

MISSOURI STATE UNIVERSITY
MEDICAL AND DENTAL PREMIUM RATES EFFECTIVE 01/01/2027

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	\$ 807.47	\$ 753.47	\$ 54.00	7%	\$ 823.62	N/A	Employee Only	\$ 807.47	\$ 783.47	\$ 24.00	3%	NOT ELIG	\$ 777.47
Employee + Spouse	\$ 1,727.18	\$ 1,215.18	\$ 512.00	30%	\$ 1,761.72	N/A	Employee + Spouse	\$ 1,727.18	\$ 1,245.18	\$ 482.00	28%	NOT ELIG	\$ 1,697.18
Employee + Child(ren)	\$ 1,484.44	\$ 1,106.44	\$ 378.00	25%	\$ 1,514.13	N/A	Employee + Child(ren)	\$ 1,484.44	\$ 1,136.44	\$ 348.00	23%	NOT ELIG	\$ 1,454.44
Employee + Family	\$ 2,404.12	\$ 1,819.12	\$ 585.00	24%	\$ 2,452.20	N/A	Employee + Family	\$ 2,404.12	\$ 1,849.12	\$ 555.00	23%	NOT ELIG	\$ 2,374.12
Spouse Only					\$ 938.10	\$ 919.71	Spouse Only					NOT ELIG	NOT ELIG
Spouse + Children					\$ 1,628.61	\$ 1,596.68	Spouse + Children					NOT ELIG	NOT ELIG
Child(ren) Only					\$ 381.49	\$ 374.01	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	\$ 935.02	\$ 816.02	\$ 119.00	13%	\$ 953.72	N/A	Employee Only	\$ 935.02	\$ 846.02	\$ 89.00	10%	NOT ELIG	\$ 905.02
Employee + Spouse	\$ 2,000.52	\$ 1,346.52	\$ 654.00	33%	\$ 2,040.53	N/A	Employee + Spouse	\$ 2,000.52	\$ 1,376.52	\$ 624.00	31%	NOT ELIG	\$ 1,970.52
Employee + Child(ren)	\$ 1,719.00	\$ 1,222.00	\$ 497.00	29%	\$ 1,753.38	N/A	Employee + Child(ren)	\$ 1,719.00	\$ 1,252.00	\$ 467.00	27%	NOT ELIG	\$ 1,689.00
Employee + Family	\$ 2,784.51	\$ 2,046.51	\$ 738.00	27%	\$ 2,840.20	N/A	Employee + Family	\$ 2,784.51	\$ 2,076.51	\$ 708.00	25%	NOT ELIG	\$ 2,754.51
Spouse Only					\$ 1,086.81	\$ 1,065.50	Spouse Only					NOT ELIG	NOT ELIG
Spouse + Children					\$ 1,886.47	\$ 1,849.48	Spouse + Children					NOT ELIG	NOT ELIG
Child(ren) Only					\$ 441.80	\$ 433.14	Child(ren) Only					NOT ELIG	NOT ELIG

DENTAL	ACTIVE RATE	ER PAY	EE PAY	EE %	COBRA RATE
Employee Only	\$ 46.04	\$ 46.04	\$ -	0%	\$ 46.96
Employee + Spouse	\$ 92.09	\$ 64.84	\$ 27.25	30%	\$ 93.93
Employee + Child(ren)	\$ 118.06	\$ 96.84	\$ 21.22	18%	\$ 120.42
Employee + Family	\$ 164.11	\$ 121.33	\$ 42.78	26%	\$ 167.39
Spouse Only					\$ 46.96
Spouse + Children					\$ 120.42
Child Only					\$ 38.29

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