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FRINGE BENEFIT ANALYSTS | BANASKY INSURANCE INC | J&J BENEFITS INSURANCE AGENCY

Thomas Edison Charter Schools

Employee Benefits Renewal

Effective: September 1, 2026

Presented By: Ernie Sweat

Thomas Edison CHARTER SCHOOLS

Prepared: 5/15/2026

Thomas Edison Charter Schools

Cost Summary

September 1, 2026

MEDICAL INSURANCE		CURRENT	RENEWAL	RENEWAL *Options*	
Costs	**# Enrolled**	**PEHP** *$2,000 PPO*		**PEHP** *$1,700 HDHP*	**PEHP** *$4,000 HDHP*
Monthly Total	**64**	**$169,040.60**	**$181,211.84**	**$165,970.00**	**$135,522.88**
Annual Total		**$2,028,487.20**	**$2,174,542.08**	**$1,991,640.00**	**$1,626,274.56**
$ Difference *(Annual)*		$146,054.88		-$36,847.20	-$402,212.64
% Difference		7.2%		-1.8%	-19.8%

DENTAL INSURANCE		CURRENT	RENEWAL
Costs	**# Enrolled**	**PEHP**	
Monthly Total	**43**	**$3,687.10**	**$3,793.98**
Annual Total		**$44,245.20**	**$45,527.76**
$ Difference *(Annual)*		$1,282.56	
% Difference		2.9%	

VISION INSURANCE		CURRENT	RENEWAL
Costs	**# Enrolled**	**PEHP**	
Monthly Total	**38**	**$502.90**	**$477.86**
Annual Total		**$6,034.80**	**$5,734.32**
$ Difference *(Annual)*		-$300.48	
% Difference		-5.0%	

TOTAL		CURRENT	RENEWAL	RENEWAL *Options*	
Costs		**PEHP** *$2,000 PPO*		**PEHP** *$1,700 HDHP*	**PEHP** *$4,000 HDHP*
Monthly Total		**$173,230.60**	**$185,483.68**	**$170,241.84**	**$139,794.72**
Annual Total		**$2,078,767.20**	**$2,225,804.16**	**$2,042,902.08**	**$1,677,536.64**
$ Difference *(Annual)*		$147,036.96		-$35,865.12	-$401,230.56
% Difference		7.1%		-1.7%	-19.3%

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Thomas Edison Charter Schools

Medical

September 1, 2026

Benefits		CURRENT		RENEWAL		RENEWAL *Options*			
		PEHP *Advantage/Summit*		PEHP *Advantage/Summit*		PEHP *Advantage/Summit*		PEHP *Advantage/Summit*	
		Single	Family	Single	Family	Single	Family	Single	Family
Deductible *(In Network)*		$2,000	$4,000	$2,000	$4,000	$1,700 (Emb)	$3,400	$4,000 (Emb)	$8,000
Deductible *(Out of Network)*									
Coinsurance *(In Network)*		80%/20%		80%/20%		80%/20%		70%/30%	
Coinsurance *(Out of Network)*		60%/40%		60%/40%		60%/40%		50%/50%	
Max Out-of-Pocket *(In Network)*		$6,000	$12,000	$6,000	$12,000	$3,400	$6,800	$8,000	$16,000
Max Out-of-Pocket *(Out of Network)*									
Office Visit - *Primary Care Physician*		$10/$35		$10/$35		20% AD		30% AD	
Office Visit - *Specialist*		$45		$45		20% AD		30% AD	
Minor Diagnostic Lab		$0 if under $350; 20% AD if over $350		$0 if under $350; 20% AD if over $350		20% AD		30% AD	
Inpatient Hospital Services *(Facility)*		20% AD		20% AD		20% AD		30% AD	
Mental Health *(Outpatient)*		20% AD		20% AD		20% AD		30% AD	
Mental Health *(Inpatient)*		$45/visit		$45/visit		20% AD		30% AD	
Maternity *(Delivery Facility)*		20% AD		20% AD		20% AD		30% AD	
Urgent Care		$55		$55		20% AD		30% AD	
Emergency Room		$225 AD		$225 AD		20% AD		30% AD	
Prescription Drugs		$15/$30/$65/ 20% AD Tier A Specialty/ 30% AD Tier B Specialty		$15/$30/$65/ 20% AD Tier A Specialty/ 30% AD Tier B Specialty		$15 AD/$30 AD/$65 AD/ 20% AD Tier A Specialty/ 30% AD Tier B Specialty		$15 AD/$30 AD/$65 AD/ 20% AD Tier A Specialty/ 30% AD Tier B Specialty	
Prescription Deductible		None		None		Medical Deductible Applies*		Medical Deductible Applies*	
HSA Qualified		No		No		Yes		Yes	
Funding		Fully Insured		Fully Insured		Fully Insured		Fully Insured	
Enrollment & Cost Summary	**#**	**CURRENT**		**RENEWAL**					
Employee	10	$1,088.06		$1,166.40		$1,068.30		$872.32	
Employee + One	8	$2,252.28		$2,414.44		$2,211.36		$1,805.70	
Family	46	$3,046.56		$3,265.92		$2,991.22		$2,442.48	
Monthly Totals	**64**	**$169,040.60**		**$181,211.84**		**$165,970.00**		**$135,522.88**	
Annual Totals		$2,028,487.20		$2,174,542.08		$1,991,640.00		$1,626,274.56	
% Difference		**7.2%**				**-1.8%**		**-19.8%**	

*Deductible waived for preventive medications

Costs and benefits listed above represent the member/employee responsibility

AD=After Deductible. APD=After Prescription Deductible.

This summary is for illustrative purposes only. Refer to carrier materials for complete benefits.

Thomas Edison Charter Schools

Dental

September 1, 2026

Benefits	CURRENT/RENEWAL	
	PEHP *Traditional*	
	In Network	Out of Network
Deductible	$25/$75	
Preventive	0%	20%
Basic	20% AD	40% AD
Major	50% AD	70% AD
Waiting Period	None	
Orthodontics *(Child)*	50% AD	50% AD
Waiting Period	N/A	
Bite Wings	2x per year	
Oral Surgery	Basic	
Endodontics	Basic	
Periodontics	Basic	
Implants	Major	
Calendar Year Max	$1,500	
Ortho Lifetime Max	$1,000	
Out of Network R&C	MAC	
Rate Guarantee	One Year	

Enrollment & Cost Summary	#	CURRENT	RENEWAL
Employee	13	$36.60	$37.66
Employee + One	5	$73.06	$75.18
Family	25	$113.84	$117.14
Monthly Totals	**43**	**$3,687.10**	**$3,793.98**
Annual Totals		$44,245.20	$45,527.76
% Difference		**2.9%**	

Costs and benefits listed above represent the member/employee responsibility

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AD=After Deductible.

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Thomas Edison Charter Schools

Vision

September 1, 2026

Benefits		CURRENT/RENEWAL	
		PEHP *EyeMed Insight*	
		In Network	Out of Network *(Reimbursement)*
Exams	*Co-Pay*	$10	Up to $30
	Frequency	12 Months	
Lenses	*Single Vision Co-Pay*	$10	Up to 425
	Lined Bifocal Co-Pay	$10	Up to $40
	Lined Trifocal Co-Pay	$10	Up to $55
	Frequency	12 Months	
Frames	*Allowance*	$100	Up to $50
	Frequency	12 Months	
Contacts*	*Allowance*	$120	Up to $96
	Frequency	12 Months	
Lasik	*Discount*	15% off retail or 5% off promo price	Not covered
Rate Guarantee		One Year	

Enrollment & Cost Summary	#	CURRENT	RENEWAL
Employee	11	$7.61	$7.36
Employee + One	7	$12.17	$11.50
Family	20	$16.70	$15.82
Monthly Totals	**38**	**$502.90**	**$477.86**
Annual Totals		$6,034.80	$5,734.32
% Difference		**-5.0%**	

*Benefit is in lieu of lens and frame benefit

Costs and benefits listed above represent the member/employee responsibility

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