CONSOLIDATED MOSQUITO ABATEMENT DISTRICT
13151 E. Industrial Dr., Parlier, CA 93648
559-896-1085 | www.consolidatedmadca.gov

Board of Trustees Meeting
Monday, August 17, 2026
1:00PM

AGENDA

1. **Roll Call:**

2. **Public Comments:**
   This is an opportunity for public comment on non-agenda items. The President reserves the right to limit the duration of each speaker to five (5) minutes. It is customary for the Board not to answer any questions impromptu.

3. **Items of General Consent:**
   The following items are routine in nature and may be approved by one blanket motion upon unanimous consent. The President or any member of the Board of Trustees may request an item be pulled from Items of General Consent for a separate discussion.
   A. **Approval of July Minutes**
   B. **Approval of July Payroll and Bills**

4. **Employee Health Benefits Program**
   The SDRMA health benefits program medical plan rates for 2027 will be presented to the Board.

5. **Revised SDRMA Health Benefits Program Memorandum of Understanding (MOU):**
   The Board will consider a resolution to approve an MOU authorizing participation in the SDRMA Health Benefits Program.

6. **Discussion Regarding Repair of Damaged Entrance Gate at Clovis Facility:**
   The Board will discuss and possibly take action regarding the repair of the Clovis facility gate, damaged in a recent vehicle incident.

7. **Meeting Reports:**
   Reports on District participation at authorized meetings will be given by those who attended.

8. **Manager's Report:**
   This is an opportunity for the Manager to report on District activities.

9. **Board General Discussion:**
   This is an opportunity for Board Members to ask questions for clarification, provide information to staff, request staff to report back on a matter or direct staff to place a matter on a subsequent agenda.

10. **Adjournment:**

Minutes of a Meeting of the Board of Trustees of the Consolidated Mosquito Abatement District
July 20, 2026

A meeting of the Board of Trustees of the Consolidated Mosquito Abatement District was held at the District Office, in Parlier at l:00 PM on July 20, 2026.

1. **Roll Call:** President Smith called the meeting to order at 1:00 PM.

Trustees Present:

Tokuo Fukuda	Kingsburg
Mary Anne Hill	County of Fresno
Abe Isaak	Reedley
Charles Lockhart	Orange Cove
Michelle Lopez	Parlier
Craig Mellon	Fowler
Ward Scheitrum	Fresno
Charles Smith	Selma
Karen Steinhauer	Sanger
Bruce Taylor	County of Fresno
John Varin	Clovis

Trustees Absent:

Others Present:

Jodi Holeman	District Manager
Karan Cox	Office Administrator

2. **Public Comments:** None.

3. **Items of General Consent:** The following items are routine in nature and may be approved by one blanket motion upon unanimous consent. The President or any member of the Board of Trustees may request an item be pulled from Items of General Consent for a separate discussion.

   A. Approval of June Minutes
   B. Approval of June Payroll and Bills

   A motion was made by Trustee Isaak, seconded by Trustee Lockhart, and passed by unanimous vote to approve the items of General Consent.

4. **Expense Reimbursement Disclosure Report:** A motion was made by Trustee Scheitrum, seconded by Trustee Isaak, and passed by unanimous vote to accept the expense reimbursement disclosure report for FY 2025 – 2026 as presented.

5. **Discussion Regarding District Banking Services and Investment Structure: Following** the Manager's report on the limitations of the District's current investment options under Fresno County Treasury policies, the Board directed the District Manager to research alternative banking services outside the County treasury system and return with findings for further consideration. No formal action was taken.

6. **Change September Meeting Date: A** motion was made by Trustee Lockhart, seconded by Trustee Mellon and passed by unanimous vote to cancel the September 21, 2026, regular Board meeting and to schedule a special meeting on Friday, September 18, 2026.

7. **Meeting Reports:** An oral report was given by Trustee Taylor on his attendance at the VCJPA Board of Directors meeting in Sacramento, CA on June 18, 2026, and an oral report was given by District Manager Holeman on her attendance at the CSDA Manager Leadership Summit on June 28 – 30, 2026 in Newport Beach, CA.

8. **Manager's Report: District** Manager Holeman provided the Board with the monthly program update and a copy of the Wing Beats magazine article on the District's PacVec internship program.

9. **Board General Discussion:** None.

10. **Adjournment:** The meeting ended at 1:56 PM. The next Board meeting will be held on Friday, September 18, 2026.

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Attested
Member, Board of Trustees

Consolidated Mosquito Abatement District
Monthly Expenses
July 2026

BMO Checks

Check #	Amount	Employee Amount	District Amount	Payee	Description
33839	$2,493.76			Amy L Garcia	Payroll - Full-Time Employee
33840	$1,726.75			Andrew Chavez	Payroll - Seasonal Employee
33841	$1,869.84			Anita Munoz	Payroll - Seasonal Employee
33842	$811.81			Anthony Marty Martinez	Payroll - Seasonal Employee
33843	$1,586.87			Celestine Yang	Payroll - Seasonal Employee
33844	$1,799.92			Cheng Vang	Payroll - Seasonal Employee
33845	$3,270.28			Chris K Monis	Payroll - Full-Time Employee
33846	$2,143.85			Chulong Vang	Payroll - Seasonal Employee
33847	$1,497.71			David Rodriguez	Payroll - Seasonal Employee
33848	$2,098.70			Derek Hill	Payroll - Full-Time Employee
33849	$2,646.52			Devon R Cornel	Payroll - Full-Time Employee
33850	$2,464.80			Donald R McNiel	Payroll - Full-Time Employee
33851	$1,360.40			Enrique Garcia-Chimal	Payroll - Seasonal Employee
33852	$1,626.34			Eric Ferguson	Payroll - Seasonal Employee
33853	$821.18			Frank Zuniga	Payroll - Seasonal Employee
33854	$2,745.14			Gha Vang	Payroll - Full-Time Employee
33855	$2,320.38			Jacob Uribe	Payroll - Seasonal Employee
33856	$1,622.71			Jay Cha	Payroll - Seasonal Employee
33857	$2,169.20			Jesse Hernandez	Payroll - Seasonal Employee
33858	$4,526.98			Jodi J Holeman	Payroll - Full-Time Employee
33859	$1,678.14			Jorge Rivas Maya	Payroll - Seasonal Employee
33860	$2,399.40			Jose L Moreno	Payroll - Full-Time Employee
33861	$1,666.42			Joshua Cornelius	Payroll - Seasonal Employee
33862	$2,703.96			Jovana Benavides	Payroll - Full-Time Employee
33863	$1,860.79			Justin Lor	Payroll - Seasonal Employee
33864	$1,415.74			Kamaljit Bath	Payroll - Seasonal Employee
33865	$2,112.52			Karan L Cox	Payroll - Full-Time Employee

Consolidated Mosquito Abatement District
Monthly Expenses
July 2026

Check #	Amount	Employee Amount	District Amount	Payee	Description
33866	$3,251.76			Katherine Ramirez	Payroll - Full-Time Employee
33867	$1,792.78			Lewis Nunes	Payroll - Seasonal Employee
33868	$1,633.69			Logan McIntyre	Payroll - Seasonal Employee
33869	$1,590.69			Mathew Hepner	Payroll - Seasonal Employee
33870	$1,783.15			Richard Gordon	Payroll - Seasonal Employee
33871	$2,370.09			Robert Martinez	Payroll - Seasonal Employee
33872	$1,835.76			Roger Vang	Payroll - Seasonal Employee
33873	$2,845.42			Salman Sakib	Payroll - Full-Time Employee
33874	$1,828.53			Sandra Ventura	Payroll - Seasonal Employee
33875	$1,678.69			Stephanie Walton Woods	Payroll - Seasonal Employee
33876	$1,587.34			Tracy Autrey	Payroll - Seasonal Employee
33877	$1,699.14			Yicherpe Vang	Payroll - Seasonal Employee
33878	$3,604.39			EDD	Employee Personal Income Tax
33879	$10,715.05			EDD	Unemployment Insurance
33880	$25,842.14	$17,377.57	$8,464.57	CMAD	Employee & District - Federal, FICA, M/C
33881	$11,314.75	$5,048.14	$6,266.61	CalPERS	Retirement - Employee & District portions
33882	$3,040.00			MissionSquare-303789	Employee 457 (b) Deferred Compensation
33883	$1,275.00			Valley First Credit Union	Employee credit union
33884	$800.00			California State Disbursement Unit	Withholding order
33885	$750.00			Donald McNiel	H S A Deductible 3rd quarter
33886	$750.00			Chris Monis	H S A Deductible 3rd quarter
33887	$1,500.00			Jose Moreno	H S A Deductible 3rd quarter
33888	$1,500.00			Gha Vang	H S A Deductible 3rd quarter
33889	$9,000.00			First American Bank	H S A Deductible 3rd quarter
33890	$5,250.00			AMCA	Annual membership dues
33891	$1,044.00			AT&T	Telephone / internet - Parlier facility
33892	$46,403.00			CalPERS	Annual lump sum unfunded liability payment
33893	$4,410.00			CivicPlus LLC	Annual website compliance & maintenance

Consolidated Mosquito Abatement District
Monthly Expenses
July 2026

Check #	Amount	Employee Amount	District Amount	Payee	Description
33894	$43.49			Mid-Valley Disposal	Disposal - Clovis facility
33895	$49.78			Mid-Valley Disposal	Disposal - Selma facility
33896	$5.14			PG&E	Electric charges - Caruthers facility
33897	$7.57			PG&E	Gas charges - Clovis facility
33898	$29.26			PG&E	Electric charges - Selma facility
33899	$81.72			PG&E	Electric & gas charges - Selma facility
33900	$184.30			City of Sanger	Water, sewer & disposal - Sanger facility
33901	$21,243.76			SDRMA	Monthly health, dental & vision premium
33902	$77.63			SoCal Gas	Gas charges - Parlier facility
33903	$15.89			SoCal Gas	Gas charges - Caruthers facility
33904	$2,400.00			Vector-Borne Disease Account	Employee certification fees
33905	$198,471.45			Vector Control JPA	Worker's comp, liability & property premium
33906	$19,455.40			Wex Bank - Valero	Fuel
33907	$2,493.75			Amy L Garcia	Payroll - Full-Time Employee
33908	$1,864.22			Andrew Chavez	Payroll - Seasonal Employee
33909	$2,027.70			Anita Munoz	Payroll - Seasonal Employee
33910	$1,911.04			Anthony Marty Martinez	Payroll - Seasonal Employee
33911	$1,724.04			Celestine Yang	Payroll - Seasonal Employee
33912	$1,934.85			Cheng Vang	Payroll - Seasonal Employee
33913	$3,269.80			Chris K Monis	Payroll - Full-Time Employee
33914	$2,297.71			Chulong Vang	Payroll - Seasonal Employee
33915	$1,796.34			David Rodriguez	Payroll - Seasonal Employee
33916	$2,098.01			Derek DW Hill	Payroll - Full-Time Employee
33917	$2,646.52			Devon Cornel	Payroll - Full-Time Employee
33918	$2,464.79			Donald R McNiel	Payroll - Full-Time Employee
33919	$1,224.09			Enrique Garcia-Chimal	Payroll - Seasonal Employee
33920	$1,825.05			Eric Ferguson	Payroll - Seasonal Employee
33921	$884.04			Frank Zuniga	Payroll - Seasonal Employee

Consolidated Mosquito Abatement District
Monthly Expenses
July 2026

Check #	Amount	Employee Amount	District Amount	Payee	Description
33922	$2,745.14			Gha Vang	Payroll - Full-Time Employee
33923	$2,559.48			Jacob Uribe	Payroll - Seasonal Employee
33924	$943.36			Jay Cha	Payroll - Seasonal Employee
33925	$2,539.13			Jesse Hernandez	Payroll - Seasonal Employee
33926	$4,526.99			Jodi J Holeman	Payroll - Full-Time Employee
33927	$1,480.91			Jorge Rivas Maya	Payroll - Seasonal Employee
33928	$2,357.13			Jose L Moreno	Payroll - Full-Time Employee
33929	$1,675.29			Joshua Cornelius	Payroll - Seasonal Employee
33930	$2,703.97			Jovana Benavides	Payroll - Full-Time Employee
33931	$2,014.17			Justin Lor	Payroll - Seasonal Employee
33932	$1,093.31			Kamaljit Bath	Payroll - Seasonal Employee
33933	$2,112.53			Karan L Cox	Payroll - Full-Time Employee
33934	$3,251.75			Katherine Ramirez	Payroll - Full-Time Employee
33935	$1,561.75			Lewis Nunes	Payroll - Seasonal Employee
33936	$1,046.56			Logan McIntyre	Payroll - Seasonal Employee
33937	$1,724.04			Mathew Hepner	Payroll - Seasonal Employee
33938	$520.85			Richard Gordon	Payroll - Seasonal Employee
33939	$2,370.07			Robert Martinez	Payroll - Seasonal Employee
33940	$2,166.78			Roger Vang	Payroll - Seasonal Employee
33941	$2,845.42			Salman Sakib	Payroll - Full-Time Employee
33942	$1,994.76			Sandra Ventura Sierra	Payroll - Seasonal Employee
33943	$1,811.04			Stephanie Walton Woods	Payroll - Seasonal Employee
33944	$1,767.76			Yicherpe Vang	Payroll - Seasonal Employee
33945	$3,684.06			EDD	Employee Personal Income Tax
33946	$25,792.44	$17,394.22	$8,398.22	CMAD	Employee & District - Federal, FICA, M/C
33947	$11,121.04	$4,992.77	$6,128.27	CalPERS	Retirement - Employee & District portions
33948	$3,040.00			MissionSquare-303789	Employee 457 (b) Deferred Compensation
33949	$1,275.00			Valley First Credit Union	Employee credit union

Consolidated Mosquito Abatement District
Monthly Expenses
July 2026

Check #	Amount	Employee Amount	District Amount	Payee	Description
33950	$71.68			American Family Life Assurance C	Disability insurance
33951	$54.92			California Water Service	Water - Selma facility
33952	$49.95			DoorKing, Inc.	Monthly gate cellular service
33953	$180.93	$48.10	$132.83	Mutual of Omaha	Life insurance
33954	$18.16			PG&E	Electric & gas charges - Sanger facility
33955	$23.82			PG&E	Electric charges - Clovis facility
33956	$1,587.91			PG&E	Electric charges - Parlier facility
33957	$14.67			PG&E	Electric charges - Caruthers facility
33958	$2,501.56			Verizon	Vehicle GPS & cameras
33959	$2,163.04			Verizon Wireless	Cell phones & field tablet cellular service
33960	$73,773.36			Adapco	Insecticides
33961	$800.00			All-Pro Janitorial Services	Janitorial services - May & July
33962	$304.27			AutoZone, Inc.	Repair parts
33963	$459.86			Battery Systems, Inc.	Batteries
33964	$109,454.51			Clarke Mosquito Control	Insecticides
33965	$11,985.00			ESRI, Inc.	Arc GIS Annual Subscription
33966	$335.57			FedEx	Mosquito sample shipping
33967	$261.90			Goodsuite	Copier repairs & maintenance
33968	$684.34			Jorgensen Company	Fire extinguisher maintenance & safety supplies
33969	$102.49			Kimball Midwest	Shop supplies
33970	$3,086.48			Linde Gas & Equipment, Inc.	Dry ice
33971	$855.00			Lozano Smith	Legal fees
33972	$861.29			Mission Uniform Service	Uniforms & safety
33973	$4,400.00			MVCAC	Mosquito sample testing
33974	$11,965.00			MVCAC	Corporate membership dues
33975	$436.62			Nelson's Ace Hardware	Janitorial & shop supplies / fish supplies
33976	$168.62			Napa	Repair parts
33977	$293.54			O'Reilly Auto Parts	Repair parts

Consolidated Mosquito Abatement District
Monthly Expenses
July 2026

Check #	Amount	Employee Amount	District Amount	Payee	Description
33978	$523.88			PBM Supply & Mfg, Inc.	Spray & field equipment
33979	$425.17			Matson Alarm Co	Alarm systems
33980	$62.05			Uline	Field supplies
33981	$6,999.14			U.S. Bank Corporate Payment	Credit card statement - see transaction list
33982	$10,261.75			Veseris	Insecticides
33983	$980.00			Westech Systems, LLC	Solar panel cleaning - Clovis & Parlier facilities
33984	$856.00			California State Disbursement Unit	Withholding order
33985	$50.00			MissionSquare-303789	Employee 457 (b) Deferred Compensation
Total	**$818,840.03**	**$220,168.22**	**$598,671.81**		

County of Fresno Checks

Check #	Amount	Payee	Description
313960	$448,600.87	Consolidated Mosquito	Transfer funds to checking
313961	$129,853.32	Consolidated Mosquito	Transfer funds to checking
313962	$239,479.84	Consolidated Mosquito	Transfer funds to checking
313963	$906.00	Consolidated Mosquito	Transfer funds to checking
	$818,840.03		

Summary of July Expenses

July 2026 Salaries & Wages	$220,168.22
July 2026 Maintenance & Operations	$598,671.81
Total July 2026 Expenditures	**$818,840.03**

Consolidated Mosquito Abatement District
Monthly Budget Summary
July 2026

ACCOUNT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET FY 2026/2027	CURRENT BUDGET FY 2026/2027	SPENT TO DATE	BALANCE JULY 31, 2026	PERCENT OF BUDGET	VARIANCE FY 2026/2027
SALARIES, WAGES & EMPLOYEE BENEFITS							
6101-01	Salaried Wages & Trustee Allowance	$1,380,000.00	**$1,380,000.00**	$105,869.66	$1,274,130.34	8%	$0.00
6101-06	Hourly Wages & Extra Help	$930,000.00	**$930,000.00**	$114,309.60	$815,690.40	12%	$0.00
6101-02	FICA Employers Contribution	$180,000.00	**$180,000.00**	$16,862.79	$163,137.21	9%	$0.00
6101-03	Unemployment Insurance	$25,000.00	**$25,000.00**	$10,715.05	$14,284.95	43%	$0.00
6101-04	Retirement District's Payment	$155,000.00	**$155,000.00**	$12,394.88	$142,605.12	8%	$0.00
6101-08	CalPERS UAL Payment	$50,000.00	**$50,000.00**	$46,403.00	$3,597.00	93%	$0.00
6101-05	Group Health Insurance & Wellness Benefits	$335,000.00	**$335,000.00**	$34,866.09	$300,133.91	10%	$0.00
	TOTALS	**$3,055,000.00**	**$3,055,000.00**	**$341,421.07**	**$2,713,578.93**	11%	$0.00
OPERATING & MAINTENANCE SUPPLIES & EXPENSE							
6102-01	Insecticides & Herbicides	$605,000.00	**$605,000.00**	$193,489.62	$411,510.38	32%	$0.00
6102-02	Power Spray & Field Equipment	$40,000.00	**$40,000.00**	$1,543.76	$38,456.24	4%	$0.00
6102-04	Fish Program	$10,000.00	**$10,000.00**	$125.29	$9,874.71	1%	$0.00
6102-05	Building & Ground Maintenance	$45,000.00	**$45,000.00**	$2,833.92	$42,166.08	6%	$0.00
6102-06	Airplane Expense	$1,000.00	**$1,000.00**	$0.00	$1,000.00	0%	$0.00
6102-07	Pre-Employment & Misc. Expenses	$10,000.00	**$10,000.00**	$0.00	$10,000.00	0%	$0.00
6102-08	Janitorial & Facility Supplies	$6,000.00	**$6,000.00**	$555.95	$5,444.05	9%	$0.00
6102-09	Environmental Compliance & Disposal	$5,000.00	**$5,000.00**	$0.00	$5,000.00	0%	$0.00
	TOTALS	**$722,000.00**	**$722,000.00**	**$198,548.54**	**$523,451.46**	27%	$0.00
MOTOR VEHICLE SUPPLIES & EXPENSE							
6103-01	Fuel & Lubricants	$195,000.00	**$195,000.00**	$19,495.40	$175,504.60	10%	$0.00
6103-02	Repairs & Shop Tools	$47,000.00	**$47,000.00**	$1,511.59	$45,488.41	3%	$0.00
6103-03	Tires & Batteries	$20,000.00	**$20,000.00**	$459.86	$19,540.14	2%	$0.00
	TOTALS	**$262,000.00**	**$262,000.00**	**$21,466.85**	**$240,533.15**	8%	$0.00
UTILITIES & COMMUNICATIONS							
6104-01	Heat, Light & Power	$50,000.00	**$50,000.00**	$1,861.77	$48,138.23	4%	$0.00
6104-04	Water Sewer & Disposal	$27,000.00	**$27,000.00**	$332.49	$26,667.51	1%	$0.00
6105-01	Telephone & Internet	$32,000.00	**$32,000.00**	$1,044.00	$30,956.00	3%	$0.00
6105-02	Cellular Services	$65,000.00	**$65,000.00**	$2,163.04	$62,836.96	3%	$0.00
	TOTALS	**$174,000.00**	**$174,000.00**	**$5,401.30**	**$168,598.70**	3%	$0.00

Consolidated Mosquito Abatement District
Monthly Budget Summary
July 2026

ACCOUNT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET FY 2026/2027	CURRENT BUDGET FY 2026/2027	SPENT TO DATE	BALANCE JULY 31, 2026	PERCENT OF BUDGET	VARIANCE FY 2026/2027
OFFICE SUPPLIES & EXPENSE							
6106-02	Postage, Shipping & Mailing Services	$5,000.00	**$5,000.00**	$28.50	$4,971.50	1%	$0.00
6106-03	Printing & Reproduction Services	$6,000.00	**$6,000.00**	$0.00	$6,000.00	0%	$0.00
6106-04	Office Equip Repairs & Maintenance	$10,000.00	**$10,000.00**	$261.90	$9,738.10	3%	$0.00
6106-05	Office Supplies	$16,000.00	**$16,000.00**	$212.69	$15,787.31	1%	$0.00
6106-06	Office Equipment & Furniture	$15,000.00	**$15,000.00**	$0.00	$15,000.00	0%	$0.00
	TOTALS	**$52,000.00**	**$52,000.00**	**$503.09**	**$51,496.91**	1%	$0.00
INSURANCE							
6107-01	Liability, Property & Auto	$124,000.00	**$124,000.00**	$118,065.45	$5,934.55	95%	$0.00
6107-02	Workers Compensation	$83,000.00	**$83,000.00**	$80,406.00	$2,594.00	97%	$0.00
	TOTALS	**$207,000.00**	**$207,000.00**	**$198,471.45**	**$8,528.55**	96%	$0.00
TRAVEL & SUBSISTENCE EXPENSE							
6108-01	Meetings & Travel Allowance	$105,000.00	**$105,000.00**	$1,755.22	$103,244.78	2%	$0.00
6108-03	Meals & Refreshments	$6,000.00	**$6,000.00**	$30.14	$5,969.86	1%	$0.00
	TOTALS	**$111,000.00**	**$111,000.00**	**$1,785.36**	**$109,214.64**	2%	$0.00
MISCELLANEOUS EXPENDITURES							
6109-01	Rent: Land, Buildings and Equipment	$3,000.00	**$3,000.00**	$0.00	$3,000.00	0%	$0.00
6109-02	Dues, Memberships & Regulatory Fees	$45,000.00	**$45,000.00**	$17,215.00	$27,785.00	38%	$0.00
6109-03	Outreach, Education & Publicity	$37,000.00	**$37,000.00**	$2,416.99	$34,583.01	7%	$0.00
6109-04	Accounting	$20,000.00	**$20,000.00**	$0.00	$20,000.00	0%	$0.00
6109-05	Legal	$12,000.00	**$12,000.00**	$855.00	$11,145.00	7%	$0.00
6109-06	County Service Charge	$92,000.00	**$92,000.00**	$0.00	$92,000.00	0%	$0.00
6109-07	Uniforms, Safety Apparel & Equipment	$50,000.00	**$50,000.00**	$1,427.23	$48,572.77	3%	$0.00
6109-08	Surveillance & Research	$100,000.00	**$100,000.00**	$7,822.05	$92,177.95	8%	$0.00
6109-09	Other Miscellaneous Expenditures	$25,000.00	**$25,000.00**	$0.00	$25,000.00	0%	$0.00
6109-10	GIS & GPS Equipment	$15,000.00	**$15,000.00**	$2,501.56	$12,498.44	17%	$0.00
6109-11	Software, Tech & Subscription Services	$67,000.00	**$67,000.00**	$19,005.08	$47,994.92	28%	$0.00
	TOTALS	**$466,000.00**	**$466,000.00**	**$51,242.91**	**$414,757.09**	11%	$0.00
TOTAL OPERATIONAL EXPENDITURES		**$5,049,000.00**	**$5,049,000.00**	**$818,840.57**	**$4,230,159.43**		$0.00

Consolidated Mosquito Abatement District
Monthly Budget Summary
July 2026

ACCOUNT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET FY 2026/2027	CURRENT BUDGET FY 2026/2027	SPENT TO DATE	BALANCE JULY 31, 2026	PERCENT OF BUDGET	VARIANCE FY 2026/2027
CAPITAL OUTLAY							
6110-01	Office & Lab Furniture & Equipment	$25,000.00	**$25,000.00**	$0.00	$25,000.00	0%	$0.00
6110-02	Auto Equipment	$330,000.00	**$330,000.00**	$0.00	$330,000.00	0%	$0.00
6110-03	Shop Equipment	$15,000.00	**$15,000.00**	$0.00	$15,000.00	0%	$0.00
6110-04	Field Equipment	$150,000.00	**$150,000.00**	$0.00	$150,000.00	0%	$0.00
6110-05	Building & Ground Improvement	$200,000.00	**$200,000.00**	$0.00	$200,000.00	0%	$0.00
6110-06	Loan & Lease Purchase Payments	$0.00	**$0.00**	**$0.00**	$0.00	0%	$0.00
TOTAL CAPITAL OUTLAY EXPENDITURES		**$720,000.00**	**$720,000.00**	**$0.00**	**$720,000.00**	0%	$0.00
TOTAL EXPENDITURES		**$5,769,000.00**	**$5,769,000.00**	**$818,840.57**	**$4,950,159.43**	14%	$0.00
Special Projects Reserve		$150,000.00	**$150,000.00**	$0.00	$150,000.00	0%	$0.00
MVCAC SSJVR Mutual Aid Reserve		$100,000.00	**$100,000.00**	$0.00	$100,000.00	0%	$0.00
Contingency Reserve		$500,000.00	**$500,000.00**	$0.00	$500,000.00	0%	$0.00
Building Reserve		$2,000,000.00	**$2,000,000.00**	$0.00	$2,000,000.00	0%	$0.00
Equipment Reserve		$500,000.00	**$500,000.00**	$0.00	$500,000.00	0%	$0.00
General Reserve		$5,786,000.00	**$5,786,000.00**	$0.00	$5,786,000.00	0%	$0.00
TOTAL RESERVES		**$9,036,000.00**	**$9,036,000.00**	**$0.00**	**$9,036,000.00**	0%	$0.00
TOTAL EXPENDITURES AND RESERVES		**$14,805,000.00**	**$14,805,000.00**	**$818,840.57**	**$13,986,159.43**		

Consolidated Mosquito Abatement District
Monthly Budget Summary
July 2026

FRESNO COUNTY ACCOUNT- BMO	
CASH ON HAND, JUNE 30, 2026	**$9,669,741.62**
PROPERTY TAXES WITHHELD BY FRS COUNTY	$0.00
JULY REVENUE	$0.00
JULY INTEREST	$25,059.78
TAXES - FRESNO COUNTY / KINGS COUNTY	$20,362.68
TOTAL REVENUE FOR JULY	$45,422.46
SUB-TOTAL	**$9,715,164.08**
COUNTY ADMIN COST FOR FY W/H BY COUNTY	$0.00
MONEY TRANSFERRED TO CHECKING	($818,840.03)
CASH ON HAND, JULY 31, 2026	**$8,896,324.05**

YEARLY REVENUE THROUGH 07-01-26	**$0.00**
JULY REVENUE	$45,422.46
YEARLY REVENUE THROUGH 07-31-26	**$45,422.46**

CMAD CHECKING ACCOUNT - BMO	
CASH ON HAND, JUNE 30, 2026	**$135,000.00**
MONEY TRANSFERRED FROM FRS CO ACCT	$818,840.03
JULY EXPENDITURES	($818,840.03)
CASH ON HAND, JULY 31, 2026	**$135,000.00**

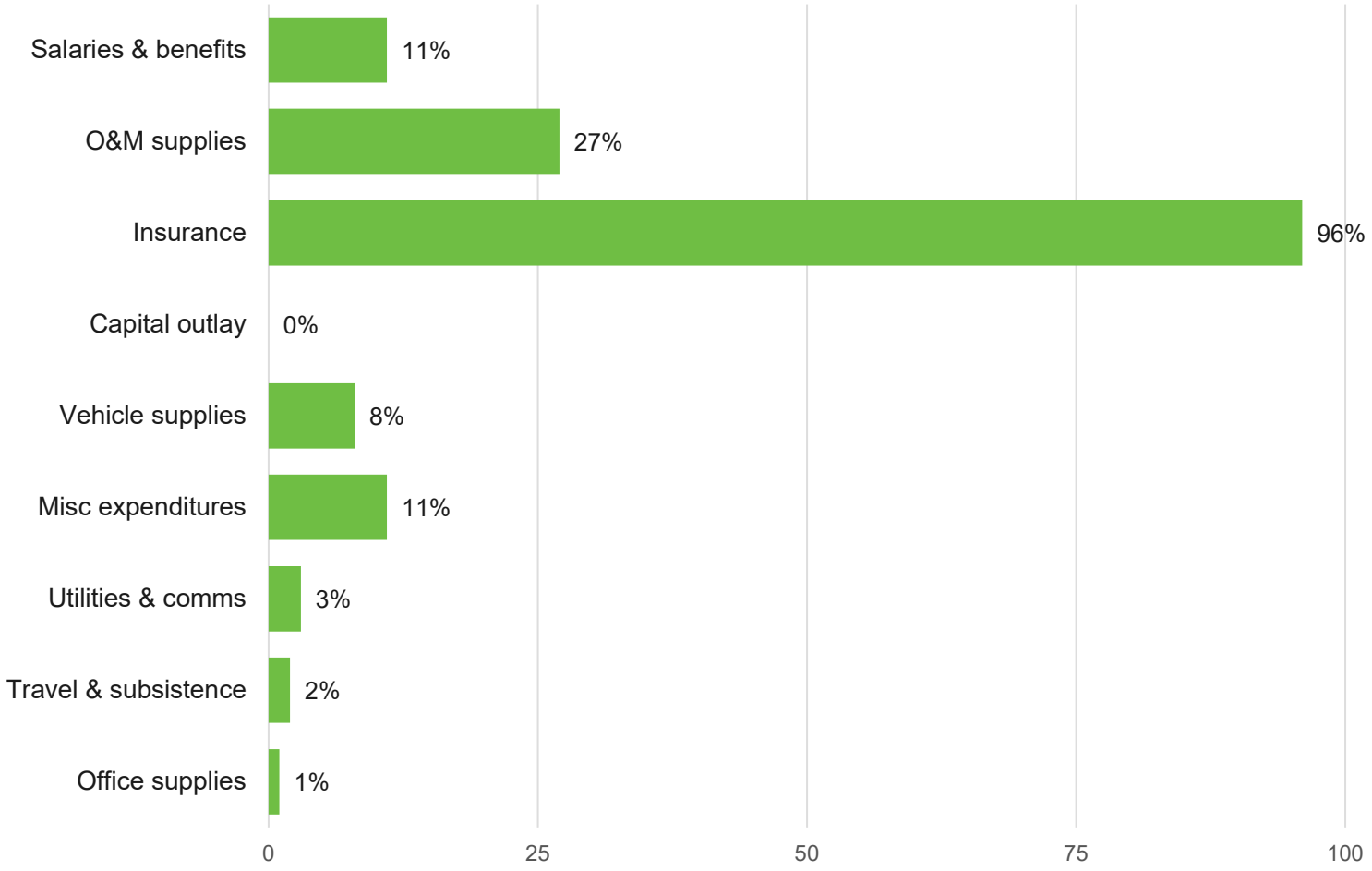
Consolidated Mosquito Abatement District

Monthly Budget Summary — July 2026 | Fiscal Year 2026/27

Prepared for Board Review

Total expenditures	Operating expenditures	Capital outlay	Cash on hand, 7/31/26
$818,840.57	**16% spent**	**0% spent**	**$9,031,324.05**
6% of $14,805,000 total budget	$818,840.57 of $5,049,000	$0.00 of $720,000	FRS County + checking accounts

Percent of current budget spent, by category — July 2026 (Month 1 of FY 2026/27)



New fiscal year: Insurance & UAL note

Insurance (96% spent) and the CalPERS UAL payment (93% of its own line item, within Salaries) are not overspending. Liability/property/auto and workers' comp premiums, plus the CalPERS unfunded liability payment, are paid as one-time annual lump sums each July. These lines will stay near 95-100% for the rest of FY 2026/27 while other categories climb gradually with monthly spending.

Cash position

FRS County account, 7/31/26	$8,896,324.05
CMAD checking account, 7/31/26	$135,000.00
Total cash on hand	**$9,031,324.05**
Yearly revenue through 7/31/26*	$45,422.46

**Yearly revenue resets each July 1; county property-tax revenue is not reported until later in the fiscal year.*

Source: CMAD Monthly Budget Summary & Expense Detail, July 2026 | Note: Percentages reflect Month 1 of FY 2026/27; August county revenue is not reported until September.

Account Number :
Unique ID: XXXX XXXX XXXX 6609
CONSOLIDATED MOSQUITO
Statement Date : 08-06-2026

Corporate Account Summary

Previous Balance	$15,660.89
Purchases and Other Charges	$7,022.96
Cash Advances	$0.00
Cash Advance Fees	$0.00
Late Payment Charges	$0.00
Credits	$23.82 CR
Payments	$15,660.89 PY
New Balance	**$6,999.14**
Disputed Amount	$0.00

Payment Information

Amount Due $6,999.14

Payment due in accordance with your agreement with U.S. Bank.

QUESTIONS OR TO REPORT A LOST OR STOLEN CARD, CALL CUSTOMER SERVICE **1-800-344-5696**

To overnight or courier a payment, please send to:
Corporate Payment Systems
3180 Rider Trail S, Department 790428
Earth City, MO 63045-1518

Corporate Account Activity

CONSOLIDATED MOSQUITO Account Number:
Unique ID: XXXX XXXX XXXX 6609

Total Corporate Activity $15,660.89 CR

Post Date	Tran Date	Reference Number	Transaction Description	Amount
07-23	07-23	74798266204620400009863	PAYMENT-THANK YOU Q	15,660.89 PY

New Activity

DEVON CORNEL
Account Number:
Unique ID: XXXX XXXX XXXX 1428

Purchases	$49.02	**Total Activity**	**$49.02**
Cash Advances	$0.00		
Cash Advances Fees	$0.00		
Credits	$0.00 CR		

Post Date	Tran Date	Reference Number	Transaction Description	Amount
07-28	07-27	24445006209001072354670	DOLLAR GENERAL #16266 LATON CA	5.13
07-29	07-27	24427336209120002481669	SELMA STATION INC SELMA CA	40.00
07-29	07-27	24427336209120003527742	LATON MARKET LATON CA	3.89

(transactions continued on next page)

✂ Payment may be made electronically or by check made payable to Corporate Payment Systems.

CORPORATE PAYMENT SYSTEMS
P.O. BOX 6343
FARGO, ND 58125-6343

Account Number:
Unique ID: XXXX XXXX XXXX 6609
Amount Due: $6,999.14

Amount Enclosed $

If paying by check, include coupon with payment to address below.

106481984516067 S 2

CONSOLIDATED MOSQUITO
ATTN KARAN COX
13151 E. INDUSTRIAL DR.
PARLIER CA 93648-9661

CORPORATE PAYMENT SYSTEMS
P.O. BOX 790428
ST. LOUIS, MO 63179-0428

New Activity cont

CHRISTOPHER MONIS	Purchases	$660.04	**Total Activity**	**$660.04**
Account Number:	Cash Advances	$0.00		
Unique ID: XXXX XXXX XXXX 1468	Cash Advances Fees	$0.00		
	Credits	$0.00 CR		

Post Date	Tran Date	Reference Number	Transaction Description	Amount
07-08	07-07	24692166188404619041080	AMAZON MKTPL*5B8GR16D2 AMZN.COM/BILL WA	97.62
07-20	07-19	24692166200406300050779	AMAZON MKTPL*862M80DS3 AMZN.COM/BILL WA	129.68
08-03	07-30	24692166212407477764693	THE HOME DEPOT 8529 SELMA CA	432.74

SALMAN SAKIB	Purchases	$1,772.21	**Total Activity**	**$1,772.21**
Account Number:	Cash Advances	$0.00		
Unique ID: XXXX XXXX XXXX 0840	Cash Advances Fees	$0.00		
	Credits	$0.00 CR		

Post Date	Tran Date	Reference Number	Transaction Description	Amount
07-15	07-14	24493986195235079014271	ACE PARKING 1331 SAN DIEGO CA	25.00
07-17	07-16	24493986197235657012471	ACE PARKING 1331 SAN DIEGO CA	25.00
07-20	07-17	24943006199469896137358	HUMPHREY'S HALF MOON INN SAN DIEGO CA	1,705.22
07-28	07-27	24492166209100000122250	ACCUWEBHOS* IN 590808 ACCUWEBHOSTIN NJ	16.99

KARAN COX	Purchases	$300.39	**Total Activity**	**$300.39**
Account Number:	Cash Advances	$0.00		
Unique ID: XXXX XXXX XXXX 5113	Cash Advances Fees	$0.00		
	Credits	$0.00 CR		

Post Date	Tran Date	Reference Number	Transaction Description	Amount
07-07	07-06	24692166187403580965369	INTUIT *CHECKS / FORMS CL.INTUIT.COM CA	55.37
07-08	07-08	24011346189100033566915	AMAZON MARK* DU2FS21R3 AMAZON.COM/MA WA	19.60
07-14	07-13	24137466195001781696457	USPS PO 0558560648 PARLIER CA	28.50
07-16	07-15	24011346196100163850486	AMAZON MARK* PH1O121N3 AMAZON.COM/MA WA	10.23
07-17	07-16	24011346197100109929955	AMAZON MARK* GN5L35D93 AMAZON.COM/MA WA	59.03
07-22	07-20	24427336202710044274929	SAVEMART #654 KINGS KINGSBURG CA	30.14

(transactions continued on next page)

New Activity cont

07-23	07-22	2401134620310015596555 8	AMAZON RETA* 574D66873 WWW.AMAZON.CO WA	43.56
07-24	07-23	2401134620410011108400 6	AMAZON MARK* AY2HV7713 AMAZON.COM/MA WA	53.96

JOSE MORENO
Account Number:
Unique ID: XXXX XXXX XXXX 5123

Purchases	$1,591.02	**Total Activity** **$1,567.20**
Cash Advances	$0.00	
Cash Advances Fees	$0.00	
Credits	$23.82 CR	

Post Date	Tran Date	Reference Number	Transaction Description	Amount
07-10	07-08	2401134618910007403353 6	AMAZON RETA* B28JX0WC3 WWW.AMAZON.CO WA	155.30
07-10	07-09	2469216619040659668940 7	AMAZON MKTPL*YH9JH1FY3 AMZN.COM/BILL WA	43.54
07-15	07-14	2469216619540133117412 5	AMAZON MKTPL*PS3YY2L83 AMZN.COM/BILL WA	106.33
07-16	07-15	2469216619640224395093 2	AMAZON MKTPL*KO05F9T43 AMZN.COM/BILL WA	234.18
07-16	07-15	2474455619600175568491 1	ERNEST - FRESNO 323-9233000 CA	480.07
07-17	07-17	2401134619810000614699 1	AMAZON MARK* NW6HX55P3 AMAZON.COM/MA WA	8.38
07-17	07-16	2469216619740312548355 3	COLEMAN 8008353278 ATLANTA GA	57.06
07-23	07-22	2469216620340907648256 1	AMAZON MKTPL*TV0761VO3 AMZN.COM/BILL WA	38.07
07-24	07-23	2469216620440996560341 7	AMAZON MKTPL*M607E6393 AMZN.COM/BILL WA	39.10
07-29	07-28	2479338620900439878422 8	THE SELMA BARN SELMA CA	47.50
08-03	07-31	2469216621340853618639 8	THE HOME DEPOT 664 CLOVIS CA	80.47
08-03	07-31	2494301621301020303658 5	THE HOME DEPOT #0664 CLOVIS CA	38.11
08-04	08-03	2469216621540090193877 4	AMAZON MKTPL*568Y36CQ1 AMZN.COM/BILL WA	114.04
08-05	08-04	2469216621640184536434 0	AMAZON MKTPL*560LK5T50 AMZN.COM/BILL WA	47.72
08-05	08-03	2494301621601018762095 5	THE HOME DEPOT #8529 SELMA CA	50.92
08-06	08-04	7494301621701018740605 2	THE HOME DEPOT #8529 SELMA CA	23.82 CR
08-06	08-05	2469216621740307864938 8	AMAZON MKTPL*5633D61L2 AMZN.COM/BILL WA	50.23

JODI HOLEMAN
Account Number:
Unique ID: XXXX XXXX XXXX 5135

Purchases	$2,650.28	**Total Activity** **$2,650.28**
Cash Advances	$0.00	
Cash Advances Fees	$0.00	
Credits	$0.00 CR	

Post Date	Tran Date	Reference Number	Transaction Description	Amount
07-15	07-14	2449216619510005758911 8	IRU, INC. IRU.COM FL	2,400.00
07-24	07-24	2420429620500030324008 0	MICROSOFT-G173218851 701-2817490 WA	210.08
07-29	07-28	2469216620940457310186 7	AMAZON MKTPL*AH34L3BK3 AMZN.COM/BILL WA	40.20

Department: 00000 Total: $6,999.14
Division: 00000 Total: $6,999.14

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Consolidated Mosquito Abatement District
Credit Card Transactions - July 2026

Name	Date	Reference Number	Merchant Name	Amount	Item Description	CMAD Account #	Purpose
D. Cornel	2026/07/27	24427336209120002481669	SELMA STATION INC	$40.00	gas	6103-01	Fogger fuel
D. Cornel	2026/07/27	24445006209001072354670	DOLLAR GENERAL #162	$5.13	Carburator cleaner	6103-02	A-1 mist blower repair
D. Cornel	2026/07/27	24427336209120003527742	LATON MARKET	$3.89	Butane fuel	6103-02	A-1 mist blower repair
C. Monis	2026/07/07	24692166188404619041080	AMAZON MKTPL*5B8GR	$97.62	Midland Walkie Talkies	6102-02	Communication when flying drone
C. Monis	2026/07/19	24692166200406300050779	AMAZON MKTPL*862M8	$129.68	Triumph HD 12x50 Binoculars	6102-02	Drone visual observer
C. Monis	2026/07/30	24692166212407477764693	THE HOME DEPOT 8529	$432.74	Portable AC with ducting	6102-02	Drone battery cooling
S. Sakib	2026/07/14	24493986195235079014271	ACE PARKING 1331	$25.00	Parking	6108-01	Esri User Conference
S. Sakib	2026/07/16	24493986197235657012471	ACE PARKING 1331	$25.00	Parking	6108-01	Esri User Conference
S. Sakib	2026/07/17	24943006199469896137358	Humphrey's Half Moon Inn	$1,705.22	Lodging	6108-01	Esri User Conference
S. Sakib	2026/07/27	24492166209100000122250	ACCUWEBHOS* IN 590	$16.99	Web Hosting a In 590808	6109-03	Website hosting fee
K. Cox	2026/07/06	24692166187403580965369	INTUIT *CHECKS / FORMS	$55.37	Double window check envelopes	6106-05	Office supplies
K. Cox	2026/07/08	24011346189100033566915	AMAZON MARK* DU2FS	$19.60	USB to C fast charger	6106-05	Office supplies
K. Cox	2026/07/13	24137466195001781696457	USPS PO 0558560648	$28.50	First-Class Lg Env - postage	6106-02	Mail Board packet
K. Cox	2026/07/15	24011346196100163850486	AMAZON MARK* PH1O12	$10.23	High visibility mesh vest	6109-07	Safety apparel
K. Cox	2026/07/16	24011346197100109929955	AMAZON MARK* GN5L35	$59.03	High visibility mesh vest	6109-07	Safety apparel
K. Cox	2026/07/20	24427336202710044274929	SAVEMART #654 KINGS	$30.14	cake, watermelon	6108-03	Board meeting refreshments
K. Cox	2026/07/22	24011346203100155965558	AMAZON RETA* 574D66	$43.56	Copy paper	6106-05	Office supplies
K. Cox	2026/07/23	24011346204100111084006	AMAZON MARK* AY2HV	$53.96	envelopes, rubber bands, notes	6106-05	Office supplies
J. Moreno	2026/07/08	24011346189100074033536	AMAZON RETA* B28JX0	$155.30	10 - 48 oz sprayer	6102-02	Replace worn out spray equipment
J. Moreno	2026/07/09	24692166190406596689407	AMAZON MKTPL*YH9JH	$43.54	5pc Unitech Ni-CD AA900mAh	6102-05	Replacement batteries exit signs
J. Moreno	2026/07/14	24692166195401331174125	AMAZON MKTPL*PS3YY	$106.33	10pc Unitech Ni-CD AA900mAh	6102-05	Replacement batteries exit signs
J. Moreno	2026/07/15	24744556196001755684911	ERNEST - FRESNO	$480.07	foam soap, bath tissue, towels	6102-08	Janitorial supplies
J. Moreno	2026/07/15	24692166196402243950932	AMAZON MKTPL*KO05F	$234.18	Fuel Pump Assembly	6103-02	Repair parts
J. Moreno	2026/07/16	24692166197403125483553	COLEMAN 8008353278	$57.06	5 gallon water carrier	6102-02	Safety equipment
J. Moreno	2026/07/17	24011346198100006146991	AMAZON MARK* NW6HX	$8.38	Tire repair kit	6103-02	Repairing flat tires
J. Moreno	2026/07/22	24692166203409076482561	AMAZON MKTPL*TV0761	$38.07	NICHE Front Rear Brake Pad	6103-02	Repair parts
J. Moreno	2026/07/23	24692166204409965603417	AMAZON MKTPL*M607E	$39.10	ODI Rogue Dirt Bike Grips	6103-02	Replace worn out handle bar grips
J. Moreno	2026/07/28	24793386209004398784228	THE SELMA BARN	$47.50	Fuel pump & filter	6102-02	Repair A-1 mist sprayer
J. Moreno	2026/07/31	24692166213408536186398	THE HOME DEPOT	$80.47	Plastic roll chain	6102-05	Temporary gate barrier chain
J. Moreno	2026/07/31	24943016213010203036585	THE HOME DEPOT	$38.11	VAC_FLTR	6103-02	Filters for shop vacuum
J. Moreno	2026/08/03	24692166215400901938774	AMAZON MKTPL*568Y3	$114.04	Food Plus 8 Mil Nitrile gloves	6109-07	Safety equipment
J. Moreno	2026/08/03	24943016216010187620955	THE HOME DEPOT	$50.92	AC VENT HOSE, COUPLER	6102-02	A/C installation for drone batteries
J. Moreno	2026/08/04	24692166216401845364340	AMAZON MKTPL*560LK	$47.72	Crown Automotive jeep taillight	6103-02	Repair parts
J. Moreno	2026/08/04	74943016217010187406052	THE HOME DEPOT	($23.82)	AC HOSE COUP	6102-02	Returned item - drone batteries

Consolidated Mosquito Abatement District
Credit Card Transactions - July 2026

Name	Date	Reference Number	Merchant Name	Amount	Item Description	CMAD Account #	Purchase Purpose
J. Moreno	2026/08/05	24692166217403078649388	AMAZON MKTPL*5633D	$50.23	Crown Automotive jeep taillight	6103-02	Repair parts
J. Holeman	2026/07/14	24492166195100057589118	IRU, INC.	$2,400.00	IRU annual renewal	6109-11	Ipad - Mobile device management
J. Holeman	2026/07/24	24204296205000303240080	MICROSOFT-G173218	$210.08	Microsoft subscription	6109-11	Mntly Microsoft subscription
J. Holeman	2026/07/28	24692166209404573101867	AMAZON MKTPL*AH34L	$40.20	iPhone charging cables & block	6106-05	Board room supplies
			Total	**$6,999.14**			

6102-02	Spray & Field Equipment	$947.00
6102-05	Building & Ground Maintenance	$230.34
6102-08	Janitorial & Facility Supplies	$480.07
6103-01	Fuel & Lubricants	$40.00
6103-02	Repairs & Shop Tools	$464.81
6106-02	Postage, Shipping & Mailing Services	$28.50
6106-05	Office Supplies	$212.69
6108-01	Meetings & Travel Allowance	$1,755.22
6108-03	Meals & Refreshments	$30.14
6109-03	Outreach, Education & Publicity	$16.99
6109-07	Uniforms, Safety Apparel & Equipment	$183.30
6109-11	Software, Technology & Subscription	$2,610.08
	Total	**$6,999.14**

Board Agenda Item 4. — Employee Health Benefits Plan: 2027 SDRMA/PRISM Renewal (Continuation of Coverage)

Background

The scope of coverage and the payment of premiums are subject to periodic review by the Board. Coverage for eligible employees includes employee, spouse, and qualified dependents, fully paid by the District; Seasonal and Temporary Employees do not qualify for nor receive group health insurance.

The District provides medical, dental, and vision insurance through the Special District Risk Management Authority (SDRMA), which acts as administrator of the Public Risk Innovation, Solutions and Management (PRISM) Health and/or Employee Benefits Small Group Program. SDRMA offers several medical health plans, and the District selects which plans are made available to employees. The District currently offers Anthem Blue Cross HDHP 20 and Kaiser HMO 20 medical plans, VSP Vision Option 3, and the Delta Dental PPO High Plan.

This item addresses the Board's approval to continue the District's current medical, dental, and vision benefit offerings into the 2027 plan year. Board consideration of the separately-noticed revised SDRMA Memorandum of Understanding is addressed as its own agenda item.

2027 Program Renewal — Rate Changes

SDRMA's 2027 Health Benefits renewal notice (received July 2, 2026) reports the following factors driving the 2027 medical renewal, based on the March 2025–February 2026 rating/claims period:

- Continued growth in catastrophic claims activity — 22 claims over $1 million.
- Continued increases in healthcare utilization, including growth in chronic conditions, behavioral health services, and demand for healthcare access.
- Escalating provider costs and market dynamics; provider contract negotiations are producing annual cost increases ranging from 7% to 12%.
- Rising prescription drug costs and expanded use of specialty medications — specialty pharmaceuticals now represent more than 50% of total pharmacy expenditures.
- Significant increases in GLP-1 medication utilization for both diabetes and weight management indications.
- Increased utilization of advanced medical technologies and high-cost treatments, including oncology therapies, transplant services, and emerging gene therapies.
- Ongoing regulatory and legislative changes continuing to expand coverage requirements and increase healthcare costs.

The overall percentage increases effective January 1, 2027, guaranteed through the dates shown, are as follows:

Line of Coverage	2027 Renewal	Rates Guaranteed Until
Medical	10.60% increase	January 1, 2028
Delta Dental PPO Plans	3.90% increase	January 1, 2028
VSP Vision Plans	0% — continuing previous rate guarantee	January 1, 2029

The District's current benefit plans will automatically renew for 2027 unless SDRMA receives written withdrawal notice by September 3, 2026. Any requested plan changes (e.g., changing or adding a medical plan) must be submitted to SDRMA no later than September 15, 2026, to ensure changes are reflected in time for Open Enrollment.

2027 Rates for District's Current Plans

Exact 2027 rates have now been published in SDRMA's July 2026 Health Benefits Brochure. Rates below reflect Area IV (Southern CA – Other Counties), which SDRMA lists as the applicable rate area for both Fresno and Kings Counties.

Plan	Employee	Employee + 1	Employee + 2 or More
Anthem Blue Cross HDHP 20 (medical)	$1,081.50	$2,159.91	$2,811.90
Kaiser HMO 20 (medical)	$1,299.86	$2,559.55	$3,319.69
Delta Dental PPO — High Plan	$55.62	$93.52	$142.04
VSP Vision — Option 3	$8.03	$15.45	$24.62

Fiscal Impact

The current fiscal year budget will need to absorb a 10.60% increase in medical premiums and a 3.90% increase in Delta Dental PPO premiums effective January 1, 2027. Vision and VOYA ancillary rates remain flat under continuing rate guarantees.

Action Requested

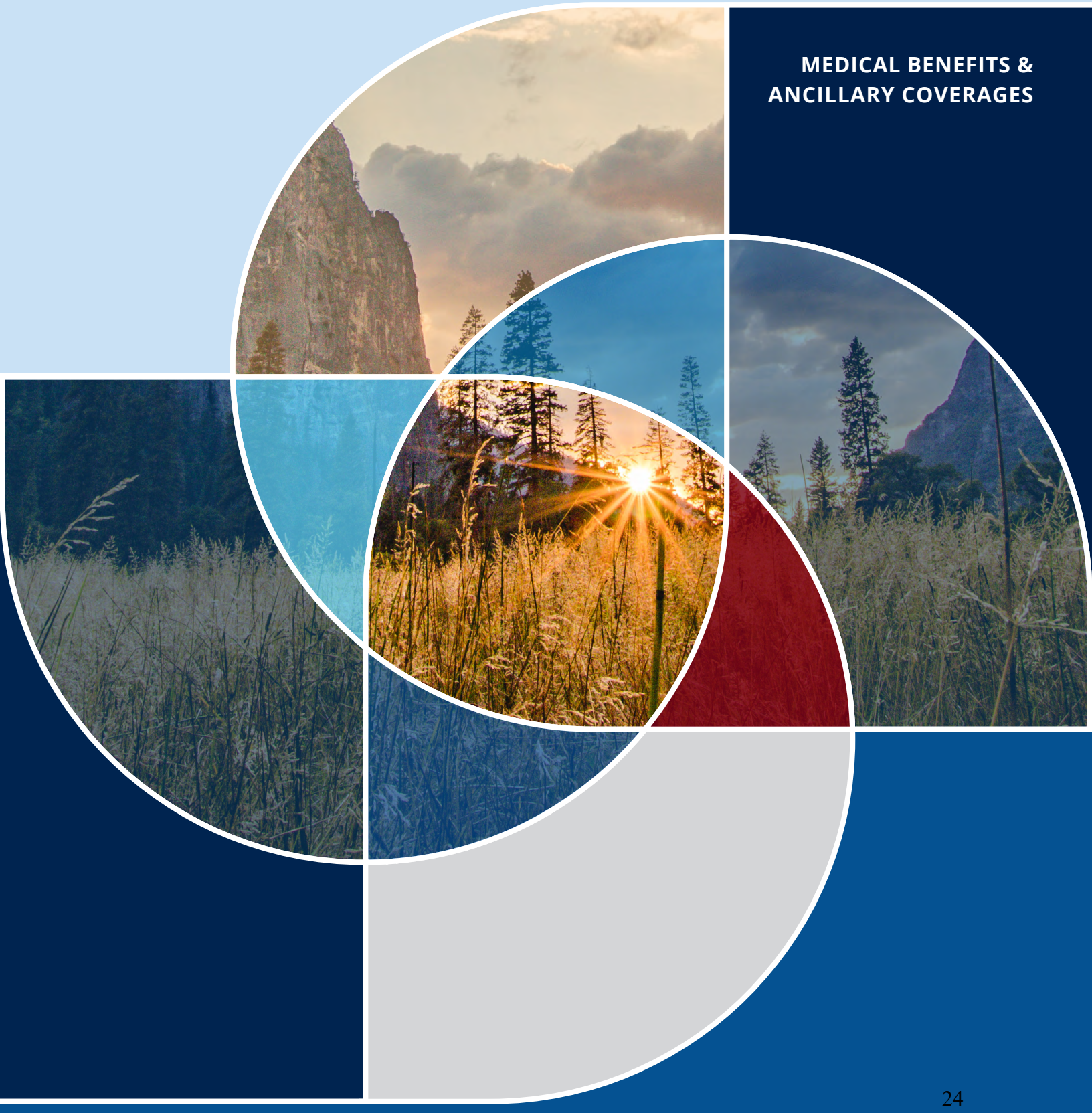
The Board will review the scope of coverage and payment of premiums for the group health insurance plans provided to regular and probationary employees of the District. The District Manager recommends that the Board:

- Approve continuation of the current medical, dental, and vision benefits offered by the District for the 2027 plan year.

SDRMA
SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY

2027 HEALTH BENEFITS PROGRAM

July 2026 Version



MEDICAL BENEFITS & ANCILLARY COVERAGES

Special District Risk Management Authority is a public agency formed under California Government Code Section 6500 et seq. to provide a full-service risk management program for California's local governments including property, liability and workers' compensation coverages. In addition, SDRMA is an administrator of the Small Group Health Benefits Program under Public Risk Innovation, Solutions, and Management (PRISM).

The Health Benefits Program consists of Medical Benefits and Ancillary Coverages. Medical Benefits includes plans by Blue Shield, Anthem-Blue Cross and Kaiser. Most Blue Shield and Anthem-Blue Cross plans have prescription drug programs provided by Navitus. Ancillary Coverages include Delta Dental, VSP Vision, VOYA FINANCIAL Life, Short Term Disability, Long Term Disability and Concern Employee Assistance Program. Public agencies can select which programs they would like to join subject to underwriting approval.

We realize selecting a health plan for your agency and your employees is just one of the key decisions you are faced with on an on-going basis. This important decision involves not only the cost of various providers and plans, but also access to doctors and hospitals, prescription drug services, and other additional programs and services. The combination of medical plans and providers that is right for your agency depends on a variety of factors, such as your preference for a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO); your premium and out-of-pocket costs; and the need for access to specific doctors and hospitals.

We understand that comparing health plan benefits, features and costs can be complicated. This brochure provides information that will help simplify your decision making process. Our enrollment process is easy and only requires a few simple steps.

For more information, please contact us at **800.537.7790**. We are ready to serve you!

IMPORTANT TERMS TO KNOW

You may see and hear some unfamiliar terms as you begin to use your health plan. It's important that you understand these terms so you can get the most out of your coverage.

Premium • This is the amount you pay every month to SDRMA to maintain your health insurance coverage.

Co-pay • This is a fixed amount you pay for certain covered services, like doctor's visits.

Calendar Year Deductible • This is the fixed amount some plans require you to pay before the plan begins to pay its share for covered benefits.

Coinsurance • Once you have paid your full deductible, this is the percentage owed by you to pay for accessed services. This can fluctuate based on the cost the provider is charging and/or what has been agreed to between the Medical carrier and the Provider. Coinsurance is unlike Co-pay which is always a flat dollar amount.

Maximum Medical Out of Pocket • This is the maximum you'll pay per year for medical services before your medical plan begins to pay for 100% of services, protecting you and your family from catastrophic medical expenses. Most of your co-payments, deductibles and coinsurance payments will be counted toward this limit. is limit.

1. Entity must be a public agency formed under California law.

2. Entity must have a minimum of two full-time active employees to join. An active full-time employee is an employee who is eligible for enrollment in employee sponsored benefits paid for by the Entity. Part-time employees may be considered active employees only if they are currently part of the benefit eligible population and work a minimum of twenty hours weekly.

3. **Active Employees:**
   Medical Benefits - Entity must contribute a minimum of 75% of the cost for active employees.
   Ancillary Coverages - Entity must contribute a minimum of 75% of the cost for active employees.

4. **Dependents:**
   Medical Benefits - If the Entity offers coverage to dependents, it is recommended the Entity contribute a minimum of 50% of the cost for dependents.
   Ancillary Coverages - If the Entity offers coverage to dependents, it is recommended the Entity contribute a minimum of 50% of the cost for dependents.

5. **Retirees:**
   Medical Benefits - Entity may offer coverage to retirees.
   Ancillary Coverages - Entity may offer coverage to retirees. Retirees are only eligible for Dental and Vision.

6. **Public Officials:**
   Entity may offer coverage to public officials (board members, etc.) only if they are currently being covered and Entity's enabling act, plans and policies allow it. Entity is required to cover 75% of the cost for public officials when covering their medical benefits/ancillary coverages. Participation for public officials is limited to their term of office.

7. Entity must have at least 75% of eligible employees (and public officials if they are offered coverage by the Entity) enrolled in order to participate. Public Officials, retirees and dependents may not be covered unless active employees are covered.

8. Premiums are based on a full month. There are no partial months or prorated premiums and participant changes will be effective first of the month following the qualifying event. The waiting period for medical benefits/ancillary coverages is effective 1st of the following the date of hire of an employee.

9. The maximum dependent child age is 26. Disabled dependent children are not subject to the dependent age restrictions; however, a verification form will be required certifying the disability.

10. Each prospective new Entity must complete and submit the SDRMA Interest Forms including a large claimant disclosure form (Medical Benefits only) detailing any knowledge of and information pertaining to large and/or ongoing claims. Each Entity is subject to underwriting review and may or may not be accepted for coverage. The underwriting process may take up to two weeks for completion.

11. Entity's governing body must approve a resolution authorizing participation in SDRMA's health benefits program and execute the Memorandum of Understanding (MOU).

12. Once an Entity is approved by underwriting they must submit the Resolution and MOU to SDRMA 45 days before the requested effective date of coverage.

13. ***Medical Benefits*** - Not all Plans will be offered and available to Entities joining the medical benefits program. The Access+ HMO 15, HMO 20 and Kaiser Plans are not available in all areas. Please check with SDRMA at the time you are submitting your request for underwriting approval to see if the HMO plans are available in your area. Entities selecting one of the medical benefits program High Deductible Health Plans (HDHP) are responsible for adhering to IRS rules, regulations and maintenance of the Health Savings Account (HSA). SDRMA does not provide HSA services but can provide contact information for a financial institution that currently offers this type of service.

14. **Plan Selections and Combination Guidelines:**
   Medical Plan Selection
   Subject to underwriting review and approval:
   - 2-100 enrolled lives: 2 plans + 1 Kaiser plan
   - 101-200 enrolled lives: 3 plans + 1 Kaiser plan

   Medical Plan Combinations
   - Only 1 HMO or HDHP plan may be offered to an employee group
   - Future plan changes are subject to review and approval by underwriting. An entity cannot offer a Silver PPO plan and a Bronze PPO plan at the same time per Underwriting guidelines.

   Ancillary Coverages - Entity will choose the particular dental, vision, life, short term disability and/or long term disability option to offer its employees.

   Ancillary Plan Selections
   Subject to underwriting review and approval:
   - 2-50 enrolled lives: 1 Dental PPO plan and 1 *Dental HMO plan may be offered to an employee group. 1 Vision plan may be offered to an employee group. 1 Short Term Disability Plan may be offered to an employee group. 1 Long Term Disability Plan may be offered to an employee group.
   - Future plan changes are subject to review and approval by underwriting

* *Dental HMO is not available in all areas. Please check with SDRMA at the time you are submitting your request for underwriting approval to see if the Dental HMO plan is available in your area*

SDRMA

MEDICAL BENEFITS SUMMARY

PLAN SUMMARY – BLUE SHIELD

*See page 3, note 14 for Plan Selections and Combination Guidelines

DEDUCTIBLES/COINSURANCE	Gold PPO		Platinum PPO	
Calendar Year Deductible(s) (Individual/Family)	$500 / $1,000		$300 / $600	
Maximum Medical Out of Pocket (Individual/Family)	$2,000 / $4,000		$1,300 / $3,600	
Medicare Medical Maximum Out of Pocket	$1,500 / $3,000		$1,000 / $3,000	
Services/Coverages	**Participating Providers (You Pay)**	**Non-Participating Providers (You Pay)**	**Participating Providers (You Pay)**	**Non-Participating Providers (You Pay)**
Inpatient Hospital Room, Board & Support Services (prior authorization required)	20%	50% up to $600 per day	10%	50% up to $600 per day
Outpatient Hospital	20%	50% up to $350 per day	10%	50% up to $350 per day
Ambulatory Surgery Center	10%; Deductible Waived	50% up to $350 per day	No Charge; Deductible Waived	50% up to $350 per day
Emergency Room	$100 co-pay + 20% (co-pay waived if admitted)		$100 co-pay + 10% (co-pay waived if admitted)	
Urgent Care	$20 co-pay	50%	$20 co-pay	50%
Physician Benefits (office visits)	$20 co-pay	50%	$20 co-pay	50%
Preventative Care	No Charge	Not Covered	No Charge	Not Covered
Lab/X-ray	$0 ($25 co-pay + 20% if services provided by Hospital)	50% (up to $350/ per day within Hospital)	$0 ($25 co-pay + 10% if services provided by Hospital)	50% (up to $350/ per day within Hospital)
Complex Imaging (CT, PET, MRI, etc.)	20% ($100 co-pay + 20% if services provided by Hospital)	50% up to $800 per day	10% ($100 co-pay + 10% if services provided by Hospital)	50% up to $800 per day
Acupuncture (26 visits per calendar year/combined with Chiropractic)	20%		10%	
Chiropractic Services (26 visits per calendar year/combined with Acupuncture)	20% up to $50 per visit	50% up to $25 per visit	10% up to $50 per visit	50% up to $25 per visit
Prescription Drugs *Active/Early Retiree Plans Only*	**Navitus***		**Navitus***	
Prescription Maximum Out of Pocket	$4,600 / $9,200		$5,300 / $9,600	
(At Participating Pharmacies only)	Generic / Brand / Non-Formulary / Specialty		Generic / Brand / Non-Formulary / Specialty	
Retail - 30 day supply	$5 / $30 / $45 / 30% (max co-pay $150)		$5 / $30 / $45 / 30% (max co-pay $150)	
Mail Order - 90 day supply	$10 / $75 / $112.50 / 30% (max co-pay $300)		$10 / $75 / $112.50 / 30% (max co-pay $300)	
Brand / Non-Formulary / Specialty Deductible (Individual / Family)	None		None	

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. NON-PARTICIPATING PROVIDER MEMBER COST MAY NOT APPLY TO MAXIMUM OUT OF POCKET COSTS.
*See Rx benefits for Medicare on page 15 under the "EGWP" pharmacy co-pay structure.

PLAN SUMMARY – BLUE SHIELD

*See page 3, note 14 for Plan Selections and Combination Guidelines

DEDUCTIBLES/COINSURANCE	Silver PPO		Bronze PPO	
Calendar Year Deductible(s) (Individual/Family)	$2,000 / $4,000		$5,000 / $10,000	$5,000 / $10,000
Maximum Medical Out of Pocket (Individual/Family)	$5,000 / $10,000		$7,000 / $14,000	No Limit Single/ No Limit Family
Medicare Medical Maximum Out of Pocket	$3,000 / $6,000		$7,000 / $14,000	No Limit Single/ No Limit Family
Services/Coverages	**Participating Providers (You Pay)**	**Non-Participating Providers (You Pay)**	**Participating Providers (You Pay)**	**Non-Participating Providers (You Pay)**
Inpatient Hospital Room, Board & Support Services (prior authorization required)	20%	50% up to $600 per day	30%	50% up to $600 per day
Outpatient Hospital	20%	50% up to $350 per day	30%	50% up to $350 per day
Ambulatory Surgery Center	10%; Deductible Waived	50% up to $350 per day	20%; Deductible Waived	50% up to $350 per day
Emergency Room	$100 co-pay + 20% (co-pay waived if admitted)		$250 co-pay + 30% (co-pay waived if admitted)	
Urgent Care	$30 co-pay	50%	30%; Deductible Waived	50%
Physician Benefits (office visits)	$30 co-pay	50%	30%; Deductible Waived	50%
Preventative Care	No Charge	Not Covered	No Charge	Not Covered
Lab/X-ray	$0 ($25 co-pay + 20% if services provided by Hospital)	50% (up to $350/ per day within Hospital)	30% ($25 co-pay + 30% if services provided by Hospital)	50% (up to $350/ per day within Hospital)
Complex Imaging (CT, PET, MRI, etc.)	20% ($100 co-pay + 20% if services provided by Hospital)	50% up to $800 per day	30% ($100 co-pay + 30% if services provided by Hospital)	50% up to $800 per day
Acupuncture (26 visits per calendar year/combined with Chiropractic)	20%		30%	50%
Chiropractic Services (26 visits per calendar year/combined with Acupuncture)	20% up to $50 per visit	50% up to $25 per visit	30% up to $50 per visit	50% up to $25 per visit
Prescription Drugs *Active/Early Retiree Plans Only*	**Navitus***		**Navitus***	
Prescription Maximum Out of Pocket	$1,600 / $3,200		$1,500 / $3,000	
(At Participating Pharmacies only)	Generic / Brand / Non-Formulary / Specialty		Generic / Brand / Non-Formulary / Specialty	
Retail - 30 day supply	$10 / $20 / $45 / 30% (max co-pay $150)		$15 / $50 / $50 / 30% (max co-pay $150)	
Mail Order - 90 day supply	$20 / $40 / $90 / 30% (max co-pay $300)		$30 / $100 / $100 / 30% (max co-pay $300)	
Brand / Non-Formulary / Specialty Deductible (Individual / Family)	$200 / $500		None	

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. NON-PARTICIPATING PROVIDER MEMBER COST MAY NOT APPLY TO MAXIMUM OUT OF POCKET COSTS.
*See Rx benefits for Medicare on page 15 under the "EGWP" pharmacy co-pay structure.

PLAN SUMMARY – BLUE SHIELD

*See page 3, note 14 for Plan Selections and Combination Guidelines

DEDUCTIBLES/COINSURANCE	EPO	HDHP 10 (HSA)		HDHP 20 (HSA)	
Calendar Year Deductible(s) (Individual/ Family)	$300 / $600	$1,750 / $3,500		$3,000 / $6,000	
Maximum Medical Out of Pocket (Individual/ Family)	$1,300 / $2,600	$5,000 / $10,000		$6,200 / $12,400	
Medicare Medical Maximum Out of Pocket	$1,000 / $2,000	Non-Applicable		Non-Applicable	
Services/Coverages	**Participating Providers (You Pay)**	**Participating Providers (You Pay)**	**Non-Participating Providers (You Pay)**	**Participating Providers (You Pay)**	**Non-Participating Providers (You Pay)**
Inpatient Hospital Room, Board & Support Services (prior authorization required)	No Charge	10%	50% up to $600 per day	20%	50% up to $600 per day
Outpatient Hospital	$30 co-pay	10%	50% up to $350 per day	20%	50% up to $350 per day
Ambulatory Surgery Center	No Charge; Deductible Waived	No Charge	50% up to $350 per day	10%	50% up to $350 per day
Emergency Room	$100 co-pay (co-pay waived if admitted)	$100 co-pay + 10% (co-pay waived if admitted)		$100 co-pay + 20% (co-pay waived if admitted)	
Urgent Care	$30 co-pay	10%	50%	20%	50%
Physician Benefits (office visits)	$30 co-pay	10%	50%	20%	50%
Preventative Care	No Charge	No Charge	Not Covered	No Charge	Not Covered
Lab/X-ray	$0 ($25 co-pay if services provided by Hospital)	$0 ($25 co-pay + 10% if services provided by Hospital)	50% (up to $350/ per day within Hospital)	$0 ($25 co-pay + 20% if services provided by Hospital)	50% (up to $350/ per day within Hospital)
Complex Imaging (CT, PET, MRI, etc.)	$0 ($100 co-pay if services provided by Hospital)	10% ($100 co-pay + 10% if services provided by Hospital)	50% up to $800 per day	20% ($100 co-pay + 20% if services provided by Hospital)	50% up to $800 per day
Acupuncture (26 visits per calendar year/ combined with Chiropractic)	$30 co-pay	10% up to $30 per visit		20% up to $30 per visit	
Chiropractic Services (26 visits per calendar year/combined with Acupuncture)	$30 co-pay	10% up to $25 per visit	50% up to $25 per visit	20% up to $25 per visit	50% up to $25 per visit
Prescription Drugs *Active/Early Retiree Plans Only*	**Navitus***	**Navitus**		**Navitus**	
Prescription Maximum Out of Pocket	$5,300 / $10,600	Combined with Medical		Combined with Medical	
(At Participating Pharmacies only)	Generic / Brand / Non-Formulary / Specialty	Generic / Brand / Specialty	Generic / Brand / Specialty	Generic / Brand / Specialty	Generic / Brand / Specialty
Retail - 30 day supply	$10 / $20 / $45 / 30% (max co-pay $150)	$7 / $25 / 30% up to $150 / prescription	$7 / $25 / 30% up to $150 / prescription	$7 / $25 / 30% up to $150 / prescription	$7 / $25 / 30% up to $150 / prescription
Mail Order - 90 day supply	$15 / $50 / $112.50 / 30% (max co-pay $150)	$14 / $60 / 30% up to $300 / prescription	Not Covered	$14 / $60 / 30% up to $300 / prescription	Not Covered
Brand / Non-Formulary / Specialty Deductible (Individual / Family)	$200	Subject to Deductible		Subject to Deductible	

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*See Rx benefits for Medicare on page 15 under the "EGWP" pharmacy co-pay structure.

PLAN SUMMARY – BLUE SHIELD

*See page 3, note 14 for Plan Selections and Combination Guidelines

DEDUCTIBLES/COINSURANCE	Access+ HMO 15	Access+ HMO 20
Calendar Year Deductible(s) (Individual/Family)	None	None
Maximum Medical Out of Pocket (Individual/Family)	$1,500 / $3,000	$1,500 / $3,000
Medicare Medical Maximum Out of Pocket	Non-Applicable	Non-Applicable
Services/Coverages	**Participating Providers (You Pay)**	**Participating Providers (You Pay)**
Inpatient Hospital Room, Board & Support Services (prior authorization required)	No Charge	$250 / Admission
Outpatient Hospital	$100 / Surgery	$150 / Surgery
Ambulatory Surgery Center	No Charge	$50 / Surgery
Emergency Room	$50 co-pay (co-pay waived if admitted)	$100 co-pay (co-pay waived if admitted)
Urgent Care	$15 co-pay	$20 co-pay
Physician Benefits (office visits) — Note: A woman may self-refer to an OB/GYN or family practice physician in her personal physician's medical group or IPA for OB/GYN services.	$15 co-pay	$20 co-pay
Preventative Care	No Charge	No Charge
Lab/X-ray	No Charge	No Charge
Complex Imaging (CT, PET, MRI, etc.)	No Charge	No Charge
Acupuncture (30 visits per calendar year/combined with Chiropractic)	$10 co-pay	$10 co-pay
Chiropractic Services (30 visits per calendar year/combined with Acupuncture)	$10 co-pay	$10 co-pay
Prescription Drugs ***Active/Early Retiree Plans Only***	**Navitus**	**Navitus**
Prescription Maximum Out of Pocket	$5,100 / $10,200	$5,100 / $10,200
(At Participating Pharmacies only)	Generic / Brand / Non-Formulary / Specialty	Generic / Brand / Non-Formulary / Specialty
Retail - 30 day supply	$5 / $10 / $25 / 20% (max co-pay $100)	$10 / $25 / Not Covered / 20% (max co-pay $100)
Mail Order - 90 day supply	$10 / $20 / $50 / 20% (max co-pay $100)	$20 / $50 / Not Covered / 20% (max co-pay $100)
Brand Deductible (Individual / Family)	None	None

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. NON-PARTICIPATING PROVIDER MEMBER COST MAY NOT APPLY TO MAXIMUM OUT OF POCKET COSTS.

PLAN SUMMARY – KAISER

*See page 3, note 14 for Plan Selections and Combination Guidelines

DEDUCTIBLES/COINSURANCE/MAXIMUM	Kaiser HMO 15	Kaiser HMO 20
Calendar Year Deductible(s) (Individual/Family)	None	None
Maximum Medical Out of Pocket (Individual/Family)	$1,500 / $3,000	$1,500 / $3,000
Medicare Medical Maximum Out of Pocket	Non-Applicable	Non-Applicable
Services/Coverages	**Participating Providers (You Pay)**	**Participating Providers (You Pay)**
Inpatient Hospital Room, Board & Support Services (prior authorization required)	No Charge	$250 / Admission
Outpatient Hospital	$15 / Surgery	$20 / Surgery
Ambulatory Surgery Center	$15 / Surgery	$20 / Surgery
Emergency Room	$50 co-pay (co-pay waived if admitted)	$100 co-pay (co-pay waived if admitted)
Urgent Care	$15 co-pay	$20 co-pay
Physician Benefits (office visits)	$15 co-pay	$20 co-pay
Preventative Care	No Charge	No Charge
Lab/X-ray	No Charge	No Charge
Complex Imaging (CT, PET, MRI, etc.)	No Charge	No Charge
Acupuncture (30 visits per calendar year/combined with Chiropractic)	$10 co-pay	$10 co-pay
Chiropractic Services (30 visits per calendar year/combined with Acupuncture)	$10 co-pay	$10 co-pay
Prescription Drugs *Active/Early Retiree Plans Only*	**Kaiser**	**Kaiser**
(At Participating Pharmacies only)	Generic / Brand / Specialty	Generic / Brand / Specialty
Retail - 30 day supply	$5 / $20 / $20	$10 / $25 / 20% (max co-pay $150)
Mail Order - 100 day supply	$10 / $40	$20 / $50
Brand Deductible (Individual / Family)	None	None

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. NON-PARTICIPATING PROVIDER MEMBER COST MAY NOT APPLY TO MAXIMUM OUT OF POCKET COSTS.

PLAN SUMMARY – KAISER – MEDICARE

DEDUCTIBLES/COINSURANCE/MAXIMUM	Kaiser Permanente Senior Advantage (KPSA) HMO with Part D
Calendar Year Deductible(s) (Individual/Family)	None
Maximum Medical Out of Pocket (Per Individual)	$1,000
Medicare Medical Maximum Out of Pocket	Non-Applicable
Services/Coverages	**Participating Providers (You Pay)**
Inpatient Hospital Room, Board & Support Services (prior authorization required)	No Charge
Outpatient Hospital	$10 / Surgery
Ambulatory Surgery Center	$10 / Surgery
Emergency Room	$50 co-pay (co-pay waived if admitted)
Urgent Care	$10 co-pay
Physician Benefits (office visits)	$10 co-pay
Preventative Care	No Charge
Lab/X-ray	No Charge
Complex Imaging (CT, PET, MRI, etc.)	No Charge
Acupuncture (30 visits per calendar year/combined with Chiropractic)	$10 co-pay
Chiropractic Services (30 visits per calendar year/combined with Acupuncture)	$10 co-pay
Prescription Drugs	**Kaiser**
(At Participating Pharmacies only)	Generic / Brand
30 day supply	$5 / $20
31 – 60 day supply	$10 / $40
61 - 100 day supply	$15 / $60
(Mail Order Refills only)	Generic / Brand
30 day supply	$5 / $20
31 – 100 day supply	$10 / $40

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. NON-PARTICIPATING PROVIDER MEMBER COST MAY NOT APPLY TO MAXIMUM OUT OF POCKET COSTS.

ACCOLADE - CONCIERGE CUSTOMER SERVICE

All Blue Shield plan participants utilize Accolade for concierge customer service (HMO participants are excluded). Blue Shield is the medical carrier, but does not provide customer service to PPO, EPO and HDHP enrolled participants. Accolade's robust services include, but are not limited to: Billing and Claims Support, Finding Care, Insurance Coverage, Virtual Care, ID Cards, Condition Management, Case Management, Transition Care, Maternity Management, Disease Management, and Treatment Decision Support. Accolade also has information about SDRMA Added-Value programs and actively reminds enrolled participants of their alternative care options through Added-Value services when relevant to each enrolled individual. Added-Value Programs include: Digbi Health, Carrum Health, Hinge Health, and Rx'nGo.

ANTHEM TOTAL HEALTH SELECT - CONCIERGE CUSTOMER SERVICE

All Anthem Blue Cross plan participants utilize Anthem Total Health Select for concierge customer service (HMO participants are excluded). Anthem Total Health Select's robust services include, but are not limited to: Billing and Claims Support, Finding Care, Insurance Coverage, Virtual Care, ID Cards, Condition Management, Case Management, Transition Care, Maternity Management, Disease Management, and Treatment Decision Support. Anthem Total Health Select also has information about SDRMA Added-Value programs and actively reminds enrolled participants of their alternative care options through Added-Value services when relevant to each enrolled individual. Added-Value Programs include: Digbi Health, Carrum Health, Hinge Health, and Rx'nGo.

DIGBI HEALTH - CHRONIC CONDITIONS AND WEIGHT MANAGEMENT

Digbi Health is available to all Blue Shield and Anthem Blue Cross plan participants. Digbi Health focuses on chronic conditions and weight management. Digbi Health utilizes an analysis of genetic data, gut microbiome, and lifestyle information to create personalized care plans. Their holistic approach addresses the root causes of chronic conditions such as obesity, diabetes, and hypertension.

HINGE HEALTH – VIRTUAL/DIGITAL PHYSICAL THERAPY SOLUTION

Hinge Health is available to all Blue Shield and Anthem Blue Cross plan participants. Hinge Health is a "no cost" digital Physical Therapy option to help prevent injury, prevent surgery, and address acute or chronic pain. Eligible plan participants will receive wearable devices free of charge.

Hinge Health pairs a complete clinical care team with advanced technology to deliver an all in one solution:

- **Dedicated physical therapist** for 1:1 video visits
- **Dedicated health coach** trained in motivation and behavioral support
- **Customized exercise therapy** with wearable sensors for real-time feedback
- **Wearable pain management technology** for immediate pain relief
- **Education** on lifestyle, condition and pain management
- **Expert Medical Opinion** with in-house orthopedic surgeons

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

carrumhealth

CARRUM HEALTH (CARRUM) – SURGERY BENEFIT PROGRAM

Carrum Surgery Benefit is available to all Blue Shield and Anthem Blue Cross plan participants (HMO and Medicare participants are excluded). Carrum Health is a special surgery benefit that provides exclusive access to "Centers of Excellence." These hospitals and doctors provide for an improved patient experience and top-quality, more affordable care. The Carrum Health Surgery Benefit is provided at no additional cost and is an option outside of your surgery benefit provided by your medical carrier.

EMPLOYEE SERVICES

Personalized "Care Concierge" support – Helps guide patient through the process
Recovery – Personalized support through total care coordination
Access to top-Quality Surgeons – perform hundreds of surgeries
All medical expenses – covered for the patient**
Travel Expenses – covered for patient and companion*
Voluntary participation – Employee Initiates the service by phone or online

*IRS Rules a portion of the covered travel will be reported as taxable income to employee.

**IRS regulations on HSA plans the deductible applies but coinsurance is waived.

Eligible procedures include:

- Hip Replacement
- Knee replacement
- Cervical Spinal fusion
- Lumbar Spinal Fusion
- Coronary Bypass Surgery
- Bariatric (Weight Loss)
- Shoulder Repair
- Elbow Repair
- Wrist/Hand Repair
- Ankle/Foot Repair
- Pain Management

Additional procedures will become eligible on a regular basis.

CARRUM ONCOLOGY – BREAST CANCER TREATMENT/SECOND OPINION PROGRAM

The Carrum Oncology Program is available to all Blue Shield and Anthem Blue Cross plan participants (HMO and Medicare participants are excluded). The Carrum Oncology Treatment and Second Opinion Program is provided at no additional cost and is an option outside of your cancer benefit provided by your medical carrier. Treatment and/or second opinion/guidance plan options are provided through City of Hope in Los Angeles. Travel expenses are included when treatment is required.

CARRUM SUBSTANCE USE TREATMENT PROGRAM

The Carrum Substance Use Treatment Program is available to all Blue Shield and Anthem Blue Cross plan participants (HMO and Medicare participants are excluded). Carrum offers a personalized recovery program for alcohol and opioid addiction from leading treatments centers.

- Detox services
- Residential/inpatient rehab
- Intensive outpatient treatment
- Outpatient treatment
- Recovery coaching
- Virtual care
- Medication-assisted treatment and more!

Rx'nGo
Care. Delivered.

RX'NGO - OPTIONAL PHARMACY BENEFIT

Rx'nGo is available to all Blue Shield and Anthem Blue Cross plan participants. Rx'nGo is an optional pharmacy benefit for all Blue Shield and Anthem Blue Cross participants. Rx'nGo is an optional pharmacy benefit that provides a 90-day supply for certain generic maintenance prescriptions and insulin products/needles/syringes at $0 copay and $0 shipping!

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

MEDICAL BENEFIT RATES FOR 2027 – GUARANTEED UNTIL JANUARY 1, 2028

AREA I - Northern CA: Bay Area

Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba

PLAN	Employee	Employee + 1	Employee + 2 or More
Gold PPO	$1,690.23	$3,375.31	$4,391.92
Platinum PPO	$1,847.82	$3,688.43	$4,801.86
Silver PPO	$1,211.28	$2,427.71	$3,150.77
Bronze PPO	$1,108.28	$2,223.77	$2,888.12
EPO	$2,031.16	$4,060.26	$5,277.72
HDHP 10	$1,386.38	$2,773.79	$3,602.94
HDHP 20	$1,195.83	$2,389.60	$3,106.48
Access+ HMO 15	$1,883.87	$3,765.68	$4,900.74
Access+ HMO 20	$1,751.00	$3,503.03	$4,549.51
Kaiser HMO 15	$1,605.77	$3,176.52	$4,114.85
Kaiser HMO 20	$1,548.09	$3,058.07	$3,967.56

AREA II - Northern CA: Other Counties

Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne

PLAN	Employee	Employee + 1	Employee + 2 or More
Gold PPO	$1,641.82	$3,285.70	$4,269.35
Platinum PPO	$1,760.27	$3,517.45	$4,574.23
Silver PPO	$1,179.35	$2,356.64	$3,060.13
Bronze PPO	$1,079.44	$2,157.85	$2,803.66
EPO	$1,965.24	$3,935.63	$5,118.07
HDHP 10	$1,367.84	$2,743.92	$3,563.80
HDHP 20	$1,130.94	$2,255.70	$2,936.53
Access+ HMO 15	$1,902.41	$3,800.70	$4,941.94
Access+ HMO 20	$1,771.60	$3,543.20	$4,599.98
Kaiser HMO 15	$1,605.77	$3,176.52	$4,114.85
Kaiser HMO 20	$1,548.09	$3,058.07	$3,967.56

AREA III - Southern CA: Los Angeles Area

Los Angeles, San Bernardino, Ventura

PLAN	Employee	Employee + 1	Employee + 2 or More
Gold PPO	$1,397.71	$2,784.09	$3,619.42
Platinum PPO	$1,527.49	$3,045.71	$3,957.26
Silver PPO	$1,010.43	$1,998.20	$2,600.75
Bronze PPO	$922.88	$1,831.34	$2,382.39
EPO	$1,632.55	$3,254.80	$4,227.12
HDHP 10	$1,222.61	$2,447.28	$3,178.58
HDHP 20	$1,011.46	$2,016.74	$2,622.38
Access+ HMO 15	$1,465.69	$2,933.44	$3,806.88
Access+ HMO 20	$1,367.84	$2,726.41	$3,543.20
Kaiser HMO 15	$1,328.70	$2,622.38	$3,397.97
Kaiser HMO 20	$1,275.14	$2,511.14	$3,253.77

Rates shown are for active, early retiree and public officials.

MEDICAL BENEFIT RATES FOR 2027 – GUARANTEED UNTIL JANUARY 1, 2028

AREA IV - Southern CA: Other Counties

Fresno,* Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare

*Fresno County: For Kaiser Active and Early Retiree rates please refer to Area VI rates per Kaiser Guidelines.

PLAN	Employee	Employee + 1	Employee + 2 or More
Gold PPO	$1,497.62	$2,983.91	$3,871.77
Platinum PPO	$1,646.97	$3,276.43	$4,263.17
Silver PPO	$1,077.38	$2,149.61	$2,787.18
Bronze PPO	$986.74	$1,970.39	$2,554.40
EPO	$1,667.57	$3,320.72	$4,313.64
HDHP 10	$1,314.28	$2,622.38	$3,404.15
HDHP 20	$1,081.50	$2,159.91	$2,811.90
Access+ HMO 15	$1,615.04	$3,232.14	$4,191.07
Access+ HMO 20	$1,505.86	$2,999.36	$3,900.61
Kaiser HMO 15	$1,358.57	$2,680.06	$3,474.19
Kaiser HMO 20	$1,299.86	$2,559.55	$3,319.69

AREA V - Out of State Early Retirees Only

PLAN	Employee	Employee + 1	Employee + 2 or More
Gold PPO	$1,755.12	$3,507.15	$4,559.81
Platinum PPO	$1,920.95	$3,844.99	$4,994.47
Silver PPO	$1,261.75	$2,522.47	$3,274.37
Bronze PPO	$1,154.63	$2,310.29	$3,000.39
EPO	$2,051.76	$4,099.40	$5,333.34
HDHP 10	$1,507.92	$3,009.66	$3,916.06
HDHP 20	$1236.00	$2,468.91	$3,210.51
Access+ HMO 15	N/A	N/A	N/A
Access+ HMO 20	N/A	N/A	N/A
Kaiser HMO 15	N/A	N/A	N/A
Kaiser HMO 20	N/A	N/A	N/A

AREA VI - Northern CA: Sacramento

El Dorado, Placer, Sacramento

*Fresno County Kaiser Active and Early Retiree Rates

PLAN	Employee	Employee + 1	Employee + 2 or More
Gold PPO	$1,535.73	$3,070.43	$3,993.31
Platinum PPO	$1678.90	$3,359.86	$4,363.08
Silver PPO	$1,107.25	$2,215.53	$2,881.94
Bronze PPO	$1,013.52	$2,031.16	$2,640.92
EPO	$1,794.26	$3,593.67	$4,666.93
HDHP 10	$1,349.30	$2,703.75	$3,513.33
HDHP 20	$1,114.46	$2,225.83	$2,891.21
Access+ HMO 15	$1,806.62	$3,615.30	$4,700.92
Access+ HMO 20	$1,676.84	$3,360.89	$4,367.20
Kaiser HMO 15	$1,588.26	$3,139.44	$4,068.50
Kaiser HMO 20	$1,530.58	$3,028.20	$3,921.21

Rates shown are for active, early retiree and public officials.

MEDICAL BENEFIT RATES FOR 2027 – GUARANTEED UNTIL JANUARY 1, 2028

MEDICARE COORDINATION OF BENEFITS (COB)

Medicare Supplemental Plans are designed specifically for retirees, their spouse and/or dependents enrolled in the SDRMA medical benefits program who are also enrolled in Parts A (hospital insurance), B (medical insurance) and D (prescription enrollment completed by Navitus) of Medicare. This plan is designed to help defray some of the costs for those members enrolled in Medicare, such as Medicare deductibles, co-pays and other costs. The rates shown in the table provide a number of cost options depending on the coverage needs of a retiree and their dependent(s). Each option includes additional rates for those members who need rates appropriate for a variety of combinations where one or two members of a household have Medicare and others do not.

The retiree and their spouse and/or dependents must enroll in Medicare Part A and Part B coverage at their own expense when they turn 65 to be able to continue their coverage under SDRMA. A Retiree and/or their spouse may be directly charged additional premiums by Medicare for Part D coverage if their income is above a certain level. The additional premium is referred to as the Medicare Income-Related Monthly Adjustment Amount (IRMAA). The retiree and/or spouse should contact Medicare for additional information about IRMAA.

To enroll in Medicare you must be at least age 65 or older - these rates are the same for out of state 65 or older members as well. SDRMA Medical Benefits Program coverages remain the same whether Medicare Supplemental Coverages are Primary or Secondary.

Medicare Supplemental Plans (EGWP)	Gold PPO - EGWP	Platinum PPO - EGWP	Silver PPO - EGWP	Bronze EPO - EGWP	EPO - EGWP
Single (Retiree with Medicare)	$1,055.75	$1,166.99	$827.09	$775.59	$1,266.90
Two Party (Retiree + Dependent both with Medicare)	$2,108.41	$2,336.04	$1,654.18	$1,549.12	$2,532.77
Family (All Medicare - reflects for 3 enrolled)	$3,163.13	$3,504.06	$2,481.27	$2,325.74	$3,799.67
Two Party (1 Medicare, 1 Without)	$2,745.98	$3,014.81	$2,038.37	$1,883.87	$3,298.06
Family (1 Medicare, 2 or more Without)	$4,431.06	$4,855.42	$3,254.80	$2,999.36	$5,327.16
Family (2 Medicare, 1 or more Without)	$3,798.64	$4,183.86	$2,865.46	$2,657.40	$4,563.93

* This rate increases for every family member enrolled in Medicare by the single Medicare rate.

EGWP (Part D) Prescription Program co-pays	Retail 31 Day	Retail 60 Day	Retail 90 Day	Mail 90 Day
Generic	$5.00	$10.00	$15.00	$10.00
Brand	$20.00	$40.00	$60.00	$40.00
Non Preferred	$50.00	$100.00	$150.00	$100.00

Please note that the above Rx co-pays are for the plans noted in the Medicare Supplemental Plans COB Rates table.

* Coordination of Benefits (COB): SDRMA insurance plans will coordinate with Medicare to determine which entity may or may not pay towards a particular service received by covered individuals under this plan. The coordination will determine how much of the expense Medicare covers (if any) and how much of the expense the SDRMA insurance carrier would cover. Medicare pays first and the SDRMA carrier will then pay additional monies towards the service if the carrier's contracted payable amount is higher than Medicare's contracted payable amount.

If Medicare's contracted amount is less than the SDRMA carrier's contracted amount, the SDRMA carrier will pay the difference between Medicare and the SDRMA carrier amount so that the provider is paid up to the SDRMA carrier limits through both parties combined. If Medicare's contracted amount is the same or covers a higher amount than the SDRMA carrier, the SDRMA carrier will not pay any monies towards the service and will consider payment made by Medicare to be payment in full. When services are considered covered by Medicare and initial payments are made by Medicare, the SDRMA carrier's co-pays, coinsurance, and/or deductible will not apply.

If a service is not covered by Medicare, but the service is covered by the SDRMA carrier's plan, the claim will be paid exclusively through the SDRMA carrier's plan. If a service is not considered covered by Medicare and therefore no initial payment is made by Medicare, the SDRMA carrier's co-pays, coinsurance, and/or deductible will apply.

MEDICAL BENEFIT RATES FOR 2027 – GUARANTEED UNTIL JANUARY 1, 2028

RATES WILL BE AVAILABLE IN AUGUST

Kaiser Permanente Senior Advantage (KPSA) HMO with Part D Rx Coverage*	Kaiser 15 Area I, Area II and Area VI Rates	Kaiser 20 Area I, Area II and Area VI Rates	Kaiser 15 Area III and Area IV** Rates	Kaiser 20 Area III and Area IV** Rates
Single (Medicare)	N/A	N/A	N/A	N/A
Two Party (Both with Medicare)	N/A	N/A	N/A	N/A
Two Party (1 Medicare, 1 Without)	N/A	N/A	N/A	N/A
Family (1 Medicare, 2 or more Without)	N/A	N/A	N/A	N/A
Family (2 Medicare, 1 or more Without)	N/A	N/A	N/A	N/A

* The KPSA plan is for agencies that offer Medicare retirees the Kaiser plan option. The KPSA plan is for Kaiser retirees, their spouse and/or dependents of retirees that are enrolled in Medicare Part A and Part B. If a retiree, their spouse and/or dependent have a combination rate where a participant in their family does not have Medicare, the participant without Medicare will be covered under the Kaiser HMO 15 or Kaiser HMO 20 plan depending on the agency's offering.

Please note: KPSA services areas/regions and plan access are determined by The Centers for Medicare and Medicaid Services (CMS) and are subject to change based on CMS regulations. KPSA plans are not always available in the same service areas/regions as Kaiser active plans. Check with SDRMA when an eligible employee wishes to select a KPSA plan at retirement and SDRMA will work with Kaiser to verify service area availability. If Kaiser confirms KPSA is not available in the given area, the retiring employee will need to select an alternate plan offered by their employer through SDRMA.

** Per Kaiser Guidelines Fresno County Kaiser Rates are under Area VI Rates

KPSA (Part D) Prescription Program co-pays	Retail 30 Day Supply	Retail 31-60 Day Supply	Retail 61-100 Day Supply	Mail Order 30 Day Supply	Mail Order 31-100 Day Supply
Generic	$5.00	$10.00	$15.00	$5.00	$10.00
Brand	$20.00	$40.00	$60.00	$20.00	$40.00

For further details of the Kaiser Permanente Senior Advantage (KPSA) HMO plan please refer to page 10.

Please note that the above Rx co-pays are for the plans noted in the Kaiser Permanente Senior Advantage (KPSA) HMO with Part D Rx Coverage rate table.

SDRMA

ANCILLARY COVERAGES SUMMARY

DELTA DENTAL PPO – RATES GUARANTEED UNTIL JANUARY 1, 2028

*See page 3, note 14 for Plan Selections and Combination Guidelines

DENTAL BENEFITS	Low Plan	
	PPO/Premier	Non-Participating Providers*
Calendar Year Maximum	$1,000	$500
	(Per patient per calendar year)	
Calendar Year Deductible Individual / Family	$50 / $150 (Waived for Preventive)	
Age Limitations	Dependents to Age 26	
Diagnostic and Preventive	100%	100%
Oral Exam		
Routine Cleaning		
X-Rays		
Fluoride Treatment		
Space Maintainers		
Specialist Consultations		
Basic Services	80%	80%
Fillings		
Endodontics (Root Canal)		
Periodontics (Gum Treatment)		
Tissue Removal (Biopsy)		
Extractions & Other Oral Surgery		
Sealants		
Major Services	50%	50%
Crown Repair		
Inlays, Onlays		
Cast Restorations		
Bridges		
Partial and Full Dentures		
Orthodontics		
Eligible for Benefit	Not Covered	
Lifetime Maximum		

(Employer Contributes 51-100% of dependent cost):

Rates	
Employee Only	$31.62
Employee + 1 Dependent	$53.87
Employee + 2 or More Dependents	$86.83

(Employer Contributes 0-50% of dependent cost):

Rates	
Employee Only	$31.62
Employee + 1 Dependent	$57.27
Employee + 2 or More Dependents	$94.86

*Reimbursement is based on Delta Dental contracted fees and program allowance for non-Delta Dental dentists.

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

DELTA DENTAL PPO – RATES GUARANTEED UNTIL JANUARY 1, 2028

*See page 3, note 14 for Plan Selections and Combination Guidelines

DENTAL BENEFITS	Medium Plan		High Plan	
	PPO/Premier	Non-Participating Providers*	PPO/Premier	Non-Participating Providers*
Calendar Year Maximum	$1,500 (Per patient per calendar year)	$1,000	$2,000 (Per patient per calendar year)	$1,750
Calendar Year Deductible Individual / Family	$50 / $150 (Waived for Preventive)		$50 / $150 (Waived for Preventive)	
Age Limitations	Dependents to Age 26		Dependents to Age 26	
Diagnostic and Preventive	100%	100%	100%	100%
Oral Exam				
Routine Cleaning				
X-Rays				
Fluoride Treatment				
Space Maintainers				
Specialist Consultations				
Basic Services	80%	80%	80%	80%
Fillings				
Endodontics (Root Canal)				
Periodontics (Gum Treatment)				
Tissue Removal (Biopsy)				
Extractions & Other Oral Surgery				
Sealants				
Major Services	60%	60%	80%	80%
Crown Repair				
Inlays, Onlays				
Cast Restorations				
Bridges				
Partial and Full Dentures				
Orthodontics	50%	50%	50%	50%
Eligible for Benefit	Child & Adult		Child & Adult	
Lifetime Maximum	$500		$1,500	
(Employer Contributes 51-100% of dependent cost):				
Rates				
Employee Only	$42.75		$55.62	
Employee + 1 Dependent	$72.41		$93.52	
Employee + 2 or More Dependents	$113.51		$142.04	
(Employer Contributes 0-50% of dependent cost):				
Rates				
Employee Only	$42.75		$55.62	
Employee + 1 Dependent	$77.04		$98.98	
Employee + 2 or More Dependents	$124.32		$155.53	

*Reimbursement is based on Delta Dental contracted fees and program allowance for non-Delta Dental dentists.
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DENTAL HMO BENEFITS

*See page 3, note 14 for Plan Selections and Combination Guidelines

DENTAL HMO BENEFITS	DeltaCare Plan 10A Participating Providers (You Pay)	DeltaCare Plan 11A Participating Providers (You Pay)	DeltaCare Plan 12A Participating Providers (You Pay)
Diagnostic and Preventive			
Periodic Oral Evaluation	No Charge	No Charge	No Charge
X-Rays	No Charge	No Charge	No Charge
Teeth Cleaning	No Charge	No Charge	No Charge
Topical Fluoride	No Charge	No Charge	No Charge
Sealants - per tooth	$5	$10	$10
Restorative			
Amalgam Filling 1-4 Surfaces	$0	$0	$5 - $20
Resin - one surface, anterior	$0	$0	$22
Endodontics (Root Canal Therapy)			
Pulp Cap	No Charge	No Charge	No Charge
Therapeutic Pulpotomy	$0	$0	$15
Root Canal Therapy - anterior	$45	$55	$85
Periodontics			
Gingivectomy - per quadrant	$80	$130	$135
Osseous Surgery - per quadrant	$175	$280	$300
Scaling and Root Planning - per quadrant	$0	$25	$40
Oral Surgery			
Extractions - Impacted tooth: soft tissue	$25	$50	$55
Extractions - Impacted tooth: partial bony	$50	$70	$75
Extractions - Impacted tooth: full bony	$70	$90	$95
Prosthodontics			
Complete - Upper or Lower	$100	$145	$215
Immediate - Upper or Lower	$120	$165	$235
Partial Denture - Upper or Lower	$120	$160	$240
Crown and Bridge			
Inlay / Onlay	$0	$0	$45 - $55
Crown - Porcelain/Ceramic Substrate	$195	$240	$295
Crown - Porcelain Fused to High Noble Metal	$195	$240	$295
Crown - Full Cast High Noble Metal	$170	$210	$260
Orthodontics - comprehensive			
Child to age 19	$1,700	$1,700	$1,700
Member over age 19	$1,900	$1,900	$1,900

DENTAL HMO RATES – RATES GUARANTEED UNTIL JANUARY 1, 2030

	PLAN	Employee	Employee + 1	Employee + 2 or More
Region I Los Angeles, Tulare, Ventura	DeltaCare 10A	$19.98	$35.64	$52.53
	DeltaCare 11A	$17.30	$30.80	$45.11
	DeltaCare 12A	$16.79	$29.77	$43.88

	PLAN	Employee	Employee + 1	Employee + 2 or More
Region II Alameda, El Dorado, Fresno, Imperial, Kern, Kings, Lake, Madera, Monterey, Napa, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, Santa Clara	DeltaCare 10A	$19.98	$35.64	$52.53
	DeltaCare 11A	$17.30	$30.80	$45.11
	DeltaCare 12A	$16.79	$29.77	$43.88

	PLAN	Employee	Employee + 1	Employee + 2 or More
Region III Alpine, Amador, Calaveras, Colusa, Contra Costa, Del Norte, Glenn, Inyo, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Nevada, Placer, Plumas, San Benito, San Francisco, San Joaquin, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Tehama, Trinity, Tuolumne, Yuba	DeltaCare 10A	$20.70	$36.87	$54.38
	DeltaCare 11A	$17.92	$31.83	$46.76
	DeltaCare 12A	$17.30	$30.69	$45.22

	PLAN	Employee	Employee + 1	Employee + 2 or More
Region IV Humboldt, Marin, Santa Barbara, Santa Cruz, Shasta, Sutter, Yolo	DeltaCare 10A	$21.32	$37.90	$55.93
	DeltaCare 11A	$18.44	$32.75	$48.20
	DeltaCare 12A	$17.72	$31.42	$46.25

	PLAN	Employee	Employee + 1	Employee + 2 or More
Region V Butte, San Luis Obispo	DeltaCare 10A	$41.61	$71.48	$105.47
	DeltaCare 11A	$38.73	$66.23	$97.64
	DeltaCare 12A	$37.90	$64.79	$95.48

VSP VISION – RATES GUARANTEED UNTIL JANUARY 1, 2029

*See page 3, note 14 for Plan Selections and Combination Guidelines

VISION BENEFITS	Option 1		Option 2	
	In-Network	Non-Participating Providers	In-Network	Non-Participating Providers
Co-pay	$25 for Exam and/or Materials		$25 for Exam and/or Materials	
Exam	Covered after Co-pay	Plan pays up to: $50	Covered after Co-pay	Plan pays up to: $50
Lenses				
Single	Covered after Co-pay	$50	Covered after Co-pay	$50
Bifocal	Covered after Co-pay	$75	Covered after Co-pay	$75
Trifocal	Covered after Co-pay	$100	Covered after Co-pay	$100
Frames	$130 Allowance 20% off amount over allowance	$70	$130 Allowance 20% off amount over allowance	$70
Contact Lenses - Elective	$130 Allowance	$105	$130 Allowance	$105
Contact Lenses - Medically Necessary	Covered after Co-pay	$210	Covered after Co-pay	$210
Contact Exam and Fitting	Up to $60	$0	Up to $60	$0
Frequency of Services				
Eye Examination	12 months		12 months	
Lenses	24 months		12 months	
Frames	24 months		24 months	
Contact Lenses[1]	24 months		12 months	
Rates				
Employee Only	$6.59		$7.62	
Employee + 1 Dependent	$12.77		$14.83	
Employee + 2 or More Dependents	$20.19		$23.48	

[1] Contact lenses are in lieu of spectacle lenses and frames

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

VSP VISION – RATES GUARANTEED UNTIL JANUARY 1, 2029

*See page 3, note 14 for Plan Selections and Combination Guidelines

VISION BENEFITS	Option 3		Option 4		Option 5	
	In-Network	Non-Participating Providers	In-Network	Non-Participating Providers	In-Network	Non-Participating Provider
Co-pay	$15 for Exam and/or Materials		$25 for Exam and/or Materials		$0 for Exam and/or Materials	
Exam	Covered after Co-pay	Plan pays up to: $50	Covered after Co-pay	Plan pays up to: $50	Covered after Co-pay	Plan pays up to: $50
Lenses						
Single	Covered after Co-pay	$50	Covered after Co-pay	$50	Covered	$50
Bifocal	Covered after Co-pay	$75	Covered after Co-pay	$75	Covered	$75
Trifocal	Covered after Co-pay	$100	Covered after Co-pay	$100	Covered	$100
Frames	$130 Allowance 20% off amount over allowance	$70	$130 Allowance 20% off amount over allowance	$70	$130 Allowance 20% off amount over allowance	$70
Contact Lenses - Elective	$130 Allowance	$105	$130 Allowance	$105	$130 Allowance	$105
Contact Lenses - Medically Necessary	Covered after Co-pay	$210	Covered after Co-pay	$210	No Co-pay	$210
Contact Exam and Fitting	Up to $60	$0	Up to $60	$0	Up to $60	$0
Frequency of Services						
Eye Examination	12 months		12 months		12 months	
Lenses	12 months		12 months		12 months	
Frames	24 months		12 months		12 months	
Contact Lenses[1]	12 months		12 months		12 months	
Rates						
Employee Only	$8.03		$10.92		$17.41	
Employee + 1 Dependent	$15.45		$21.42		$34.20	
Employee + 2 or More Dependents	$24.62		$34.09		$54.80	

[1] Contact lenses are in lieu of spectacle lenses and frames

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

VOYA FINANCIAL BASIC LIFE AND AD&D – RATES GUARANTEED UNTIL JULY 1, 2027

For Groups with 10(+) Employee lives Basic Life and AD&D Benefits		
Eligibility:	All Eligible Employees working at least 20 hrs/wk	
Life Benefits:	Groups may elect a flat amount of: $10,000-$200,000 in $10,000 increments Basic life benefits have to be defined by class of employee; i.e. City manager, confidential employees, etc. or All employees as one class or 1x Annual Salary or 2x Annual Salary	
AD&D Benefits:	Same as Life	
Guaranteed Issue Amount	$200,000	
Benefit Reduction Formula	Age	% of Original Benefit
	65	65%
	70	50%
Accelerated Death Benefit	50% of Life Benefits if less than 6 Month Life Expectancy	
Waiver of Premium	Included	
Seat Belt Benefit (AD&D)	Included	
Basic Life and AD&D Rate per $1,000:	$0.272*	

For Groups with less than 10 Employee lives Basic Life and AD&D Benefits		
Eligibility:	All Eligible Employees working at least 20 hrs/wk	
Life Benefits:	Groups may elect a flat amount of: $10,000-$200,000 in $10,000 increments Basic life benefits have to be defined by class of employee; i.e. City manager, confidential employees, etc. or All employees as one class or 1x Annual Salary or 2x Annual Salary	
AD&D Benefits:	Same as Life	
Guaranteed Issue Amount	$200,000	
Benefit Reduction Formula	Age	% of Original Benefit
	65	65%
	70	50%
Accelerated Death Benefit	50% of Life Benefits if less than 6 Month Life Expectancy	
Waiver of Premium	Included	
Seat Belt Benefit (AD&D)	Included	
Basic Life and AD&D Rate per $1,000: Under Age 30	$0.202*	
Basic Life and AD&D Rate per $1,000: Age 30-39	$0.264*	
Basic Life and AD&D Rate per $1,000: Age 40-49	$0.368*	
Basic Life and AD&D Rate per $1,000: Over Age 49	$0.507*	

Example Calculation

Sample for 10+ Employee lives

1 employee with 100,000 of life insurance

Volume X rate/1000

100,000 X 0.272/1000 = $27.20

* Rates provided on Ancillary invoice may vary slightly because of rounding.

Entities must contribute a minimum of 75% of the cost for active employees only. See page 3, note 3 for underwriting guideline of entity contribution for active employees.

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VOYA FINANCIAL SUPPLEMENTAL LIFE – RATES GUARANTEED UNTIL JULY 1, 2027

Supplemental Life Benefits*		
Eligibility	All Eligible Employees working at least 20 hrs/wk	
Employee Benefit		
Minimum	$20,000	
Maximum	$250,000	
Increments of:	$10,000	
Guaranteed Issue Amount	Under Age 60: $100,000 Age 60 and Over: $50,000	
Spouse Benefit	Not to Exceed 50% of Employee's Life Benefit	
Minimum	$20,000	
Maximum	$125,000	
Increments of:	$5,000	
Guaranteed Issue Amount	$25,000	
Dependent Child(ren) Benefit		
Minimum	$5,000	
Maximum	$10,000	
Increments of:	$5,000	
Guaranteed Issue Amount	$10,000	
Benefit Duration	Age	% of Original Benefit
	65	65%
	70	50%
Waiver of Premium	Included	
Portability	Included	
	Rates	
Rates per $1,000	Employee Rate (AD&D)	Spouse Rate (1) (2) (No AD&D)
Under age 25	$0.117**	$0.072**
Age 25-29	$0.117**	$0.072**
Age 30-34	$0.148**	$0.103**
Age 35-39	$0.169**	$0.124**
Age 40-44	$0.220**	$0.175**
Age 45-49	$0.303**	$0.258**
Age 50-54	$0.488**	$0.443**
Age 55-59	$0.787**	$0.742**
Age 60-64	$1.178**	$1.133**
Age 65-69	$2.208**	$2.163**
Over age 70	$3.547**	$3.502**
Dependent Child Rate per $1,000	$0.206**	$0.206**

(1) The age of the employee is used when calculating the premium for Supplemental Life for the spouse.
(2) The spouse or dependents can only enroll in Supplemental Life if the employee is enrolled in Supplemental Life.
* Supplemental Life is only available if the Entity is enrolled in VOYA Financial Basic Life and AD&D.
** Rates provided on Ancillary Invoice may vary slightly because of rounding.

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VOYA FINANCIAL SHORT TERM DISABILITY – RATES GUARANTEED UNTIL JULY 1, 2027

For Groups with 10(+) Employee lives			
Short-Term Disability Benefits	**Option 1**	**Option 2**	**Option 3**
Eligibility:	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk
Elimination Period:			
Accident	7 Days	7 Days	7 Days
Illness	7 Days	7 Days	7 Days
Weekly Benefit Percentage	60%	60%	60%
Minimum Weekly Benefit	$50	$50	$50
Maximum Weekly Benefit	$1,252	$1,500	$1,500
Maximum Covered Salary/Pay/Earnings	$108,506	$130,000	$130,000
Definition of Disability	Non-Occupational	Non-Occupational	Non-Occupational
Maximum Benefit Duration	52 Weeks	13 Weeks	26 Weeks
Benefit Integration	Offset Applies	Offset Applies	Offset Applies
Pre-Existing Condition	None	None	None
Rate per $10 weekly benefit	**Option 1**	**Option 2**	**Option 3**
Rate (per $10 weekly benefit)	$0.79 *	$0.46 *	$0.62 *

* Reimbursement is based on Delta Dental contracted fees and program allowance for non-Delta Dental dentists.

Example Calculations	Option 1	Option 2	Option 3
Annual Salary	$50,000.00	$50,000.00	$50,000.00
Weekly salary (annual/52)	$961.54	$961.54	$961.54
Covered weekly salary (weekly X .60)	$576.92	$576.92	$576.92
Divide by 10 (covered weekly/10)	$57.69	$57.69	$57.69
Multiply above by Premium Rate (.79*, .46*, .62*)	$45.58	$26.54	$35.77

Covered weekly must be capped if it surpasses maximum weekly benefit

	Option 1	Option 2	Option 3
Annual Salary	$150,000.00	$150,000.00	$150,000.00
Weekly salary (annual/52)	$2,884.62	$2,884.62	$2,884.62
Covered weekly salary (weekly X .60)	$1,730.77	$1,730.77	$1,730.77
Capped maximum weekly coverage/benefit	$1,252.00	$1,500.00	$1,500.00
Divide capped by 10 (capped weekly/10)	$125.20	$150.00	$150.00
Multiply above by Premium Rate (.79*, .46*, .62*)	$98.91	$69.00	$93.00

Definition:

Elimination period – Benefits begin the day after the elimination period ends.

* Rates provided on Ancillary invoice may vary slightly because of rounding.

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VOYA FINANCIAL SHORT TERM DISABILITY – RATES GUARANTEED UNTIL JULY 1, 2027

For Groups with less than 10 Employee lives			
Short-Term Disability Benefits	**Option 1**	**Option 2**	**Option 3**
Eligibility:	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk
Elimination Period:			
Accident	7 Days	7 Days	7 Days
Illness	7 Days	7 Days	7 Days
Weekly Benefit Percentage	60%	60%	60%
Minimum Weekly Benefit	$50	$50	$50
Maximum Weekly Benefit	$1,252	$1,500	$1,500
Maximum Covered Salary/Pay/Earnings	$108,506	$130,000	$130,000
Definition of Disability	Non-Occupational	Non-Occupational	Non-Occupational
Maximum Benefit Duration	52 Weeks	13 Weeks	26 Weeks
Benefit Integration	Offset Applies	Offset Applies	Offset Applies
Pre-Existing Condition	None	None	None
Age Banded Rates	**Option 1**	**Option 2**	**Option 3**
Rate per $10: Under age 30	$0.88 *	$0.50 *	$0.67 *
Rate per $10: 30-34	$0.90 *	$0.52 *	$0.68 *
Rate per $10: 35-39	$0.67 *	$0.38 *	$0.52 *
Rate per $10: 40-44	$0.50 *	$0.30 *	$0.39 *
Rate per $10: 45-49	$0.57 *	$0.34 *	$0.44 *
Rate per $10: 50-54	$0.68 *	$0.40 *	$0.54 *
Rate per $10: 55-59	$0.93 *	$0.55 *	$0.72 *
Rate per $10: 60-64	$1.10 *	$0.64 *	$0.87 *
Rate per $10: 65+	$1.31*	$0.75*	$1.03*

Example Calculations

	Option 1	Option 2	Option 3
Annual Salary	$50,000.00	$50,000.00	$50,000.00
Weekly salary (annual/52)	$961.54	$961.54	$961.54
Covered weekly salary (weekly X .60)	$576.92	$576.92	$576.92
Divide by 10 (covered weekly/10)	$57.69	$57.69	$57.69
Multiply above by Premium Rate	$45.58	$35.77	$26.54

Covered weekly must be capped if it surpasses maximum weekly benefit

	Option 1	Option 2	Option 3
Annual Salary	$150,000.00	$150,000.00	$150,000.00
Weekly salary (annual/52)	$2,884.62	$2,884.62	$2,884.62
Covered weekly salary (weekly X .60)	$1,730.77	$1,730.77	$1,730.77
Capped maximum weekly coverage/benefit	$1,252.00	$1,500.00	$1,500.00
Divide capped by 10 (capped weekly/10)	$125.20	$150.00	$150.00
Multiply above by Premium Rate	$98.91	$93.00	$69.00

* Rates provided on Ancillary invoice may vary slightly because of rounding.

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VOYA FINANCIAL LONG TERM DISABILITY – RATES GUARANTEED UNTIL JULY 1, 2027

For Groups with 10(+) Employee lives				
Long Term Disability Benefits	**Option 1**	**Option 2**	**Option 3**	**Option 4**
Eligibility:	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk
Elimination Period	90 Days (1)	180 Days (2)	90 Days (1)	180 Days (2)
Monthly Benefit Percentage	60%	60%	60%	60%
Maximum Monthly Benefit	$5,000	$5,000	$10,000	$10,000
Maximum Covered Salary/Pay/Earnings	$100,000	$100,000	$200,000	$200,000
Own Occupation Timeframe or Coverage Period	24 Months	24 Months	24 Months	24 Months
Disability Earnings Test	80%	80%	80%	80%
Definition of Disability	Earnings & Occupation	Earnings & Occupation	Earnings & Occupation	Earnings & Occupation
Recurrent Disabilities	6 Months	6 Months	6 Months	6 Months
Mental Health/Substance Abuse Limitations	24 Months	24 Months	24 Months	24 Months
Maximum Benefit Duration	To Age 65 or SSNRA	To Age 65 or SSNRA	To Age 65 or SSNRA	To Age 65 or SSNRA
Pre-Existing Condition	3/12	3/12	3/12	3/12
Rates	**Option 1 – 90 days**	**Option 2 – 180 days**	**Option 3 – 90 days**	**Option 4 – 180 days**
Rate per $100	$0.485*	$0.365*	$0.534*	$0.401*

Example Calculation
Monthly Covered Salary X Rate/100
Monthly Covered Salary = Annual Salary/12
50,000/12 = $4,166
$4,166 (monthly covered salary) X 0.485 (rate)/100 = 20.21

(1) Benefit begins after 90 days
(2) Benefit begins after 180 days

Definitions:
Elimination Period – Benefits begin the day after the elimination period ends.

Own Occupation Timeframe or Coverage Period – Employee's disability will be evaluated on their ability to perform their own occupations to a certain degree.

Recurrent Disabilities – Refers to the instance where an employee recovers temporarily from a disability and returns to work, but then the disability resurfaces. If the disability resurfaces within a set time frame, the elimination period does not have to be satisfied again.

* Rates provided on Ancillary invoice may vary slightly because of rounding.

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VOYA FINANCIAL LONG TERM DISABILITY – RATES GUARANTEED UNTIL JULY 1, 2027

For Groups with less than 10 Employee lives				
Long Term Disability Benefits	**Option 1**	**Option 2**	**Option 3**	**Option 4**
Eligibility:	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk
Elimination Period	90 Days (1)	180 Days (2)	90 Days (1)	180 Days (2)
Monthly Benefit Percentage	60%	60%	60%	60%
Maximum Monthly Benefit	$5,000	$5,000	$10,000	$10,000
Maximum Covered Salary/Pay/Earnings	$100,000	$100,000	$200,000	$200,000
Own Occupation Timeframe or Coverage Period	24 Months	24 Months	24 Months	24 Months
Disability Earnings Test	80%	80%	80%	80%
Definition of Disability	Earnings & Occupation	Earnings & Occupation	Earnings & Occupation	Earnings & Occupation
Recurrent Disabilities	6 Months	6 Months	6 Months	6 Months
Mental Health/Substance Abuse Limitations	24 Months	24 Months	24 Months	24 Months
Maximum Benefit Duration	To Age 65 or SSNRA	To Age 65 or SSNRA	To Age 65 or SSNRA	To Age 65 or SSNRA
Pre-Existing Condition	3/12	3/12	3/12	3/12
Age Banded Rates	**Option 1 – 90 days**	**Option 2 – 180 days**	**Option 3 – 90 days**	**Option 4 – 180 days**
Rate per $100: 0-24 (Under age 25)	$0.131*	$0.103*	$0.144*	$0.113*
Rate per $100: Age 25-29	$0.177*	$0.130*	$0.195*	$0.143*
Rate per $100: Age 30-34	$0.225*	$0.168*	$0.247*	$0.192*
Rate per $100: Age 35-39	$0.289*	$0.214*	$0.318*	$0.236*
Rate per $100: Age 40-44	$0.374*	$0.280*	$0.411*	$0.308*
Rate per $100: Age 45-49	$0.485*	$0.365*	$0.534*	$0.415*
Rate per $100: Age 50-54	$0.634*	$0.476*	$0.698*	$0.542*
Rate per $100: Age 55-59	$0.830*	$0.625*	$0.914*	$0.688*
Rate per $100: 60+ (Over age 60)	$1.083*	$0.812*	$1.191*	$0.893*

Example Calculation

Example based on an individual under age 25
Monthly Covered Salary X Rate/100
Monthly Covered Salary = Annual Salary/12
50,000/12 = $4,166
$4,166 (monthly covered salary) X 0.131 (rate)/100 = 5.46

(1) Benefit begins after 90 days
(2) Benefit begins after 180 days

Definitions:

Elimination Period – Benefits begin the day after the elimination period ends.

Own Occupation Timeframe or Coverage Period – Employee's disability will be evaluated on their ability to perform their own occupations to a certain degree.

Recurrent Disabilities – Refers to the instance where an employee recovers temporarily from a disability and returns to work, but then the disability resurfaces. If the disability resurfaces within a set time frame, the elimination period does not have to be satisfied again.

* Rates provided on Ancillary invoice may vary slightly because of rounding.

CONCERN AND CONCERNPLUS EMPLOYEE ASSISTANCE PROGRAMS

Employee Assistance Program	**ConcernEAP:** Plan-Rates Guaranteed Until January 1, 2030	**ConcernPlus:** First Responders Plan-Rates Guaranteed Until January 1, 2027
Confidential Counseling	3 visits per person; in-person, video, telephone, live chat or text	10 visits per person; in-person, video, telephone, live chat or text
Personal Coaching	3 telephonic visits per 12 month period with experienced coach	3 telephonic visits per 12 month period with experienced coach
OurRelationship	Self directed or with program coach	Self directed or with program coach
Legal	30 minutes with attorney, per issue, per year with 25% discount off hourly rate if retained	30 minutes with attorney, per issue, per year with 25% discount off hourly rate if retained
Dependent Care	Child & Elder care referral and resource service	Child & Elder care referral and resource service
Financial	Up to two 30 minute sessions - per issue per year with coach; budgeting, retirement, tax, etc.	Up to two 30 minute sessions - per issue per year with coach; budgeting, retirement, tax, etc.
Parent Coaching	3 telephonic sessions per year (60 minutes initial/30 minutes follow-up)	3 telephonic sessions per year (60 minutes initial/30 minutes follow-up)
Employer Services		
Critical Incident Response (CIR)	10 hours; additional hours available at $450/hour*	$500/hour (culturally competent trainers)
Management Consultations	Unlimited	Unlimited
Training and Webinars - Employee and Management	20 hours; additional hours available at $450/hour*	$500/hour (culturally competent trainers)
Virtual Orientation	Unlimited	Unlimited
Reports	Annual Utilization Reports	Annual Utilization Reports
Newsletter and Collateral Materials	Available at No Charge	Available at No Charge
Digital Access	employees.concernhealth.com	employees.concernhealth.com
Identity Theft Assistance	60-minute free consultation with a trained fraud resolution specialist	60-minute free consultation with a trained fraud resolution specialist
Substance Abuse Professional	10 Visits (no additional charge)	10 Visits (no additional charge)
Rate Per Employee Per Month (PEPM)	$3.42	$16.74

Training Hours and Critical Incident Hours are separate categories and are tracked independently. Once an entity has exhausted its allocated hours in either category, any additional hours requested must be subitted to PRISM and Alliant for approval. If approval is not granted, the additional services will be provided on a fee for service basis at a rate of $450 per hour. All approved and fee for service charges will be billed directly to PRISM, which will then issue billing to the entity. All Training Hours and Critical Incident Hours will reset annually in January.

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Accolade


Anthem


blue of california


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Concern
Real help, real experts, real fast.


DELTA DENTAL


digbi
health


Hinge
Health


KAISER PERMANENTE


NAVITUS


RxnGo
Care. Delivered.


vsp
Global


VOYA

SDRMA
SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY

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Sacramento, CA 95814-2865
O 916.231.4141 ◗ 800.537.7790
Fax 916.231.4111
sdrma.org

Board Agenda Item 5. — Revised SDRMA Health Benefits Program Memorandum of Understanding

Background

The District participates in the SDRMA Health Benefits Program (the PRISM Health and/or Employee Benefits Small Group Program) under a Memorandum of Understanding (MOU) between the District and the Special District Risk Management Authority (SDRMA). SDRMA administers the Program; premiums, rates, and coverage terms are set by the PRISM Health Committee and/or PRISM Employee Benefits Committee, not by SDRMA.

SDRMA has issued an amended MOU, dated July 30, 2026, that revises and restates the District's participation agreement. SDRMA mailed the MOU packet to the District on July 28, 2026, with follow-up communications on July 28th and 30th, and on August 6, 2026, provided a written summary of changes for inclusion in board materials. Staff has reviewed the redlined MOU against the prior agreement and summarized the substantive changes below.

Summary of Revised MOU Terms

The following summarizes the changes between the prior MOU and the revised MOU, based on SDRMA's transmittal and staff's review of the redline:

MOU Section	Nature of Change
Definitions	Expanded and clarified definitions for “Committee,” “Coverage Documents,” “Program Participation Agreement,” “Program,” and “Program Documents.”
Entry into Program	Clarifies that ENTITY applies for participation by executing all forms prescribed by SDRMA, subject to approval by the Program's Underwriter (rather than simply “enrolling”).
Maintenance of Effort	Specifies eligible participant categories (active employees, retired employees, dependents, public officials) and clarifies which categories are optional.
Premiums	Adds detail on how premiums/rates are set by the Committee, SDRMA's administrative fee, billing mechanics, and late payment penalties.
Benefits	Adds requirement that plans requested by the District be submitted to and approved by the Program underwriter.
Assessments & Dividends	Expands on the Committee's authority to impose assessments if Program funds are insufficient, liability for withdrawn entities, and the dividend/premium-credit process.
Withdrawal	Extends notice period to 120 days prior to January 1 (from 90 days), adds an October 1 rescission deadline, and adds a 3-year waiting period before re-entry.
Arbitration	New provision: adds binding arbitration for disputes between the District and SDRMA, to be held in Sacramento, CA.
Amendment	Clarifies the amendment process, including SDRMA's right to treat a District that fails to execute a required amendment as having withdrawn from the Program.

Key Provisions for Board Awareness

- SDRMA acts solely as Program administrator; premiums, rates, and coverage terms are set by the PRISM Health/Employee Benefits Committee, not SDRMA.
- The MOU's “Maintenance of Effort” provision (Section 4) describes the categories of participants the Program can accommodate (active employees, retirees, dependents, and public officials); it does not obligate the District to extend coverage beyond what the District's own Plan Summary and Personnel Policy provide. The District's policy — active employees and qualified dependents only — is consistent with this provision.

- Withdrawal from the Program now requires 120 days' written notice prior to January 1 of the effective year (extended from 90 days), with a rescission deadline of October 1; once withdrawn, the District is subject to a 3-year waiting period and new underwriting approval before re-enrollment.
- Late payment penalties (1% after 30 days past due) and SDRMA's right to terminate the MOU for nonpayment, or for the District's failure to timely execute a required amendment, warrant continued attention to invoice turnaround and any future amendment deadlines.
- A new binding arbitration clause governs disputes between the District and SDRMA, to be held in Sacramento, California, under the Commercial Arbitration Rules of the American Arbitration Association.

Administrative Requirements

Execution of the revised MOU requires Board authorization by resolution. The fully executed MOU and accompanying Resolution, with original wet signatures (or completed via DocuSign), must be returned to SDRMA no later than November 1, 2026.

Fiscal Impact

There is no direct fiscal impact associated with execution of the revised MOU itself. The MOU governs the terms of the District's continued participation in the Program; the associated 2027 premium rate changes are addressed under the separate continuation-of-coverage agenda item.

Action Requested

The Board will review the revised SDRMA Memorandum of Understanding governing the District's continued participation in the PRISM Small Group Health Benefits Program. The District Manager recommends that the Board:

- Adopt and approve Resolution 09-2026 authorizing the execution of the revised SDRMA Memorandum of Understanding, dated July 30, 2026.

RESOLUTION NO. 09-2026

A RESOLUTION OF THE BOARD OF TRUSTEES OF THE CONSOLIDATED MOSQUITO ABATEMENT DISTRICT APPROVING THE FORM OF AND AUTHORIZING THE EXECUTION OF A REVISED MEMORANDUM OF UNDERSTANDING AND AUTHORIZING CONTINUED PARTICIPATION IN THE SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY'S HEALTH BENEFITS PROGRAM

WHEREAS, THE BOARD OF TRUSTEES OF THE CONSOLIDATED MOSQUITO ABATEMENT DISTRICT (District), a public agency duly organized and existing under and by virtue of the laws of the State of California, has determined that it is in the best interest and to the advantage of the District to continue its participation in the Health Benefits Program offered by the Special District Risk Management Authority (the "Authority"); and

WHEREAS, the Authority was formed in 1986 in accordance with the provisions of California Government Code 6500 et seq., for the purpose of providing risk financing, risk management programs and other coverage protection programs; and

WHEREAS, the District's Board of Trustees previously approved participation in the Authority's Health Benefits Program and authorized execution of a Memorandum of Understanding by Resolution No. 3-2019, adopted October 21, 2019; and

WHEREAS, the Authority has issued a revised Memorandum of Understanding, dated July 30, 2026, which restates the terms and conditions governing the District's continued participation in the Authority's Health Benefits Program under the Public Risk Innovation, Solutions and Management (PRISM) Health and/or Employee Benefits Small Group Program; and

WHEREAS, continued participation in Authority programs requires the District to execute and enter into a Memorandum of Understanding, which states the purpose and participation requirements for the Health Benefits Program; and

WHEREAS, all acts, conditions and things required by the laws of the State of California to exist, to have happened and to have been performed precedent to and in connection with the consummation of the transactions authorized hereby do exist, have happened and have been performed in regular and due time, form and manner as required by law, and the District is now duly authorized and empowered, pursuant to each and every requirement of law, to consummate such transactions for the purpose, in the manner and upon the terms herein provided.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES (Board) OF THE CONSOLIDATED MOSQUITO ABATEMENT DISTRICT (District) AS FOLLOWS:

Section 1. Findings. The District's Board hereby specifically finds and determines that the actions authorized hereby relate to the public affairs of the District.

Section 2. Revised Memorandum of Understanding. The revised Memorandum of Understanding, dated July 30, 2026, to be executed and entered into by and between the District and the Authority, in the form presented at this meeting and on file with the District's Office Administrator, is hereby approved. The Governing Body and/or Authorized Officers ("The Authorized Officers") are hereby authorized and directed, for and in the name and on behalf of the District, to execute and deliver to the Authority the revised Memorandum of Understanding.

Section 3. Program Participation. The District's Board approves the District's continued participation in the Special District Risk Management Authority's Health Benefits Program for the 2027 plan year and thereafter, consistent with the terms of the revised Memorandum of Understanding.

Section 4. Severability. If any provision of this resolution or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of the resolution which can be given effect without the invalid provision or application, and to this end the provisions of this resolution are severable.

Section 5. Other Actions. The Authorized Officers of the District are each hereby authorized and directed to execute and deliver any and all documents which are necessary in order to consummate the transactions authorized hereby, and all such actions heretofore taken by such officers are hereby ratified, confirmed and approved.

Section 6. Effective Date. This resolution shall take effect immediately upon its passage.

PASSED AND ADOPTED by the BOARD OF TRUSTEES of the CONSOLIDATED MOSQUITO ABATEMENT DISTRICT on the 17th day of August, 2026 by the following vote:

AYES: _____
NOES: _____
ABSENT: _____

_____
Board of Trustees
Consolidated Mosquito Abatement District

_____
Board of Trustees
Consolidated Mosquito Abatement District

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING (HEREAFTER "MEMORANDUM") IS ENTERED INTO BY AND BETWEEN THE SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY (HEREAFTER "SDRMA") AND THE PARTICIPATING PUBLIC ENTITY (HEREAFTER "ENTITY") WHO IS SIGNATORY TO THIS MEMORANDUM.

WHEREAS, on August 1, 2006, SDRMA in its capacity as a member of Public Risk Innovation, Solutions and Management (PRISM) and having executed the Joint Powers Agreement (JPA) governing PRISM, was appointed administrator for the purpose of enrolling small public entities into the (PRISM) Health and/or Employee Benefits Small Group Program (hereinafter "Program"); and

WHEREAS, the terms and conditions of the PROGRAM as well as benefit coverage, rates, assessments, and premiums are governed by the PRISM Health Committee and/or PRISM Employee Benefits Committee for the Program (the "Committee") and not SDRMA; and

WHEREAS, ENTITY desires to enroll and participate in the Program, acknowledging that SDRMA acts solely in an administrative capacity and does not establish Program terms.

NOW THEREFORE, SDRMA and ENTITY agree as follows:

1. DEFINITIONS. For purposes of this MEMORANDUM, unless the context otherwise requires, the following terms when capitalized have the respective meanings set out below and are applicable to the singular as well as to the plural forms of such terms and to the masculine as well as to the feminine and neuter genders of such terms.

a. "Committee" means the PRISM Health Committee and/or PRISM Employee Benefits Committee for the Program.

b. "Coverage Documents" means, except as otherwise provided herein, coverage documents from each carrier outlining the coverage provided, including terms and conditions of coverage, are controlling with respect to the coverage of the Program and will be provided by SDRMA to each ENTITY. Documents will be made available through the online SDRMA Portal and be accessible to approved users of the ENTITY.

c. "Program Participation Agreement" means the agreement issued by PRISM/AUS Underwriting to the Entity that details the final terms of acceptance and any special exceptions or terms that have been made a part of the underwriting approval and is required to be completed and executed in order to constitute full acceptance as a member of the PRISM Small Group Program.

d. "Program" or "PRISM" means the Public Risk Innovation, Solutions and Management (PRISM) Health and/or Employee Benefits Small Group Program.

e. "Program Documents" means the following: SDRMA Program Administrative Guidelines, SDRMA Resolution, Program Underwriting application and any required underwriting documents, Program approval, Program Underwriting & Eligibility Rules and Program Participation Agreement.

2. PURPOSE**.** ENTITY is signatory to this MEMORANDUM for the sole purpose of enrolling in the Program.

3. ENTRY INTO PROGRAM**.** ENTITY shall apply for participation in the Program by executing and all forms prescribed by SDRMA. SDRMA shall submit the completed forms to the Program's Underwriter who has the authority to accept or reject Entity's application in its sole discretion based on the Program's governing documents and in accordance with the Program's eligibility guidelines.

4. MAINTENANCE OF EFFORT**.** Program provides health benefits to all active employees, retired employees, dependents of an active or retired employee and public officials of the ENTITY who satisfy requirements for participation. ENTITY public officials may participate in the Program only if they are currently being covered and their own ENTITY's enabling act, plans and policies allow it. ENTITY must contribute at least the minimum percentage required by the eligibility requirements

5. PREMIUMS. ENTITY agrees and acknowledges that premiums and rates for the Program are set by the Committee and that SDRMA's Administrative Fee is set by SDRMA For each billing cycle. ENTITY will remit the total monthly amount billed by SDRMA for each category of participants and the census of covered employees, public officials, dependents and retirees. PREMIUMs are based on a full month, and there are no partial months or prorated PREMIUMs. Enrollment for mid-year qualifying events and termination of coverage will be made in accordance with the SDRMA Program Administrative Guidelines.

Late Payment Penalties. ENTITY shall pay all PREMIUM invoices as billed to SDRMA, regardless of any changes to eligibility or adjustments to PREMIUMS that may occur during the billing month and not reflected in the PREMIUM invoice. SDRMA shall issue PREMIUM invoices to ENTITY prior to the coverage month in which they are due. PREMIUM invoices are due by the due date stated on the invoice and considered delinquent thirty (30) calendar days from the due date. In addition to the outstanding balance due for any unpaid invoice, ENTITY shall be liable to SDRMA for a late payment penalty of 1% of the outstanding balance of any unpaid portion of such invoice effective (30) calendar days after the invoice due date. SDRMA reserves the right to terminate the

MEMORANDUM and ENTITY'S Participation Agreement, including immediate cessation of all services under the Program, any time after it provides written notice to ENTITY of its failure to pay the amount due of any invoice.

6. BENEFITS. Benefits provided to ENTITY participants shall be as set forth in ENTITY's Plan Summary for the Program and as agreed upon between the ENTITY and its recognized employee organizations as applicable. Not all plan offerings will be available to ENTITY, and plans requested by ENTITY must be submitted to Program underwriter for approval.

7. ASSESSMENTS AND DIVIDENDS. The Program annual premium, as approved by the Committee will be established at a level which is anticipated to provide adequate overall funding. The Program will directly manage surpluses and deficits. Premiums are targeted to fund expected claims (including incurred-but-not-reported (IBNR) and run-out), reinsurance (if any), Program/administrative expenses, and any reserve or margin adopted by the Committee.

   If Program funds are insufficient (including funding IBNR), the Committee may impose premium assessments on all applicable participating Entities, consistent with the JPA, including ENTITY signing this MEMORANDUM. Entities that have withdrawn from the Program are liable for assessments attributable to plan year(s) in which they participated.

   After appropriate reserves and obligations are funded and any Committee-approved margin is achieved, the Committee may declare a dividend or premium credit, using a formula recommended by the Program Underwriters and actuary.

8. WITHDRAWAL. ENTITY may withdraw from this MEMORANDUM and terminate its Program Participation Agreement for a subsequent calendar year subject to the following condition: ENTITY shall notify SDRMA in writing of its intent to withdraw from this MEMORANDUM and terminate its Program Participation Agreement at least 120 days prior to January 1st of the subsequent calendar year in which it shall be effective. No withdrawal shall become effective until December 31 of the year that notice of termination is received. ENTITY may rescind its notice of intent to withdraw and terminate no later than October 1st. Once ENTITY withdraws from the Program, there is a 3-year waiting period to come back into the Program, and the ENTITY will be subject to underwriting approval.

9. ARBITRATION OF DISPUTES. To the extent permitted by law, all controversies between the ENTITY and SDRMA that may arise out of or relate to any of the services provided by SDRMA under the MEMORANDUM, or the construction, performance or breach of this or any other agreement between the ENTITY and SDRMA, whether entered into prior to, on or subsequent to the date hereof, shall be settled by binding arbitration in the City of

Sacramento, California, under the Commercial Arbitration Rules of the American Arbitration Association. Judgment upon any award rendered by the arbitrator(s) shall be final and may be entered into any court having jurisdiction.

10. GOVERNING LAW. This MEMORANDUM shall be governed in accordance with the laws of the State of California.

11. VENUE. Venue for any dispute or enforcement shall be in the City of Sacramento, California.

12. ATTORNEY FEES. The prevailing party in any dispute shall be entitled to an award of reasonable attorney fees.

13. COMPLETE AGREEMENT. This MEMORANDUM together with the related Program Documents constitutes the full and complete agreement of the ENTITY.

14. SEVERABILITY. Should any provision of this MEMORANDUM be judicially determined to be void or unenforceable, such determination shall not affect any remaining provision.

15. AMENDMENT OF MEMORANDUM; WAIVER. This MEMORANDUM may not be modified, nor shall any provision hereof be waived or amended, except in a writing duly signed by authorized representatives of SDRMA and ENTITY. The failure of either Party to enforce at any time any provision of the MEMORANDUM shall not be construed to be a waiver of such provision, nor in any way to affect the validity of the MEMORANDUM or the right of either party thereafter to enforce each and every such provision. If ENTITY fails or refuses to execute an amendment to this MEMORANDUM by the deadline included in written notice of SDRMA'S execution of said amendment, SDRMA reserves the right to terminate this MEMORANDUM and ENTITY'S Program Participation Agreement effective as of the next annual renewal date.

16. EFFECTIVE DATE. This MEMORANDUM shall become effective on the later of the first date of coverage for the ENTITY or the last date of signing of this MEMORANDUM by the Chief Executive Officer or Board President of SDRMA and the authorized person for the ENTITY.

17. EXECUTION IN COUNTERPARTS. This MEMORANDUM may be executed in several counterparts, each of which shall be an original, all of which shall constitute but one and the same instrument.

In Witness Whereof, the undersigned have executed the MEMORANDUM as of the date set forth below.

Dated: _____ By: _____

Special District Risk
Management Authority

Dated: _____ By: _____

ENTITY Name

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING (HEREAFTER "MEMORANDUM") IS ENTERED INTO BY AND BETWEEN THE SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY (HEREAFTER "SDRMA") AND THE PARTICIPATING PUBLIC ENTITY (HEREAFTER "ENTITY") WHO IS SIGNATORY TO THIS MEMORANDUM.

WHEREAS, on August 1, 2006, SDRMA in its capacity as a member of Public Risk Innovation, Solutions and Management (PRISM) and having executed the Joint Powers Agreement (JPA) governing PRISM, was appointed administrator for the purpose of enrolling small public entities into the ~~Public Risk Innovation, Solutions and Management~~ (PRISM) Health and/or Employee Benefits Small Group Program (hereinafter "P~~ROGRAM~~rogram"); and

WHEREAS, the terms and conditions of the PROGRAM as well as benefit coverage, rates, assessments, and premiums are governed by the PRISM Health Committee and/or PRISM Employee Benefits Committee for the P~~ROGRAM~~rogram (the "C~~OMMITTEE~~ommittee") and not SDRMA; and

WHEREAS, ENTITY desires to enroll and participate in the P~~ROGRAM~~rogram, acknowledging that SDRMA acts solely in an administrative capacity and does not establish Program terms.

NOW THEREFORE, SDRMA and ENTITY agree as follows:

1. DEFINITIONS. For purposes of this MEMORANDUM, unless the context otherwise requires, the following terms when capitalized have the respective meanings set out below and are applicable to the singular as well as to the plural forms of such terms and to the masculine as well as to the feminine and neuter genders of such terms.

a. "Committee" means the PRISM Health Committee and/or PRISM Employee Benefits Committee for the Program.

b. "Coverage Documents" means, except as otherwise provided herein, coverage documents from each carrier outlining the coverage provided, including terms and conditions of coverage, are controlling with respect to the coverage of the Program and will be provided by SDRMA to each ENTITY. Documents will be made available through the online SDRMA Portal and be accessible to approved users of the ENTITY.

c. "Program Participation Agreement" means the agreement issued by PRISM/AUS Underwriting to the Entity that details the final terms of acceptance and any special exceptions or terms that have been made a part of the underwriting approval and is required to be

completed and executed in order to constitute full acceptance as a member of the PRISM Small Group Program.

d. "Program" or "PRISM" means the Public Risk Innovation, Solutions and Management (PRISM) Health and/or Employee Benefits Small Group Program.

e. "Program Documents" means the following: SDRMA Program Administrative Guidelines, SDRMA Resolution, Program Underwriting application and any required underwriting documents, Program approval, Program Underwriting & Eligibility Rules and Program Participation Agreement.

~~1~~2. PURPOSE**.** ENTITY is signatory to this MEMORANDUM for the ~~express~~ sole purpose of enrolling in the Program~~ROGRAM~~.

~~2~~3. ENTRY INTO PROGRAM**.** ENTITY shall ~~enroll~~ apply for participation in the Program~~ROGRAM~~ by ~~making application through~~ executing and all forms prescribed by SDRMA. ~~-~~SDRMA shall submit the completed forms to ~~which shall be subject to approval by~~ the Program~~ROGRAM~~'s Underwriter who has the authority to accept or reject Entity's application in its sole discretion based on the Program's ~~and~~ governing documents and in accordance with the Program's~~applicable~~ eligibility guidelines.

~~3~~4. MAINTENANCE OF EFFORT**.** Program ~~ROGRAM is designed to provide an alternative~~ provides health benefits ~~solution~~ to all ~~participants~~ active employees, retired employees, dependents of an active or retired employee and public officials of the ENTITY who satisfy requirements for participation. ~~of the ENTITY including active employees, retired employees (optional), dependents (optional) and public officials (optional).~~ ENTITY public officials may participate in the Program~~ROGRAM~~ only if they are currently being covered and their own ENTITY's enabling act, plans and policies allow it. ENTITY must contribute at least the minimum percentage required by the eligibility requirements

~~4~~5. PREMIUMS. ENTITY ~~understands~~ agrees and acknowledges that premiums and rates for the Program ~~ROGRAM~~ are set by the ~~COMMITTEE~~Committee and that SDRMA's Administrative Fee is set by SDRMA For each billing cycle,. ENTITY will remit the total monthly ~~premiums based upon rates established~~ amount billed by SDRMAfor each category of participants and the census of covered employees, public officials, dependents and retirees. PREMIUMs are based on a full month, and there are no partial months or prorated PREMIUMs. Enrollment for mid-year qualifying events and termination of coverage will be made in accordance with the SDRMA Program Administrative Guidelines.

~~Rates for the ENTITY and each category of participant will be determined by the COMMITTEE designated for the PROGRAM based upon advice from its consultants and/or a consulting Benefits Actuary and insurance carriers. In addition, SDRMA adds an administrative fee to premiums and rates for costs associated with administering the PROGRAM. Rates may vary depending upon factors including, but not limited to, demographic characteristics, loss experience of all public entities participating in the PROGRAM and differences in benefits provided (plan design), if any.~~

~~SDRMA will administrate a billing to ENTITY each month, with payments due by the date specified by SDRMA. Payments received after the specified date will accrue penalties up to and including termination from the PROGRAM. Premiums are based on a full month, and there are no partial months or prorated premiums. Enrollment for mid-year qualifying events and termination of coverage will be made in accordance with the SDRMA Program Administrative Guidelines~~.

Late Payment Penalties. ENTITY shall pay all PREMIUM invoices as billed to SDRMA, regardless of any changes to eligibility or adjustments to PREMIUMS that may occur during the billing month and not reflected in the PREMIUM invoice. SDRMA shall issue PREMIUM invoices to ENTITY prior to the coverage month in which they are due. PREMIUM invoices are due by the due date stated on the invoice and considered delinquent thirty (30) calendar days from the due date. In addition to the outstanding balance due for any unpaid invoice, ENTITY shall be liable to SDRMA for a late payment penalty of 1% of the outstanding balance of any unpaid portion of such invoice effective (30) calendar days after the invoice due date. SDRMA reserves the right to terminate the MEMORANDUM and ENTITY'S Participation Agreement, including immediate cessation of all services under the Program, any time after it provides written notice to ENTITY of its failure to pay the amount due of any invoice.

~~5~~6. BENEFITS. Benefits provided to ENTITY participants shall be as set forth in ENTITY's Plan Summary for the Program ~~ROGRAM~~ and as agreed upon between the ENTITY and its recognized employee organizations as applicable. Not all plan offerings will be available to ENTITY, and plans requested by ENTITY must be submitted to Program~~ROGRAM~~ underwriter for approval.

6. ~~COVERAGE DOCUMENTS. Except as otherwise provided herein, coverage documents from each carrier outlining the coverage provided, including terms and conditions of coverage, are controlling with respect to the coverage of the PROGRAM and will be provided by SDRMA to each ENTITY. SDRMA will provide each ENTITY with additional documentation, defined as the SDRMA Program Administrative Guidelines which provide further details on administration of the PROGRAM.~~

7. ~~PROGRAM FUNDING. It is the intent of this MEMORANDUM to provide for a fully funded PROGRAM by any or all of the following: pooling risk; purchasing individual stop loss~~

~~coverage to protect the pool from large claims; and purchasing aggregate stop loss coverage.~~

~~8. ASSESSMENTS. Should the PROGRAM not be adequately funded for any reason, pro-rata assessments to the ENTITY may be utilized to ensure the approved funding level for applicable policy periods. Any assessments which are deemed necessary to ensure approved funding levels shall be made upon the determination and approval of the COMMITTEE in accordance with the following:~~

~~a. Assessments/dividends will be used sparingly. Generally, any over/under funding will be factored into renewal rates.~~

~~b. If a dividend/assessment is declared, allocation will be based upon each ENTITY's proportional share of total premiums paid for the preceding 3 years. An ENTITY must be a current participant to receive a dividend, except upon termination of the PROGRAM and distribution of assets.~~

~~c. ENTITY will be liable for assessments for 12 months following withdrawal from the PROGRAM.~~

~~d. Fund equity will be evaluated on a total PROGRAM-wide basis as opposed to each year standing on its own.~~

7. ASSESSMENTS AND DIVIDENDS. The Program annual premium, as approved by the Committee will be established at a level which is anticipated to provide adequate overall funding. The Program will directly manage surpluses and deficits. Premiums are targeted to fund expected claims (including incurred-but-not-reported (IBNR) and run-out), reinsurance (if any), Program/administrative expenses, and any reserve or margin adopted by the Committee.

If Program funds are insufficient (including funding IBNR), the Committee may impose premium assessments on all applicable participating Entities, consistent with the JPA, including ENTITY signing this MEMORANDUM. Entities that have withdrawn from the Program are liable for assessments attributable to plan year(s) in which they participated.

After appropriate reserves and obligations are funded and any Committee-approved margin is achieved, the Committee may declare a dividend or premium credit, using a formula recommended by the Program Underwriters and actuary.

~~9~~8. WITHDRAWAL. ENTITY may withdraw from this MEMORANDUM and terminate its Program Participation Agreement for a subsequent calendar year subject to the following condition: ~~ENTITY shall notify SDRMA and the PROGRAM in writing of its~~

~~intent to withdraw at least 90 days prior to their requested withdrawal date~~. ENTITY shall notify SDRMA in writing of its intent to withdraw from this MEMORANDUM and terminate its Program Participation Agreement at least 120 days prior to January 1st of the subsequent calendar year in which it shall be effective . No withdrawal shall become effective until December 31 of the year that notice of termination is received. ENTITY may rescind its notice of intent to withdraw and terminate no later than October 1st. Once ENTITY withdraws from the Program~~ROGRAM~~, there is a 3-year waiting period to come back into the Program~~ROGRAM~~, and the ENTITY will be subject to underwriting approval ~~again~~.

~~10. LIAISON WITH SDRMA. Each ENTITY shall maintain staff to act as liaison with SDRMA and between the ENTITY and SDRMA's designated PROGRAM representative.~~

9. ARBITRATION OF DISPUTES. To the extent permitted by law, all controversies between the ENTITY and SDRMA that may arise out of or relate to any of the services provided by SDRMA under the MEMORANDUM, or the construction, performance or breach of this or any other agreement between the ENTITY and SDRMA, whether entered into prior to, on or subsequent to the date hereof, shall be settled by binding arbitration in the City of Sacramento, California, under the Commercial Arbitration Rules of the American Arbitration Association. Judgment upon any award rendered by the arbitrator(s) shall be final, and may be entered into any court having jurisdiction.

~~11~~10. GOVERNING LAW. This MEMORANDUM shall be governed in accordance with the laws of the State of California.

~~12~~11. VENUE. Venue for any dispute or enforcement shall be in the City of Sacramento, California.

~~13~~12. ATTORNEY FEES. The prevailing party in any dispute shall be entitled to an award of reasonable attorney fees.

~~14.~~13. COMPLETE AGREEMENT. This MEMORANDUM together with the related Program~~ROGRAM documents~~ Documents constitutes the full and complete agreement of the ENTITY.

~~15~~14. SEVERABILITY. Should any provision of this MEMORANDUM be judicially determined to be void or unenforceable, such determination shall not affect any remaining provision.

~~16~~15. AMENDMENT OF MEMORANDUM; WAIVER. This MEMORANDUM may not be modified, nor shall any provision hereof be waived or amended, except in a writing duly signed by authorized representatives of SDRMA and ENTITY. The failure of either Party to enforce at any time any provision of the MEMORANDUM shall not be construed to be a waiver of such provision, nor in any way to affect the validity of the MEMORANDUM or the

right of either party thereafter to enforce each and every such provision.~~may be amended by the SDRMA Board of Directors and such amendments are subject to approval of ENTITY's designated representative, or alternate, who shall have authority to execute this MEMORANDUM.~~ ~~Any~~ If ENTITY ~~who~~ fails or refuses to execute an amendment to this MEMORANDUM ~~,~~ by the deadline included in written notice of SDRMA'S execution of said amendment, SDRMA reserves the right to terminate ~~shall be deemed to have withdrawn~~ this MEMORANDUM and ENTITY'S Program Participation Agreement ~~from the PROGRAM~~ effective as of ~~on~~ the next annual renewal date.

~~17~~16. EFFECTIVE DATE. This MEMORANDUM shall become effective on the later of the first date of coverage for the ENTITY or the last date of signing of this MEMORANDUM by the Chief Executive Officer or Board President of SDRMA and the authorized person for the ENTITY.

~~18~~17. EXECUTION IN COUNTERPARTS. This MEMORANDUM may be executed in several counterparts, each of which shall be an original, all of which shall constitute but one and the same instrument.

In Witness Whereof, the undersigned have executed the MEMORANDUM as of the date set forth below.

Dated: _____ By: _____

Special District Risk
Management Authority

Dated: _____ By: _____

~~Agency~~ ENTITY Name

Board Agenda Item 6. — Discussion Regarding Repair of Damaged Entrance Gate at Clovis Facility

Background

On or about July 30, 2026, the entrance gate and adjoining perimeter wall at the District's Clovis facility, located at the corner of Lind Avenue and W. Dakota Avenue, were significantly damaged as the result of a vehicle incident. The damage includes a collapsed chain-link swing gate, bent gate posts, and cracked/displaced cinder block wall sections at the corner return nearest the street (see photos, Attachment A).

This is not an isolated occurrence. Based on staff's operating history at this location, the District experiences a vehicle-related gate or wall strike at this entrance approximately once every five years. Staff attributes the recurring damage to the entrance's location directly on the street bend where Lind Avenue meets W. Dakota Avenue, which places the gate in the path of vehicles that misjudge the turn.

The gate at this location is currently manually operated. In addition to the immediate repair, staff would like to use this incident as an opportunity to discuss longer-term options to reduce the likelihood and severity of future damage at this entrance, including installation of an automatic gate operator to replace the existing manual gate.

Summary of Repair and Mitigation Options

The following summarizes the two general approaches identified by staff for the Board's consideration:

Option 1: Repair in Place + Bollards

Repair the damaged cinder block wall and replace gate hardware at the existing entrance location, and install bollard poles at the corner to protect the gate and wall from future vehicle contact as well as additional reflective signage. Lower upfront cost; does not require any new wall demolition or construction. Bollards may reduce the severity of future strikes but will not eliminate the risk, since the entrance remains on the bend of Lind Ave/W. Dakota Ave. Repair cost is materially less than Option 2, but it does not guarantee minimized repair costs if the bollards don't prevent future vehicle damage to the gate.

Permitting: Staff has contacted the City of Clovis regarding the proposed bollard installation. The City's Planning Department will determine whether an encroachment permit or other City approval is required based on the final location and design.

Option 2: Relocate Entrance North

Relocate the driveway entrance and gate north along Lind Avenue, away from the Lind/Dakota bend, so approaching vehicles do not have a direct line to the facility gate but would instead potentially hit a cinder block wall. This requires removing a section of the existing cinder block wall further north to create the new entrance opening, and building a new cinder block wall section to close up the current driveway opening. This may not address the underlying cause of repeated incidents, but repair to a cinder block wall is less expensive than replacing an automatic gate. Higher upfront cost: new concrete approach/apron, cinder block removal at the new opening, and cinder block wall construction to fill in the old opening. Would take longer to complete than Option 1 given the additional wall demolition,

construction, and concrete work involved. Would still benefit from bollards or curbing at the new location as low-cost supplemental protection.

Key Provisions for Board Awareness

- Both options include converting the existing manual gate to an automatic gate operator, a separate improvement already planned for this facility.
- Neither option prevents future vehicle contact.
- Option 1 keeps repair costs lower while adding some protection for the new gate once installed.
- Option 2 requires a higher initial investment but directly reduces the risk of damage to the automatic gate.

Fiscal Impact

Repair cost estimates and, if applicable, automatic gate operator and bollard installation quotes will be provided to the Board at the meeting. Staff can return with firm quotes for both options if the Board would like additional cost detail before selecting a direction.

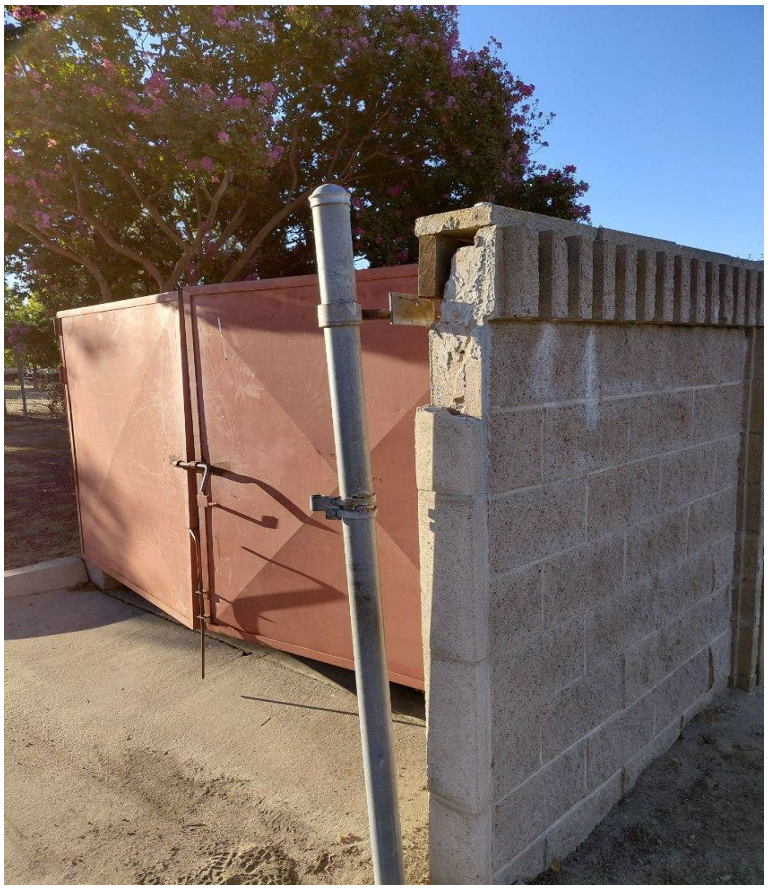
Action Requested

The Board will discuss the options for repairing the damaged entrance gate and perimeter wall at the Clovis facility and provide staff direction on a preferred repair and mitigation approach, including authorization of funds if the Board wishes to proceed at this meeting.

Attachment A: Photographs of Gate and Wall Damage

Collapsed chain-link swing gate at Clovis facility entrance.

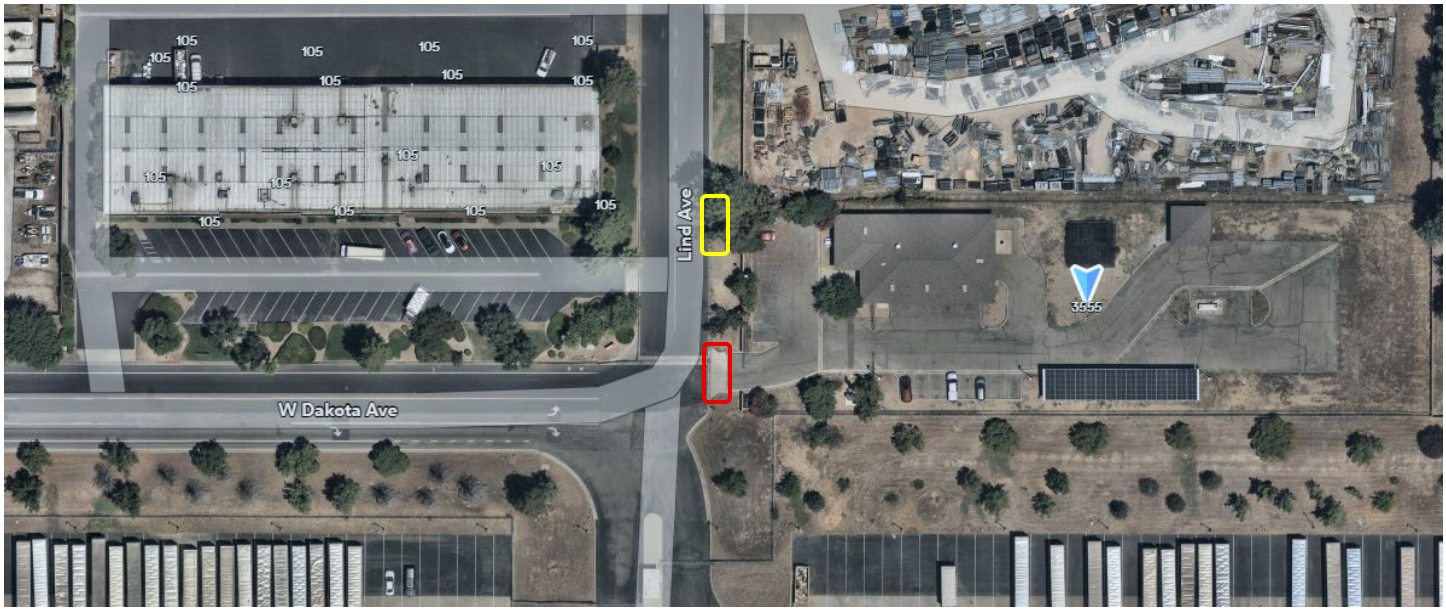
Bent gate posts and displaced cinder block wall cap at the corner return.



Cracked cinder block corner adjacent to the storage gate.

Current front entrance barrier.

Attachment B: Site Aerial Map, Clovis Facility Entrance



Aerial view showing the entrance at the bend of Lind Avenue and W. Dakota Avenue.

Current entrance location

Potential alternate entrance location

July Summary Report

Inspections
6,119

Change from previous month ↓ 9%

Treatments
2,782

↓ 7.5%

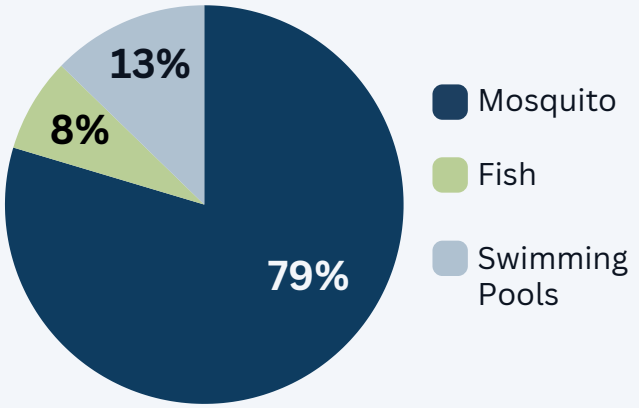
Positive Samples
35

YTD 66

West Nile Virus Activity: WNV activity in mosquito samples continues to increase. Fresno County confirmed its first human WNV infection of the season in late July 2026, identified through routine blood donor screening.

Operations: Service requests remain steady. Staffing levels have declined for various reasons; however, the District has recruited replacement staff, set to start in August. Field staff have temporarily shifted to an earlier start time during the heat wave expected for most of the month.

Service Request Type



MCT Frank treating a ditch.

2026 Request for Service