WHAT COULD CHANGE FOR YOUR MEDICAL PLAN FOR 26/27?

- Your Insurance Committee is focused on delivering benefits that matter most.
- Plan options designed to fit different healthcare needs and budgets.
- Manageable copays for the care you use most.

Pending ratification and board approval

Two Dates to Know

If ratified, here is exactly when changes take effect.

1

Plan Design Changes

JANUARY 1, 2027

Copays, deductibles, out-of-pocket maximums, and covered services under the new plan design take effect.

2

Premium Contribution Changes

NOVEMBER 15, 2026 PAYCHECK

Your new per-pay-period premium amount begins showing up on this paycheck — ahead of the plan year.

Insurance Committee Recommendations

Full plan design comparison — Hospital 1 vs. Hospital 2.

	Hospital 1	Hospital 2
IN NETWORK		
Deductible (CYD): Ind/Fam	$5,000 / $10,000	$2,000 / $6,000
Coinsurance: Carrier/Member	80% / 20%	80% / 20%
Physician Services: PCP/Specialist	$10 / $100	$10 / $75
Independent Diagnostic Lab/X-Ray/AIS	CYD + 20%	$50, CYD + 20% AIS
Outpatient Surgery and Services	CYD + 20%	CYD + 20%
Emergency Room Services	CYD + $250 + 20%	$200 + CYD + 20%
Urgent Care Services	$75.00	$60.00
Rx Deductible	$300.00	$0.00
Prescription Drugs — Generic	$20.00	$10.00
Prescription Drugs — Brand	$70.00	$50.00
Prescription Drugs — Non-formulary Brand	$110.00	$80.00
Out of Pocket Maximum: Ind/Fam	$7,900 / $15,800	$6,350 / $19,050
OUT OF NETWORK		
Deductible: Individual/Family	$10,000 / $20,000	$5,000 / $15,000
Coinsurance: Carrier/Member	50% / 50%	50% / 50%
Out of Pocket Maximum: Ind/Fam	$20,000 / $40,000	$13,000 / $26,000

How Much Will I Pay?

Pay period premiums beginning on the Nov. 15 paycheck.

Coverage	Hospital 1	Hospital 2
Single	$77.93	$185.89
Family	$323.76	$631.77

***EXAMPLE: FAMILY — HOSPITAL 2**

+$233.65

more per paycheck, across 19 paychecks a year

**specific circumstances may yield different values*

***EXAMPLE: FAMILY — HOSPITAL 1**

+$25.55

more per paycheck, across 19 paychecks a year

**specific circumstances may yield different values*

What the Committee Weighs — Every Year

None of these changes are made lightly. Before any change, the committee reviews:

1

Provider relationships

Whether the change disrupts your relationship with your current doctors.

2

Prescription coverage

Whether your prescriptions stay covered, and at what cost.

3

Referral requirements

Whether you'll now need a referral to see a specialist.

4

Plan design comparison

How copays, deductibles, and out-of-pocket maximums compare — for you and for the district.

5

Wellness center access

How the change affects access to our free wellness centers.

What This Means For You

This is a decision, not a mandate to one plan.

HOSPITAL 1

Choose based on your family's deductible, copay, and prescription needs. Compare it side-by-side with Hospital 2 during open enrollment.

HOSPITAL 2

Carries different tradeoffs on deductibles, copays, and prescription costs. The right choice depends on how your family actually uses care.

Open enrollment: October 2026 — talk it through with your family before it opens.

Who to Talk To

General coverage or enrollment questions, start with HR Benefits.
Questions about how this decision was made, the insurance committee is happy to talk it through.

HR BENEFITS DEPARTMENT

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25/26 INSURANCE COMMITTEE

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DC **Diana Churchill (SJESPA)**	SM **Sherri Mickley (SJESPA)**	RS **Romilda Smith (SJESPA)**

Thank you.