



SCHOOL ASSOCIATION FOR SPECIAL EDUCATION IN DUPAGE

**Finance Committee Meeting
April 15, 2026
SASED Administrative Center
2900 Ogden
Lisle, IL 60532
10:45 AM
AGENDA**

1. **Call to Order/Roll Call**
2. **Pledge**
3. **Approve Meeting Minutes from March 4, 2026**
4. **FY27 Tentative Budget Discussion**
5. **Increase in Sub Rates**
6. **Insurance Committee Information**
7. **Adjournment**



FINANCE COMMITTEE MEETING

March 4, 2026 - 8:00 AM
SASED Administrative Center
2900 Ogden Avenue, Lisle, IL 60532

MEETING MINUTES

1. Call to Order/Roll Call

Dr. Keith Filipiak, Chairperson, called the meeting to order at 8:00 AM and welcomed those in attendance. Roll call was taken with the following responding:

Present:	District	Representative
	Keeneyville School District 20	Dr. Omar Castillo
	Downers Grove School District 58	Dr. Kevin Russell
	Woodridge School District 68	Dr. Patrick Broncato
	Community High School District 94	Dr. Kurt Johansen
	Lisle CUSD 202	Dr. Keith Filipiak
Absent:	None	

Also in Attendance:

Dr. Kim Dryier, Executive Director, SASED
Ms. Rachel Wisniewski, Assistant Director of Business/CSBO, SASED
Ms. Senga Lowe, Executive Assistant and Board Recording Secretary, SASED

2. Pledge of Allegiance

3. Approved the Minutes from February 4, 2026

A motion was made by Member Broncato to approve the minutes from the February 4, 2026 meeting, and seconded by Member Johansen. Upon voice vote, with five members present voting Aye, motion was passed.

4. Discussion Items

- a. S-Fund Update - Dr. Dryier and Ms. Wisniewski provided a summary of the history of S-Fund. In the past, districts could get reimbursed for using private special education facilities, but this new change includes public cooperatives as well. This new change became effective July of 2024 and districts are now receiving payments. School districts receive reimbursement for over 2x's per capita. This reimbursement applies to cooperatives and stand alone buildings that house special education programs. This may have an impact on SASED next school year.

The state allotment for reimbursement did not increase, it is just now spread throughout the private and public sector. The proration rate is currently about 63%. It is SASED's goal to make sure that our member districts are eligible for as much as they can.

Ms. Wisniewski provided a detailed presentation of the process and the timeline for the S-Fund Reimbursement, along with specific examples for each member district. Reimbursement is paid out in four quarterly installments. Starting 2027, all cooperatives must use the state mandated per diem rate that PCRB calculates, regardless of whether or not the program tuition is higher. Those rates are released in June. This



will impact the overall budgeting process. If the rates come in lower than what our program costs are, then SASED may need to apply for an appeal. Even with an appeal, the rate would be calculated each year, based on two years prior. Once this rate is provided, we will have to revisit this discussion and make a decision on how to move forward.

ISBE will release the state approved rates in June for SY 26-27 to each cooperative. This rate is different for each cooperative, as the rates are based on a formula that includes enrollment and expenditures. If the rates don't line up with our tuition costs, SASED may have to charge an assessment fee or find another way to cover the cost of tuition. Tuition will still be charged the same, it will just be broken down into an itemized bill outside of tuition, i.e. transportation, food service, etc. They look at all of the expenditures in four different buckets which are Program (direct costs), Support, Occupancy, and Administrative. These are all subject to a cap of 125% of the median cost reported across all of the state. They also have an allocation for overhead, but Rachel needs to receive clarification on what this overhead amount would be.

Dr. Dryier and Ms. Wisniewski may provide a summary of this to the Board in March with current tuition charge vs what the new rate may be. Our member districts should be basing their budgets on our tuition rates that were sent already.

- b. Review Updated SASED Lease - After the BOD meeting last month, Dr. Dryier was asked to take a look at some of the language and soften it a little bit. The focus was directed at the offsets. Dr. Dryier would like to take this final lease to the Board in March for approval. The leases would then be sent out to member districts over spring break. A suggestion was made to change the language in the lease to always have written notice. This lease is good to use as a boilerplate lease, but we can have an amendment to each lease based on the specific host district. It's important to have language in the lease regarding collaboration between SASED and the member district regarding specifics in the lease. Also, remind the Board that Lisle has an amendment that goes with the current lease.

5. Adjournment

A motion was made by Member Johansen to adjourn the meeting at 9:04 am, and seconded by Member Broncato. Upon voice vote, with five members present voting Aye, motion was passed.

Approved: _____
Finance Committee Representative

Date



July 1, 2026-June 30, 2027

FY27 Tentative Budget

*Dr. Kimberly Dryier
Executive Director*

*Rachel Wisniewski
Assistant Director of Business Services/CSBO*

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SASED BUDGET SUMMARY

FY27 Tentative
Budget

	OPERATING BUDGET				GRANTS & FLOW-THROUGH		
	SASED Program & Services	Capital Improvement	Student Activity Fund	Subtotal	DRS Grant	Medicaid	Total
Fund Balance - July 1, 2026	7,831,947	163,743	46,008	8,041,698	144,177	-	8,185,875
Revenue:							
Local Sources	33,387,855	-	5,000	33,392,855	-		33,392,855
Tuition and Fees	33,363,855 *		5,000	33,368,855	-		33,368,855
Earnings on Investment	24,000 **			24,000			24,000
State Sources	3,030,775	-	-	3,030,775	-		3,030,775
Evidence Based Funding	2,799,908			2,799,908			2,799,908
Transportation Reimbursement	228,479			228,479			228,479
State Free Lunch and Breakfast	2,388			2,388			2,388
Federal Sources	1,673,945	-	-	1,673,945	121,386	1,500,000	3,295,331
NSLP	111,216			111,216			111,216
E-RATE	124,000			124,000			124,000
School Breakfast Program	69,252			69,252			69,252
Medicaid Admin Outreach	330,000 **			330,000			330,000
Medicaid FFS Annual Cost Settlement	1,039,477 *			1,039,477			1,039,477
Medicaid FFS						1,500,000	1,500,000
DRS Grant				-	121,386		121,386
Total Revenue	38,092,576	-	5,000	38,097,576	121,386	1,500,000	39,718,962
Expenditures:							
Salary	22,456,802		-	22,456,802	79,634		22,536,436
Employee Benefits	5,558,690		-	5,558,690	40,297		5,598,987
Purchased Services	7,708,635		-	7,708,635	-		7,708,635
Supplies and Materials	739,985		-	739,985			739,985
Capital Outlay	105,385		-	105,385			105,385
Other Objects	674,323		2,500	676,823			676,823
Non-Capitalized Equipment	247,700		-	247,700			247,700
Payments to Other Government Agencies						1,500,000	1,500,000
Total Expenditures	37,491,521	-	2,500	37,494,021	119,930	1,500,000	39,113,951
Revenue Over (Under)	601,055 **	-	2,500	603,555	1,456	-	605,011
Fund Balance - June 30, 2027	<u>8,433,002</u>	<u>163,743</u>	<u>48,508</u>	<u>8,645,253</u>	<u>145,633</u>	<u>-</u>	<u>8,790,886</u>

* Estimated Medicaid Annual Cost Settlement Netted Against Tuition & Fees

** SASED keeps investment earnings and Medicaid Admin Outreach

**FY27 Tentative
Budget
BUDGET COST BY PROGRAM**

	FY26 DIRECT COST	FY27 DIRECT COST	ADD PROGRAM ALLOCATIONS	LESS OFFSET GRANT REVENUE	FY27 NET COST	
PROGRAM 1 - EXECUTIVE ADMINISTRATION	\$1,000,963	\$951,476	\$0	\$0	\$951,476	
PROGRAM 2 - BUSINESS SERVICES	\$806,613	\$697,792	\$0	\$0	\$697,792	
PROGRAM 3 - HUMAN RESOURCES SERVICES	\$532,854	\$599,206	\$0	\$0	\$599,206	
PROGRAM 4 - CURRICULUM/PROGRAMS AND SERVICES	\$568,232	\$535,385	(\$417,338)	\$0	\$118,047	
PROGRAM 5 - PROFESSIONAL DEVELOPMENT	\$166,000	\$163,060	\$0	\$0	\$163,060	
PROGRAM 6 - INFORMATION TECHNOLOGY	\$1,448,327	\$1,643,454	\$0	\$124,000	\$1,519,454	
PROGRAM 7 - BUILDINGS AND GROUNDS	\$743,012	\$827,130	\$0	\$0	\$827,130	
PROGRAM 8- TRANSPORTATION	\$174,433	\$230,309	\$0	\$131,276	\$99,033	
TOTAL OVERHEAD	\$5,440,434	\$5,647,811	(\$417,338)	\$255,276	\$4,975,197	17.85%
PROGRAM 9 - ELL SERVICES	\$219,967	\$212,822	(\$182,730)	\$30,092	\$0	
PROGRAM 10- VISION PROGRAM	\$2,231,118	\$2,188,493	\$82,904	\$322,132	\$1,949,265	
PROGRAM 11 - DHH PROGRAM	\$2,963,786	\$3,216,537	\$200,960	\$143,482	\$3,274,014	
PROGRAM 12 - PATHWAYS PROGRAM	\$3,574,916	\$3,740,341	\$212,225	\$681,641	\$3,270,926	
PROGRAM 13- SUPPORTIVE MEDICAL NEEDS PROGRAM	\$1,444,033	\$1,285,712	\$56,627	\$151,041	\$1,191,297	
PROGRAM 14 - STRUCTURED LEARNING ENVIRONMENT PROGRAM	\$8,424,276	\$6,888,320	\$361,390	\$950,210	\$6,299,500	
PROGRAM 15 - TRANSITION PROGRAM	\$1,379,264	\$1,724,268	\$73,448	\$455,850	\$1,341,866	
PROGRAM 16 - PROJECT SEARCH PROGRAM	\$151,526	\$143,258	\$0	\$3,000	\$140,258	
PROGRAM 17 - DIAGNOSTICS/AUDIOLOGICAL SERVICES	\$169,859	\$192,689	\$0	\$66,618	\$126,071	
PROGRAM 18 - FOOD SERVICES	\$215,032	\$221,123	(\$38,267)	\$182,856	\$0	
PROGRAM 19 - ITINERANT SERVICES	\$1,270,811	\$1,299,758	\$0	\$154,628	\$1,145,129	
PROGRAM 20 - OCCUPATIONAL/PHYSICAL THERAPY SERVICES	\$6,297,832	\$6,019,101	\$2,877	\$783,811	\$5,238,167	
PROGRAM 21 - STUDENT IMPROVEMENT INSTRUCTIONAL SUPPORT	\$1,360,388	\$1,337,364	(\$425,835)	\$166,035	\$745,494	
PROGRAM 22 - ASSISTIVE TECHNOLOGY SERVICES	\$134,061	\$145,631	(\$69,243)	\$9,000	\$67,388	
PROGRAM 23 - 1:1 TEACHER ASSISTANT	\$1,937,366	\$1,592,714	\$0	\$30,488	\$1,562,225	
PROGRAM 24 - 1:1 MATA	\$909,655	\$1,076,042	\$0	\$115,726	\$960,316	
PROGRAM 25 - 1:1 INTERPRETER	\$0	\$0	\$0	\$0	\$0	
PROGRAM 26 - EXTENDED SCHOOL YEAR	\$528,778	\$537,698	\$0	\$0	\$537,698	
PROGRAM 27 - CREDIT RECOVERY	\$7,676	\$7,676	\$0	\$0	\$7,676	
PROGRAM 28 - ESY 1:1 MATA	\$14,165	\$14,165	\$0	\$0	\$14,165	
TOTAL PROGRAMS AND SERVICES	\$33,234,509	\$31,843,709	\$274,357	\$4,246,611	\$27,871,455	
PROGRAM 35- CAPITAL PROJECTS	\$1,861,868	\$0	\$0	\$0	\$0	
TOTAL CAPITAL PROJECTS	\$1,861,868	\$0	\$0		\$0	
PROGRAM 40 - STUDENT ACTIVITY FUND	\$2,500	\$2,500	\$0	\$0	\$2,500	
TOTAL STUDENT ACTIVITY FUND	\$2,500	\$2,500	\$0	\$0	\$2,500	
SUBTOTAL SASD OPERATIONAL BUDGET DIRECT COST	\$40,539,309	\$37,494,021	(\$142,981)	\$4,501,888	\$32,849,152	
		-7.51%				
PROGRAM 36 - DRS YOUTH SERVICES COORDINATOR GRANT	\$147,955	\$0	\$0	\$0	\$0	
PROGRAM 37 - DRS BASE PLUS GRANT	\$1,395,784	\$119,930	\$0	\$121,386	(\$1,456)	
PROGRAM 38 - EARLY CHOICES GRANT	\$0	\$0	\$0	\$0	\$0	
PROGRAM 39 - ESSER III GRANT	\$0	\$0	\$0	\$0	\$0	
TOTAL GRANTS	\$1,543,739	\$119,930	\$0	\$121,386	(\$1,456)	
MEDICAID FLOW THROUGH	\$1,500,000	\$1,500,000	\$0	\$1,500,000	\$0	
TOTAL MEDICAID FLOW THROUGH	\$1,500,000	\$1,500,000	\$0	\$1,500,000	\$0	
TOTAL SASD PROGRAM BUDGET DIRECT COST	\$43,583,048	\$39,113,951	(\$142,981)	\$6,123,274	\$32,847,696	
		-10.25%				

FY27 Tentative

Budget

FTE AND ENROLLMENT BY PROGRAM

	FTE	ENROLLMENT
PROGRAM 1 - EXECUTIVE ADMINISTRATION	5.00	
PROGRAM 2 - BUSINESS SERVICES	5.50	
PROGRAM 3 - HUMAN RESOURCES SERVICES	4.50	
PROGRAM 4 - CURRICULUM/PROGRAMS AND SERVICES	0.00	
PROGRAM 5 - PROFESSIONAL DEVELOPMENT	0.00	
PROGRAM 6 - INFORMATION TECHNOLOGY	6.00	
PROGRAM 7 - BUILDINGS AND GROUNDS	2.50	
PROGRAM 8- TRANSPORTATION	3.00	
TOTAL OVERHEAD		
PROGRAM 9 - ELL SERVICES	2.00	
PROGRAM 10- VISION PROGRAM	24.00	36
PROGRAM 11 - DHH PROGRAM	33.90	65
PROGRAM 12 - PATHWAYS PROGRAM	43.50	70
PROGRAM 13- SUPPORTIVE MEDICAL NEEDS PROGRAM	14.50	18
PROGRAM 14 - STRUCTURED LEARNING ENVIRONMENT PROGRAM	82.20	122
PROGRAM 15 - TRANSITION PROGRAM	18.30	26
PROGRAM 16 - PROJECT SEARCH PROGRAM	1.20	12
PROGRAM 17 - DIAGNOSTICS/AUDIOLOGICAL SERVICES	1.10	
PROGRAM 18 - FOOD SERVICES	0.00	
PROGRAM 19 - ITINERANT SERVICES	11.00	266,049.84
PROGRAM 20 - OCCUPATIONAL/PHYSICAL THERAPY SERVICES	53.50	2,038,742.60
PROGRAM 21 - STUDENT IMPROVEMENT INSTRUCTIONAL SUPPORT	10.60	
PROGRAM 22 - ASSISTIVE TECHNOLOGY SERVICES	1.00	
PROGRAM 23 - 1:1 TEACHER ASSISTANT	21.50	
PROGRAM 24 - 1:1 MATA	9.50	
PROGRAM 25 - 1:1 INTERPRETER		
TOTAL PROGRAMS AND SERVICES		
PROGRAM 37 - DRS BASE PLUS GRANT	1.50	
TOTAL GRANTS		
TOTAL FTE	355.80	

**FY27 Tentative
Budget**

**TUITION RATES WITH OVERHEAD ALLOCATION
& MEDICAID ANNUAL COST SETTLEMENT OFFSET**

	BUDGET FY26 MEMBER RATE W/ OVERHEAD	ACTUAL FY26 MEMBER RATE W/ OVERHEAD	FY27 NET COST	OVERHEAD	FY27 MEMBER RATE W/ OVERHEAD	
STUDENT PROGRAMS				17.85%		% Inc. Compared to FY26 Actual
DWC Visually Impaired Program	\$61,249	\$56,261	\$54,146	\$9,665	\$63,812	13.42%
DWC Hearing Impaired Program	\$57,026	\$53,345	\$50,369	\$8,991	\$59,361	4.18%
Pathways Program	\$48,350	\$54,291	\$46,728	\$8,341	\$55,069	11.28%
Supportive Medical Needs Program (SMNP)	\$75,522	\$65,688	\$65,818	\$11,749	\$77,566	1.43%
Structured Learning Environment Program (SLE)	\$59,705	\$51,878	\$52,552	\$9,381	\$61,933	18.08%
Transition Program	\$44,611	\$49,425	\$51,610	\$9,213	\$60,823	19.38%
Project Search Program	\$13,401	\$12,484	\$11,688	\$2,086	\$13,775	23.06%
						10.34%
ITINERANTS - DIRECT SERVICE/CONSULT SERVICE (IEP)						
Itinerant - Hearing Impaired/Visually Impaired/O&M (per minute)	\$4.93	\$4.40	\$4.30	\$0.77	\$5.07	15.28%
Itinerant - OT/PT (per minute)	\$2.94	\$2.94	\$2.57	\$0.46	\$3.03	2.89%
						2.99%
USER FEE SERVICES						
1:1 Aide	\$57,268	\$57,300	\$51,564	\$9,204	\$60,768	6.05%
1:1 Medical Assistant	\$81,988	\$72,966	\$73,822	\$13,178	\$86,999	19.23%
Assistive Technology (days)	\$709	\$709	\$618	\$110	\$729	2.76%
School Improvement & Instructional	\$1,296	\$1,296	\$1,130	\$202	\$1,331	2.71%



ACTION ITEM

To: SASED Finance Committee
Via: Dr. Kim Dryier
From: Rachel Wisniewski, Assistant Director of Business Services
Date: April 15, 2026
Re: Substitute Pay Rate Recommendations for 2026-2027

Summary: As we continue our efforts to attract and retain high-quality substitute teachers, we recommend an increase in substitute pay rates to maintain competitiveness with surrounding districts. Based on a comparative analysis of neighboring districts and the need to prevent the loss of substitutes to higher-paying areas, we propose the following adjustments:

Proposed Substitute Pay Rate Adjustments

Daily Substitute Teacher Rate: Increase from \$145/day to \$175/day

- This aligns more closely with neighboring districts and ensures we remain competitive.

Long Term Substitute Pay Rate

- SASED's Long-Term Substitute Rate is based on the teacher salary schedule for BA Step 1. We do not propose any change to this rate.

Daily Substitute Teacher Assistant Rate: Increase from \$16/hr to \$19/hr

- This aligns more closely with neighboring districts and ensures we remain competitive.

Rationale for the Increase

- **Maintaining Competitiveness:** This adjustment ensures SASED remains an attractive option for substitutes in an increasingly competitive job market.
- **Substitute Duties and Responsibilities-**Substitutes for SASED programs are required to perform higher level duties with students with exceptional needs.
- **Reducing Substitute Shortages:** Offering a competitive daily rate helps prevent staffing shortages caused by substitutes choosing nearby districts with higher pay.
- **Encouraging Long-Term Commitment:** The increase in long-term substitute pay incentivizes qualified professionals to commit to extended assignments, ensuring continuity in instruction.

We believe this adjustment strikes a balance between remaining competitive and managing budget considerations while ensuring students receive the best possible instructional support.



INFORMATIONAL ITEM

To: SASED Finance Committee
Via: Dr. Kim Dryier
From: Rachel Wisniewski, Assistant Director of Business Services
Date: April 15, 2026
Re: Insurance Renewal Rates for 2026-2027

Summary: SASED joined Educational Benefits Cooperative (EBC) effective January 1, 2025. All insurance plans renew on a fiscal year basis, with open enrollment scheduled for May 13, 2026 with an effective date of July 1, 2026. To help manage costs and improve affordability, adjustments have been made to the medical plan offerings. A summary of the recommended insurance plans is provided below.

Medical Insurance

The 2026-2027 renewal recommendations with Blue Cross and Blue Shield of Illinois (BCBS) proposed premium increases as follows:

- PPO Plan: 9.7% increase
- PPO HSA Plan: 5.96% increase
- HMO Illinois and HMO Blue Advantage: 9.9% increase

Dental Insurance

SASED currently offers dental coverage through MetLife. Effective July 1, 2026, SASED will transition to the EBC MetLife self-funded dental plan. This proposal is 6.8% lower than the 3% renewal increase under the current fully insured MetLife plan.

Voluntary Vision Insurance

Employees can purchase vision insurance coverage on a voluntary basis through MetLife. Rates are being renewed with no increase for 2026/2027.

Life and AD&D Insurance

SASED provides \$50,000 life insurance coverage to all employees through Reliance. Rates are being renewed with no increase for 2026/2027.

Long Term Disability Insurance

SASED provides long term disability insurance to its certified bargaining unit certified administrators. Rates will renew with Reliance with no increase for 2026/2027.

Voluntary Supplemental Life Insurance

Employees can purchase additional life insurance coverage on a voluntary basis through Reliance. Rates are being renewed with no increase for 2026/2027.



The plan changes made to the medical insurance plans are as follows:

1. **Terminating BCO plan #324547** (plan has lower enrollment)
2. **BCO - 324543:** District will only have ONE BCO
 - Increasing both deductible and out-of-pocket (see below)

	BCO	PPO	Out-of-Network
Individual	\$750	\$1,500	\$3,000
Family	\$2,250	\$4,500	\$9,000
Individual	\$1,500	\$3,000	\$6,000
Family	\$4,500	\$9,000	\$18,000

- Coinsurance for PPO tier will change from 80% after deductible to 70% after deductible
- Coinsurance for OON tier will change from 70% after deductible to 50% after deductible

Prescription Copays

- Increase prescription out of pocket limit to \$6,100 individual to \$7,700 family
- Increase preferred brand copay from \$30 to \$50 (2x mail-order)
- Increase non-preferred brand copay from \$40 to \$70 (2x mail-order)
- No change to generic copay

3. HDHP – PM1960

- Increasing in-network deductible and out-of-pocket limits (see below). No change to out-of-network deductible or OPX
- Coinsurance for PPO will change from 100% after deductible to 90% after deductible, out-of-network will remain at 70% after deductible



	PPO	Out-of-Network
Individual	\$3,400	\$5,000
Family	\$6,800	\$10,000
Individual	\$6,800	\$10,000
Family	\$13,600	\$20,000

4. HMO Illinois – H00363 and HMO Blue Advantage – B04435

*same plan changes will apply – plans will be the same

- Increasing out-of-pocket for individual from \$1,500 to \$3,000 and family from \$3,000 to \$6,000
- Hospital inpatient copay will go from 100% after \$250 copay to 100% after \$250 copay per day up to 2 days (copay will apply to inpatient mental health/substance use)
- Adding an outpatient surgery copay of \$100
- Increase emergency room copay from \$50 HMO IL/\$150 BA HMO to \$200 (waived if admitted)
- Office visit copays:
 - Increasing primary care (PCP) copay from \$20 to \$30 (\$30 copay will apply to mental health/substance use outpatient visits)
 - Adding specialty office visit copay of \$60 for HMO IL (for BA HMO this is an increase from \$40 to \$60)

Prescription Copays

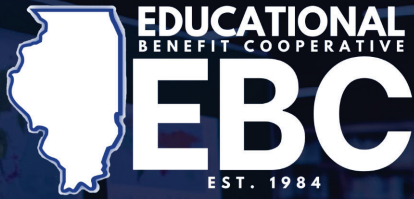
- Increase prescription out of pocket limit to \$2,000 individual to \$4,000 family
- Increase preferred brand copay from \$20 to \$40 (2x mail-order)
- Increase non-preferred brand copay from \$40 to \$60 (2x mail-order)
- Add specialty copay of \$100

SASED

Renewal Rates

July 1, 2026 through June 30, 2027

LIFE		2025-26	2026-27		
Active Life		\$ 0.095	\$ 0.095		
AD&D		\$ 0.010	\$ 0.010		
MEDICAL					
PPO Plan - BCO \$300					
324543	Employee	\$ 1,179.82	\$1,281.84	Renewal:	16.2%
	Family	\$ 3,068.38	\$3,333.71		
	Medicare Employee	\$ 707.89	\$769.10	Plan Change Adjustment	-6.50%
	Medicare Family	\$ 1,472.81	\$1,600.17		
	Retiree over 65	\$ 707.89	\$769.10		
	Retiree over 65 and Spouse over 65	\$ 1,472.81	\$1,600.17		
	Retiree over 65 and Spouse under 65	\$ 1,887.71	\$2,050.94		
	Retiree under 65	\$ 1,179.82	\$1,281.84		
	Retiree under 65 and Spouse under 65	\$ 3,068.38	\$3,333.71		
	Retiree under 65 and Spouse over 65	\$ 1,887.71	\$2,050.94		
	Retiree and Spouse + Child/Children	\$ 3,068.38	\$3,333.71		
	Retiree over 65 + Child/Children	\$ 1,887.71	\$2,050.94		
	Retiree under + Child/Children	\$ 3,068.38	\$3,333.71		
PPO HSA					
PM1960	Employee	\$ 901.48	\$940.25	Renewal:	16.2%
	Family	\$ 2,253.73	\$2,350.66		
	Medicare Employee	\$ 540.88	\$564.14	Plan Change Adjustment	-10.24%
	Medicare Family	\$ 1,081.80	\$1,128.33		
	Retiree over 65	\$ 540.88	\$564.14		
	Retiree over 65 and Spouse over 65	\$ 1,081.80	\$1,128.33		
	Retiree over 65 and Spouse under 65	\$ 1,442.36	\$1,504.40		
	Retiree under 65	\$ 901.48	\$940.25		
	Retiree under 65 and Spouse under 65	\$ 2,253.73	\$2,350.66		
	Retiree under 65 and Spouse over 65	\$ 1,442.36	\$1,504.40		
	Retiree and Spouse + Child/Children	\$ 2,253.73	\$2,350.66		
	Retiree over 65 + Child/Children	\$ 1,442.36	\$1,504.40		
	Retiree under + Child/Children	\$ 2,253.73	\$2,350.66		
HMO IL					
H00363	Employee	\$ 900.97	\$984.33	Renewal:	14.4%
	Family	\$ 2,253.29	\$2,461.76		
	Medicare Employee	\$ 540.59	\$590.60	Plan Change Adjustment	-4.50%
	Medicare Family	\$ 1,081.57	\$1,181.64		
	Retiree over 65	\$ 540.59	\$590.60		
	Retiree over 65 and Spouse over 65	\$ 1,081.57	\$1,181.64		
	Retiree over 65 and Spouse under 65	\$ 1,441.56	\$1,574.93		
	Retiree under 65	\$ 900.97	\$984.33		
	Retiree under 65 and Spouse under 65	\$ 2,253.28	\$2,461.75		
	Retiree under 65 and Spouse over 65	\$ 1,441.56	\$1,574.93		
	Retiree and Spouse + Child/Children	\$ 2,253.28	\$2,461.75		
	Retiree over 65 + Child/Children	\$ 1,441.56	\$1,574.93		
	Retiree under + Child/Children	\$ 2,253.28	\$2,461.75		
HMO BA					
B04435	Employee	\$ 835.54	\$912.85	Renewal:	14.4%
	Family	\$ 2,043.55	\$2,232.62		
	Medicare Employee	\$ 501.33	\$547.71	Plan Change Adjustment	-4.5%
	Medicare Family	\$ 980.89	\$1,071.64		
	Retiree over 65	\$ 501.33	\$547.71		
	Retiree over 65 and Spouse over 65	\$ 980.89	\$1,071.64		
	Retiree over 65 and Spouse under 65	\$ 1,336.87	\$1,460.56		
	Retiree under 65	\$ 835.54	\$912.85		
	Retiree under 65 and Spouse under 65	\$ 2,043.55	\$2,232.62		
	Retiree under 65 and Spouse over 65	\$ 1,336.87	\$1,460.56		
	Retiree and Spouse + Child/Children	\$ 2,043.55	\$2,232.62		
	Retiree over 65 + Child/Children	\$ 1,336.87	\$1,460.56		
	Retiree under + Child/Children	\$ 2,043.55	\$2,232.62		
Dental				New Plan	
	Employee		\$48.15		
	Family		\$133.35		



SASED

Insurance Committee Meeting – Final Renewal 2026–27

Nancy Bellosa, Senior Benefit Consultant
April 6, 2026

Agenda



1. Final Renewal Projections – July 1, 2026

- SASED's final renewal
- State of the pharmacy market
- Your Money Line Recap

2. Value Added Program Review

3. BCBS Legislative Updates

4. Plan changes and timeline

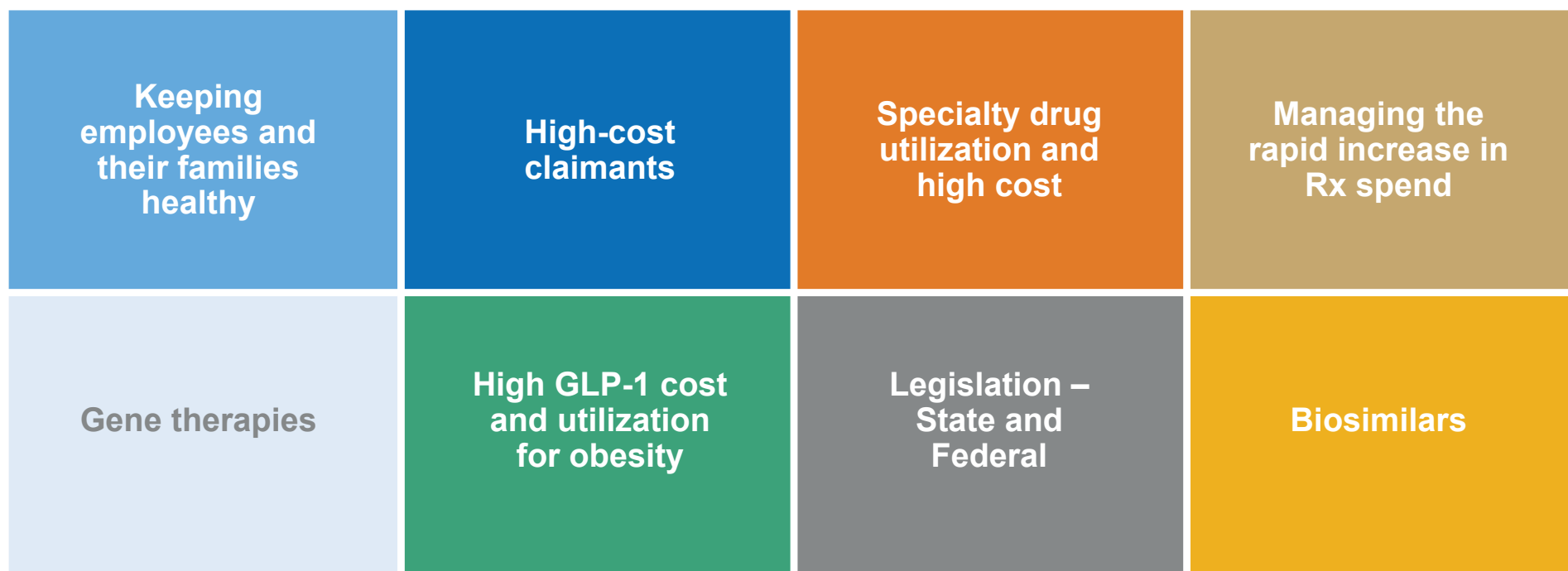
- Dental Marketing



Final Renewal Projections – July 1, 2026

State of the Pharmacy Market Update

Key factors driving rapid change in the PBM marketplace



Final Renewal Projections – July 1, 2026

Executive Summary

PPO Medical	HMO Medical	Dental	Basic Life/AD&D
+16.2% EBC Final Average Adjustment EBC Average Loss Ratio: 109.0%	+16.4% EBC Final Average Adjustment EBC Average Loss Ratio: 105.7%	+3.9% EBC Final Average Adjustment EBC Average Loss Ratio: 98.7%	0.0% Current rates extended through 6/30/2027

Exhibit A: EBC Experience Period

1/1/2025 – 12/31/2025

<u>PPO</u>		
A	Revenue	\$431,316,574
B	Claims Under \$1,000,000	\$470,140,880
C	Paid Claim Loss Ratio (B/A)	109.0% Pool Loss Ratio which becomes the center of the Banding Formula (Exhibit C)
<u>HMO</u>		
A	Revenue	\$ 172,501,186
B	Claims Under \$350,000 plus Physician Services Fees	\$ 182,419,604
C	Paid Claim Loss Ratio (B/A)	105.7% Pool Loss Ratio which becomes the center of the Banding Formula (Exhibit C)

Exhibit B: EBC Final Renewal Projection

7/1/2026 – 6/30/2027

<u>PPO</u>		
A	Projected Revenue	\$449,148,389
B	Projected Total Costs (Claims + Expenses)	\$521,986,848
C	Rate Increase (B/A)	16.2% Pool Average Rate Increase which becomes the center of the Banding Formula (See Exhibit C)
<u>HMO</u>		
A	Projected Revenue	\$ 177,534,505
B	Projected Total Costs (Claims + Expenses)	\$ 206,648,863
C	Rate Increase (B/A)	16.4% Pool Average Rate Increase which becomes the center of the Banding Formula (See Exhibit C)

Exhibit C: PPO Rate Adjustment

(See Appendix Exhibit 16,17, & 18 for Individual District Rate Adjustments)

PPO Average Loss Ratio = 109.0%		
<u>Paid Claim Loss Ratio</u>	<u>Rate Adjustment</u>	<u># of Members in Band</u>
0.0% to 79.0%	11.2%	0
79.1% to 85.5%	12.2%	2
85.6% to 92.0%	13.2%	6
92.1% to 98.5%	14.2%	14
98.6% to 105.0%	15.2%	26
105.1% to 113.0%	16.2%	43
113.1% to 119.5%	17.2%	10
119.6% to 126.0%	18.2%	13
126.1% to 132.5%	19.2%	5
132.6% to 139.0%	20.2%	5
139.1% +	21.2%	2

SASED's LR: 112.8%
= 16.2%

Exhibit C: HMO Rate Adjustment

(See Appendix Exhibit 16,17, & 18 for Individual District Rate Adjustments)

HMO Average Loss Ratio = 105.7%		
<u>Paid Claim Loss Ratio</u>	<u>Rate Adjustment</u>	<u># of Members in Band</u>
0.0% to 75.7%	11.4%	7
75.8% to 82.2%	12.4%	7
82.3% to 88.7%	13.4%	3
88.8% to 95.2%	14.4%	14
95.3% to 101.7%	15.4%	17
101.8% to 109.7%	16.4%	20
109.8% to 116.2%	17.4%	19
116.3% to 122.7%	18.4%	11
122.8% to 129.2%	19.4%	4
129.3% to 135.7%	20.4%	5
135.8% +	21.4%	2

SASED's LR: 91.5%
= 14.4%

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Your Money Line



Your Money Line

Comprehensive Financial Assistance Program

Past

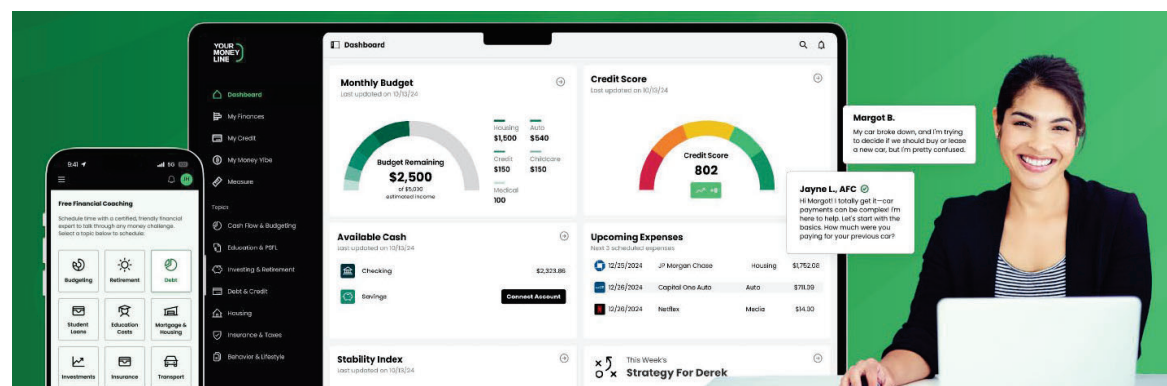
- Credit Card Debit
- Student Loans

Present

- Medical Expenses
- Public Service Loan Forgiveness

Future

- Emergency Savings Fund
- Large Purchases (Car/House)
- Retirement Planning



Your Money Line Features



Financial Coaching

- Budgeting
- Goal-setting
- Credit building
- Life transitions
- Saving efficiently
- Skill-building & literacy
- Troubleshooting financial emergencies



Financial Therapy

- Financial Anxiety
- Money Conflict
- Shame/Money Guilt
- Financial Enmeshment
- Compulsive Financial Behaviors
- Self-Sabotage
- Overspending



Financial Strategy

- Building a long-term road map
- Investment basics
- Risk management strategy
- Cash flow planning
- Introduction to tax planning
- Retirement projections



Financial Check-ups

- Yearly reviews
- Financial terminology (eg. "What is...")
- Student Loan Status
- Benchmarking (eg. "How much should I save for retirement?")
- General financial questions

Value Added Programs Review



Hinge Health





Exercise therapy. Without leaving home.

Take control of your joint pain and move better.

What does my program include?

- Unlimited access to your personalized exercises and stretches developed by physical therapists
- Convenient exercise sessions you can do anytime, anywhere with the Hinge Health app
- Dedicated 1-on-1 support from a physical therapist and qualified health coach

How much does the program cost?

Hinge Health is available to eligible employees at no additional cost.

Who is eligible?

Employees and dependents 18+ enrolled in an EBC medical plan are eligible. If you need help with pain or an injury, then you will go through a clinical questionnaire to make sure our program is the right fit. Our program to stay healthy and pain free has no clinical requirement, and is open to all 18+ members on the medical plan.

\$0
cost to you



HDHP + PPO
Members only

Dental



Dental Renewal – 7/2026

- District has **high out-of-network** utilization
 - 50% of claims are out-of-network
 - Services being done include high dollar benefits, including:
 - crowns, bridges and dentures
 - Out-of-network benefits are the same in and out – no redirection to in-network
 - Recommendation is to adjust out-of-network benefits to help steer members in-network and reduce spend
- Average loss ratio over the last 3 years – 120%
 - Prior 12 months – loss ratio was 117%
 - Renewal for 7/2026-6/2027 is calling for 6% increase
 - Negotiated to 3%



Dental Marketing



Marketing Results

• Guardian

- Guardian's network strongly matched current provider utilization
 - 25 providers not in MetLife network, but included in Guardian's.
 - 75.39% of providers currently utilized are in-network with Guardian
 - Guardian's proposal is **-2.91%** lower than renewal for 7/1

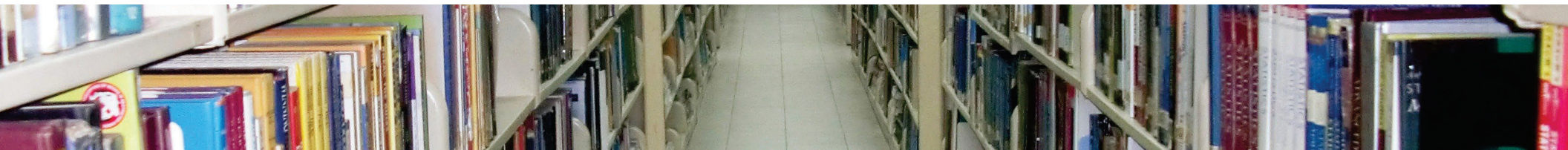
EBC MetLife

- Same network as current MetLife plan
 - No member disruption
 - Out-of-network utilization will continue to occur
- Part of EBC self-funded cooperative
- **-6.80%** lower than renewal



Plan Changes

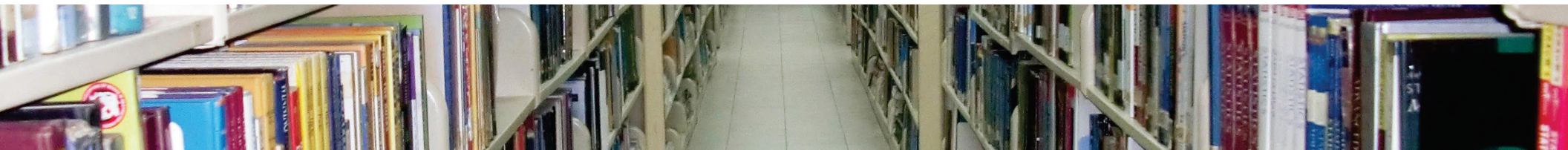




Plan Changes and Options

Refer to plan changes spreadsheet





Timeline/Planning



Plan Changes:

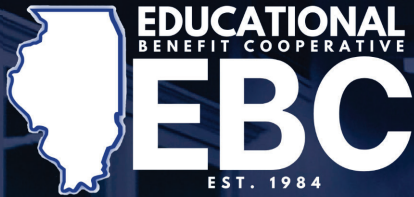
- BCBS requires notification 45–60 days prior to effective date
- 60 days allows for time to process changes with BCBS, approval of plan change documents, including benefit summary, and production of SBCs.

New Plans:

- BCBS requires notification 90 days prior to effective date
- 90 days allows for the building of the new plan, creation of plan documents, coding and testing of new claims, and production of new ID cards, as well as testing of new plan number with Businessolver
- It is possible to make plan changes or add a new plan outside of these notifications, but there is the possibility of timeline milestones being delayed, which would result in some delays/issues prior to the effective date

Businessolver:

- Requires 4 weeks for plan changes that result in a rate change only (April 21st)
- Requires 5 weeks for plan builds and updates, including tier changes prior to start of OE
 - This includes a dental carrier change
 - OE Date May 13th – decision by April 8th



Thank You

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SASED
Dental Plan Marketing Results

7/1/2026

CARRIER:	MetLife (Renewal) ¹		Delta Dental ²		EBC MetLife		Guardian ³	
Employer Paid/Non-Contributory	7/1/2026		Option 1		Option 2		Option 3	
Plan Type Network	PPO PDP Plus		PPO PPO / Premier		PPO PDP Plus		PPO DentalGuard Preferred	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
PLAN BASICS								
Deductible (Individual / Family)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Type A - Preventive/Diagnostic	100%	100%	100%	100%	100%	100%	100%	100%
Type B - Basic/Restorative	80%	80%	80%	80%	80%	80%	80%	80%
Type C - Major	50%	50%	50%	50%	50%	50%	50%	50%
Annual Maximum-Type A-C	\$1,500		\$1,500		\$1,500		\$1,500	
Type D - Orthodontia (to age 26)	50%	50%	50%	50%	50%	50%	50%	50%
Type D - Orthodontia (to age 26)	\$1,500		\$1,500		\$1,500		\$1,500 (to age 19)	
Carrierover/Rollover	No		No		No		No	
COVERED SERVICES								
Type A - Preventive/Diagnostic Services	Cleanings, oral exams, X-Rays		Cleanings, oral exams, X-Rays		Cleanings, oral exams, X-Rays		Cleanings, oral exams, X-Rays	
Type B - Basic Services/Restorative	Fillings, simple extractions		Fillings, simple extractions		Fillings, simple extractions		Fillings, simple extractions	
Type C - Major Services	Fixed Bridges, crowns		Fixed Bridges, crowns		Fixed Bridges, crowns		Fixed Bridges, crowns	
Type D - Orthodontic Services	Orthodontia		Orthodontia		Orthodontia		Orthodontia	
	Renewal Rates		Option 1		Option 2		Option 3	
RATES								
Employee	\$51.66		\$51.10 / \$53.14		\$48.15		\$50.16	
Family	\$143.09		\$154.88 / \$161.08		\$133.35		\$138.92	
EMPLOYEE COUNTS								
Employee	124		124		124		124	
Family	106		106		106		106	
	Renewal		Option 1		Option 2		Option 3	
Monthly Premium	\$21,573.38		\$22,753.68 / \$23,663.84		\$20,105.70		\$20,945.36	
Annual Premium	\$258,880.56		\$273,044.16 / \$283,966.08		\$241,268.40		\$251,344.32	
Premium Difference \$	n/a		\$14,163.60 / \$25,085.52		(\$17,612.16)		(\$7,536.24)	
Premium Difference %	n/a		5.47% / 9.68%		-6.80%		-2.91%	
Rate Guarantee	1 Year		1 Year / 2 Years		1 Year		1 Year	
Minimum Enrollment	N/A		70% of eligible employees				75% of eligible employees	
Commission Level	0%		Flat 10%		Flat 10%		Flat 10%	
Supplemental Compensation (Additional Commission)	Gallagher may receive supplemental compensation from insurance carriers and vendors, normally calculated at the end of each calendar year, that are contingent on a number of factors including the overall number of employer plans represented, plan retention rates, and overall premium growth. Historically, supplemental compensation has ranged, on average, between 0-3% based on specific carrier programs. These plans have no effect on premiums. Further, Gallagher may receive non-cash compensation from plan vendors or service providers that are not in connection with any particular client. If you have any questions regarding direct or indirect compensation received by Gallagher, please contact your dedicated Gallagher advisor or refer to the Gallagher Global Standards of Business Conduct (https://www.ajg.com/us/about-us/global-standards).							

¹Current plan with MetLife is based on 7/1/2026 renewal rates with a negotiated 3% increase

²Current plan with MetLife has R&C at 90th percentile

³Current Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15 – 40% discount off of average billed charges nationally.

Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (MPA), which is established at a level that typically delivers discounts of 25% - 30% off of average billed charges nationally.

Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentist reimbursement is based on the lesser of the submitted fee or MPA.

³Proposal with Guardian includes R&C at 90th percentile

R&C (Reasonable and Customary) refers to the amount a plan will pay for a service/treatment outside of the network. The amount paid by the plan is determined based on what providers in the geographic area typically charge for the same or similar service. If the amount charged by the provider is higher than the R&C determined amount, the member will be responsible for paying the difference, which is referred to as balanced billing. However, with 90th or 95th R&C, a member is not likely to be balanced billed.

MAC (Maximum Allowable Charge) refers to the amount a plan will pay for a service/treatment outside of the network. Under MAC, reimbursement for services/treatment are capped at the Maximum Allowable Charge (MAC). As an example, if you visit an out-of-network dentist who charges \$150 for a cleaning (covered at 100%), but the MAC is set at \$100, the plan will cover \$100 and the member will be balanced billed for the remaining \$50. It's more common to have balance billing for MAC plans

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This proposal (analyses, reports, etc.) is an outline of the coverages proposed by the carrier(s) based on the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for the actual language. This proposal (analyses, report, etc.) is not a contract and offers no contractual obligation on behalf of GBS.

SASED

Current - 324543 Blue Choice Options Plan				Option 1 Blue Choice Options Plan				Option 2 Blue Choice Options Plan				Current - 324547 Certified Union Blue Choice Options Plan				Option 1 Blue Choice Options Plan				Option 2 Blue Choice Options Plan			
Embedded Deductible/Embedded OPX (Tier 1 and 2 feed)				Embedded Deductible/Embedded OPX (Tier 1 and 2 feed)				Embedded Deductible/Embedded OPX (Tier 1 and 2 feed)				Embedded Deductible/Embedded OPX (Tier 1 and 2 feed)				Embedded Deductible/Embedded OPX (Tier 1 and 2 feed)				Embedded Deductible/Embedded OPX (Tier 1 and 2 feed)			
PPO 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		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	\$500	\$1,000	\$500	\$1,500	\$3,000		\$750	\$1,500	\$4,500		\$500	\$750	\$1,500		\$1,000	\$3,000	\$6,000		\$1,500	\$3,000	\$6,000	
Family	\$900	\$1,500	\$3,000	\$1,500	\$3,000	\$6,000		\$2,250	\$4,500	\$13,500		\$1,500	\$2,250	\$4,500		\$2,000	\$4,000	\$12,000		\$3,000	\$6,000	\$12,000	
Out-of-pocket limit (OPX)	(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)				(deductible included in OOP Limit)			
Individual	\$1,500	\$3,000	\$6,000	\$1,500	\$3,000	\$6,000		\$2,250	\$4,500	\$13,500		\$1,500	\$3,000	\$6,000		\$3,000	\$6,000	\$18,000		\$3,000	\$6,000	\$12,000	
Family	\$4,500	\$9,000	\$18,000	\$4,500	\$9,000	\$18,000		\$6,750	\$13,500	\$27,000		\$4,500	\$9,000	\$18,000		\$6,000	\$12,000	\$36,000		\$6,000	\$12,000	\$24,000	
Lifetime Maximum	Unlimited			Unlimited				Unlimited				Unlimited				Unlimited				Unlimited			
Hospital																							
Inpatient Services	90% after deductible	80% after deductible	70% after deductible	90% after deductible	80% after deductible	70% after deductible		90% after deductible	80% after deductible	70% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible	
Outpatient Surgery	90% after deductible	80% after deductible	70% after deductible	90% after deductible	80% after deductible	70% after deductible		90% after deductible	80% after deductible	70% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible	
Emergency Room	90% after \$100 copay (waived if admitted)			90% after \$100 copay (waived if admitted)				90% after \$100 copay (waived if admitted)				90% after \$100 copay (waived if admitted)				90% after \$100 copay (waived if admitted)				90% after \$100 copay (waived if admitted)			
Physician																							
Inpatient Services	90% after deductible	80% after deductible	70% after deductible	90% after deductible	80% after deductible	70% after deductible		90% after deductible	80% after deductible	70% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible	
Outpatient Surgery	90% after deductible	80% after deductible	70% after deductible	90% after deductible	80% after deductible	70% after deductible		90% after deductible	80% after deductible	70% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible	
Offices Visit	90% after deductible	80% after deductible	70% after deductible	90% after deductible	80% after deductible	70% after deductible		90% after deductible	80% after deductible	70% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible	
Other																							
Diagnostic Services	90% after deductible	80% after deductible	70% after deductible	90% after deductible	80% after deductible	70% after deductible		90% after deductible	80% after deductible	70% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible	
*Therapy - Speech, occupational or physical therapy	90% after deductible	80% after deductible	70% after deductible	90% after deductible	80% after deductible	70% after deductible		90% after deductible	80% after deductible	70% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible	
Mental/Nervous - Inpatient	90% after deductible	80% after deductible	70% after deductible	90% after deductible	80% after deductible	70% after deductible		90% after deductible	80% after deductible	70% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible	
Mental/Nervous - Outpatient	90% after deductible	80% after deductible	70% after deductible	90% after deductible	80% after deductible	70% after deductible		90% after deductible	80% after deductible	70% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible	
Substance Abuse - Inpatient	90% after deductible	80% after deductible	70% after deductible	90% after deductible	80% after deductible	70% after deductible		90% after deductible	80% after deductible	70% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible	
Substance Abuse - Outpatient	90% after deductible	80% after deductible	70% after deductible	90% after deductible	80% after deductible	70% after deductible		90% after deductible	80% after deductible	70% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible		90% after deductible	70% after deductible	60% after deductible	
Wellcare	100%	100%	70% after deductible	100%	100%	70% after deductible		100%	100%	70% after deductible		100%	100%	60% after deductible		100%	100%	60% after deductible		100%	100%	60% after deductible	
Prescription																							
Out-of-pocket limit Rx	Prime Therapeutics \$1,000 Individual/\$2,000 family			Prime Therapeutics \$2,000 Individual/\$4,000 family				Prime Therapeutics \$6,100 Individual/\$7,700 family				Prime Therapeutics \$1,000 Individual/\$2,000 family				Prime Therapeutics \$2,000 Individual/\$4,000 family				Prime Therapeutics \$4,600 Individual/\$9,200 family			
Retail																							
34-Day supply	\$20 Generic \$30 Preferred Brand \$40 Non-Preferred Brand			\$20 Generic \$50 Preferred Brand \$70 Non-Preferred Brand				\$20 Preferred Generic \$30 Non-Preferred Generic \$45 Preferred Brand \$65 Non-Preferred Formulary Brand \$150 Preferred Specialty \$250 Non-Preferred Specialty				\$20 Generic \$30 Preferred Brand \$40 Non-Preferred Brand				\$20 Generic \$50 Preferred Brand \$70 Non-Preferred Brand				\$20 Preferred Generic \$30 Non-Preferred Generic \$45 Preferred Brand \$65 Non-Preferred Formulary Brand \$150 Preferred Specialty \$250 Non-Preferred Specialty			
Mail Order																							
90-Day supply	\$40 Generic \$60 Preferred Brand \$80 Non-Preferred Brand			\$40 Generic \$100 Preferred Brand \$140 Non-Preferred Brand				\$40 Preferred Generic \$60 Non-Preferred Generic \$90 Preferred Formulary Brand \$130 Non-Preferred Formulary Brand				\$40 Generic \$60 Preferred Brand \$80 Non-Preferred Brand				\$40 Generic \$100 Preferred Brand \$140 Non-Preferred Brand				\$40 Preferred Generic \$60 Non-Preferred Generic \$90 Preferred Formulary Brand \$130 Non-Preferred Formulary Brand			
Rates																							
Single	Current Plan - 324543			Option 1				Option 2				Current Plan - 324547 Certified Union				Option 1				Option 2			
Family	\$1,370.00			\$1,321.06				\$1,269.21				\$1,370.95				\$1,293.35				\$1,256.22			
Cost Saving from PPO Plans	\$3,565.46			\$3,438.10				\$3,303.16				\$3,565.46				\$3,363.64				\$3,267.08			
Annual Premium	N/A			-3.6%				-7.4%				N/A				-5.7%				-8.4%			
Annual Premium savings from current plan	\$1,885,103.52			\$1,817,766.16				\$1,746,421.82				\$1,220,895.84				\$1,151,786.65				\$1,118,724.88			
Rates are based on 7/2026 renewal	N/A			-\$67,337.36				-\$138,681.70				N/A				-\$69,109.19				-\$102,170.96			

¹Specialty copays depend on the drug tier (i.e. generic, formulary, non-formulary)

ACA Maximum Out-of-Pocket 2026:

Self-Only Coverage Out-of-Pocket maximum: \$10,600

Family Coverage Out-of-Pocket maximum: \$21,200

SASED

<u>Current HDHP</u>		<u>HDHP-Option 1</u>		<u>HDHP-Option 2</u>		<u>HDHP-Option 3</u>		
Embedded Deductible/Embedded OPX		Embedded Deductible/Embedded OPX		Embedded Deductible/Embedded OPX		Embedded Deductible/Embedded OPX		
PPO Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible								
Individual	\$3,300	\$5,000	\$3,400	\$5,000	\$3,400	\$5,000	\$3,500	\$7,000
Family	\$6,600	\$10,000	\$6,800	\$10,000	\$6,800	\$10,000	\$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	\$3,300	\$10,000	\$3,400	\$10,000	\$6,800	\$10,000	\$7,000	\$14,000
Family	\$6,600	\$20,000	\$6,800	\$20,000	\$13,600	\$20,000	\$14,000	\$28,000
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited	
Hospital								
Inpatient Services	100% after deductible	70% after deductible	100% after deductible	70% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Outpatient Surgery	100% after deductible	70% after deductible	100% after deductible	70% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Emergency Room	100% after deductible		100% after deductible		90% after deductible		90% after deductible	
Physician								
Inpatient Services	100% after deductible	70% after deductible	100% after deductible	70% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Outpatient Surgery	100% after deductible	70% after deductible	100% after deductible	70% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Offices Visit	100% after deductible	70% after deductible	100% after deductible	70% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Other								
Diagnostic Services	100% after deductible	70% after deductible	100% after deductible	70% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Therapy - Speech, occupational or physical therapy	100% after deductible	70% after deductible	100% after deductible	70% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Mental/Nervous - Inpatient	100% after deductible	70% after deductible	100% after deductible	70% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Mental/Nervous - Outpatient	100% after deductible	70% after deductible	100% after deductible	70% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Substance Abuse - Inpatient	100% after deductible	70% after deductible	100% after deductible	70% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Substance Abuse - Outpatient	100% after deductible	70% after deductible	100% after deductible	70% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Wellcare	100%	70% after deductible	100%	70% after deductible	100%	70% after deductible	100%	70% after deductible
Prescription	Prime Therapeutics		Prime Therapeutics		Prime Therapeutics		Prime Therapeutics	
Retail								
34-Day supply	100% after deductible		100% after deductible		90% after deductible		90% after deductible	
Mail Order								
90-Day supply	100% after deductible		100% after deductible		90% after deductible		90% after deductible	
Rates	HDHP 2026-27		HDHP Option 1 Rates		HDHP Option 2 Rates		HDHP Option 3 Rates	
Single	\$1,047.52		\$1,047.52		\$940.26		\$932.98	
Family	\$2,618.83		\$2,618.83		\$2,350.67		\$2,332.47	
Cost Savings from Current HDHP Plan:	N/A		No savings to plan - 7/1 renewal adjustment will apply		-10.24%		-10.93%	
Annual Premium	\$647,372.76		\$647,372.76		\$581,084.01		\$576,583.75	
Annual Premium Savings	N/A		\$0.00		-\$66,288.75		-\$70,789.01	

Rates are based on 7/2026 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-Opocket: 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%

HDHP	
Enrollment as of March 2026	Count
Employee	14
Family	15
Total	29

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.

SASED

	Current HMO IL		Option 1 HMO IL		Option 2 HMO IL	
PPO Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Individual	N/A		N/A		N/A	
Family	N/A		N/A		N/A	
Out-of-pocket limit (OPX)	(deductible included in OOP Limit)		(deductible included in OOP Limit)		(deductible included in OOP Limit)	
Individual	\$1,500	N/A	\$1,500	N/A	\$3,000	N/A
Family	\$3,000	N/A	\$3,000	N/A	\$6,000	N/A
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Hospital						
Inpatient Services	100% after \$250 copay	No Coverage	100% after \$250 copay	No Coverage	100% after \$250 per day up to 3 days	No Coverage
Outpatient Surgery	100%	No Coverage	100% after \$50 copay (waived if admitted)	No Coverage	100% after \$100 copay (waived if admitted)	No Coverage
Emergency Room	100% after \$50 copay (waived if admitted)		100% after \$150 copay (waived if admitted)		100% after \$150 copay (waived if admitted)	
Physician						
Inpatient Services	100%	No Coverage	100%	No Coverage	100%	No Coverage
Outpatient Surgery	100%	No Coverage	100%	No Coverage	100%	No Coverage
Offices Visit	100% after \$20 copay for PCP/Specialist	No Coverage	100% after \$20 PCP/\$40 specialist copay	No Coverage	100% after \$30 PCP/\$60 specialist copay	No Coverage
Other						
Diagnostic Services	100%	No Coverage	100%	No Coverage	100%	No Coverage
*Therapy - Speech, occupational or physical therapy	100%	No Coverage	100%	No Coverage	100%	No Coverage
Mental/Nervous - Inpatient	100% after \$250 copay	No Coverage	100% after \$250 copay	No Coverage	100% after \$250 per day up to 3 days	No Coverage
Mental/Nervous - Outpatient	100% after \$20 copay	No Coverage	100% after \$20 copay	No Coverage	100% after \$30 copay	No Coverage
Substance Abuse - Inpatient	100% after \$250 copay	No Coverage	100% after \$250 copay	No Coverage	100% after \$250 per day up to 3 days	No Coverage
Substance Abuse - Outpatient	100% after \$20 copay	No Coverage	100% after \$20 copay	No Coverage	100% after \$30 copay	No Coverage
Wellcare	100%	No Coverage	100%	No Coverage	100%	No Coverage
Prescription	Prime Therapeutics		Prime Therapeutics		Prime Therapeutics	
Out-of-pocket limit Rx	\$1,000 Individual/\$2,000 family		\$2,000 Individual/\$4,000 family		\$2,000 Individual/\$4,000 family	
Retail	\$10 Generic		\$10 Generic		\$10 Generic	
34-Day supply	\$20 Preferred Brand		\$40 Preferred Brand		\$40 Preferred Brand	
	\$40 Non-Preferred Brand		\$60 Non-Preferred Brand		\$60 Non-Preferred Brand	
					\$100 specialty copay	
Mail Order	\$20 Generic		\$20 Generic		\$20 Generic	
90-Day supply	\$40 Preferred Brand		\$80 Preferred Brand		\$80 Preferred Brand	
	\$80 Non-Preferred Brand		\$120 Non-Preferred Brand		\$120 Non-Preferred Brand	
Rates	HMO IL		Option 1		Option 2	
Single	\$1,030.71		\$1,006.84		\$985.97	
Family	\$2,577.76		\$2,518.07		\$2,465.87	
Cost Saving from current plan	N/A		-2.3%		-4.3%	
Annual Premium	\$637,132.44		\$622,380.31		\$609,477.26	
Annual Premium savings from current plan	N/A		-\$14,752.13		-\$27,655.18	

Rates are based on 7/2026 renewal
Specialty copays depend on the drug tier (i.e. generic, formulary, non-formulary)

ACA Maximum Out-of-Pocket 2026:
Self-Only Coverage Out-of-Pocket maximum: \$10,600
Family Coverage Out-of-Pocket maximum: \$21,200