



ORLAND UNIFIED SCHOOL DISTRICT

2025-2026 Insurance Plan Updates

SUMMARY OF THE ORLAND UNIFIED SELF-FUNDED INSURANCE COMMITTEE

- Consists of 12 members (4 members from each bargaining unit)
- Program established 1993-1994.
- **CSEA**: Kelly Stofle, Marcia Sanchez, Neli Pena, and Laura Shannon
- **OTA**: Barbara Marzolf, Barrett Plants, David Coorough, and Mark Barnhart
- **Administration**: Victor Perry, Jennifer Boone, Casey Johnson, and Jeremy Benjamin
- The committee meets regularly on a quarterly basis to review the self-funded program and make changes to the plan as the committee deems necessary.

WHAT IS A “SELF-FUNDED” INSURANCE PLAN?

- A “self-funded” insurance plan is one of two types of insurance plans that employers can choose to participate in.
- A “self-funded” plan offers substantial savings when compared to a “fully insured” plan as the self-funded plan allows an entity to manage its own program.
- Employers who participate in “fully insured” programs do not have a say in the costs of plans, these costs are set by the contracted insurance company.

HOW DOES MY INSURANCE USAGE IMPACT THE SELF FUNDED PLAN?

- The insurance committee manages an account that is used to pay claims sent to us by healthcare providers.
- This account is funded by district contributions and employee paid insurance premiums.
- During a month when the district and employee contributions are greater than the claims amounts sent by healthcare providers, the fund grows.
- During a month when the district and employee contributions are less than the claims amounts sent by healthcare providers, the fund shrinks.
- Using your health insurance program wisely allows us to bring costs down overall. This keeps the self-funded plan healthy.

HOW DOES MY INSURANCE USAGE IMPACT THE SELF FUNDED PLAN? (Continued)

- Emergency Room Visit (without any testing): \$1,000.00 (Minimum cost)
- In-Person Visit (Physician's Office): \$80.00 - \$100.00
- In Person Visit (Specialist's Office): \$100.00 - \$350.00
- Livehealth Online Appointment: \$50.00 - \$80.00

**Livehealth Online URL: <https://livehealthonline.com/>

Livehealth Online is
convenient for staff and
saves our plan bundles
of money when utilized!



Insurance Enrollment Data

August 2024 enrollment data:

Employees: 269

Dependents: 506

Total covered individuals: 775

Current enrollment data:

Employees: 279

Dependents: 537

Total covered individuals: 816

District contribution per employee 2025-2026: \$21,286.00 (*Increased by 5% from 2024-2025 amount of \$20,272.00*)

WHAT CHANGES ARE TAKING PLACE IN OCTOBER 2025?

- Costco Pharmacy Copays increasing from:
 - Costco Generic Rx Copay (30 day): Currently \$0.00 → Increasing to **\$5.00**
 - Costco Brand Name Preferred Rx Copay (30 Day): Currently \$35.00 → Increasing to **\$40.00**
 - Costco Brand Name Non-Preferred Rx Copay (30 Day): Currently \$70.00 → Increasing to **\$80.00**
 - Costco Mail Order Generic Rx Copay (90 Day): Currently \$0.00 → Increasing to **\$10.00**
 - Costco Mail Order Brand Name Preferred Rx Copay (90 Day): Currently \$35.00 → Increasing to **\$50.00**
 - Costco Mail Order Brand Name Non-Preferred Rx Copay (90 Day): Currently \$70.00 → Increasing to **\$100.00**
- **90-day pharmaceutical walk-in option at Costco being removed as an option for members.**
 - *Members must now use the mail order service offered by Costco if they wish to continue with their 90-day prescriptions (this option is a cost savings to the OUSD insurance plan compared to the walk-in option)*

WHAT CHANGES ARE TAKING PLACE IN OCTOBER 2025? (cont.)

- Retail Pharmacy Copays increasing from:
 - Retail Generic Rx Copay (30 day): Currently \$7.00 → Increasing to **\$12.00**
 - Retail Brand Name Preferred Rx Copay (30 Day): Currently \$35.00 → Increasing to **\$50.00**
 - Retail Brand Name Non-Preferred Rx Copay (30 Day): Currently \$70.00 → Increasing to **\$100.00**
- Emergency room visits will now include a \$150.00 copay.
- These changes apply to all OUSD insurance plan options (*high, middle, low*)

WHY COPAYS ARE INCREASING IN 2025-2026

- From the 2023-2024 plan year to the 2024-2025 plan year, the districts pharmaceutical costs have increased by \$270,000+. This increase in expenditures has prompted the insurance committee to evaluate necessary changes going into the 2025-2026 plan year.
- In an effort to ensure fund stability and avoid further increases to the monthly insurance premiums our members currently pay, the Insurance Committee has deemed it necessary to reduce plan expenditures via copay increases and other minor changes to the pharmaceutical benefits of our employees.