

Renewal Presentation

California Online Public School



California Online
Public Schools

Agenda

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Executive Summary



Plan Overview and Renewal Strategy Recap

Current Benefit Offering	Opportunities	Goals and Anticipated Challenges
<ul style="list-style-type: none"> • Cigna EPO/HDHP and Kaiser HMO/HDHP. • MetLife DPPO Plan (High & Low option) • MetLife Vision • Life/ADD – 2 x salary to the Max. of \$500K. • STD plan for Out of State EEs • LTD for all employees • MetLife Voluntary Plans & EAP • Igoe H.S.A. / F.S.A. & L.F.S.A • Carrot Fertility • Wellhub (Fitness program) • Modern Health (Mental Wellness) • Scholarshare – 529 • ER Contributions 100% of H.S.A. Plans 	<ul style="list-style-type: none"> • Downgrade Options with Cigna • Pareto Self Funded Option • Blue Shield Option • Carrot Fertility Plan Improvement • Change ER/EE Contributions 	<ul style="list-style-type: none"> • Cost containment given large claims with Cigna and potential outlier status • Minimize changes to benefits and employee cost • Avoid disruption while enhancing member engagement / experience



Renewal Details

TOTAL REWARDS

Renewal Summary

Current

\$7,919,798M

Initial Renewal
\$10,233,256M



Medical Cigna: \$7,823,482M / 36.9%



Medical Kaiser: \$1,695.414M / 10.4%



Dental MetLife (Low/High): \$54K / 8% & \$422,691K / 8.0%



Vision MetLife: \$63,914K / 0%



Ancillary MetLife (Life/AD&D, and /LTD): \$140,875K / 0%



Ancillary MetLife (STD): \$32,860K / 31.3%

Negotiated
Renewal

\$9,751,188M

**Negotiated
Savings**

\$482,068K



Medical Cigna: \$7,413,309 / 29.8%



Medical Kaiser: \$1,660,581M / 8.2%



Dental MetLife (Low/High): \$52K / 1% & \$395K / 1%



Vision MetLife: \$61,999K / -3.0%



Ancillary MetLife (Life/AD&D,/LTD): \$137,176K / -5.2%



Ancillary MetLife (STD): \$32,290K / 29.1%*

* STD alternative option on slide 22

Marketing Results



Renewal Summary

Cost Summary (Eff. 7/1/2026)	Current	Renewal	Negotiated Renewal	Negotiated Renewal Alternate	Downgrade	Downgrade Alternate	Pareto	Blue Shield
Medical	Cigna	Cigna	Cigna	Cigna	Cigna	Cigna	Pareto	Blue Shield
Annual Premium	\$5,713,218.36	\$7,823,481.72	\$7,413,309.12	\$7,279,867.32	\$7,138,460.88	\$7,009,968.84	\$6,455,936.75	\$7,409,148.72
\$ Change From Current	-	\$2,110,263.36	\$1,700,090.76	\$1,566,648.96	\$1,425,242.52	\$1,296,750.48	\$742,718.39	\$1,695,930.36
% Change From Current	-	36.9%	29.8%	27.4%	24.9%	22.7%	13.0%	29.7%
Medical	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente Negotiated	Kaiser Permanente Negotiated	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente Negotiated	Kaiser Permanente Negotiated
Annual Premium	\$1,535,361.00	\$1,695,413.52	\$1,660,580.52	\$1,660,580.52	\$1,557,077.40	\$1,558,125.72	\$1,660,580.52	\$1,660,580.52
\$ Change From Current	-	\$160,052.52	\$125,219.52	\$125,219.52	\$21,716.40	\$22,764.72	\$125,219.52	\$125,219.52
% Change From Current	-	10.4%	8.2%	8.2%	1.4%	1.5%	8.2%	8.2%
Dental	MetLife	MetLife	MetLife Negotiated Renewal	MetLife Negotiated Renewal	MetLife Negotiated Renewal	MetLife Negotiated Renewal	MetLife Negotiated Renewal	MetLife Negotiated Renewal
Annual Premium	\$441,410.40	\$476,711.64	\$445,833.60	\$445,833.60	\$445,833.60	\$445,833.60	\$445,833.60	\$445,833.60
\$ Change From Current	-	\$35,301.24	\$4,423.20	\$4,423.20	\$4,423.20	\$4,423.20	\$4,423.20	\$4,423.20
% Change From Current	-	8.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
Vision	MetLife	MetLife	MetLife Negotiated Renewal	MetLife Negotiated Renewal	MetLife Negotiated Renewal	MetLife Negotiated Renewal	MetLife Negotiated Renewal	MetLife Negotiated Renewal
Annual Premium	\$63,913.68	\$63,913.68	\$61,998.72	\$61,998.72	\$61,998.72	\$61,998.72	\$61,998.72	\$61,998.72
\$ Change From Current	-	\$0.00	-\$1,914.96	-\$1,914.96	-\$1,914.96	-\$1,914.96	-\$1,914.96	-\$1,914.96
% Change From Current	-	0.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
Basic Life-AD&D	MetLife	MetLife	MetLife Negotiated Renewal	MetLife Negotiated Renewal	MetLife Negotiated Renewal	MetLife Negotiated Renewal	MetLife Negotiated Renewal	MetLife Negotiated Renewal
Annual Premium	\$74,044.33	\$74,044.33	\$72,380.42	\$72,380.42	\$72,380.42	\$72,380.42	\$72,380.42	\$72,380.42
\$ Change From Current	-	\$0.00	-\$1,663.92	-\$1,663.92	-\$1,663.92	-\$1,663.92	-\$1,663.92	-\$1,663.92
% Change From Current	-	0.0%	-2.2%	-2.2%	-2.2%	-2.2%	-2.2%	-2.2%
Short Term Disability	MetLife	MetLife	MetLife Negotiated Renewal	MetLife Negotiated Renewal	MetLife Negotiated Renewal	MetLife Negotiated Renewal	MetLife Negotiated Renewal	MetLife Negotiated Renewal
Annual Premium	\$25,019.42	\$32,860.26	\$32,290.02	\$32,290.02	\$32,290.02	\$32,290.02	\$32,290.02	\$32,290.02
\$ Change From Current	-	\$7,840.84	\$7,270.60	\$7,270.60	\$7,270.60	\$7,270.60	\$7,270.60	\$7,270.60
% Change From Current	-	31.3%	29.1%	29.1%	29.1%	29.1%	29.1%	29.1%
Long Term Disability	MetLife	MetLife	MetLife Negotiated Renewal	MetLife Negotiated Renewal	MetLife Negotiated Renewal	MetLife Negotiated Renewal	MetLife Negotiated Renewal	MetLife Negotiated Renewal
Annual Premium	\$66,830.70	\$66,830.70	\$64,795.25	\$64,795.25	\$64,795.25	\$64,795.25	\$64,795.25	\$64,795.25
\$ Change From Current	-	\$0.00	-\$2,035.45	-\$2,035.45	-\$2,035.45	-\$2,035.45	-\$2,035.45	-\$2,035.45
% Change From Current	-	0.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
Annual Premium - ALL	\$7,919,797.90	\$10,233,255.86	\$9,751,187.65	\$9,617,745.85	\$9,372,836.29	\$9,245,392.57	\$8,793,815.27	\$9,747,027.25
\$ Change From Current	-	\$2,313,457.96	\$1,831,389.75	\$1,697,947.95	\$1,453,038.39	\$1,325,594.67	\$874,017.38	\$1,827,229.35
% Change From Current	-	29.2%	23.1%	21.4%	18.3%	16.7%	11.0%	23.1%
Annual Premium - ALL			\$9,751,187.65	\$9,617,745.85	\$9,372,836.29	\$9,245,392.57	\$8,793,815.27	\$9,747,027.25
\$ Change From Negotiated Renewal	-	-	-	-\$133,441.80	-\$378,351.36	-\$505,795.08	-\$957,372.37	-\$4,160.40
% Change From Negotiated Renewal	-	-	-	-1.4%	-3.9%	-5.2%	-9.8%	0.0%



Kaiser Renewal & Downgrade Options

MEDICAL - Effective Date: 7/1/2026	Current	Renewal	Negotiated Renewal	Downgrade Option 1	Downgrade Option 2
Carrier	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente
Plan Name	TRADITIONAL PLAN	HIGH COPAY HMO SCR	HIGH COPAY HMO SCR	Kaiser Permanente \$30/\$40 OV, \$500 Day - 3 (19411)	Kaiser Permanente \$250 Ded, \$20/\$30 OV (19433)
Plan Type	HMO	HMO	HMO	HMO	HMO
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Referrals Required	Yes	No	No	No	No
In Network					
Deductible Single	\$0	None	None	\$0	\$250
Deductible Family	\$0	None	None	\$0	\$500
OOP Max Single	\$3,000	\$3,000	\$3,000	\$3,500	\$3,000
OOP Max Family	\$6,000	\$6,000	\$6,000	\$7,000	\$6,000
Outpatient Surgery	\$250 / procedure	\$250 / procedure	\$250 / procedure	\$400 / procedure	10% after ded
Inpatient Facility	\$500 / day, \$1,500 out of pocket/admit	\$500 / day, \$1,500 out of pocket/admit	\$500 / day, \$1,500 out of pocket/admit	\$500/day up to a max of \$1,500/ admit	\$10 after ded
Copays					
Office Copay	\$20	\$20	\$20	\$30	\$20
Specialist	\$40	\$40	\$40	\$40	\$30
ER	\$250	\$250	\$250	\$350	10% after ded
Urgent Care	\$20	\$20	\$20	\$30	\$20
Other Services					
Diagnostic Lab / X-Ray	\$10 / \$10	\$10 / \$10	\$10 / \$10	\$10 / \$10	\$15 / \$15
MRI & CT Scan	\$100 / procedure	\$100/procedure	\$100/procedure	\$300/procedure	10% up to a max of \$250/procedure
RX					
Rx Deductible	None	None	None	None	None
Family Rx Deductible	None	None	None	None	None
Preferred Generic Rx	\$15	\$15	\$15	\$15	\$10
Preferred Brand Rx	\$35	\$35	\$35	\$35	\$30
Non-Preferred Brand Rx	N/A	N/A	N/A	N/A	N/A
Preferred Specialty Rx	30% up to \$250	30% up to \$250	30% up to \$250	30% up to \$250	20% up to \$250
Enrollment					
Employee Only	35	35	35	35	35
Employee Spouse	4	4	4	4	4
Employee Child(ren)	12	12	12	12	12
Family	16	16	16	16	16
Monthly Premiums					
Employee Only	\$717.57	\$792.89	\$776.56	\$765.48	\$766.24
Employee Spouse	\$1,657.58	\$1,831.50	\$1,793.85	\$1,768.25	\$1,770.00
Employee Child(ren)	\$1,370.55	\$1,514.36	\$1,483.23	\$1,462.06	\$1,463.50
Family	\$2,159.88	\$2,386.50	\$2,337.44	\$2,304.09	\$2,306.37
Monthly Premium Per Plan	\$82,789.95	\$91,432.42	\$89,552.80	\$88,274.96	\$88,362.32
Change From Current	---	\$8,682.47 (10.49%)	\$6,802.85 (8.22%)	\$5,525.01 (6.68%)	\$5,612.37 (6.78%)
Annual Premium Per Plan	\$992,999.40	\$1,097,189.04	\$1,074,633.60	\$1,059,299.52	\$1,060,347.84
Change From Current	---	\$104,189.64 (10.49%)	\$81,634.20 (8.22%)	\$66,300.12 (6.68%)	\$67,348.44 (6.78%)



Kaiser HDHP Renewal & Downgrade Options

MEDICAL - Effective Date: 7/1/2026	Current	Renewal	Negotiated Renewal	Downgrade Option
Carrier	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente
Plan Name	HSA-Qualified High Deductible Health Plan (HDHP) HMO	MS DHMO HSA SCR	MS DHMO HSA SCR	\$3,400 Ded, \$30/\$50 OV (19735)
Plan Type	HMO / HSA	HMO / HSA	HMO / HSA	HMO / HSA
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Referrals Required	Yes	No	No	No
In Network				
Deductible Single	\$1,650 Self only enrollment, \$3,300 for any one member within a Family enrollment	\$1,700	\$1,700	\$3,400
Deductible Family	\$3,300 for an entire Family	\$3,400	\$3,400	\$6,800
OOP Max Single	\$3,300	\$3,400	\$3,400	\$5,350
OOP Max Family	\$6,600	\$6800	\$6800	\$10,700
Outpatient Surgery	20% after ded	20% after ded	20% after ded	30% after ded
Inpatient Facility	20% after ded	20% after ded	20% after ded	30% after ded
Copays				
Office Copay	20% after ded	20% after ded	20% after ded	\$30 after ded
Specialist	20% after ded	20% after ded	20% after ded	\$50 after ded
ER	20% after ded	20% after ded	20% after ded	30% after ded
Urgent Care	20% after ded	20% after ded	20% after ded	\$30 after ded
Other Services				
Diagnostic Lab / X-Ray	20% after ded / 80% after ded	20% after ded / 80% after ded	20% after ded / 80% after ded	\$10/encounter after ded / \$10/encounter after ded
MRI & CT Scan	20% after ded	20% after ded	20% after ded	30% up to a max of \$150/procedure after ded
Rx				
Rx Deductible	None	None	None	None
Family Rx Deductible	None	None	None	None
Preferred Generic Rx	\$30	\$30	\$10	\$15
Preferred Brand Rx	\$30	\$30	\$30	\$30
Non-Preferred Brand Rx	N/A	N/A	N/A	N/A
Preferred Specialty Rx	20% up to \$250	20% up to \$250	20% up to \$250	20% up to \$250
Enrollment				
Employee Only	18	18	18	18
Employee Spouse	7	7	7	7
Employee Child(ren)	3	3	3	3
Family	15	15	15	15
Monthly Premiums				
Employee Only	\$531.41	\$586.15	\$574.12	\$487.73
Employee Spouse	\$1,227.57	\$1,354.01	\$1,326.22	\$1,126.66
Employee Child(ren)	\$1,015.01	\$1,139.54	\$1,096.57	\$931.56
Family	\$1,599.56	\$1,784.31	\$1,728.10	\$1,468.07
Monthly Premium Per Plan	\$45,196.80	\$49,852.04	\$48,628.93	\$41,481.49
Change From Current	---	\$4,655.24 (10.30%)	\$3,432.11 (8.04%)	-\$3,715.31 (-8.22%)
Annual Premium Per Plan	\$542,361.60	\$598,224.48	\$585,946.92	\$497,777.88
Change From Current	---	\$55,862.88 (10.30%)	\$43,585.32 (8.04%)	-\$44,583.72 (-8.22%)



Cigna OAPIN Renewal & Blue Shield Options

MEDICAL - Effective Date: 7/1/2026	Current	Renewal	Negotiated Renewal	Negotiated Renewal Alternate	Downgrade	Downgrade Alternate	Pareto	Alternate
Carrier	Cigna	Cigna	Cigna	Cigna	Cigna	Cigna	Blue Shield	Blue Shield
Plan Name	Open Access Plus In-Network	OAPIN (37887194)	OAPIN (40010481)	OAPIN (40010481)	Copy of OAPIN BBD 1_(2) (39987034)	Copy of OAPIN BBD 1_(2) (39987034)	PPO	Custom Full EPO Per Admit 40-500
Funding Type	Alt Funded	Alt Funded	Alt Funded	Alt Funded	Alt Funded	Alt Funded	Alt Funded	Fully Insured
Individual Stop Loss Limit	\$100,000	\$100,000	\$150,000	\$150,000	\$150,000	\$150,000	150000	-
Network	Open Access Plus In-Network - Performance	Open Access Plus In-Network - Performance	Open Access Plus In-Network - Performance	Open Access Plus In-Network - Advantage	Open Access Plus In-Network - Performance	Open Access Plus In-Network - Advantage	Blue Shield	EPO
Unused Claim Rebate	2/3	2/3	2/3	1/2	2/3	1/2	N/A	N/A
In Network								
Deductible Single	\$0	\$0	\$0	\$0	\$2,000	\$2,000	\$0	\$0
Deductible Family	\$0	\$0	\$0	\$0	\$4,000	\$4,000	\$0	\$0
OOP Max Single	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000
OOP Max Family	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000
Outpatient Surgery	\$100 ded/admit	\$100 ded/admit	\$100 ded/admit	\$100 ded/admit	\$100/admit	\$100/admit	\$100 ded/admit	\$100
Inpatient Facility	\$500 ded/admit	\$500 ded/admit	\$500 ded/admit	\$500 ded/admit	\$500/Admit	\$500/Admit	\$500 ded/admit	\$500/admit
Copays								
Office Copay	\$40	\$40	\$40	\$40	\$40 + 100%	\$40 + 100%	\$40	\$40
Specialist	\$45	\$45	\$45	\$45	\$45 + 100%	\$45 + 100%	\$45	\$45
ER	\$250 /visit	\$250 /visit	\$250 /visit	\$250 /visit	\$250/visit	\$250/visit	\$250 /visit	\$250 /visit
Urgent Care	\$50 /visit	\$50 /visit	\$50 /visit	\$50 /visit	\$50 /visit	\$50 /visit	\$50 /visit	\$40/visit
Other Services								
Diagnostic Lab / X-Ray	No charge / No charge	No charge / No charge	No charge / No charge	No charge / No charge	No charge / No charge	No charge / No charge	No charge / No charge	No charge / No charge
MRI & CT Scan	No charge at an outpatient facility No charge in the office	No charge at an outpatient facility No charge in the office	No charge at an outpatient facility No charge in the office	No charge at an outpatient facility No charge in the office	No charge	No charge	No charge at an outpatient facility No charge in the office	No charge
RX								
Rx Deductible	None	None	None	None	None	None	None	None
Family Rx Deductible	None	None	None	None	None	None	None	None
Preferred Generic Rx	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Preferred Brand Rx	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Non-Preferred Brand Rx	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Preferred Specialty Rx								30% up to \$250
Enrollment								
Employee Only	40	40	40	40	40	40	40	40
Employee Spouse	12	12	12	12	12	12	12	12
Employee Child(ren)	29	29	29	29	29	29	29	29
Family	50	50	50	50	50	50	50	50
Monthly Premiums								
Employee Only	\$989.64	\$1,310.06	\$1,240.85	\$1,218.51	\$1,200.98	\$1,179.36	\$1,118.29	\$1,283.41
Employee Spouse	\$2,286.06	\$3,026.22	\$2,866.34	\$2,814.75	\$2,774.25	\$2,724.31	\$2,583.25	\$2,964.66
Employee Child(ren)	\$1,890.21	\$2,502.20	\$2,370.02	\$2,327.36	\$2,293.86	\$2,252.57	\$2,135.94	\$2,451.31
Family	\$2,978.81	\$3,943.27	\$3,734.93	\$3,667.70	\$3,614.94	\$3,549.87	\$3,366.06	\$3,863.05
Monthly Premium Per Plan	\$270,774.91	\$358,444.34	\$339,507.16	\$333,395.84	\$328,599.14	\$322,684.15	\$305,975.65	\$351,152.81
Change From Current	---	\$87,669.43 (32.38%)	\$68,732.25 (25.38%)	\$62,620.93 (23.13%)	\$57,824.23 (21.36%)	\$51,909.24 (19.17%)	\$35,200.74 (13.00%)	\$80,377.90 (29.68%)
Annual Premium Per Plan	\$3,249,298.92	\$4,301,332.08	\$4,074,085.92	\$4,000,750.08	\$3,943,189.68	\$3,872,209.80	\$3,671,707.78	\$4,213,833.72
Change From Current	---	\$1,052,033.16 (32.38%)	\$824,787.00 (25.38%)	\$751,451.16 (23.13%)	\$693,890.76 (21.36%)	\$622,910.88 (19.17%)	\$422,408.86 (13.00%)	\$964,534.80 (29.68%)



Cigna OAP HDHP Renewal & Blue Shield Options

MEDICAL - Effective Date: 7/1/2026	Current	Renewal	Negotiated Renewal	Negotiated Renewal Alternate	Downgrade	Downgrade Alternate	Pareto	Blue Shield
Carrier	Cigna	Cigna	Cigna	Cigna	Cigna	Cigna	Blue Shield	Blue Shield
Plan Name	Open Access Plus	HDHPQ OAP (37887191)	HDHPQ OAP (37887191)	HDHPQ OAP (40010483)	Copy of HDHPQ OAP BBD 1 (39987035)	Copy of HDHPQ OAP BBD 1 (39987035)	PPQ	Blue Shield Custom Full PPO Savings 1wo Tier Embedded Ded 1700/3400/3400 with Value
Funding Type	Alt Funded	Alt Funded	Alt Funded	Alt Funded	Alt Funded	Alt Funded	Alt Funded	Fully Insured
Individual Stop Loss Limit	\$100,000	\$100,000	\$100,000	\$150,000	\$150,000	\$150,000	150000	-
Network	Open Access Plus - Performance	Open Access Plus - Performance	Open Access Plus - Performance	Open Access Plus - Advantage	Open Access Plus - Performance	Open Access Plus - Advantage	Blue Shield	Full PPO
Unused Claim Rebate	2/3	2/3	2/3	1/2	2/3	1/2	N/A	N/A
In Network								
Deductible Single	\$1,650	\$1,700	\$1,700	\$1,700	\$3,000	\$3,000	\$1,700	\$1,700
Deductible Family	\$3,300	\$3,400	\$3,400	\$3,400	\$6,000	\$6,000	\$3,400	\$3,400
OOP Max Single	\$3,000	\$3,000	\$3,000	\$3,000	\$4,000	\$4,000	\$3,000	\$3,000 Individual / \$3,400 Fam Ind
OOP Max Family	\$6,000	\$6,000	\$6,000	\$6,000	\$8,000	\$8,000	\$6,000	\$6,000
Outpatient Surgery	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded
Inpatient Facility	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded
Copays								
Office Copay	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded
Specialist	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded
ER	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded
Urgent Care	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded
Other Services								
Diagnostic Lab / X-Ray	20% after ded / 20% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded
MRI & CT Scan	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded
Rx								
Rx Deductible	None	None	None	None	None	None	None	None
Family Rx Deductible	None	None	None	None	None	None	None	None
Preferred Generic Rx	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15
Preferred Brand Rx	\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
Non-Preferred Brand Rx	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Preferred Specialty Rx								30% up to \$250
Out of Network								
Deductible Single	\$3,200	\$3,200	\$3,200	\$3,200	\$6,000	\$6,000	\$3,200	\$3,200
Deductible Family	\$6,400	\$6,400	\$6,400	\$6,400	\$12,000	\$12,000	\$6,400	\$6,400
OOP Max Single	\$6,000	\$6,000	\$6,000	\$6,000	\$8,000	\$8,000	\$6,000	\$6,000
OOP Max Family	\$12,000	\$12,000	\$12,000	\$12,000	\$16,000	\$16,000	\$12,000	\$12,000
Outpatient Surgery	40% after ded	40% after ded	40% after ded	40% after ded	40% after ded	40% after ded	40% after ded	40% subject to a benefit max of \$350/day after ded
Inpatient Facility	40% after ded	40% after ded	40% after ded	40% after ded	40% after ded	40% after ded	40% after ded	40% subject to a benefit max of \$600/day after ded
Enrollment								
Employee Only	33	33	33	33	33	33	33	33
Employee Spouse	9	9	9	9	9	9	9	9
Employee Child(ren)	17	17	17	17	17	17	17	17
Family	53	53	53	53	53	53	53	53
Monthly Premiums								
Employee Only	\$835.38	\$1,194.17	\$1,132.15	\$1,111.77	\$1,083.34	\$1,063.84	\$943.98	\$1,083.36
Employee Spouse	\$1,929.72	\$2,758.52	\$2,615.24	\$2,568.17	\$2,502.50	\$2,457.86	\$2,180.58	\$2,502.54
Employee Child(ren)	\$1,595.57	\$2,280.85	\$2,162.40	\$2,123.48	\$2,069.17	\$2,031.92	\$1,802.99	\$2,069.20
Family	\$2,514.47	\$3,594.41	\$3,407.73	\$3,346.39	\$3,260.83	\$3,202.14	\$2,841.35	\$3,260.87
Monthly Premium Per Plan	\$205,329.62	\$293,512.47	\$278,268.60	\$273,259.77	\$266,272.60	\$261,479.92	\$232,019.08	\$266,276.25
Change From Current	---	\$88,185.85 (42.95%)	\$72,941.98 (35.52%)	\$67,933.15 (33.09%)	\$60,945.98 (29.68%)	\$56,153.30 (27.35%)	\$26,692.46 (13.00%)	\$60,949.63 (29.68%)
Annual Premium Per Plan	\$2,463,919.44	\$3,522,149.64	\$3,339,223.20	\$3,279,117.24	\$3,195,271.20	\$3,137,759.04	\$2,784,228.97	\$3,195,315.00
Change From Current	---	\$1,058,230.20 (42.95%)	\$875,303.76 (35.52%)	\$815,197.80 (33.09%)	\$731,351.76 (29.68%)	\$673,839.60 (27.35%)	\$320,309.53 (13.00%)	\$731,395.56 (29.68%)



Blue Shield of CA Trio HMO Option

MEDICAL - Effective Date: 7/1/2026	Alternate
Carrier	Blue Shield
Plan Name	Custom Trio HMO Per Day 20-500
Funding Type	Fully Insured
Individual Stop Loss Limit	-
Network	TRIO
Referrals Required	No
In Network	
Deductible Single	\$0
Deductible Family	\$0
OOP Max Single	\$3,000
OOP Max Family	\$6,000
Outpatient Surgery	\$250
Inpatient Facility	\$500/day up to 3 days/admit
Copays	
Office Copay	\$20
Specialist	\$20
ER	\$250
Urgent Care	\$20
Other Services	
Diagnostic Lab / X-Ray	\$10 / \$10
MRI & CT Scan	\$100/test
RX	
Rx Deductible	None
Family Rx Deductible	None
Preferred Generic Rx	\$15
Preferred Brand Rx	\$30
Non-Preferred Brand Rx	\$45
Preferred Specialty Rx	
Monthly Premiums	
Employee Only	\$922.43
Employee Spouse	\$2,130.81
Employee Child(ren)	\$1,761.84
Family	\$2,776.49

Dental & Vision Renewal



MetLife Dental Low Renewal

DENTAL - Effective Date: 7/1/2026	Current	Renewal	Negotiated Renewal
Carrier	MetLife	MetLife	MetLife
Plan Name	Dental Low	Dental Low	Dental Low
In Network			
Office Visit	\$5	\$5	\$5
Cleaning (D1110, D1120)	\$0	\$0	\$0
Molar Root Canal (D3330)	\$210	\$210	\$210
Porcelain Crown with Noble Metal (D6752)	\$225	\$225	\$225
Resin Filling (D2391)	\$30	\$30	\$30
Complete Upper Denture (D5110)	\$260	\$260	\$260
Complete Lower Denture (D5120)	\$260	\$260	\$260
Implants (D6010)	\$1,005	\$1,005	\$1,005
Ortho - Adult (D8090)	\$1,695	\$1,695	\$1,695
Ortho - Child (D8080)	\$1,695	\$1,695	\$1,695
Enrollment			
Employee Only	15	15	15
Employee Spouse	4	4	4
Employee Child(ren)	15	15	15
Family	22	22	22
Monthly Premiums			
Employee Only	\$32.30	\$34.88	\$32.62
Employee Spouse	\$64.41	\$69.56	\$65.05
Employee Child(ren)	\$69.42	\$74.97	\$70.11
Family	\$108.41	\$117.08	\$109.49
Monthly Premium Per Plan	\$4,168.46	\$4,501.75	\$4,209.93
Change From Current	---	\$333.29 (8.00%)	\$41.47 (.99%)
Annual Premium Per Plan	\$50,021.52	\$54,021.00	\$50,519.16
Change From Current	---	\$3,999.48 (8.00%)	\$497.64 (.99%)



DENTAL - Effective Date: 7/1/2026	Current	Renewal	Negotiated Renewal
Carrier	MetLife	MetLife	MetLife
Plan Name	Dental High	Dental High	Dental High
In Network			
Annual Maximum	\$2,000	\$2,000	\$2,000
Deductible Single	\$50	\$50	\$50
Deductible Family	\$150	\$150	\$150
Prev / Basic / Major	100% / 90% / 60%	100% / 90% / 60%	100% / 90% / 60%
Ortho Coinsurance	50%	50%	50%
Ortho Lifetime Max	\$2,000	\$2,000	\$2,000
Out of Network			
Deductible Single	\$50	\$50	\$50
Deductible Family	\$150	\$150	\$150
Prev / Basic / Major	80% / 80% / 80%	80% / 80% / 80%	80% / 80% / 80%
Enrollment			
Employee Only	101	101	101
Employee Spouse	38	38	38
Employee Child(ren)	48	48	48
Family	102	102	102
Monthly Premiums			
Employee Only	\$50.56	\$54.60	\$51.07
Employee Spouse	\$100.54	\$108.58	\$101.55
Employee Child(ren)	\$115.71	\$124.97	\$116.87
Family	\$177.79	\$192.01	\$179.57
Monthly Premium Per Plan	\$32,615.74	\$35,224.22	\$32,942.87
Change From Current	---	\$2,608.48 (8.00%)	\$327.13 (1.00%)
Annual Premium Per Plan	\$391,388.88	\$422,690.64	\$395,314.44
Change From Current	---	\$31,301.76 (8.00%)	\$3,925.56 (1.00%)

MetLife Dental High Renewal



MetLife Vision Renewal

VISION - Effective Date: 7/1/2026	Current	Renewal	Negotiated Renewal
Carrier	MetLife	MetLife	MetLife
Plan Name	Vision Plan	Vision Plan	Vision Plan
In Network			
Exams Copay	\$10	\$10	\$10
Exams Frequency	Once every 12 months	Once every 12 months	Once every 12 months
Lenses Copay	\$25	\$25	\$25
Lenses Frequency	Once every 12 months	Once every 12 months	Once every 12 months
Frames Allowance	\$130 after \$25 eyewear copay	\$130 after \$25 eyewear copay	\$130 after \$25 eyewear copay
Frames Frequency	Once every 12 months	Once every 12 months	Once every 12 months
Contact Lenses Allowance	\$130 allowance	\$130 allowance	\$130 allowance
Contact Lenses Frequency	Once every 12 months	Once every 12 months	Once every 12 months
Out of Network			
Exams Copay	up to \$45	up to \$45	up to \$45
Lenses Copay	Up to \$30	Up to \$30	Up to \$30
Frames Allowance	up to \$70	up to \$70	up to \$70
Contact Lenses Allowance	up to \$105	up to \$105	up to \$105
Enrollment			
Employee Only	120	120	120
Employee Spouse	51	51	51
Employee Child(ren)	50	50	50
Family	111	111	111
Monthly Premiums			
Employee Only	\$8.27	\$8.27	\$8.02
Employee Spouse	\$14.77	\$14.77	\$14.33
Employee Child(ren)	\$16.62	\$16.62	\$16.12
Family	\$24.77	\$24.77	\$24.03
Monthly Premium Per Plan	\$5,326.14	\$5,326.14	\$5,166.56
Change From Current	---	\$0.00 (.00%)	-\$159.58 (-3.00%)
Annual Premium Per Plan	\$63,913.68	\$63,913.68	\$61,998.72
Change From Current	---	\$0.00 (.00%)	-\$1,914.96 (-3.00%)



Basic Life and Vol. Life Renewal



BASIC LIFE - Effective Date: 7/1/2026	Current	Renewal	Negotiated Renewal
Carrier	MetLife	MetLife	MetLife
Plan Name	Basic Life	Basic Life	Basic Life
Benefit			
Benefit Amount	An amount equal to 2 times your basic annual earnings, rounded to the next higher \$1,000.	An amount equal to 2 times your basic annual earnings, rounded to the next higher \$1,000.	An amount equal to 2 times your basic annual earnings, rounded to the next higher \$1,000.
Maximum Benefit	\$500,000	\$500,000	\$500,000
Benefit Reduction	Reduces by 35% at age 65, and to 50% of the original amount at age 70	Reduces by 35% at age 65, and to 50% of the original amount at age 70	Reduces by 35% at age 65, and to 50% of the original amount at age 70
Guaranteed Issue	\$500,000	\$500,000	\$500,000
AD & D	\$500,000	\$500,000	\$500,000
Monthly Premiums (Rates Per \$1,000)			
Volume	\$69,329,900.00	\$69,329,900.00	\$69,329,900.00
Basic Life	\$0.075	\$0.075	\$0.073
AD & D	\$0.014	\$0.014	\$0.014
Monthly Premium Per Plan	\$6,170.36	\$6,170.36	\$6,031.70
Change From Current	---	\$0.00 (.00%)	-\$138.66 (-2.25%)
Annual Premium Per Plan	\$74,044.33	\$74,044.33	\$72,380.42
Change From Current	---	\$0.00 (.00%)	-\$1,663.92 (-2.25%)

MetLife Vol. Life Renewal

VOLUNTARY LIFE - Effective Date: 7/1/2026	Current	Renewal
Carrier	MetLife	MetLife
Plan Name	Vol Life	Vol Life
Benefit		
Benefit Amount	Increments of \$25,000	Increments of \$25,000
Maximum Benefit	\$500,000	\$500,000
Accelerated Benefit	Increments of \$25,000	Increments of \$25,000
Employee GI	\$500,000	\$500,000
Spouse GI	\$100,000	\$100,000
Dependent GI	\$10,000	\$10,000
Employee AD&D	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)
Spouse AD&D	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)
Dependent AD&D	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)
Monthly Premiums (Rates Per \$1,000)		
Volume	\$15,275,000.00	\$15,275,000.00
AD & D	\$0.015	\$0.015
Spouse AD & D	\$0.015	\$0.015
	29 & Under: \$0.052	29 & Under: \$0.052
	30-34: \$0.061	30-34: \$0.061
	35-39: \$0.096	35-39: \$0.096
	40-44: \$0.146	40-44: \$0.146
	45-49: \$0.223	45-49: \$0.223
	50-54: \$0.364	50-54: \$0.364
	55-59: \$0.578	55-59: \$0.578
	60-64: \$0.879	60-64: \$0.879
	65-69: \$1.483	65-69: \$1.483
	70-74: \$2.643	70-74: \$2.643



Disability



MetLife STD Renewal

SHORT TERM DISABILITY - Effective Date: 7/1/2026	Current	Renewal	Negotiated Renewal	Alternate Plan	
Carrier	MetLife	MetLife	MetLife	MetLife	MetLife
Contrib/Non-Contributory	Non-Contributory	Non-Contributory	Non-Contributory	Non-Contributory	Non-Contributory
Plan Name	STD	STD	STD	STD - Non CA EEs (30 hours)	STD - CA EEs earning more than \$65k (30 hours)
Multi-class	No	No	No	No	No
Benefit					
Benefit Percentage	66.67%	66.67%	66.67%	66.67%	10%
Max Weekly Benefit	\$2,000	\$2,000	\$2,000	\$2,000	\$1,000
Max Benefit Duration	25 Weeks	25 Weeks	25 Weeks	25 Weeks	25 Weeks
Elimination Period - Accident	7 days	7 days	7 days	7 days	7 days
Elimination Period - Sickness	7 days	7 days	7 days	7 days	7 days
Definition of Disability	Disability or Disabled means that as a result of Sickness or injury you are either Totally or Partially Disabled	Disability or Disabled means that as a result of Sickness or injury you are either Totally or Partially Disabled	Disability or Disabled means that as a result of Sickness or injury you are either Totally or Partially Disabled	Disability or Disabled means that as a result of Sickness or injury you are either Totally or Partially Disabled	Disability or Disabled means that as a result of Sickness or injury you are either Totally or Partially Disabled
Earnings Definition	Base Wage	Base Wage	Base Wage	Base Wage	Base Wage
Guaranteed Issue	\$2,000	\$2,000	\$2,000	\$2,000	\$1,000
Monthly Premiums					
Rates Per \$10	\$0.351	\$0.461	\$0.453	\$0.569	
Covered Weekly Benefit	\$59,400.33	\$59,400.33	\$59,400.33	\$100,386.00	
Monthly Premium Per Plan	\$2,084.95	\$2,738.36	\$2,690.83	\$5,711.96	
Change From Current	---	\$653.40 (31.34%)	\$605.88 (29.06%)	\$2,973.61 (108.59%)	
Annual Premium Per Plan	\$25,019.42	\$32,860.26	\$32,290.02	\$68,543.56	
Change From Current	---	\$7,840.84 (31.34%)	\$7,270.60 (29.06%)	\$35,683.30 (108.59%)	



MetLife LTD Renewal

LONG TERM DISABILITY - Effective Date: 7/1/2026	Current	Renewal	Negotiated Renewal
Carrier	MetLife	MetLife	MetLife
Contrib/Non-Contributory	Non-Contributory	Non-Contributory	Non-Contributory
Plan Name	LTD	LTD	LTD
Multi-class	No	No	No
Benefit			
Benefit Percentage	66.67%	66.67%	66.67%
Max Monthly Benefit	\$11,000	\$11,000	\$11,000
Max Benefit Duration	SS/NRA	SS/NRA	SS/NRA
Elimination Period	90 Days	90 Days	90 Days
Own Occupation Period	24 Months	24 Months	24 Months
Definition of Disability	Disability or Disabled means that as a result of Sickness or injury you are either Totally Disabled or Partially Disabled.	Disability or Disabled means that as a result of Sickness or injury you are either Totally Disabled or Partially Disabled.	Disability or Disabled means that as a result of Sickness or injury you are either Totally Disabled or Partially Disabled.
Earnings Definition	Base Wage	Base Wage	Base Wage
Pre-existing Conditions	3 months prior / 12 months insured	3 months prior / 12 months insured	3 months prior / 12 months insured
Guaranteed Issue	\$11,000	\$11,000	\$11,000
Mental & Nervous	24 Months	24 Months	24 Months
Monthly Premiums			
Rates Per \$100	\$0.197	\$0.197	\$0.191
Covered Monthly Payroll	\$2,827,017.94	\$2,827,017.94	\$2,827,017.94
Monthly Premium Per Plan	\$5,569.23	\$5,569.23	\$5,399.60
Change From Current	---	\$0.00 (.00%)	-\$169.62 (-3.05%)
Annual Premium Per Plan	\$66,830.70	\$66,830.70	\$64,795.25
Change From Current	---	\$0.00 (.00%)	-\$2,035.45 (-3.05%)



Compliance Updates

	2025	Effective 2026
HDHP Annual Minimum Deductible Limit	Individual \$1,650 Family \$3,300	Individual \$1,700 Family \$3,400
HDHP Annual Maximum Out-of-Pocket Limit	Individual \$8,300 Family \$16,600	Individual \$8,500 Family \$17,000
HSA Maximum Contribution Amount	Individual \$4,300 Family \$8,550 Catch-up (age 55+) \$1,000	Individual \$4,400 Family \$8,750 Catch-up (age 55+) \$1,000 (<i>no increase</i>)
Health Care & Limited Purpose FSA Contribution Amount	\$3,300 per person	\$3,400 per person
Health Care & Limited Purpose FSA Carryover	\$660 from 2025 to 2026	\$680 carried from 2026 to 2027
Transit and Parking FSA	\$325 per account	\$340 per account



Effective 1/1/2026, relief from the minimum deductible requirement for telehealth coverage expires. In order to maintain HSA eligibility, telehealth must be subject to the deductible.

Considerations and Recommendations

Renewal Considerations

OPTION 1

Medical

- Status Quo with Cigna OAPIN (37887194)
- Move to the Revised Cigna Plan (39985075)
- Change to Cigna Alternate Plan (39987034)

Dental

- Status Quo MetLife Low and High Plans

Vision

- Status Quo MetLife Vision 10/130/25

Life/DI

- Status Quo MetLife Basic Life/AD&D
- Status Quo MetLife STD
- Status Quo MetLife LTD

OPTION 2

Medical

- Move to Blue Shield PPO with Pareto

Dental

- Status Quo MetLife Low and High Plans

Vision

- Status Quo MetLife Vision 10/130/25

Life/DI

- Status Quo MetLife Basic Life/AD&D
- Move to MetLife STD Alternate (Non-CA & CA)
- Status Quo MetLife LTD

OPTION 3

Medical

- Move to Blue Shield Admit 40/500 Blue shield

Medical

- Add Blue shield HMO – Trio Narrow Network

Dental

- Status Quo MetLife Low and High Plans

Vision

- Status Quo MetLife Vision 10/130/25

Life/DI

- Status Quo MetLife Basic Life/AD&D
- Move to MetLife STD Alternate (Non-CA & CA)
- Status Quo MetLife LTD

A woman with long brown hair, wearing black-rimmed glasses and a light green ribbed sweater, is looking down at a smartphone she is holding with both hands. The background is a softly lit interior with light-colored curtains. The overall mood is calm and focused.

Next Steps:

*Decisions and
Timeline*

Decision Checklist – July 1, 2026

Medical

- Status Quo Cigna Level FI Renewal
- Status Quo with Kaiser HMO

- Move to Cigna Revised Renewal (37887191)
- Move to Cigna Alternate Plan (39987035)
- Move to Blue Shield of CA w/ Pareto
- Move to Blue Shield of CA

Dental

- Status Quo Fully Insured Renewal

Vision

- Status Quo Fully Insured Renewal

Contributions:

- Maintain same % share
- Modify %

Life/AD&D

- Status Quo Basic Life / AD&D
- Status Quo Supplemental Life/AD&D
- Status Quo LTD
- Status Quo STD (OOS only)
- Change STD plan and offer for OOS and CA employees

Other Benefits

- _____

Open Enrollment Dates

- _____

Renewal and OE timeline

Topic	Description	Tentative Dates
1 Renewal Meeting and Decisions	<ul style="list-style-type: none"> Renewal Meeting Cost summaries, plan options and contribution modeling OE Timeline and communication strategy established Executive Review and Approval of renewal decisions Final rates, contributions, Domestic Partner Imputed Income and COBRA rates prepared Support and Development of 2026 Open Enrollment Communications 	<ul style="list-style-type: none"> April 6th Mid April Mid April April 13th April 20th Late April
2 Communication to Vendors	<ul style="list-style-type: none"> Confirm decisions and OE timing expectations [COBRA & CalCOBRA OE timing] Implement any changes 2026 Carrier and Vendor Implementation Kick Offs (if applicable) 	<ul style="list-style-type: none"> April 14th – April 17th Mid April Mid April
3 Open Enrollment Planning	<ul style="list-style-type: none"> OE Employee Communications prepared Update Ben Admin System and Testing OE Communications Review and Approval 	<ul style="list-style-type: none"> Early May Early May Early May
4 Open Enrollment	<ul style="list-style-type: none"> Announcements made to employees; OE Save the Date [Confirm COBRA packets] Online Benefits System open for changes OE Meetings Held Submit OE Enrollment Elections to Carrier and Vendors 	<ul style="list-style-type: none"> TBD TBD May 11th – May 22nd June 2nd
5 Post Open Enrollment	<ul style="list-style-type: none"> Manual process all New Hire enrollments, terms and QLE's directly with the carriers/vendors for the remainder of June New ID Cards delivered to employees 	<ul style="list-style-type: none"> TBD Mid-July
6 Post-Renewal Follow-Up	<ul style="list-style-type: none"> EDI files to carriers resume (if applicable) SPDs/Plan Documents reviewed and delivered Post OE, Benefit rates audit of carrier invoices (confirm for accurate rates) Meet for post-OE review/evaluation and planning 	<ul style="list-style-type: none"> July Q3 2026 August Mid-Late September

Renewal and OE timeline

	1	2	3	4	5	6
Completed by	April 6 th	April 10 th (Proposed)	April 13 th	April 17 th	April 21 st	April 27 th
Action items	Initial Renewal Presentation - Discuss OE Best Practices, Outline Procedures and Timeline	Post Renewal Meeting Follow Up	CalOps Executive Approval	Renewal Decisions Finalized with Carriers	Provide Rates & Contributions for [Inova] update (Systems Team)	Newfront to send OE Communications DRAFT to CalOps
Owner	Newfront/CalOps	Newfront/CalOps	CalOps	Newfront	Newfront	Newfront/CalOps



Renewal and OE timeline (Cont.)

	7	8	9	10	11	12	13
Completed by	TBD	Early May	Early May	Mid May	May 11 th – May 22 rd (proposed)	May 25 th – May 29 th	May 29 th
Action items	Provide 2026 Plan Design/Summaries for 2026 update	OE Portal Ready for Review	OE System Configured and Ready For Testing	OE Meetings/OE Communication to Employees	OE Period	Post OE Admin Period	Inova to Send New Plan Year Carrier Files
Owner	Newfront	Newfront/CalOps	Newfront/CalOps	Newfront/CalOps	CalOps	CalOps	CalOps



Thank You

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Move to Appendix

Include status quo option until others have been discussed. Follow up based on options discussed selected will be necessary.

Contributions Analysis

2026 Contributions - Cost Summary

	2024	2026 - Static \$	2026 - Static % <i>2024 Strategy</i>	2026 - Share increase 50%/50%	2026 - High Savings (+50% EE Contribution Inc)	2026 - Medium Savings (+25% EE Contribution Inc)	2026 - Low Savings (+10% EE Contribution Inc)
Gross Cost	\$28,014,000	\$31,833,000	\$31,833,000	\$31,833,000	\$31,833,000	\$31,833,000	\$31,833,000
Employee Contributions	(\$7,997,000)	(\$7,997,000)	(\$9,058,000)	(\$9,907,000)	(\$11,888,000)	(\$9,835,000)	(\$8,743,000)
Net Cost to COMPANY	\$20,017,000	\$23,836,000	\$22,775,000	\$21,926,000	\$19,945,000	\$21,998,000	\$23,090,000
Net \$ Change to COMPANY		\$3,819,000	\$2,758,000	\$1,909,000	(\$72,000)	\$1,981,000	\$3,073,000
Net % Change to COMPANY		19.1%	13.8%	9.5%	-0.4%	9.9%	15.4%
Savings If Recommendations on Slide 5 are Approved		(\$1,057,000)	(\$1,057,000)	(\$1,057,000)	(\$1,057,000)	(\$1,057,000)	(\$1,057,000)
Net \$ Change to COMPANY (net savings from program changes)		\$2,762,000	\$1,701,000	\$852,000	(\$1,129,000)	\$924,000	\$2,016,000
Net % Change to COMPANY		13.8%	8.5%	4.3%	-5.6%	4.6%	10.1%

Affordability

Safe Harbor Method **	Federal Poverty Level (FPL)	Rate of Pay - Hourly	Rate of Pay - Salaried
2026 Affordability Safe Harbor - US Mainland - Monthly	\$113.20	N/A	N/A
2026 Lowest Single Contribution Cost MEC Plan - Monthly	\$71.45	\$71.45	\$71.45
Pass / Fail	Pass	N/A	N/A
Affordability Result	Affordability is expected to pass for 2026 based on FPL		
**Estimated - 2026 Safe Harbor values not released yet			

**Medical plan w/ lowest EE contribution must be available to ALL eligible employees to pass Affordability*



Move to Appendix

2025 Affordability S

Optional Slide

- Table data is from the RMW

The employer mandate affordability is based on the rate of premium growth over the rate of CPI growth for the preceding year. For 2025, the applicable percentage increases to 9.02% (up from 8.39% in 2024). Full Details Available Here: [The ACA Affordability Determination in 2025](#)

2025 Federal Poverty Line Safe Harbor: 9.02% of the Federal Poverty Line

- Prior-Year Federal Poverty Line (Contiguous 48 States): \$15,060
- 2025 Monthly Employee-Share of Premium for Lowest-Cost (Minimum Value) Plan Limit: \$113.20
- *Action Item: Always use this approach where the employer offers plan option at a cost that does not exceed \$113.20/month*

2025 Rate of Pay Safe Harbor: 9.02% of Rate of Pay

- Hourly Employees: 9.02% of Employee's Hourly Rate of Pay x 130 Hours (regardless of actual hours of service)
- Salaried Employees: 9.02% of Employee's Monthly Salary
- *Action Item: Use this approach where the employer's cheapest (minimum value) plan option costs employees more than \$109.81/month*

2025 Form W-2 Safe Harbor (Not Recommended): 9.02% of Box 1 Wages

- *Disadvantage #1: Retrospective Determination*—Form W-2 safe harbor provides no predictability because Box 1 unknown until January of following year (i.e., employer will not know until January 2025 whether it met the Form W-2 safe harbor for 2024)
- *Disadvantage #2: Disregarded Compensation*—Box 1 does not include many forms of compensation, including 401(k) deferrals and Section 125 salary reductions for health and welfare plan coverage
- *Disadvantage #3: Fixed Premium*—The employee-share of the premium must remain consistent as an amount or percentage for the full plan year, which means employers cannot make mid-year adjustments to address lower-than-anticipated Box 1 amounts

Move to Appendix

2026 Employee Communications

Open enrollment dates: proposed October 18th – November 1st

2026 COMMUNICATIONS

Decision Support Tool – Alex or Picwell

Open Enrollment Page on Benefits Site

Open Enrollment Presentation

Email Campaign

Email 1 – OE Save the Date

Email 2 – OE has started

Email 3 – Reminder to Enroll

Email 4 – Last day to enroll

Open Enrollment Slack Post

FIRST DRAFT DUE DATE

Mid-Late September

First draft to be provided by September 17th

First draft to be provided by September 30th

First draft of all emails to be provided on September 18th

First draft to be provided on September 30th

RELEASE DATE TO EMPLOYEES

Early October

October 11th

October 18th

Email 1 – September 27th

Email 2 – October 18th

Email 3 – October 25th

Email 4 – November 1st

October 4th and/or 11th



