

## 2025/26 Benefit Highlights & Changes



### Indicates Updated Information

#### Medical/Rx Insurance

As we continue to experience incredibly high inflationary increases in medical and pharmacy costs, the College will need to absorb a significant increase in our overall budgetary spend in both areas. While we balance that with providing continued quality of plan and a desire to stay affordable for our employees (in comparison to benchmarks), we do need to increase employee contributions, plan deductibles and out of pocket maximums. Co-pays and co-insurance will remain unchanged.

#### Traditional Plan ~ Blue (BCBSM - PPO)

- Employee Contribution Increase:

2025/26 Per Pay Rates **NEW** (increase from current year) withheld 2x monthly

**Single:**

<\$33,500 - **\$38.93** (+\$1.50)  
\$33,500-\$69,999 - **\$50.81** (+\$2.88)  
\$70,000-\$99,999 - **\$62.45** (+\$4.63)  
>\$100,000 - **\$68.52** (+\$6.23)

**Double\*:**

<\$33,500 - **\$113.59** (+\$4.89)  
\$33,500-\$69,999 - **\$148.79** (+\$9.08)  
\$70,000-\$99,999 - **\$177.49** (+\$13.90)  
>\$100,000 - **\$196.46** (+\$18.67)

**Family\*:**

<\$33,500 - **\$166.59** (+\$7.93)  
\$33,500-\$69,999 - **\$220.05** (+\$14.40)  
\$70,000-\$99,999 - **\$262.28** (+\$21.66)  
>\$100,000 - **\$287.42** (+\$28.48)

- In-Network Deductible Changed. **\$1,000** individual (previously \$700); **\$2,000** family (previously \$1,400)
- Co-Pays Unchanged. \$10 Virtual Office Visit; \$25 PCP; \$50 Specialist & Urgent Care; \$50 Ambulance; \$250 Emergency Room
- Co-Insurance Unchanged. 20% In-Network
- Out of Pocket Maximums (OOPM) Changed. **\$4,000** individual (previously \$3,000); **\$8,000** family (previously \$6,000) in-network (includes deductibles & copays)

NOTE: Out of network coverage also changed and higher than in-network amounts shared above (see BAAGS on website for specific new out of network amounts).

\*Additional **\$100** (previously \$80) spouse surcharge may apply to per pay rates, when applicable.

#### High Deductible Plan ~ Orange (BCBSM - PPO)

- Employee Contribution Increase:

2025/26 Per Pay Rates **NEW** (increase from current year) withheld 2x monthly

**Single: \$16.80** (+\$0.80)

**Double\*: \$41.39** (+\$2.89)

**Family\*: \$60.50** (+\$5.50)

- In-Network Deductibles Changed. **\$2,000** individual (previously \$1,700); **\$4,000** double/family (previously \$3,400)
- Co-Insurance Unchanged. 20% in-network
- Out of Pocket Maximums Changed. **\$5,000** individual (previously \$4,000); **\$9,200** double/family (previously \$7,250) (includes deductibles & copays)

NOTE: Out of network coverage also changed and higher than in-network amounts shared above (see BAAGS on website for specific new out of network amounts).

- \*Additional **\$100** (previously \$80) spouse surcharge may apply to per pay rates, when applicable.

#### Rx / Prescription Drugs (CVS/Caremark)

- Cost included in Employee Contributions for Health Plans.
- Copays Changed** (reminder: Orange HDHP participants **must meet deductible** before prescription copays are applicable).
  - 30 Day Retail & Mail Order: **\$20** (previously \$10)/**\$50** (previously \$40)/**\$100** (previously \$80)
  - 90 Day Retail & Mail Order: 2x Copay at any CVS/Target Retail Pharmacy OR Mail Order through CVS (preferred for cost savings)
  - Specialty Drug Co-Pay: 30% with optional \$0 co-pay if enrolled in the Prudent Rx Co-Pay Program

#### Vision (EyeMed)

- Contributions Unchanged (per-pay). Single: \$4.98 Double: \$9.45 Family: \$13.88
- Co-Pays Unchanged. \$10 Co-Pay Exam & Single Vision Lenses (specialty lenses \$10-\$50 copay)
- Plan Allowance Amounts Unchanged: \$200 for Frames. \$200 for Single Vision Lenses or Contacts, once every 12 months.

## Dental (Blue Dental by BCBSM)

- Employee Contribution Increase

2025/26 Per Pay Rates **NEW** (decrease from current year) withheld 2x monthly

Basic Dental

Single: **\$16.95** (+\$2.21)  
Double: **\$33.91** (+\$4.43)  
Family: **\$59.33** (+\$7.74)

Dental with Ortho

Single: Not applicable  
Double: **\$35.57** (+\$4.64)  
Family: **\$62.24** (+\$8.12)

- Deductibles Unchanged: \$50 individual; \$100 family in-network
- Co-Insurance Unchanged. 25% Class II Services, 50% Class III & Class IV (if applicable to plan) Services in-network
- Maximum Benefit Limit Unchanged: \$1,500 per family member/per benefit year.
- Maximum Ortho Benefit for Dep <19 Unchanged: \$1,500 per dependent/lifetime.

*NOTE: Out of network coverage also unchanged but higher than in-network amounts shared above. Additionally, as the dental industry is experiencing many providers discontinuing their "in-network" status with many insurance providers, including our Blue Dental Plan, employees are encouraged to review the premium costs of this plan, as it is anticipated additional out-of-pocket expense will become more of a norm. Consideration to not having coverage and electing cash pay options with providers may be cost effective for some. We recommend reviewing this with your dental provider.*

## Flexible Spending & Health Savings Accounts (PNC Bank)

### FLEXIBLE SPENDING (FSA)

- Medical Flex Limit Increased: **\$3300 Maximum (+ \$640 carryover from 2024/25 unused amounts, if applicable)**
- Child/Dependent Care Flex Limit: \$5000 Maximum Unchanged (no carryover rule)
- PNC Bank continues as our administrator of FSA (Medical & Child/Dependent Care) with Debit Card, Online and Paper Claim Reimbursement process.

### HEALTH SAVINGS (HSA) & LIMITED PURPOSE DENTAL & VISION FSA (LPFSA)

- Health Savings Account Limit Increases: Single: **\$4300\*** Double/Family: **\$8550\***  
\*additional \$1,000 catchup contribution allowed for employees 55+
- Limited Purpose Dental & Vision Flexible Spending Option Increased: **\$3300 Maximum (+ \$640 carryover from 2024/25 unused amounts, if applicable)**

## INVEST Retirement Plan (Transamerica Recordkeeper)

- College continues to contribute 10.5% over and above base salary, per pay.
- Optional Pre-Tax and Post-Tax (ROTH) voluntary contributions up to IRS max.  
**\$23,500 for calendar year 2025**      **+\$7,500 catch-up option for employees age 50-59; 64+**      **+\$11,250 catch-up option for employees age 60-63**

## Life, AD&D, & LTD Insurance

- Basic Plans Design Unchanged ~ Term Life and AD&D Insurance Policy =1.5x salary total and Long Term Disability Coverage at 60% (\$6K max)
- Employee may purchase to increase basic coverages. Costs are age and value based and premiums cost adjust for age and new salary annually (July 1). **All requested increases in coverage during Open Enrollment require EOI and additional approval from third party provider prior to becoming effective.**
  - for employee: 1x-7x annual salary term life policy (rounded to nearest \$10,000 increment).
  - for spouse: \$10K-\$250K term life policy (not to exceed 50% of employee supplemental life amount)
  - for children: \$10,000 term life policy.
  - for employee: additional 10% (to 70%) LTD coverage.

## Additional Work/Life Benefit Policy Enhancements (see [www.hope.edu/benefits](http://www.hope.edu/benefits) for details)

- Summer hours (for staff) scheduled to continue for 2025
- 2026 Holiday Schedule Announced (including addition of the Wednesday before Thanksgiving as a college recognized holiday!)
- CIC-Tuition Exchange Program providing benefit if student is selected as a recipient from the participating college
- Enhanced Sick Leave allowance and policy for all employee groups