

2027 MCCKC Full-time Insurance Rate Sheet

The Premium Reduction Savings= \$50.00 per month or \$600 per year for 2027

PPO 1500 Open Choice Network- With Incentive Reduction

Coverage Tier	Monthly Health Insurance Premium	Monthly Amount Paid by MCC	Monthly Amount Paid by Employee with Incentive
Employee Only	\$1,278.52	\$1,030.42	\$248.10
Employee + Spouse	\$2,629.84	\$1,786.42	\$843.42
Employee + Child(ren)	\$2,384.46	\$1,663.42	\$721.04
Employee + Family	\$3,735.84	\$2,353.42	\$1,382.42

PPO 1500 Open Choice Network- Without Incentive Reduction

Coverage Tier	Monthly Health Insurance Premium	Monthly Amount Paid by MCC	Monthly Amount Paid by Employee without Incentive
Employee Only	\$1,278.52	\$980.42	\$298.10
Employee + Spouse	\$2,629.84	\$1,736.42	\$893.42
Employee + Child(ren)	\$2,384.46	\$1,613.42	\$771.04
Employee + Family	\$3,735.84	\$2,303.42	\$1,432.42

PPO 1500 KC Care Network- With Incentive Reduction

Coverage Tier	Monthly Health Insurance Premium	Monthly Amount Paid by MCC	Monthly Amount Paid by Employee with Incentive
Employee Only	\$1,141.56	\$1,030.42	\$111.14
Employee + Spouse	\$2,348.08	\$1,786.42	\$561.66
Employee + Child(ren)	\$2,129.00	\$1,663.42	\$465.58
Employee + Family	\$3,335.54	\$2,353.42	\$982.12

PPO 1500 KC Care Network- Without Incentive Reduction

Coverage Tier	Monthly Health Insurance Premium	Monthly Amount Paid by MCC	Monthly Amount Paid by Employee without Incentive
Employee Only	\$1,141.56	\$980.42	\$161.14
Employee + Spouse	\$2,348.08	\$1,736.42	\$611.66
Employee + Child(ren)	\$2,129.00	\$1,613.42	\$515.58
Employee + Family	\$3,335.54	\$2,303.42	\$1,032.12

2027 MCCKC Full-time Insurance Rate Sheet

HDHP 4000 Open Choice Network- With Incentive Reduction

Coverage Tier	Monthly Health Insurance Premium	Monthly Amount Paid by MCC	Monthly Amount Paid by Employee with Incentive
Employee Only	\$1,120.16	\$1,030.42	\$89.74
Employee + Spouse	\$2,376.90	\$1,786.42	\$590.48
Employee + Child(ren)	\$2,155.10	\$1,663.42	\$491.68
Employee + Family	\$3,376.50	\$2,353.42	\$1,023.08

HDHP 4000 Open Choice Network- Without Incentive Reduction

Coverage Tier	Monthly Health Insurance Premium	Monthly Amount Paid by MCC	Monthly Amount Paid by Employee without Incentive
Employee Only	\$1,120.16	\$980.42	\$139.74
Employee + Spouse	\$2,376.90	\$1,736.42	\$640.48
Employee + Child(ren)	\$2,155.10	\$1,613.42	\$541.68
Employee + Family	\$3,376.50	\$2,303.42	\$1,073.08

HDHP 4000 KC Care Network- With Incentive Reduction

Coverage Tier	Monthly Health Insurance Premium	Monthly Amount Paid by MCC	Monthly Amount Paid by Employee with Incentive
Employee Only	\$1,000.14	\$1,000.14	\$0.00 \$30.28 HSA/FSA
Employee + Spouse	\$2,122.22	\$1,786.42	\$335.80
Employee + Child(ren)	\$1,924.20	\$1,663.42	\$260.78
Employee + Family	\$3,014.76	\$2,353.42	\$661.34

HDHP 4000 KC Care Network- Without Incentive Reduction

Coverage Tier	Monthly Health Insurance Premium	Monthly Amount Paid by MCC	Monthly Amount Paid by Employee without Incentive
Employee Only	\$1,000.14	\$980.42	\$19.72
Employee + Spouse	\$2,122.22	\$1,736.42	\$385.80
Employee + Child(ren)	\$1,924.20	\$1,613.42	\$310.78
Employee + Family	\$3,014.76	\$2,303.42	\$711.34

2027 MCCKC Full-time Insurance Rate Sheet

Delta Dental/VSP Vision Insurance

	Monthly Amount Paid by MCC	Employee Only	Spouse	Child(ren)	Family
Dental	\$37.48	\$0.00	n/a	n/a	\$57.76
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
Child Life	Children \$10,000	\$.30 per Family Unit

Employee Supplemental Life & Spouse Life Insurance

The premium (per \$1,000 of coverage) for both Employee Supplemental Life Insurance and Spouse Life Insurance is based on the employee's age. Rate changes take effect on January 1 following your birthday, for employees age 64 and under. Rates for both coverages follow the schedule below.

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

*Employees turning 65, the rate increases and the benefit amount reduces to 65% of its original value on the first of the month following your birthday.

** Employees turning 70, the rate increases and the benefit amount reduces to 50% of its original value on the first of the month following your birthday.