Municipalities, Colleges, Schools Insurance Group (MCSIG)

All ACTIVE EMPLOYEES

JANUARY - DECEMBER 2027 RATES

DENTAL PLANS	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 C	**DEPENDENTS**	**ANNUAL PREMIUM**	**ANNUAL DISTRICT CONTRIBUTION**	**EMPLOYEE COST (10 MONTH)**	**EMPLOYEE COST (11 MONTH)**	**EMPLOYEE COST (12 MONTH)**
Certificated & Management	Employee Only	$ 156.00	$ 144.00	**$ 1.20**	**$ 1.09**	**$ 1.00**
	Employee + 1	$ 252.00	$ 240.00	**$ 1.20**	**$ 1.09**	**$ 1.00**
	Family	$ 456.00	$ 420.00	**$ 3.60**	**$ 3.27**	**$ 3.00**
Classified & Confidential	Employee Only	$ 156.00	$ 147.96	**$ 0.80**	**$ 0.73**	**$ 0.67**
	Employee + 1	$ 252.00	$ 247.44	**$ 0.46**	**$ 0.41**	**$ 0.38**
	Family	$ 456.00	$ 443.88	**$ 1.21**	**$1.10**	**$ 1.01**