Municipalities, Colleges, Schools Insurance Group (MCSIG)

ACTIVE CERTIFICATED & MANAGEMENT EMPLOYEES

JANUARY - DECEMBER 2027 RATES

MEDICAL PLAN	DEPENDENTS	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	MONTHLY EMPLOYEE COST (10 MONTH)	MONTHLY EMPLOYEE COST (11 MONTH)	MONTHLY EMPLOYEE COST (12 MONTH)
PPO $25	Employee Only	$ 22,488.00	$ 11,040.00	$ 1,144.80	$ 1,040.73	$ 954.00
	Employee + 1	$ 44,868.00	$ 16,260.00	$ 2,860.80	$ 2,600.73	$ 2,384.00
	Family	$ 58,272.00	$ 21,120.00	$ 3,715.20	$ 3,377.45	$ 3,096.00
PPO $40	Employee Only	$ 17,064.00	$ 11,040.00	$ 602.40	$ 547.64	$ 502.00
	Employee + 1	$ 34,068.00	$ 16,260.00	$ 1,780.80	$ 1,618.91	$ 1,484.00
	Family	$ 44,232.00	$ 21,120.00	$ 2,311.20	$ 2,101.09	$ 1,926.00
PPO $60	Employee Only	$ 14,412.00	$ 11,040.00	$ 337.20	$ 306.55	$ 281.00
	Employee + 1	$ 28,656.00	$ 16,260.00	$ 1,239.60	$ 1,126.91	$ 1,033.00
	Family	$ 37,260.00	$ 21,120.00	$ 1,614.00	$ 1,467.27	$ 1,345.00
PPO Select	Employee Only	$ 12,348.00	$ 11,040.00	$ 130.80	$ 118.91	$ 109.00
	Employee +1	$ 24,540.00	$ 16,260.00	$ 828.00	$ 752.73	$ 690.00
	Family	$ 31,884.00	$ 21,120.00	$ 1,076.40	$ 978.55	$ 897.00
Trio HMO	Employee Only	$ 15,000.00	$ 11,040.00	$ 396.00	$ 360.00	$ 330.00
	Employee + 1	$ 32,280.00	$ 16,260.00	$ 1,602.00	$ 1,456.36	$ 1,335.00
	Family	$ 39,864.00	$ 21,120.00	$ 1,874.40	$ 1,704.00	$ 1,562.00
Kaiser Low	Employee Only	$ 11,352.00	$ 11,040.00	$ 31.20	$ 28.36	$ 26.00
	Employee + 1	$ 22,560.00	$ 16,260.00	$ 630.00	$ 572.73	$ 525.00
	Family	$ 31,884.00	$ 21,120.00	$ 1,076.40	$ 978.55	$ 897.00
Kaiser Medium	Employee Only	$ 12,552.00	$ 11,040.00	$ 151.20	$ 137.45	$ 126.00
	Employee + 1	$ 24,972.00	$ 16,260.00	$ 871.20	$ 792.00	$ 726.00
	Family	$ 35,280.00	$ 21,120.00	$ 1,416.00	$ 1,287.27	$ 1,180.00
Kaiser High	Employee Only	$ 14,568.00	$ 11,040.00	$ 352.80	$ 320.73	$ 294.00
	Employee +1	$ 29,004.00	$ 16,260.00	$ 1,274.40	$ 1,158.55	$ 1,062.00
	Family	$ 40,980.00	$ 21,120.00	$ 1,986.00	$ 1,805.45	$ 1,655.00

***The 9.3%% increase is added to the Annual Premium**