

2026 Plan Costs

Below are the per-pay-period costs for the benefit coverages available through the McLeod Health benefit plans in 2026. Premium costs are deducted from your paycheck **24 times per year**. The McLeod benefit plan year is Jan. 1, 2026 to Dec. 31, 2026.

Medical Premiums (Per Pay Period)			
Coverage Level	Core	Enhanced	HDHP
Full-Time Premium (Budgeted 60+ hours per pay period)			
Employee Only	\$66.40	\$125.29	\$64.22
Employee + Spouse	\$161.98	\$326.72	\$156.65
Employee + Child(ren)	\$105.55	\$199.84	\$102.08
Family	\$177.14	\$358.14	\$171.32
Part-Time Premium (Budgeted 40-59 hours per pay period)			
Employee Only	\$203.98	\$363.64	\$197.27
Employee + Spouse	\$419.90	\$772.10	\$406.09
Employee + Child(ren)	\$303.91	\$542.72	\$293.92
Family	\$450.87	\$849.21	\$436.04

Health Savings Account		
Full & Part-Time (Budgeted 40+ hours per pay period)		
Coverage Level	McLeod Contribution	Maximum Annual Contribution Employee + Employer
Employee only	\$250	\$4,400
Family*	\$500	\$8,750

*Family coverage tier includes Employee + Spouse and Employee + Child(ren) coverage tiers.

The McLeod contribution will be made after all requirements are met by the account holder.

Dental Premiums (Per Pay Period)		
Full & Part-Time (Budgeted 40+ hours per pay period)		
Coverage Level	Basic	High
Employee Only	\$10.91	\$20.98
Employee + Spouse	\$21.13	\$40.73
Employee + Child(ren)	\$23.11	\$44.56
Family	\$33.31	\$64.12

Vision Premiums (Per Pay Period)	
Full & Part-Time (Budgeted 40+ hours per pay period)	
Coverage Level	Comprehensive
Employee Only	\$3.81
Employee + Spouse	\$7.78
Employee + Child(ren)	\$8.44
Family	\$12.55

Dependent Life Premiums (Per Pay Period)			
Full & Part-Time (Budgeted 40+ hours per pay period)			
Coverage Level	\$10,000	\$20,000	\$30,000
Spouse	\$0.58	\$1.15	\$1.73
Coverage Level	\$10,000	\$15,000	
Child/Children	\$0.37	\$0.56	

You must elect coverage during annual enrollment if you would like to increase spousal dependent life insurance.

Health Care Flexible Spending Account		
Full & Part-Time (Budgeted 40+ hours per pay period)		
Contribution	Per Pay Period	Annual
Minimum Contribution	\$4.00	\$96.00
Maximum Contribution	\$137.50	\$3,300

Dependent Care Flexible Spending Account*		
Full & Part-Time (Budgeted 40+ hours per pay period)		
Contribution	Per Pay Period	Annual
Minimum Contribution	\$4.00	\$96.00
Maximum Contribution	\$312.50	\$7,500

*Day care expenses for child(ren) and/or adult(s).

ID Theft Premiums (Per Pay Period)	
Full & Part-Time (Budgeted 40+ hours per pay period)	
Coverage Level	Per Pay Period
Employee Only	\$4.00
Family	\$6.63

MASA	
Emergency Transport (Per Pay Period)	
Full & Part-Time (Budgeted 40+ hours per pay period)	
Coverage Level	Per Pay Period
Emergent Plus (Family)	\$7.00
Platinum (Employee Only)	\$14.50
Platinum (Family)	\$19.50