METLIFE INSURANCE

MCE 2027 DENTAL INSURANCE PREMIUM RATES

FOR DENTAL PLAN COVERAGE EFFECTIVE 1/1/2027-12/31/2027

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 2027	**Monthly EmployER Portion**	**24 pymts/yr EmployER Portion**	**Monthly EmployEE Portion**	**24 pymts/yr EmployEE Portion**
DENTAL & VISION PREMIUMS					
Employee Only	60.25	54.23	27.11	6.03	**3.01**
Yee + Spouse	120.15	108.14	54.07	12.02	**6.02**
Yee + Child (ren)	120.18	108.16	54.08	12.02	**6.01**
Yee + Family	190.81	171.73	85.86	19.08	**9.55**
DENTAL PREMIUMS	**Monthly**	EmployER	**24 pymts/yr**	EmployEE	**24 pymts/yr**
Employee Only	48.42	43.58	21.79	4.84	2.42
Yee + Spouse	96.44	86.80	43.40	9.64	4.82
Yee + Child (ren)	100.11	90.10	45.05	10.01	5.01
Yee + Family	157.71	141.94	70.97	15.77	7.89
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 2027**	**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