County of Lake

Board of Supervisors Meeting

July 28, 2026

Tom Sher, SVP, Managing Consultant
Chloe Smith, VP, Benefit Consultant

Agenda

Agenda

- Overview of 2027 Medical Renewal
- Why PRISMHealth?
- Health Insurance Market and PRISMHealth Trend Forecast
- County of Lake Cost Drivers
- 2027 and Beyond

County of Lake 2027 Medical Renewal

Alliant Insurance Services

- County of Lake contracts for Medical Coverage through the PRISM Joint Powers Authority
- Original 2027 PRISMHealth pooled renewal proposal was +15.96% including GLP-1 coverage for weight loss
- The final 2027 pooled renewal for PRISMHealth is +10.77%
  - Final renewal covers GLP-1 medications only for treatment of Type II Diabetes
  - County of Lake's original 2027 renewal would have been: +24.1%
    - County of Lake's 3-year loss ratio 100.8%
  - County of Lake's final 2027 renewal is: +18.9%

County of Lake Medical Renewal 10-Year History

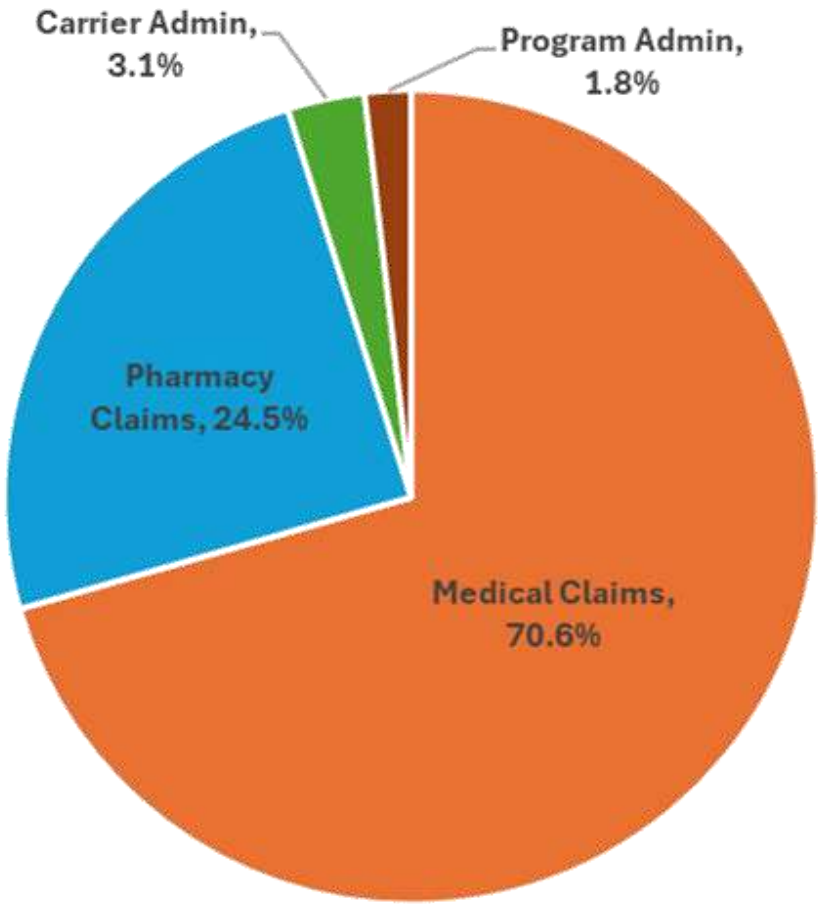
Alliant Insurance Services

RENEWAL HISTORY CHART					
Plan Year	County of Lake PPO Renewal Change	PRISMHealth PPO/HMO/Kaiser Pool Renewal	County of Lake PPO CPRA Adj Applied	CalPERS PERS Platinum PPO (Previously PERSCare) Region 1	CA PPO Insured Pooled Renewals
2018	2.4%	3.6%	-1.90%	-5.36%	12.9%
2019	4.4%	4.0%	0.00%	28.2%	10.9%
2020	3.2%	2.8%	0.00%	0.1%	10.9%
2021	6.0%	5.2%	0.15%	14.3%	10.9%
2022	-1.6%	-1.7%	0.00%	-18.4%	10.9%
2023	10.8%	8.9%	1.49%	13.5%	12.5%
2024	12.7%	12.3%	0.00%	9.5%	13.9%
2025	9.3%	4.7%	4.07%	12.3%	12.4%
2026	14.7%	14.2%	0.00%	13.1%	13.9%
2027	18.9%	10.8%	7.50%	6.5%[1]	18.0%
10-YR Average	**8.08%**	**6.47%**	**1.13%**	**7.39%**	**12.72%**

- County of Lake's 2027 Medical renewal is +18%, adjustment +7.5% over PRISMHealth pool

PRISMHealth Value

More than 95% of premium dollars support healthcare and member services. Only a small portion supports administration.



Medical Options Other Than PRISMHealth

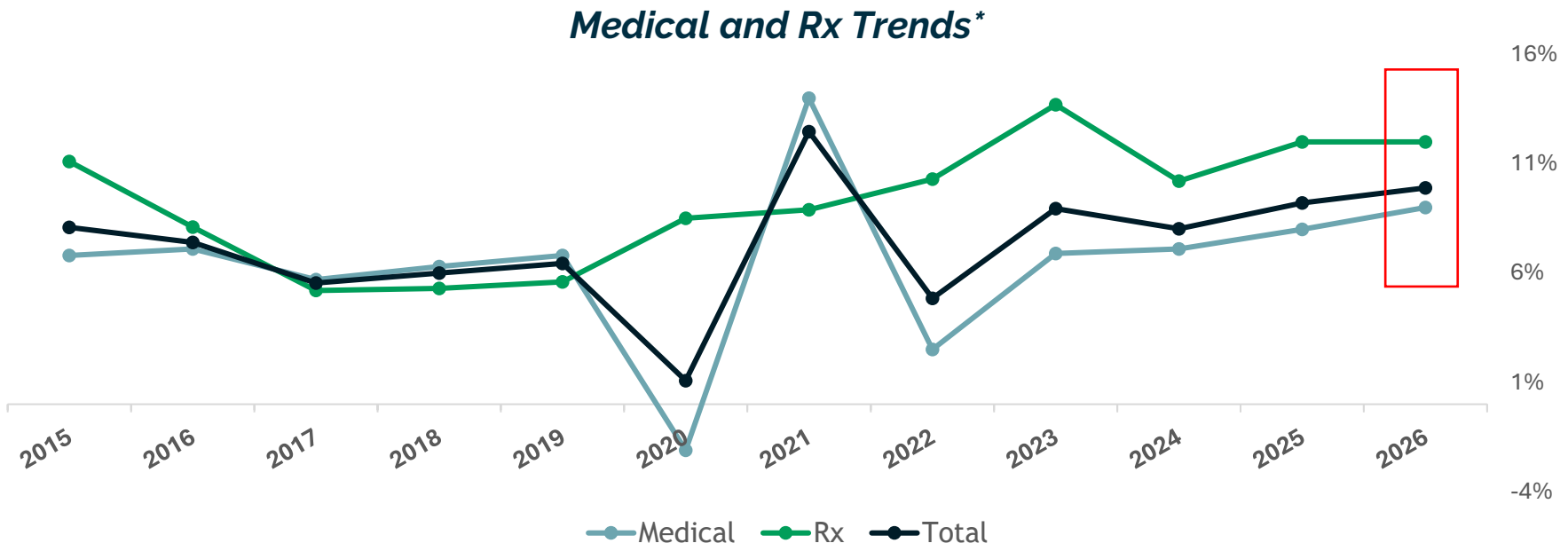
- Alliant requested quotes from carriers outside of the PRISM Pool
- Below a summary of responses:

Carrier	Response	Notes
Aetna	Declined	Needs more claims experience to consider quote
Anthem	Declined	Uncompetitive - preliminary estimate is +30% to +40% over current
Cigna	Declined	Uncompetitive
Blue Shield	Declined	Uncompetitive
UHC	Declined	Uncompetitive - preliminary estimate is +107% due to risk assesment related to chronic conditions

Healthcare Market Cost Trend is Accelerating

Alliant Insurance Services

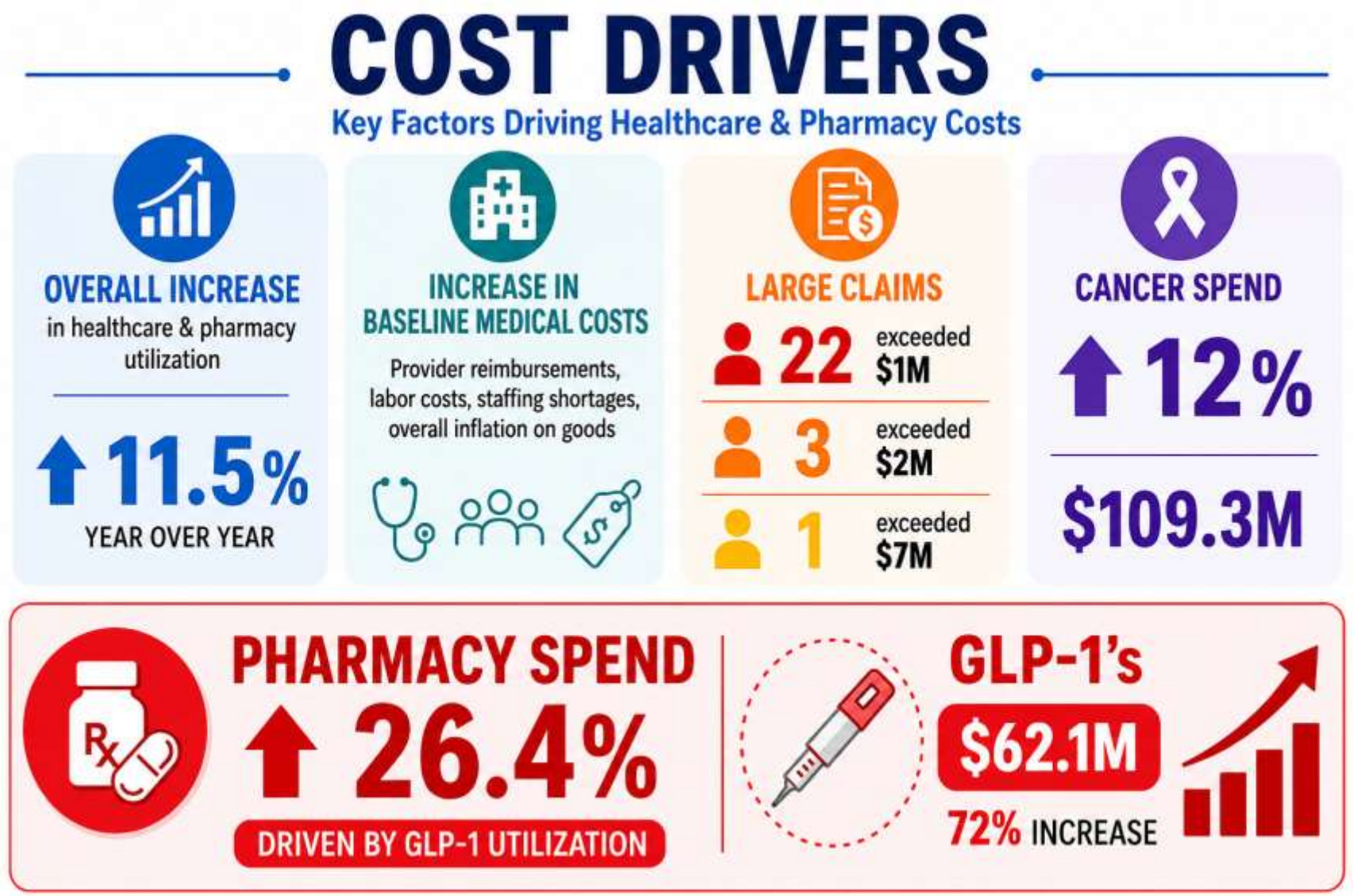
"The high cost of treating patients isn't going away. Now what?" - PwC**



- Cost Trend = inflation
- Absent Covid, Medical inflation (trend) has reached a 10-year high and is expected to remain at elevated levels.

  Medical Trend: 8.5% - 9%
  Pharmacy Trend: 12-14%

2027 PRISMHealth Renewal Statistics



County of Lake Financial Performance Jan-Dec 2025

Alliant Insurance Services

FINANCIAL PERFORMANCE (PMPM)

HCC Claims are limited to those for high cost claimants whose claims exceed $50k in the given year. High cost claims represent more serious conditions and experience more variability than core claims.

County of Lake: Key Cost Drivers *(per claimant)*

Alliant Insurance Services

Condition	Change Over 5 Years	2025	2024	2023	2022	2021
Hyperlipidemia	144.5%	$27,189	$21,099	$15,255	$16,962	$11,118
Hypertension	125.6%	$40,113	$26,860	$21,440	$17,030	$17,780
Depression	-14.8%	$26,207	$24,934	$17,972	$19,804	$30,746
Morbid Obesity	127.1%	$30,502	$38,438	$28,503	$22,022	$13,434
Diabetes	54.8%	$22,767	$21,278	$19,370	$24,476	$14,710
Lower Back Pain	210.0%	$44,374	$29,611	$17,409	$25,440	$14,316
Osteoarthritis	221.0%	$72,805	$39,580	$19,533	$28,231	$22,683
Chronic Pain	68.9%	$60,414	$44,563	$25,203	$54,071	$35,763
Asthma	183.1%	$42,920	$23,682	$18,555	$30,799	$15,163
Cancer	-7.0%	$49,174	$36,766	$53,344	$60,804	$52,856

County of Lake- 2027 and Beyond

- Limiting GLP-1 meds to diabetes only will significantly reduces expenses
- Advocacy, Navigation & increased access to virtual care through Accolade
  - Accolade was added in 2025 to provide better customer service & support, help employees navigate the healthcare system, provide virtual care options to expand access
  - In 2025 County of Lake members utilized 160 Virtual MD visits & 47 Virtual Therapy Visits
    - 47% of those members selected the virtual provider as their Primary Care Provider (PCP)
    - 66% of the appointments were repeat users
  - In 2025 Accolade made 124 referrals to enhanced care options such as Expert Medical Option (EMO) and Employee Assistance Program (EAP)

PRISMHealth – Enhanced Care Solutions

digbi health

- Chronic Condition & Weight Management Program
- Food as Medicine Approach
- Gut Microbiome & Genetic Testing – Analyze the root cause of members conditions
- New for 2026, no utilization data available yet

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carrum health

- Surgical Benefit for Specific Procedures at Regional Centers of Excellence (COE)
- Curated Quality Network & Guided Care Experience
- Common Procedures Include:
  - *80+Orthopedic Procedures, Bariatric, Cancer Treatments, Multiple Spine Treatments & Coronary Bypass*
- Deductible & Coinsurance Waived for Members (caretaker/travel companion cost included)
- County of Lake members had 1 consult & 2 surgeries using the Carrum program in 2025.

Hinge Health™ Every body moving.

- Digital Musculoskeletal Care – Board Certified & Licensed Physicians, Physical Therapists & Coaches
- Motion Sensors for Exercises & Wearable Devices for Pain Relief
- Addresses Chronic & Acute Issues
- County of Lake has less than 50 utilizers in 2025 so no reporting available.

RX'nGO Care. Delivered.

- $0 Mail Order Program for Generic Maintenance Medications
- Provides medications for 51+ Ongoing Medical Conditions (1,300+ generic medications)
- Common Conditions: Asthma, Blood Pressure, Cholesterol, Diabetes & Mental Health
- Prodigy® and FreeStyle Libre® diabetic monitor and test strips available
- County of Lake had 30 unique users us RX'n Go in 2025 with an estimated member savings of $387 & estimated plan savings of $516

Appendix

Renewal Rates & Benefits

(PRISM) Blue Shield Medical – PPO 80

Alliant Insurance Services

Medical Plan Benefits	Blue Shield Accolade PPO High 80 (PRISM) Current / Renewal	
MEDICAL BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK**
Calendar Year Deductible Individual / Family	$500 / $1,000	
Annual Out-of-Pocket Maximum Individual / Family	$3,500 / $7,000	Unlimited
Coinsurance	20%	40%
Physician Office Visit	$20*	40%
Specialist Visit	$20*	40%
PRESCRIPTION DRUGS		
Pharmacy Tier Structure	Generic / Brand / Non-Formulary	
Retail Cost	$5 / $20 / $50	$5 / $20 / $50
Specialty Medication Cost	$10 / $30 / $80	Not Covered
Rate Guarantee (in months):	12	12
Rate Guarantee Period	1/1/2026 - 12/31/2026	1/1/2027 - 12/31/2027

MONTHLY RATES	EE	Current	Renewal
EE Only	576	$1,442.00	$1,715.00
EE + 1	11	$2,883.00	$3,428.00
EE + Family	9	$3,748.00	$4,456.00
MONTHLY PREMIUM	596	**$896,037**	**$1,065,652**
ANNUAL PREMIUM		**$10,752,444**	**$12,787,824**

ANNUAL DOLLAR CHANGE	**$2,035,380**
ANNUAL PERCENT CHANGE	**18.9%**

(PRISM) Blue Shield Medical – PPO 35

Alliant Insurance Services

Medical Plan Benefits	Blue Shield Accolade PPO Low 35 (PRISM) Current / Renewal	
MEDICAL BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK**
Calendar Year Deductible Individual / Family	$1,000 / $2,000	
Annual Out-of-Pocket Maximum Individual / Family	$4,000 / $8,000	Unlimited
Coinsurance	20%	40%
Physician Office Visit	$35*	40%
Specialist Visit	$35*	40%
Inpatient Hospitalization	20%	40% (up to $600 max/day)
PRESCRIPTION DRUGS		
Pharmacy Tier Structure	Generic / Brand / Non-Formulary	
Retail Cost	$5 / $20 / $50	$5 / $20 / $50
Specialty Medication Cost	$10 / $40 / $100	Not Covered
Rate Guarantee (in months):	12	12
Rate Guarantee Period	1/1/2026 - 12/31/2026	1/1/2027 - 12/31/2027

MONTHLY RATES	EE	**Current**	**Renewal**
EE Only	16	$1,381.00	$1,642.00
EE + 1	6	$2,764.00	$3,286.00
EE + Family	0	$3,592.00	$4,271.00
MONTHLY PREMIUM	22	**$38,680**	**$45,988**
ANNUAL PREMIUM		**$464,160**	**$551,856**

ANNUAL DOLLAR CHANGE	**$87,696**
ANNUAL PERCENT CHANGE	**18.9%**

(PRISM) Blue Shield Medical – PPO Law

Alliant Insurance Services

Medical Plan Benefits		Blue Shield Accolade PPO (PRISM) Current / Renewal	
MEDICAL BENEFITS		**IN-NETWORK**	**OUT-OF-NETWORK**
Calendar Year Deductible Individual / Family		$300 / $900	$600 / $1,800
Annual Out-of-Pocket Maximum Individual / Family		$5,300 / $10,600	
Coinsurance		10%	10%
Physician Office Visit		$20*	10%
Specialist Visit		$20*	10%
Inpatient Hospitalization		10%	10% (up to $600 max/day)
PRESCRIPTION DRUGS			
Pharmacy Tier Structure		Generic / Brand / Non-Formulary	
Retail Cost		$10 / $25 / $45	$10 / $25 / $45
Specialty Medication Cost		$10 / $25 / $45	Not Covered
Rate Guarantee (in months):		12	12
Rate Guarantee Period		1/1/2026 - 12/31/2026	1/1/2027 - 12/31/2027
MONTHLY RATES	EE	**Current**	**Renewal**
EE Only	40	$1,380.00	$1,641.00
EE + 1	8	$2,578.00	$3,065.00
EE + Family	11	$3,272.00	$3,890.00
MONTHLY PREMIUM	59	**$111,816**	**$132,950**
ANNUAL PREMIUM		**$1,341,792**	**$1,595,400**
ANNUAL DOLLAR CHANGE			**$253,608**
ANNUAL PERCENT CHANGE			**18.9%**

(PRISM) Blue Shield Medical – HSA Bronze

Alliant Insurance Services

Medical Plan Benefits	Blue Shield Accolade HSA Bronze - HDHP Low (PRISM) Current / Renewal	
MEDICAL BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK**
Calendar Year Deductible Individual / Family	$2,000 / $6,000	$4,000 / $12,000
Annual Out-of-Pocket Maximum Individual / Family	$6,450 / $12,900	$12,700 / $38,100
Coinsurance	30%	50%
PRESCRIPTION DRUGS		
Pharmacy Tier Structure	Generic / Brand / Non-Formulary	
Retail Cost	30% / 30% / 30%	Not Covered
Specialty Medication Cost	30% (after ded)	Not Covered
Rate Guarantee (in months):	12	12
Rate Guarantee Period	1/1/2026 - 12/31/2026	1/1/2027 - 12/31/2027

MONTHLY RATES	EE	**Current**	**Renewal**
EE Only	7	$1,135.00	$1,350.00
EE + 1	7	$2,268.00	$2,697.00
EE + Family	5	$2,947.00	$3,504.00
MONTHLY PREMIUM	19	**$38,556**	**$45,849**
ANNUAL PREMIUM		**$462,672**	**$550,188**

ANNUAL DOLLAR CHANGE	**$87,516**
ANNUAL PERCENT CHANGE	**18.9%**

(PRISM) Blue Shield Medical – ABHP HDHP

Alliant Insurance Services

Medical Plan Benefits	Blue Shield Accolade ABHP HSA- HDHP High (PRISM) Current / Renewal	
MEDICAL BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK**
Calendar Year Deductible Individual / Family	$2,000 / $4,000	$4,000 / $8,000
Annual Out-of-Pocket Maximum Individual / Family	$4,200 / $8,000	$8,000 / $16,000
Coinsurance	20%	40%
Physician Office Visit	20%	40%
Specialist Visit	20%	40%
Outpatient Surgery	20%	40% (up to $350 max /day)
Inpatient Hospitalization	20%	40% (up to $600 max /day)
PRESCRIPTION DRUGS		
Prescription Deductible	Combined with Medical	
Prescription Out-of-Pocket Maximum	Combined with Medical	
Pharmacy Tier Structure	Generic / Brand / Non-Formulary	
Retail Cost	20% / 20% / 20%	40% / 40% / 40%
Mail Order Cost	20% / 20% / 20%	Not Covered
Specialty Medication Cost	20% (after ded)	Not Covered
Rate Guarantee (in months):	12	12
Rate Guarantee Period	1/1/2026 - 12/31/2026	1/1/2027 - 12/31/2027

MONTHLY RATES	EE	**Current**	**Renewal**
EE Only	12	$1,302.00	$1,548.00
EE + 1	0	$2,606.00	$3,099.00
EE + Family	0	$3,387.00	$4,027.00
MONTHLY PREMIUM	12	**$15,624**	**$18,576**
ANNUAL PREMIUM		**$187,488**	**$222,912**

ANNUAL DOLLAR CHANGE	**$35,424**
ANNUAL PERCENT CHANGE	**18.9%**

VSP Vision

Alliant Insurance Services

Vision Plan Benefits	VSP Current / Renewal	
Frequency of Services (in months)	**In-Network**	**Out-of-Network**
Eye Examination / Lenses / Frames	12 / 24 / 24	
Plan Copays		
Exam Copay	$0	N/A
Materials Copay	$0	N/A
Contact Lens Fitting (Standard)	Up to $60	N/A
	Plan Benefit:	**Member Reimb. Up to:**
Exam	Covered in Full after Copay	$45
Frames (retail) Maximum Allowance	$200	$70
Lenses		
Single/Bifocal/Trifocal	Covered in Full after Copay	$30 / $50 / $65
Anti Reflective Coating	N/A	
Contacts (in lieu of eyeglasses) Maximum Allowance	$130	$105

Rate Guarantee (in months): 24

Rate Guarantee Period 1/1/2026 - 12/31/2027

MONTHLY PREMIUM	EE	Current/Renewal
Employee Only	541	$5.65
Employee + 1	125	$12.13
Employee + Family	149	$20.20
TOTAL MONTHLY PREMIUM	815	**$7,583**
TOTAL ANNUAL PREMIUM		**$90,992**

(PRISM) Basic Life/ADD

Alliant Insurance Services

Basic Life and AD&D Plan Benefits	Voya (PRISM) Current / Renewal	
Benefit Amounts	**Basic Life**	**Basic AD&D**
Class 1: All Active Members	1 x BAE, up to $100k	$5,000
Class 2: All Retired Members (Life Only)	$1,000	N/A
Spouse or Domestic Partner	$1,000	N/A
Children	$1,000	N/A
Plan Features		
Age Reduction Schedule (% of original amount)	N/A	
Accelerated Death Benefit	Included	
Waiver of Premium	Included	

Rate Guarantee (in months): **48**

Rate Guarantee Period *(7/1/2023-6/30/2027)*

MONTHLY RATES		**Current / Renewal**
Basic Life (Per $1,000) - Actives		$0.180
Basic Life (Per $1,000) - Retirees		$0.210
Dependent Life (Per $1,000)		$0.380
Basic AD&D (Per $1,000) - Actives		$0.030
VOLUME / UNITS	EE	
Basic Life - Actives	945	$61,160,000.000
Basic Life - Retirees	254	$254,000.000
Basic Life - Dependent Life	272	$272,000.000
Basic AD&D - Actives	945	$4,725,000.000
TOTAL MONTHLY PREMIUM		**$11,307**
TOTAL ANNUAL PREMIUM		**$135,687**

(PRISM) Supplemental Life/ADD

Alliant Insurance Services

Voluntary Life Plan Benefits	Voya (PRISM) Current / Renewal	
Benefit Amounts	**Life Amount**	**Guaranteed Issue**
Employee	$20,000 to $500,000 in $10,000 increments	< Age 70: $240,000 Age 70+: $10,000
Spouse	$10,000 to $100,000 in $5,000 increments	< Age 70: $30,000 Age 70+: $10,000
Child	$10,000	$10,000
Plan Features		
AD&D Coverage Employee Spouse Child	Optional =OR= Amount Equal to Life $10,000 to $1,000,000 in $10,000 increments 50% of employee AD&D 10% of employee AD&D	
Age Reduction Schedule (% of original amount) Employee and Spouse	65% at age 70	
Accelerated Death Benefit	Included	
Waiver of Premium	Included	
Portability	Included	

Rate Guarantee (in months): **48**

Rate Guarantee Period *(7/1/2023-6/30/2027)*

MONTHLY RATES	Current / Renewal
Employee and Spouse	**Per $1,000**
Under age 20	$0.071
Age 20-24	$0.071
Age 25-29	$0.071
Age 30-34	$0.086
Age 35-39	$0.123
Age 40-44	$0.180
Age 45-49	$0.286
Age 50-54	$0.463
Age 55-59	$0.779
Age 60-64	$1.210
Age 65-69	$2.240
Age 70+	$4.490
	Per $10,000
Dependent Child(ren) Rates	$2.00
TOTAL MONTHLY PREMIUM	**$13,452.56**
TOTAL ANNUAL PREMIUM	**$161,430.72**

County and Employee Cost of Coverage

Alliant Insurance Services

Medical Plans	All Units Except 6, 10, 16 & 17 Employee Only	Units 6, 10, 17 Employee Only
Lake County PPO 80	$1,715.00	$1,715.00
Lake County PPO 35	$1,642.00	$1,642.00
Lake County Bronze	$1,350.00	$1,350.00
Lake County ABHP	$1,548.00	$1,548.00
Lake County PPO Law Enforcement (PORAC Members Only)	$1,641.00	$1,641.00
Dental	**Employee Only**	**Employee Only**
Ameritas PPO	$38.90	$38.90
Vision Plan	**Employee Only**	**Employee Only**
VSP (Vision Service Plan)	$5.65	$5.65
County Contribution	$1,500	80/20 Split
Monthly Employee Costs After County Contribution	**Employee Only**	**Employee Only**
PPO 80 + Ameritas Dental PPO + VSP	$259.55	$351.91
PPO 35 + Ameritas Dental PPO + VSP	$186.55	$337.31
PPO Bronze + Ameritas Dental PPO + VSP	$0.00	$278.91
ABHP + Ameritas Dental PPO + VSP	$92.55	$318.51
PPO Law + Ameritas Dental PPO + VSP	$185.55	$337.11

The County increased the contribution July 1, 2023 to $1,500 per month (for most units) towards Health, Dental and Vision benefits for eligible employees., any employee remaining premiums will be deducted on a pre-tax basis.[1]

This is a breakdown of the 2027 cost for Single (Employee only) coverage by plan.

PRISMHealth Information

Alliant Insurance Services

Why Public Agencies Choose PRISMHealth

A member-governed, nonprofit purchasing pool designed to provide long-term value—not short-term profits.

Governed by Member Agencies

Participating public agencies oversee the program and guide strategic decisions. The focus remains on serving members—not shareholders.

Purchasing Power Through Scale

45,000+ subscribers and 93,000+ covered members create negotiating leverage and economies of scale that individual employers typically cannot achieve.

Long-Term Budget Stability

The pooled model and blended rating approach help reduce renewal volatility and support more predictable long-term budgeting.

Nonprofit Value

Low administrative costs help keep premium dollars focused on healthcare, member services, and program value.

Public agencies working together to create stronger purchasing power, better governance, and greater long-term stability.

PRISMHealth Member Entities

PRISMHealth includes 50 member groups Comprised of:

45,000 Subscribers

14 Counties,

18 Cities,

18 Special Districts

Counties
County of Amador
County of Calaveras
County of Del Norte
County of El Dorado
County of Imperial
County of Lake
County of Merced
County of Mendocino
County of San Benito
County of Santa Barbara
County of San Luis Obispo
County of Sutter
County of Tehama
County of Tuolumne

Cities
City of Clovis
City of Chico
City of El Centro
City of Huntington Beach
City of Irvine
City of Lompoc
City of Madera
City of Merced
City of Modesto
City of Oceanside
City of Redding
City of San Bernardino
City of Santa Rosa
City of Shafter
City of Visalia
City of Walnut Creek
City of Watsonville
City of Yuba City

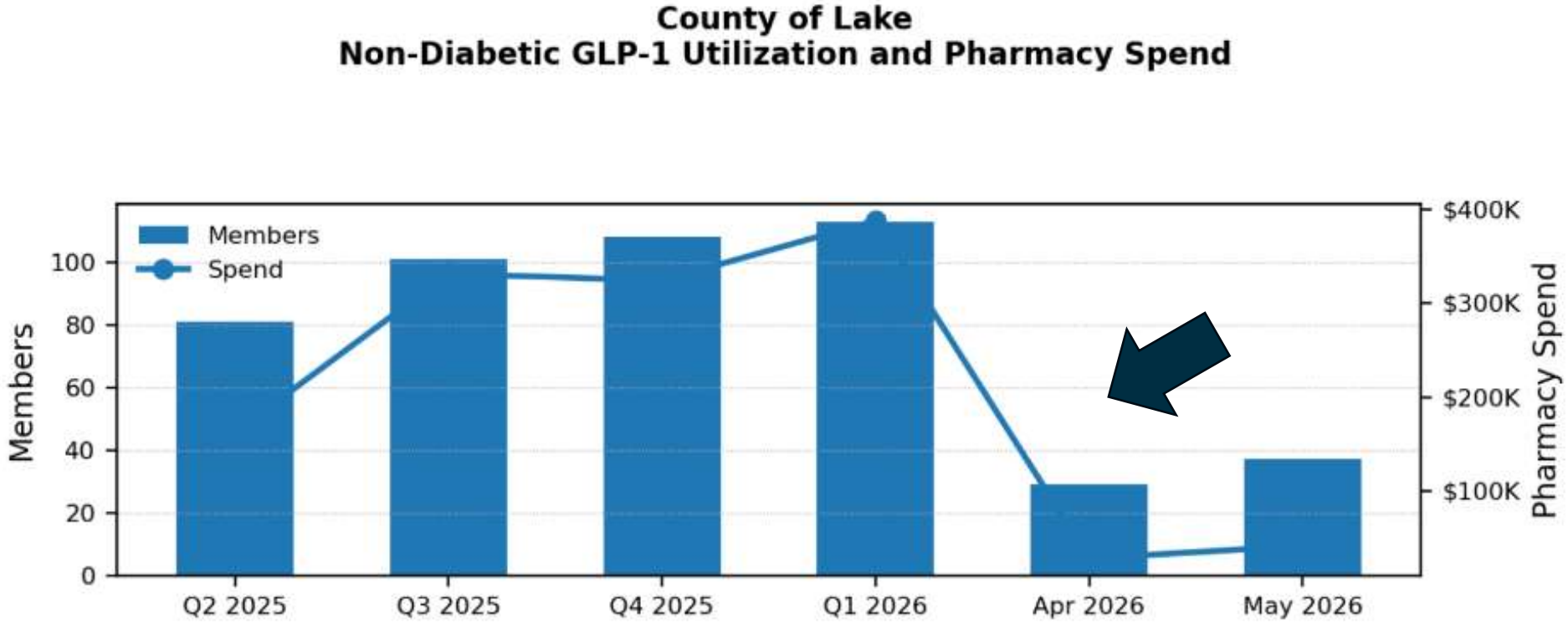
Special Districts
CenCal Health
Los Angeles Community Development Authority
CSU Risk Management Authority
Lompoc Valley Medical Center
Inland Empire Health Plan
Merced Superior Court
Orange County Sanitation District
Orange County Transportation Authority
Pajaro Valley Healthcare District
Public Risk Innovation, Solutions, and Management
San Bernardino Municipal Water Department
San Diego County Regional Airport Authority
San Diego Metropolitan Transit
Santa Barbara Superior Court
Small Group - GSRMA & SDRMA JPA's
South Coast Air Quality Management District
Stanislaus Superior Court
Turlock Irrigation District

GLP-1 Prescription Information

County of Lake 2025-2026 GLP-1 Utilization

Alliant Insurance Services

- County of Lake's Non-diabetic GLP-1 enrollment increased from 81 members in Q2 2025 to a peak of **113 members** in Q1 2026
- May 2026 utilization was down to **37 members** following the restrictions on coverage that began in April following the transition period through March 2026
- This is the approximate number who will be impacted by removing GLP-1 coverage for non-diabetics in 2027



GLP-1 Direct to Consumer

Alliant Insurance Services

Program	Medication	Sample Member Cost/Month	FDA Approved	Includes Coaching	Website
LillyDirect	Zepbound	$299-499	Yes	Limited	lillydirect.lilly.com
NovoCare Pharmacy	Wegovy	$149-399	Yes	No	novocare.com
Hims/Hers	Wegovy	Oral $149 Injectable $199-349	Yes	Limited	hims.com/weight-loss
Ro	Wegovy	Oral $149-299 Injectable $199-399	Yes	Limited	ro.co
Noom Med	GLP-1 Program	$149-599	Varies	Yes	noom.com
Weight Watchers	GLP-1 Program	$189-599	Varies	Yes	weightwatchers.com/us/clinic
Mochi Health	Semaglutide	Semaglutide $99 + membership Tirzepatide $199 + membership	No	Yes	https://joinmochi.com/
Fridays	Semaglutide	$179-499	No	Yes	https://www.joinfridays.com/

Example pricing is provided for illustrative purposes only and is based on publicly available information at the time this guide was prepared. Actual costs may vary; pricing is subject to change at any time. County of lake does not endorse any specific vendor, program, medication, healthcare provider, or treatment option. Information is provided for educational purposes only and does not constitute medical advice.