

Management 8/21/2024

MEA - HEALTH INSURANCE PREMIUM INCREASES AND PLAN DESIGN CHANGES FOR 2026 CALENDAR YEAR.

HEALTH INSURANCE 2025-26 PROPOSED CHANGE -

1. Health Premium Rate Increase 5.5% with Option 3 Plan Design Changes.

SDMC 2025 Rate & Contributions										2026 Proposed Rate Change 5.5%											
		Total Monthly Rate	Employer Monthly Contribution	Employee Monthly Contribution	ER % of EE % of Total			Total Monthly Rate	Employer Monthly Contribution	Employee Monthly Contribution	ER % of EE % of Total			ER Change from 2025	EE Change from 2025	ER % of EE % of Total			Board Cost of Change from 2025 for MEA members	Board Annual Premium Cost for MEA members	
Bronze																					
317	Employee Only	\$728	\$684	\$44	9%	\$768	\$722	\$46	\$38	\$2	6%	\$144,552.00	\$14,160.00	\$2,746,488.00							
20	Employee + Spouse	\$1,603	\$1,064	\$539	66%	\$1,691	\$1,123	\$568	\$59	\$29	34%	\$159,840.00	\$15,840.00	\$3,066,264.00							
222	Employee + Child(ren)	\$1,313	\$1,091	\$222	83%	\$1,385	\$1,151	\$234	\$60	\$12	83%	\$159,840.00	\$15,840.00	\$3,066,264.00							
97	Family	\$2,185	\$1,471	\$714	67%	\$2,305	\$1,552	\$753	\$81	\$39	67%	\$94,284.00	\$9,284.00	\$1,806,528.00							
656	Total																				
Silver																					
591	Employee Only	\$792	\$703	\$89	89%	\$836	\$742	\$94	\$39	\$5	11%	\$276,588.00	\$27,588.00	\$5,262,264.00							
72	Employee + Spouse	\$1,741	\$1,082	\$659	62%	\$1,837	\$1,142	\$695	\$60	\$36	38%	\$51,840.00	\$5,840.00	\$986,688.00							
265	Employee + Child(ren)	\$1,424	\$1,021	\$403	72%	\$1,502	\$1,077	\$425	\$56	\$22	72%	\$178,080.00	\$18,080.00	\$3,424,860.00							
113	Family	\$2,373	\$1,402	\$971	59%	\$2,504	\$1,479	\$1,025	\$77	\$54	59%	\$104,412.00	\$10,412.00	\$2,005,524.00							
1,041	Total																				
Gold																					
626	Employee Only	\$842	\$700	\$142	83%	\$888	\$739	\$149	\$39	\$7	85%	\$292,968.00	\$29,968.00	\$5,551,368.00							
47	Employee + Spouse	\$1,851	\$1,080	\$771	58%	\$1,953	\$1,139	\$814	\$59	\$43	42%	\$33,276.00	\$3,276.00	\$642,396.00							
156	Employee + Child(ren)	\$1,514	\$1,004	\$510	66%	\$1,597	\$1,059	\$538	\$55	\$28	66%	\$102,960.00	\$10,960.00	\$1,982,448.00							
83	Family	\$2,524	\$1,384	\$1,140	55%	\$2,663	\$1,460	\$1,203	\$76	\$63	55%	\$75,696.00	\$7,696.00	\$1,454,160.00							
912	Total																				
2,609	Total MEA																				
4,140	Total in plan																				
		Uniform Rate Increase		5.5%		5.5%															

Note: ER = Employer and EE = Employee

MEA - HEALTH INSURANCE PREMIUM INCREASES AND PLAN DESIGN CHANGES FOR 2026 CALENDAR YEAR.

Health Insurance - \$ Increase by Plan for CY 2026 with 5.5% Rate Increase													
MEA Enrollment	2026 Annual Cost		2025 Annual Cost		Percentage Split		Increase per Employee		Annual Increase 22 Paychecks		Increase Cost from 2025 to Employee	Annual Premium Cost to employee	Board Premium Cost per employee by plan
	Employee	Board	Employee	Board	Employee	Board	Paycheck	Employee	Board				
Bronze													
317 Employee Only	\$174,984	\$2,746,488	\$167,376	\$2,601,936	6.0%	94.0%	\$ 1.09	\$ 24	\$ 456	\$ 24.00	\$ 552.00	\$ 8,664.00	
20 Employee + Spouse	\$136,320	\$269,520	\$129,360	\$255,360	33.6%	66.4%	\$ 15.82	\$ 348	\$ 708	\$ 348.00	\$ 6,816.00	\$ 13,476.00	
222 Employee + Child(ren)	\$623,376	\$3,066,264	\$591,408	\$2,906,424	16.9%	83.1%	\$ 6.55	\$ 144	\$ 720	\$ 144.00	\$ 2,808.00	\$ 13,812.00	
97 Family	\$876,492	\$1,806,528	\$831,096	\$1,712,244	32.7%	67.3%	\$ 21.27	\$ 468	\$ 972	\$ 468.00	\$ 9,036.00	\$ 18,624.00	
Total	1,811,172	\$7,888,800	\$1,719,240	\$7,475,964	18.7%	81.3%							
Silver													
591 Employee Only	\$666,648	\$5,262,264	\$631,188	\$4,985,676	11.2%	88.8%	\$ 2.73	\$ 60	\$ 468	\$ 60.00	\$ 1,128.00	\$ 8,904.00	
72 Employee + Spouse	\$600,480	\$986,688	\$569,376	\$934,848	37.8%	62.2%	\$ 19.64	\$ 432	\$ 720	\$ 432.00	\$ 8,340.00	\$ 13,704.00	
265 Employee + Child(ren)	\$1,351,500	\$3,424,860	\$1,281,540	\$3,246,780	28.3%	71.7%	\$ 12.00	\$ 264	\$ 672	\$ 264.00	\$ 5,100.00	\$ 12,924.00	
113 Family	\$1,389,900	\$2,005,524	\$1,316,676	\$1,901,112	40.9%	59.1%	\$ 29.45	\$ 648	\$ 924	\$ 648.00	\$ 12,300.00	\$ 17,748.00	
Total	4,008,528	\$11,679,336	\$3,798,780	\$11,068,416	25.6%	74.4%							
Gold													
626 Employee Only	\$1,119,288	\$5,551,368	\$1,066,704	\$5,258,400	16.8%	83.2%	\$ 3.82	\$ 84	\$ 468	\$ 84.00	\$ 1,788.00	\$ 8,868.00	
47 Employee + Spouse	\$459,096	\$642,396	\$434,844	\$609,120	41.7%	58.3%	\$ 23.45	\$ 516	\$ 708	\$ 516.00	\$ 9,768.00	\$ 13,668.00	
156 Employee + Child(ren)	\$1,007,136	\$1,982,448	\$954,720	\$1,879,488	33.7%	66.3%	\$ 15.27	\$ 336	\$ 660	\$ 336.00	\$ 6,456.00	\$ 12,708.00	
83 Family	\$1,198,188	\$1,454,160	\$1,135,440	\$1,378,464	45.2%	54.8%	\$ 34.36	\$ 756	\$ 912	\$ 756.00	\$ 14,436.00	\$ 17,520.00	
Total	3,783,708	\$9,630,372	\$3,591,708	\$9,125,472	28.2%	71.8%							
2,609	\$9,603,408	\$29,198,508	\$9,109,728	\$27,669,852	24.7%	75.3%							

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HEALTH INSURANCE 2025-26 PROPOSED CHANGE -

1. Health Premium Rate Increase 5.5% with Option 3 Plan Design Changes.

DESCRIPTION	2025 BUDGET		2026 SILVER		GOLD		30% GOLD	
	In Network Only	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
DEDUCTIBLE (Single/Family)								
Individual	\$2,500 / \$5,000	\$3,000 / \$6,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$1,000 / \$2,000	\$2,000 / \$4,000
Family	\$5,000 / \$10,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$9,000 / \$18,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$3,500 / \$7,000	\$7,000 / \$14,000
COINSURANCE								
Individual	30%	30%	20%	50%	10%	50%	10%	50%
Family	Covered 100%	Covered 100%	\$25 copay \$50 copay	50% after deductible 50% after deductible	\$10 copay \$20 copay	50% after deductible 50% after deductible	\$10 copay \$20 copay	50% after deductible 50% after deductible
PHYSICIAN SERVICES/OFFICE VISITS								
PCP	Covered 100%	Covered 100%	Covered 100%	50% coinsurance	Covered 100%	50% coinsurance	Covered 100%	50% coinsurance
Specialist	\$80 copay	\$80 copay	\$25 copay \$50 copay	50% after deductible 50% after deductible	\$20 copay \$20 copay	50% after deductible 50% after deductible	\$10 copay \$20 copay	50% after deductible 50% after deductible
PREVENTIVE CARE								
Adult Wellness: Routine Ob/Gyn, Mammograms, Well Child Care, Dermatology Screening	Covered 100%	Covered 100%	Covered 100%	50% coinsurance	Covered 100%	50% coinsurance	Covered 100%	50% coinsurance
TELEHEALTH								
Facility Services (Including Maternity)	\$15 copay	\$15 copay	\$10 copay	\$10 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay
Inpatient	\$300 copay	30% after deductible	\$250 copay	50% after deductible	\$200 copay	50% after deductible	10% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	30% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Ampliatory Surgery Center	\$300 copay	\$300 copay	\$50 copay	50% after deductible	\$20 copay	50% after deductible	\$20 copay	50% after deductible
Urgent Care	\$60 copay	\$60 copay	\$50 copay	50% after deductible	\$20 copay	50% after deductible	\$20 copay	50% after deductible
Emergency Room ²	\$1,200 copay	\$1,200 copay	\$1,000 copay	50% after deductible	\$800 copay	50% after deductible	\$800 copay	50% after deductible
Diagnose Services	Covered 100%	Covered 100%	\$0 copay	50% after deductible	\$0 copay	50% after deductible	\$0 copay	50% after deductible
Independent Clinical Lab	30% after deductible	30% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Advanced Imaging/DTT Services ³	30% after deductible	30% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Durable Medical Equipment ⁴	30% after deductible	30% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Home Health Care (20 visit max)	30% after deductible	30% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible	10% after deductible	50% after deductible
Regimens	20% after ded.	\$500 copay	20% after ded.	N/A	20% after ded.	20% after ded.	20% after ded.	20% after ded.
10,000 plan max			10,000 plan max		10,000 plan max		10,000 plan max	
PRESCRIPTION DRUGS - Retail (30-day supply)								
Generic	\$10 copay	\$10 copay	\$10 copay	N/A	\$10 copay	N/A	\$10 copay	N/A
Preferred Brand	\$30 copay	\$40 copay	\$30 copay	N/A	\$30 copay	N/A	\$40 copay	N/A
Non-Preferred Brand	\$60 copay	\$70 copay	\$50 copay	N/A	\$60 copay	N/A	\$70 copay	N/A
Specialty	\$100 copay	\$100 copay	\$100 copay	N/A	\$100 copay	N/A	\$100 copay	N/A
PRESCRIPTION DRUGS - Mail Order (90-Day supply)								
Generic	2.5x Retail Copay	2.5x Retail Copay	2.5x Retail Copay	N/A	2.5x Retail Copay	N/A	2.5x Retail Copay	N/A
MENTAL/NEUROUS AND SUBSTANCE ABUSE								
Inpatient services	\$300 copay	30% after deductible	\$250 copay	50% after deductible	\$200 copay	50% after deductible	10% after deductible	50% after deductible
Outpatient services	\$80 copay	\$80 copay	\$50 copay	50% after deductible	\$20 copay	50% after deductible	\$20 copay	50% after deductible
Diagnostic Therapy (1x visit max - authorization needed)								
Physical, Occupational, Speech, Chiropractic	\$60 copay	\$60 copay	\$50 copay	50% after deductible	\$50 copay	50% after deductible	\$20 copay	50% after deductible

¹ Out of Pocket Maximum includes annual deductible, copayments, and

² Copay waived if admitted.

³ Services performed in an Independent Diagnostic Testing Facility.

⁴ Diabetic supplies (lenses, strips, etc.) are covered under the Rx benefit. Supplies and equipment (insulin pumps, tubing) are covered under the medical benefit as DME.