

## 2026 - 2027 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.*

<u>Coverage</u>	<u>Coverage Level</u>	<u>MCIU Annual Cost</u>	<u>Employee Annual Cost</u>
<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	\$9,066.48	\$1,999.20
	Employee & Child	\$15,503.41	\$3,403.19
	Employee & Children	\$19,492.75	\$4,278.89
	Employee & Spouse	\$19,946.07	\$4,378.41
	Family	\$27,021.04	\$5,931.44
<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	\$8,697.70	\$3,055.94
	Employee & Child	\$14,872.75	\$5,225.57
	Employee & Children	\$18,699.95	\$6,570.25
	Employee & Spouse	\$19,134.89	\$6,723.07
	Family	\$25,918.06	\$9,106.34
<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	\$9,066.48	\$1,438.68
	Employee & Child	\$15,503.41	\$2,454.71
	Employee & Children	\$19,492.75	\$3,209.93
	Employee & Spouse	\$19,946.07	\$3,292.53
	Family	\$27,021.04	\$4,559.12
<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	\$9,232.45	\$694.91
	Employee & Child	\$15,787.27	\$1,188.29
	Employee & Children	\$19,849.51	\$1,494.05
	Employee & Spouse	\$20,310.76	\$1,528.76
	Family	\$27,515.54	\$2,071.06
<b><u>Dental Coverage</u></b> <i>\$1,000 Annual Maximum Per Person- Group 01214</i>	Single	\$414.97	\$0.00
	Employee & Child	\$749.45	\$0.00
	Employee & Children	\$1,111.40	\$0.00
	Employee & Spouse	\$749.45	\$0.00
	Family	\$1,111.40	\$0.00
<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 reimbursement of \$4,500 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.