

Woodridge SD 68 - Proposed PPO Plan Options

| PPO Network | <u>Current PPO Plan</u> | | <u>Option 1</u> | | <u>Option 2</u> | | <u>Option 3</u> | | <u>Option 4</u> | |
|---|--|--------------------------------------|---|--------------------------------------|---|--------------------------------------|---|--------------------------------------|--|--------------------------------------|
| | Embedded Deductible/Embedded OPX | | Embedded Deductible/Embedded OPX | | Embedded Deductible/Embedded OPX | | Embedded Deductible/Embedded OPX | | Embedded Deductible/Embedded OPX | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductible | | | | | | | | | | |
| Individual | \$300 | | \$400 | \$1,200 | \$500 | \$1,500 | \$750 | \$2,250 | \$1,000 | \$2,000 |
| Family | \$900 | | \$1,200 | \$3,600 | \$1,500 | \$4,500 | \$2,250 | \$6,750 | \$2,000 | \$4,000 |
| Out-of-pocket limit | (deductible included in OOP Limit) | | (deductible included in OOP Limit) | | (deductible included in OOP Limit) | | (deductible included in OOP Limit) | | (deductible included in OOP Limit) | |
| Individual | \$1,100 | | \$1,200 | \$3,600 | \$1,500 | \$4,500 | \$2,250 | \$6,750 | \$2,000 | \$4,000 |
| Family | \$3,300 | | \$3,600 | \$10,800 | \$4,500 | \$13,500 | \$6,750 | \$20,250 | \$4,000 | \$8,000 |
| Lifetime Maximum | Unlimited | | Unlimited | | Unlimited | | | | Unlimited | |
| Hospital | | | | | | | | | | |
| Inpatient Services | 90% no deductible | 80%, after \$300 per admission copay | 90% after deductible | 80%, after \$300 per admission copay | 90% after deductible | 80%, after \$300 per admission copay | 80% after deductible | 60%, after \$300 per admission copay | 90% after deductible | 80%, after \$300 per admission copay |
| Outpatient Surgery | 90% after deductible | 80% after deductible | 90% after deductible | 80% after deductible | 90% after deductible | 80% after deductible | 80% after deductible | 60% after deductible | 90% after deductible | 80% after deductible |
| Accident Benefit | 100% up to \$300 per accident | | 100% up to \$300 per accident | | 100% up to \$300 per accident | | 100% up to \$300 per accident | | 100% up to \$300 per accident | |
| Emergency Room | 90% no deductible | | 90% after deductible | | 90% after deductible | | 80% after deductible | | 90% after deductible | |
| Physician | | | | | | | | | | |
| Inpatient Services | 80% after deductible | 70% after deductible | 80% after deductible | 70% after deductible | 80% after deductible | 70% after deductible | 80% after deductible | 60% after deductible | 80% after deductible | 70% after deductible |
| Outpatient Surgery | 80% after deductible | 70% after deductible | 80% after deductible | 70% after deductible | 80% after deductible | 70% after deductible | 80% after deductible | 60% after deductible | 80% after deductible | 70% after deductible |
| Offices Visit | 80% after deductible | 70% after deductible | 80% after deductible | 70% after deductible | 80% after deductible | 70% after deductible | 80% after deductible | 60% after deductible | 80% after deductible | 70% after deductible |
| Other | | | | | | | | | | |
| Diagnostic Services | 80% after deductible | 70% after deductible | 80% after deductible | 70% after deductible | 80% after deductible | 70% after deductible | 80% after deductible | 60% after deductible | 80% after deductible | 70% after deductible |
| ¹ Therapy - Speech, occupational or physical therapy | 80% after deductible ¹ | 70% after deductible | 80% after deductible ¹ | 70% after deductible | 80% after deductible ¹ | 70% after deductible | 80% after deductible ¹ | 60% after deductible | 80% after deductible ¹ | 70% after deductible |
| Mental/Nervous - Inpatient | 90% no deductible | 80%, after \$300 per admission copay | 90% after deductible | 80%, after \$300 per admission copay | 90% after deductible | 80%, after \$300 per admission copay | 80% after deductible | 60%, after \$300 per admission copay | 90% after deductible | 80%, after \$300 per admission copay |
| Mental/Nervous - Outpatient | 80% after deductible | 70% after deductible | 80% after deductible | 70% after deductible | 80% after deductible | 70% after deductible | 80% after deductible | 60% after deductible | 80% after deductible | 70% after deductible |
| Substance Abuse - Inpatient | 90% no deductible | 80%, after \$300 per admission copay | 90% after deductible | 80%, after \$300 per admission copay | 90% after deductible | 80%, after \$300 per admission copay | 80% after deductible | 60%, after \$300 per admission copay | 90% after deductible | 80%, after \$300 per admission copay |
| Substance Abuse - Outpatient | 80% after deductible | 70% after deductible | 80% after deductible | 70% after deductible | 80% after deductible | 70% after deductible | 80% after deductible | 60% after deductible | 80% after deductible | 70% after deductible |
| Wellcare | 100% | 70% after deductible | 100% | 70% after deductible | 100% | 70% after deductible | 100% | 60% after deductible | 100% | 70% after deductible |
| Prescription | | | | | | | | | | |
| Rx Out-of-pocket | Prime Therapeutics | | Prime Therapeutics | | Prime Therapeutics | | Prime Therapeutics | | Prime Therapeutics | |
| | \$5,750 individual/\$10,400 Family | | \$9,400 individual/\$17,600 Family | | \$9,100 individual/\$16,700 Family | | \$8,350 individual/\$14,450 Family | | \$8,600 individual/\$17,200 Family | |
| | | | | | | | | | | |
| ² Retail 34-Day supply | \$15 Generic \$15 Preferred Brand \$30 Non-Preferred Brand | | \$15 Generic \$30 Preferred Brand \$50 Non-Preferred Brand Specialty Copay \$100 | | \$15 Generic \$30 Preferred Brand \$50 Non-Preferred Brand Specialty Copay \$100 | | \$15 Generic \$30 Preferred Brand \$50 Non-Preferred Brand Specialty Copay \$100 | | \$15 Preferred Generic \$25 Non-Preferred Generic \$45 Preferred Brand \$65 Non-Preferred Brand \$150 Preferred Specialty \$250 Non-Preferred Specialty | |
| | | | | | | | | | | |
| Mail Order 90-Day supply | \$15 Generic \$15 Preferred Brand \$30 Non-Preferred Brand | | \$15 Generic \$60 Preferred Brand \$100 Non-Preferred Brand | | \$15 Generic \$60 Preferred Brand \$100 Non-Preferred Brand | | \$15 Generic \$60 Preferred Brand \$100 Non-Preferred Brand | | \$50 Non-Preferred Generic \$90 Preferred Brand \$130 Non-Preferred Brand | |
| Rates | | | | | | | | | | |
| Single | PPO 2025-26 | | Option 1 | | Option 2 | | Option 3 | | Option 3 | |
| Single + Spouse | \$1,198.56 | | \$1,155.10 | | \$1,139.98 | | \$1,093.17 | | \$1,121.26 | |
| EE + Children | \$2,217.35 | | \$2,136.95 | | \$2,108.97 | | \$2,022.38 | | \$2,074.34 | |
| Family | \$2,097.49 | | \$2,021.44 | | \$1,994.97 | | \$1,913.06 | | \$1,962.21 | |
| | \$2,654.79 | | \$2,558.53 | | \$2,525.03 | | \$2,421.35 | | \$2,483.57 | |
| Cost Savings from Current PPO Plan: | N/A | | -3.63% | | -4.89% | | -8.79% | | -6.45% | |
| Annual Premium | \$3,247,896.72 | | \$3,130,134.54 | | \$3,089,152.14 | | \$2,962,305.80 | | \$3,038,421.90 | |
| Annual Premium Savings | | | -\$117,762.18 | | -\$158,744.58 | | -\$285,590.92 | | -\$209,474.82 | |

Rates are based on 7/2025 renewal; rates will be adjusted based on 7/1/2026 renewal

¹Effective 1/2022 - 200 visits per person, per calendar year for combined therapy services

²Current specialty copay is \$10

2026 - ACA Out-of-Pocket

Single: \$10,600 Family: \$21,200

Please Note: The analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.

Woodridge SD 68 - Proposed BCO Plan Options

| PPO Network | Current Blue Choice Options PPO Plan | | | Option 1 Embedded Deductible/Embedded OPX | | | Option 2 Embedded Deductible/Embedded OPX | | | Option 3 Embedded Deductible/Embedded OPX | | |
|---|---|--|--|---|--|--|--|--|--|---|--|--|
| | In-Network Blue Choice Options | In-Network PPO | Out-of-Network | In-Network Blue Choice Options | In-Network PPO | Out-of-Network | In-Network Blue Choice Options | In-Network PPO | Out-of-Network | In-Network Blue Choice Options | In-Network PPO | Out-of-Network |
| Deductible | | | | | | | | | | | | |
| Individual | \$300 | \$600 | \$1,800 | \$500 | \$1,000 | \$3,000 | \$500 | \$1,000 | \$3,000 | \$750 | \$1,500 | \$4,500 |
| Family | \$900 | \$1,800 | \$5,400 | \$1,500 | \$3,000 | \$9,000 | \$1,500 | \$3,000 | \$9,000 | \$2,250 | \$4,500 | \$9,000 |
| Out-of-pocket limit | (deductible included in OOP Limit) | | | (deductible included in OOP Limit) | | | (deductible included in OOP Limit) | | | (deductible included in OOP Limit) | | |
| Individual | \$1,100 | \$2,200 | \$6,600 | \$1,500 | \$3,000 | \$9,000 | \$1,500 | \$3,000 | \$9,000 | \$1,500 | \$3,000 | \$9,000 |
| Family | \$3,300 | \$6,600 | \$19,800 | \$4,500 | \$9,000 | \$27,000 | \$4,500 | \$9,000 | \$27,000 | \$4,500 | \$9,000 | \$27,000 |
| Lifetime Maximum | | | | | | | | | | | | |
| Hospital | | | | | | | | | | | | |
| Inpatient Services | 90% after deductible | 70% after \$300 copay per admissions copay | 50% after \$600 copay per admissions copay | 90% after deductible | 70% after \$300 copay per admissions copay | 50% after \$600 copay per admissions copay | 90% after deductible | 70% after \$300 copay per admissions copay | 50% after \$600 copay per admissions copay | 90% after deductible | 70% after \$300 copay per admissions copay | 50% after \$600 copay per admissions copay |
| Outpatient Surgery | 90% after deductible | 70% | 50% | 90% after deductible | 70% | 50% | 90% after deductible | 70% | 50% | 90% after deductible | 70% | 50% |
| Emergency Room | 100% after \$250 copay | | | 100% after \$250 copay | | | 100% after \$250 copay | | | 100% after \$250 copay | | |
| Physician | | | | | | | | | | | | |
| Inpatient Services | 90% after deductible | 70% after deductible | 50% | 90% after deductible | 70% after deductible | 50% | 90% after deductible | 70% after deductible | 50% | 90% after deductible | 70% after deductible | 50% |
| Outpatient Surgery | 90% after deductible | 70% after deductible | 50% | 90% after deductible | 70% after deductible | 50% | 90% after deductible | 70% after deductible | 50% | 90% after deductible | 70% after deductible | 50% |
| Offices Visit | 90% after deductible | 70% after deductible | 50% | 90% after deductible | 70% after deductible | 50% | 90% after deductible | 70% after deductible | 50% | 90% after deductible | 70% after deductible | 50% |
| Other | | | | | | | | | | | | |
| Diagnostic Services | 90% after deductible | 70% after deductible | 50% | 90% after deductible | 70% after deductible | 50% | 90% after deductible | 70% after deductible | 50% | 90% after deductible | 70% after deductible | 50% |
| ¹ Therapy - Speech, occupational or physical therapy | 90% after deductible | 70% after deductible | 50% | 90% after deductible | 70% after deductible | 50% | 90% after deductible | 70% after deductible | 50% | 90% after deductible | 70% after deductible | 50% |
| Mental/Nervous - Inpatient | 90% after deductible | 70% after \$300 copay per admissions copay | 50% after \$600 copay per admissions copay | 90% after deductible | 70% after \$300 copay per admissions copay | 50% after \$600 copay per admissions copay | 90% after deductible | 70% after \$300 copay per admissions copay | 50% after \$600 copay per admissions copay | 90% after deductible | 70% after \$300 copay per admissions copay | 50% after \$600 copay per admissions copay |
| Mental/Nervous - Outpatient | 90% after deductible | 70% after deductible | 50% | 90% after deductible | 70% after deductible | 50% | 90% after deductible | 70% after deductible | 50% | 90% after deductible | 70% after deductible | 50% |
| Substance Abuse - Inpatient | 90% after deductible | 70% after \$300 copay per admissions copay | 50% after \$600 copay per admissions copay | 90% after deductible | 70% after \$300 copay per admissions copay | 50% after \$600 copay per admissions copay | 90% after deductible | 70% after \$300 copay per admissions copay | 50% after \$600 copay per admissions copay | 90% after deductible | 70% after \$300 copay per admissions copay | 50% after \$600 copay per admissions copay |
| Substance Abuse - Outpatient | 90% after deductible | 70% after deductible | 50% | 90% after deductible | 70% after deductible | 50% | 90% after deductible | 70% after deductible | 50% | 90% after deductible | 70% after deductible | 50% |
| Wellcare | 100% | 100% | 50% | 100% | 100% | 50% | 100% | 100% | 50% | 100% | 100% | 50% |
| Prescription | | | | | | | | | | | | |
| Rx Out-of-pocket | Prime Therapeutics \$5,950 individual/\$9,700 Family | | | Prime Therapeutics \$7,600 individual/\$12,200 Family | | | Prime Therapeutics \$7,600 individual/\$12,200 Family | | | Prime Therapeutics \$7,600 individual/\$12,200 Family | | |
| ² Retail 34-Day supply | \$15 Generic \$30 Preferred Brand \$60 Non-Preferred Brand | | | \$15 Generic \$30 Preferred Brand \$60 Non-Preferred Brand Specialty Copay \$100 | | | \$15 Preferred Generic \$25 Non-Preferred Generic \$45 Preferred Brand \$65 Non-Preferred Brand \$150 Preferred Specialty \$250 Non-Preferred Specialty | | | \$15 Generic \$30 Preferred Brand \$60 Non-Preferred Brand Specialty Copay \$100 | | |
| Mail Order 90-Day supply | \$30 Generic \$60 Preferred Brand \$120 Non-Preferred Brand | | | \$30 Generic \$60 Preferred Brand \$120 Non-Preferred Brand | | | \$30 Preferred Generic \$50 Non-Preferred Generic \$90 Preferred Brand \$130 Non-Preferred Brand | | | \$30 Generic \$60 Preferred Brand \$120 Non-Preferred Brand | | |
| Rates | | BCO 2025-26 | | | Option 1 | | | Option 2 | | | Option 3 | |
| Single | | \$1,048.74 | | | \$1,011.69 | | | \$1,009.96 | | | \$984.27 | |
| Single + Spouse | | \$1,940.18 | | | \$1,871.63 | | | \$1,868.44 | | | \$1,820.91 | |
| EE + Children | | \$1,835.31 | | | \$1,770.46 | | | \$1,767.45 | | | \$1,722.49 | |
| Family | | \$2,322.95 | | | \$2,240.87 | | | \$2,237.06 | | | \$2,180.15 | |
| Cost Savings from Current BCO Plan: | | N/A | | | -3.53% | | | -3.70% | | | -6.15% | |
| Annual Premium | | \$1,282,146.60 | | | \$1,236,844.74 | | | \$1,234,740.85 | | | \$1,203,329.44 | |
| Annual Premium Savings | | | | | -\$45,301.86 | | | -\$47,405.75 | | | -\$78,817.16 | |

Rates are based on 7/2025 renewal; rates will be adjusted based on 7/1/2026 renewal
¹Effective 1/2022 - 200 visits per person, per calendar year for combined therapy services
²Current specialty copay is based on where the drug falls on the formulary drug list

2026 - ACA Out-of-Pocket
 Single: \$10,600 Family: \$21,200

Please Note: The analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.

Woodridge SD 68 - Proposed HDHP Plan Options

| PPO Network | Current HDHP Embedded Deductible/Embedded OPX | | HDHP-Option 1 Embedded Deductible/Embedded OPX | | HDHP-Option 2 Embedded Deductible/Embedded OPX | | HDHP-Option 3 Embedded Deductible/Embedded OPX | |
|--|---|----------------------|--|----------------------|--|----------------------|--|----------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductible | | | | | | | | |
| Individual | \$3,300 | \$6,600 | \$3,400 | \$6,800 | \$3,500 | \$7,000 | \$3,500 | \$7,000 |
| Family | \$6,600 | \$13,200 | \$6,800 | \$13,600 | \$7,000 | \$14,000 | \$7,000 | \$14,000 |
| Out-of-pocket limit | (deductible included in OOP Limit) | | (deductible included in OOP Limit) | | (deductible included in OOP Limit) | | (deductible included in OOP Limit) | |
| Individual | \$6,600 | \$13,200 | \$6,800 | \$13,600 | \$7,000 | \$14,000 | \$7,000 | \$14,000 |
| Family | \$13,200 | \$26,400 | \$13,600 | \$27,200 | \$14,000 | \$28,000 | \$14,000 | \$28,000 |
| Lifetime Maximum | Unlimited | | Unlimited | | Unlimited | | Unlimited | |
| Hospital | | | | | | | | |
| Inpatient Services | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 80% after deductible | 60% after deductible |
| Outpatient Surgery | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 80% after deductible | 60% after deductible |
| Emergency Room | 90% after deductible | | 90% after deductible | | 90% after deductible | | 80% after deductible | |
| Physician | | | | | | | | |
| Inpatient Services | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 80% after deductible | 60% after deductible |
| Outpatient Surgery | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 80% after deductible | 60% after deductible |
| Offices Visit | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 80% after deductible | 60% after deductible |
| Other | | | | | | | | |
| Diagnostic Services | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 80% after deductible | 60% after deductible |
| Therapy - Speech, occupational or physical therapy | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 80% after deductible | 60% after deductible |
| Mental/Nervous - Inpatient | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 80% after deductible | 60% after deductible |
| Mental/Nervous - Outpatient | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 80% after deductible | 60% after deductible |
| Substance Abuse - Inpatient | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 80% after deductible | 60% after deductible |
| Substance Abuse - Outpatient | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 90% after deductible | 70% after deductible | 80% after deductible | 60% after deductible |
| Wellcare | 100% | 80% after deductible | 100% | 70% after deductible | 100% | 70% after deductible | 100% | 80% after deductible |
| Prescription | Prime Therapeutics | | Prime Therapeutics | | Prime Therapeutics | | Prime Therapeutics | |
| Retail | 90% after deductible | | 90% after deductible | | 90% after deductible | | 80% after deductible | |
| 34-Day supply | 90% after deductible | | 90% after deductible | | 90% after deductible | | 80% after deductible | |
| Mail Order | 90% after deductible | | 90% after deductible | | 90% after deductible | | 80% after deductible | |
| 90-Day supply | 90% after deductible | | 90% after deductible | | 90% after deductible | | 80% after deductible | |
| Rates | Current HDHP | | HDHP Option 1 Rates | | HDHP Option 2 Rates | | HDHP Option 3 Rates | |
| Single | \$844.57 | | | | \$833.95 | | \$793.23 | |
| Single + Spouse | \$1,562.46 | | | | \$1,542.82 | | \$1,467.48 | |
| EE + Children | \$1,477.99 | | | | \$1,459.41 | | \$1,388.14 | |
| Family | \$1,870.69 | | | | \$1,847.17 | | \$1,756.97 | |
| Cost Savings from Current HDHP Plan: | N/A | | No savings to plan - 7/1 renewal adjustment will apply | | -1.26% | | -6.08% | |
| Annual Premium | \$222,408.00 | | \$0.00 | | \$219,611.95 | | \$208,887.87 | |
| Annual Premium Savings | N/A | | \$222,408.00 | | -\$2,796.05 | | -\$13,520.13 | |

Rates are based on 7/2025 renewal; rates will be adjusted based on 7/1/2026 renewal

¹Effective 1/2022 - 200 visits per person, per calendar year for combined therapy services

2026

| | |
|---|-------------------|
| HDHP Minimum Deductibles: Self: \$1,700 Family: \$3,400 | HSA Contribution: |
| HDHP Maximum Out-of-Pocket: Self: \$8,500 Family \$17,000 | Single: \$4,400 |
| | Family: \$8,750 |

Options 1-3: Please note this plan has an embedded deductible and embedded OPX. Under this model, an individual is only responsible for the single deductible before coinsurance applies. This same rule applies for the OPX, and an individual is only responsible for the single OPX amount before services are paid at 100%

Please Note: The analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.

Woodridge SD 68 - Proposed HMO Plan Options

| | Current HMO IL Plan | | Option 1 | | Option 2 *Match HMO BA | | Current HMO BA Plan | | Option 1 *Apply changes to both HMO IL and BA | | Option 2 *Apply changes to both HMO IL and BA | |
|--|--|----------------------|---|----------------|--|----------------|---|----------------|---|----------------|--|----------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| PPO Network | | | | | | | | | | | | |
| Deductible | | | | | | | | | | | | |
| Individual | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Family | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Out-of-pocket limit | | | | | | | | | | | | |
| Individual | \$1,500 | N/A | \$1,500 | N/A | \$1,500 | N/A | \$1,500 | N/A | \$1,500 | N/A | \$3,000 | N/A |
| Family | \$3,000 | N/A | \$3,000 | N/A | \$3,000 | N/A | \$3,000 | N/A | \$3,000 | N/A | \$6,000 | N/A |
| Lifetime Maximum | Unlimited | | Unlimited | | Unlimited | | Unlimited | | Unlimited | | Unlimited | |
| Hospital | | | | | | | | | | | | |
| Inpatient Services | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% after \$100 copay per admission | No Coverage | 100% after \$100 copay per day up to 3 days | No Coverage |
| Outpatient Surgery | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% after \$50 copay | No Coverage | 100% after \$100 copay | No Coverage |
| Emergency Room | 100% after \$50 copay (waived if admitted) | | 100% after \$100 copay (waived if admitted) | | 100% after \$200 copay (waived if admitted) | | 100% after \$200 copay (waived if admitted) | | 100% after \$200 copay (waived if admitted) | | 100% after \$200 copay (waived if admitted) | |
| Physician | | | | | | | | | | | | |
| Inpatient Services | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage |
| Outpatient Surgery | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage |
| Offices Visit | 100% after \$15 copay for PCP & Specialist | No Coverage | 100% after \$20 copay for PCP & \$40 Specialist | No Coverage | 100% after \$30 copay for PCP & \$60 Specialist | No Coverage | 100% after \$30 copay for PCP & \$60 Specialist | No Coverage | 100% after \$30 copay for PCP & \$60 Specialist | No Coverage | 100% after \$30 copay for PCP & \$60 Specialist | No Coverage |
| Other | | | | | | | | | | | | |
| Diagnostic Services | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage |
| Therapy - Speech, occupational or physical therapy | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage |
| Mental/Nervous - Inpatient | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% after \$100 copay per admission | No Coverage | 100% | No Coverage |
| Mental/Nervous - Outpatient | 100% | No Coverage | 100% after \$20 copay | No Coverage | 100% after \$30 copay | No Coverage | 100% after \$30 copay | No Coverage | 100% after \$30 copay | No Coverage | 100% after \$30 copay | No Coverage |
| Substance Abuse - Inpatient | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% after \$100 copay per admission | No Coverage | 100% | No Coverage |
| Substance Abuse - Outpatient | 100% | No Coverage | 100% after \$20 copay | No Coverage | 100% after \$30 copay | No Coverage | 100% after \$30 copay | No Coverage | 100% after \$30 copay | No Coverage | 100% after \$30 copay | No Coverage |
| Wellcare | 100% | 70% after deductible | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage | 100% | No Coverage |
| Prescription | | | | | | | | | | | | |
| Retail | Prime Therapeutics | | Prime Therapeutics | | Prime Therapeutics | | Prime Therapeutics | | Prime Therapeutics | | Prime Therapeutics | |
| 34-Day supply | \$10 Generic \$20 Preferred Brand \$35 Non-Preferred Brand | | \$10 Generic \$20 Preferred Brand \$35 Non-Preferred Brand \$100 Specialty copay | | \$10 Generic \$20 Preferred Brand \$35 Non-Preferred Brand | | \$20 Generic \$40 Preferred Brand \$60 Non-Preferred Brand | | \$20 Generic \$40 Preferred Brand \$60 Non-Preferred Brand \$100 Specialty copay | | \$30 Non-Preferred Generic \$45 Preferred Brand \$65 Non-Preferred Brand \$150 Preferred Specialty \$250 Non-Preferred Specialty | |
| Mail Order | Prime Therapeutics | | Prime Therapeutics | | Prime Therapeutics | | Prime Therapeutics | | Prime Therapeutics | | Prime Therapeutics | |
| 90-Day supply | \$10 Generic \$20 Preferred Brand \$35 Non-Preferred Brand | | \$20 Generic \$40 Preferred Brand \$70 Non-Preferred Brand | | \$10 Generic \$20 Preferred Brand \$35 Non-Preferred Brand | | \$40 Generic \$80 Preferred Brand \$120 Non-Preferred Brand | | \$40 Generic \$80 Preferred Brand \$120 Non-Preferred Brand | | \$60 Non-Preferred Generic \$90 Preferred Brand \$130 Non-Preferred Brand | |
| HMO Illinois | | | | | | | | | | | | |
| Single | HMO 2025-26 | | Option 1 | | Option 2 | | HMO BA 2025-26 | | Option 1 | | Option 2 | |
| Single + Spouse | \$882.38 | | \$862.83 | | \$837.88 | | \$816.76 | | \$829.53 | | \$806.89 | |
| EE + Children | \$1,632.43 | | \$1,596.27 | | \$1,550.10 | | \$1,511.01 | | \$1,534.65 | | \$1,492.74 | |
| Family | \$1,544.19 | | \$1,509.98 | | \$1,466.31 | | \$1,429.32 | | \$1,451.69 | | \$1,412.04 | |
| | \$1,782.21 | | \$1,742.73 | | \$1,692.32 | | \$1,649.64 | | \$1,675.46 | | \$1,629.70 | |
| Cost Savings from Current HMO Plan: | N/A | | -2.22% | | -5.04% | | N/A | | -5.99% | | -6.18% | |
| Annual Premium | \$2,088,137.88 | | \$2,041,880.58 | | \$1,982,818.96 | | \$2,224,716.32 | | \$1,963,059.87 | | \$1,958,989.44 | |
| Annual Premium Savings | | | -\$46,257.30 | | -\$105,318.92 | | | | -\$125,078.01 | | -\$82,891.14 | |
| HMO Blue Advantage | | | | | | | | | | | | |
| Single | N/A | | Option 1 | | Option 2 | | HMO BA 2025-26 | | Option 1 | | Option 2 | |
| Single + Spouse | N/A | | N/A | | N/A | | \$816.76 | | \$808.57 | | \$806.89 | |
| EE + Children | N/A | | N/A | | N/A | | \$1,511.01 | | \$1,495.86 | | \$1,492.74 | |
| Family | N/A | | N/A | | N/A | | \$1,429.32 | | \$1,414.99 | | \$1,412.04 | |
| | N/A | | N/A | | N/A | | \$1,649.64 | | \$1,633.10 | | \$1,629.70 | |
| Cost Savings from Current BA HMO Plan: | N/A | | | | | | N/A | | -1.00% | | -1.21% | |
| Annual Premium | N/A | | N/A | | N/A | | \$224,716.32 | | \$222,463.69 | | \$221,999.65 | |
| Annual Premium Savings | N/A | | N/A | | N/A | | | | -\$2,252.63 | | -\$2,716.67 | |

Rates are based on 7/2025 renewal; rates will be adjusted based on 7/1/2026 renewal
 *Effective 1/2022 - 200 visits per person, per calendar year for combined therapy services

2026 - ACA Out-of-Pocket
 Single: \$10,600 Family: \$21,200

Please Note: The analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.