

THE LOCAL PULSE

IN THIS ISSUE

- 2026 Board Meeting & New Rates
- Open Enrollment is Right Around the Corner
- 2027 Benefit Enhancements
- New Benefit: Hinge Health Migraine Care Program
- Let's Talk About: Retiree Coverage
- Virta Upcoming Webinars

2026 BOARD MEETING & NEW RATES

DAVID HILYER, CEO

On September 2, 2026, the Local Government Health Insurance Board (LGHIB) met and approved a 3.1% premium increase for active employees, non-Medicare retirees, and Medicare retirees for calendar year 2027. Consultants, plans, and employers in the industry have projected a near double-digit increase in health insurance costs for 2027. According to industry articles, many plans and employers plan to cut benefits while raising rates by nearly 10% or more.

The LGHIB is proud to once again deliver a rate increase that is predictable and around a third of what is being seen in the industry. Additionally, the LGHIB is excited to add benefits next year, not reduce benefits or increase copays and deductibles. The LGHIB has been able to do this by managing competitive contracts, PBM and medical management, and the participation and partnership in various clinical and wellness programs.

There is no doubt that there are challenging times ahead as healthcare costs continue to rise as a result of various factors. However, the LGHIB is committed to working on behalf of its units and members to continue to provide a plan with robust benefits that is affordable and provides predictable rate increases, while providing white-glove customer service. Thank you for the privilege of serving your unit and employees!



3.1%

LGHIB 2026
PREMIUM INCREASE

9.0%

NATIONAL TREND
FOR 2026

OPEN ENROLLMENT IS RIGHT AROUND THE CORNER

Open enrollment is coming in the month of November! If your unit or your members need to make changes, open enrollment is the time to submit them to Local Gov. Changes made during open enrollment will be effective January 1, 2027.

As a reminder, below are changes that can be made during open enrollment.

During open enrollment, eligible members can:

- Add or cancel Blue Cross and Blue Shield of Alabama coverage*
- Add or drop dependents
 - Change from single to family and vice versa
- Add or drop Southland vision, dental, or cancer for subscribers or dependents

**Must provide proof of other coverage*

During open enrollment, units can:

- Add or drop retirement coverage
- Add or drop coverage for elected officials
- Add or drop Blue Cross and Blue Shield of Alabama dental coverage
- Change effective date of coverage from/to date of hire or first day of second month

If you have additional questions regarding open enrollment, contact our Enrollments team at 334-851-6802 or enrollments@lghip.org



2027 BENEFIT ENHANCEMENTS

This year, our Board approved several benefit enhancements to our existing robust benefits. These new benefits will be effective beginning January 1, 2027!

- Increased Blue Cross and Blue Shield of Alabama (BCBSAL) **dental benefit coverage from 50% to 80%** for basic restorative services such as fillings and simple tooth extractions
- Added coverage for a **fertility procedure**
 - Additional information will be provided in the 2027 BCBSAL Health Handbook
- Approved coverage for the **Hinge Health Migraine Care Program** at no cost to eligible members
- Enhanced the prescription drug benefit by adding a **90-day supply for maintenance medications**, which is an increase from the current 60-day supply limit.



Additional information regarding all the new benefit enhancements will be available in the new Blue Cross and Blue Shield of Alabama handbooks and upcoming communication materials. Updated handbooks, flyers, and booklets will be available on our website soon.

[**www.lghip.org**](http://www.lghip.org)

NEW BENEFIT: HINGE HEALTH MIGRAINE CARE PROGRAM

Hinge Health now offers a Migraine Care Program that offers rapid drug-free pain relief, personalized trigger management, and expert-led prevention for members. The migraine care program with Hinge Health is a free benefit available for all subscribers, spouses, and dependents aged 18+.

- **Rapid, drug-free pain relief:** Hinge Health's FDA-cleared Enso, a specialized wearable device designed for pain relief, now reduces migraine pain in minutes.
- **Personalized trigger tracking & insights:** AI-powered insights help members identify and manage migraine triggers across environmental, lifestyle, and dietary factors.
- **Proactive prevention:** Exercise therapy and lifestyle guidance led by expert care teams reduce the frequency and severity of migraine attacks, stopping the pain before it starts.
- **Expert care team:** Licensed PTs, physicians, and health coaches help members treat the root causes of migraine pain through proven first-line care and lifestyle changes.



1 in 6

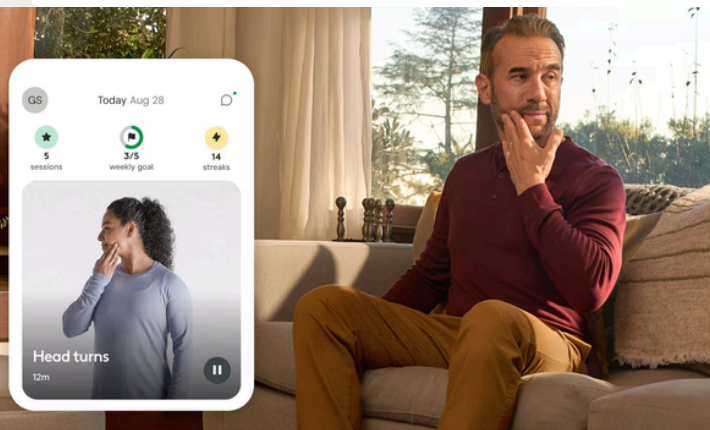
adults suffer
from migraine

14

average wait
time in months
for a specialist

2x

healthcare costs for
employees with migraines



Migraine and MSK pain happen together

Over 75% of migraine patients also suffer from neck pain, a trigger that can cause and worsen migraine attacks.

Treating them together is proven to work

Hundreds of our members have experienced fewer migraine days and lower medication use by engaging in our existing MSK program.

[Learn more about the
Migraine Care Program!](#)



LET'S TALK ABOUT: RETIREE COVERAGE

Local Gov Health & Wellness takes pride in providing health care benefits to serve the needs of our subscribers and their dependents throughout their life, from the first day of employment through the golden years of retirement.

A few things to know about offering retiree coverage:

- Coverage is only available for subscribers who retire after the unit elects to offer retiree coverage.
 - No previous retirees can enroll in the coverage.
- Each unit determines how much it will charge the retiree for the health care benefits. We will send the bill to your unit, and you decide how much the retiree will pay.
 - The unit can cancel the retiree policy at any time for non-payment.
- Retirees have the option to either enroll in the retiree coverage or find their own coverage, whichever works best for their healthcare needs.
 - If they don't enroll upon retirement or if they enroll and later terminate their retiree coverage, they can't return to the plan at a later date, except under limited situations (see admin guide for more information).

Eligibility:

To be eligible for retiree coverage, the participant must have at least 10 years of coverage in our plan, and:

- At least 25 years of service with a participating unit or other service as approved by the LGHIB, regardless of age; or
- Is at least 60 years old; or
- Is determined to be disabled by the Social Security Administration.

When to enroll:

- Units are able to make the change to offer retiree coverage during Open Enrollment in November for a January 1 effective date.

How to enroll:

- Complete the Unit Change form (LG11) and send it to enrollments@lghip.org during Open Enrollment, which runs from November 1 through 30.

Non-Medicare Retiree Coverage



An Independent Licensee of the Blue Cross and Blue Shield Association

Medicare Retiree Coverage



Contact us:

Enrollments
(334) 851-6802, option 1

Additional information regarding retiree coverage can be found in the Administrative Guide.

JUST IN TIME FOR BREAST CANCER MONTH: ADDED SCREENING COVERAGE

October is Breast Cancer Awareness Month, and Local Gov will now be offering additional breast cancer screening coverage for follow-up preventive procedures.

A recent report by the American Cancer Society Cancer Action Network (ACS CAN) found that over 70% of commercially insured patients encountered out-of-pocket expenses for follow-up breast cancer diagnostic tests in 2023. These follow-up tests, such as a diagnostic mammogram, MRI, or ultrasound, are medically recommended next steps to determine if an individual has cancer.

While screening mammograms are free to most insured women starting at age 40, follow-up tests often result in out-of-pocket costs for patients, creating barriers that keep people from getting them.

The Alabama legislature recently passed House Bill 300 to help patients better afford breast cancer screenings. HB300 requires health insurance plans to provide coverage for medically necessary diagnostic and supplemental breast exams at no cost to members.

Supplemental and diagnostic breast examinations (MRI, ultrasound, mammography) are provided at no cost to members aged 35 and older if indicated to complete the screening process and performed within the appropriate time frame from the initial screening mammogram.

DON'T FORGET PREVENTATIVE COVERAGE INCLUDES:

- Ages 35–39: One baseline preventive mammogram screening.
- Ages 40 and older: One preventive screening mammogram **per calendar year**.

****Additional imaging and pathology if indicated for all ages***

VIRTA UPCOMING WEBINARS

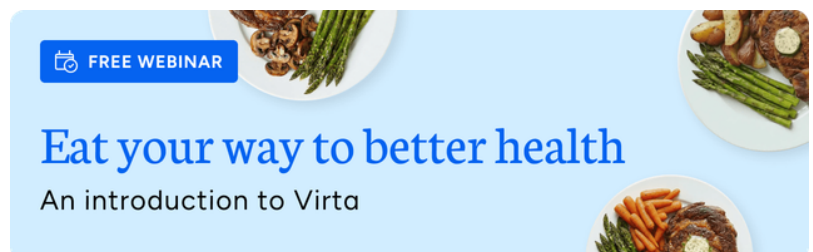
Did you know that Virta holds a monthly webinar on a variety of topics? These webinars are free to attend and are a great way to learn more about the Virta program and how it could change your life. See below for the webinar schedule:

Month	Date/Time	Topic	Registration Link
October	Wednesday, October 14 10am PT	Eat Your Way to Better Health: An Introduction to Virta	go.virta.com/october
November	Wednesday, November 4 10am PT	How to Use Your Virta Benefit & What You Get	go.virta.com/november
December	Wednesday, December 9 10am PT	Eat Your Way to Better Health: An Introduction to Virta	go.virta.com/december



To learn more about the Virta program or apply visit www.virtahealth.com/lghip or scan the QR code.





FREE WEBINAR

Eat your way to better health

An introduction to Virta