

2027 Plan Costs

Below are the per-pay-period costs for the benefit coverages available through the McLeod Health benefit plans in 2027. Premium costs are deducted from your paycheck **24 times per year**. To view the full 2027 paycheck schedule, refer to the 2027 pay schedule located on benefits.mcleodhealth.org. The McLeod benefit plan year is Jan. 1, 2027 to Dec. 31, 2027.

Medical Premiums (Per Pay Period)			
Coverage Level	Core	Enhanced	HDHP
Full-Time Premium (Budgeted 60+ hours per pay period)			
Employee Only	\$68.73	\$129.68	\$64.22
Employee + Spouse	\$167.65	\$338.16	\$156.65
Employee + Child(ren)	\$109.25	\$206.84	\$102.08
Family	\$183.34	\$370.68	\$171.32
Part-Time Premium (Budgeted 40-59 hours per pay period)			
Employee Only	\$211.12	\$376.37	\$197.27
Employee + Spouse	\$434.60	\$799.13	\$406.09
Employee + Child(ren)	\$314.55	\$561.72	\$293.92
Family	\$466.65	\$878.93	\$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	\$4,500
Family*	\$500	\$9,000

*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	\$11.21	\$21.56
Employee + Spouse	\$21.72	\$41.87
Employee + Child(ren)	\$23.75	\$45.80
Family	\$34.24	\$65.91

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	\$141.66	\$3,400

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	\$4.22
Family	\$8.47

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