Renewal Effective September 1, 2027

The EHA Board of Directors has announced the following rate and benefit change decisions for the 2027-28 contract year effective September 1, 2027.

Premium Rate Change

The medical rates for Active Employee plans will increase by 13.1% on average.

The medical rates for all Early Retiree plans will be 20% higher than active rates, resulting in an increase of 19.9%.

The dental rates for all participants will increase by 4.7%.

The overall increase for medical and dental coverage combined is 12.9%.

Family classification (Employee, Employee & Spouse, etc.) rating factors were reviewed and modified, so actual rate increases may differ slightly from the averages above, depending on the rating class.

Benefit Changes

Deductible

Standard Plans:

PPO $650 Deductible will increase to $1,650

PPO $850 Deductible will increase to $1,900

PPO $1,050 Deductible will increase to $2,100

PPO $1,200 Deductible will increase to $2,250

PPO $1,450 Deductible will increase to $2,500

PPO $1,900 Deductible will increase to $3,000

PPO $2,500 Deductible will increase to $3,800

QHDP/HSA $3,800 Deductible will increase to $4,650

QHDHP/HSA $4,000 Deductible will increase to $4,950

Alternate Network Plans:

PPO $0 Deductible will increase to $675

PPO $400 Deductible will increase to $1,350

QHDHP/HSA $2,500 Deductible will increase to $3,250

QHDP/HSA $3,800 Deductible will increase to $4,650

Out of Pocket Maximum Changes (including Deductible, Coinsurance and Copays for medical and pharmacy services):

Standard Plans:

A. The $650 plan Out-of-Pocket Maximum will increase by $1,500 In-Network / $3,000 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $7,100 In-Network / $14,200 Out-of-Network, 2x family.

B. The $850 plan Out-of-Pocket Maximum will increase by $1,550 In-Network / $3,100 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $7,300 In-Network / $14,600 Out-of-Network, 2x family.

C. The $1,050 plan Out-of-Pocket Maximum will increase by $1,550 In-Network / $3,100 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $7,450 In-Network / $14,900 Out-Of-Network, 2x family.

D. The $1,200 plan Out-of-Pocket Maximum will increase by $1,550 In-Network / $3,100 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $7,550 In-Network / $15,100 Out-of-Network, 2x family.

E. The $1,450 plan Out-of-Pocket Maximum will increase by $1,550 In-Network / $3,100 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $7,700 In-Network / $15,400 Out-of-Network, 2x family.

F. The $1,900 plan Out-of-Pocket Maximum will increase by $1,600 In-Network / $3,200 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $8,100 In-Network / $16,200 Out-of-Network, 2x family.

G. The $2,500 plan Out-of-Pocket Maximum will increase by $1,800 In-Network / $3,600 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $10,150 In-Network / $20,300 Out-of-Network, 2x family.

H. The $3,800 HSA-Eligible plan Out-of-Pocket Maximum will increase by $1,350 In-Network / $2,700 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $6,700 In-Network / $17,700 Out-of-Network, 2x family.

I. The $4,000 HSA-Eligible plan Out-of-Pocket Maximum will increase by $1,450 In-Network / $2,900 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $8,750 In-Network / $17,500 Out-of-Network, 2x family.

Alternate Network Plans:

A. The $0 plan Out-of-Pocket Maximum will increase by $1,175 In-Network / $2,350 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $6,775 In-Network / $13,550 Out-of-Network, 2x family.

B. The $400 plan Out-of-Pocket Maximum will increase by $1,450 In-Network / $2,900 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $7,450 In-Network / $14,900 Out-of-Network, 2x family.

C. The $2,500 HSA-Eligible plan Out-of-Pocket Maximum will increase by $1,250 In-Network / $2,500 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $5,750 In-Network / $11,500 Out-of-Network, 2x family.

D. The $3,800 HSA-Eligible plan Out-of-Pocket Maximum will increase by $1,350 In-Network / $2,700 Out-of-Network, 2x family, bringing the total Out-of-Pocket to $6,700 In-Network / $13,400 Out-of-Network, 2x family.

Prescription Drug Coinsurance and Copays:

For PPO Plans

	Coinsurance	Minimum Copay	Maximum Copay
Generic:	30%	$12	$45
Preferred Brand:	30%	$70	$140
Non-Preferred Brand:	50%	$110	$220
Specialty:	30%	$150	$300

For HSA Plans No Change

Dental Annual Benefit Maximum:

All Dental Options will include an Annual Benefit Maximum of $2,000

Deductible Carryover Credit

The Deductible Carry-over Credit will no longer apply