



2026 Renewal Presentation

Prepared For:
 Lyon County School District

Effective Date:
 July 1, 2026

Presented By:



INSURANCE

Health Insurance Contributions 2026-2027

	Medical Rate	HSA Cost	ER Med	ER Med Dep	ER Med Total	EE Med	Dental Rate	ER Den	ER Den Dep	ER Den Total	EE Den	Vision Rate	ER Vis	ER Vis Dep	ER Vis Total	EE Vis	Life AD&D Rate	Total Rate	ER Total	EE Total	
Base PPO \$3,500																					
EE	941.37	0	941.37	0.00	941.37	0.00	43.62	43.62	0.00	43.62	0.00	4.31	4.31	0.00	4.31	0.00	3.80	993.10	993.10	0.00	
EE+SP	1882.74	0	941.37	329.48	1270.85	611.89	82.98	43.62	13.78	57.40	25.59	9.35	4.31	1.77	6.07	3.28	3.80	1978.87	1338.12	640.75	
EE+CH	1694.46	0	941.37	263.58	1204.95	489.51	83.61	43.62	14.00	57.62	26.00	9.51	4.31	1.82	6.13	3.38	3.80	1791.38	1272.50	518.88	
EE+ FAM	2824.11	0	941.37	658.96	1600.33	1223.78	115.64	43.62	25.21	68.83	46.81	15.93	4.31	4.07	8.37	7.55	3.80	2959.48	1681.33	1278.15	
EE + FAM (Dual Spouse)	2635.84	0	1882.74	296.53	2179.27	456.57	115.64	87.24	12.60	99.85	15.80	15.93	8.61	2.03	10.65	5.28	3.80	2771.21	2293.57	477.65	
Buy Up PPO \$2,000																					
EE	1105.42	0	941.37	0.00	941.37	164.05	43.62	43.62	0.00	43.62	0.00	4.31	4.31	0.00	4.31	0.00	3.80	1157.15	993.10	149.14	
EE+SP	2210.85	0	941.37	329.48	1270.85	940.00	82.98	43.62	13.78	57.40	25.59	9.35	4.31	1.77	6.07	3.28	3.80	2306.98	1338.12	968.86	
EE+CH	1989.76	0	941.37	263.58	1204.95	784.81	83.61	43.62	14.00	57.62	26.00	9.51	4.31	1.82	6.13	3.38	3.80	2086.68	1272.50	814.18	
EE+ FAM	3316.27	0	941.37	658.96	1600.33	1715.94	115.64	43.62	25.21	68.83	46.81	15.93	4.31	4.07	8.37	7.55	3.80	3451.64	1681.33	1770.31	
EE + FAM (Dual Spouse)	3095.17	0	1882.74	296.53	2179.27	915.90	115.64	87.24	12.60	99.85	15.80	15.93	8.61	2.03	10.65	5.28	3.80	3230.54	2293.57	936.98	
HDHP PPO \$3,400																					
EE	762.56	178.81	762.56	0.00	762.56	0.00	43.62	43.62	0.00	43.62	0.00	4.31	4.31	0.00	4.31	0.00	3.80	814.29	814.29	0.00	
EE+SP	1525.13	178.81	762.56	266.90	1029.46	495.67	82.98	43.62	13.78	57.40	25.59	9.35	4.31	1.77	6.07	3.28	3.80	1621.26	1096.73	420.03	
EE+CH	1372.61	178.81	762.56	213.52	976.08	396.53	83.61	43.62	14.00	57.62	26.00	9.51	4.31	1.82	6.13	3.38	3.80	1469.53	1043.62	425.91	
EE+ FAM	2287.69	178.81	762.56	533.80	1296.36	991.33	115.64	43.62	25.21	68.83	46.81	15.93	4.31	4.07	8.37	7.55	3.80	2423.06	1377.36	1045.70	
EE + FAM (Dual Spouse)	2134.42	178.81	1703.93	240.08	1944.01	190.41	115.64	87.24	12.60	99.85	15.80	15.93	8.61	2.03	10.65	5.28	3.80	2269.79	2058.30	211.49	

Per Employee Per Month: 100.0%
 Additional Spouse: 35.0%
 Additional Child/ren: 35.0%
 Additional Family: 35.0%
 Dual Spouse:

Lyon County School District
Benefits & Cost Comparison - Medical

		CURRENT & RENEWAL							
Carrier		Anthem Base PPO \$3,500			Anthem Buy Up PPO \$2,000			Anthem HDHP PPO \$3,400	
Network		Anthem PPO In Network			Anthem PPO In Network			Anthem PPO In Network	
Individual Calendar Year Deductible		\$3,500			\$2,000			\$3,300 → \$3,400	
Family Maximum		\$7,000			\$4,000			\$6,600 → \$6,800	
Individual Calendar Year Out of Pocket Max.		\$6,600			\$5,000			\$5,000	
Family Maximum		\$13,200			\$10,000			\$10,000	
Primary Care Physician		\$35 copay			\$20 copay			20% after deductible	
Specialist Physician		\$60 copay			\$40 copay			20% after deductible	
Virtual Visit		no charge			no charge			20% after deductible	
Emergency Room		\$350 copay			\$350 copay			20% after deductible	
Urgent Care		\$50 copay			\$50 copay			20% after deductible	
Lab		\$35 copay			\$15 copay			20% after deductible	
X-Ray		\$60 copay			\$40 copay			20% after deductible	
MRI, PET, CT Scans		\$300 copay			\$200 copay			20% after deductible	
Outpatient Surgery		20% after deductible			\$500 copay			20% after deductible	
Inpatient Hospitalization		20% after deductible			20% after deductible			20% after deductible	
Bariatric Surgery		20% after deductible			20% after deductible			20% after deductible	
Prescription Benefit:								Perferred In-Network	
Tier I		\$15 copay			\$15 copay			20% after ded. 30% after ded.	
Tier II		\$40 copay			\$40 copay			20% after ded. 30% after ded.	
Tier III		\$60 copay			\$60 copay			20% after ded. 30% after ded.	
Medicare Retiree Claims Processing:		MP regardless of Medicare status			MP regardless of Medicare status			MP regardless of Medicare status	
Rates:		Current	Renewal		Current	Renewal		Current	Renewal
Employee	670	\$855.79	\$941.37	41	\$1,004.93	\$1,105.42	104	\$693.24	\$762.56
Employee + Spouse	29	\$1,711.58	\$1,882.74	1	\$2,009.86	\$2,210.85	5	\$1,386.48	\$1,525.13
Employee + Child/ren	76	\$1,540.42	\$1,694.46	5	\$1,808.87	\$1,989.76	7	\$1,247.83	\$1,372.61
Family	27	\$2,567.37	\$2,824.11	3	\$3,014.79	\$3,316.27	9	\$2,079.72	\$2,287.69
Family (Dual Spouse)	36	\$2,396.22	\$2,635.84	2	\$2,813.79	\$3,095.17	2	\$1,940.38	\$2,134.42
	838			52			127		
Total Monthly Premium		\$895,670	\$985,238		\$66,928	\$73,621		\$110,362	\$121,398
Total Annual Premium		\$10,748,039	\$11,822,850		\$803,139	\$883,452		\$1,324,349	\$1,456,779
\$ over/under current		-	\$1,074,811		-	\$80,313		-	\$132,430
% over/under current		-	10.00%		-	10.00%		-	10.00%
		Current - All Plans				Renewal - All Plans			
Total Monthly Premium		\$1,072,961				\$1,180,257			
Total Annual Premium		\$12,875,528				\$14,163,081			
\$ over/under current		-				\$1,287,553			
% over/under current		-				10.00%			

\$30K wellness funds included

Contribution Model
Maintain Existing Contribution %



CURRENT

		Total	ER Monthly	ER HSA Monthly	ER Total	ER PEPM	EE Monthly	EE Paycheck
Base PPO \$3,500								
EE	670	\$855.79	\$855.79	\$0.00	\$855.79		\$0.00	\$0.00
EE+SP	29	\$1,711.58	\$1,155.32	\$0.00	\$1,155.32		\$556.26	\$556.26
EE+CH	76	\$1,540.42	\$1,095.41	\$0.00	\$1,095.41		\$445.01	\$445.01
EE+ FAM	27	\$2,567.37	\$1,454.84	\$0.00	\$1,454.84		\$1,112.53	\$1,112.53
FAMILY DUAL SPOUSE	36	\$2,396.22	\$1,981.16	\$0.00	\$1,981.16		\$415.06	\$415.06
	838	\$895,670	\$800,737	\$0	\$800,737	\$956	\$94,933	

Buy Up PPO \$2,000

EE	41	\$1,004.93	\$855.79	\$0.00	\$855.79		\$149.14	\$149.14
EE+SP	1	\$2,009.86	\$1,155.32	\$0.00	\$1,155.32		\$854.54	\$854.54
EE+CH	5	\$1,808.87	\$1,095.41	\$0.00	\$1,095.41		\$713.46	\$713.46
EE+ FAM	3	\$3,014.79	\$1,454.84	\$0.00	\$1,454.84		\$1,559.95	\$1,559.95
FAMILY DUAL SPOUSE	2	\$2,813.79	\$1,981.16	\$0.00	\$1,981.16		\$832.63	\$832.63
	52	\$66,928	\$50,047	\$0	\$50,047	\$962	\$16,882	

HDHP PPO \$3,300

EE	104	\$693.24	\$693.24	\$162.55	\$855.79		\$0.00	\$0.00
EE+SP	5	\$1,386.48	\$995.32	\$160.00	\$1,155.32		\$391.16	\$391.16
EE+CH	7	\$1,247.83	\$935.41	\$160.00	\$1,095.41		\$312.42	\$312.42
EE+ FAM	9	\$2,079.72	\$1,294.84	\$160.00	\$1,454.84		\$784.88	\$784.88
FAMILY DUAL SPOUSE	2	\$1,940.38	\$1,818.61	\$162.55	\$1,981.16		\$121.77	\$121.77
	127	\$110,362	\$98,912	\$20,590	\$119,503	\$941	\$11,450	

Employer Contribution %

Employee	100%
Spouse	35%
Child/ren	35%
Family	35%
Family Dual Spouse	

	Employee Only	Employee + Dep(s)	Family Dual Spouse
Employer Annual HSA Contribution	\$1,951	\$1,920	\$1,951

Total

	Total	ER Monthly	ER HSA Monthly	ER Total	ER PEPM
Total Monthly	1017	\$1,072,961	\$949,696	\$20,590	\$970,286
Total Annual		\$12,875,528	\$11,396,351	\$247,084	\$11,643,435

RENEWAL

		Total	ER Monthly	ER HSA Monthly	ER Total	ER PEPM	EE Monthly	EE Paycheck	EE +/-
Base PPO \$3,500									
EE	670	\$941.37	\$941.37	\$0.00	\$941.37		\$0.00	\$0.00	\$0.00
EE+SP	29	\$1,882.74	\$1,270.85	\$0.00	\$1,270.85		\$611.89	\$611.89	\$55.63
EE+CH	76	\$1,694.46	\$1,204.95	\$0.00	\$1,204.95		\$489.51	\$489.51	\$44.50
EE+ FAM	27	\$2,824.11	\$1,600.33	\$0.00	\$1,600.33		\$1,223.78	\$1,223.78	\$111.25
FAMILY DUAL SPOUSE	36	\$2,635.84	\$2,179.27	\$0.00	\$2,179.27		\$456.57	\$456.57	\$41.51
	838	\$985,238	\$880,812	\$0	\$880,812	\$1,051	\$104,426		

Buy Up PPO \$2,000

EE	41	\$1,105.42	\$941.37	\$0.00	\$941.37		\$164.05	\$164.05	\$14.91
EE+SP	1	\$2,210.85	\$1,270.85	\$0.00	\$1,270.85		\$940.00	\$940.00	\$85.46
EE+CH	5	\$1,989.76	\$1,204.95	\$0.00	\$1,204.95		\$784.81	\$784.81	\$71.35
EE+ FAM	3	\$3,316.27	\$1,600.33	\$0.00	\$1,600.33		\$1,715.94	\$1,715.94	\$155.99
FAMILY DUAL SPOUSE	2	\$3,095.17	\$2,179.27	\$0.00	\$2,179.27		\$915.90	\$915.90	\$83.27
	52	\$73,621	\$55,051	\$0	\$55,051	\$1,059	\$18,570		

HDHP \$3,400

EE	104	\$762.56	\$762.56	\$178.81	\$941.37		\$0.00	\$0.00	\$0.00
EE+SP	5	\$1,525.13	\$1,029.46	\$178.81	\$1,208.27		\$495.67	\$495.67	\$104.51
EE+CH	7	\$1,372.61	\$976.08	\$178.81	\$1,154.89		\$396.53	\$396.53	\$84.11
EE+ FAM	9	\$2,287.69	\$1,296.36	\$178.81	\$1,475.17		\$991.33	\$991.33	\$206.45
FAMILY DUAL SPOUSE	2	\$2,134.42	\$1,944.01	\$178.81	\$2,122.82		\$190.41	\$190.41	\$68.64
	127	\$121,398	\$106,841	\$22,709	\$129,550	\$1,020	\$14,557		

Employer Contribution %

Employee	100%
Spouse	35%
Child/ren	35%
Family	35%
Family Dual Spouse	

	Employee Only	Employee + Dep(s)	Family Dual Spouse
Employer Annual HSA Contribution	\$2,146	\$2,146	\$2,146

Total

	Total	ER Monthly	ER HSA Monthly	ER Total	ER PEPM
Total Monthly	1017	\$1,180,257	\$1,042,704	\$22,709	\$1,065,413
Total Annual		\$14,163,081	\$12,512,450	\$272,506	\$12,784,956

\$ over/under current (annual)	\$1,287,553	\$1,116,099	\$25,423	\$1,141,521	\$94
% over/under current	10.00%	9.79%	10.29%	9.80%	

Lyon County School District
 Benefits & Cost Comparison - Dental

		CURRENT
Carrier	Guardian	
Network	Dental Guard Preferred	
Out-of-Network Reimbursement	UCR	
	<u>In Network</u>	
Individual Calendar Year Deductible	\$50	
Family Maximum	\$150	
Coverage Level:		
Preventive	no charge	
Basic	20% after deductible	
Major	50% after deductible	
Orthodontia (child only/child and adult)	50% after deductible	
Coverage Detail:		
Cleaning Frequency	2 per calendar year	
Implants	major	
Composite Fillings	basic	
Composite Placement	anterior & posterior	
Crowns	major	
Endo and Perio	basic	
Oral Surgery	basic	
Calendar Year Maximum	\$2,000	
Orthodontia Lifetime Maximum	\$1,500	
Missing Tooth Exclusion	yes	
Roll-Over Benefits	yes	
Waiting Periods (timely applicants):		
Basic	none	
Major	none	
Rates:	Current	
Employee	795	\$43.62
Employee + Spouse	105	\$82.98
Employee + Child/ren	118	\$83.61
Family	93	\$115.64
Family (Dual Spouse)	40	\$115.64
	1151	
Total Monthly Premium	\$68,639	
Total Annual Premium	\$823,667	
Rate Guarantee:	Renews 07/01/2027	

Contribution Model
 Maintain Existing Contribution %



CURRENT						
		<u>Total</u>	<u>ER Monthly</u>	<u>ER PEPM</u>	<u>EE Monthly</u>	<u>EE Paycheck</u>
Dental						
EE	795	\$43.62	\$43.62		\$0.00	\$0.00
EE+SP	105	\$82.98	\$57.40		\$25.59	\$25.59
EE+CH	118	\$83.61	\$57.62		\$26.00	\$26.00
EE+ FAM	93	\$115.64	\$68.83		\$46.81	\$46.81
FAMILY DUAL SPOUSE	<u>40</u>	<u>\$115.64</u>	<u>\$99.85</u>		<u>\$15.80</u>	<u>\$15.80</u>
	1151	\$68,639	\$57,900	\$50	\$10,740	
Total						
		<u>Total</u>	<u>ER Monthly</u>	<u>ER PEPM</u>		
Total Monthly	1151	\$68,639	\$57,900	\$50		
Total Annual		\$823,667	\$694,800			

Lyon County School District
 Benefits & Cost Comparison - Vision

		CURRENT
Carrier		Guardian
Network		VSP
Exam		<u>In Network</u>
Materials		\$10 copay
		\$25 copay
Frequency:		
Eye Exam		Every 12 months
Lenses		Every 12 months
Frames		Every 24 months
Schedule of Benefits:		
Vision Exam		covered in full
Single Vision Lenses		covered in full
Bifocal Lenses		covered in full
Trifocal Lenses		covered in full
Frames		up to \$130
Contact Lenses - elective		up to \$130
Rates:		Proposed
Employee	832	\$4.31
Employee + Spouse	108	\$9.35
Employee + Child/ren	102	\$9.51
Family	86	\$15.93
Family (Dual Spouse)	40	\$15.93
	1168	
Total Monthly Premium		\$7,573
Total Annual Premium		\$90,875
Rate Guarantee:		Renews 07/01/2027

Contribution Model
 Maintain Existing Contribution %



CURRENT						
		<u>Total</u>	<u>ER Monthly</u>	<u>ER PEPM</u>	<u>EE Monthly</u>	<u>EE Paycheck</u>
Vision						
EE	832	\$4.31	\$4.31		\$0.00	\$0.00
EE+SP	108	\$9.35	\$6.07		\$3.28	\$3.28
EE+CH	102	\$9.51	\$6.13		\$3.38	\$3.38
EE+ FAM	86	\$15.93	\$8.37		\$7.55	\$7.55
FAMILY DUAL SPOUSE	<u>40</u>	<u>\$15.93</u>	<u>\$10.65</u>		<u>\$5.28</u>	<u>\$5.28</u>
	1168	\$7,573	\$6,013	\$5	\$1,560	
Total						
		<u>Total</u>	<u>ER Monthly</u>	<u>ER PEPM</u>		
Total Monthly	1168	\$7,573	\$6,013	\$5		
Total Annual		\$90,875	\$72,151			

Lyon County School District
 Benefits & Cost Comparison - Employer Paid Life/AD&D

	CURRENT
Carrier	Guardian
Eligibility	active, full-time
Benefit Amount: All Eligible Employees	\$20,000
Plan Features:	
Accelerated Death Benefit	included
Conversion	included
Waiver of Premium	included
Travel Assistance	included
Benefit Reduces To: at age 70	50%
Rates:	Current
Volume	\$24,120,000
Life, AD&D per \$1,000	\$0.190
Total Monthly Premium	\$4,583
Total Annual Premium	\$54,994
Rate Guarantee:	Renews 07/01/2027