

**2026 MCSIG Medical Plan Rates & Monthly Contributions for SCEA,
Conf Non-Exempt, POA & SMSEA**

"MCSIG PPO \$25"

	Total Premium	Employee Contribution	City Contribution
Single	\$ 1,715.00	\$ -	\$ 1,715.00
Emp +1	\$ 3,421.00	\$ 513.15	\$ 2,907.85
Emp + Family	\$ 4,443.00	\$ 666.45	\$ 3,776.55

"MCSIG PPO \$40"

	Total Premium	Employee Contribution	City Contribution
Single	\$ 1,301.00	\$ -	\$ 1,301.00
Emp +1	\$ 2,597.00	\$ 129.85	\$ 2,467.15
Emp + Family	\$ 3,372.00	\$ 168.60	\$ 3,203.40

"MCSIG PPO \$250"

	Total Premium	Employee Contribution	City Contribution
Single	\$ 2,343.00	\$ 628.00	\$ 1,715.00
Emp +1	\$ 4,681.00	\$ 1,773.15	\$ 2,907.85
Emp + Family	\$ 6,086.00	\$ 2,309.45	\$ 3,776.55

"MCSIG 'Grandfathered' PPO \$250"
Applies to employees hired by the City before Oct. 15, 2015

	Total Premium	Employee Contribution	City Contribution
Single	\$ 2,343.00	\$ 234.30	\$ 2,108.70
Emp +1	\$ 4,681.00	\$ 1,170.25	\$ 3,510.75
Emp + Family	\$ 6,086.00	\$ 1,521.50	\$ 4,564.50

"Kaiser Mid"

	Total Premium	Employee Contribution	City Contribution
Single	\$ 1,002.00	\$ -	\$ 1,002.00
Emp +1	\$ 1,993.00	\$ -	\$ 1,993.00
Emp + Family	\$ 2,816.00	\$ -	\$ 2,816.00

"Kaiser High"			
	Total Premium	Employee Contribution	City Contribution
Single	\$ 1,163.00	\$ -	\$ 1,163.00
Emp +1	\$ 2,315.00	\$ -	\$ 2,315.00
Emp + Family	\$ 3,271.00	\$ 67.60	\$ 3,203.40

Complete Care			
	Total Premium	Employee Contribution	City Contribution
Single	\$ 614.00	\$ -	\$ 614.00
Emp +1	\$ 714.00	\$ -	\$ 714.00
Emp + Family	\$ 814.00	\$ -	\$ 814.00

"Trio HMO"			
	Total Premium	Employee Contribution	City Contribution
Single	\$ 1,166.00		\$ 1,166.00
Emp +1	\$ 2,509.00	\$ 41.85	\$ 2,467.15
Emp + Family	\$ 3,099.00	\$ -	\$ 3,099.00