City of Stockton
2027 Renewal Meeting

August 19, 2026

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Billie Brown, VP Benefits Consultant

Alliant Insurance Services

Agenda

- Executive Summary
- Medical Plan Renewal
- Ancillary Renewals
- Contributions
- Open Enrollment and Benefits Fair

Executive Summary

2026 Renewal Recap

Alliant Insurance Services

Line of coverage	*Vendor*	*Funding*	*Results*
Medical	Kaiser Sutter Health Plan	Fully Insured Fully Insured	+2.3% +39.2%, negotiated 35%
Dental	Delta Dental (PRISM) Delta Dental HMO (Direct)	Self-Funded Fully Insured	-0.92% (Suggested Funding Rates) N/A (rate guarantee)
Vision	VSP	Self-Funded	-17.38% (Suggested Funding Rates) ASO fee increase of 13% guaranteed for 3 years
Life/AD&D/STD/LTD	Lincoln (PRISM)	Fully Insured	N/A (rate guarantee)
EAP	Halcyon EAP	Fully Insured	+6.2% for 1 year
FSA/HSA/HRA Administration	P&A	N/A	N/A (rate guarantee)
COBRA Administration	APA Benefits	N/A	N/A (rate guarantee)

2027 Renewal Results

Alliant Insurance Services

Line of coverage	*Vendor*	*Renewal Date*	*Funding*	*Results*
Medical	Kaiser Sutter Health Plan	1/1/2027 1/1/2027	Fully Insured Fully Insured	+6.2% to 8.5% (varies by plan) +8.7%
Dental	Delta Dental PPO (PRISM) Delta Dental HMO (Direct)	1/1/2027 1/1/2027	Self-Funded Fully Insured	+1.1% 0% (Rate Pass) for 1 year
Vision	VSP	1/1/2027	Self-Funded	-1.39%
Life/AD&D/STD/LTD	Lincoln (PRISM)	RG Through 1/1/2028	Fully Insured	N/A (rate guarantee)
EAP	Halcyon EAP	1/1/2027	Fully Insured	0% (Rate Pass) for 1 year
FSA/HSA/HRA Administration	P&A	RG Through 1/1/2028	N/A	N/A (rate guarantee)
COBRA Administration	APA Benefits	1/1/2027	N/A	Pending Renewal

2027 Financial Overview

Line of Coverage	Current	2027 Renewal	% Δ
Sutter Health Plan HMO LG18	$8,042,630	$8,802,338	9.4%
Sutter Health Plan HMO LG22	$581,117	$618,307	6.4%
Sutter Health Plan DHMO LG24	$525,079	$545,198	3.8%
Sutter Health Plan DHMO LG29	$328,865	$395,185	20.2%
Sutter Health Plan HDHP HE08	$1,731,197	$1,887,707	9.0%
Sutter Health Plan HDHP HL12	$810,496	$857,686	5.8%
Kaiser HMO	$12,360,145	$13,128,637	6.2%
Kaiser DHMO	$933,038	$1,008,763	8.1%
Kaiser POS	$0	$0	0.0%
Kaiser PPO	$0	$0	0.0%
Kaiser HDHP	$3,097,390	$3,361,775	8.5%
Delta Dental DHMO	$122,974	$122,974	0.0%
Delta Dental DPPO (PRISM) - Self-Funded	$1,452,586	$1,468,663	1.1%
VSP Vision - Self-Funded	$193,509	$190,805	-1.4%
Lincoln (PRISM) Basic Life and AD&D	$102,221	*Rate Pass* $102,221	0.0%
Lincoln (PRISM) Long Term Disability	$347,596	*Rate Pass* $347,596	0.0%
SunLife Basic Life and AD&D (MGMT B&C EEs Only)	$5,426	$5,426	0.0%
SimpleTherapy EAP	$32,136	$32,136	0.0%
APA COBRA	$11,777	$11,777	0.0%
P&A FSA	$9,384	*In Rate Guarantee* $9,384	0.0%
P&A Commuter	$234	*In Rate Guarantee* $234	0.0%
P&A HSA	$10,170	*In Rate Guarantee* $10,170	0.0%
P&A HRA	$8,532	*In Rate Guarantee* $8,532	0.0%
TOTAL ANNUAL PREMIUM	**$30,706,503**	**$32,915,515**	
ANNUAL DOLLAR CHANGE **ANNUAL PERCENTAGE CHANGE**		**$2,209,012** **7.2%**	

Medical Renewal and Marketing

Alliant Insurance Services

Executive Summary

- In the last few years, the City has experienced higher than average medical renewals, particularly on the Sutter Health Plan offering.
- Alliant has pursued other alternatives, both direct to carrier options and participation in a pooled purchasing program through PRISMHealth.
  - Unfortunately, PRISMHealth declined to quote due to the high Kaiser penetration. The direct market declined to quote.
  - We continued to pursue alternatives, however there were no options available that met the City's needs.

	Kaiser	Sutter Health Plus
2021	+4.1%	+2.52%
2022	+1%	+6.9%
2023*	+12%	+7.3%
2025	+20%	+19%
2026	+2.3	+35.1%
2027	+6.2%	+8.7%
Average Renewal	**+7.6%**	**+13.3%**

**The medical plans renewed on 7/1/2023 with an 18-month guarantee (the final HDHP increase was lower due to plan design changes)*

2027 Medical Enrollment History

Actives Enrollment History Medical & Rx	Prior 2022-2023	Prior 7/2023-12/2024	Prior 2025	Current 2026
Sutter Health Plan Medical	521	495	562	489
Kaiser Medical	794	765	780	883
Indemnity Plan (OE3)	22	21	19	17
Waivers	145	169	177	169
Grand Total Enrollment	1482	1450	1538	1558
Overall Kaiser Participation*	60.4%	60.7%	58.1%	64.4%

* Overall Kaiser Participation excludes OE3 and Waivers

Medical Financial Summary

Kaiser	EE	2026 Current	2027 Renewal	% Δ
Kaiser HMO	636	$12,360,145	$13,128,637	6.2%
Kaiser DHMO	57	$933,038	$1,008,763	8.1%
Kaiser HDHP	190	$3,097,390	$3,361,775	8.5%
Kaiser POS	0	$0	$0	0.0%
Kaiser PPO	0	$0	$0	0.0%
KAISER ANNUAL PREMIUM		**$16,390,573**	**$17,499,174**	**6.8%**

Sutter Health Plus	EE	2026 Current	2027 Renewal	% Δ
SHP HMO LG18	308	$8,042,630	$8,802,338	9.4%
SHP HMO LG22	24	$581,117	$618,307	6.4%
SHP DHMO LG24	22	$525,079	$545,198	3.8%
SHP DHMO LG29	17	$328,865	$395,185	20.2%
SHP HDHP HE08	71	$1,731,197	$1,887,707	9.0%
SHP HDHP HL12	47	$810,496	$857,686	5.8%
SHP ANNUAL PREMIUM		**$12,019,384**	**$13,106,422**	**9.0%**

TOTAL MEDICAL ANNUAL PREMIUM	**$28,409,957**	**$30,605,596**
ANNUAL PERCENTAGE CHANGE		**7.7%**

Sutter Health Plan Renewal

Alliant Insurance Services

SHP Executive Summary

Effective January 1, 2027, SHP proposes a renewal rate adjustment of:	
Actives	▪ +8.7% Increase
Factors for SHPs renewal include:	▪ Annual trend was 7.4% (2026 trend was 8.7%); Medical is 6.3% and Rx is 11.7% ▪ 100% Credible (City's Utilization)
Mandatory changes	▪ HDHP: IRS Mandated Changes to deductible and OOPM ▪ HL12 name changing to HL17 for 2027 Plan Year. ▪ All Other Plans: None

SHP Pharmacy Utilization

City of Stockton

Monthly Rx Exhibit

Prior	Members	Utilizing Members	Net Claim Cost	Scripts	Script % Generic	Cost % Generic	Script % Brand	Cost % Brand	Script % Specialty	Cost % Specialty	Script % GLP-1	Cost % GLP-1
202404	1,441	416	$130,815	1,331	86%	8%	13%	59%	1%	33%	3%	25%
202405	1,441	428	$184,413	1,415	88%	8%	11%	44%	1%	47%	2%	17%
202406	1,439	419	$168,122	1,286	88%	8%	11%	50%	1%	43%	3%	23%
202407	1,432	407	$205,991	1,332	86%	24%	13%	47%	1%	30%	3%	19%
202408	1,443	431	$242,161	1,431	85%	20%	13%	39%	1%	41%	2%	14%
202409	1,457	417	$205,574	1,345	82%	8%	17%	51%	1%	41%	4%	23%
202410	1,447	405	$199,852	1,354	84%	5%	15%	49%	1%	45%	3%	22%
202411	1,449	420	$218,085	1,343	87%	21%	12%	38%	1%	40%	3%	15%
202412	1,427	410	$193,013	1,349	84%	7%	16%	54%	1%	40%	3%	22%
202501	1,497	395	$197,187	1,396	86%	22%	13%	48%	1%	30%	3%	23%
202502	1,498	406	$263,817	1,344	85%	17%	14%	39%	1%	44%	3%	17%
202503	1,508	432	$269,757	1,407	84%	20%	15%	43%	1%	38%	4%	22%
Total	17,479	4,986	$2,478,788	16,333	85%	15%	14%	46%	1%	39%	3%	20%

Current	Members	Utilizing Members	Net Claim Cost	Scripts	Script % Generic	Cost % Generic	Script % Brand	Cost % Brand	Script % Specialty	Cost % Specialty	Script % GLP-1	Cost % GLP-1
202504	1,515	452	$265,113	1,500	88%	19%	11%	37%	1%	44%	3%	19%
202505	1,503	421	$260,738	1,415	85%	20%	14%	46%	1%	34%	4%	19%
202506	1,513	413	$286,787	1,303	84%	18%	14%	43%	1%	39%	4%	19%
202507	1,500	404	$278,722	1,441	86%	18%	13%	43%	1%	39%	4%	22%
202508	1,525	400	$273,328	1,389	84%	19%	15%	45%	1%	36%	5%	24%
202509	1,513	380	$292,697	1,327	83%	17%	16%	42%	2%	40%	4%	20%
202510	1,521	428	$364,296	1,457	82%	24%	16%	39%	1%	37%	5%	19%
202511	1,520	429	$281,705	1,453	85%	18%	14%	43%	1%	38%	4%	24%
202512	1,505	422	$405,418	1,534	85%	15%	14%	41%	1%	44%	5%	20%
202601	1,453	399	$286,916	1,315	86%	6%	13%	40%	2%	54%	5%	23%
202602	1,442	373	$262,414	1,197	84%	5%	14%	44%	2%	51%	5%	20%
202603	1,436	395	$311,736	1,301	85%	9%	14%	42%	1%	49%	5%	19%
Total	17,946	4,916	$3,569,871	16,632	85%	16%	14%	42%	1%	42%	4%	20%

SHP Pharmacy Utilization

City of Stockton

Top 25 Rx by Cost

Current Period

Your Group							SHP LG	
Rank	Drug Name	Therapeutic Class	Generic Indicator	Specialty Indicator	Net Claim Cost	Net Claim Cost %	Rank	Net Claim Cost %
1	JAVYGTOR	ENDOCRINE AND METABOLIC AGENTS - MISC.	Y	Y	$382,937	10.7%	91	0.2%
2	ZEPBOUND	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	N	N	$297,904	8.3%	1	8.0%
3	MOUNJARO	ANTIDIABETICS	N	N	$206,254	5.8%	3	4.4%
4	SKYRIZI	GASTROINTESTINAL AGENTS - MISC.	N	Y	$204,686	5.7%	5	3.8%
5	ENBREL	ANALGESICS - ANTI-INFLAMMATORY	N	Y	$194,842	5.5%	10	2.1%
6	ALVAIZ	HEMATOPOIETIC AGENTS	N	Y	$188,114	5.3%	108	0.2%
7	DUPIXENT	DERMATOLOGICALS	N	Y	$160,553	4.5%	7	3.6%
8	TREMFYA	DERMATOLOGICALS	N	Y	$145,838	4.1%	14	1.4%
9	SKYRIZI	DERMATOLOGICALS	N	Y	$134,170	3.8%	5	3.8%
10	WEGOVY	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	N	N	$104,377	2.9%	4	4.1%
11	XYWAV	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	N	N	$93,115	2.6%	43	0.4%
12	JARDIANCE	ANTIDIABETICS	N	N	$81,723	2.3%	9	2.3%
13	VUMERITY	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	N	Y	$78,369	2.2%	44	0.4%
14	OZEMPIC	ANTIDIABETICS	N	N	$69,902	2.0%	2	4.4%
15	ORENCIA	ANALGESICS - ANTI-INFLAMMATORY	N	Y	$68,708	1.9%	30	0.5%
16	XELJANZ	ANALGESICS - ANTI-INFLAMMATORY	N	Y	$64,640	1.8%	58	0.3%
17	COPAXONE	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	N	Y	$49,343	1.4%	203	0.1%
18	COSENTYX	DERMATOLOGICALS	N	Y	$49,222	1.4%	11	1.6%
19	DEXCOM	MEDICAL DEVICES AND SUPPLIES	N	N	$45,543	1.3%	12	1.6%
20	REXULTI	ANTIPSYCHOTICS/ANTIMANIC AGENTS	N	N	$39,356	1.1%	72	0.3%
21	NUCALA	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	N	Y	$39,240	1.1%	55	0.3%
22	ELIQUIS	ANTICOAGULANTS	N	N	$37,240	1.0%	21	0.9%
23	XOLAIR	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	N	Y	$34,680	1.0%	31	0.5%
24	RYBELSUS	ANTIDIABETICS	N	N	$26,950	0.8%	34	0.5%
25	FIASP	ANTIDIABETICS	N	N	$26,775	0.8%	26	0.6%
	All Other				$745,391	20.9%		53.6%
	Total				$3,569,871	100.0%		100.0%

SHP HMO Renewal (LG18 and LG22)

Alliant Insurance Services

Medical Plan Benefits	Sutter Health Plan HMO LG18 Current/ Renewal	Sutter Health Plan HMO LG22 Current/ Renewal
Calendar Year Deductible Individual / Family	None	None
Annual Out-of-Pocket Maximum Individual / Family	$1,500 / $3,000	$3,000 / $6,000
Physician Office Visit	$20 / Visit	$40 / Visit
Specialist Copay	$40 / Visit	$80 / Visit
Preventative Care	No Charge	No charge
Lab and X-Ray CT, MRI, PET scans Lab X-Ray	 $50 $10 $10	 $50 / Procedure $10 / Visit $10 / Procedure
Hospitalization Inpatient Outpatient	 $250 / Per day (max of 5 days per admission) $50 / Visit	 $500 per day (max of 5 days per admission) $100 / Visit
Emergency Room	$200 / Visit (Copay waived if admitted)	$200 / Visit (Copay waived if admitted)
Urgent Care Services	$40 / Visit	$80 / Visit
Durable Medical Equipment	50%	50%
Chiropractic / Acupuncture Care	$20 / Visit Unlimited Visits	$20 / Visit Unlimited Visits
PRESCRIPTION DRUGS	Generic / Brand / Non-Formulary / Specialty	Generic / Brand / Non-Formulary / Specialty
Rx Copay Out-of-Pocket Maximum Separate Brand Name Rx Deductible Retail - 30 day supply Mail Order - up to 100 day supply	Included with Medical None $10 / $30 / $75 / 10% up to $250 max $20 / $60 / $150 / Not Covered	Included with Medical None $10 / $30 / $75 / 20% up to $250 max $20 / $60 / $150 / Not Covered

RATE GUARANTEE		1 Year (1/1/2026 - 12/31/2026)	1 Year (1/1/2027 - 12/31/2027)		1 Year (1/1/2026 - 12/31/2026)	1 Year (1/1/2027 - 12/31/2027)
MONTHLY RATES	EEs	**Current**	**Renewal**	EEs	**Current**	**Renewal**
EE Only	120	$1,243.40	$1,360.90	8	$1,163.60	$1,238.10
EE + 1	54	$2,238.90	$2,450.40	8	$2,095.30	$2,229.40
EE + Family	134	$2,985.90	$3,267.90	8	$2,794.40	$2,973.20
	308			24		
MONTHLY PREMIUM		**$670,219**	**$733,528**		**$48,426**	**$51,526**
ANNUAL PREMIUM		**$8,042,630**	**$8,802,338**		**$581,117**	**$618,307**
ANNUAL DOLLAR CHANGE			**$759,708**			**$37,190**
ANNUAL PERCENT CHANGE			**9.4%**			**6.4%**

Enrollment from Post OE Census as of December 2025

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SHP DHMO Renewal (LG24 and LG29)

Medical Plan Benefits	Sutter Health Plan DHMO LG24 Current/ Renewal	Sutter Health Plan DHMO LG29 Current/ Renewal
Calendar Year Deductible Individual / Family	$1,000 / $2,000	$5,500 / $11,000
Annual Out-of-Pocket Maximum Individual / Family	$3,000 / $6,000	$9,000 / $18,000
Physician Office Visit	$20 / Visit (ded waived)	$50 / Visit
Specialist Copay	$40 / Visit (ded waived)	$100 / Visit
Preventative Care	No Charge (ded waived)	No charge
Lab and X-Ray CT, MRI, PET scans Lab X-Ray	$50 / Procedure (ded waived) $20 / Visit (ded waived) $10 / Procedure (ded waived)	$100 / Procedure (after ded) $10 / Visit (ded waived) $50 / Procedure (ded waived)
Hospitalization Inpatient Outpatient	20% (after ded) 20% (after ded)	30% (after ded) 30% (after ded)
Emergency Room	20% (after ded) (Copay waived if admitted)	$300 (after ded) (Copay waived if admitted)
Urgent Care Services	$40 / Visit (ded waived)	$100 / Visit (ded waived)
Durable Medical Equipment	50% (after ded)	50% (after ded)
Chiropractic / Acupuncture Care	$20 / Visit Unlimited Visits	$20 / Visit Unlimited Visits
PRESCRIPTION DRUGS	Generic / Brand / Non-Formulary / Specialty	Generic / Brand / Non-Formulary / Specialty
Rx Copy Out-of-Pocket Maximum Separate Brand Name Rx Deductible Retail - 30 day supply Mail Order - up to 100 day supply	Included with Medical None $10 / $30 / $75 / 20% up to $250 max $20 / $60 / $150 / Not Covered	Included with Medical None $10 / $30 / $75 / 30% up to $250 max $20 / $60 / $150 / Not Covered

RATE GUARANTEE		1 Year (1/1/2026 - 12/31/2026)	1 Year (1/1/2027 - 12/31/2027)		1 Year (1/1/2026 - 12/31/2026)	1 Year (1/1/2027 - 12/31/2027)
MONTHLY RATES	EEs	**Current**	**Renewal**	EEs	**Current**	**Renewal**
EE Only	6	$1,071.90	$1,113.00	4	$819.90	$985.40
EE + 1	6	$1,930.20	$2,004.20	3	$1,476.60	$1,774.50
EE + Family	10	$2,574.40	$2,673.00	10	$1,969.60	$2,366.70
	22			17		
MONTHLY PREMIUM		**$43,757**	**$45,433**		**$27,405**	**$32,932**
ANNUAL PREMIUM		**$525,079**	**$545,198**		**$328,865**	**$395,185**
ANNUAL DOLLAR CHANGE			**$20,119**			**$66,320**
ANNUAL PERCENT CHANGE			**3.8%**			**20.2%**

Enrollment from Post OE Census as of December 2025

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SHP HDHP Renewal (HE08 and HL17)

Alliant Insurance Services

Medical Plan Benefits	Sutter Health Plan HDHP HE08 Current / Renewal	Sutter Health Plan HDHP HL12 / HL17 Current / Renewal
	In-Network	In-Network
Calendar Year Deductible Individual / Ind. in Family / Family	*2027 Mandatory IRS Change* $1,800 / ~~$3,400~~ **$3,500** / ~~$3,400~~ **$3,500**	$4,000 / $4,000 / $8,000
Annual Out-of-Pocket Maximum Individual / Ind. in Family / Family	*2027 Mandatory IRS Change* ~~$3,400~~ **$3,500** / ~~$3,400~~ **$3,500** / ~~$3,400~~ **$3,500**	$6,500 / $6,500 / $13,000
Physician Office Visit	No Charge	$40 / Visit
Specialist Copay	No Charge	$80 / Visit
Preventative Care	No Charge (ded waived)	No charge (ded waived)
Lab and X-Ray CT, MRI, PET scans Lab X-ray	 No Charge No Charge No Charge	 $50 / Procedure $40 / Visit $15 / Procedure
Hospitalization Inpatient Outpatient	 No Charge No Charge	 $500 per day (max of 5 days per admission) $250 / Visit
Emergency Room	No Charge	$300 / Visit
Urgent Care Services	No Charge	$80 / Visit
Durable Medical Equipment	No Charge	50%
Chiropractic Care	Not Covered	Not Covered
Acupuncture Care	No Charge (Provided for treatment of nausea or chronic pain only)	$40 / Visit (Provided for treatment of nausea or chronic pain only)
PRESCRIPTION DRUGS	Generic / Brand / Non-Formulary / Specialty	Generic / Brand / Non-Formulary / Specialty
Rx Copay Out-of-Pocket Maximum Rx Deductible Retail - 30 day supply Mail Order - 100 day supply	Combined with Medical Medical Deductible Applies $10 / $20 / $35 / No Charge $20 / $40 / $70 / Not Covered	Combined with Medical Medical Deductible Applies $10 / $30 / $75 / 20% up to $250 max (after ded) $20 / $60 / $150 / Not Covered

RATE GUARANTEE		1 Year (1/1/2026 - 12/31/2026)	1 Year (1/1/2027 - 12/31/2027)		1 Year (1/1/2026 - 12/31/2026)	1 Year (1/1/2027 - 12/31/2027)
MONTHLY RATES	EEs	**Current**	**Renewal**	EEs	**Current**	**Renewal**
EE Only	20	$1,057.70	$1,153.30	18	$809.90	$857.00
EE + 1	10	$1,903.80	$2,075.90	7	$1,457.70	$1,542.60
EE + Family	41	$2,538.40	$2,767.90	22	$1,943.60	$2,056.80
	71			47		
MONTHLY PREMIUM		**$144,266**	**$157,309**		**$67,541**	**$71,474**
ANNUAL PREMIUM		**$1,731,197**	**$1,887,707**		**$810,496**	**$857,686**
ANNUAL DOLLAR CHANGE			**$156,510**			**$47,190**
ANNUAL PERCENT CHANGE			**9.0%**			**5.8%**

Enrollment from Post OE Census as of December 2025

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Kaiser Renewal

Kaiser Executive Summary

Effective January 1, 2027, Kaiser proposes a renewal rate adjustment of:	
Actives	▪ Ranges from 6.2% to 8.5% depending on the plan
For Kaiser's 2027 Renewal	▪ Annual trend slightly increased from 5.66% to 5.77% ▪ Pooling point increased from $400,000 to $500,000
Rates are based on the following Underwriting factors:	▪ 100% Credible (City's utilization)
Health Care Reform Impacts:	▪ PCORI fee increased from $0.31 PMPM to $0.35 PMPM, however no longer applicable to non-PPO plans.
Mandatory Plan Changes	▪ HDHP: IRS Mandated Changes to deductible and OOPM

Update to Kaiser Renewal Methodology

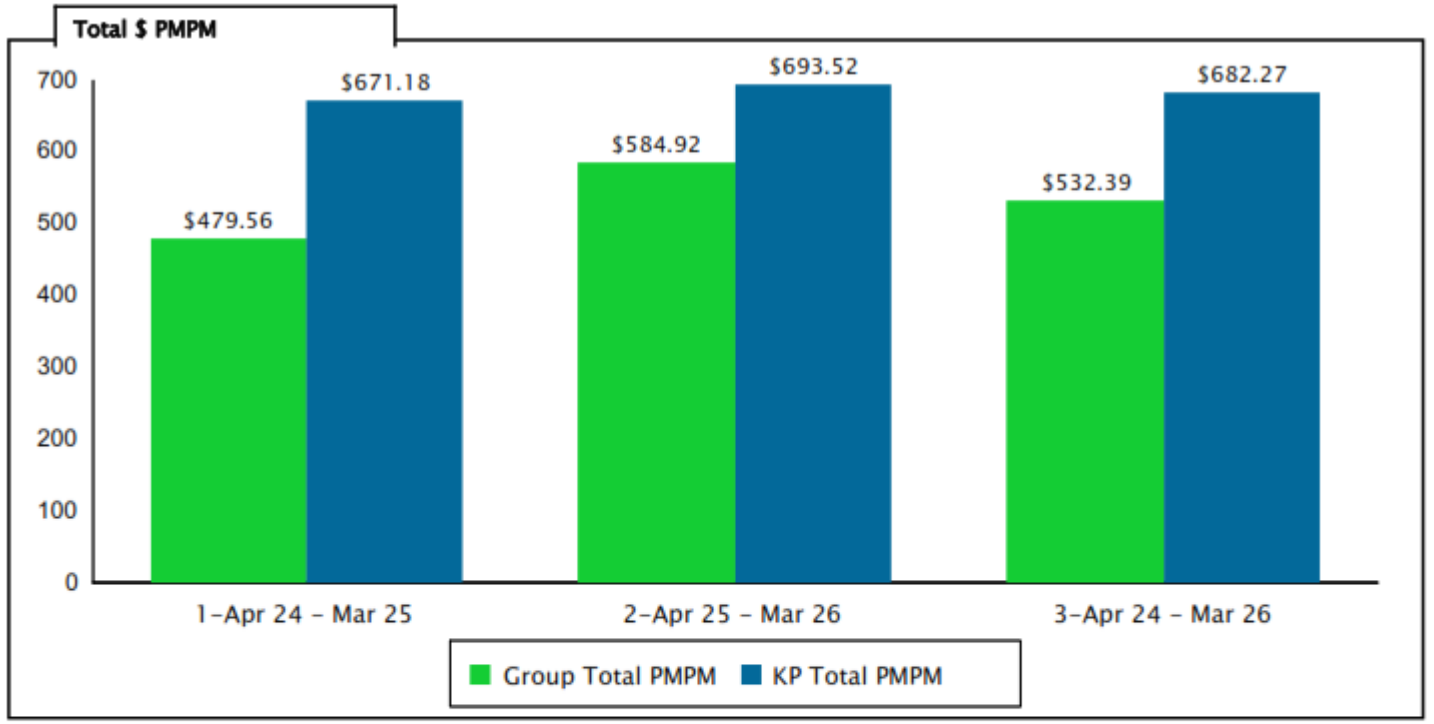
The 2026 Kaiser renewal calculation used paid claims from May 2024 through April 2025 **(12 months of claims).**

Going forward (starting in 2027), the Kaiser renewal calculation is using paid claims from April 2024 through March 2026 **(24 months of claims).**

Alliant Insurance Services

Kaiser - Periodic Utilization Review (PUR)

PMPM by Service Category



Total $ PMPM *

Service Category	Apr 24 - Mar 25	Apr 25 - Mar 26	Apr 24 - Mar 26	Δ from Apr24 - Mar25 to Apr24 - Mar26
Inpatient	$98.74	$181.26	$140.12	41.9%
Outpatient	245.59	261.13	253.38	3.2%
Pharmacy	40.51	39.69	40.10	(1.0)%
Other	94.72	102.84	98.79	4.3%
Total $ PMPM	**$479.56**	**$584.92**	**$532.39**	**11.0%**
Group to Health Plan Ratio	71.5%	84.3%	78.0%	9.1%

Alliant Insurance Services

Kaiser - Periodic Utilization Review (PUR)

Comparison

Experience Period	Feb 23 Jan 24 Exp Period 9 Month PUR	May 23 Apr 24 Exp Period used in Jan 25 Renewal	May 24 Dec 24 Exp Period 8 Month PUR	May 24 Apr 25 Exp Period 12 Month PUR	Dec 24 Nov 25 Exp Period 12 Month PUR	Apr 25 Mar 26 Exp Period 12 Month PUR
Average Members	2,058	2,042	2,084	2,097	2,065	2,103
Average Age	29.4	29.3	28.9	28.7	28.7	28.5
Inpatient $ PMPM (Includes Medical, surgical, maternity, etc.)	$103.08	$115.63	$88.43	$99.92	$171.31	$181.26
Inpatient $/Day	$9,290.24	$9,169.21	$8,505.96	$9,275.84	$8,716.99	$10,040.18
Inpatient Average Length of Stay	4.4 Days	4.4 Days	4.1 Days	3.8 Days	6.6 Days	6.4 Days
Inpatient Days/ 1000	133.1	151.3	124.8	129.3	235.8	216.6
Inpatient Admits/ 1000	30.1	32.8	30.7	33.9	35.8	33.7
Outpatient $ PMPM (Includes outpatient visits, ER, surgical procedures, lab and radiology)	$211.71	$232.75	$259.32	$238.40	$245.47	$261.13
Pharmacy $ PMPM	$43.11	$43.97	$42.53	$39.72	$41.01	$39.69
Other $ PMPM	$82.75	$90.01	$97.17	$94.64	$97.57	$102.84
Total Claims PMPM	$440.65	$482.36	$487.46	$472.68	$555.36	$584.92
High Cost Claimants	3 individuals with claims over $187,500 representing 12.0% of total claims; claimants at $1,304,951.70	3 individuals with claims over $187,500 representing 12.9 % of total claims; claimants at $1,519,460.27	2 individuals with claims over $500,000 representing 10.9% of total claims; claimants at $1,328,297.35	2 individuals with claims over $380,000 representing 8.3% of total claims; claimants at $981,377.10	5 individuals with claims over $380,000 representing 14.3% of total claims; claimants at $3,678,902.36	4 individuals with claims over $250,000 representing 15.3% of total claims; claimants at $4,113,528.79

Kaiser HMO Renewal

Medical Plan Benefits	Kaiser HMO Current / Renewal
Plan Year Deductible Individual / Family	None
Annual Out-of-Pocket Maximum Individual / Family	$1,500 / $3,000
Physician Office Visit	$20 / Visit
Specialist Copay	$20 / Visit
Preventative Care	No Charge
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests	 $50 / Procedure $10 / Encounter
Hospitalization Inpatient Outpatient	 $250 / Admit $100 / Procedure
Emergency Room	$100 / Visit (Copay waived if admitted)
Urgent Care Services	$20 / Visit
Durable Medical Equipment	20%
Chiropractic/Acupuncture Care	$15 / Visit (max 30 Visits combined)
PRESCRIPTION DRUGS	Generic / Brand-name / Specialty
Rx Copay Out-of-Pocket Maximum Separate Brand Name Rx Deductible Retail - 30 day supply Mail Order - up to 100 day supply	Included with Medical None $10 / $30 / 20% up to $150 max $20 / $60 / Not Covered

RATE GUARANTEE		1 Year (1/1/2026 - 12/31/2026)	1 Year (1/1/2027 - 12/31/2027)
MONTHLY RATES	EEs	**Current**	**Renewal**
EE Only	248	$926.77	$984.39
EE + 1	113	$1,668.18	$1,771.91
EE + Family	275	$2,224.25	$2,362.54
	636		
MONTHLY PREMIUM		**$1,030,012**	**$1,094,053**
ANNUAL PREMIUM		**$12,360,145**	**$13,128,637**
ANNUAL DOLLAR CHANGE			**$768,492**
ANNUAL PERCENT CHANGE			**6.2%**

Enrollment from Post OE Census as of December 2025

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Kaiser DHMO Renewal

Medical Plan Benefits	Kaiser DHMO Current / Renewal
Plan Year Deductible Individual / Family	$1,000 / $2,000
Annual Out-of-Pocket Maximum Individual / Family	$3,000 / $6,000
Physician Office Visit	$30 / Visit (ded waived)
Specialist Copay	$40 / Visit (ded waived)
Preventative Care	No Charge (ded waived)
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests	30% up to a maximum of $150 / Procedure (after ded) $10 / Encounter (after ded)
Hospitalization Inpatient Outpatient	30% (after ded) 30% (after ded)
Emergency Room	30% (after ded) (Copay waived if admitted)
Urgent Care Services	$30 / Visit (ded waived)
Durable Medical Equipment	20% (ded waived)
Chiropractic/Acupuncture Care	$15 / Visit (max 30 Visits combined)
PRESCRIPTION DRUGS	Generic / Brand-name / Specialty
Rx Copay Out-of-Pocket Maximum Separate Brand Name Rx Deductible Retail - 30 day supply Mail Order - up to 100 day supply	Included with Medical None $10 / $30 / 20% up to $250 max (ded waived) $20 / $60 / Not Covered (ded waived)

RATE GUARANTEE		1 Year (1/1/2026 - 12/31/2026)	1 Year (1/1/2027 - 12/31/2027)
MONTHLY RATES	EEs	**Current**	**Renewal**
EE Only	23	$793.40	$857.79
EE + 1	11	$1,428.12	$1,544.03
EE + Family	23	$1,904.16	$2,058.70
	57		
MONTHLY PREMIUM		**$77,753**	**$84,064**
ANNUAL PREMIUM		**$933,038**	**$1,008,763**
ANNUAL DOLLAR CHANGE			**$75,725**
ANNUAL PERCENT CHANGE			**8.1%**

Enrollment from Post OE Census as of December 2025

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Kaiser HDHP Renewal

Alliant Insurance Services

Medical Plan Benefits	Kaiser HDHP Current / Renweal
	In-Network
Plan Year Deductible Individual / Ind. in Family / Family	*Pending* $1,800 / ~~$3,400~~ **$3,500** / $3,600
Annual Out-of-Pocket Maximum Individual / Ind. in Family / Family	 $3,700 / $3,700 / $7,400
Physician Office Visit	No Charge
Specialist Copay	No Charge
Preventative Care	No Charge (ded waived)
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests	 No Charge No Charge
Hospitalization Inpatient Outpatient	 No Charge No Charge
Emergency Room	No Charge
Urgent Care Services	No Charge
Durable Medical Equipment	No Charge
Chiropractic Care	$15 (30 Visits / calendar year)
Acupuncture Care	Not Covered
PRESCRIPTION DRUGS	Generic / Brand-name / Specialty
Rx Copay Out-of-Pocket Maximum	Combined with Medical
Rx Deductible	N/A
Retail - 30 day supply	$10 / $30 / 20% up to $150
Mail Order - 100 day supply	$20 / $60 / Not Covered

RATE GUARANTEE		1 Year (1/1/2026 - 12/31/2026)	1 Year (1/1/2027 - 12/31/2027)
MONTHLY RATES	EEs	**Current**	**Renewal**
EE Only	68	$745.14	$808.74
EE + 1	24	$1,341.25	$1,455.73
EE + Family	98	$1,788.33	$1,940.98
	190		
MONTHLY PREMIUM		**$258,116**	**$280,148**
ANNUAL PREMIUM		**$3,097,390**	**$3,361,775**
ANNUAL DOLLAR CHANGE			**$264,384**
ANNUAL PERCENT CHANGE			**8.5%**

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Ancillary Renewals

Alliant Insurance Services

PRISM JPA Overview

- Property & Casualty Programs:
  - Worker's Comp
  - Property
  - General Liability
  - Cyber
  - Other Misc. Lines

PRISM

PRISM

Established in 1979, PRISM (Public Risk Innovation, Solutions, and Management) is a risk-sharing pool dedicated to controlling losses and providing effective risk management solutions. PRISM is a member-directed pool serving California public agencies.

Membership in Property & Casualty and Employee Benefit coverages has expanded to include 95% of counties, and 60% of cities, as well as numerous special districts, superior courts, housing authorities, fire districts, and other Joint Powers Authorities.

Employee Benefit Coverages Offered

- Medical (PRISMHealth – Anthem/Blue Shield/Kaiser)
- Dental (Delta Dental/Ameritas)
- Vision (VSP/EyeMed)
- EAP (Concern/Anthem) – including First Responder program with Concern
- Life & Disability (Voya/Lincoln) – including Paid Family Leave Program

PRISM Membership Highlights

- Medical – 50 member groups – 45,000 covered
- Dental – 202 member groups – 103,775 covered
- Vision – 141 member groups – 105,825 covered
- EAP – 184 member groups – 79,500 covered
- Life & DI – 161 member groups – 94,500 covered

Dental Renewal

Alliant Insurance Services

2027 Renewal Results - Dental

The Dental PPO plan is self-insured through PRISM

- Alliant recommends a dental reserve fund of approximately $111,000 to cover one month of claims
- Effective 1/1/2027, Alliant's underwriting analysis for the Dental renewal is **+1.1%.**
- The underwriting analysis includes the following:
  - Claims through March 2026
  - 4.0% Trend
  - 3.0% Margin
  - The most recent 12 months are weighted 80% for current 12 months and 20% for the prior 12 months
- 2027 Administrative Fees (no change):
  - Delta Dental ASO: 6.7% of Paid Claims
  - BCC Eligibility Fees $0.75 PEPM
  - Aliant Broker Fees $2.00 PEPM
  - UW Fee $0.50 PEPM

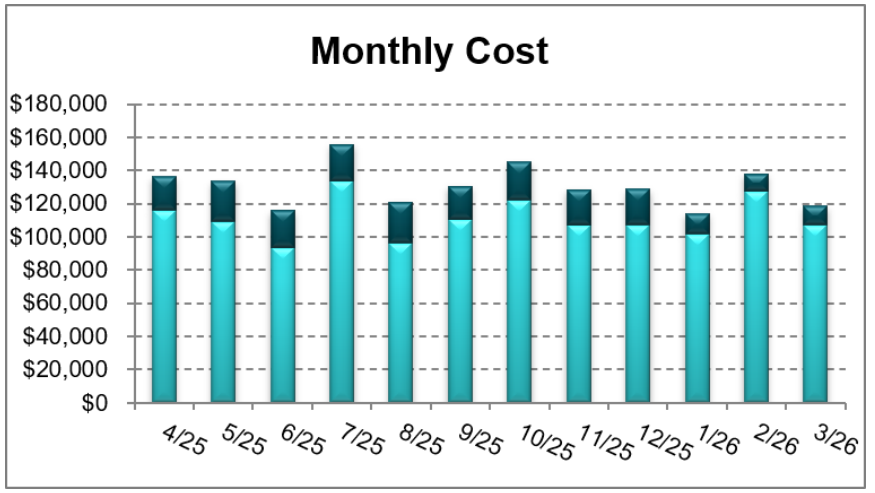
The DHMO plan is fully insured with Delta Dental (DeltaCare)

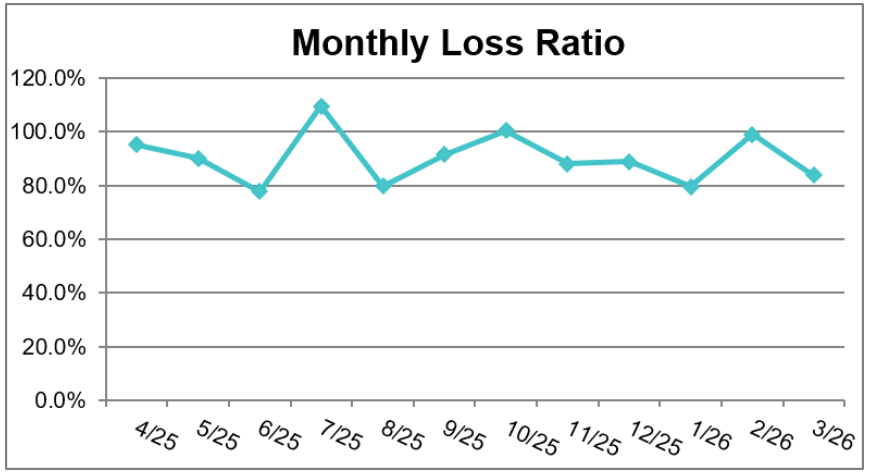
- Rate Pass (0%)

Alliant Insurance Services

Dental Loss Ratio Report

Month	Enrollment Employees	Premium Funding Rate	Costs Claims	Costs Admin	Costs Total Cost	Paid L/R
1/24	1,159	$131,643	$116,688	$22,362	$139,050	105.6%
2/24	1,155	$131,121	$130,531	$23,236	$153,767	117.3%
3/24	1,152	$130,417	$97,254	$20,952	$118,207	90.6%
4/24	1,164	$131,507	$83,306	$20,156	$103,462	78.7%
5/24	1,171	$132,369	$139,309	$23,999	$163,308	123.4%
6/24	1,175	$132,392	$115,172	$22,412	$137,585	103.9%
7/24	1,178	$132,914	$106,097	$21,850	$127,947	96.3%
8/24	1,173	$132,018	$144,386	$24,338	$168,723	127.8%
9/24	1,185	$133,209	$77,689	$20,012	$97,700	73.3%
10/24	1,189	$133,255	$116,673	$22,655	$139,328	104.6%
11/24	1,194	$134,220	$95,744	$21,334	$117,078	87.2%
12/24	1,191	$133,300	$95,560	$21,257	$116,817	87.6%
1/25	1,206	$135,293	$126,336	$12,384	$138,720	102.5%
2/25	1,221	$136,438	$98,623	$10,576	$109,199	80.0%
3/25	1,201	$134,228	$114,965	$11,606	$126,571	94.3%
4/25	1,202	$134,160	$116,017	$11,680	$127,696	95.2%
5/25	1,200	$133,809	$109,509	$11,237	$120,747	90.2%
6/25	1,195	$133,491	$93,594	$10,155	$103,749	77.7%
7/25	1,195	$133,718	$133,781	$12,847	$146,628	109.7%
8/25	1,197	$134,001	$96,501	$10,356	$106,857	79.7%
9/25	1,188	$133,208	$110,612	$11,272	$121,884	91.5%
10/25	1,195	$133,990	$122,430	$12,087	$134,516	100.4%
11/25	1,195	$133,933	$106,955	$11,050	$118,004	88.1%
12/25	1,188	$133,163	$107,472	$11,062	$118,533	89.0%
1/26	1,256	$141,374	$101,702	$10,896	$112,598	79.6%
2/26	1,255	$141,282	$127,451	$12,618	$140,068	99.1%
3/26	1,257	$141,213	$107,099	$11,261	$118,360	83.8%
PY 2024	**14,086**	**$1,588,365**	**$1,318,409**	**$264,564**	**$1,582,974**	**99.7%**
PY 2025	**14,383**	**$1,609,431**	**$1,336,794**	**$136,310**	**$1,473,104**	**91.5%**
PY 2026	**3,768**	**$423,869**	**$336,252**	**$34,775**	**$371,027**	**87.5%**
Rolling 12	**14,523**	**$1,627,341**	**$1,333,123**	**$136,519**	**$1,469,642**	**90.3%**





Alliant Insurance Services

Dental PPO Renewal (PRISM)

Dental Plan Benefits	Delta Dental DPPO (PRISM) ALL - Consolidated Self-Funded - Current / Renewal	
Calendar Year Maximum	**PPO**	**Non-PPO**
Per Member	$1,500 *(D & P does not count towards maximum)*	
Calendar Year Deductible		
Individual / Family	None	
Diagnostic and Preventive		
Oral Exam X-Rays Teeth Cleaning Fluoride Treatment	100%	
Basic Services		
Sealants Anesthesia Periodontics (Gum disease) Endodontics (Root Canal) Simple & Surgical Extractions	80%	
Major Services		
Single Crowns Inlays, Onlays, Veneers	80%	
Dental Implants Bridges & Dentures Repair & Maintenance of Bridgework & Dentures	50%	
Orthodontics	Adult & Child	
Benefit Percentage	50%	
Lifetime Maximum	$2,000	
Out-of-Network Reimbursement	**Contracted Fees**	

ADMINISTRATION RATE GUARANTEE		**1 Year (1/1/2026 - 12/31/2026)**	**1 Year (1/1/2027-12/31/2027)**
PRISM Delta Dental Admin Fee BCC, UW, and Program Management Fees		6.7% of Paid Claims $3.25 PEPM	
FIE RATE GUARANTEE		**1 Year (1/1/2025 - 12/31/2025)**	**1 Year (1/1/2027-12/31/2027)**
MONTHLY RATES	EEs	**Current**	**Renewal**
Employee Only	365	$56.67	$57.30
Employee + 1	185	$113.32	$114.57
Employee + Family	539	$147.31	$148.94
	1089		
TOTAL MONTHLY PREMIUM **TOTAL ANNUAL PREMIUM**		**$121,049** **$1,452,586**	**$122,389** **$1,468,663**
ANNUAL DOLLAR CHANGE **ANNUAL PERCENT CHANGE**			**$16,077** **1.1%**

Enrollment from Post OE Census as of December 2025

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Dental HMO Renewal

Dental Plan Benefits	ADA code	DeltaCare DHMO Current / Renewal
Diagnostic and Preventive		
Office Visit	101	$0
Teeth Cleaning	1110	$0
X-Rays	210	$0
Sealants - per tooth	1351	$10
Restorative		
Amalgam Filling 1-3 Surfaces	2140	$0
Composite Filling	2380	$0
Periodontics		
Scaling and Root Planning - per quad	4341	$25
Gingivectomy (Per Quadrant)	4210	$130
Osseus Surgery	4260	$280
Endodontics (Root Canal Therapy)		
Pulp Cap	3110	$0
Therapeutic Pulpotomy	3220	$0
Root Canal Therapy - (anterior)	3310	$55
Prosthodontics		
Immediate - Upper or Lower	5130-40	$165
Complete - Upper or Lower	5110-20	$145
Partial Denture - Upper or Lower	5213-14	$160
Crown and Bridge		
Inlay (one surface)	2510	$0
Crown - Porcelain/Ceramic Substrate	2740	$240
Crown - Porcelain Fused to High Noble Metal	2750-52	$140 - $240
Crown - Full Cast High Noble Metal	2790-92	$150 - $210
Oral Surgery		
Extractions - Impacted tooth: soft tissue	7220	$50
Extractions - Impacted tooth: partial bony	7230	$70
Extractions - Impacted tooth: full bony	7240	$90
Orthodontics - comprehensive		
Child to age 19		$1,700
Member over age 19		$1,900

RATE GUARANTEE		**2 Years (1/1/2025- 12/31/2026)**	**2 Years (1/1/2027- 12/31/2028)**
MONTHLY RATES	EE's	**Current**	**Renewal**
Employee Only	148	$17.32	$17.32
Employee + 1	51	$33.40	$33.40
Employee + Family	82	$72.94	$72.94
	281		
TOTAL MONTHLY PREMIUM		**$10,248**	**$10,248**
TOTAL ANNUAL PREMIUM		**$122,974**	**$122,974**
ANNUAL DOLLAR CHANGE			**$0**
ANNUAL PERCENT CHANGE			**0.0%**

Enrollment from Post OE Census as of December 2025

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Vision Renewal

Alliant Insurance Services

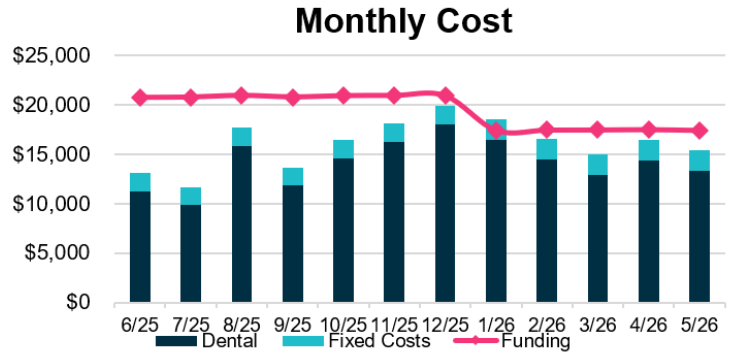
2027 Renewal Results - Vision

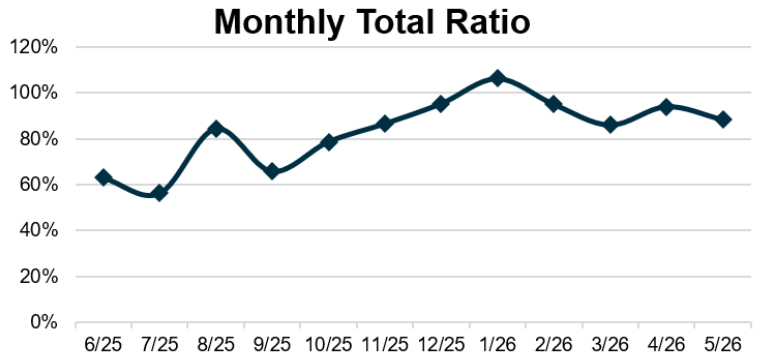
- The VSP plan is currently self-insured directly through VSP
- Alliant recommends a vision reserve fund of approximately $10,000 to cover 3 weeks of claims
- Effective 1/1/2027, Alliant's underwriting analysis for the Vision renewal is -1.4%.
- The underwriting analysis includes the following:
  - Claims through May 2025
  - 2.5% Trend
  - 5% Margin
  - The most recent 12 months are weighted 70% for current 12 months and 30% for the prior 12 months
  - 2027 Administrative Fees:
    - VSP ASO: $1.41 PEPM

Alliant Insurance Services

Vision Loss Ratio Report

Month	Enrollment Employees	Funding Budgeted	Incurred Claims Dental	Fixed Costs Admin	Fixed Costs TOTAL	TOTAL COST	Total Ratio	Surplus (Deficit)
1/24	1,375	$21,251	$13,178	$2,745	$2,745	$15,922	75%	$5,329
2/24	1,369	$21,173	$12,003	$2,733	$2,733	$14,736	70%	$6,437
3/24	1,351	$20,857	$17,086	$2,696	$2,696	$19,782	95%	$1,076
4/24	1,394	$21,459	$12,783	$2,778	$2,778	$15,561	73%	$5,898
5/24	1,408	$21,673	$9,547	$2,806	$2,806	$12,353	57%	$9,319
6/24	1,418	$21,711	$11,836	$2,821	$2,821	$14,657	68%	$7,054
7/24	1,439	$22,006	$14,110	$2,861	$2,861	$16,971	77%	$5,035
8/24	1,443	$22,014	$12,754	$2,866	$2,866	$15,620	71%	$6,393
9/24	1,463	$22,231	$15,823	$2,902	$2,902	$18,725	84%	$3,506
10/24	1,456	$22,147	$10,065	$2,889	$2,889	$12,954	58%	$9,193
11/24	1,451	$22,156	$16,191	$2,883	$2,883	$19,074	86%	$3,083
12/24	1,453	$22,079	$10,444	$2,882	$2,882	$13,326	60%	$8,752
1/25	1,444	$20,651	$9,206	$1,805	$1,805	$11,011	53%	$9,640
2/25	1,461	$20,782	$11,499	$1,826	$1,826	$13,325	64%	$7,457
3/25	1,464	$20,812	$12,009	$1,830	$1,830	$13,839	66%	$6,973
4/25	1,471	$20,865	$11,505	$1,839	$1,839	$13,344	64%	$7,521
5/25	1,465	$20,746	$12,604	$1,831	$1,831	$14,435	70%	$6,311
6/25	1,464	$20,754	$11,258	$1,830	$1,830	$13,088	63%	$7,666
7/25	1,463	$20,782	$9,837	$1,829	$1,829	$11,665	56%	$9,116
8/25	1,480	$20,950	$15,825	$1,850	$1,850	$17,675	84%	$3,275
9/25	1,466	$20,797	$11,846	$1,833	$1,833	$13,679	66%	$7,118
10/25	1,478	$20,922	$14,610	$1,848	$1,848	$16,458	79%	$4,464
11/25	1,483	$20,939	$16,267	$1,854	$1,854	$18,121	87%	$2,818
12/25	1,485	$20,913	$18,070	$1,856	$1,856	$19,927	95%	$986
1/26	1,483	$17,451	$16,444	$2,091	$2,091	$18,535	106%	($1,084)
2/26	1,486	$17,494	$14,529	$2,095	$2,095	$16,624	95%	$870
3/26	1,489	$17,503	$12,950	$2,099	$2,099	$15,049	86%	$2,454
4/26	1,487	$17,536	$14,385	$2,097	$2,097	$16,482	94%	$1,054
5/26	1,481	$17,458	$13,332	$2,088	$2,088	$15,420	88%	$2,038
PY 2024	**17,020**	**$260,756**	**$155,818**	**$33,863**	**$33,863**	**$189,681**	**73%**	**$71,074**
PY 2025	**17,624**	**$249,911**	**$154,536**	**$22,030**	**$22,030**	**$176,566**	**71%**	**$73,346**
PY 2026	**7,426**	**$87,443**	**$71,640**	**$10,471**	**$10,471**	**$82,111**	**94%**	**$5,332**
Rolling 12	**17,745**	**$233,498**	**$169,353**	**$23,369**	**$23,369**	**$192,722**	**83%**	**$40,776**





Vision Renewal

Vision Plan Benefits		VSP Choice Plan Self-Funded In-Network	VSP Choice Plan Self-Funded Out-of-Network
Exam		Copay $10	Plan pays up to: $45
Lenses			
Single		$20	$30
Bifocal		$20	$50
Trifocal		$20	$65
Contact Lenses		$120 Allowance (Copay Waived)	$105
Frames		$120 Allowance + 20% Discount (over $120)	$70
Frequency of Services			
Eye Examination		12 months	
Lenses		12 months	
Frames		12 months	
Contact Lenses*		12 months	

** In lieu of frames*

Administration Rate Guarantee		**3 Years (1/1/2026 - 12/31/2028)**
Admin Fee		**$1.41 PEPM**

Rate Guarantee		**1 Year (1/1/2026-12/31/2026)**	**1 Year (1/1/2027-12/31/2027)**
MONTHLY RATES	EE'S	**Current**	**Renewal**
Employee Only	524	$6.14	$6.05
Employee + 1 Dependent	234	$12.29	$12.12
Employee + Family	629	$15.95	$15.73
	1387		
TOTAL MONTHLY PREMIUM		**$16,126**	**$15,900**
TOTAL ANNUAL PREMIUM		**$193,509**	**$190,805**
ANNUAL $ DIFFERENCE			**($2,704)**
ANNUAL % DIFFERENCE			**-1.4%**

Out-of-Network - Plan will pay after in-network Copay. Frames have a $20 copay.

Enrollment from VSP Enrollment Sheet as of January 2026

This document is intended as a quick reference, not a comprehensive description. Limitations and exclusions can be found in the official plan documents. In case of any discrepancies, the official plan documents will govern.

EAP Renewal

EAP Renewal – Halcyon EAP

Alliant Insurance Services

EAP Plan Benefits	SimpleTherapy EAP Current / Renewal
Sessions	
All Other	3 Sessions every 6 months[1]
First Responder	N/A
Digital Capabilities	
Digital Platforms	Web Portal, eConnect mobile app, and textcoach text therapy
Telephonic	Included
Video	Included
Text	Included
Employee Services	
Legal	Included
Financial	Included
Dependent Care	Included
Employer Services	
Management Consultations	Unlimited
CISD Seminar(s)	Unlimited
Onsite Orientations	10 Hours
Add-On	
Coaching	N/A

RATE GUARANTEE		**1 Year (1/1/2026 - 12/31/2026)**	**1 Year (1/1/2027 - 12/31/2027)**
MONTHLY RATES	EE's	**Current**	**Renewal**
Per Employee Per Month	1,557	$1.72	$1.72

MONTHLY PREMIUM	**$2,678**	**$2,678**
ANNUAL PREMIUM	**$32,136**	**$32,136**

ANNUAL $ DIFFERENCE	**$0**
ANNUAL % DIFFERENCE	**0.0%**

[1]Additional beyond 3 sessions available at $100/visit (self-fund), up to 10 sessions. The City will receive an invoice from SimpleTherapy for each visit beyond initial 3.

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Employee Count from SimpleTherapy Enrollment Counts via Email

Contributions

Contributions (All Employees except SPOA) – Sutter Health Plan

Employee Contributions		2026 Current Monthly Contributions				Current Per Paycheck	2027 Renewal Monthly Contributions					Proposed Per Paycheck
		Total	ER Cost	EE Cost	EE %	EE Cost	Total	ER Cost	EE Cost	EE %	% Δ	EE Cost
Sutter Health HMO LG18, DHMO, and Vision	Lives		*LG18*									
EE Only	36	$1,266.86	$936.10	$330.76	26.1%	$165.38	$1,384.27	$973.54	$410.73	29.7%	24.2%	$205.37
EE + 1	8	$2,284.59	$1,698.55	$586.04	25.7%	$293.02	$2,495.92	$1,766.49	$729.43	29.2%	24.5%	$364.72
EE + Family	23	$3,074.79	$2,263.20	$811.59	26.4%	$405.80	$3,356.57	$2,353.73	$1,002.84	29.9%	23.6%	$501.42
Annual Premium	67	$1,615,246	$1,192,099	$423,147	26.2%		$1,764,026	$1,239,782	$524,244	29.7%		
Sutter Health HMO LG18, DPPO, and Vision	Lives		*LG18*									
EE Only	130	$1,306.21	$936.10	$370.11	28.3%	$185.06	$1,424.25	$973.54	$450.71	31.6%	21.8%	$225.36
EE + 1	66	$2,364.51	$1,698.55	$665.96	28.2%	$332.98	$2,577.09	$1,766.49	$810.60	31.5%	21.7%	$405.30
EE + Family	158	$3,149.16	$2,263.20	$885.96	28.1%	$442.98	$3,432.57	$2,353.73	$1,078.84	31.4%	21.8%	$539.42
Annual Premium	354	$9,881,187	$7,096,595	$2,784,592	28.2%		$10,771,038	$7,380,455	$3,390,583	31.5%		
Sutter Health DHMO LG24, DHMO, and Vision	Lives		*LG24*									
EE Only	2	$1,095.36	$936.10	$159.26	14.5%	$79.63	$1,136.37	$973.54	$162.83	14.3%	2.2%	$81.42
EE + 1	2	$1,975.89	$1,698.55	$277.34	14.0%	$138.67	$2,049.72	$1,766.49	$283.23	13.8%	2.1%	$141.62
EE + Family	2	$2,663.29	$2,263.20	$400.09	15.0%	$200.05	$2,761.67	$2,353.73	$407.94	14.8%	2.0%	$203.97
Annual Premium	6	$137,629	$117,548	$20,081	14.6%		$142,746	$122,250	$20,496	14.4%		
Sutter Health DHMO LG24, DPPO, and Vision	Lives		*LG24*									
EE Only	9	$1,134.71	$936.10	$198.61	17.5%	$99.31	$1,176.35	$973.54	$202.81	17.2%	2.1%	$101.41
EE + 1	1	$2,055.81	$1,698.55	$357.26	17.4%	$178.63	$2,130.89	$1,766.49	$364.40	17.1%	2.0%	$182.20
EE + Family	9	$2,737.66	$2,263.20	$474.46	17.3%	$237.23	$2,837.67	$2,353.73	$483.94	17.1%	2.0%	$241.97
Annual Premium	19	$442,886	$365,907	$76,979	17.4%		$459,085	$380,543	$78,542	17.1%		
Sutter Health HDHP HE08, DHMO, and Vision	Lives		*HE08*									
EE Only	12	$1,081.16	$936.10	$145.06	13.4%	$72.53	$1,176.67	$973.54	$203.13	17.3%	40.0%	$101.57
EE + 1	4	$1,949.49	$1,698.55	$250.94	12.9%	$125.47	$2,121.42	$1,766.49	$354.93	16.7%	41.4%	$177.47
EE + Family	5	$2,627.29	$2,263.20	$364.09	13.9%	$182.05	$2,856.57	$2,353.73	$502.84	17.6%	38.1%	$251.42
Annual Premium	21	$406,900	$352,121	$54,779	13.5%		$442,663	$366,205	$76,458	17.3%		
Sutter Health HDHP HE08, DPPO, and Vision	Lives		*HE08*									
EE Only	23	$1,120.51	$936.10	$184.41	16.5%	$92.21	$1,216.65	$973.54	$243.11	20.0%	31.8%	$121.56
EE + 1	13	$2,029.41	$1,698.55	$330.86	16.3%	$165.43	$2,202.59	$1,766.49	$436.10	19.8%	31.8%	$218.05
EE + Family	59	$2,701.66	$2,263.20	$438.46	16.2%	$219.23	$2,932.57	$2,353.73	$578.84	19.7%	32.0%	$289.42
Annual Premium	95	$2,538,624	$2,125,683	$412,941	16.3%		$2,755,659	$2,210,710	$544,949	19.8%		

Contributions (All Employees except SPOA) – Sutter Health Plan

Employee Contributions		2026 Current Monthly Contributions				Current Per Paycheck	2027 Renewal Monthly Contributions					Proposed Per Paycheck
		Total	ER Cost	EE Cost	EE %	EE Cost	Total	ER Cost	EE Cost	EE %	% Δ	EE Cost
Sutter Health HMO LG22, DHMO, and Vision	Lives		*LG22*									
EE Only	1	$1,187.06	$936.10	$250.96	21.1%		$1,261.47	$973.54	$287.93	22.8%	14.7%	$143.97
EE + 1	2	$2,140.99	$1,698.55	$442.44	20.7%		$2,274.92	$1,766.49	$508.43	22.3%	14.9%	$254.22
EE + Family	0	$2,883.29	$2,263.20	$620.09	21.5%		$3,061.87	$2,353.73	$708.14	23.1%	14.2%	$354.07
Annual Premium	3	$65,628	$51,998	$13,630	20.8%		$69,736	$54,078	$15,657	22.5%		
Sutter Health HMO LG22, DPPO, and Vision	Lives		*LG22*									
EE Only	7	$1,226.41	$936.10	$290.31	23.7%		$1,301.45	$973.54	$327.91	25.2%	13.0%	$163.96
EE + 1	6	$2,220.91	$1,698.55	$522.36	23.5%		$2,356.09	$1,766.49	$589.60	25.0%	12.9%	$294.80
EE + Family	8	$2,957.66	$2,263.20	$694.46	23.5%		$3,137.87	$2,353.73	$784.14	25.0%	12.9%	$392.07
Annual Premium	21	$546,859	$418,195	$128,664	23.5%		$580,196	$434,923	$145,273	25.0%		
Sutter Health DHMO LG29, DHMO, and Vision	Lives		*LG29*									
EE Only	0	$843.36	$843.36	$0.00	0.0%	$421.68	$1,008.77	$973.54	$35.23	3.5%	N/A	$17.62
EE + 1	0	$1,522.29	$1,522.29	$0.00	0.0%	$761.15	$1,820.02	$1,766.49	$53.53	2.9%	N/A	$26.77
EE + Family	1	$2,058.49	$2,058.49	$0.00	0.0%	$1,029.25	$2,455.37	$2,353.73	$101.64	4.1%	N/A	$50.82
Annual Premium	1	$24,702	$24,702	$0	0.0%		$29,464	$28,245	$1,220	4.1%		
Sutter Health DHMO LG29, DPPO, and Vision	Lives		*LG29*									
EE Only	4	$882.71	$882.71	$0.00	0.0%	$441.36	$1,048.75	$973.54	$75.21	7.2%	N/A	$37.61
EE + 1	3	$1,602.21	$1,602.21	$0.00	0.0%	$801.11	$1,901.19	$1,766.49	$134.70	7.1%	N/A	$67.35
EE + Family	9	$2,132.86	$2,132.86	$0.00	0.0%	$1,066.43	$2,531.37	$2,353.73	$177.64	7.0%	N/A	$88.82
Annual Premium	16	$330,399	$330,399	$0	0.0%		$392,171	$364,526	$27,644	7.0%		
Sutter Health HDHP HL12, DHMO, and Vision	Lives		*HL12*									
EE Only	7	$833.36	$833.36	$0.00	0.0%	$416.68	$880.37	$880.37	$0.00	0.0%	N/A	$0.00
EE + 1	2	$1,503.39	$1,503.39	$0.00	0.0%	$751.70	$1,588.12	$1,588.12	$0.00	0.0%	N/A	$0.00
EE + Family	2	$2,032.49	$2,032.49	$0.00	0.0%	$1,016.25	$2,145.47	$2,145.47	$0.00	0.0%	N/A	$0.00
Annual Premium	11	$154,863	$154,863	$0	0.0%		$163,557	$163,557	$0	0.0%		
Sutter Health HDHP HL12, DPPO, and Vision	Lives		*HL12*									
EE Only	11	$872.71	$872.71	$0.00	0.0%	$436.36	$920.35	$920.35	$0.00	0.0%	N/A	$0.00
EE + 1	5	$1,583.31	$1,583.31	$0.00	0.0%	$791.66	$1,669.29	$1,669.29	$0.00	0.0%	N/A	$0.00
EE + Family	20	$2,106.86	$2,106.86	$0.00	0.0%	$1,053.43	$2,221.47	$2,221.47	$0.00	0.0%	N/A	$0.00
Annual Premium	36	$715,843	$715,843	$0	0.0%		$754,796	$754,796	$0	0.0%		
SUTTER TOTAL	**650**	**$16,860,766**	**$12,945,953**	**$3,914,813**	***23.2%***		**$18,325,138**	**$13,500,071**	**$4,825,067**	***26.3%***		
Change from current - $							***$1,464,372***	***$554,118***	***$910,254***			
Change from current - %							***8.7%***	***4.3%***	***23.3%***			

Contributions (All Employees except SPOA) – Kaiser

Employee Contributions		2026 Current Monthly Contributions				Current Per Paycheck	2027 Renewal Monthly Contributions					Proposed Per Paycheck
		Total	ER Cost	EE Cost	EE %	EE Cost	Total	ER Cost	EE Cost	EE %	% Δ	EE Cost
Kaiser HMO, DHMO, and Vision	**Lives**											
EE Only	63	$950.23	$936.10	$14.13	1.5%	$7.07	$1,007.76	$973.54	$34.22	3.4%	142.2%	$17.11
EE + 1	29	$1,713.87	$1,698.55	$15.32	0.9%	$7.66	$1,817.43	$1,766.49	$50.94	2.8%	232.5%	$25.47
EE + Family	34	$2,313.14	$2,263.20	$49.94	2.2%	$24.97	$2,451.21	$2,353.73	$97.48	4.0%	95.2%	$48.74
Annual Premium	126	$2,258,562	$2,222,173	$36,389	1.6%		$2,394,426	$2,311,057	$83,369	3.5%		
Kaiser HMO, DPPO and Vision	**Lives**											
EE Only	148	$989.58	$936.10	$53.48	5.4%	$26.74	$1,047.74	$973.54	$74.20	7.1%	38.7%	$37.10
EE + 1	74	$1,793.79	$1,698.55	$95.24	5.3%	$47.62	$1,898.60	$1,766.49	$132.11	7.0%	38.7%	$66.05
EE + Family	228	$2,387.51	$2,263.20	$124.31	5.2%	$62.16	$2,527.21	$2,353.73	$173.48	6.9%	39.6%	$86.74
Annual Premium	450	$9,882,607	$9,362,941	$519,666	5.3%		$10,461,190	$9,737,455	$723,734	6.9%		
Kaiser DHMO, DHMO, and Vision	**Lives**											
EE Only	3	$816.86	$816.86	$0.00	0.0%	$0.00	$881.16	$881.16	$0.00	0.0%	0.0%	$0.00
EE + 1	3	$1,473.81	$1,473.81	$0.00	0.0%	$0.00	$1,589.55	$1,589.55	$0.00	0.0%	0.0%	$0.00
EE + Family	3	$1,993.05	$1,993.05	$0.00	0.0%	$0.00	$2,147.37	$2,147.37	$0.00	0.0%	0.0%	$0.00
Annual Premium	9	$154,214	$154,214	$0	0.0%		$166,251	$166,251	$0	0.0%		
Kaiser DHMO, DPPO, and Vision	**Lives**											
EE Only	11	$856.21	$856.21	$0.00	0.0%	$0.00	$921.14	$921.14	$0.00	0.0%	0.0%	$0.00
EE + 1	5	$1,553.73	$1,553.73	$0.00	0.0%	$0.00	$1,670.72	$1,670.72	$0.00	0.0%	0.0%	$0.00
EE + Family	10	$2,067.42	$2,067.42	$0.00	0.0%	$0.00	$2,223.37	$2,223.37	$0.00	0.0%	0.0%	$0.00
Annual Premium	26	$454,334	$454,334	$0	0.0%		$488,638	$488,638	$0	0.0%		
Kaiser HDHP, DHMO, and Vision	**Lives**											
EE Only	19	$768.60	$768.60	$0.00	0.0%	$0.00	$832.11	$832.11	$0.00	0.0%	0.0%	$0.00
EE + 1	5	$1,386.94	$1,386.94	$0.00	0.0%	$0.00	$1,501.25	$1,501.25	$0.00	0.0%	0.0%	$0.00
EE + Family	9	$1,877.22	$1,877.22	$0.00	0.0%	$0.00	$2,029.65	$2,029.65	$0.00	0.0%	0.0%	$0.00
Annual Premium	33	$461,197	$461,197	$0	0.0%		$498,998	$498,998	$0	0.0%		
Kaiser HDHP, DPPO, and Vision	**Lives**											
EE Only	36	$807.95	$807.95	$0.00	0.0%	$0.00	$872.09	$872.09	$0.00	0.0%	0.0%	$0.00
EE + 1	24	$1,466.86	$1,466.86	$0.00	0.0%	$0.00	$1,582.42	$1,582.42	$0.00	0.0%	0.0%	$0.00
EE + Family	76	$1,951.59	$1,951.59	$0.00	0.0%	$0.00	$2,105.65	$2,105.65	$0.00	0.0%	0.0%	$0.00
Annual Premium	136	$2,551,340	$2,551,340	$0	0.0%		$2,752,833	$2,752,833	$0	0.0%		
KAISER TOTAL	**780**	**$15,762,254**	**$15,206,199**	**$556,055**	***3.5%***		**$16,762,335**	**$15,955,232**	**$807,103**	***4.8%***		
Change from current - $							***$1,000,082***	***$749,033***	***$251,049***			
Change from current - %							***6.3%***	***4.9%***	***45.1%***			

OE and Benefits Fair

Open Enrollment

Open Enrollment

October 1 – October 31

Employees will make benefit selections through the Tyler Munis ESS portal

Open Enrollment Benefits Fair

Join for an on-site Benefits and Wellness Fair to learn more about our plans and ask questions.

Date	Time	Location
October 6, 2026	10am to 2pm	Stockton Memorial Civic Auditorium (South Hall) 525 N. Center Street Stockton CA 95202

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