



2027 Newsletter



EDUCATED CHOICES NEWSLETTER

ANNUAL EMPLOYEE BENEFITS NEWSLETTER

Open Enrollment Guide Plan Year 2027

IMPORTANT Open Enrollment Window: November 5 – November 15. Please review your plan choices and submit elections during this period. All coverage selections take effect January 1. Payroll deductions start 1/15/2027.

Section One: Increased Opt-Out Cash Stipends

For all employees who are eligible for medical insurance, the district is boosting the Opt-out stipend amounts across all tiers for Plan Year 2027:

Guaranteed Base Increase: All eligible employees waiving district coverage automatically receive the elevated Unconditional Rate.

Unlock Maximum Bonus Payouts: If 25 additional employees opt out this year (reaching our goal of 133 total enrollees, up from 108 current), ALL opt-out participants will be upgraded to the top Conditional Rate—providing up to \$5,000 in cash stipends!

Status / Tier	Single	2-Person	Family
Current Rate	\$1,250	\$1,900	\$2,550
Unconditional Increase	\$1,500	\$2,500	\$3,500
Conditional Increase	\$2,000	\$3,500	\$5,000

Section Two: Addition of New 80/20 HDHP Plans

To provide greater flexibility and budget-friendly alternatives for our workforce, we are pleased to announce the addition of a new 80/20 High-Deductible Health Plan (HDHP) structure alongside our existing 100% coverage options. Employees will now have the choice between a PPO and an HMO \$3,500/\$7,000 Deductible plan featuring an 80/20 cost-sharing agreement.

Demystifying Insurance: What is 20% Coinsurance?

Coinsurance is simply a cost-sharing structure between you and the insurance plan after your initial deductible is met. Here is how it works step-by-step:

1. Step 1: Deductible

You pay 100% of medical costs out-of-pocket until you satisfy your required annual deductible amount (e.g., \$3,500).

2. Step 2: The 80/20 Split

Once your deductible is met, the plan pays 80% of eligible expenses, while you pay only the remaining 20% coinsurance share.

3. Step 3: Maximum Cap

You pay 20% only until reaching your Out-of-Pocket Maximum. After that, the plan pays 100% of covered costs for the year.

Why Select an 80/20 Plan Option?

Because you agree to share a modest 20% portion of medical costs after meeting your deductible, 80/20 plans feature significantly lower payroll deductions compared to standard 100% plans. This allows health-conscious employees or those with low medical utilization to keep more earnings in every paycheck while maintaining full financial protection against major medical events.

Section Three: Updated Medical Plan Rate Matrix

Below is the upcoming rate schedule across all 6 High-Deductible Health Plan offerings. Tier rates are organized by coverage level for 20 pays. This chart is for full-time employees. Part-time employees will see prorated rates during open enrollment. ★ Highlighted rows indicate NEW plan additions effective 1/1/27.

PLAN OPTION	COVERAGE TIER	PER PAY / 20 PAYS	LESS \$25 OR \$50 HCR	EMPLOYER DEPOSIT TO H.S.A.
BCBS PPO HDHP - \$2000/\$4000	Single	\$133.67	\$108.67	\$0.00
	Two Person	\$437.04	\$387.04	\$0.00
	Family	\$487.54	\$437.54	\$0.00
BCBS PPO HDHP - \$3500/\$7000	Single	\$54.43	\$29.43	\$0.00
	Two Person	\$246.93	\$196.93	\$0.00
	Family	\$249.90	\$199.90	\$0.00
NEW 1/1/27 ★ BCBS PPO HDHP - \$3500/\$7000 20% Coinsurance	Single	\$25.00	\$0.00	\$4.77
	Two Person	\$164.85	\$114.85	\$0.00
	Family	\$147.30	\$97.30	\$0.00
BCN HDHP HMO - \$2000/\$4,000	Single	\$25.00	\$0.00	\$62.94
	Two Person	\$50.00	\$0.00	\$24.84
	Family	\$50.00	\$0.00	\$77.31
BCN HDHP HMO - \$3500/\$7000	Single	\$25.00	\$0.00	\$89.92
	Two Person	\$50.00	\$0.00	\$89.53
	Family	\$50.00	\$0.00	\$158.19
NEW 1/1/27 ★ BCN HDHP HMO - \$3500/\$7000 20% Coinsurance	Single	\$25.00	\$0.00	\$109.38
	Two Person	\$50.00	\$0.00	\$136.24
	Family	\$50.00	\$0.00	\$216.59

*Note: Detailed individual payroll deduction calculations are displayed inside your online employee portal during Open Enrollment.

Section Four: Prescription Benefit Notice – GLP-1 Coverage Update

We are writing to share an important policy modification regarding our prescription drug formulary. Due to unsustainable cost escalation in GLP-1 medications, effective January 1, prescription coverage for GLP-1 drugs prescribed solely for weight loss will be discontinued.

Important Coverage Change Effective January 1

Rising market pricing for GLP-1 anti-obesity drugs has impacted health plan expenditures nationwide. In order to safeguard overall benefit sustainability and prevent severe premium increases across all health plans, the district's pharmacy benefit manager will adjust GLP-1 coverage guidelines at the start of the new plan year.

× Discontinued Coverage

GLP-1 Weight Loss Indications

- Medications such as Wegovy®, Saxenda®, and Zepbound® prescribed specifically for weight loss or anti-obesity therapy will no longer be covered.
- Claims submitted on or after January 1 for weight loss indications will be non-reimbursable under pharmacy benefits.

✓ Continued Full Coverage

Type 2 Diabetes Management

- Medications such as Ozempic® and Mounjaro® remain fully covered when prescribed for clinically diagnosed Type 2 Diabetes.
- Standard prior authorization requirements and diagnostic verification guidelines for diabetic care remain in effect.

Recommended Next Steps for Impacted Plan Members

- **Schedule a Physician Consultation:** If you currently utilize a GLP-1 drug for weight loss, please consult your prescribing physician prior to December 31 to explore alternative clinical options.
- **Explore Formulary Alternatives:** Discuss non-GLP-1 weight management strategies or alternative covered therapeutic treatments with your care team.
- **Review Open Enrollment Options:** Utilize the Open Enrollment period to select the health and pharmacy benefit plan that best aligns with your health requirements.

Questions About Open Enrollment?

Our Employee Benefits Office is available to assist with plan comparisons and election support.

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