



Jefferson-Lewis et. al. School Employees' Healthcare Plan

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NEWSLETTER

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Todd Green
Chairperson, The Board of Trustees

TWENTY PERCENT PREMIUM INCREASE EFFECTIVE 7/1/26

Due to increasing claim expenses, the Jefferson-Lewis Healthcare Plan's Board of Trustees, comprised of local school districts and retiree representatives, has made the difficult but necessary decision to increase health insurance premiums for all Plan options by twenty percent effective July 1, 2026. Health insurance claim expenses for the Jefferson-Lewis Healthcare Plan increase approximately 7% each year. Over the last fifteen years, the board of trustees has been able to hold the average premium rate increase to under four percent through careful use of fund balance and thoughtful implementation of cost management strategies in order to maintain the Plan's existing benefit levels while mitigating significant increases in both premiums and claim cost sharing levels. However, it has become necessary for the Plan to implement a larger one-time premium increase in order to maintain the Plan's fiscal solvency. While the Plan does not anticipate an additional premium increase of this level in the near term, future rate increases will need to closely mirror the current claim trend of seven percent. The board of trustees understands that participants in the Plan will likely be interested in an opportunity to learn more about factors impacting the increasing cost of health insurance and ask further questions. In the spirit of open communication and full

transparency, the Plan will be offering four regional informational meetings open to the public to hear directly from the Plan management team including an opportunity to ask questions at the conclusion of the presentation. The date, time and location of the upcoming informational meetings are:

Wednesday March 25, 2026 at 4:00PM

Lowville Academy LGI Room
7668 N State St, Lowville, NY 13367

Thursday March 26, 2026 at 4:00PM

Carthage CSD High School Auditorium
36500 State Route 26, Carthage NY 13619

Tuesday March 31, 2026 at 3:15PM

South Lewis CSD Auditorium
4264 East Road, Turin, NY 13473

Tuesday April 14, 2026 at 4:00PM

Watertown CSD High School Auditorium
1335 Washington St, Watertown, NY 13601

NO CHANGES TO CO- PAYMENTS OR DEDUCTIBLES FOR PLAN YEAR 2026-2027

The board of trustees has elected not to increase co-payments or deductibles that would normally increase effective July 1, 2026. As a result, existing co-payments and deductibles will remain unchanged until June 30, 2027. The board of trustees' decision to freeze co-payments and deductibles for the eighth consecutive year reflects the Plan's commitment to maintaining an affordable health insurance benefit for participants of the Plan. A complete list of all current co-payments and deductibles can be found on the Plan's website under the "Plan Coverage Information" tab.

***Please note that the summary plan description (SPD) dictates exact coverage at the time of a claim.
The summary plan description is available on the Plan's website at www.jefflewishealth.com***

NEW COST MANAGEMENT PROGRAMS EFFECTIVE Q1 2026

The board of trustees has opted to move forward with five new programs designed to enhance member experience and actively manage future claim costs in order to preserve existing benefit levels. A brief description of each new program is included as a one-page supplement to this newsletter. Please contact the Plan Manager's office if you have any additional questions about these new programs.

PLAN MANAGER'S OFFICE

We would like to remind all members, dependents, and retirees enrolled in the Jefferson-Lewis Healthcare Plan that the Plan Manager's office is available for any questions or assistance related to Plan benefits or difficulties with claims. The Plan Manager's office is located in Clayton, NY and is open Monday-Friday 8:30AM to 4:30PM. Live customer service representatives are available to offer assistance at (315)686-2615.

HINGE HEALTH SERVICES

Hinge Health is a digital clinic available to assist Plan participants with their musculoskeletal care to improve well-being and reduce elective surgeries and chronic pain. Additional information about the Hinge Health program can be found on the Plan's website: <https://www.jefflewishealth.com/hinge-health>

NATIONAL PREFERRED FORMULARY PRESCRIPTION DRUG LIST UPDATED

Express Scripts has released their most recent National Preferred Formulary list effective 1/1/2026. We encourage you to review these updated lists under the "Resource Center" menu tab of the Plan's public website located at www.jefflewishealth.com.

DID YOU RECENTLY ENROLL IN MEDICARE?

It is critical that you notify the Healthcare Clerk at the school district from which you receive your retiree health insurance benefits and all medical providers as soon as you become Medicare primary and provide them with a copy of your Medicare enrollment card. This ensures that your medical related claims will be submitted to Medicare for payment processing on a primary basis and then to Meritain for secondary processing under the Jefferson-Lewis Plan for any eligible amounts which were not paid by Medicare. When you become Medicare primary, your Meritain card is no longer valid for prescription drugs. Medicare primary retirees will receive a new and separate Express Scripts Medicare Part D prescription drug benefit card which should also be promptly provided to your pharmacy.

2025 CALENDAR YEAR CLAIMS

Please remember that all claims for calendar year 2025 must be submitted no later than June 30, 2026 to be eligible for benefit payment. Failure to submit claims before this deadline may result in the denial of benefits. We encourage you to verify that all claims for dates of service occurring in calendar year 2025 have been submitted for consideration well before the June 30, 2026 deadline to ensure ample time for claims to be reviewed and processed, especially if additional information is needed to properly evaluate a claim. You can access the Meritain member portal to confirm if a claim has been submitted or review the status of any submitted claims at <https://account.meritain.com>.

Please note that the summary plan description (SPD) dictates exact coverage at the time of a claim. The summary plan description is available on the Plan's website at www.jefflewishealth.com

Teladoc Chronic Care Solutions Effective 1/1/2026

- This new disease management program from Teladoc is intended to assist members in managing diabetes, pre-diabetes and hypertension and replaces a legacy disease management program previously offered by Meritain.
- The new Teladoc program will help mitigate long-term claim costs for the Plan by proactively assisting members in managing these three specific conditions that cause higher claims costs.
- Members who qualify for this program based on certain criteria will be contacted directly by Teladoc. Participation in this program is voluntary but strongly encouraged.
- This new program is offered at no cost to all eligible Plan participants who are invited to enroll in Teladoc's new disease management program.

Express Scripts Advanced Utilization Management Effective 2/1/2026

- In this new program, Express Scripts Inc. will initiate a re-evaluation of the use of certain medications for approved conditions using the prior authorization process while helping ensure the clinical effectiveness of first-line medications using step therapy.
- Express Scripts Inc. will also analyze the quantity of a prescription drug to ensure it is being dispensed according to FDA approved dosage guidelines to help avoid unnecessary costs from the dispensing of excessive prescription drug quantities.
- Participants of the Plan who will be impacted by this new program will receive communication directly from Express Scripts Inc. on behalf of the Jefferson-Lewis Healthcare Plan.
- This new program is mandatory but only applies to non-Medicare primary participants.

Script Pass Manufacturer Financial Assistance Effective 1/1/2026

- This new program is intended to provide financial assistance to Plan participants who are taking maintenance medications but are challenged by the high cost of prescription drugs.
- Financial assistance is provided from available grants and charitable foundations.
- Plan participants eligible for this financial assistance will be contacted directly by US Rx on behalf of the Plan with instructions about how to participate if they meet certain income requirements which must be requalified annually.
- Participation in this program is voluntary and requires the submission of certain household financial information to confirm eligibility. Participation in this program is voluntary.
- This new program does not apply to Medicare primary participants.
- There are no additional costs to Plan participants who utilize this program.

FastMed Pharmacy Effective 1/1/2026

- This new program assists members in accessing certain high cost generic medications at a lower cost by sourcing prescription drugs through a pharmacy vendor separate from Express Scripts Inc.
- US Rx which currently administers all prior authorizations for the Plan's prescription drug benefit will receive and evaluate new prescriptions prescribed to Plan participants and coordinate with the provider to have the prescription sent to FastMed Pharmacy to be filled at a lower cost instead of Express Scripts Inc.
- This new program does not apply to Medicare primary participants.
- There are no additional costs to Plan participants who utilize this program.

International Prescription Drug Sourcing via BrandRx Effective 1/1/2026

- This new program provides the Plan with substantial cost savings in certain situations where the Plan is able to utilize one of several international pharmaceutical vendors to procure prescription drugs through an alternative source separate from Express Scripts Inc. at a lower cost.
- This program is only intended for refills of existing prescription drugs and is not available for first-fill prescriptions. Plan participants are typically required to have taken an eligible medication for at least two full months before becoming eligible for this new program.
- US Rx which currently administers all prior authorizations for the Plan's prescription drug benefit will contact eligible Plan participants by phone.
- Plan participants eligible for this program will receive FDA approved medications in the original manufacturer's packaging.
- This new program does not apply to Medicare primary participants.
- There are no additional costs to Plan participants who utilize this program.