

Municipalities, Colleges, Schools Insurance Group (MCSIG)

All ACTIVE EMPLOYEES

JANUARY - DECEMBER 2024 RATES

DENTAL PLAN	DEPENDENTS	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	MONTHLY EMPLOYEE COST (10 MONTH)	MONTHLY EMPLOYEE COST (11 MONTH)	MONTHLY EMPLOYEE COST (12 MONTH)
Low \$1000	Employee Only	\$ 588.00	\$ 624.00	\$ -	\$ -	\$ -
	Employee + 1	\$ 1,080.00	\$ 1,140.00	\$ -	\$ -	\$ -
	Family	\$ 1,740.00	\$ 1,836.00	\$ -	\$ -	\$ -
Med \$1500	Employee Only	\$ 636.00	\$ 624.00	\$ 1.20	\$ 1.09	\$ 1.00
	Employee + 1	\$ 1,176.00	\$ 1,140.00	\$ 3.60	\$ 3.27	\$ 3.00
	Family	\$ 1,908.00	\$ 1,836.00	\$ 7.20	\$ 6.55	\$ 6.00
High \$2000	Employee Only	\$ 708.00	\$ 624.00	\$ 8.40	\$ 7.64	\$ 7.00
	Employee + 1	\$ 1,284.00	\$ 1,140.00	\$ 14.40	\$ 13.09	\$ 12.00
	Family	\$ 2,112.00	\$ 1,836.00	\$ 27.60	\$ 25.09	\$ 23.00
Grand \$2500	Employee Only	\$ 780.00	\$ 624.00	\$ 15.60	\$ 14.18	\$ 13.00
	Employee + 1	\$ 1,416.00	\$ 1,140.00	\$ 27.60	\$ 25.09	\$ 23.00
	Family	\$ 2,328.00	\$ 1,836.00	\$ 49.20	\$ 44.73	\$ 41.00
VISION PLAN	DEPENDENTS	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	EMPLOYEE COST (10 MONTH)	EMPLOYEE COST (11 MONTH)	EMPLOYEE COST (12 MONTH)
C	Employee Only	\$ 144.00	\$ 144.00	\$ -	\$ -	\$ -
	Employee + 1	\$ 240.00	\$ 240.00	\$ -	\$ -	\$ -
	Family	\$ 420.00	\$ 420.00	\$ -	\$ -	\$ -