

# 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
<b>Employee Only</b>	\$1,278.52	\$973.84	\$304.68
<b>Employee + Spouse</b>	\$2,629.84	\$1,724.84	\$905.00
<b>Employee + Child(ren)</b>	\$2,384.46	\$1,601.84	\$782.62
<b>Employee + Family</b>	\$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
<b>Employee Only</b>	\$1,141.56	\$973.84	\$167.72
<b>Employee + Spouse</b>	\$2,348.08	\$1,724.84	\$623.24
<b>Employee + Child(ren)</b>	\$2,129.00	\$1,601.84	\$527.16
<b>Employee + Family</b>	\$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
<b>Employee Only</b>	\$1,120.16	\$973.84	\$146.32
<b>Employee + Spouse</b>	\$2,376.90	\$1,724.84	\$652.06
<b>Employee + Child(ren)</b>	\$2,155.10	\$1,601.84	\$553.26
<b>Employee + Family</b>	\$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
<b>Employee Only</b>	\$1,000.14	\$973.84	\$26.30
<b>Employee + Spouse</b>	\$2,122.22	\$1,724.84	\$397.38
<b>Employee + Child(ren)</b>	\$1,924.20	\$1,601.84	\$322.36
<b>Employee + Family</b>	\$3,014.76	\$2,286.84	\$727.92

# 2026 MCCKC Full-time Insurance Rate Sheet

## 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.