



# 2026-2027 Annual Budget

**March 31, 2026**

**9.03** 2026-2027 Annual Budget: Health, Dental, and Vision Insurance Benefits -



# Health Insurance

## Plan

- Anthem renewal (7/1/26 – 6/30/27)
- This is 2 of 3 renewals allowed
- Self-insured
- Stop loss liability of \$250,000

## Updates

- No change to deductible period
- No spousal exception
- Add Employee + children premium tier
- Active open enrollment



# Health Insurance Plan Design (No Changes)

|                                    |                | <b>KeyCare PPO 1000</b>                     |               | <b>HealthKeepers HMO 2000</b>               |               | <b>HealthKeepers HMO 3400</b> |               |
|------------------------------------|----------------|---------------------------------------------|---------------|---------------------------------------------|---------------|-------------------------------|---------------|
|                                    |                | <b>Individual</b>                           | <b>Family</b> | <b>Individual</b>                           | <b>Family</b> | <b>Individual</b>             | <b>Family</b> |
| Employer HRA or HSA contribution   |                | \$500                                       | \$1,000       | \$500                                       | \$1,000       | \$1,200                       | \$2,400       |
| Deductible<br>(first pay)          | in-network     | \$1,000                                     | \$2,000       | \$2,000                                     | \$4,000       | \$3,400                       | \$6,800       |
|                                    | out-of-network | \$1,500                                     | \$3,000       | \$3,000                                     | \$6,000       | \$4,000                       | \$8,000       |
| Employee<br>Coinsurance            | in-network     | 20%                                         | 20%           | 20%                                         | 20%           | 20%                           | 20%           |
|                                    | out-of-network | 40%                                         | 40%           | 40%                                         | 40%           | 40%                           | 40%           |
| Maximum<br>out-of-pocket           | in-network     | \$3,500                                     | \$7,000       | \$5,000                                     | \$10,000      | \$6,000                       | \$12,000      |
|                                    | out-of-network | \$5,250                                     | \$10,500      | \$7,500                                     | \$14,000      | \$7,500                       | \$14,000      |
| Retail prescription copays         |                | \$10 / \$25 / \$40<br>20% of Rx up to \$100 |               | \$10 / \$40 / \$80<br>20% of Rx up to \$200 |               | \$10 / \$40 / \$80            |               |
| Mail order prescription copays     |                | 2x Retail                                   |               | 2x Retail                                   |               | -                             |               |
| Prescription maximum out-of-pocket |                | \$2,500                                     | \$10,000      | Combined w/ medical                         |               | Combined w/ medical           |               |

Routine Wellness Visits are 100% free to employee, otherwise deductible must be covered before coinsurance kicks in.

HRA prescriptions and HSA preventative prescriptions are subject to copays.

HSA non-preventative prescriptions are subject to deductible before copays kicks in.



# Health Insurance Premiums Recommended

|                           |                            | 2026 Current Rates |          |          |          | 2027 Recommended Rates                                        |          |                 |                 |              |
|---------------------------|----------------------------|--------------------|----------|----------|----------|---------------------------------------------------------------|----------|-----------------|-----------------|--------------|
|                           |                            |                    |          |          |          | <i>10.0% increase for employee and &gt;22.5% for employer</i> |          |                 |                 |              |
|                           |                            | Employee           | RCPS     | Total    | HRA      | Employee                                                      | Change   | RCPS            | Total           | HRA          |
| KeyCare<br>PPO 1000       | Employee                   | 185.00             | 740.00   | 925.00   | 500      | 203.50                                                        | 18.50    | 929.62          | 1,133.12        | 500          |
|                           | Employee + 1 Child         | 499.50             | 888.00   | 1,387.50 | 1,000    | 549.46                                                        | 49.96    | 1,150.22        | 1,699.68        | 1,000        |
|                           | <b>Employee + Children</b> | <b>x</b>           | <b>x</b> | <b>x</b> | <b>x</b> | <b>713.86</b>                                                 | <b>x</b> | <b>1,325.76</b> | <b>2,039.62</b> | <b>1,000</b> |
|                           | Employee + Spouse          | 814.00             | 1,036.00 | 1,850.00 | 1,000    | 895.40                                                        | 81.40    | 1,370.84        | 2,266.24        | 1,000        |
|                           | Family                     | 1,054.50           | 1,258.00 | 2,312.50 | 1,000    | 1,159.96                                                      | 105.46   | 1,672.84        | 2,832.80        | 1,000        |
|                           | School Couple              | 536.50             | 1,776.00 | 2,312.50 | 1,000    | 590.16                                                        | 53.66    | 2,242.64        | 2,832.80        | 1,000        |
| HealthKeepers<br>HMO 2000 | Employee                   | 93.14              | 740.00   | 833.14   | 500      | 102.46                                                        | 9.32     | 918.14          | 1,020.60        | 500          |
|                           | Employee + 1 Child         | 361.72             | 888.00   | 1,249.72 | 1,000    | 397.90                                                        | 36.18    | 1,133.00        | 1,530.90        | 1,000        |
|                           | <b>Employee + Children</b> | <b>x</b>           | <b>x</b> | <b>x</b> | <b>x</b> | <b>551.12</b>                                                 | <b>x</b> | <b>1,285.96</b> | <b>1,837.08</b> | <b>1,000</b> |
|                           | Employee + Spouse          | 630.28             | 1,036.00 | 1,666.28 | 1,000    | 693.30                                                        | 63.02    | 1,347.90        | 2,041.20        | 1,000        |
|                           | Family                     | 824.86             | 1,258.00 | 2,082.86 | 1,000    | 907.34                                                        | 82.48    | 1,644.16        | 2,551.50        | 1,000        |
|                           | School Couple              | 306.86             | 1,776.00 | 2,082.86 | 1,000    | 337.54                                                        | 30.68    | 2,213.96        | 2,551.50        | 1,000        |
| HealthKeepers<br>HMO 3400 | Employee                   | -                  | 740.00   | 740.00   | 1,200    | -                                                             | -        | 906.50          | 906.50          | 1,200        |
|                           | Employee + 1 Child         | 222.00             | 888.00   | 1,110.00 | 2,400    | 244.20                                                        | 22.20    | 1,115.56        | 1,359.76        | 2,400        |
|                           | <b>Employee + Children</b> | <b>x</b>           | <b>x</b> | <b>x</b> | <b>x</b> | <b>358.98</b>                                                 | <b>x</b> | <b>1,272.72</b> | <b>1,631.70</b> | <b>2,400</b> |
|                           | Employee + Spouse          | 444.00             | 1,036.00 | 1,480.00 | 2,400    | 488.40                                                        | 44.40    | 1,324.60        | 1,813.00        | 2,400        |
|                           | Family                     | 592.00             | 1,258.00 | 1,850.00 | 2,400    | 651.20                                                        | 59.20    | 1,615.06        | 2,266.26        | 2,400        |
|                           | School Couple              | 74.00              | 1,776.00 | 1,850.00 | 2,400    | 81.40                                                         | 7.40     | 2,184.86        | 2,266.26        | 2,400        |



# Dental Insurance

## Plan

- Delta Dental renewal (7/1/26 – 6/30/27)
- Fully insured

## Updates

- Pulled out of the consortium
- No changes to plan design
- Premium increases



# Delta Dental of Virginia

|                   |                                       | PPO         | Premier     | Out –of-<br>Network |
|-------------------|---------------------------------------|-------------|-------------|---------------------|
| Annual Deductible | Individual                            | \$50        | \$50        | \$50                |
|                   | Family                                | \$150       | \$150       | \$150               |
|                   | Preventative Care                     | Waived      | Waived      | Waived              |
| Annual Maximum    | Per Person / Family                   | \$1,500     | \$1,500     | \$1,500             |
| Preventative      | Exams and x-rays                      | 100%        | 100%        | 100%                |
| Basic             | Simple extractions, endo/periodontics | 90%         | 80%         | 80%                 |
| Major             | Crowns, bridges, implants             | 60%         | 50%         | 50%                 |
|                   | Orthodontics                          | Not covered | Not covered | Not covered         |

## Dental Premiums (12-Month Rates)

|                      | Employee | Employer | Total         |
|----------------------|----------|----------|---------------|
| Employee             | 16.11    | 25.38    | <b>41.49</b>  |
| Employee + 1 Person  | 35.08    | 32.38    | <b>67.46</b>  |
| Family               | 68.65    | 48.06    | <b>116.71</b> |
| School Couple Family | 48.85    | 67.86    | <b>116.71</b> |

Healthy Smile, Healthy You  
 Special Health Care Needs  
 Behavior Oral Health Report  
 Virtual Dentist Visit  
 Amplifon



# Voluntary Vision Insurance

## Plan

- Anthem renewal (7/1/26-6/30/30)
- Optional (fully paid by employee)

## Updates

- No changes to plan design
- No changes to premium rates



# Anthem Blue View Vision

|                        | In-Network                                             | Out-of-Network        |
|------------------------|--------------------------------------------------------|-----------------------|
| Comprehensive Eye Exam | \$10 copay                                             | Up to \$30 allowance  |
| Eyeglass Frames        | \$150 allowance, then<br>20% off remaining balance     | Up to \$45 allowance  |
| Eyeglass Lenses        |                                                        |                       |
| Single vision          | \$20 copay                                             | Up to \$25 allowance  |
| Bifocal lenses         | \$20 copay                                             | Up to \$40 allowance  |
| Trifocal lenses        | \$20 copay                                             | Up to \$55 allowance  |
| Lenticular lenses      | \$20 copay                                             | Up to \$125 allowance |
| Contact Lenses         |                                                        |                       |
| Non-Disposable         | \$150 allowance, then<br>15% off any remaining balance | Up to \$105 allowance |
| Disposable             | \$150 allowance                                        | Up to \$105 allowance |
| Non-elective           | Covered in full                                        | Up to \$210 allowance |

| Vision Premium<br>(12-Month Rates) |          |
|------------------------------------|----------|
|                                    | Employee |
| Employee                           | 5.94     |
| Employee +<br>Child(ren)           | 10.70    |
| Employee +<br>Spouse               | 10.70    |
| Family                             | 17.20    |

## Anthem Whole Health Connection®

Same dedicated account team | Connected vision & medical | Health reminders