2027 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	$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

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

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	$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

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	$1,000 up to $10,000	$0.03 per $1,000 per family unit

Employees may elect coverage in $1,000 increments up to $10,000. The coverage amount chosen will apply to all covered children with the exception of birth to 6 months of age.

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.