

METLIFE INSURANCE
MCE 2026 DENTAL INSURANCE PREMIUM RATES
FOR DENTAL PLAN COVERAGE EFFECTIVE 1/1/2026-12/31/2026

CCSD covers 90% of employees and dependents' dental premiums of lower cost plan.
Employee covers 10% of premiums.

Life insurance: CCSD pays 100% of Employee and Dependents' Life Insurance Premiums to Lincoln Life Insurance.

	90.00%			10.00%	
	Monthly Premium 2026	Monthly EmploYER Portion	24 pymts/yr EmploYER Portion	Monthly EmploYEE Portion	24 pymts/yr EmploYEE Portion
DENTAL & VISION PREMIUMS					
Employee Only	57.51	51.76	25.88	5.75	2.88
Yee + Spouse	114.69	103.22	51.61	11.47	5.74
Yee + Child (ren)	114.51	103.06	51.53	11.45	5.73
Yee + Family	181.88	163.69	81.85	18.19	9.10
DENTAL PREMIUMS	Monthly	EmploYER	24 pymts/yr	EmploYEE	24 pymts/yr
Employee Only	45.68	41.11	20.56	4.57	2.28
Yee + Spouse	90.98	81.88	40.94	9.10	4.55
Yee + Child (ren)	94.44	85.00	42.50	9.44	4.72
Yee + Family	148.78	133.90	66.95	14.88	7.44
VISION PREMIUMS	Monthly	EmploYER	24 pymts/yr	EmploYEE	24 pymts/yr
Employee Only	11.83	10.65	5.32	1.18	0.59
Yee + Spouse	23.71	21.34	10.67	2.37	1.19
Yee + Child (ren)	20.07	18.06	9.03	2.01	1.00
Yee + Family	33.10	29.79	14.90	3.31	1.66
LIFE INSURANCE PREMIUMS	Monthly Premium 2026	Monthly EmploYER Portion	24 pymts/yr EmploYER Portion	Monthly EmploYEE Portion	24 pymts/yr EmploYEE Portion
Employee Only	7.78	7.78	3.89	0.00	0.00
Yee + Spouse	8.72	8.72	4.36	0.00	0.00
Yee + Child (ren)	8.72	8.72	4.36	0.00	0.00
Yee + Family	8.72	8.72	4.36	0.00	0.00