plus: $750 in Jan/ $750 in July ($1,500 annually)
Eligibility					
Dependent Care Flexible Spending Account	Any full- time employee who is a caregiver for a child under the age of 13, or an elderly family member, or family member who is disabled	Preschool, before or after school care, summer camp, adult day care or caregivers Dependent FSA	$5.00 per pay/$130 annually	$288.46 per pay if individual/ married/filing jointly ($7,500 annually) $144.23 per pay if married/filing separately ($3,750 annually)	None
Limited Dental/ Vision Flexible Spending Account	NOTE: Available to full-time employees electing HDHP coverage, or those electing no coverage at all	Can **ONLY** spend on Dental/ Vision expenses Flex Limited	$5.00 per pay/$130 annually	$130.76 per pay ($3,400 annually)	None