Mason Public Schools

Package Code	005	068	117	118	121/122	173	188	147	114	115/116	175/176
Vendor	POOL	POOL	POOL	POOL	POOL	Alternative	Alternative	Alternative	Alternative	Alternative	Alternative
Plan Name	ENHANCED 250 005	ENHANCED 500 068	ENHANCED 1000 117	ENHANCED 500 118	ENHANCED HSA 2000 121/122	ENHANCED 1000 173	VALUE 1000 188	ENHANCED 500 147	VALUE 500 114	VALUE HSA 3000 115/116	ENHANCED HSA 2000 175/176
Offered to	ADMIN ONLY	BOTH	TEACHERS ONLY	TEACHERS ONLY	BOTH	Option to replace 117	Option to replace 117	Option to replace 118	Option to replace 118	Option to replace 121/122	Option to replace 121/122
	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Individual Deductible	$250	$500	$1,000	$500	$2,000	$1,000	$1,000	$500	$500	$2,000	$2,000
Family Deductible	$500	$1,000	$2,000	$1,000	$4,000	$2,000	$2,000	$1,000	$1,000	$4,000	$4,000
Embedded or Agg deductible?	Embedded	Embedded	Embedded	Embedded	Aggregate	Embedded	Embedded	Embedded	Embedded	Aggregate	Aggregate
Coinsurance (Insurance Pays)	90%	100%	80%	100%	100%	100%	90%	90%	90%	100%	80%
Individual Coinsurance Max	$1,000	N/A	$2,000	N/A	N/A	N/A	$2,500	$1,000	$1,000	N/A	$1,000
Family Coinsurance Max	$2,000	N/A	$4,000	N/A	N/A	N/A	$5,000	$2,000	$2,000	N/A	$2,000
Individual Out of Pocket Max	$2,500	$2,500	$3,000	$1,500	$3,000	$3,000	$4,500	$3,000	$4,500	$3,000	$3,000
Family Out of Pocket Max	$5,000	$5,000	$6,000	$3,000	$6,000	$6,000	$9,000	$6,000	$9,000	$6,000	$6,000
Preventative Care	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Online Visit	$20 copay	$20 copay	$20 copay	$20 copay	100% after deductible	$20 copay	$30 copay	$20 copay	$30 copay	100% after deductible	80% after deductible
Online Mental Health Visit	$20 copay	$20 copay	$20 copay	$20 copay	100% after deductible	$20 copay	90% after deductible	$20 copay	$30 copay	100% after deductible	80% after deductible
Primary Care Physician Office Visit	$20 copay	$20 copay	$20 copay	$20 copay	100% after deductible	$20 copay	$30 copay	$20 copay	$30 copay	100% after deductible	80% after deductible
Specialist Office Visit	$20 copay	$20 copay	$20 copay	$20 copay	100% after deductible	$20 copay	$50 copay	$20 copay	$50 copay	100% after deductible	80% after deductible
Urgent Care Visit	Facility: 90% after deductible Physician: 100% after $20 copay	Facility: 100% after $30 copay Physician: 100% after $20 copay	Facility: 80% after deductible Physician: 100% after $20 copay	Facility: 100% after deductible Physician: 100% after $20 copay	100% after deductible	Facility: 100% after deductible Physician: 100% after $20 copay	Facility: 100% after $60 copay Physician: 100% after $60 copay	Facility: 90% after deductible Physician: 100% after $20 copay	Facility: 100% after $60 copay Physician: 100% after $60 copay	100% after deductible	80% after deductible
Emergency Room	$50 copay, then 90% after deductible (waived if admitted or accidental injury)	$50 copay (waived if admitted or for accidental injury)	$50 copay (waived if admitted or for accidental injury)	$50 copay (waived if admitted or for accidental injury)	100% after deductible	$50 copay (waived if admitted or for accidental injury)	$150 copay (waived if admitted)	$50 copay, then 90% after deductible (waived if admitted or accidental injury)	$150 copay (waived if admitted)	100% after deductible	80% after deductible
Chiropractic	90% after deductible, limited to 24 visits PMPY	100% limited to 24 visits PMPY	$20 copay, limited to 24 visits PMPY	100% limited to 24 visits PMPY	100% after deductible, limited to 24 visits PMPY	100% limited to 24 visits PMPY	$30 copay, limited to 12 visits PMPY	90% after deductible, limited to 24 visits PMPY	$30 copay, limited to 12 visits PMPY	100% after deductible, limited to 12 visits PMPY	80% after deductible, limited to 24 visits PMPY
PT/OT/Speech combined	90% after deductible, limited to 60 combined visits PMPY	100% after deductible, limited to 60 combined visits PMPY	80% after deductible, limited to 60 combined visits PMPY	100% after deductible, limited to 60 combined visits PMPY	100% after deductible, limited to 60 combined visits PMPY	100% after deductible, limited to 60 combined visits PMPY	90% after deductible, limited to 30 combined visits PMPY	90% after deductible, limited to 60 combined visits PMPY	90% after deductible, limited to 30 combined visits PMPY	100% after deductible, limited to 30 combined visits PMPY	80% after deductible, limited to 60 combined visits PMPY
Generic	$10 copay	$10 copay	$10 copay	$10 copay	$10 copay after deductible	$10 copay	$20 copay	$10 copay	$20 copay	$10 copay after deductible	$10 copay after deductible
Preferred Brand	$40 copay	$40 copay	80% ($80 max)	80% ($80 max)	80% after deductible ($80 max)	80% ($80 max)	$40 copay	80% ($80 max)	$40 copay	$40 copay after deductible	80% after deductible ($80 max)
Non-Preferred Brand	$40 copay	$40 copay	80% ($100 max)	80% ($100 max)	80% after deductible ($100 max)	80% ($100 max)	$80 copay	80% ($100 max)	$80 copay	$80 copay after deductible	$80 copay after deductible ($100 max)
Preferred Specialty	$40 copay	$40 copay	80% ($80 max)	80% ($80 max)	80% after deductible ($80 max)	80% ($80 max)	$40 copay	80% ($80 max)	$40 copay	$40 copay after deductible	80% after deductible ($80 max)
Non-Preferred Specialty	$40 copay	$40 copay	80% ($100 max)	80% ($100 max)	80% after deductible ($100 max)	80% ($100 max)	$80 copay	80% ($100 max)	$80 copay	$80 copay after deductible	80% after deductible ($100 max)
Mandatory Mail	N	N	Y	Y	N	N	N	N	N	N	N
Mail Order Prescriptions (90 Days)	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x
Private Duty Nursing	90% after deductible	90% after deductible	50% after deductible	90% after deductible	80% after deductible	90% after deductible	Not Covered	90% after deductible	Not Covered	Not Covered	80% after deductible
Wisdom Tooth Extractions	90% after deductible	100% after deductible	Not Covered	Not Covered	90% after deductible	100% after deductible	Not Covered	90% after deductible	Not Covered	Not Covered	80% after deductible
Massage Therapy Benefit	90% after deductible, limited to 24 visits PY	100% after deductible, limited to 24 visits PY	Not Covered	100% after deductible, limited to 24 visits PY	Not Covered	100% after deductible, limited to 24 visits PY	Not Covered	90% after deductible, limited to 24 visits PY	Not Covered	Not Covered	Not Covered
Monthly Premiums	Renewal	Renewal	Renewal	Renewal	Renewal	Alternative	Alternative	Alternative	Alternative	Alternative	Alternative
Single	$790.00	$852.59	$665.90	$815.92	$672.06	$764.54	$633.58	$716.12	$667.05	$609.51	$577.60
2-Person	$1,640.27	$1,770.19	$1,498.22	$1,694.08	$1,512.08	$1,720.21	$1,425.55	$1,611.24	$1,500.85	$1,371.38	$1,299.58
Family	$2,139.50	$2,308.97	$1,864.51	$2,209.69	$1,881.70	$2,140.70	$1,774.02	$2,005.11	$1,867.73	$1,706.61	$1,617.26
Caps Adjusted EE Contributions - Monthly											
Single	$128.16	$190.74	$4.06	$154.08	$10.22	$102.70	($28.28)	$54.27	$5.21	($52.33)	($84.24)
2-Person	$256.15	$386.08	$114.10	$309.96	$127.97	$338.10	$41.44	$227.13	$116.74	($12.72)	($84.53)
Family	$334.47	$503.95	$59.48	$404.66	$76.68	$335.68	($31.00)	$200.08	$62.71	($98.42)	($187.78)
Caps Adjusted EE Contributions - Annual											
Single	$1,537.92	$2,288.94	$48.74	$1,848.98	$122.66	$1,232.41	($339.06)	$651.29	$62.54	($627.99)	($1,010.92)
2-Person	$3,073.81	$4,632.95	$1,369.26	$3,719.54	$1,535.60	$4,033.15	$497.29	$2,725.55	$1,400.87	($152.81)	($1,014.39)
Family	$4,013.65	$6,047.36	$713.78	$4,855.97	$920.12	$4,026.10	($372.06)	$2,400.97	$752.47	($1,181.00)	($2,253.15)
Enrollment											
Single	7	32	6	10	8						
2-Person	1	16	1	10	4						
Family	6	50	15	41	17						

Illustration dated 09.16.2025

Notes:

Double check plan details against BAAG

RENEWAL FINANCIAL NOTICE: This 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.

CAPS 2025	CAPS 2026
$7,718.26	$7,942.09
$16,141.28	$16,609.38
$21,049.85	$21,660.30

THE POOL

2026 Sold Rates
Prepared for Mason Public Schools

TRANSFORMING YOUR WELLBEING TOGETHER

Rates Effective January 1, 2026 — **10/30/2025**

Description			Benefits	2025 Premium Rate		2026 Premium Rate	
ENHANCED 250 005	005	Deductible:	$250/$500	Single	$724.11	Single:	--
		Coinsurance:	90%	Double	$1,503.45	Double:	--
		Rx Coverage:	$10/$40	Family	$1,961.04	Family:	--
ENHANCED 500 068	068	Deductible:	$500/$1000	Single	$781.47	Single:	$852.59
		Coinsurance:	100%	Double	$1,622.54	Double:	$1,770.19
		Rx Coverage:	$10/$40	Family	$2,116.38	Family:	$2,308.97
ENHANCED 1000 117	117	Deductible:	$1000/$2000	Single	$610.36	Single:	$665.90
		Coinsurance:	80%	Double	$1,373.25	Double:	$1,498.22
		Rx Coverage:	$10/20%/20%	Family	$1,708.99	Family:	$1,864.51
ENHANCED 500 118	118	Deductible:	$500/$1000	Single	$747.87	Single:	--
		Coinsurance:	100%	Double	$1,552.77	Double:	--
		Rx Coverage:	$10/20%/20%	Family	$2,025.38	Family:	--
ENHANCED HSA 2000 121/122	121/122	Deductible:	$2000/$4000	Single	$616.01	Single:	$672.06
		Coinsurance:	100%	Double	$1,385.96	Double:	$1,512.08
		Rx Coverage:	$10/20%/20% after ded	Family	$1,724.75	Family:	$1,881.70
VALUE 500 114	114	Deductible:	$500/$1000	Single	--	Single:	$667.05
		Coinsurance:	90%	Double	--	Double:	$1,500.85
		Rx Coverage:	$20/$40/$80	Family	--	Family:	$1,867.73

If you have questions regarding your rates or plans, or would like to look at other options, please reach out to a member of your Gallagher support team:

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Gallagher

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