

DIXON PUBLIC SCHOOLS #170

"A Place to Grow"

www.dps170.org

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Dr. Melydi Huyett, Superintendent
Doug Stansford, Asst. Superintendent
Marc Campbell, Business Manager

Date: October 21, 2026
To: Board of Education Members
From: Dr. Melydi Huyett, Superintendent & Marc Campbell, Chief School Business Official
RE: FY 27 – Health Insurance Renewal Recommendation

MMA, our insurance consultant, has met with administration and the insurance committee regarding the Employee Health Insurance Plan renewal for FY 27. Given our current health insurance costs, which includes medical claims, Rx claims, stop-loss coverage, and various administrative fees, the renewal premium will be an increase of 15.2%. The District has traditionally referred to this renewal premium as the COBRA rate and it is used to calculate employee contributions to the plan. These recommended COBRA rates are as follows.

Plan Coverage	Tier II/Month	Tier III/Month	FY 26 (Tier II)
Single	\$1,400.00	\$1,349.00	\$1,171.00/month
Employee+1	\$3,235.00	\$3,090.00	\$2,682.00/month
Family	\$3,666.00	\$3,534.00	\$3,067.00/month

- These rates are effective 1/1/27 and go through 12/31/27.

Insurance Committee information/recommendation to the Board:

- The District is currently operating at a combined plans Loss Run of 88.1%, meaning the premium payments are 12% greater than the actual claims.
- Continue to offer two plans: Tier II and Tier III.
- At the October 2026 Board of Education meeting, the Board is being asked to approve MOU's regarding the implementation of the HDHP-HSA plan for open enrollment beginning November 2026.
- Employee contributions are part of contract negotiations.

Recommendation:

It is the recommendation of administration for the Board to approve the Employee Health Insurance renewal as presented.

Dixon Public Schools, in cooperation with the community, will provide students with a comprehensive educational program that produces well-educated, self-sufficient, and involved citizens.

Dixon Public Schools

Insurance Committee Meeting



Date & Time: Monday, September 21st, 2026 at 3:30PM

Zoom Details: <https://mmc.zoom.us/j/96590250389?pwd=FbOGTtam1ePmnaHabZVaNJZqZvCGnp.1&from=addon>

Meeting ID: 965 9025 0389

Password: 143804

Agenda

1. Medical/Rx Claims Update – January 2026 through July 2026 (Dixon only)

- ✓ PPO loss ratio = 88.1% / Rx = 21.02% of claims paid
- ✓ High-Cost Claimants:
 - PPO
 - 3 large claimants over \$75k
 - 0 claimants over \$300k pooling level

2. MMA Renewal Presentation for January 1, 2027

- ✓ 2027 MetLife dental renewal is pending

3. Upcoming Open Enrollment

- ✓ Benefits Educators will be available to help employees better understand their benefits and make informed choices.
- ✓ Open Enrollment for 2027 will be an active enrollment and will require all employees to log in to Bswift and make their elections, even if they are not changing coverage.

4. Compliance Updates

- ✓ 2027 HDHP Deductible increases based on IRS HSA regulations: \$1,750 individual / \$3,500 family
- ✓ 2027 HSA contribution limits increased based on IRS regulations: \$4,500 Individual / \$9,000 Family
- ✓ 2027 Health FSA contribution limits have not been released yet
- ✓ Illinois House Bill 3248: Laser Hair Removal
 - Requires coverage for medically necessary laser hair removal when prescribed according to generally accepted standards of medical care effective 1/1/27.
 - No action needed – BCBS is making any necessary updates

Dixon Public Schools

Insurance Committee Meeting



- ✓ Illinois Family Neonatal Intensive Care Leave Act
 - Employees of "Large employers" (those with 50 or more employees) shall be entitled to use 20 days of unpaid neonatal intensive care leave while a child of the employee is a patient in a neonatal intensive care unit.
- ✓ IL Senate Bill 69: Riding Therapy
 - Requires coverage for medically necessary services, including hippotherapy, that include equine movement as part of therapeutic intervention effective 1/1/2027
 - No action needed – BCBS is making any necessary updates
- ✓ IL Senate Bill 1418: Peripheral Artery Test
 - Requires coverage of a peripheral artery disease screening test for at-risk individuals, as defined by the American College of Cardiology and the American Heart Association's Joint Committee on Clinical Practice Guidelines

5. Next Meeting: December 14th, 3:30 PM

PPO Current

CURRENT

HDHP Plan

Plan Name	Dixon Tier 2 Plan (NGF) P13957				Dixon Tier 3 Plan (NGF) P13955				HDHP 1700 165602			
Benefits	In-Network		Out-of-Network		In-Network		Out-of-Network		In-Network		Out-of-Network	
Provider Network	PPO		PPO		PPO		PPO		PPO		PPO	
Deductible												
Individual	\$500				\$400				\$1,700			
Family	\$750				\$1,200				\$3,400			
Embedded?	Yes				Yes				No			
Coinsurance												
Plan Pays	90%		70%		90%		70%		90%		70%	
Out-of-Pocket Maximum												
Individual	\$1,500		\$2,500		\$1,200				\$3,400			
Family	\$4,500		\$7,500		\$3,600				\$6,800			
Services												
Preventive Care	No Charge		70% after deductible		No Charge		70% after deductible		No Charge		70% after deductible	
Primary Office Visit	90% after deductible		70% after deductible		\$20 copay		70% after deductible		90% after deductible		70% after deductible	
Specialist Office Visit	90% after deductible		70% after deductible		\$40 copay		70% after deductible		90% after deductible		70% after deductible	
Urgent Care	90% after deductible		70% after deductible		\$40 copay		70% after deductible		90% after deductible		70% after deductible	
Emergency Room	90% after deductible		70% after deductible		\$150 copay		70% after deductible		90% after deductible		70% after deductible	
Diagnostic Lab & X-Ray	90% after deductible		70% after deductible		90% after deductible		70% after deductible		90% after deductible		70% after deductible	
Complex Imaging	90% after deductible		70% after deductible		90% after deductible		70% after deductible		90% after deductible		70% after deductible	
Inpatient Hospital	90% after deductible		70% after deductible		90% after deductible		70% after deductible		90% after deductible		70% after deductible	
Outpatient Hospital	90% after deductible		70% after deductible		90% after deductible		70% after deductible		90% after deductible		70% after deductible	
Prescription Drug Benefits												
Out-of-Pocket Max (Indiv/Family)	Included in Medical OPX				\$750 / \$2,250				Included in Medical OPX			
Retail RX												
Retail Rx Benefit (34 days)	80% after deductible		Not Covered		Copay: \$15/\$30/\$50/\$50		Not Covered		80% after deductible		Not Covered	
Mail-Order Rx Benefit (90 days)	80% after deductible		Not Covered		Copay: \$30/\$60/\$100/NA		Not Covered		80% after deductible		Not Covered	
3-Tier Rates												
Employee:	44	\$1,215.00	\$53,460.00	89	\$1,171.00	\$104,219.00	0	\$854.00	\$0.00			\$0.00
Employee + 1:	4	\$2,808.00	\$11,232.00	49	\$2,682.00	\$131,418.00	0	\$2,075.00	\$0.00			\$0.00
Employee + 2 or more:	9	\$3,182.00	\$28,638.00	78	\$3,067.00	\$239,226.00	0	\$2,432.00	\$0.00			\$0.00
Plan Monthly Costs:	57		\$93,330.00	216		\$474,863.00	0		\$0.00			\$0.00
Totals												
Total Participants:							273					
Total Monthly:												
Total Annual:												
Annual \$ Difference:												
Annual % Difference:												

PPO Renewal

Plan Name	Dixon Tier 2 Plan (NGF) P13957		Dixon Tier 3 Plan (NGF) P13955		HDHP 1750 165602	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Provider Network						
Deductible						
Individual						
Family						
Embedded?						
Coinsurance						
Plan Pays						
Out-of-Pocket Maximum						
Individual						
Family						
Services						
Preventive Care						
Primary Office Visit						
Specialist Office Visit						
Urgent Care						
Emergency Room						
Diagnostic Lab & X-Ray						
Complex Imaging						
Inpatient Hospital						
Outpatient Hospital						
Prescription Drug Benefits						
Out-of-Pocket Max (Indiv/Family)						
Retail RX						
Retail Rx Benefit (34 days)						
Mail-Order Rx Benefit (90 days)						
3-Tier Rates						
Employee:	44	\$1,400.00	89	\$1,349.00	0	\$974.00
Employee + 1:	4	\$3,235.00	49	\$3,090.00	0	\$2,366.00
Employee + 2 or more:	9	\$3,666.00	78	\$3,534.00	0	\$2,773.00
Plan Monthly Costs:	57	\$107,534.00	216	\$547,123.00	0	\$0.00
Totals						
Total Participants:				273		
Total Monthly:				\$654,657.00		
Total Annual:				\$7,855,884.00		
Annual \$ Difference:				\$1,037,568.00		
Annual % Difference:				15.22%		