MISSOURI DEPARTMENT OF NATURAL RESOURCES

Mike Kehoe
Governor

Kurt U. Schaefer
Director

MEMORANDUM
2027-003

DATE: September 3, 2026

TO: All Soil and Water Conservation Districts

FROM: Jim Plassmeyer, Director
Soil and Water Conservation Program

SUBJECT: 2027 Health Insurance Rates

For calendar year 2027, the Soil and Water Conservation Program will continue to provide health insurance grant allocations to Soil and Water Conservation Districts (SWCDs) for select plans offered through Missouri Consolidated Health Care Plan (MCHCP). The plan options that are available for SWCD employees in 2027 are more extensive than previous fiscal years. Soil and Water Conservation District employees that are paid for at least 1,560 hours from state funds are eligible for health insurance through MCHCP. Employees may choose any of the eight available plans.

The Soil and Water Conservation Program (SWCP) will provide funding using a two-tiered system with one set of rates applicable to HSA plans and one set of rates for PPO plans. The program will provide $920 per month, per employee, for anyone enrolled in a PPO plan through MCHCP. Additionally, the program will provide a stipend of $600 per month for any employee that has family members covered on their PPO plan, regardless of the number of family members covered. Any employee that enrolls in an HSA plan will receive an $800 stipend from the state, with an additional $500 if they have family members covered. It is anticipated that the SWCP will provide approximately $2.75 million to SWCDs for health insurance premiums. The schedule of premiums for SWCDS is attached to this memorandum.

Open enrollment for SWCD employees is October 1st through October 31st. Please remember, if your district has employees that choose not to participate in the MCHCP health insurance plans offered, they will still need to complete the open enrollment forms and indicate that they do not wish to participate. For specific information regarding any of the plans, please refer to the

MCHP directly. The SWCP will send out an electronic form in early November that each district -will need to complete if you wish to receive a stipend for health insurance. If you have any questions, please contact Jake Wilson at the Soil and Water Conservation Program, P.O. Box 176, Jefferson City, MO 65102-0176, by telephone at 573-522-8281, or by email at jake.wilson@dnr.mo.gov. Thank you.

Attachment

SOIL AND WATER CONSERVATION DISTRICTS

Total Monthly Premium
Effective January 1 - December 31, 2027

Rate Category	HSA 6500	HSA 5500	HSA 3500	HSA 1800	PPO 5000	PPO 2500	PPO 1250	PPO 750
Active Employee								
Employee Only	$806.30	$823.16	$865.02	$939.32	$934.09	$976.43	$1,050.28	$1,113.53
Employee and Spouse	$1,967.37	$2,008.51	$2,110.65	$2,291.94	$2,279.18	$2,382.49	$2,562.68	$2,717.01
Employee and Child(ren)	$1,370.71	$1,399.37	$1,470.53	$1,596.84	$1,587.95	$1,659.93	$1,785.48	$1,893.00
Employee and Family	$2,531.78	$2,584.72	$2,716.16	$2,949.46	$2,933.04	$3,065.99	$3,297.88	$3,496.48
Retiree or Survivor w/out Medicare (MC)								
Retiree Only	$1,053.71	$1,075.75	$1,130.45	$1,227.55	$1,208.86	$1,263.65	$1,359.23	$1,441.35
Retiree/Spouse Without MC	$2,107.42	$2,151.49	$2,260.90	$2,455.10	$2,417.73	$2,527.30	$2,718.45	$2,882.70
Retiree/Spouse Without MC and Child(ren)	$2,511.32	$2,563.84	$2,694.22	$2,925.64	$2,881.10	$3,011.68	$3,239.47	$3,435.19
Retiree/Spouse With MC	Not applicable	Not applicable	Not applicable	Not applicable	$1,717.08	$1,794.90	$1,930.66	$2,112.93
Retiree/Spouse With MC and Child(ren)	Not applicable	Not applicable	Not applicable	Not applicable	$2,180.46	$2,279.28	$2,451.68	$2,665.43
Retiree/Child(ren)	$1,457.61	$1,488.10	$1,563.77	$1,698.09	$1,672.24	$1,748.03	$1,880.24	$1,993.84
Surviving Child(ren)	$403.90	$412.35	$433.32	$470.54	$463.38	$484.38	$521.02	$552.49
Retiree or Survivor With Medicare (MC)								
Retiree Only					$508.22	$531.25	$571.43	$671.58
Retiree/Spouse Without MC					$1,717.08	$1,794.90	$1,930.66	$2,112.93
Retiree/Spouse Without MC and Child(ren)	Not applicable	Not applicable	Not applicable	Not applicable	$2,180.46	$2,279.28	$2,451.68	$2,665.43
Retiree/Spouse With MC					$1,016.44	$1,062.50	$1,142.87	$1,343.17
Retiree/Spouse With MC and Child(ren)					$1,479.82	$1,546.88	$1,663.88	$1,895.66
Retiree/Child(ren)					$971.60	$1,015.63	$1,092.45	$1,224.08
COBRA Participant								
Participant Only	$822.43	$839.62	$882.32	$958.11	$952.77	$995.96	$1,071.29	$1,135.80
Participant and Spouse	$2,007.69	$2,049.67	$2,153.90	$2,338.91	$2,325.88	$2,431.31	$2,615.20	$2,772.69
Participant and Child(ren)	$1,394.90	$1,424.07	$1,496.48	$1,625.02	$1,615.98	$1,689.22	$1,816.98	$1,926.41
Participant and Family	$2,580.16	$2,634.11	$2,768.06	$3,005.82	$2,989.09	$3,124.58	$3,360.90	$3,563.30
Child(ren) Only	$572.47	$584.44	$614.16	$666.92	$663.20	$693.27	$745.70	$790.61

SOIL AND WATER CONSERVATION DISTRICTS

Total Monthly Premium Excluding Contraceptive Coverage
Effective January 1 - December 31, 2027

Rate Category	HSA 6500 without Contraceptives	HSA 5500 without Contraceptives	HSA 3500 without Contraceptives	HSA 1800 without Contraceptives	PPO 5000 without Contraceptives	PPO 2500 without Contraceptives	PPO 1250 without Contraceptives	PPO 750 without Contraceptives
Active Employee								
Employee Only	$801.91	$818.68	$860.31	$934.21	$929.01	$971.12	$1,044.57	$1,107.47
Employee and Spouse	$1,956.66	$1,997.58	$2,099.16	$2,279.47	$2,266.78	$2,369.53	$2,548.75	$2,702.23
Employee and Child(ren)	$1,363.25	$1,391.76	$1,462.53	$1,588.16	$1,579.32	$1,650.90	$1,775.77	$1,882.70
Employee and Family	$2,518.00	$2,570.66	$2,701.37	$2,933.42	$2,917.09	$3,049.32	$3,279.95	$3,477.46
Retiree or Survivor w/out Medicare (MC)								
Retiree Only	$1,052.60	$1,074.61	$1,129.26	$1,226.25	$1,207.33	$1,262.04	$1,357.50	$1,439.60
Retiree/Spouse Without MC	$2,105.20	$2,149.22	$2,258.51	$2,452.51	$2,414.66	$2,524.09	$2,715.00	$2,879.20
Retiree/Spouse Without MC and Child(ren)	$2,508.67	$2,561.14	$2,691.38	$2,922.55	$2,877.45	$3,007.85	$3,235.36	$3,431.02
Retiree/Spouse With MC	Not applicable	Not applicable	Not applicable	Not applicable	$1,715.51	$1,793.25	$1,928.89	$2,111.08
Retiree/Spouse With MC and Child(ren)	Not applicable	Not applicable	Not applicable	Not applicable	$2,178.30	$2,277.02	$2,449.24	$2,662.90
Retiree/Child(ren)	$1,456.08	$1,486.53	$1,562.12	$1,696.30	$1,670.12	$1,745.81	$1,877.85	$1,991.42
Surviving Child(ren)	$403.48	$411.92	$432.86	$470.04	$462.79	$483.76	$520.35	$551.82
Retiree or Survivor With Medicare (MC)								
Retiree Only					$508.18	$531.21	$571.39	$671.48
Retiree/Spouse Without MC					$1,715.51	$1,793.25	$1,928.89	$2,111.08
Retiree/Spouse Without MC and Child(ren)	Not applicable	Not applicable	Not applicable	Not applicable	$2,178.30	$2,277.02	$2,449.24	$2,662.90
Retiree/Spouse With MC					$1,016.36	$1,062.42	$1,142.77	$1,342.96
Retiree/Spouse With MC and Child(ren)					$1,479.15	$1,546.18	$1,663.13	$1,894.78
Retiree/Child(ren)					$970.97	$1,014.97	$1,091.74	$1,223.30
COBRA Participant								
Participant Only	$817.95	$835.05	$877.52	$952.89	$947.59	$990.54	$1,065.46	$1,129.62
Participant and Spouse	$1,996.76	$2,038.51	$2,142.17	$2,326.18	$2,313.23	$2,418.09	$2,600.98	$2,757.60
Participant and Child(ren)	$1,387.30	$1,416.32	$1,488.34	$1,616.18	$1,607.19	$1,680.04	$1,807.11	$1,915.92
Participant and Family	$2,566.11	$2,619.78	$2,752.99	$2,989.47	$2,972.83	$3,107.58	$3,342.62	$3,543.90
Child(ren) Only	$569.36	$581.26	$610.82	$663.29	$659.60	$689.50	$741.64	$786.30