

# Joseph City Unified School District

## Medical Plan Analysis - Active Employees

July 1, 2026 Renewal

	Current ASBAIT			Option 1 ASBAIT					
	Value Gold 2025	Value Silver 2025	HDHP A (2600) 2025	Value Silver 2026	HDHP A (2600) 2026	HDHP B (4200) 2026			
<b>Benefits</b>	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network			
<b>Provider Network</b>	Aetna CPIX	Aetna CPIX	Aetna CPIX	Aetna CPIX	Aetna CPIX	Aetna CPIX			
<b>Deductible</b>			Non-Embedded		Non-Embedded	Embedded			
Individual	\$1,050	\$1,300	\$2,600	\$1,300	\$2,600	\$4,200			
Family	\$2,100	\$2,600	\$5,200	\$2,600	\$5,200	\$8,400			
<b>Coinsurance</b>	25%	25%	20%	25%	20%	20%			
<b>Out-of-Pocket Maximum</b>			Embedded		Embedded	Embedded			
Individual	\$5,600	\$6,600	\$7,500	\$6,600	\$7,500	\$8,000			
Family	\$11,200	\$13,200	\$15,000	\$13,200	\$15,000	\$16,000			
Ded. applies to OOP Max?	Yes	Yes	Yes	Yes	Yes	Yes			
<b>Professional Services</b>									
Primary Care	\$35 Copay	\$40 Copay	Ded/\$25 Copay	\$40 Copay	Ded/\$25 Copay	Ded/\$25 Copay			
Specialist	\$75 Copay	\$80 Copay	Ded/\$65 Copay	\$80 Copay	Ded/\$65 Copay	Ded/\$65 Copay			
Preventive Care	100%	100%	100%	100%	100%	100%			
Laboratory & X-Ray	25% after deductible	25% after deductible	20% after deductible	25% after deductible	20% after deductible	20% after deductible			
Complex Diagnostic Testing	25% after deductible	25% after deductible	20% after deductible	25% after deductible	20% after deductible	20% after deductible			
<b>Hospital Services</b>									
Inpatient Hospital	\$280 + 25% no ded	\$280 + 25% no ded	Ded/\$280/20%	\$280 + 25% no ded	Ded/\$280/20%	Ded/\$280/20%			
Outpatient Hospital	25% after deductible	25% after deductible	20% after deductible	25% after deductible	20% after deductible	20% after deductible			
<b>Emergency Services</b>									
Urgent Care	\$85 Copay	\$90 Copay	Ded/\$75 Copay	\$90 Copay	Ded/\$75 Copay	Ded/\$75 Copay			
Emergency Room	25% after deductible	25% after deductible	20% after deductible	25% after deductible	20% after deductible	20% after deductible			
<b>Prescription Drugs</b>									
Generic	\$15 Copay	\$15 Copay	Med ded then: \$15 Copay	\$15 Copay	Med ded then: \$15 Copay	Med ded then: \$15 Copay			
Preferred Brand	20% (\$55-\$100 Copay)	20% (\$55-\$100 Copay)	20% (\$55-\$100 Copay)	20% (\$55-\$100 Copay)	20% (\$55-\$100 Copay)	20% (\$55-\$100 Copay)			
Non-Preferred Brand	40% (\$70-\$140 Copay)	40% (\$70-\$140 Copay)	40% (\$70-\$140 Copay)	40% (\$70-\$140 Copay)	40% (\$70-\$140 Copay)	40% (\$70-\$140 Copay)			
Mail-Order	\$30/20%/40%	\$30/20%/40%	\$30/20%/40%	\$30/20%/40%	\$30/20%/40%	\$30/20%/40%			
<b>Included at no cost:</b>	Teladoc/HSA/COBRA admin, 5 visit EAP			Teladoc/HSA/COBRA admin, 5 visit EAP					
<b>Rates</b>	VG	VS	HD	5% rate cap for 2025 renewal					
EE Only	2	1	17	\$759.00	\$719.00	\$673.50	\$777.00	\$727.50	\$696.50
EE + Spouse	0	0	2	\$1,516.00	\$1,436.00	\$1,346.50	\$1,551.00	\$1,454.50	\$1,392.50
EE + Child(ren)	1	1	5	\$1,417.00	\$1,344.00	\$1,258.50	\$1,452.00	\$1,358.50	\$1,302.50
Family	1	3	4	\$1,630.00	\$1,556.00	\$1,445.50	\$1,680.00	\$1,560.50	\$1,496.50
<b>Est. Monthly Premium by Plan</b>				\$4,565	\$6,731	\$26,217	\$4,686	\$6,768	\$27,124
<b>Est. Annual Premium by Plan</b>				\$54,780	\$80,772	\$314,604	\$56,232	\$81,210	\$325,488
<b>% Change From Current</b>				N/A	N/A	N/A	2.7%	0.5%	3.5%
<b>Annual \$ Change From Current</b>				N/A	N/A	N/A	\$1,452	\$438	\$10,884
<b>Combined Est. Monthly Premium</b>				\$37,513			\$38,578		
<b>Combined Est. Annual Premium</b>				\$450,156			\$462,930		
<b>% Change From Current</b>				N/A			2.8%		
<b>Annual \$ Change From Current</b>				N/A			\$12,774		