Municipalities, Colleges, Schools Insurance Group (MCSIG)

ACTIVE CLASSIFIED & CONFIDENTIAL EMPLOYEES

JANUARY - DECEMBER 2026 RATES

MEDICAL PLAN	DEPENDENTS	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	MONTHLY EMPLOYEE COST (11 MONTH)	MONTHLY EMPLOYEE COST (12 MONTH)
PPO $25	Employee Only	$ 20,580.00	$ 11,040.00	**$ 867.27**	**$ 795.00**
	Employee + 1	$ 41,052.00	$ 18,128.00	**$ 2,084.00**	**$ 1,910.33**
	Family	$ 53,316.00	$ 23,492.00	**$ 2,711.27**	**$ 2,485.33**
PPO $40	Employee Only	$ 15,612.00	$ 11,040.00	**$ 415.64**	**$ 381.00**
	Employee + 1	$ 31,164.00	$ 18,128.00	**$ 1,185.09**	**$ 1,086.33**
	Family	$ 40,464.00	$ 23,492.00	**$ 1,542.91**	**$ 1,414.33**
PPO $60	Employee Only	$ 13,188.00	$ 11,040.00	**$ 195.27**	**$ 179.00**
	Employee + 1	$ 26,220.00	$ 18,128.00	**$ 735.64**	**$ 674.33**
	Family	$ 34,092.00	$ 23,492.00	**$ 963.64**	**$ 883.33**
PPO Select	Employee Only	$ 11,292.00	$ 11,040.00	**$ 22.91**	**$ 21.00**
	Employee +1	$ 22,452.00	$ 18,128.00	**$ 393.09**	**$ 360.33**
	Family	$ 29,172.00	$ 23,492.00	**$ 516.36**	**$ 473.33**
Trio HMO	Employee Only	$ 13,992.00	$ 11,040.00	**$ 268.36**	**$ 246.00**
	Employee + 1	$ 30,108.00	$ 18,128.00	**$ 1,089.09**	**$ 998.33**
	Family	$ 37,188.00	$ 23,492.00	**$ 1,245.09**	**$ 1,141.33**
Kaiser Low	Employee Only	$ 10,872.00	$ 11,040.00	**$ -**	**$ -**
	Employee + 1	$ 21,612.00	$ 18,128.00	**$ 316.73**	**$ 290.33**
	Family	$ 30,540.00	$ 23,492.00	**$ 640.73**	**$ 587.33**
Kaiser Medium	Employee Only	$ 12,024.00	$ 11,040.00	**$ 89.45**	**$ 82.00**
	Employee + 1	$ 23,916.00	$ 18,128.00	**$ 526.18**	**$ 482.33**
	Family	$ 33,792.00	$ 23,492.00	**$ 936.36**	**$ 858.33**
Kaiser High	Employee Only	$ 13,956.00	$ 11,040.00	**$ 265.09**	**$ 243.00**
	Employee +1	$ 27,780.00	$ 18,128.00	**$ 877.45**	**$ 804.33**
	Family	$ 39,252.00	$ 23,492.00	**$ 1,432.73**	**$ 1,313.33**