

Catalina Foothills School District #16 Medical Fully-Insured Renewal Effective 07/01/2026				
Carrier Name	CURRENT	RENEWAL	CURRENT	RENEWAL
Plan Name	Meritain Health			
PLAN DESIGN*	Banner HDHP A	Banner HDHP A	Banner Value Gold	Banner Value Gold
In-Network Benefits	Tier 1: Banner; Tier 2: Aetna POS	Tier 1: Banner; Tier 2: Aetna POS	Tier 1: Banner; Tier 2: Choice POS	Tier 1: Banner; Tier 2: Choice POS
Deductible Type	Aggregate	Aggregate	Embedded	Embedded
Calendar Year (CY) Deductible (Individual / Family)	Tier 1: \$2,600 / \$5,200 Tier 2: \$3,150 / \$6,300	Tier 1: \$2,600 / \$5,200 Tier 2: \$3,150 / \$6,300	Tier 1: \$900 / \$1,800 Tier 2: \$1,050 / \$2,100	Tier 1: \$900 / \$1,800 Tier 2: \$1,050 / \$2,100
Out-of-Pocket Max Type	Embedded	Embedded	Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)	Tier 1: \$6,500 / \$13,000 Tier 2: \$7,500 / \$15,000	Tier 1: \$6,500 / \$13,000 Tier 2: \$7,500 / \$15,000	Tier 1: \$4,600 / \$9,200 Tier 2: \$5,600 / \$11,200	Tier 1: \$4,600 / \$9,200 Tier 2: \$5,600 / \$11,200
Coinsurance (member pays after deductible)	20%	20%	25%	25%
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care Visit	Tier 1: \$20 Copay after deductible; Tier 2: \$25 Copay after deductible	Tier 1: \$20 Copay after deductible; Tier 2: \$25 Copay after deductible	Tier 1: \$28 Copay; Tier 2: \$35 Copay	Tier 1: \$28 Copay; Tier 2: \$35 Copay
Specialist Visit	Tier 1: \$60 Copay after deductible; Tier 2: \$65 Copay after deductible	Tier 1: \$60 Copay after deductible; Tier 2: \$65 Copay after deductible	Tier 1: \$66 Copay; Tier 2: \$75 Copay	Tier 1: \$66 Copay; Tier 2: \$75 Copay
Urgent Care	Tier 1: \$70 Copay after deductible; Tier 2: \$75 Copay after deductible	Tier 1: \$70 Copay after deductible; Tier 2: \$75 Copay after deductible	Tier 1: \$76 Copay; Tier 2: \$85 Copay	Tier 1: \$76 Copay; Tier 2: \$85 Copay
Emergency Room	20% after deductible	20% after deductible	25% after deductible	25% after deductible
Inpatient Hospital	Tier 1: \$230 Copay then 20% after deductible; Tier 2: \$280 Copay then 20% after deductible	Tier 1: \$230 Copay then 20% after deductible; Tier 2: \$280 Copay then 20% after deductible	Tier 1: \$230 Copay then 25% ; Tier 2: \$280 Copay then 25%	Tier 1: \$230 Copay then 25% ; Tier 2: \$280 Copay then 25%
Outpatient Surgery	20% after deductible	20% after deductible	25% after deductible	25% after deductible
Chiropractic (visit limits may apply)	20% after deductible (20 visits)	20% after deductible (20 visits)	Tier 1: \$58 Copay; Tier 2: \$65 Copay (20 visits)	Tier 1: \$58 Copay; Tier 2: \$65 Copay (20 visits)
Phys/Occ/Speech Therapy (visit limits may apply)	Outpatient: Tier 1 & Tier 2: 20% after deductible (60 visits); Inpatient: Tier 1: \$230 Copay then 20% after deductible; Tier 2: \$280 Copay then 20% after deductible	Outpatient: Tier 1 & Tier 2: 20% after deductible (60 visits); Inpatient: Tier 1: \$230 Copay then 20% after deductible; Tier 2: \$280 Copay then 20% after deductible	Outpatient: Tier 1: \$58 Copay; Tier 2: \$65 Copay (60 visits); Inpatient: \$230 Copay then 25%; \$280 Copay then 25%	Outpatient: Tier 1: \$58 Copay; Tier 2: \$65 Copay (60 visits); Inpatient: \$230 Copay then 25%; \$280 Copay then 25%
Diagnostic Test (X-ray, blood work)	20% after deductible	20% after deductible	Freestanding Lab: 25%; Oncotype Diagnostic Testing: 25% after deductible	Freestanding Lab: 25%; Oncotype Diagnostic Testing: 25% after deductible
Imaging (CT/PET scan, MRI)	20% after deductible	20% after deductible	25% after deductible	25% after deductible

Catalina Foothills School District #16					Medical Fully-Insured Renewal Effective 07/01/2026			
					CURRENT	RENEWAL	CURRENT	RENEWAL
Carrier Name					Meritain Health			
Plan Name					Banner HDHP A	Banner HDHP A	Banner Value Gold	Banner Value Gold
PLAN DESIGN*								
In-Network Benefits					Tier 1: Banner; Tier 2: Aetna POS	Tier 1: Banner; Tier 2: Aetna POS	Tier 1: Banner; Tier 2: Choice POS	Tier 1: Banner; Tier 2: Choice POS
Prescription Drug Benefit Retail					30 Days	30 Days	30 Days	30 Days
Tier I / Tier II / Tier III					\$15 / 20% to max \$100 (to min \$55) / 40% to max \$140 (to min \$70) after deductible	\$15 / 20% to max \$100 (to min \$55) / 40% to max \$140 (to min \$70) after deductible	\$15 / 20% to max \$100 (to min \$55) / 40% to max \$140 (to min \$70)	\$15 / 20% to max \$100 (to min \$55) / 40% to max \$140 (to min \$70)
Specialty Mail Order					\$230 after deductible 90 Days	\$230 after deductible 90 Days	\$230 90 Days	\$230 90 Days
Tier I / Tier II / Tier III					\$30 / 20% to max \$205 (to min \$80) / 40% to max \$255 (to min \$110) after deductible	\$30 / 20% to max \$205 (to min \$80) / 40% to max \$255 (to min \$110) after deductible	\$30 / 20% to max \$205 (to min \$80) / 40% to max \$255 (to min \$110)	\$30 / 20% to max \$205 (to min \$80) / 40% to max \$255 (to min \$110)
Out-of-Network Benefits								
Deductible Type					Aggregate	Aggregate	Embedded	Embedded
CY Deductible (Individual / Family)					\$3,500 / \$7,000	\$3,500 / \$7,000	\$3,300 / \$9,900	\$3,300 / \$9,900
Out-of-Pocket Max Type					Embedded	Embedded	Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)					Unlimited	Unlimited	Unlimited	Unlimited
Coinsurance (member pays after deductible)					50%	50%	50%	50%
COST ANALYSIS								
PEPM Rates - Enrollment per Renewal					Banner HDHP A	Banner HDHP A	Banner Value Gold	Banner Value Gold
	Plan 1	Plan 2	Plan 3	Plan 4				
Employee (EE) Only	72	132	88	48	\$425.50	\$450.50	\$526.00	\$558.00
EE + Spouse	9	8	7	4	\$850.50	\$901.50	\$1,052.00	\$1,115.00
EE + Child(ren)	15	20	11	4	\$799.50	\$847.50	\$989.00	\$1,048.00
EE + Family	13	20	5	4	\$1,104.50	\$1,170.50	\$1,367.00	\$1,449.00
Total Enrollment	109	180	111	60				
Estimated Monthly Premium					\$64,642	\$68,479	\$124,968	\$132,516
Estimated Annual Premium					\$775,698	\$821,742	\$1,499,616	\$1,590,192
Dollar Difference from Current						\$46,044		\$90,576
Percent Change from Current						6.0%		6.0%
PLAN PROVISIONS								
Rate Guarantee					1 Year rate guarantee ending 6/30/2027			
Required Participation					a minimum participation of 90% of the current number of enrolled employees			
Eligibility					FTE 30HRS/WK			
*NOTE: Benefit deviations from Current are identified in blue font								
Notes and Assumptions								

Catalina Foothills School District #16 Medical Fully-Insured Renewal Effective 07/01/2026				
	CURRENT	RENEWAL	CURRENT	RENEWAL
Carrier Name	Meritain Health			
Plan Name	Banner Classic Gold	Banner Classic Gold	Banner Copay Gold	Banner Classic Gold
PLAN DESIGN*				
In-Network Benefits	Tier 1: Banner; Tier 2: Choice POS Embedded	Tier 1: Banner; Tier 2: Choice POS Embedded	Tier 1: Banner; Tier 2: Choice POS	Tier 1: Banner; Tier 2: Choice POS Embedded
Deductible Type				
Calendar Year (CY) Deductible (Individual / Family)	Tier 1: \$500 / \$1,000 Tier 2: \$600 / \$1,200	Tier 1: \$500 / \$1,000 Tier 2: \$600 / \$1,200	\$0 / \$0	Tier 1: \$500 / \$1,000 Tier 2: \$600 / \$1,200
Out-of-Pocket Max Type	Embedded	Embedded	Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)	Tier 1: \$3,720 / \$7,440 Tier 2: \$4,600 / \$9,200	Tier 1: \$3,720 / \$7,440 Tier 2: \$4,600 / \$9,200	Tier 1: \$6,080 / \$12,160 Tier 2: \$7,350 / \$14,700	Tier 1: \$3,720 / \$7,440 Tier 2: \$4,600 / \$9,200
Coinsurance (member pays after deductible)	15%	15%	0%	15%
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care Visit	Tier 1: \$20 Copay; Tier 2: \$25 Copay	Tier 1: \$20 Copay; Tier 2: \$25 Copay	Tier 1: \$24 Copay; Tier 2: \$30 Copay	Tier 1: \$20 Copay; Tier 2: \$25 Copay
Specialist Visit	Tier 1: \$58 Copay; Tier 2: \$65 Copay	Tier 1: \$58 Copay; Tier 2: \$65 Copay	Tier 1: \$62 Copay; Tier 2: \$70 Copay	Tier 1: \$58 Copay; Tier 2: \$65 Copay
Urgent Care	Tier 1: \$68 Copay; Tier 2: \$75 Copay	Tier 1: \$68 Copay; Tier 2: \$75 Copay	Tier 1: \$70 Copay; Tier 2: \$80 Copay	Tier 1: \$68 Copay; Tier 2: \$75 Copay
Emergency Room	15% after deductible	15% after deductible	Emergency services: \$150 Copay; Professional & ancillary fees: \$62 Copay;	15% after deductible
Inpatient Hospital	Tier 1: \$230 Copay then 15%; Tier 2: \$280 Copay then 15%	Tier 1: \$230 Copay then 15%; Tier 2: \$280 Copay then 15%	Tier 1: \$230 Copay; Tier 2: \$280 Copay	Tier 1: \$230 Copay then 15%; Tier 2: \$280 Copay then 15%
Outpatient Surgery	15% after deductible	15% after deductible	Tier 1: \$90 Copay; Tier 2: \$105 Copay	15% after deductible
Chiropractic (visit limits may apply)	Tier 1: \$50 Copay; Tier 2: \$55 Copay (20 visits)	Tier 1: \$50 Copay; Tier 2: \$55 Copay (20 visits)	Tier 1: \$54 Copay; Tier 2: \$60 Copay (20 visits)	Tier 1: \$50 Copay; Tier 2: \$55 Copay (20 visits)
Phys/Occ/Speech Therapy (visit limits may apply)	Outpatient: Tier 1: \$50 Copay; Tier 2: \$55 Copay (60 visits) Inpatient: \$230 Copay then 15%; \$280 Copay then 15%	Outpatient: Tier 1: \$50 Copay; Tier 2: \$55 Copay (60 visits) Inpatient: \$230 Copay then 15%; \$280 Copay then 15%	Outpatient: Tier 1: \$54 Copay; Tier 2: \$60 Copay (60 visits) Inpatient: \$230 Copay; \$280 Copay	Outpatient: Tier 1: \$50 Copay; Tier 2: \$55 Copay (60 visits) Inpatient: \$230 Copay then 15%; \$280 Copay then 15%
Diagnostic Test (X-ray, blood work)	Freestanding Lab: Tier 1: \$50 Copay; Tier 2: \$55 Copay; Oncotype Diagnostic Testing: 15% after deductible	Freestanding Lab: Tier 1: \$50 Copay; Tier 2: \$55 Copay; Oncotype Diagnostic Testing: 15% after deductible	Freestanding Lab: Tier 1: \$54 Copay; Tier 2: \$60 Copay (freestanding lab & any single service test under \$500); Oncotype Diagnostic Testing: Tier 1: \$70 Copay Tier 2: \$80 Copay (oncotype testing & single service test \$500 & over)	Freestanding Lab: Tier 1: \$50 Copay; Tier 2: \$55 Copay; Oncotype Diagnostic Testing: 15% after deductible
Imaging (CT/PET scan, MRI)	15% after deductible	15% after deductible	Tier 1: \$54 Copay (single service test under \$500) / \$70 Copay single (service test \$500 and over); Tier 2: \$60 Copay (single service test under \$500) / \$80 Copay (service test \$500 and over)	15% after deductible

Catalina Foothills School District #16 Medical Fully-Insured Renewal Effective 07/01/2026								
					CURRENT	RENEWAL	CURRENT	RENEWAL
Carrier Name					Meritain Health			
Plan Name					Banner Classic Gold	Banner Classic Gold	Banner Copay Gold	Banner Classic Gold
PLAN DESIGN*								
In-Network Benefits					Tier 1: Banner; Tier 2: Choice POS	Tier 1: Banner; Tier 2: Choice POS	Tier 1: Banner; Tier 2: Choice POS	Tier 1: Banner; Tier 2: Choice POS
Prescription Drug Benefit Retail					30 Days	30 Days	30 Days	30 Days
Tier I / Tier II / Tier III					\$15 / 20% to max \$100 (to min \$55) / 40% to max \$140 (to min \$70)	\$15 / 20% to max \$100 (to min \$55) / 40% to max \$140 (to min \$70)	\$15 / 20% to max \$100 (to min \$55) / 40% to max \$140 (to min \$70)	\$15 / 20% to max \$100 (to min \$55) / 40% to max \$140 (to min \$70)
Specialty Mail Order					\$230 90 Days	\$230 90 Days	\$230 90 Days	\$230 90 Days
Tier I / Tier II / Tier III					\$30 / 20% to max \$205 (to min \$80) / 40% to max \$255 (to min \$110)	\$30 / 20% to max \$205 (to min \$80) / 40% to max \$255 (to min \$110)	\$30 / 20% to max \$205 (to min \$80) / 40% to max \$255 (to min \$110)	\$30 / 20% to max \$205 (to min \$80) / 40% to max \$255 (to min \$110)
Out-of-Network Benefits								
Deductible Type					Embedded	Embedded	Embedded	Embedded
CY Deductible (Individual / Family)					\$1,500 / \$4,500	\$1,500 / \$4,500	\$900 / \$2,700	\$1,500 / \$4,500
Out-of-Pocket Max Type					Embedded	Embedded	Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)					Unlimited	Unlimited	Unlimited	Unlimited
Coinsurance (member pays after deductible)					50%	50%	50%	50%
COST ANALYSIS								
PEPM Rates - Enrollment per Renewal					Banner Classic Gold	Banner Classic Gold	Banner Copay Gold	Banner Classic Gold
	Plan 1	Plan 2	Plan 3	Plan 4				
Employee (EE) Only	72	132	88	48	\$585.00	\$620.00	\$635.00	\$620.00
EE + Spouse	9	8	7	4	\$1,170.00	\$1,240.00	\$1,273.00	\$1,240.00
EE + Child(ren)	15	20	11	4	\$1,099.00	\$1,165.00	\$1,195.00	\$1,165.00
EE + Family	13	20	5	4	\$1,520.00	\$1,611.00	\$1,654.00	\$1,611.00
Total Enrollment	109	180	111	60				
Estimated Monthly Premium					\$79,359	\$84,110	\$46,968	\$45,824
Estimated Annual Premium					\$952,308	\$1,009,320	\$563,616	\$549,888
Dollar Difference from Current						\$57,012		-\$13,728
Percent Change from Current						6.0%		-2.4%
PLAN PROVISIONS								
Rate Guarantee					1 Year rate guarantee ending 6/30/2027			
Required Participation					a minimum participation of 90% of the current number of enrolled employees			
Eligibility					FTE 30HRS/WK			
*NOTE: Benefit deviations from Current are identified in blue font								
Notes and Assumptions								

Catalina Foothills School District #16
Medical | Fully-Insured Renewal | Effective 07/01/2026

	CURRENT	RENEWAL
Carrier Name	Meritain Health	Meritain Health
Plan Name	Banner Value Gold (Retiree)	Banner Value Gold (Retiree)
PLAN DESIGN*		
In-Network Benefits	Tier 1: Banner; Tier 2: Choice POS	Tier 1: Banner; Tier 2: Choice POS
Deductible Type	Embedded	Embedded
Calendar Year (CY) Deductible (Individual / Family)	Tier 1: \$900 / \$1,800 Tier 2: \$1,050 / \$2,100	Tier 1: \$900 / \$1,800 Tier 2: \$1,050 / \$2,100
Out-of-Pocket Max Type	Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)	Tier 1: \$4,600 / \$9,200 Tier 2: \$5,600 / \$11,200	Tier 1: \$4,600 / \$9,200 Tier 2: \$5,600 / \$11,200
Coinsurance (member pays after deductible)	25%	25%
Preventive Care	Covered 100%	Covered 100%
Primary Care Visit	Tier 1: \$28 Copay; Tier 2: \$35 Copay	Tier 1: \$28 Copay; Tier 2: \$35 Copay
Specialist Visit	Tier 1: \$66 Copay; Tier 2: \$75 Copay	Tier 1: \$66 Copay; Tier 2: \$75 Copay
Urgent Care	Tier 1: \$76 Copay; Tier 2: \$85 Copay	Tier 1: \$76 Copay; Tier 2: \$85 Copay
Emergency Room	25% after deductible Tier 1: \$230 Copay then 25% ; Tier 2: \$280 Copay then 25%	25% after deductible Tier 1: \$230 Copay then 25% ; Tier 2: \$280 Copay then 25%
Inpatient Hospital	25% after deductible	25% after deductible
Outpatient Surgery	Tier 1: \$58 Copay; Tier 2: \$65 Copay (20 visits) Outpatient: Tier 1: \$58 Copay; Tier 2: \$65 Copay (60 visits); Inpatient: \$230 Copay then 25%; \$280 Copay then 25% (60 Days)	Tier 1: \$58 Copay; Tier 2: \$65 Copay (20 visits) Outpatient: Tier 1: \$58 Copay; Tier 2: \$65 Copay (60 visits); Inpatient: \$230 Copay then 25%; \$280 Copay then 25% (60 Days)

*The information contained herein is subject to the disclosures and disclaimers on the Disclaimers page of this presentation.

Diagnostic Test (X-ray, blood work)		Freestanding Lab: 25%; Oncotype Diagnostic Testing: 25% after deductible	Freestanding Lab: 25%; Oncotype Diagnostic Testing: 25% after deductible
Imaging (CT/PET scan, MRI)		25% after deductible	25% after deductible
Prescription Drug Benefit			
Retail		30 Days \$15 / 20% to max \$100 (to min \$55) / 40% to max \$140 (to min \$70)	30 Days \$15 / 20% to max \$100 (to min \$55) / 40% to max \$140 (to min \$70)
Tier I / Tier II / Tier III		\$230	\$230
Specialty		90 Days	90 Days
Mail Order		\$30 / 20% to max \$205 (to min \$80) / 40% to max \$255 (to min \$110)	\$30 / 20% to max \$205 (to min \$80) / 40% to max \$255 (to min \$110)
Tier I / Tier II / Tier III			
Out-of-Network Benefits			
Deductible Type		Embedded	Embedded
CY Deductible (Individual / Family)		\$3,300 / \$9,900	\$3,300 / \$9,900
Out-of-Pocket Max Type		Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)		Unlimited	Unlimited
Coinsurance (member pays after deductible)		50%	50%
COST ANALYSIS			
PEPM Rates - Enrollment per AMP		Enrollment	Banner Value Gold (Retiree)
			Banner Value Gold (Retiree)
Employee (EE) Only		6	\$550.00
EE + Spouse		0	\$1,100.00
EE + Child(ren)		1	\$1,034.00
EE + Family		0	\$1,430.00
Total Enrollment		7	
Estimated Monthly Premium		\$4,334	\$4,837
Estimated Annual Premium		\$52,008	\$58,044
Dollar Difference from Current			\$6,036
Percent Change from Current			11.6%
PLAN PROVISIONS			
Rate Guarantee		1 Year rate guarantee ending 6/30/2026	1 Year rate guarantee ending 6/30/2027
Required Participation		a minimum participation of 90% of the current number of enrolled employees	a minimum participation of 90% of the current number of enrolled employees
Eligibility		FTE 30HRS/WK	FTE 30HRS/WK

*NOTE: Benefit deviations from Current are identified in blue font

Notes and Assumptions



Catalina Foothills School District #16
 Dental | Fully-Insured Renewal | Effective 07/01/2026

		CURRENT / RENEWAL	
Carrier Name		Ameritas	
Plan Name		Passive PPO	
PLAN DESIGN*			
Network		INN [Ameritas Classic and Plus Network]	OON
Calendar Year (CY) Deductible (Individual / Family) Annual Maximum		\$50 per person \$1,000	\$50 per person \$1,000
Annual Maximum Provision		Benefit Threshold: \$500; Annual Carryover Amount: \$250; Annual PPO Bonus: \$100 Maximum Carryover: \$1,000	
Coinsurance			
Preventive Services		100%	100%
Cleaning Frequency		2 per year	2 per year
Deductible Waived?		Yes	Yes
Basic		80%	80%
Periodontics		50%	50%
Endodontics		50%	50%
Major		50%	50%
Major Waiting period		None	None
Implants		50%	50%
Orthodontics		50%	50%
Maximum Age		Child Only	Child Only
Deductible		No	No
Lifetime Max		\$1,000	\$1,000
Ortho Waiting Period		None	None
OON Reimbursement Level		90th U&C	
COST ANALYSIS			
PEPM Rates - Enrollment per AMP		Plan 1	Passive PPO
Employee (EE) Only		228	\$26.56
EE + Spouse		44	\$54.44
EE + Child(ren)		48	\$37.60
EE + Family		78	\$101.32
Total Enrollment		398	
Estimated Monthly Premium		\$18,159	
Estimated Annual Premium		\$217,906	
Dollar Difference from Current			
Percent Change from Current			
Total Combined Annual Cost			
Estimated Annual Premium		\$217,906	
Dollar Difference from Current			
Percent Change from Current			
PLAN PROVISIONS			
Rate Guarantee		2 Year rate guarantee ending 6/30/2027	
Premium Paid Basis		Contributory (Employee pays all or a	
Required Employer Contribution		0%	
Eligibility		FTE 20HRS/WK	

*NOTE: Benefit deviations from Current are identified in blue font

**Exclusions/limitations may apply

Notes and Assumptions

Catalina Foothills School District #16
 Dental | Fully-Insured Renewal | Effective 07/01/2026

		CURRENT / RENEWAL
Carrier Name		Solstice
Plan Name		S800B
PLAN DESIGN*		
Network Name		Solstice
Calendar Year (CY) Deductible (Individual / Family)		\$0 / \$0
Diagnostic & Preventive		
Office Visit (D0999)		Office Visit: \$5 Copay (D9430)
Exams (D0120)		\$0 Copay
Cleanings (D1110/1120)		\$20 Copay
Deductible Waived?		N/A
Basic		
Restorative Fillings (D2140-2332)		\$16 - \$65 Copay
Extractions (D7111-7240)		\$65 - \$162 Copay
Periodontics (D4341-4260, 4261)		\$80 - \$375, \$325 Copay
Endodontics Root Canal (D3310-3330)		\$240 - \$350 Copay
Major		
Crowns (D2710-2794)		\$195 - \$290 Copay
Dentures (D5110-5226)		\$502 - \$507 Copay
Orthodontia (D8080/D8090)		\$2,775/\$2,875 Copay
COST ANALYSIS		
PEPM Rates - Enrollment per AMP	Enrollment	S800B
Employee (EE) Only	46	\$10.99
EE + Spouse	8	\$19.24
EE + Child(ren)	4	\$23.83
EE + Family	9	\$30.23
Total Enrollment	67	
Estimated Monthly Premium		\$1,027
Estimated Annual Premium		\$12,322
Dollar Difference from Current		
Percent Change from Current		
PLAN PROVISIONS		
Rate Guarantee	2 Year rate guarantee ending 6/30/2027	
Premium Paid Basis	Voluntary (EE paid)	
Required Employer Contribution	0%	
Required Participation	30%	
Eligibility	FTE 30HRS/WK	

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**Exclusions/limitations may apply

Notes and Assumptions

⁽²⁾Solstice - Must be bundled with PPO Plan; not a standalone offering

Catalina Foothills School District #16
 Vision | Renewal | Effective 07/01/2026

		CURRENT / RENEWAL	
Carrier Name		Avesis, Inc.	
Plan Name		Vision Plan	
PLAN DESIGN*			
Network Name		INN[Vision Care Services]	OON
Exam (including eyewear exam)			
Frequency		12 Months	12 Months
Benefit		\$10 Copay	Reimburse up to \$35
Lenses			
Materials Copay		\$15 Copay	
Frequency		12 Months	12 Months
Single		\$10 Copay	Reimburse up to \$25
Bifocal		\$10 Copay	Reimburse up to \$40
Trifocal		\$10 Copay	Reimburse up to \$50
Standard Progressive		Up to \$50	Reimburse up to \$40
Frames			
Frequency		12 Months	12 Months
Allowance		\$10 Copay then up to \$120 plus 20% off	Reimburse up to \$45
Contact Lenses			
Frequency		12 Months	12 Months
Allowance		Conventional: Up to \$100 plus 10% off	Reimburse up to \$85
Medically Necessary		Covered in full	Reimburse up to \$250
Separate Fitting Allowance		Standard: Up to \$50 member out-of-pocket maximum; Custom: Up to \$75 member out-of-pocket maximum	N/A
COST ANALYSIS			
PEPM Rates - Enrollment per AMP		Enrollment	Vision Plan
Employee (EE) Only		234	\$5.64
EE + Spouse		41	\$10.17
EE + Child(ren)		40	\$11.30
EE + Family		72	\$14.68
Total Enrollment		387	
Estimated Monthly Premium			\$3,246
Estimated Annual Premium			\$38,948
Dollar Difference from Current			
Percent Change from Current			
PLAN PROVISIONS			
Rate Guarantee		5 Year rate guarantee ending 06/30/2028	
Premium Paid Basis		Contributory (Employee pays all or a portion of the 0%)	
Required Employer Contribution			
Required Participation		Minimum group size and participation of 2 eligible	
Eligibility		FTE 30HRS/WK	

*NOTE: Benefit deviations from Current are identified in blue font
 Notes and Assumptions

Catalina Foothills School District #16
Basic Life and AD&D | Renewal | Effective 07/01/2026

		CURRENT	RENEWAL
Carrier Name		Minnesota Life	Minnesota Life
PLAN DESIGN*			
Employee			
Life Benefit		\$50,000	\$50,000
AD&D Benefit		Same as Life amount	Same as Life amount
Benefit Reduction Schedule (% benefit reduces by at age)		35% at age 65; 50% at age 70; 75% at age 75+	35% at age 65; 50% at age 70; 75% at age 75+
Definition of Earnings		Salary	Salary
Waiver of Premium		Included	Included
Accelerated Benefit Amount		100% to max \$1,000,000	100% to max \$1,000,000
Convertible/Portable		Included	Included
Suicide Exclusion		AD&D: Included	AD&D: Included
COST ANALYSIS			
	Covered Lives per AMP	CURRENT	RENEWAL
Life Volume	570	\$28,500,000.00	\$28,500,000
AD&D Volume	570	\$28,500,000.00	\$28,500,000
Life Rate Per \$1,000 Vol		\$0.075	\$0.085
AD&D Rate Per \$1,000 Vol		\$0.018	\$0.018
Estimated Monthly Premium		\$2,651	\$2,936
Estimated Annual Premium		\$31,806	\$35,226
Dollar Difference from Current			\$3,420
Percent Change from Current			10.8%
PLAN PROVISIONS			
Rate Guarantee		3 Year rate guarantee ending 06/30/2026	3 Year rate guarantee ending 06/30/2029
Required Participation		100%	100%
Eligibility		FTE 30HRS/WK; PTE 20HRS/WK	FTE 30HRS/WK; PTE 20HRS/WK

*NOTE: Benefit deviations from Current are identified in *blue font*

Catalina Foothills School District #16
 Voluntary Short Term Disability | Renewal | Effective 07/01/2026

		CURRENT / RENEWAL
Carrier Name		Madison National Life Insurance Co Inc
PLAN DESIGN*		
Benefit		70% to max \$1,000
Elimination Period		
Illness		30 Days
Injury		30 Days
Duration of Benefits		22 Weeks
Features and Limitations		
Definition of Earnings		Gross Weekly Earnings
Recurrent Disability Provision		30 Days
Social Security Integration		Full Family
Pre-Existing Condition Limitation		12/12/24
Open Enrollment		Included
Portable		Not-Included
COST ANALYSIS		
Voluntary Rates	Covered Lives per AMP	CURRENT / RENEWAL
Age Range		
0 - 19		\$0.383
20 - 24		\$0.383
25 - 29		\$0.359
30 - 34		\$0.357
35 - 39		\$0.300
40 - 44		\$0.272
45 - 49	79	\$0.300
50 - 54		\$0.336
55 - 59		\$0.386
60 - 64		\$0.436
65 - 69		\$0.383
70 - 74		\$0.383
75 - 79		\$0.383
80+		\$0.383
PLAN PROVISIONS		
Rate Guarantee		2 Year rate guarantee ending 06/30/2027
Required Participation		10%
Open Enrollment		Included
Eligibility		FTE 30HRS/WK

*NOTE: Benefit deviations from Current are identified in blue font
 Notes and Assumptions