

## **2025 - 2026 Benefits Employee/Employer Costs**

Below please find the annual costs for benefits for your employee group.

Enrollment for benefits will be through our US Enrollments System. Visit our benefits microsite for more information.

<https://mciu.mybenefitsinfo.com>

Benefits are effective on your first day of employment and we encourage you to complete the enrollment to either elect or waive benefits within ten **(10) days** from your date of hire.

Please use the information below as a reference. Employee deductions are taken with each biweekly payroll, based on your number of pays per year. Your contribution will be prorated based on number of pays available.

<b><u>Coverage</u></b>	<b><u>Coverage Level</u></b>	<b><u>MCIU Annual Cost</u></b>	<b><u>Employee Annual Cost</u></b>
<b><u>Medical &amp; Rx Coverage (OPTION #1)*</u></b> <i>Medical: Personal Choice C4-F4-O2</i> <i>Rx: \$20 Generic / \$40 Brand Name / \$60 Non-Formulary</i>	Single	\$8,274.37	\$1,694.75
	Employee & Child	\$8,274.37	\$8,772.71
	Employee & Children	\$8,274.37	\$13,159.31
	Employee & Spouse	\$8,274.37	\$13,657.67
	Family	\$8,274.37	\$21,437.15
<b><u>Medical &amp; Rx Coverage (OPTION #2)*</u></b> <i>Medical: Personal Choice 20/30/70</i> <i>Rx: \$20 Generic / \$40 Brand Name / \$60 Non-Formulary</i>	Single	\$7,953.84	\$2,651.28
	Employee & Child	\$7,953.84	\$10,180.68
	Employee & Children	\$7,953.84	\$14,847.12
	Employee & Spouse	\$7,953.84	\$15,377.52
	Family	\$7,953.84	\$23,647.16
<b><u>Medical &amp; Rx Coverage (OPTION #3) *</u></b> <i>Medical: Personal Choice Deductible Plan</i> <i>Rx: \$20 Generic / \$40 Brand Name / \$60 Non-Formulary</i>	Single	\$8,274.37	\$1,191.59
	Employee & Child	\$8,274.37	\$7,907.27
	Employee & Children	\$8,274.37	\$12,183.83
	Employee & Spouse	\$8,274.37	\$12,666.83
	Family	\$8,274.37	\$20,184.95
<b><u>Medical &amp; Rx Coverage (OPTION #4) *</u></b> <i>Medical: HDHP Employee Contribution 5%</i> <i>Rx: \$20 Generic / \$40 Brand Name / \$60 Non-Formulary</i>	Single	\$8,419.28	\$537.40
	Employee & Child	\$8,419.28	\$6,896.44
	Employee & Children	\$8,419.28	\$10,837.36
	Employee & Spouse	\$8,419.28	\$11,284.96
	Family	\$8,419.28	\$18,274.48
<b><u>Dental Coverage</u></b> <i>\$1,000 Annual Maximum Per Person- Group 1214</i>	Single	\$414.97	\$0.00
	Employee & Child	\$414.97	\$334.48
	Employee & Children	\$414.97	\$696.43
	Employee & Spouse	\$414.97	\$334.48
	Family	\$414.97	\$696.43
<b><u>Vision Coverage</u></b>	Single	\$0.00	\$87.36
	Employee & Child	\$0.00	\$153.12
	Employee & Children	\$0.00	\$209.76
	Employee & Spouse	\$0.00	\$153.12
	Family	\$0.00	\$209.76

\* Please note that by waiving Medical & Rx coverage, pending proper verification, you will receive a reimbursement of \$500 annually, pro-rated for service during the year.

**Still have questions?** Please reach out to Lori Monappella, Benefits and Wellness Manager, at [lmonappella@mciu.org](mailto:lmonappella@mciu.org) or at 610-755-9345.