

Rancho Santiago CCD Joint Benefits Committee

Date: May 7, 2026

Presenter:

April Shoeleh, Sales Executive

Kim Gleeson, Assistant Vice President



Agenda

2027 Medical Renewal (ASCIP-Anthem)

2027 Medical Marketing Results

Medical Marketing Timeline

JBC Next Steps

**ALL DECISIONS WILL BE BASED EXCLUSIVELY ON THE
NUMBERS SUBMITTED THROUGH THE BID PROCESS
TO ENSURE EQUAL AND FAIR CONSIDERATION FOR
ALL ENTITIES.**

2027 ASCIP RENEWAL (ILLUSTRATIVE)

THIS AN ILLUSTRATIVE RENEWAL BASED ON CLAIMS THROUGH DECEMBER 2025.

THE FINAL 01/01/2027 RENEWAL WILL BE RELEASED IN AUGUST, BASED ON THE MOST RECENT CLAIMS AVAILABLE AT THAT TIME.

2027 ASCIP Anthem Renewal – HMO & PPO (Actives & Early Retirees)

**This an illustrative renewal based on claims through December 2025. The final 01/01/2027 renewal will be released in August, based on the most recent claims available at that time.*

Anthem HMO	ASCIP		ASCIP
	Anthem		Anthem
	HMO		HMO
	2026 Current		2027 Renewal
EE Only	113	\$940.96	\$1,082.10
EE + 1	110	\$1,974.18	\$2,270.31
EE + Family	275	\$2,820.87	\$3,244.00
Monthly Premium	\$1,099,227.53		\$1,264,111.40
Annual Premium	\$13,190,730.36		\$15,169,336.80
% Change Over Current			+15.00%
\$ Change Over Current			+\$1,978,606.44

Anthem PPO	ASCIP		ASCIP
	Anthem		Anthem
	PPO		PPO
	2026 Current		2027 Renewal
EE Only	154	\$1,369.09	\$1,574.45
EE + 1	168	\$2,859.64	\$3,288.59
EE + Family	80	\$4,107.55	\$4,723.68
Monthly Premium	\$1,019,863.38		\$1,172,842.82
Annual Premium	\$12,238,360.56		\$14,074,113.84
% Change Over Current			+15.00%
\$ Change Over Current			+\$1,835,753.28

	2026	2027
Annual Premium	\$25,429,090.92	\$29,243,450.64
% Change Over Current	+15.00%	
\$ Change Over Current	+\$3,814,359.72	

2027 ASCIP Kaiser Renewal - HMO

Timing of Renewal

- The fully-insured Kaiser renewal for the ASCIP JPA will be released in August 2026.

Kaiser “Break In – Break Out” Policy

- Kaiser has a “break in – break out” policy that requires groups moving to or from a pool to retain their renewal for a range of 12 – 18 months to prevent rate hopping.
- As a result of this policy, they will not release a quote to a prospective group until they have released the renewal to the incumbent provider.

Impacts

- Based on the construct of the RFP, Kaiser is not being evaluated as a carrier for change and thus there is no anticipated impact to existing Kaiser membership.
- If Rancho Santiago CCD were to pursue a direct to Kaiser contract the plan would be designed to mirror the existing plan and would be priced at the same cost due to the “break in – break out” policy.

A BETTER WAY TO TAKE CARE OF BUSINESS

BROKER NEWS | CALIFORNIA

Break-in/break-away policy

The Kaiser Permanente break-in/break-away policy provides customers with 101 or more employees flexibility to explore benefit solutions through pooled purchasers – joint powers authorities, trust funds, multiple employer welfare arrangements (MEWAs), and other types of arrangements. The policy is intended to keep rates neutral, help prevent unfair competition, and allow customers to make decisions based on service and overall value.


Break-in customer – an existing Kaiser Permanente customer entering a pooled arrangement

- ▶ When a customer enters a pool, the quote provided will be based on their current renewal rate (adjusted for benefit changes, commissions or fees, length of contract, and pool-initiated rate modifications).
- ▶ The existing customer is eligible to renew under the pooled purchaser's rating structure after an initial contract period of at least 6 months and up to a maximum of 18 months, based on the new pooled purchaser's contract anniversary date.

Example: An existing customer renews on January 1 and the pooled purchaser renews on March 1. The existing customer joins the pool in January. Because the entering customer has only been in the new pool for 2 months by the March renewal (which doesn't meet the 6-month minimum), they're quoted an initial 14-month contract based on their current rates. The existing customer will then be underwritten and renewed with the pooled purchaser's March renewal of the following contract year.

(continues)

1 ▶ account.kp.org

 KAISER PERMANENTE.

2027 MARKETING RESULTS

Market Results

Stand Alone Carriers				
Product	Carrier	Quoted	Declined	Comments
Medical/Rx	Aetna		X	Decline to quote, uncompetitive. +30% vs. current
Medical/Rx	Anthem	X		Quoted, not competitive. +34.73% vs. current
Medical/Rx	Cigna	X		Quoted, not competitive. +24.1% vs. current
Medical/Rx	Blue Shield		X	Decline to quote, uncompetitive.
Medical/Rx	Health Net	X		Quoted, not competitive. +41.6% vs. current
Medical/Rx	Kaiser	n/a	n/a	Per Kaiser Policy – Kaiser will not provide a quote ahead of the release of the renewal for the incumbent provider
JPAs/Trusts				
Medical/Rx	ASCIP	X		Provided illustrative rates. Anthem renewal provided at +15.0% vs. current
Medical/Rx	CSEBA		X	Decline to Quote, Blue Shield unable to compete with current pricing.
Medical/Rx	CVT		X	Decline to Quote, rates were not competitive relative to the incumbent program.
Medical/Rx	SISC	X		Quoted. +6.0% vs. current (Anthem)
Medical/Rx	VEBA	X		Quoted. +14.6% vs. current (UHC)
Medical/Rx	REEP		X	Decline to Quote due to demographics and retiree population

SISC PROPOSAL

DISCLAIMER: The information, materials, calculations, totals and analyses contained in and on these pages (and throughout this worksheet and workbook) are general in nature and are subject to change. These materials/calculations and analyses are not meant to replace any professional legal, actuarial, or accounting services. You may wish to consult your actuary, accountant, or attorney for specific advice as to how this information may apply to your situation.

This presentation/proposal and any attachments are the confidential work-product for a specific client of Keenan, an AssuredPartners company. It is covered by the terms and conditions in our Mutual Non-Disclosure Agreement with our client and may not be shared with anyone that is not an employee of the Client and/or the Client's legal counsel. No other third parties may receive, review or discuss the content of this presentation/proposal or any of the attachments. This is for Client's sole consideration, discussion and/or implementation.

SISC Plan Comparison – HMO

	ASCIP	SISC
Carrier Name	Anthem	Anthem
Rate Guarantee	1 year	1 year
Plan Name	Custom Premier HMO California Care	HMO Premier 10 Full Network
General Plan Information		
Annual Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0
Annual Out-of-Pocket Limit (Individual / Family)	\$1,000 / \$2,000	\$1,000 / \$2,000
Coinsurance	No charge	No charge
Physician Services		
Office Visit (Primary Care Physician)	\$10 copay	\$10 copay
Office Visit (Specialist)	\$10 copay	\$10 copay
Urgent Care	\$10 copay	\$10 copay
Advanced Imaging (CT, MRI, etc.)	\$100 copay	\$100 copay
Hospital Services		
Inpatient Hospitalization	No charge	No charge
Outpatient Surgery	No charge	No charge
Emergency Services		
Emergency Room Copay (Waived if Admitted)	\$100 copay	\$100 copay
Ambulance (Air & Ground)	\$100 copay	\$100 copay
Mental Health & Substance Abuse		
Inpatient Care	No charge	No charge
Outpatient Care	\$10 copay	\$10 copay

SISC Plan Comparison – HMO (Continued)

	ASCIP	SISC
Carrier Name	Anthem	Anthem
Rate Guarantee	1 year	1 year
Plan Name	Custom Premier HMO	HMO Premier 10
Prescription Drug Benefits		
Rx Deductible (Individual/Family)	\$0 / \$0	\$0 / \$0
Rx Annual Out-of-Pocket Limit (Individual/Family)	\$2,500 / \$3,500	\$1,500 / \$2,500 (excluded Medical OOP)
Retail	Costco (\$)	Navitus does not include Walgreens
Generic / Preferred Brand / Brand / Specialty * \$0 generics at Costco	\$(0) \$5 / \$15 / \$30 / --	\$7* / \$25 / \$25 / --
# of Days Supply	30 days	30 days
Mail Order	Costco / Navitus	Costco only: \$0* / \$60 / \$60 / By tier
Generic / Preferred Brand / Brand / Specialty	\$10 / \$30 / \$75 / By tier	
# of Days Supply	90 days	90 Costco (30 days for Specialty)
Outpatient Rehabilitative Therapy Services		
Physical & Occupational	\$10 copay	\$10 copay
Speech	\$10 copay	\$10 copay
Chiropractic Manipulation	\$10 copay (30 visits/year, Chiro & Acupuncture combined)	\$10 copay (30 visits/year, Chiro & Acupuncture combined)
Acupuncture		
Hearing		
Hearing Aids	50% (1 device/3 years)	50% (max 1 device/ear/36 months)

SISC Plan Comparison – PPO

	ASCIP		SISC	
Carrier Name	Anthem		Anthem	
Rate Guarantee	1 year		1 year	
Plan Name	90-70 Optional PPO		90A 20/20	
General Plan Information	Prudent Buyer PPO	Non-PPO	Prudent Buyer PPO	Non-PPO
Annual Deductible (Individual / Family)	\$250 / \$500	\$250 / \$500	\$100 / \$300	
Annual Out-of-Pocket Limit (Individual / Family)	\$1,000 / \$2,000	\$3,000 / \$6,000	\$1,000 / \$3,000	No Limit
Coinsurance	10%	30% For services received from an out-of-network provider, the member may be held responsible for any costs beyond the permitted amount and the overall	10%	0% For services received from an out-of-network provider, the member may be held responsible for any costs beyond the permitted amount and the overall
Physician Services				
Office Visit (Primary Care Physician)	\$20 copay ** (\$0 visits 1-3)	30% *	\$20 copay **	0%
Office Visit (Specialist)	\$20 copay **	30% *	\$20 copay *	0%
Urgent Care	\$20 copay **	30% *	\$20 copay *	0%
Advanced Imaging (CT, MRI, etc.)	10%	30% (\$800/service max benefit)	10%	0%
Hospital Services				
Inpatient Hospitalization	10%	\$250 copay + 30% *	10%	0%
Outpatient Surgery	10% (limits apply)	30% (limits apply) *	10%	0%
Emergency Services				
Emergency Room Copay (Waived if Admitted)	\$50 copay	\$50 copay	\$100 copay + 10%	
Ambulance (Air & Ground)	10%	10%	\$100 copay + 10%	
Mental Health & Substance Abuse				
Inpatient Care	10%	\$250 copay + 30% *	10%	0%
Outpatient Care	\$20 copay **	30% *	\$20 copay *	0%

SISC Plan Comparison – PPO

	ASCIP		SISC	
Carrier Name	Anthem		Anthem	
Rate Guarantee	1 year		1 year	
Plan Name	90-70 Optional PPO		90A 20/20	
Prescription Drug Benefits				
Rx Deductible (Individual/Family)	\$0 / \$0	N/A	\$0 / \$0	Not covered
Rx Annual Out-of-Pocket Limit (Individual/Family)	\$2,500 / \$3,500	N/A	\$1,500 / \$2,500 (excluded Medical OOP)	Not covered
Retail	Costco (\$)		Navitus does not include Walgreens	
Generic / Preferred Brand / Brand / Specialty	\$(0) \$5 / \$15 / \$30 / --	Not covered	\$5*** / \$20 / \$20 / --	Not covered
# of Days Supply	30 days		30 days	
Mail Order	Costco / Navitus			
Generic / Preferred Brand / Brand / Specialty	\$10 / \$30 / \$75 / By tier	Not covered	Costco only: \$0*** / \$50 / \$50 / By tier	Not covered
# of Days Supply	90 days		90 Costco (30 days for Specialty)	
Outpatient Rehabilitative Therapy Services				
Physical & Occupational	10%	30%	10% (pre-auth after 5th visit)	Not covered
Speech	10%	30%	10% (pre-auth after 5th visit)	Not covered
Chiropractic Manipulation	10%	30%	10% (pre-auth after 5th visit)	Not covered
Acupuncture	\$20 copay * (12 visits/year)	30% (12 visits/year)	10% (12 visits/year)	50% of max allowed amount
Hearing				
Hearing Aids	10% (\$2,000 benefit/3 years)	30% (\$2,000 benefit/3 years)	10% (max \$700/24 months)	0% All billed amounts exceeding the lesser of the benefit maximum or maximum allowed amount

* Deductible waived for services marked with a 'star'

** Deductible waived for services & PPO office visit copay is waived for the 1st three visits to primary care

***\$0 generics at Costco

Rate Comparison – SISC HMO & PPO (Actives & Early Retirees)

Anthem HMO	ASCIP		ASCIP	SISC	Anthem PPO	ASCIP		ASCIP	SISC
	Anthem		Anthem	Anthem		Anthem		Anthem	Anthem
	HMO		HMO	HMO		PPO		PPO	PPO
	2026 Current		2027 Renewal	2027 Proposed		2026 Current		2027 Renewal	2027 Proposed
EE Only	113	\$940.96	\$1,082.10	\$1,066.00	EE Only	154	\$1,369.09	\$1,574.45	\$1,361.00
EE + 1	110	\$1,974.18	\$2,270.31	\$2,248.00	EE + 1	168	\$2,859.64	\$3,288.59	\$2,896.00
EE + Family	275	\$2,820.87	\$3,244.00	\$3,123.00	EE + Family	80	\$4,107.55	\$4,723.68	\$4,036.00
Monthly Premium	\$1,099,227.53		\$1,264,111.40	\$1,226,563.00	Monthly Premium	\$1,019,863.38		\$1,172,842.82	\$1,019,002.00
9 Months Premium	\$9,893,047.77		\$11,377,002.60	\$11,039,067.00	9 Months Premium	\$9,178,770.42		\$10,555,585.38	\$9,171,018.00
% Change Over Current			+15.00%	+11.6%	% Change Over Current			+15.00%	-0.1%
\$ Change Over Current			+\$1,483,954.83	+\$1,146,019.23	\$ Change Over Current			+\$1,376,814.96	-(\$7,752.42)

	2026	2027 Renewal	2027 Proposed	
9 Months Premium	\$19,071,818.19	\$21,932,587.98	\$20,210,085.00	
% Change Over Current		+15.00%	+6.0%	Difference from Renewal
\$ Change Over Current		+\$2,860,769.79	+\$1,138,266.81	- \$1,722,502.98

SISC Proposal – Assumptions

- ☑ No Provider Disruption
 - HMO uses the full California network
- ☑ Rates & Effective Date
 - Rates based on district census and full-group participation
 - Effective January 1, 2027 | **Annual renewal October 1**
- ☑ Eligibility & Participation
 - Full-time employees must enroll
 - Required participation for active full-time employees and new hires
 - Dependents verified
 - Medicare requirements enforced
- ☑ Financial Structure
 - Employer contribution unchanged
- ☑ Plan & Governance
 - No additional medical plans
 - Documentation due October 1, 2026
 - Subject to SISC Executive Committee approval

VEBA PROPOSAL

DISCLAIMER: The information, materials, calculations, totals and analyses contained in and on these pages (and throughout this worksheet and workbook) are general in nature and are subject to change. These materials/calculations and analyses are not meant to replace any professional legal, actuarial, or accounting services. You may wish to consult your actuary, accountant, or attorney for specific advice as to how this information may apply to your situation.

This presentation/proposal and any attachments are the confidential work-product for a specific client of Keenan, an AssuredPartners company. It is covered by the terms and conditions in our Mutual Non-Disclosure Agreement with our client and may not be shared with anyone that is not an employee of the Client and/or the Client's legal counsel. No other third parties may receive, review or discuss the content of this presentation/proposal or any of the attachments. This is for Client's sole consideration, discussion and/or implementation.

VEBA Plan Comparison – HMO

	ASCIP	VEBA
Carrier Name	Anthem	UnitedHealthcare
Rate Guarantee	1 year	1 year
Plan Name	Custom Premier HMO California Care	Signature Value \$10/100% Full Network
General Plan Information		
Annual Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0
Annual Out-of-Pocket Limit (Individual / Family)	\$1,000 / \$2,000	\$1,500 / \$3,000
Coinsurance	No charge	No charge
Physician Services		
Office Visit (Primary Care Physician)	\$10 copay	\$10 copay
Office Visit (Specialist)	\$10 copay	\$10 copay
Urgent Care	\$10 copay	\$10 copay
Advanced Imaging (CT, MRI, etc.)	\$100 copay	No charge
Hospital Services		
Inpatient Hospitalization	No charge	No charge
Outpatient Surgery	No charge	No charge
Emergency Services		
Emergency Room Copay (Waived if Admitted)	\$100 copay	\$100 copay
Ambulance (Air & Ground)	\$100 copay	No charge
Mental Health & Substance Abuse		
Inpatient Care	No charge	No charge
Outpatient Care	\$10 copay	\$10 copay

VEBA Plan Comparison – HMO (Continued)

	ASCIP	VEBA
Carrier Name	Anthem	UnitedHealthcare
Rate Guarantee	1 year	1 year
Plan Name	Custom Premier HMO	Signature Value \$10/100%
Prescription Drug Benefits		
Rx Deductible (Individual/Family)	\$0 / \$0	\$0 / \$0
Rx Annual Out-of-Pocket Limit (Individual/Family)	\$2,500 / \$3,500	\$3,000 / \$6,000
Retail	Costco (\$)	EAN
Generic / Preferred Brand / Brand / Specialty * \$0 generics at Costco	\$(0) \$5 / \$15 / \$30 / --	\$10 / \$25 / 50% (\$175) / -- \$5 add'l for non EAN pharmacy
# of Days Supply	30 days	30 days
Mail Order	Costco / Navitus	
Generic / Preferred Brand / Brand / Specialty	\$10 / \$30 / \$75 / By tier	\$20 / \$50 / 50% (\$350) / By tier
# of Days Supply	90 days	90 days
Outpatient Rehabilitative Therapy Services		
Physical & Occupational	\$10 copay	\$10 copay
Speech	\$10 copay	\$10 copay
Chiropractic Manipulation	\$10 copay (30 visits/year, Chiro & Acupuncture combined)	\$10 copay
Acupuncture		\$10 copay
Hearing		
Hearing Aids	50% (1 device/3 years)	\$5,000 (1 device/3 years)

VEBA Plan Comparison – PPO

	ASCIP		VEBA	
Carrier Name	Anthem		UnitedHealthcare	
Rate Guarantee	1 year		1 year	
Plan Name	90-70 Optional PPO		Select Plus PPO	
General Plan Information	Prudent Buyer PPO	Non-PPO	Select Plus PPO	Non-PPO
Annual Deductible (Individual / Family)	\$250 / \$500	\$250 / \$500	\$500 / \$1,000	\$1,000 / \$2,000
Annual Out-of-Pocket Limit (Individual / Family)	\$1,000 / \$2,000	\$3,000 / \$6,000	\$2,000 / \$4,000	\$4,000 / \$8,000
Coinsurance	10%	30% For services received from an out-of-network provider, the member may be held responsible for any costs beyond the permitted amount and the overall charges	10%	30% For services received from an out-of-network provider, the member may be held responsible for any costs beyond the permitted amount and the overall charges
Physician Services				
Office Visit (Primary Care Physician)	\$20 copay ** (\$0 visits 1-3)	30% *	\$20 copay *	30%
Office Visit (Specialist)	\$20 copay **	30% *	\$20 copay *	30%
Urgent Care	\$20 copay **	30% *	\$50 copay *	30%
Advanced Imaging (CT, MRI, etc.)	10%	30% (\$800/service max benefit)	10%	30%
Hospital Services				
Inpatient Hospitalization	10%	\$250 copay + 30% *	10%	30%
Outpatient Surgery	10% (limits apply)	30% (limits apply) *	10%	30%
Emergency Services				
Emergency Room Copay (Waived if Admitted)	\$50 copay	\$50 copay	\$100 copay	\$100 copay
Ambulance (Air & Ground)	10%	10%	10%	10%
Mental Health & Substance Abuse				
Inpatient Care	10%	\$250 copay + 30% *	10%	30%
Outpatient Care	\$20 copay **	30% *	\$20 copay *	30%

VEBA Plan Comparison – PPO

	ASCIP		VEBA	
Carrier Name	Anthem		UnitedHealthcare	
Rate Guarantee	1 year		1 year	
Plan Name	90-70 Optional PPO		Select Plus PPO	
Prescription Drug Benefits				
Rx Deductible (Individual/Family)	\$0 / \$0	N/A	\$0 / \$0	N/A
Rx Annual Out-of-Pocket Limit (Individual/Family)	\$2,500 / \$3,500	N/A	\$1,600 / \$3,200	N/A
Retail	Costco (\$)			
Generic / Preferred Brand / Brand / Specialty	\$(0) \$5 / \$15 / \$30 / --	Not covered	\$10 / \$30 / 50% (\$175) / -- \$5 add'l for non EAN pharmacy	Not covered
# of Days Supply	30 days		30 days (2x copay for 90 days)	
Mail Order	Costco / Navitus		Express Scripts	
Generic / Preferred Brand / Brand / Specialty	\$10 / \$30 / \$75 / By tier	Not covered	\$20 / \$60 / 50% (\$350) / By tier	Not covered
# of Days Supply	90 days		90 days	
Outpatient Rehabilitative Therapy Services				
Physical & Occupational	10%	30%	\$20 copay *	30%
Speech	10%	30%	\$20 copay *	30%
Chiropractic Manipulation	10%	30%	\$20 copay *	30%
Acupuncture	\$20 copay * (12 visits/year)	30% (12 visits/year)	\$20 copay *	30%
Hearing				
Hearing Aids	10% (\$2,000 benefit/3 years)	30% (\$2,000 benefit/3 years)	10% (\$5k/ear, once/3 years)	30% (\$5k/ear, once/3 years)

* Deductible waived for services marked with a 'star'

** Deductible waived for services & PPO office visit copay is waived for the 1st three visits to primary care

***\$0 generics at Costco

Rate Comparison – VEBA HMO & PPO (Actives & Early Retirees)

Anthem HMO	ASCIP		ASCIP	VEBA
	Anthem		Anthem	UHC
	HMO		HMO	HMO
	2026 Current		2027 Renewal	2027 Proposed
EE Only	113	\$940.96	\$1,082.10	\$994.00
EE + 1	110	\$1,974.18	\$2,270.31	\$2,085.00
EE + Family	275	\$2,820.87	\$3,244.00	\$2,980.00
Monthly Premium	\$1,099,227.53		\$1,264,111.40	\$1,161,172.00
Annual Premium	\$13,190,730.36		\$15,169,336.80	\$13,934,064.00
% Change Over Current			+15.00%	+5.6%
\$ Change Over Current			+\$1,978,606.44	+\$743,333.64

Anthem PPO	ASCIP		ASCIP	VEBA
	Anthem		Anthem	UHC
	PPO		PPO	PPO
	2026 Current		2027 Renewal	2027 Proposed
EE Only	154	\$1,369.09	\$1,574.45	\$1,700.00
EE + 1	168	\$2,859.64	\$3,288.59	\$3,553.00
EE + Family	80	\$4,107.55	\$4,723.68	\$5,100.00
Monthly Premium	\$1,019,863.38		\$1,172,842.82	\$1,266,704.00
Annual Premium	\$12,238,360.56		\$14,074,113.84	\$15,200,448.00
% Change Over Current			+15.00%	+24.2%
\$ Change Over Current			+\$1,835,753.28	+\$2,962,087.44

	2026	2027 Renewal	2027 Proposed	
Annual Premium	\$25,429,090.92	\$29,243,450.64	\$29,134,512.00	
% Change Over Current		+15.00%	+14.6%	Difference from Renewal
\$ Change Over Current		+\$3,814,359.72	+\$3,705,421.08	-\$108,938.64

VEBA Proposal – Assumptions

- Provider Disruption
 - Network alignment is nearly identical to the SignatureValue HMO/UnitedHealthcare
 - Medical group confirmation based on limited available information, Potential impact identified for 3 individuals only
- Rates & Term
 - Reflect current employer contribution strategy
 - Effective January 1 – December 31, 2027 (12-month term)
- Pharmacy Benefits Express Scripts (ESI)
 - Express Scripts is the PBM for all non-Kaiser medical plans

MEDICAL PLAN COMPARISON

DISCLAIMER: The information, materials, calculations, totals and analyses contained in and on these pages (and throughout this worksheet and workbook) are general in nature and are subject to change. These materials/calculations and analyses are not meant to replace any professional legal, actuarial, or accounting services. You may wish to consult your actuary, accountant, or attorney for specific advice as to how this information may apply to your situation.

This presentation/proposal and any attachments are the confidential work-product for a specific client of Keenan, an AssuredPartners company. It is covered by the terms and conditions in our Mutual Non-Disclosure Agreement with our client and may not be shared with anyone that is not an employee of the Client and/or the Client's legal counsel. No other third parties may receive, review or discuss the content of this presentation/proposal or any of the attachments. This is for Client's sole consideration, discussion and/or implementation.

Plan Comparison – HMO

	ASCIP	SISC	VEBA
Carrier Name	Anthem	Anthem	UnitedHealthcare
Rate Guarantee	1 year	1 year	1 year
Plan Name	Custom Premier HMO California Care	HMO Premier 10 Full Network	Signature Value \$10/100% Full Network
General Plan Information			
Annual Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$0 / \$0
Annual Out-of-Pocket Limit (Individual / Family)	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,500 / \$3,000
Coinsurance	No charge	No charge	No charge
Physician Services			
Office Visit (Primary Care Physician)	\$10 copay	\$10 copay	\$10 copay
Office Visit (Specialist)	\$10 copay	\$10 copay	\$10 copay
Urgent Care	\$10 copay	\$10 copay	\$10 copay
Advanced Imaging (CT, MRI, etc.)	\$100 copay	\$100 copay	No charge
Hospital Services			
Inpatient Hospitalization	No charge	No charge	No charge
Outpatient Surgery	No charge	No charge	No charge
Emergency Services			
Emergency Room Copay (Waived if Admitted)	\$100 copay	\$100 copay	\$100 copay
Ambulance (Air & Ground)	\$100 copay	\$100 copay	No charge
Mental Health & Substance Abuse			
Inpatient Care	No charge	No charge	No charge
Outpatient Care	\$10 copay	\$10 copay	\$10 copay

Plan Comparison – HMO (Continued)

	ASCIP	SISC	VEBA
Carrier Name	Anthem	Anthem	UnitedHealthcare
Rate Guarantee	1 year	1 year	1 year
Plan Name	Custom Premier HMO	HMO Premier 10	Signature Value \$10/100%
Prescription Drug Benefits			
Rx Deductible (Individual/Family)	\$0 / \$0	\$0 / \$0	\$0 / \$0
Rx Annual Out-of-Pocket Limit (Individual/Family)	\$2,500 / \$3,500	\$1,500 / \$2,500 (excluded Medical OOP)	\$3,000 / \$6,000
Retail	Costco (\$)	Navitus does not include Walgreens	EAN
Generic / Preferred Brand / Brand / Specialty			
* \$0 generics at Costco	\$(0) \$5 / \$15 / \$30 / --	\$7* / \$25 / \$25 / --	\$10 / \$25 / 50% (\$175) / -- \$5 add'l for non EAN pharmacy
# of Days Supply	30 days	30 days	30 days
Mail Order	Costco / Navitus		
Generic / Preferred Brand / Brand / Specialty	\$10 / \$30 / \$75 / By tier	Costco only: \$0* / \$60 / \$60 / By tier	\$20 / \$50 / 50% (\$350) / By tier
# of Days Supply	90 days	90 Costco (30 days for Specialty)	90 days
Outpatient Rehabilitative Therapy Services			
Physical & Occupational	\$10 copay	\$10 copay	\$10 copay
Speech	\$10 copay	\$10 copay	\$10 copay
Chiropractic Manipulation	\$10 copay (30 visits/year, Chiro & Acupuncture combined)	\$10 copay (30 visits/year, Chiro & Acupuncture combined)	\$10 copay
Acupuncture			\$10 copay
Hearing			
Hearing Aids	50% (1 device/3 years)	50% (max 1 device/ear/36 months)	\$5,000 (1 device/3 years)

* \$0 generics at Costco

Plan Comparison – PPO

	ASCIP		SISC		VEBA	
Carrier Name	Anthem		Anthem		UnitedHealthcare	
Rate Guarantee	1 year		1 year		1 year	
Plan Name	90-70 Optional PPO		90A 20/20		Select Plus PPO	
General Plan Information	Prudent Buyer PPO	Non-PPO	Prudent Buyer PPO	Non-PPO	Select Plus PPO	Non-PPO
Annual Deductible (Individual / Family)	\$250 / \$500	\$250 / \$500	\$100 / \$300		\$500 / \$1,000	\$1,000 / \$2,000
Annual Out-of-Pocket Limit (Individual / Family)	\$1,000 / \$2,000	\$3,000 / \$6,000	\$1,000 / \$3,000		\$2,000 / \$4,000	\$4,000 / \$8,000
Coinsurance	10%	30% For services received from an out-of-network provider, the member may be held responsible for any costs beyond the permitted amount and the overall	10%	0% For services received from an out-of-network provider, the member may be held responsible for any costs beyond the permitted amount and the overall	10%	30% For services received from an out-of-network provider, the member may be held responsible for any costs beyond the permitted amount and the overall
Physician Services						
Office Visit (Primary Care Physician)	\$20 copay ** (\$0 visits 1-3)	30% *	\$20 copay **	0%	\$20 copay *	30%
Office Visit (Specialist)	\$20 copay **	30% *	\$20 copay *	0%	\$20 copay *	30%
Urgent Care	\$20 copay **	30% *	\$20 copay *	0%	\$50 copay *	30%
Advanced Imaging (CT, MRI, etc.)	10%	30% (\$800/service max)	10%	0%	10%	30%
Hospital Services						
Inpatient Hospitalization	10%	\$250 copay + 30% *	10%	0%	10%	30%
Outpatient Surgery	10% (limits apply)	30% (limits apply) *	10%	0%	10%	30%
Emergency Services						
Emergency Room Copay (Waived if Admitted)	\$50 copay	\$50 copay	\$100 copay + 10%		\$100 copay	\$100 copay
Ambulance (Air & Ground)	10%	10%	\$100 copay + 10%		10%	10%
Mental Health & Substance Abuse						
Inpatient Care	10%	\$250 copay + 30% *	10%	0%	10%	30%
Outpatient Care	\$20 copay **	30% *	\$20 copay *	0%	\$20 copay *	30%

Plan Comparison – PPO

	ASCIP		SISC		VEBA	
Carrier Name	Anthem		Anthem		UnitedHealthcare	
Rate Guarantee	1 year		1 year		1 year	
Plan Name	90-70 Optional PPO		90A20/20		Select Plus PPO	
Prescription Drug Benefits						
Rx Deductible (Individual/Family)	\$0 / \$0	N/A	\$0 / \$0	Not covered	\$0 / \$0	N/A
Rx Annual Out-of-Pocket Limit (Individual/Family)	\$2,500 / \$3,500	N/A	\$1,500 / \$2,500 (excluded Medical OOP)	Not covered	\$1,600 / \$3,200	N/A
Retail	Costco (\$)		Navitus does not include Walgreens			
Generic / Preferred Brand / Brand / Specialty	\$(0) \$5 / \$15 / \$30 / --	Not covered	\$5*** / \$20 / \$20 / --	Not covered	\$10 / \$30 / 50% (\$175) / -- \$5 add'l for non EAN	Not covered
# of Days Supply	30 days		30 days		30 days (2x copay for 90	
Mail Order	Costco / Navitus		Express Scripts			
Generic / Preferred Brand / Brand / Specialty	\$10 / \$30 / \$75 / By tier	Not covered	Costco only: \$0*** / \$50 / \$50 / By tier	Not covered	\$20 / \$60 / 50% (\$350) / By tier	Not covered
# of Days Supply	90 days		90 Costco (30 days for		90 days	
Outpatient Rehabilitative Therapy Services						
Physical & Occupational	10%	30%	10% (pre-auth after 5th	Not covered	\$20 copay *	30%
Speech	10%	30%	10% (pre-auth after 5th	Not covered	\$20 copay *	30%
Chiropractic Manipulation	10%	30%	10% (pre-auth after 5th	Not covered	\$20 copay *	30%
Acupuncture	\$20 copay * (12 visits/year)	30% (12 visits/year)	10% (12 visits/year)	50% of max allowed amount	\$20 copay *	30%
Hearing						
Hearing Aids	10% (\$2,000 benefit/3 years)	30% (\$2,000 benefit/3 years)	10% (max \$700/24 months)	0% All billed amounts exceeding the lesser of the benefit maximum or	10% (\$5k/ear, once/3 years)	30% (\$5k/ear, once/3 years)

* Deductible waived for services marked with a 'star'

** Deductible waived for services & PPO office visit copay is waived for the 1st three visits to primary care

***\$0 generics at Costco

MEDICAL MARKETING TIMELINE

Medical Marketing Timeline

February 12, 2026

JBC Meeting #1

- Overview of Marketing & Timeline
- Schedule JBC #2

March/April 2026

- RFP Released March 16th
- Work with Carrier/Pools Markets to Finalize Quotes

May 7, 2026

JBC Meeting #3

May 21, 2026 – May 2026

JBC Meeting #4

Finalist Interviews

April 2, 2026

JBC Meeting #2

Mid - April 2026

Proposals Due with Illustrative Rates

- Review & Analyze All Proposals (Keenan)

Mid - August 2026

JBC Meeting #6

JBC to cast vote on JBC recommendation to the Chancellor

Late July 2026

JBC Meeting #5

- Allow membership to research
- Finalize Rates for Carriers/Pools

Early & Late – September 2026

- Board Decision – September 14th
- Finalize Renewal/Transition

JBC Meeting #3

Item	Detail
Purpose	Presentation of Medical Marketing Results based on Illustrative Quotes
Date	May 7, 2026
Keenan Responsibility	Assess the proposals and develop the comparison tools to provide critical insights related to (i) Benefit Comparison (ii) Network Disruption (iii) Fiscal Implications (<i>potentially illustrative</i>)
JBC Responsibility	The JBC will be asked to vote to narrow down the list of finalists to ideally 2-3 potential markets

JBC Meeting #4

Item	Detail
Purpose	Carrier/Pool Finalist Interviews
Date	May 21, 2026
Keenan Responsibility	Keenan will work with RSCCD HR team to schedule finalist interviews for the 2-3 potential markets selected by the JBC during JBC Meeting #3
JBC Responsibility	The JBC will be asked to vote on which finalist or finalists they would like to recommend moving forward so that union membership will have sufficient time to research disruption and provide union leadership their feedback and conduct a vote. This timeline has been designed to provide a 60-day window for RSCCD employees to evaluate their options during the months of June and July 2026.

JBC Meeting #5

Item	Detail
Purpose	Presentation of Fiscal Impact with Final Rates from Selected Finalists and ASCIP Renewal
Date	Late July 2026
Keenan Responsibility	Work with finalists to obtain final binding quotes and perform a fiscal comparison against the ASCIP Renewal to provide transparency and education on fiscal impacts
JBC Responsibility	No Action will be taken by JBC. This meeting is informational and designed to provide transparency and final confirmation of the fiscal impacts of RFP finalist market options.

JBC Meeting #6

Item	Detail
Purpose	Vote by JBC on Recommendation to RSCCD Board
Date	Mid August 2026
Keenan Responsibility	Keenan will work with RSCCD HR Office to facilitate meeting for JBC membership to cast final votes on recommendation to be presented to RSCCD Board on September 14 th , 2026
JBC Responsibility	The JBC will be asked to cast their votes on the JBC recommendation to the RSCCD Chancellor

Additional Timeline Details

- September 14th, 2026
 - Board Meeting identified for Board Vote on 2026 Medical Marketing
- Mid - September 2026
 - Finalize Renewal/Transition
 - ASCIP Notice of Withdrawal Deadline (9/30/26)
 - Implementation of New Plans
 - Preparation for Open Enrollment
- October 2026: Open Enrollment
- December 2026: Confirm Carriers Have Received EDI File with Enrollment
- January 2027: New Plan Year Begins

QUESTIONS?