

Kepple | HEALTHCARE CONSULTING

2026

Galesburg CUSD #205

Jennifer Hamm, Assistant Superintendent
for Finance and Operations

Employee Health Insurance

and

Ancillary Benefits Proposal

Kepple Health Consulting

Renewal Process

2025

June

Kepple staff and the administrative team met about current market trends and renewal strategy

August

Kepple verified census data to prepare for bids

September

Bids sent out on 9.29.25 to 7 carriers, 2 level funded groups, and 4 self funded groups

October

Bids Received on 10.13 and presented to Health Insurance Committee on 10.22

November

Proposal to the Board of Education on 11.10 for approval consideration.

Open Enrollments scheduled to begin on 11.12.25

Open Enrollment closes on 11.25.25

December

Kepple will work with employees on continuation of coverage needs and questions.

January

Launch of new Blue Cross Blue Shield plan on 01.01.2026



UHC/Surest Renewal

30% Increase from 2025 rates

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Galesburg CUSD #205 Current vs. Renewal									
Plan Name	**PPO**			**SUREST**			**HDHP**		
Network	Choice Plus			Choice Plus			Choice Plus		
Calendar Year Deductible	**Your In-Network Cost**			**Your In-Network Cost**			**Your In-Network Cost**		
Individual Deductible	$1,500			$0			$3,300		
Family Deductible	$3,000			$0			$9,000		
Co-Insurance Amount	20%			0%			0%		
Out-Of-Pocket Max	**Your In-Network Cost**			**Your In-Network Cost**			**Your In-Network Cost**		
Individual	$5,000			$5,500			$3,300		
Family	$9,000			$11,000			$9,000		
Physician Office Services	**Your In-Network Cost**			**Your In-Network Cost**			**Your In-Network Cost**		
Primary Care	$25 Copay			$20-$125			$0 after ded		
Specialist Visit	$50 Copay			$20-$125			$0 after ded		
Services Received at a Facility	**Your In-Network Cost**			**Your In-Network Cost**			**Your In-Network Cost**		
Emergency Room (Medical Emergency)	$200 + 20% after deductible			$750			$0 after ded		
Urgent Care	$30			$80			$0 after ded		
Out-Of-Network	**Your Out-Of-Network Cost**			**Your Out-Of-Network Cost**			**Your Out-Of-Network Cost**		
Deductible	Individual $3,000 | Family $6,000			Individual $0 | Family $0			Individual $6,000 | Family $18,000		
Out-Of-Pocket Expense	Individual $10,000 | Family $20,000			Individual $11,000 | Family $22,000			Individual $7,000 | Family $19,000		
Co-Insurance Amount	40%			0%			20%		
Prescription Drugs Co-Pay	**Your In-Network Cost**			**Your In-Network Cost**			**Your In-Network Cost**		
	$10/$35/$70/$400			$10/$35/$70/$10-$100-$200			$0 after ded		
Health Premium	**Participation**	**Current**	**Renewal**	**Participation**	**Current**	**Renewal**	**Participation**	**Current**	**Renewal**
Employee Only	25	$1,009.75	$1,315.03	255	$895.37	$1,166.07	41	$864.63	$1,121.36
Employee + Spouse	0	$2,120.47	$2,761.56	6	$1,880.27	$2,448.74	1	$1,815.72	$2,354.85
Employee + Child	1	$1,918.50	$2,498.52	9	$1,701.18	$2,215.50	3	$1,642.78	$2,130.56
Employee + Family	3	$3,029.22	$3,945.05	13	$2,686.08	$3,498.17	1	$2,593.86	$3,364.04
Monthly Health Premium	**Total**	**$36,249.91**	**$47,209.42**	**Total**	**$289,830.63**	**$377,456.00**	**Total**	**$44,787.75**	**$58,086.33**
Combined Monthly Total - Current	**$370,868.29**								
Combined Annual Total - Current	**$4,450,419.48**								
Combined Monthly Total - Renewal	**$482,751.75**								
Combined Annual Total - Renewal	**$5,793,021.00**								
% Change From Current	**30.17%**								
Annual Increase From Current	**$1,342,601.52**								

Blue Cross Blue Shield

Illinois

-3.4%
Decrease from 2025 Premiums

Lower deductibles with *Med Plus* overlay

All ancillary lines are with BCBS

2027 rate increase guaranteed not to exceed 11.9%

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Carrier Name	Blue Cross BlueShield of IL & MedPlus			
Plan Name	**MIBCO4075 Plan Design**	**MIBCO4075 w. MedPlus**	**MICOE3013 Plan Design**	**MICOE3013 w. MedPlus**
Network	**Blue Choice Options**	**Blue Choice Options**	**Blue Choice Options**	**Blue Choice Options HSA**
Calendar Year Deductible	**Your In-Network Cost**	**Your In-Network Cost**	**Your In-Network Cost**	**Your In-Network Cost**
Individual Deductible	$5,250	$1,000	$6,000	$3,400
Family Deductible	$10,500	$2,000	$12,000	$6,800
Co-Insurance Amount	20%	20%	20%	0%
Out-Of-Pocket Max	**Your In-Network**	**Your In-Network Cost**	**Your In-Network Cost**	**Your In-Network Cost**
Individual	$7,100	$3,700	$7,000	$3,400
Family	$14,200	$7,400	$14,000	$6,800
Physician Office Services	**Your In-Network**	**Your In-Network Cost**	**Your In-Network Cost**	**Your In-Network Cost**
Primary Care	$45	BC: $45 | PPO: $70	BC: 20% | PPO: 40%	BC: 20% | PPO: 40%
Specialist Visit	$70	BC: $70 | PPO: $90	BC: 20% | PPO: 40%	BC: 20% | PPO: 40%
Services Received at a Facility	**Your In-Network**	**Your In-Network Cost**	**Your In-Network Cost**	**Your In-Network Cost**
Emergency Room (Medical Emergency)	$500 + 20%	$500	BC: 20% | PPO: 40%	BC: 20% | PPO: 40%
Urgent Care	$75	$75	BC: 20% | PPO: 40%	BC: 20% | PPO: 40%
Out-Of-Network	**Your In-Network**	**Your Out-Of-Network Cost**	**Your In-Network Cost**	**Your Out-Of-Network Cost**
Deductible	Individual $18,750 | Family $37,500	Individual $18,750 | Family $37,500	Individual $14,000 | Family $28,000	Individual $14,000 | Family $28,000
Out-Of-Pocket Expense	Individual $24,300 | Family $48,600	Individual $24,300 | Family $48,600	Individual $22,500 | Family $45,000	Individual $22,500 | Family $45,000
Co-Insurance Amount	50%	50%	50%	50%
Prescription Drugs Co-Pay	**Your In-Network**	**Your In-Network Cost**	**Your In-Network Cost**	**Your In-Network Cost**
CANNOT GO TO CVS	$5-$15/$15-$25/$45-$65/$85-$105/$250/$350	$5-$15/$15-$25/$45-$65/$85-$105/$250/$350	10%-20%/20%-30%/30%-40%/40%/50%	10%-20%/20%-30%/30%-40%/40%/50%

Health Premium	Participation	BCBS Prem. w. 2% Anc. Disc.	MedPlus Prem.	Total	Participation	BCBS Prem w. 2% Anc. Disc.	MedPlus Prem.	Total
Employee Only	280	$812.30	$66.09	$878.39	41	$730.32	$87.03	$817.35
Employee + Spouse	6	$1,705.83	$145.40	$1,851.23	1	$1,533.66	$191.47	$1,725.13
Employee + Child	10	$1,543.37	$122.27	$1,665.64	3	$1,387.60	$161.01	$1,548.61
Employee + Family	16	$2,436.90	$201.57	$2,638.47	1	$2,190.95	$265.44	$2,456.39
Monthly Health Premium	**Total**	**$292,103.72**	**$23,825.42**	**$315,929.14**	**Total**	**$37,830.35**	**$4,508.17**	**$42,338.52**

Combined Monthly Total - Current	$370,868.29
Combined Annual Total - Current	**$4,450,419.48**
Combined Monthly Total - BCBS w. MedPlus	$358,267.66
Combined Annual Total - BCBS w. MedPlus	**$4,299,211.94**
% Change From Current	-3.40%
Annual Increase From Current	**($151,207.54)**

Summary of Blue Cross Blue Shield Proposal for 2026

Health Insurance

3.4% Premium Savings

Lower Deductibles

Plans Mirror CIE for Future Consideration



Life Insurance

Same level of coverage as Sun Life

All Employees Eligible to Enroll



Dental Insurance

Blue Cross Blue Shield for Dental

Better Network Options



Vision Insurance

Blue Cross Blue Shield Vision



Optional Coverages

All Optional Coverages Under the BCBS Umbrella

AD&D
Hospitalization
Cancer



