MACOMB COMMUNITY COLLEGE
2026 PLAN YEAR - MEDICAL CARE PLAN OPTIONS & RATES

OPTION	MEDICAL PLAN	TIER	ANNUAL PREMIUM	ANNUAL HARD CAP	ANNUAL EMPLOYEE CONTRIBUTION*	BI-WEEKLY EMPLOYEE CONTRIBUTION*
HDH	Traditional Blue Cross Blue Shield HDHP	Single	$ 9,009.12	$ 7,942.09	$ 1,067.03	$ 41.04
		2 Person	$ 18,853.32	$ 16,609.38	$ 2,243.94	$ 86.31
		Family	$ 24,489.72	$ 21,660.30	$ 2,829.42	$ 108.82
PPO	Blue Cross Blue Shield PPO	Single	$ 11,632.80	$ 7,942.09	$ 3,690.71	$ 141.95
		2 Person	$ 24,340.32	$ 16,609.38	$ 7,730.94	$ 297.34
		Family	$ 31,645.20	$ 21,660.30	$ 9,984.90	$ 384.03
NEW PLAN OFFERING FOR 2026 PLAN YEAR						
HDH	Embedded Blue Cross Blue Shield HDHP	Single	$ 7,916.95	$ 7,942.09	$ (25.14)	$ (0.97)
		2 Person	$ 16,569.30	$ 16,609.38	$ (40.08)	$ (1.54)
		Family	$ 21,511.08	$ 21,660.30	$ (149.22)	$ (5.74)

* If eligible for an HSA, the Annual Employee Contribution for the Embedded HDH plan will be frontloaded.