Municipalities, Colleges, Schools Insurance Group (MCSIG)

ACTIVE CLASSIFIED & CONFIDENTIAL EMPLOYEES

JANUARY - DECEMBER 2027 RATES

MEDICAL PLAN	DEPENDENTS	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	MONTHLY EMPLOYEE COST (11 MONTH)	MONTHLY EMPLOYEE COST (12 MONTH)
PPO $25	Employee Only	$ 22,488.00	$ 11,040.00	$ 1,040.73	$ 954.00
	Employee + 1	$ 44,868.00	$ 18,128.00	$ 2,430.91	$ 2,228.33
	Family	$ 58,272.00	$ 23,492.00	$ 3,161.82	$ 2,898.33
PPO $40	Employee Only	$ 17,064.00	$ 11,040.00	$ 547.64	$ 502.00
	Employee + 1	$ 34,068.00	$ 18,128.00	$ 1,449.09	$ 1,328.33
	Family	$ 44,232.00	$ 23,492.00	$ 1,885.45	$ 1,728.33
PPO $60	Employee Only	$ 14,412.00	$ 11,040.00	$ 306.55	$ 281.00
	Employee + 1	$ 28,656.00	$ 18,128.00	$ 957.09	$ 877.33
	Family	$ 37,260.00	$ 23,492.00	$ 1,251.64	$ 1,147.33
PPO Select	Employee Only	$ 12,348.00	$ 11,040.00	$ 118.91	$ 109.00
	Employee +1	$ 24,540.00	$ 18,128.00	$ 582.91	$ 534.33
	Family	$ 31,884.00	$ 23,492.00	$ 762.91	$ 699.33
Trio HMO	Employee Only	$ 15,000.00	$ 11,040.00	$ 360.00	$ 330.00
	Employee + 1	$ 32,280.00	$ 18,128.00	$ 1,286.55	$ 1,179.33
	Family	$ 39,864.00	$ 23,492.00	$ 1,488.36	$ 1,364.33
Kaiser Low	Employee Only	$ 11,352.00	$ 11,040.00	$ 28.36	$ 26.00
	Employee + 1	$ 22,560.00	$ 18,128.00	$ 402.91	$ 369.33
	Family	$ 31,884.00	$ 23,492.00	$ 762.91	$ 699.33
Kaiser Medium	Employee Only	$ 12,552.00	$ 11,040.00	$ 137.45	$ 126.00
	Employee + 1	$ 24,972.00	$ 18,128.00	$ 622.18	$ 570.33
	Family	$ 35,280.00	$ 23,492.00	$ 1,071.64	$ 982.33
Kaiser High	Employee Only	$ 14,568.00	$ 11,040.00	$ 320.73	$ 294.00
	Employee +1	$ 29,004.00	$ 18,128.00	$ 988.73	$ 906.33
	Family	$ 40,980.00	$ 23,492.00	$ 1,589.82	$ 1,457.33

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