

**MISSOURI STATE UNIVERSITY**  
**MEDICAL AND DENTAL PREMIUM RATES EFFECTIVE 01/01/2026**

WITHOUT WELLNESS INCENTIVE							WITH \$30 PER MONTH WELLNESS INCENTIVE						
MEDICAL	BASE PLAN	ER PAY	EE PAY	EE %	COBRA RATE	RETIREE RATE	MEDICAL	BASE PLAN	ER PAY	EE PAY	EE %	COBRA RATE	RETIREE RATE
Employee Only	\$ 724.05	\$ 676.05	\$ 48.00	7%	\$ 738.53	N/A	Employee Only	\$ 724.05	\$ 706.05	\$ 18.00	2%	NOT ELIG	\$ 694.05
Employee + Spouse	\$ 1,548.74	\$ 1,090.74	\$ 458.00	30%	\$ 1,579.71	N/A	Employee + Spouse	\$ 1,548.74	\$ 1,120.74	\$ 428.00	28%	NOT ELIG	\$ 1,518.74
Employee + Child(ren)	\$ 1,331.08	\$ 993.08	\$ 338.00	25%	\$ 1,357.70	N/A	Employee + Child(ren)	\$ 1,331.08	\$ 1,023.08	\$ 308.00	23%	NOT ELIG	\$ 1,301.08
Employee + Family	\$ 2,155.75	\$ 1,631.75	\$ 524.00	24%	\$ 2,198.87	N/A	Employee + Family	\$ 2,155.75	\$ 1,661.75	\$ 494.00	23%	NOT ELIG	\$ 2,125.75
Spouse Only					\$ 841.18	\$ 824.69	Spouse Only					NOT ELIG	NOT ELIG
Spouse + Children					\$ 1,460.35	\$ 1,431.72	Spouse + Children					NOT ELIG	NOT ELIG
Child(ren) Only					\$ 342.08	\$ 335.37	Child(ren) Only					NOT ELIG	NOT ELIG

WITHOUT WELLNESS INCENTIVE							WITH \$30 PER MONTH WELLNESS INCENTIVE						
MEDICAL	BUY-UP PLAN	ER PAY	EE PAY	EE %	COBRA RATE	RETIREE RATE	MEDICAL	BUY-UP PLAN	ER PAY	EE PAY	EE %	COBRA RATE	RETIREE RATE
Employee Only	\$ 837.67	\$ 730.67	\$ 107.00	13%	\$ 854.42	N/A	Employee Only	\$ 837.67	\$ 760.67	\$ 77.00	9%	NOT ELIG	\$ 807.67
Employee + Spouse	\$ 1,792.23	\$ 1,203.23	\$ 589.00	33%	\$ 1,828.07	N/A	Employee + Spouse	\$ 1,792.23	\$ 1,233.23	\$ 559.00	31%	NOT ELIG	\$ 1,762.23
Employee + Child(ren)	\$ 1,540.02	\$ 1,093.02	\$ 447.00	29%	\$ 1,570.82	N/A	Employee + Child(ren)	\$ 1,540.02	\$ 1,123.02	\$ 417.00	27%	NOT ELIG	\$ 1,510.02
Employee + Family	\$ 2,494.60	\$ 1,830.60	\$ 664.00	27%	\$ 2,544.49	N/A	Employee + Family	\$ 2,494.60	\$ 1,860.60	\$ 634.00	25%	NOT ELIG	\$ 2,464.60
Spouse Only					\$ 973.65	\$ 954.56	Spouse Only					NOT ELIG	NOT ELIG
Spouse + Children					\$ 1,690.05	\$ 1,656.91	Spouse + Children					NOT ELIG	NOT ELIG
Child(ren) Only					\$ 395.80	\$ 388.04	Child(ren) Only					NOT ELIG	NOT ELIG

DENTAL	ACTIVE RATE	ER PAY	EE PAY	EE %	COBRA RATE
Employee Only	\$ 44.32	\$ 44.32	\$ -	0%	\$ 45.21
Employee + Spouse	\$ 88.64	\$ 61.39	\$ 27.25	31%	\$ 90.41
Employee + Child(ren)	\$ 113.64	\$ 92.42	\$ 21.22	19%	\$ 115.91
Employee + Family	\$ 157.97	\$ 115.19	\$ 42.78	27%	\$ 161.13
Spouse Only					\$ 45.21
Spouse + Children					\$ 115.91
Child Only					\$ 36.86

VISION BASE PLAN	TOTAL PREMIUM	EMPLOYER PAY	EMPLOYEE PAY	EE %	COBRA RATE
Employee Only	\$ 7.46	\$ -	\$ 7.46	100%	\$ 7.61
Employee + Spouse	\$ 14.75	\$ -	\$ 14.75	100%	\$ 15.05
Employee + Child(ren)	\$ 15.83	\$ -	\$ 15.83	100%	\$ 16.15
Employee + Family	\$ 23.53	\$ -	\$ 23.53	100%	\$ 24.00
Spouse Only					\$ 7.61
Spouse + Children					\$ 16.15
Child Only					\$ 7.61

VISION PREMIUM PLAN	TOTAL PREMIUM	EMPLOYER PAY	EMPLOYEE PAY	EE %	COBRA RATE
Employee Only	\$ 13.04	\$ -	\$ 13.04	100%	\$ 13.30
Employee + Spouse	\$ 25.47	\$ -	\$ 25.47	100%	\$ 25.98
Employee + Child(ren)	\$ 27.35	\$ -	\$ 27.35	100%	\$ 27.90
Employee + Family	\$ 40.65	\$ -	\$ 40.65	100%	\$ 41.46
Spouse Only					\$ 13.30
Spouse + Children					\$ 27.90
Child Only					\$ 13.30