



April 27, 2026

TO: YPI Charter Schools Board of Trustees

FROM: Yesenia Marchell
Coordinator of HR & AP

SUBJECT: Recommendation to approve Kaiser, Delta Dental, Delta VSP, Unum, and ThrivePass plans for benefited employees

BACKGROUND

Full-time employees and their eligible family members receive medical, hospital, dental, vision, and life insurance from YPICS.

To meet the organization's budgetary needs, the staff recommends switching from an HMO High plan to an HMO Low plan. Kaiser's HMO High plan proposal for the 26-27 fiscal year **increased by 9.36% or \$134,459 annually**. The Kaiser's HMO Low plan proposal **will only be a 4.90% increase or \$70,469 annually**. Staff recommends that the HMO High plan be offered as an elected buy-up option. A side-by-side comparison of the two plans is attached

For Delta Dental and Delta VSP (vision) coverage, we received a rate pass for the 26-27 fiscal year. There is also a rate pass for Unum group life and hospital plans. Delta PPO (dental), which is an employee-elected buy-up option, increased by 4.56%.

Our FSA health, dependent care, and COBRA administrator/ carrier is ThrivePass. YPICS staff will continue to be able to make contributions to the FSA. YPICS plans to add \$250 to a new employer-sponsored HRA instead of the employee's FSA account. The HRA plan is owned by YPICS and will cover only health-related expenses, not non-health-related expenses.

RECOMMENDATION

Staff is recommending that the Board of Directors approve the Kaiser, Delta Dental, DeltaVision, Unum group life & hospital, and ThrivePass FSA plans for the 2026-27 fiscal year. The overall annual cost increase will be \$70,469 with potential savings from unused funds in the HRA plan.

Kaiser HMO Plan Comparison 2026-2027		
	Current \$20 HMO	\$30 HMO Low
Out of Pocket Maxiums and Deductibles		
Plan Deductible	None	None
Drug Deductible	None	None
Annual Out of Pocket Max	\$1500 self/ \$3000 family	\$3500 self/ \$7000 family
Plan Provider Office Visits		
Most Primary Care Visits	\$20 per visit	\$30 per visit
Most Physician Specialist Visits	\$20 per visit	\$40 per visit
Routine physical maintenance exams, including well-woman exams	No charge	No charge
Well-child preventive exams (through age 23 months)	No charge	No charge
Routine eye exams with a Plan Optometrist	No charge	No charge
Urgent care consultations, evaluations, and treatment	\$20 per visit	\$30 per visit
Most physical, occupational, and speech therapy	\$20 per visit	\$30 per visit
Telehealth Visits		
Primary Care Visits and Non-Physician Specialist Visits by interactive video or telephone	No charge	No charge
Physician Specialist Visits by interactive video or telephone	No charge	No charge
Outpatient Services		
Outpatient surgery and certain other outpatient procedures	\$100 per procedure	\$400 per procedure
Most immunizations (including the vaccine)	No charge	No charge
Most X-rays and laboratory tests	\$10 per encounter	\$10 per encounter
Preventive X-rays, screenings, and laboratory tests as described in the EOC	No charge	No charge
MRI, most CT, and PET scans	\$50 per procedure	\$100 per procedure
Hospital Inpatient Services		
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	\$500 per admission	\$500 per admission
Emergency Services		
Emergency department visits	\$200 per visit	\$350 per visit
Ambulance services	\$100 per trip	\$150 per visit
Prescription/ Drug Coverage		
Most generic items (Tier 1) at a Plan Pharmacy	\$15 for up to a 30-day supply	\$15 for up to a 30-day supply
Most generic (Tier 1) refills through our mail-order service	\$30 for up to a 100-day supply	\$30 for up to a 100-day supply
Most brand-name items (Tier 2) at a Plan Pharmacy	\$35 for up to a 30-day supply	\$35 for up to a 30-day supply
Most brand-name (Tier 2) refills through our mail-order service	\$70 for up to a 100-day supply	\$70 for up to a 100-day supply
Most specialty items (Tier 4) at a Plan Pharmacy	30% Coinsurance (not to exceed \$250) for up to a 30-day supply	30% Coinsurance (not to exceed \$250) for up to a 30-day supply
Durable Medical Equipment (DME)		
DME items as described in the EOC	20% Coinsurance	50% Coinsurance
Mental Health Services		
Inpatient psychiatric hospitalization	\$500 per admission	\$500 per admission
Individual outpatient mental health evaluation and treatment	\$20 per visit	\$30 per visit
Group outpatient mental health treatment	\$10 per visit	\$15 per visit