

2026 MCCKC Full-time Insurance Rate Sheet

PPO 1500 Open Choice Network

| Coverage Tier | Monthly Health Insurance Premium | Monthly Amount Paid by MCC | Monthly Amount Paid by Employee without Incentive |
|-----------------------|----------------------------------|----------------------------|---------------------------------------------------|
| Employee Only | \$1,278.52 | \$973.84 | \$304.68 |
| Employee + Spouse | \$2,629.84 | \$1,724.84 | \$905.00 |
| Employee + Child(ren) | \$2,384.46 | \$1,601.84 | \$782.62 |
| Employee + Family | \$3,735.84 | \$2,286.84 | \$1,449.00 |

PPO 1500 KC Care Network

| Coverage Tier | Monthly Health Insurance Premium | Monthly Amount Paid by MCC | Monthly Amount Paid by Employee without Incentive |
|-----------------------|----------------------------------|----------------------------|---------------------------------------------------|
| Employee Only | \$1,141.56 | \$973.84 | \$167.72 |
| Employee + Spouse | \$2,348.08 | \$1,724.84 | \$623.24 |
| Employee + Child(ren) | \$2,129.00 | \$1,601.84 | \$527.16 |
| Employee + Family | \$3,335.54 | \$2,286.84 | \$1,048.70 |

HDHP 4000 Open Choice Network

| Coverage Tier | Monthly Health Insurance Premium | Monthly Amount Paid by MCC | Monthly Amount Paid by Employee without Incentive |
|-----------------------|----------------------------------|----------------------------|---------------------------------------------------|
| Employee Only | \$1,120.16 | \$973.84 | \$146.32 |
| Employee + Spouse | \$2,376.90 | \$1,724.84 | \$652.06 |
| Employee + Child(ren) | \$2,155.10 | \$1,601.84 | \$553.26 |
| Employee + Family | \$3,376.50 | \$2,286.84 | \$1,089.66 |

HDHP 4000 KC Care Network

| Coverage Tier | Monthly Health Insurance Premium | Monthly Amount Paid by MCC | Monthly Amount Paid by Employee without Incentive |
|-----------------------|----------------------------------|----------------------------|---------------------------------------------------|
| Employee Only | \$1,000.14 | \$973.84 | \$26.30 |
| Employee + Spouse | \$2,122.22 | \$1,724.84 | \$397.38 |
| Employee + Child(ren) | \$1,924.20 | \$1,601.84 | \$322.36 |
| Employee + Family | \$3,014.76 | \$2,286.84 | \$727.92 |

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Delta Dental/VSP Vision Insurance

| | Monthly Amount Paid by MCC | Employee Only | Spouse | Child(ren) | Family |
|---------------|----------------------------------|---------------|---------|------------|---------|
| Dental | \$34.06 | \$0.00 | n/a | n/a | \$52.52 |
| Vision | \$10.10 | \$0.00 | \$10.08 | \$10.50 | \$23.12 |

Employee Basic Life Insurance

| Benefit | Amount Provided by MCC | Amount Paid by Employee |
|-----------------|------------------------|-------------------------|
| Basic Term Life | 2x Salary | \$0.00 |

Dependent Life Insurance

| Benefit | Coverage Amount | Amount Paid by Employee if elected |
|----------------|-------------------------------------|------------------------------------|
| Dependent Life | Spouse: \$5,000 Children \$2,000 | \$1.42 per family unit each month |

Employee Supplemental Life Insurance

The premium (per \$1,000 coverage) for employee supplemental life insurance varies by age. Rate changes will be effective on January 1st following your birthday for employees 64 years and under.

| | |
|----------|------|
| Under 30 | .05 |
| 30-34 | .05 |
| 35-39 | .06 |
| 40-44 | .11 |
| 45-49 | .17 |
| 50-54 | .30 |
| 55-59 | .49 |
| 60-64 | .57 |
| 65-69 | .98 |
| 70-74 | 2.64 |
| 75+ | 2.64 |

**The age group 65 rates increase, and benefit amount reduces to 65% of original value on the first of the month following your birthday. The age group 70+ rates increase, and benefit amount reduces to 50% of original value on the first of the month following your birthday.