SAN GORGONIO MEMORIAL HOSPITAL

AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS
Tuesday, September 29, 2026
4:00 PM

Modular C Classroom
600 N. Highland Springs Avenue, Banning, CA 92220

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the Administration Office at (951) 769-2160. **Notification 48 hours prior to the meeting** will enable the Hospital to make reasonable arrangement to ensure accessibility to this meeting. [28 CFR 35.02-35.104 ADA Title II].

			TAB
I.	Call to Order	S. DiBiasi, Chair	
II.	Public Comment		

A five-minute limitation shall apply to each member of the public who wishes to address the Hospital Board of Directors on any matter under the subject jurisdiction of the Board. A thirty-minute time limit is placed on this section. No member of the public shall be permitted to "share" his/her five minutes with any other member of the public. (Usually, any items received under this heading are referred to staff for future study, research, completion and/or future Board Action.) (PLEASE STATE YOUR NAME AND ADDRESS FOR THE RECORD.)

On behalf of the Hospital Board of Directors, we want you to know that the Board acknowledges the comments or concerns that you direct to this Board. While the Board may wish to occasionally respond immediately to questions or comments if appropriate, they often will instruct the Hospital CEO, or other Hospital Executive personnel, to do further research and report back to the Board prior to responding to any issues raised. If you have specific questions, you will receive a response either at the meeting or shortly thereafter. The Board wants to ensure that it is fully informed before responding, and so if your questions are not addressed during the meeting, this does not indicate a lack of interest on the Board's part; a response will be forthcoming.

OLD BUSINESS

III.	***Proposed Action - Approve Minutes**	S. DiBiasi	
	▪ August 18, 2026, Special Meeting		A
	▪ August 25, 2026, Regular Meeting		B
	▪ September 11, 2026, Special Meeting		C
	▪ September 24, 2026, Special Meeting		D

NEW BUSINESS

IV.	Hospital Board Chair Monthly Report	S. DiBiasi	verbal

San Gorgonio Memorial Hospital
Board of Directors Regular Meeting
September 29, 2026

V.	CEO Monthly Report	C. Bjornberg	verbal
VI.	October, November, and December Board/Committee Meeting Calendars	S. DiBiasi	E
VII.	Bi-Monthly Patient Care Services Report	A. Brady	F
VIII.	*** Proposed Action – Recommend Approval to the Healthcare District of the 2027 Associates Health Plan Benefits** • **ROLL CALL**	A. Karam	G
IX.	Future Agenda Items		
X.	**ADJOURN**	S. DiBiasi	

***Action Required**

In accordance with The Brown Act, *Section 54957.5*, all public records relating to an agenda item on this agenda are available for public inspection at the time the document is distributed to all, or a majority of all, members of the Board. Such records shall be available at the Hospital Administration office located at 600 N. Highland Springs Avenue, Banning, CA 92220 during regular business hours, Monday through Friday, 8:00 am - 4:30 pm.

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Certification of Posting

I certify that on August 21, 2026, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of San Gorgonio Memorial Hospital, and on the San Gorgonio Memorial Hospital website, said time being at least 72 hours in advance of the regular meeting of the Board of Directors (*Government Code Section 54954.2*).

Ariel Whitley

Ariel Whitley, Executive Assistant

TAB A

MINUTES: Not Yet Approved by Board

JOINT SPECIAL MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL AND HEALTHCARE DISTRICT
BOARD OF DIRECTORS

August 18, 2026

The joint special meeting of the San Gorgonio Memorial Hospital Board and Healthcare District Board of Directors was held on, Tuesday August 18, 2026, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Pat Brown, Susan DiBiasi (Chair), Ron Rader, Randal Stevens, Lanny Swerdlow

Members Absent: Doris Foreman, Shannon McDougall, Darrell Petersen

Required Staff: Christopher Bjornberg (CEO), Angie Brady (CNE), Ariel Whitley (EA/Director of Comp. and Privacy), Annah Karam (CHRO)

<table>
<tr><th>AGENDA ITEM</th><th></th><th>ACTION / FOLLOW-UP</th></tr>
<tr><td>Call To Order</td><td>The District Board and Hospital Board meeting was called to order at 9:53 am.</td><td></td></tr>
<tr><td>Public Comment</td><td>No public comment.</td><td></td></tr>
<tr><td colspan="3">NEW BUSINESS</td></tr>
<tr><td>Proposed Action of Both Boards – Adopt Resolution No. 2026-11</td><td>Resolution No. 2026-10 is a resolution approving an amendment to increase the revolving line of credit under the Tenet Line of Credit Agreement.

DISTRICT BOARD MEMBER ROLL CALL:

<table>
<tr><td>Brown</td><td>Yes</td><td>Foreman</td><td>Absent</td></tr>
<tr><td>McDougall</td><td>Absent</td><td>Rader</td><td>Yes</td></tr>
<tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr>
</table></td><td>M.S.C., (Rader/Swerdlow), the SGMHD Board of Directors approved Resolution No. 2026-11.</td></tr>
<tr><td>Proposed Action of Both Boards – Adopt Resolution No. 2026-10</td><td>HOSPITAL BOARD MEMBER ROLL CALL:

<table>
<tr><td>Brown</td><td>Yes</td><td>DiBiasi</td><td>Yes</td></tr>
<tr><td>Foreman</td><td>Absent</td><td>McDougall</td><td>Absent</td></tr>
<tr><td>Petersen</td><td>Absent</td><td>Rader</td><td>Yes</td></tr>
<tr><td>Stevens</td><td>Yes</td><td>Swerdlow</td><td>Yes</td></tr>
</table>
Motion carried.</td><td>M.S.C., (Swerdlow/Stevens), the SGMH Board of Directors approved Resolution No. 2026-10.</td></tr>
</table>

<table>
<tr><th>AGENDA ITEM</th><th></th><th>ACTION / FOLLOW-UP</th></tr>
<tr><td>Proposed Action – Approve the modification of the Subordination and Intercreditor Agreement as it relates to Amendment of the Tenet Line of Credit Agreement</td><td>During discussion it was noted that the creditor ranking was clarified; the substance of the subordination agreement remains unchanged; modification approved.

DISTRICT BOARD MEMBER ROLL CALL:

<table><tr><td>Brown</td><td>Yes</td><td>Foreman</td><td>Absent</td></tr><tr><td>McDougall</td><td>Absent</td><td>Rader</td><td>Yes</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table></td><td>M.S.C., (Swerdlow/Rader), the SGMHD Board of Directors approved the modification of the Subordination and Intercreditor Agreement as it relates to Amendment of Tenet Line of Credit Agreement.</td></tr>
<tr><td>Proposed Action – Adopt Resolution No. 2026-12</td><td>Resolution No. 2026-12 is a resolution authorizing Christopher Bjornberg to execute for and on behalf of San Gorgonio Memorial Healthcare District, all grants and grant programs.

DISTRICT BOARD MEMBER ROLL CALL:

<table><tr><td>Brown</td><td>Yes</td><td>Foreman</td><td>Absent</td></tr><tr><td>McDougall</td><td>Absent</td><td>Rader</td><td>Yes</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table></td><td>M.S.C., (Rader/Swerdlow), the SGMHD Board of Directors approved Resolution No. 2026-12.</td></tr>
<tr><td>Adjournment</td><td>The District Board and Hospital Board meeting was adjourned at 10:04 am.</td><td></td></tr>
</table>

In accordance with The Brown Act, *Section 54957.5*, all reports and handouts discussed during this Open Session meeting are public records and are available for public inspection. These reports and/or handouts are available for review at the Hospital Administration office located at 600 N. Highland Springs Avenue, Banning, CA 92220 during regular business hours, Monday through Friday, 8:00 am - 4:30 pm.

Respectfully submitted by Ariel Whitley, Executive Assistant

TAB B

MINUTES: Not Yet Approved by Board

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

August 25, 2026

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, August 25, 2026, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Pat Brown, Susan DiBiasi (Chair), Doris Foreman, Shannon McDougall, Darrell Petersen, Steve Rutledge, Randal Stevens, Lanny Swerdlow

Members Absent: Ron Rader

Required Staff: Chris Bjornberg (CEO), Angie Brady (CNO), Ariel Whitley (EA/Director of Comp. and Privacy), Annah Karam (CHRO), Ryan Marshall (CFO)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Chair, Susan DiBiasi, called the meeting to order at 4:08 pm.	
Public Comment	No public comment.	
OLD BUSINESS		
Proposed Action - Approve Minutes **July 28, 2026, Regular Meeting**	Chair Susan DiBiasi asked for any changes or corrections to the minutes of the following meetings: • July 28, 2026, Regular Meeting There were none.	**The minutes presented for approval will stand correct.**
NEW BUSINESS		
Hospital Board Chair Monthly Report	Susan DiBiasi, Chair, reported that there is a Hospital Board vacancy. An ad hoc nomination committee is being formed to identify a replacement for Steve Rutledge, whose corporate board term ended. Committee members: Darryl, Pat, and Susan.	
CEO Monthly Report	Chris Bjornberg, CEO, reported that the current Altera EMR contract remains problematic. Legal options to exit are being explored, including a demand letter to initiate a 60-day process. We had vendor demonstrations scheduled.	
August, September, and October Board/Committee	Calendars for August, September, and October were included on the board tablets.	

<table>
<tr><th>AGENDA ITEM</th><th>DISCUSSION</th><th>ACTION / FOLLOW-UP</th></tr>
<tr><td>meeting calendars</td><td></td><td></td></tr>
<tr><td>Conifer Health Solutions - Presentation</td><td>The board is considering transitioning from Guidehouse to Conifer for revenue cycle services. Guidehouse contract includes a 180-day out clause; Conifer’s full integration timeline is also six months, enabling parallel analytics setup during notice period. Conifer’s initial proposal covers mid-cycle (HIM, coding, CDI) and back-end AR; they prefer full-cycle management and await information to augment with patient access.</td><td></td></tr>
<tr><td>Proposed Action – Discussion and possible action on the future of the OB program</td><td>OB program status: declining volumes (three deliveries this month), ~$1.2 million loss last year, increasing on-call costs, recruitment challenges. Recommendation to issue 120-day notice to CDPH to close OB program on current campus, pivot to outpatient women’s services with a future birthing center. DSH funding will decline but less than operational losses. Motion to initiate closure process passed.

BOARD MEMBER ROLL CALL:

<table><tr><td>Brown</td><td>Yes</td><td>DiBiasi</td><td>Yes</td></tr><tr><td>Foreman</td><td>Yes</td><td>McDougall</td><td>Yes</td></tr><tr><td>Petersen</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Stevens</td><td>Absent</td><td>Swerdlow</td><td>Yes</td></tr></table>Motion carried.</td><td>M.S.C., (Foreman/Brown), the SGMH Board of Directors voted to approve the possible action on the future of the OB program.</td></tr>
<tr><td>Proposed Action – Recommend Approval to the Healthcare District of the Emergency Obstetric/Cesarean Contingency Plan</td><td>Emergency obstetric cesarean contingency plan required by CDPH due to OB call coverage gaps; procedures for stabilizing and transferring patients to Desert hospital when no OBGYN is on call were reviewed by Med Exec, OBGYNs, and an ED physician. Motion to recommend approval carried.

BOARD MEMBER ROLL CALL:

<table><tr><td>Brown</td><td>Yes</td><td>DiBiasi</td><td>Yes</td></tr><tr><td>Foreman</td><td>Yes</td><td>McDougall</td><td>Yes</td></tr><tr><td>Petersen</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Stevens</td><td>Absent</td><td>Swerdlow</td><td>Yes</td></tr></table>Motion carried.</td><td>M.S.C., (Petersen/Foreman), the SGMH Board of Directors voted to recommend approval of the Emergency Obstetric/Cesarean Contingency Plan to the District Board of Directors.</td></tr>
<tr><td>Proposed Action – Recommend Approval to the Healthcare District of the Addendum #4 to the PSA between San Gorgonio Memorial Hospital, San Gorgonio Memorial Healthcare District,</td><td>Additional OBGYN on-call coverage: increased rates for Dr. Jasmin Singh’s group for three months, including clinic coverage, to incentivize call participation; motion to recommend approval carried.

BOARD MEMBER ROLL CALL:

<table><tr><td>Brown</td><td>Yes</td><td>DiBiasi</td><td>Yes</td></tr><tr><td>Foreman</td><td>Yes</td><td>McDougall</td><td>Yes</td></tr><tr><td>Petersen</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Stevens</td><td>Absent</td><td>Swerdlow</td><td>Yes</td></tr></table></td><td>M.S.C., (Brown/Stevens), the SGMH Board of Directors voted to recommend approval of the Addendum #4 to the PSA between San Gorgonio Memorial</td></tr>
</table>

<table>
<tr><th>AGENDA ITEM</th><th>DISCUSSION</th><th>ACTION / FOLLOW-UP</th></tr>
<tr><td>and Jasleen Singh, MD, a professional Corporation (Apna)</td><td>Motion carried.</td><td>Hospital, San Gorgonio Memorial Healthcare District, and Jasleen Singh, MD, a professional Corporation (Apna) to the District Board of Directors.</td></tr>
<tr><td>Proposed Action – Adopt Resolution No. 2026-11</td><td>Resolution No. 2026-11, a resolution removing Dan Heckathorne and Michele Finney as signers on the bank accounts.

BOARD MEMBER ROLL CALL:

<table><tr><td>Brown</td><td>Yes</td><td>DiBiasi</td><td>Yes</td></tr><tr><td>Foreman</td><td>Yes</td><td>McDougall</td><td>Yes</td></tr><tr><td>Petersen</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Stevens</td><td>Absent</td><td>Swerdlow</td><td>Yes</td></tr></table>Motion carried.</td><td>M.S.C., (Petersen/Brown), the SGMH Board of Directors voted to adopt Resolution No. 2026-11</td></tr>
<tr><td>Adjourn to Closed Session</td><td>Chair, DiBiasi reported on the items to be reviewed and discussed and/or acted upon during Closed Session will be:

➢ Participate in a telephone conference with legal counsel

The meeting adjourned to Closed Session at 5:10 pm.</td><td></td></tr>
<tr><td>Reconvene to Open Session</td><td>The meeting adjourned from Closed Session at 5:14 pm.

Chair DiBiasi reported on the actions taken/information received during the Closed Session as follows:

➢ Participated in a telephone conference with legal counsel</td><td></td></tr>
<tr><td>Future Agenda Items</td><td>None.</td><td></td></tr>
<tr><td>Adjourn</td><td>The meeting was adjourned at 5:17 pm.</td><td></td></tr>
</table>

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Respectfully submitted by Ariel Whitley, Executive Assistant

TAB C

MINUTES: Not Yet Approved by Board

JOINT SPECIAL MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL AND HEALTHCARE DISTRICT
BOARD OF DIRECTORS

September 11, 2026

The joint special meeting of the San Gorgonio Memorial Hospital Board and Healthcare District Board of Directors was held on Friday, September 11, 2026, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Pat Brown, Susan DiBiasi (Chair), Doris Foreman, Shannon McDougall, Darrell Petersen, Ron Rader, Randal Stevens

Members Absent: Lanny Swerdlow

Required Staff: Christopher Bjornberg (CEO), Angie Brady (CNE), Ariel Whitley (EA/Director of Comp. and Privacy), Annah Karam (CHRO)

<table>
<tr><th>AGENDA ITEM</th><th></th><th>ACTION / FOLLOW-UP</th></tr>
<tr><td>Call To Order</td><td>The District Board and Hospital Board meeting was called to order at 10:10 am.</td><td></td></tr>
<tr><td>Public Comment</td><td>No public comment.</td><td></td></tr>
<tr><td colspan="3">NEW BUSINESS</td></tr>
<tr><td rowspan="2">Perinatal Services Closure Update

Proposed Action of Both Boards – Approve the scheduling of a date for the public hearing.</td><td>Paperwork for the OB program closure was submitted to the CDPH online portal. The local CDPH office, along with the city councils for Banning and Beaumont and county supervisors, have been notified. A public hearing must be held within 60 days to allow for public comment. The meeting must be held within 25 miles of the hospital's location and follow standard public notice procedures. A date of September 24, 2026, at 5:00 PM was selected and approved.

DISTRICT BOARD MEMBER ROLL CALL:

<table>
<tr><td>Brown</td><td>Yes</td><td>Foreman</td><td>Yes</td></tr>
<tr><td>McDougall</td><td>Yes</td><td>Rader</td><td>Yes</td></tr>
<tr><td>Swerdlow</td><td>Absent</td><td colspan="2">Motion carried.</td></tr>
</table></td><td>M.S.C., (Stevens/Rader), the SGMHD Board of Directors approved September 24th at 5:00pm as the date and time for the public hearing.</td></tr>
<tr><td>HOSPITAL BOARD MEMBER ROLL CALL:

<table>
<tr><td>Brown</td><td>Yes</td><td>DiBiasi</td><td>Yes</td></tr>
<tr><td>Foreman</td><td>Yes</td><td>McDougall</td><td>Yes</td></tr>
<tr><td>Petersen</td><td>Yes</td><td>Rader</td><td>Yes</td></tr>
<tr><td>Stevens</td><td>Yes</td><td>Swerdlow</td><td>Absent</td></tr>
</table>
Motion carried.</td><td>M.S.C., (Brown/Rader), the SGMH Board of Directors approved September 24th at 5:00pm as the date and time for the public hearing.</td></tr>
<tr><td>Adjournment</td><td>The District Board and Hospital Board meeting was adjourned at 4:11 pm.</td><td></td></tr>
</table>

In accordance with The Brown Act, *Section 54957.5*, all reports and handouts discussed during this Open Session meeting are public records and are available for public inspection. These reports and/or handouts are available for review at the Hospital Administration office located at 600 N. Highland Springs Avenue, Banning, CA 92220 during regular business hours, Monday through Friday, 8:00 am - 4:30 pm.

Respectfully submitted by Ariel Whitley, Executive Assistant

TAB D

MINUTES: Not Yet Approved by Board

JOINT SPECIAL MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL AND HEALTHCARE DISTRICT
BOARD OF DIRECTORS

September 24, 2026

The joint special meeting of the San Gorgonio Memorial Hospital Board and Healthcare District Board of Directors was held on Thursday, September 24, 2026, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Pat Brown, Susan DiBiasi (Chair), Doris Foreman, Darrell Petersen, Ron Rader, Lanny Swerdlow

Members Absent: Shannon McDougall, Randal Stevens

Required Staff: Christopher Bjornberg (CEO), Angie Brady (CNE), Ariel Whitley (EA/Director of Comp. and Privacy), Ryan Marshall (CFO), John Peleuses (VP; Ancillary and Support Services)

<table>
<tr><th>AGENDA ITEM</th><th></th><th>ACTION / FOLLOW-UP</th></tr>
<tr><td>Call To Order</td><td>The District Board and Hospital Board meeting was called to order at 5:10 pm.</td><td></td></tr>
<tr><td>Roll Call</td><td>BOARD MEMBER ROLL CALL:
<table><tr><td>Brown</td><td>Yes</td><td>DiBiasi</td><td>Yes</td></tr><tr><td>Foreman</td><td>Yes</td><td>McDougall</td><td>Absent</td></tr><tr><td>Petersen</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Stevens</td><td>Absent</td><td>Swerdlow</td><td>Yes</td></tr></table></td><td></td></tr>
<tr><td>Open Public Hearing</td><td>Christopher Bjornberg, CEO, and Angela Brady, CNO, gave a presentation regarding the proposed elimination of Obstetrical Services, effective December 31, 2026. The topics included;
Services affected, alternative providers, patient transition planning, impact on the community, regulatory requirements, and planned implementation timeline.</td><td></td></tr>
<tr><td>Public Comment</td><td>No public comment cards were received.</td><td></td></tr>
<tr><td>Board Discussion</td><td>Board members discussed the topics in the presentation and asked questions regarding requirements and notifications.</td><td></td></tr>
<tr><td>Close Public Hearing</td><td>After no questions or comments were received. The public hearing was closed.</td><td></td></tr>
<tr><td>Adjournment</td><td>The District Board and Hospital Board meeting was adjourned at 5:31 pm.</td><td></td></tr>
</table>

In accordance with The Brown Act, *Section 54957.5*, all reports and handouts discussed during this Open Session meeting are public records and are available for public inspection. These reports and/or handouts are available for review at the Hospital Administration office located at 600 N. Highland Springs Avenue, Banning, CA 92220 during regular business hours, Monday through Friday, 8:00 am - 4:30 pm.

Respectfully submitted by Ariel Whitley, Executive Assistant

TAB E

SAN GORGONIO MEMORIAL HOSPITAL

October 2026

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	*2*	*3*
4 *SGMH Foundation Gala/Luncheon* (contact Valerie for more details)	*5*	*6*	*7* *7:30am Beaumont Chamber Breakfast* *Beaumont State of the City*	*8*	*9*	*10*
11	*12*	*13* *7:30am Calimesa Chamber Breakfast*	*14*	*15*	*16*	*17*
18	*19*	*20*	*21* *7:00am Banning Chamber Breakfast*	*22*	*23*	*24* *Pumpkinfest*
25	*26*	*27* **2:30 pm Finance Committee** **4:00 pm Hospital Board Meeting** **4:30 pm Healthcare District Board Meeting**	*28*	*29*	*30*	*31* 

SAN GORGONIO
MEMORIAL HOSPITAL

November 2026

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	*2*	*3*	*4* *7:30am Beaumont Chamber Breakfast*	*5*	*6*	*7*
8	*9*	*10* *7:30am Calimesa Chamber Breakfast*	*11*	*12*	*13*	*14*
15	*16*	*17*	*18* *7:00am Banning Chamber Breakfast*	*19*	*20*	*21*
22	*23*	*24* **2:30 pm Finance Committee** **4:00 pm Hospital Board Meeting** **4:30 pm Healthcare District Board Meeting**	*25*	*26* *Administration Closed!*	*27* *Administration Closed!*	*28*
29	*30*					

SAN GORGONIO
MEMORIAL HOSPITAL

December 2026

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	*2* *7:30am Beaumont Chamber Breakfast*	*3*	*4*	*5*
6	*7*	*8* *7:30am Calimesa Chamber Breakfast*	*9*	*10*	*11*	*12*
13	*14*	*15*	*16* *7:00am Banning Chamber Breakfast*	*17*	*18*	*19*
20	*21*	*22*	*23*	*24* *Administration Closed!*	*25* *Administration Closed!*	*26*
27	*28*	*29* **2:30 pm Finance Committee** **4:00 pm Hospital Board Meeting** **4:30 pm Healthcare District Board Meeting**	*30*	*31*		

TAB F

Quarterly Patient Care Services Report

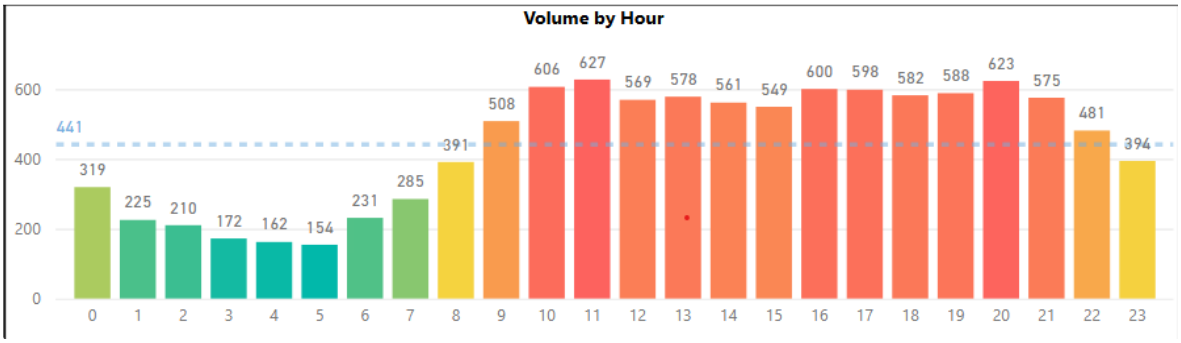
The quarterly patient services report aims to provide a comprehensive overview of the nursing services rendered to patients at SGMH during the months of June-August, 2026.

1. Key Metrics:

- Total number of patients served in ED: 10,662
- Ambulance Traffic: 2877
- Admitted: 944 (8.9% admission rate)

2. Operational Efficiency:

- Acuity & Volume per hour in ED



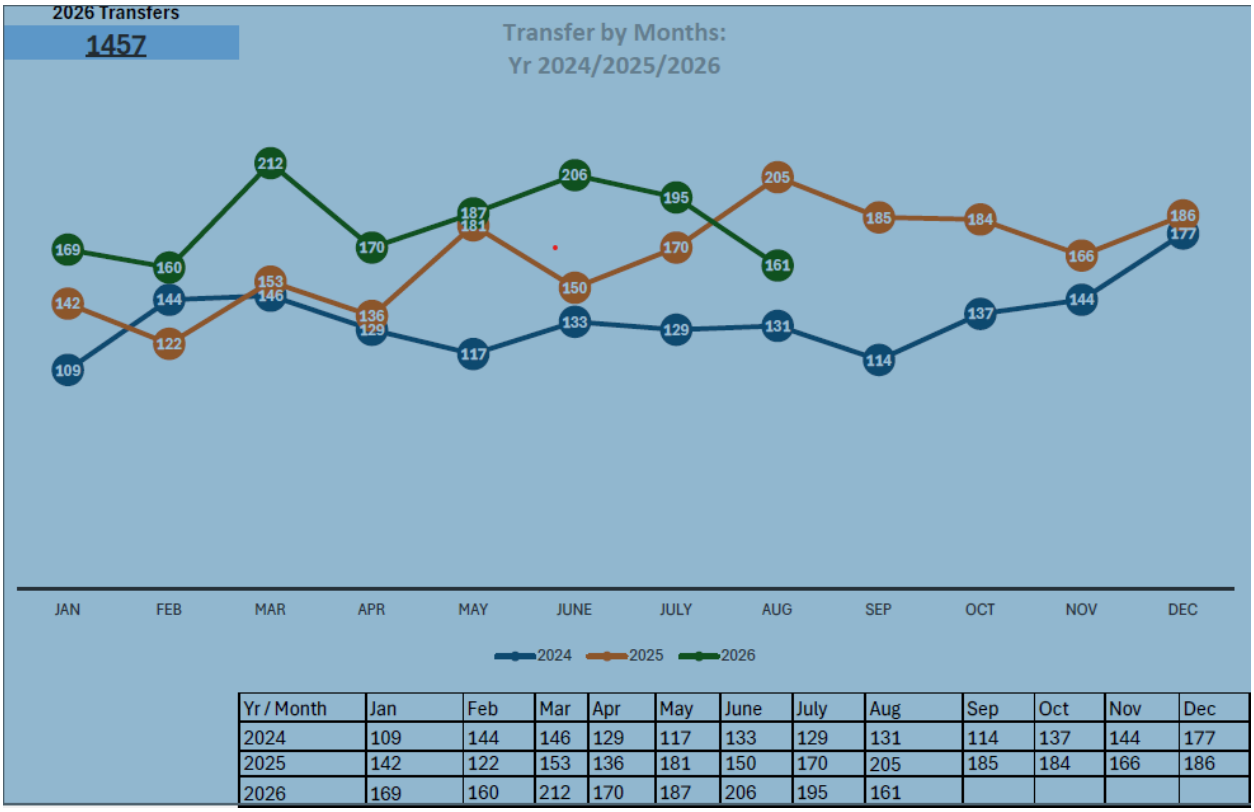
- Ambulance APOD time 83.9% See attached July (latest) REMSA report.
    - Staffing: Nursing turnover increased during 7/1/2026-8/31/2026, with the highest rates occurring in the Emergency Department and ICD/DOU. This has caused an increase in agency/traveler utilization. 9 resignations with 13 new hire RNs. Several RNs have transitioned from full-time to per diem status.

3. Transfers:

Year to Date as of May 2026

- Total Transfers: 562 patients

- Top Transfer Categories:
  - Psych -82
  - Cardiology- 68
  - Insurance- 63
  - Pediatrics- 37



Yr / Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
2024	109	144	146	129	117	133	129	131	114	137	144	177
2025	142	122	153	136	181	150	170	205	185	184	166	186
2026	169	160	212	170	187	206	195	161				

2. Patient Experience:

Patient experience remains a key organizational priority and an important indicator of the quality and compassion of care we provide. Nursing leadership continues to focus on communication, responsiveness, bedside engagement, and patient-centered care practices. Leadership rounding started in July and is going exceptionally well.

3. Clinical Outcomes:

- March-May Mortality inpatient rate: 2.4% -----Benchmark 5% (17 out of 25 were DNR patients).
- Adverse events: 0, RCAs-4, Beta Cases- 1

4. Quality and Patient Safety:

Quality:

During this reporting period, the organization continued to strengthen clinical quality and access to specialty services. A significant focus has been the successful transition to a new teleneurology group and

a new anesthesia group. Nursing, medical staff, and hospital leadership have worked collaboratively with both groups to support a smooth transition and maintain continuity of patient care.

The new teleneurology partnership supports our Primary Stroke Center and provides timely access to neurological consultation for patients presenting with acute stroke symptoms and other neurological emergencies. Leadership continues to monitor response times, communication, workflow, and overall integration of the new service.

The transition to a new anesthesia group also represents an important step in maintaining reliable anesthesia coverage and supporting the continued delivery of safe surgical and procedural care. Leadership is working closely with the group to establish consistent workflows, communication expectations, and collaboration with nursing and medical staff.

Patient Safety:

Patient safety remains a primary organizational focus, with continued emphasis on proactive identification of risk and early intervention. Daily safety huddles and leadership rounding provide opportunities to identify emerging clinical and operational concerns and coordinate resources across departments.

Current areas of focus include:

- Integration and monitoring of the new teleneurology and anesthesia services
- Continued surveillance of falls, pressure injuries, medication events, and hospital-acquired infections
- Strengthening patient handoffs and interdisciplinary communication
- Timely recognition and escalation of changes in patient condition
- Review of safety events and near misses to identify trends and system-level opportunities

5. Challenges:

- Delayed discharges and 5150 placement barriers continue to represent one of the organization's most significant operational and financial challenges.
- Nursing retention remains one of our top priorities.

6. New & Exciting:

We are excited to announce the launch of our new Nursing Retention Strategies Committee, created to strengthen associate engagement, recognition, retention, and overall workplace culture. The committee will focus on meaningful initiatives that recognize our nursing teams, support our associates, and make San Gorgonio Memorial Hospital a place where nurses want to stay and grow.

Our first round of initiatives will include:

- **DAISY Award recognition** to celebrate nurses who demonstrate extraordinary, compassionate care.

- **Coffee and food truck events** to provide opportunities for appreciation, connection, and engagement across shifts.
- **Seasonal and float nursing** to provide greater staffing flexibility, reduce reliance on outside agency staff, and support our existing nursing teams.
- **Sitter staffing** to better support patients requiring continuous observation while allowing nursing staff to remain focused on clinical care.
- **"25 Days of Christmas"** activities throughout the holiday season to recognize associates and bring some fun and celebration into the workplace.
- The return of our **Secret Santa Associate Assistance Program**, providing an opportunity to support associates and their families who may be experiencing financial hardship during the Christmas season.

Angela Brady, CNO 09.18.2026

RIVERSIDE COUNTY EMS AGENCY

Ambulance Patient Offload Time

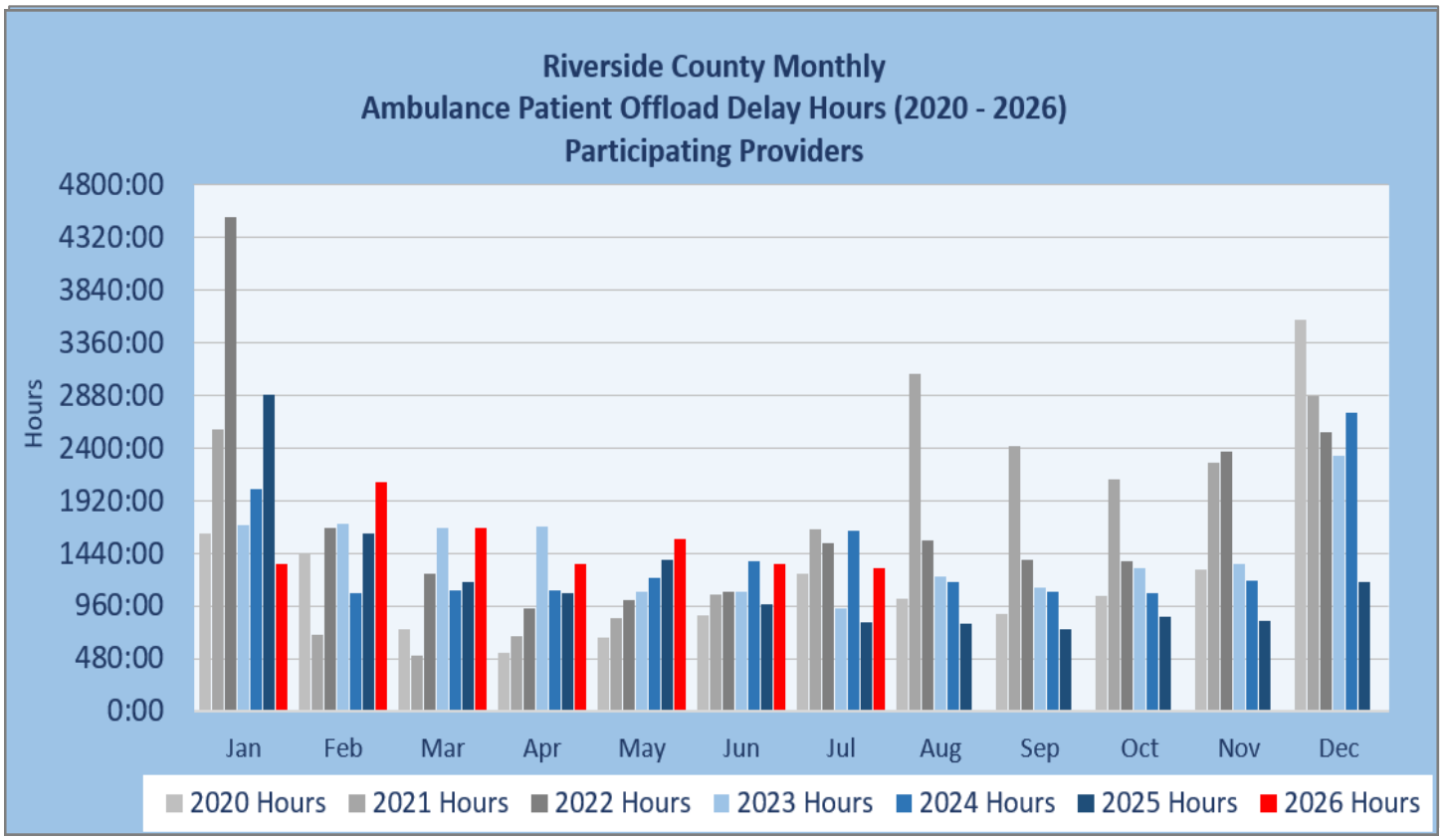
July 2026

Monthly Report

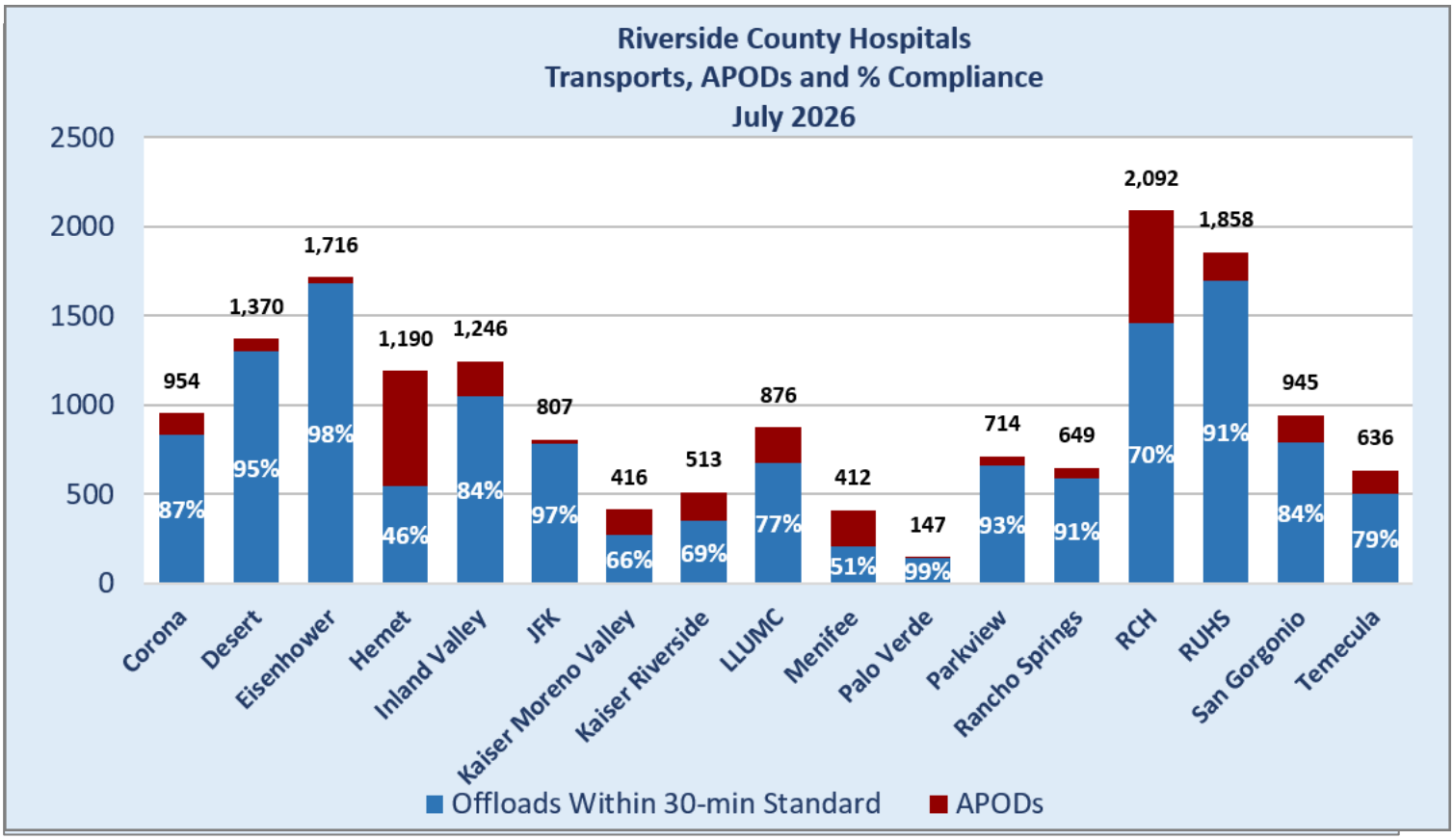
Prepared by Riverside County EMS Agency – August 6, 2026

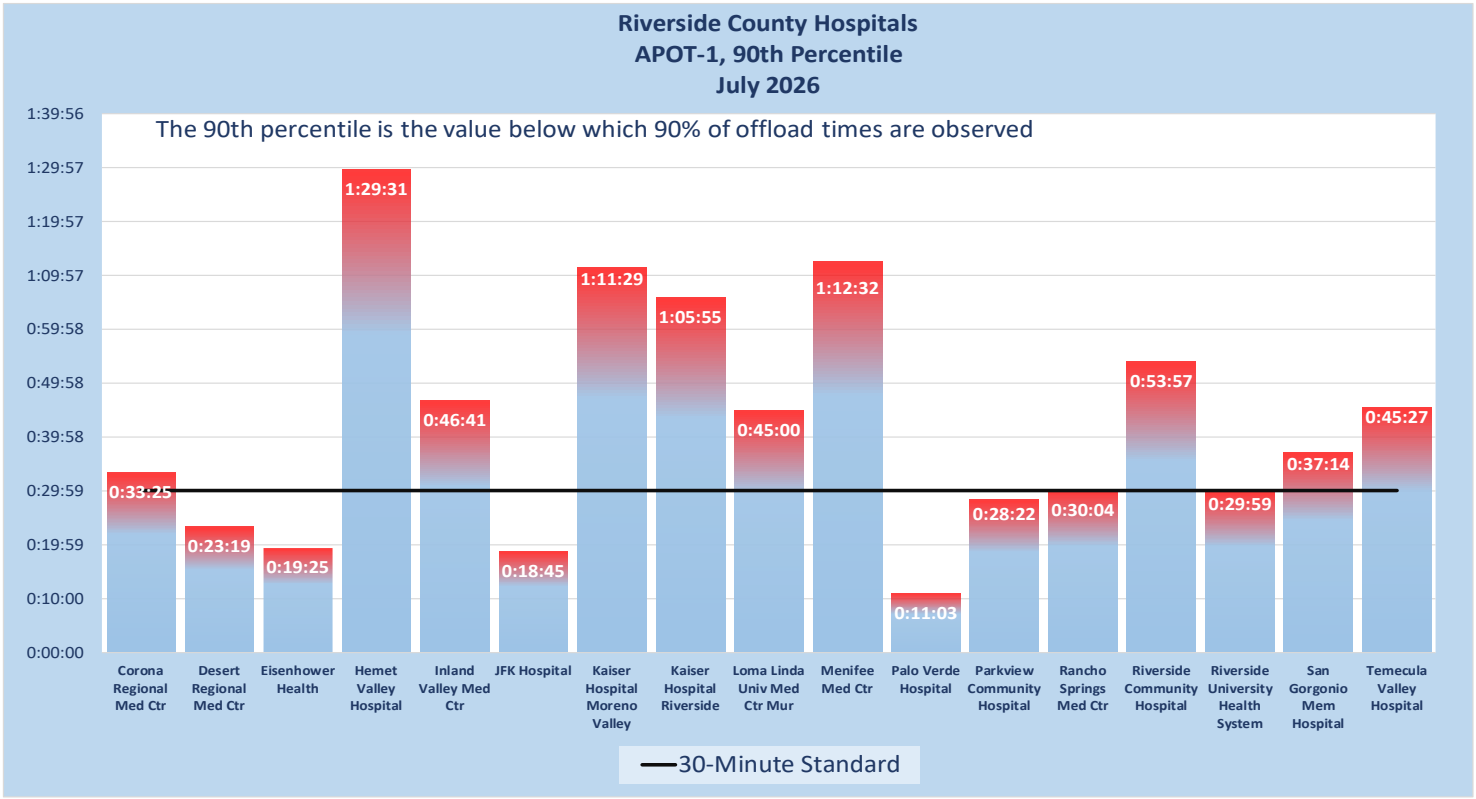
RIVERSIDE COUNTY AMBULANCE PATIENT OFFLOAD TIME

These charts represent total ambulance patient offload times (APOT) and delays (APOD) from hospitals within Riverside County. APOD includes delays greater than 30 minutes, and only the time after the first 30 minutes has passed.



July 2026	ALS Transports	APOT	APOD Hours	APODs	APOD Compliance	APOT - 1
Corona Regional Med Ctr	954	297:45:33	40:02:24	120	87.4%	0:33:25
Desert Regional Med Ctr	1,370	324:11:40	16:36:58	70	94.9%	0:23:19
Eisenhower Health	1,716	348:48:55	4:27:28	36	97.9%	0:19:25
Hemet Valley Hospital	1,190	933:04:21	401:32:48	646	45.7%	1:29:31
Inland Valley Med Ctr	1,246	460:26:03	107:37:22	194	84.4%	0:46:41
JFK Hospital	807	137:12:55	7:01:06	24	97.0%	0:18:45
Kaiser Hospital Moreno Valley	416	228:46:30	79:20:03	140	66.3%	1:11:29
Kaiser Hospital Riverside	513	259:57:49	82:12:38	158	69.2%	1:05:55
Loma Linda Univ Med Ctr Mur	876	390:30:13	79:55:36	203	76.8%	0:45:00
Menifee Med Ctr	412	270:07:11	95:22:54	202	51.0%	1:12:32
Palo Verde Hospital	147	16:20:59	0:07:25	2	98.6%	0:11:03
Parkview Community Hospital	714	213:06:26	11:19:06	52	92.7%	0:28:22
Rancho Springs Med Ctr	649	195:40:21	14:15:59	60	90.8%	0:30:04
Riverside Community Hospital	2,092	988:49:53	251:25:55	633	69.7%	0:53:57
Riverside University Health System	1,858	582:38:54	15:43:48	160	91.4%	0:29:59
San Gorgonio Mem Hospital	945	372:08:45	46:36:56	152	83.9%	0:37:14
Temecula Valley Hospital	636	256:40:24	45:12:28	135	78.8%	0:45:27
Grand Total	**16,541**	**6276:16:52**	**1298:50:54**	**2987**	**81.9%**	**0:42:42**

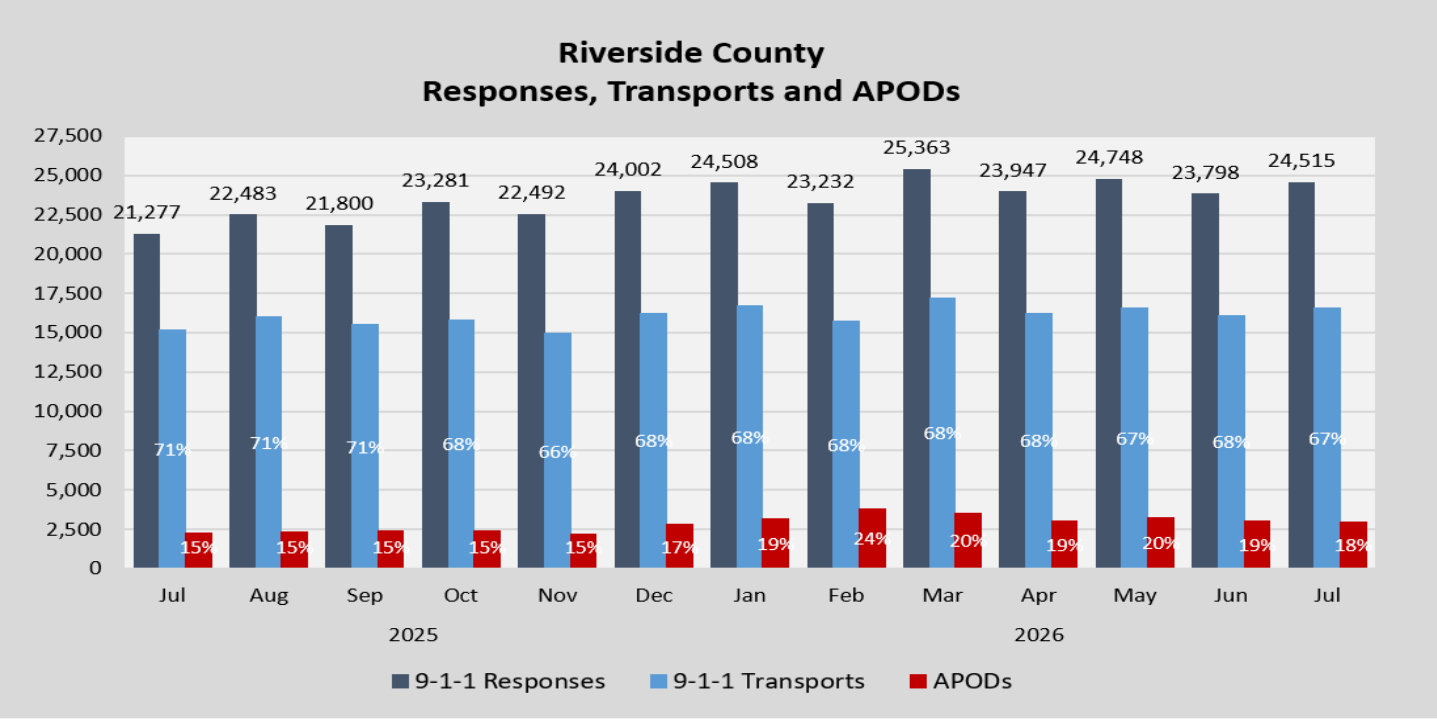




Data for this report has been collected from ePCRs (electronic patient care records) via FirstWatch® and are available after they have been completed by the provider. There is, therefore, an inherent latency to the availability of these records. Due to this latency, subsequent reports may feature higher aggregate numbers than earlier reports for the same reporting period. The difference is insignificant (averaging less than .07%) and does not impact overall compliance.

APOT AND APOD TRENDS: *ROLLING ANNUAL REVIEW*

The first chart represents a summary of Riverside County's total 9-1-1 ambulance (ALS) responses, transports, and total transports resulting in patient offload delay (APOD) for a rolling 12 months compared to the current month.



**Responses include only 9-1-1 ambulance transport unit responses. In May of 2025, the 911 response count query was updated to exclude a subset of fire and non-emergency response records that had been included since approximately August 2024, due to changes in agency unit numbers and NEMSIS 3.5 disposition mapping. This change only applies to response counts and the percentage of total transported - not transport counts or their respective compliance percentages. This update has been applied retroactively to correct previous response counts, so there may be a discrepancy noted in the count of responses in this, and subsequent reports compared to previous reports since August of 2024.*

TRANSPORT VOLUME.

Transport volume for each hospital over a 12 month period compared to the current month is described below. Each hospital can be categorized as a low to high volume facility relative to all facilties in the county. Hospitals are color coded ranging from low to high based on an average transports of the last 12 months.

Transport Volume Low High

Hospital	2025						2024							Monthly
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Avg
Corona Regional Med Ctr	864	906	918	838	787	940	967	879	951	990	1014	921	954	**918**
Desert Regional Med Ctr	1319	1421	1346	1498	1390	1422	1503	1354	1536	1331	1350	1345	1370	**1,399**
Eisenhower Health	1395	1576	1437	1560	1536	1675	1896	1797	1968	1826	1662	1701	1716	**1,673**
Hemet Valley Hospital	1097	1359	1259	1263	1172	1200	1241	1040	1122	1216	1193	1129	1190	**1,191**
Inland Valley Med Ctr	1107	1174	1112	1156	1097	1184	1152	1057	1177	1170	1218	1181	1246	**1,156**
JFK Hospital	723	744	691	714	679	733	743	724	873	816	792	740	807	**752**
Kaiser Hospital Moreno Valley	428	426	403	411	367	443	432	408	469	400	412	421	416	**418**
Kaiser Hospital Riverside	551	597	566	623	534	585	661	578	586	556	558	522	513	**572**
Loma Linda Univ Med Ctr Mur	833	870	851	854	769	914	845	784	849	849	842	869	876	**847**
Menifee Med Ctr	363	310	329	321	358	360	375	419	440	366	443	351	412	**373**
Palo Verde Hospital	136	140	123	120	130	125	123	114	150	113	131	146	147	**131**
Parkview Community Hospital	652	698	655	690	600	674	713	742	742	621	689	666	714	**681**
Rancho Springs Med Ctr	649	603	651	598	621	620	715	789	778	710	708	620	649	**670**
Riverside Comm Hospital	1916	2056	1986	2052	1923	2109	2019	1886	2097	2109	2225	2056	2092	**2,040**
Riverside Univ Health System	1678	1730	1703	1703	1632	1701	1779	1687	1836	1710	1849	1885	1858	**1,750**
San Gorgonio Mem Hospital	877	797	810	809	783	869	904	821	957	790	865	907	945	**856**
Temecula Valley Hospital	594	620	663	612	571	697	637	630	693	654	645	635	636	**637**
Riverside County Total	**15182**	**16027**	**15503**	**15822**	**14949**	**16251**	**16705**	**15709**	**17224**	**16227**	**16596**	**16095**	**16541**	**16064**

COMPLIANCE. Compliance is a frequency comparison between the total number of transports and those resulting in APOD. The table below shows compliance by hospital for the last 12 months compared to the current month.

Compliance
High — Low

APOT % Compliance by Hospital for the last 12 months

	2025							2026						Average
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	
Corona Regional Med Ctr	92%	89%	87%	86%	89%	81%	82%	64%	74%	85%	84%	84%	87%	84%
Desert Regional Med Ctr	98%	98%	98%	98%	96%	96%	96%	84%	94%	97%	96%	92%	95%	95%
Eisenhower Health	99%	99%	99%	98%	98%	98%	97%	97%	96%	98%	99%	98%	98%	98%
Hemet Valley Hospital	52%	55%	57%	59%	53%	52%	48%	48%	43%	45%	44%	46%	46%	51%
Inland Valley Med Ctr	84%	82%	85%	85%	80%	82%	81%	70%	76%	71%	72%	82%	84%	80%
JFK Hospital	99%	98%	98%	97%	97%	98%	97%	96%	94%	96%	95%	96%	97%	97%
Kaiser Hospital Moreno Valley	74%	73%	79%	81%	86%	78%	81%	75%	76%	77%	74%	67%	66%	77%
Kaiser Hospital Riverside	80%	89%	89%	85%	94%	88%	77%	73%	63%	75%	73%	64%	67%	79%
Loma Linda Univ Med Ctr Mur	87%	85%	87%	81%	82%	75%	75%	65%	67%	66%	68%	74%	77%	77%
Menifee Med Ctr	76%	80%	79%	69%	65%	50%	57%	45%	47%	44%	42%	45%	51%	59%
Palo Verde Hospital	99%	100%	98%	100%	100%	100%	100%	100%	99%	99%	99%	100%	99%	100%
Parkview Community Hospital	94%	94%	95%	94%	93%	94%	93%	90%	92%	94%	95%	95%	93%	94%
Rancho Springs Med Ctr	77%	87%	82%	85%	86%	82%	82%	67%	78%	78%	78%	86%	91%	82%
Riverside Community Hospital	82%	74%	78%	74%	78%	75%	68%	67%	69%	78%	74%	77%	70%	75%
Riverside University Health System	90%	90%	92%	91%	91%	92%	87%	82%	84%	90%	92%	89%	91%	89%
San Gorgonio Mem Hospital	79%	77%	78%	80%	83%	77%	73%	80%	80%	81%	83%	78%	84%	80%
Temecula Valley Hospital	81%	73%	75%	83%	89%	82%	87%	79%	74%	84%	85%	77%	79%	81%
Riverside County Compliance	**85%**	**84%**	**85%**	**85%**	**85%**	**83%**	**81%**	**76%**	**78%**	**81%**	**81%**	**81%**	**82%**	**83%**

APOT-1. APOT-1 is an Ambulance Patient Offload Time interval measure of the 90th percentile. This metric is a continuous variable measured in hours and minutes then aggregated and reported at the 90th percentile. The table below illustrates APOT-1 by hospital for the last 12 months compared to the current month

APOT-1 (90th Percentile) for the last 12 Months-hh:mm

Hospital	2025 Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	2026 Jul	Avg APOT-1
Corona Regional Med Ctr	0:29	0:31	0:35	0:37	0:32	0:42	0:44	1:22	0:54	0:34	0:38	0:36	0:33	0:40
Desert Regional Med Ctr	0:20	0:21	0:20	0:20	0:22	0:21	0:23	0:46	0:25	0:22	0:23	0:29	0:23	0:24
Eisenhower Health	0:17	0:17	0:17	0:18	0:18	0:19	0:21	0:21	0:21	0:19	0:18	0:20	0:19	0:18
Hemet Valley Hospital	1:14	1:02	1:08	1:11	1:16	1:29	1:23	1:38	1:35	1:24	1:43	1:34	1:30	1:23
Inland Valley Med Ctr	0:42	0:42	0:40	0:40	0:49	0:51	0:51	1:24	0:57	1:19	1:06	0:49	0:47	0:53
JFK Hospital	0:17	0:18	0:19	0:20	0:19	0:19	0:19	0:21	0:22	0:22	0:23	0:20	0:19	0:19
Kaiser Hospital Moreno Valley	0:54	0:58	0:42	0:44	0:35	0:50	0:43	0:49	1:00	0:43	0:57	1:10	1:11	0:52
Kaiser Hospital Riverside	0:51	0:32	0:33	0:35	0:26	0:33	0:47	1:01	1:32	1:04	0:57	1:23	1:06	0:52
Loma Linda Univ Med Ctr Mur	0:33	0:33	0:34	0:41	0:40	0:48	0:55	1:25	0:56	1:03	1:01	0:46	0:45	0:49
Menifee Med Ctr	0:50	0:39	0:43	0:54	1:01	1:25	1:02	1:50	1:44	1:38	1:41	1:32	1:13	1:14
Palo Verde Hospital	0:14	0:13	0:17	0:15	0:10	0:18	0:15	0:12	0:14	0:13	0:12	0:12	0:11	0:13
Parkview Community Hospital	0:26	0:27	0:24	0:26	0:28	0:27	0:28	0:31	0:27	0:27	0:26	0:26	0:28	0:27
Rancho Springs Med Ctr	0:53	0:33	0:43	0:36	0:37	0:44	0:38	1:02	0:45	0:49	0:49	0:40	0:30	0:43
Riverside Comm Hospital	0:38	0:44	0:44	0:46	0:43	0:45	0:56	1:01	0:49	0:44	0:52	0:43	0:54	0:47
Riverside Univ Health System	0:31	0:30	0:30	0:30	0:31	0:29	0:33	0:36	0:35	0:31	0:30	0:32	0:30	0:31
San Gorgonio Mem Hospital	0:42	0:40	0:41	0:40	0:39	0:43	0:46	0:43	0:41	0:39	0:40	0:44	0:37	0:41
Temecula Valley Hospital	0:38	0:43	0:44	0:37	0:32	0:37	0:34	0:41	0:47	0:36	0:36	0:46	0:45	0:39
Riverside County Compliance	**0:37**	**0:36**	**0:37**	**0:37**	**0:37**	**0:41**	**0:43**	**0:54**	**0:46**	**0:44**	**0:47**	**0:44**	**0:43**	**0:42**

AMBULANCE DIVERSIONS

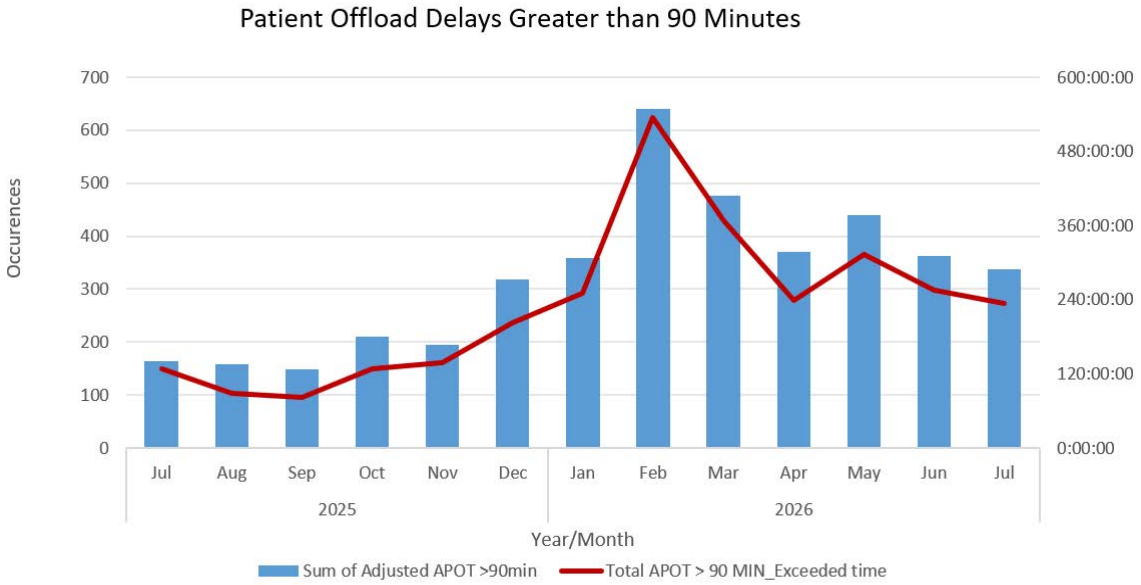
REMSA Policy 6103 describes ground and air ambulance diversions to facilitate safe transport of patients to the closest alternate facility. Ambulance Diversions described here are those activated as a result of unusual circumstances at a facility limiting access to emergency care *(Internal Disaster - INT)* or a temporary outage in Specialty Care services *(STEMI, Stroke, Trauma).* The following tables provide diversion history by count of occurrences and total hours/minutes by facility for a rolling 12 months compared to the current month. *Hospitals not listed had no diversions during this evaluation period.*

Diversions by Count	2025						2026							Total
Diversion Category/Facility	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	
INT				**1**		**1**	**1**		**1**	**1**	**1**	**1**		**7**
Menifee Valley Medical Center				1										1
Riverside Community Hospital							1							1
Inland Valley Medical Center											1			1
Kaiser Permanente Moreno Valley Medical Center										1				1
Loma Linda University Medical Center--Murrieta									1			1		2
Eisenhower Health						1								1
Stroke			**1**											**1**
Parkview Community Hospital			1											1
Trauma			**1**								**1**			**2**
Inland Valley Medical Center			1								1			2
STEMI												**1**		**1**
Loma Linda University Medical Center--Murrieta												1		1
Total			**2**	**1**		**1**	**1**		**1**	**1**	**2**	**2**		**11**

Diversions by HH:MM	2025						2026						
Diversion Category/Facility	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
INT				**1:05**		**0:39**	**0:02**		**2:15**	**18:54**	**1:12**	**0:02**	
Menifee Valley Medical Center				1:05									
Riverside Community Hospital							0:02						
Inland Valley Medical Center											1:12		
Kaiser Permanente Moreno Valley Medical Center										18:54			
Loma Linda University Medical Center--Murrieta									2:15			0:02	
Eisenhower Health						0:39							
Stroke			**3:56**										
Parkview Community Hospital			3:56										
Trauma			**1:45**								**1:12**		
Inland Valley Medical Center			1:45								1:12		
STEMI												**1:20**	
Loma Linda University Medical Center--Murrieta												1:20	
Total	**0:00**	**0:00**	**5:42**	**1:05**	**0:00**	**0:39**	**0:02**	**0:00**	**2:15**	**18:54**	**2:24**	**1:22**	**0:00**

AMBULANCE REDIRECTION AND SIGNIFICANT APOD (>90 MIN)

REMSA Policy 6104 allows for the redirection of ambulances away from hospitals experiencing significant Ambulance Patient Offload Delays (APOD) to the next most appropriate facility. A significant APOD is defined as a patient remaining on an ambulance gurney for 90 minutes or longer after arrival at the hospital (APOT > 90 min; APOD > 60). While patients held during excessive APODs are generally classified as lower acuity, approximately one-third of the County's ~600 daily 9-1-1 medical responses are identified at dispatch as critical, requiring immediate medical attention (e.g., cardiac arrest, stroke, traumatic injury). As a result, excessive or multiple APODs within the same service area negatively affect ambulance timeliness and availability in the field, posing a direct risk to 9-1-1 patient safety. Below is the countywide breakdown of APOD occurrences in which ambulances were documented as being held for greater than 90 minutes before transfer of care, shown for the last 12 months compared to the current month.



The table below shows the number of ambulances held for more than 90 minutes and the total hours accumulated after the 90-minute threshold by the facility for the reporting month.

Facility	Total Time APOT>90 min (HR: MM: S)	Total Incidents APOT>90 min
Corona Regional Med Ctr	3:57:38	8
Desert Regional Med Ctr	0:00:00	0
Eisenhower Health	0:00:00	0
Hemet Valley Hospital	109:39:50	115
Inland Valley Med Ctr	18:32:58	31
JFK Hospital	0:39:36	1
Kaiser Hospital Moreno Valley	16:29:55	19
Kaiser Hospital Riverside	15:43:10	26
Loma Linda Univ Med Ctr Mur	12:22:15	22
Menifee Med Ctr	17:03:32	25
Palo Verde Hospital	0:00:00	0
Parkview Community Hospital	0:03:24	1
Rancho Springs Med Ctr	0:50:47	3
Riverside Community Hospital	32:59:42	69
Riverside University Health System	0:00:00	0
San Gorgonio Mem Hospital	2:54:10	11
Temecula Valley Hospital	1:57:54	7
Grand Total	233:14:51	338

SIGNIFICANT APOD TRENDS (Delays >90 min): *Rolling Annual Review*

The table below represents a rolling annual review of total ambulances held for more than 90 minutes before transfer of care.

NOTE: Counts do not account for total patient volume, which varies significantly across facilities (see p. 4 for volume). Therefore, a higher count may represent a smaller proportion of delays compared to a facility with a lower count.

APOT>90 min by Hospital for the last 12 months

Hospital	2025 Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	2026 Jul	Monthly Avg
Corona Regional Med Ctr	0	6	8	11	5	15	30	74	38	4	10	5	8	16
Desert Regional Med Ctr	0	0	0	1	0	0	1	46	3	0	2	2	0	4
Eisenhower Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hemet Valley Hospital	60	54	52	72	74	114	109	118	130	99	146	124	115	96
Inland Valley Med Ctr	21	33	18	31	35	40	47	90	49	91	60	33	31	44
JFK Hospital	0	0	0	0	1	5	0	2	9	1	5	2	1	2
Kaiser Hospital Moreno Valley	11	10	4	8	4	16	8	9	13	10	13	20	19	11
Kaiser Hospital Riverside	23	8	1	5	0	5	24	27	61	25	21	45	26	20
Loma Linda Univ Med Ctr Mur	7	4	9	14	12	23	37	71	38	43	41	15	22	25
Menifee Med Ctr	10	3	6	8	14	32	21	62	59	39	51	36	25	28
Palo Verde Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Parkview Community Hospital	0	0	0	1	1	0	3	0	0	1	0	0	1	1
Rancho Springs Med Ctr	10	0	3	4	3	11	7	33	18	13	11	4	3	9
Riverside Comm Hospital	14	41	40	51	37	36	53	84	51	36	64	53	69	47
Riverside Univ Health System	0	0	0	0	3	2	1	1	0	0	0	1	0	1
San Gorgonio Mem Hospital	5	1	5	4	1	13	14	8	7	7	14	16	11	8
Temecula Valley Hospital	3	3	2	1	4	6	4	15	15	2	2	6	7	5
Riverside County Total	**164**	**163**	**148**	**211**	**194**	**318**	**359**	**640**	**491**	**371**	**440**	**362**	**338**	**317**

The table below displays a rolling annual review by facility of total ambulance delay time (hr:min) beyond 90 minutes.

Total exceeded time for APOT>90 min by Hospital for the last 12 months

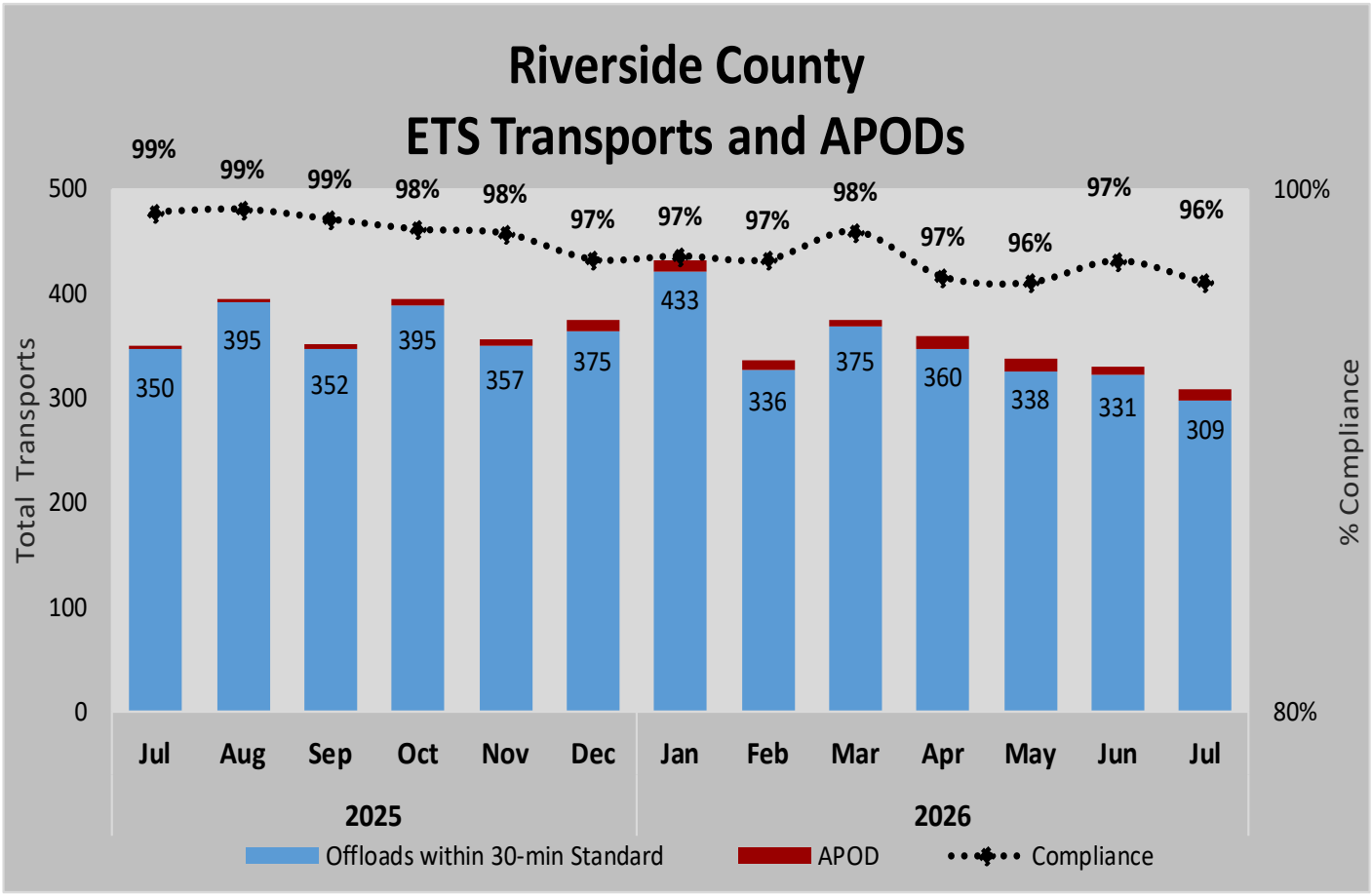
Hospital	2025 Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	2026 Jul	Monthly Avg
Corona Regional Med Ctr	0:00	3:13	3:59	6:26	3:57	10:26	18:20	65:11	28:57	1:56	4:29	2:18	3:58	11:42
Desert Regional Med Ctr	0:00	0:00	0:00	0:00	0:00	0:00	0:51	50:49	0:42	0:00	2:30	0:09	0:00	4:13
Eisenhower Health	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Hemet Valley Hospital	65:09	32:17	36:06	55:08	70:21	91:53	106:56	129:14	118:18	72:22	140:29	94:01	109:40	85:13
Inland Valley Med Ctr	14:40	18:05	5:21	21:07	18:00	19:11	26:17	60:05	35:10	54:29	36:49	19:14	18:33	26:25
JFK Hospital	0:00	0:00	0:00	0:00	0:16	1:27	0:00	0:36	3:26	0:24	3:54	0:24	0:40	0:48
Kaiser Hospital Moreno Valley	5:20	7:38	0:25	3:50	0:33	8:49	3:05	5:23	6:52	2:50	5:09	12:08	16:30	5:42
Kaiser Hospital Riverside	12:37	4:44	0:20	4:08	0:00	1:02	11:37	20:10	57:48	18:03	12:42	33:27	15:43	14:16
Loma Linda Univ Med Ctr Mur	9:16	3:29	5:32	5:20	8:54	11:48	35:12	65:04	37:22	35:31	26:59	7:36	12:22	20:02
Menifee Med Ctr	5:33	0:52	4:31	8:02	11:51	18:41	11:50	55:42	47:11	27:54	43:54	37:26	17:04	21:59
Palo Verde Hospital	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Parkview Community Hospital	0:00	0:00	0:00	0:24	0:00	0:00	1:29	0:00	0:00	0:02	0:00	0:00	0:03	0:09
Rancho Springs Med Ctr	4:01	0:00	0:40	2:25	0:59	6:55	4:35	22:39	8:00	3:46	10:07	1:41	0:51	5:07
Riverside Comm Hospital	9:01	21:38	22:45	20:11	19:30	18:36	20:14	49:51	23:39	13:50	21:51	34:52	33:00	23:10
Riverside Univ Health System	0:00	0:00	0:00	0:00	3:31	1:35	0:05	0:05	0:00	0:00	0:00	0:25	0:00	0:26
San Gorgonio Mem Hospital	1:56	0:13	1:07	1:20	0:05	8:28	9:04	2:04	1:56	7:04	4:46	8:07	2:54	3:45
Temecula Valley Hospital	0:34	0:51	0:20	0:03	0:50	3:33	0:50	7:15	9:02	0:47	0:24	3:27	1:58	2:17
Riverside County Total	**128:05**	**92:59**	**81:05**	**128:24**	**138:46**	**202:23**	**250:24**	**534:06**	**378:22**	**238:55**	**314:01**	**255:15**	**186:22**	**225:19**

EMERGENCY TREATMENT SERVICES

Transport to Emergency Treatment Services (ETS) comprises over 3% of overall transport. This is significant enough to impact on the EMS system and, therefore, warrants reporting. However, transport to ETS does not meet the EMSA definitions for APOT (see page 6); therefore, they are not included with the previous APOT aggregates.

July 2026 - Emergency Treatment Services						
	Transports to ETS	Total Offload Time	APOD Hours	APODs	APOD Compliance	APOT-1
Emergency Treatment Services	309	87:39:56	4:27:42	11	96.4%	0:24:02

The chart below represents Riverside County's total number of *ETS ambulance transports, patient offload delay (APOD), and percent compliance* for the current month and a rolling 12 months prior.



APOT AND APOD DEFINITIONS

9-1-1 Ambulance Response

For the purpose of reporting patient offload time and delays, only ground transport units responding to 9-1-1 incidents are included in this report. To avoid duplicate response counts, this excludes all records from First Responder Fire agencies also arriving on scene as part of Riverside County's dual 9-1-1 medical response system. Except for ETS transports which are predominantly incoming from local hospitals, this report also excludes interfacility transports and other call types such as air ambulances.

APOT -1 Specifications[1]

Criteria: All 911 transports to a hospital emergency department for which the patient arrival and transfer dates and times are "logical and present." Method: Aggregate of all transfer times and reported at the 90th percentile (the value for which 90% of the times are less).

Ambulance Patient Offload Time (APOT) [2]

The Time interval between the arrival of an 9-1-1 patient at an Emergency Department (ED) and the time that patient is transferred from the ambulance gurney to a bed, chair, or other acceptable location, and the ED assumes responsibility of care.[3] The Clock Start (eTimes.11) is the time of patient arrival at the destination (hospital), and the Clock Stop (eTimes.12) is the time patient care is transferred.[4] REMSA obtains both times from the ePCR.

Ambulance Patient Offload Delay (APOD) [3]

Any delay in ambulance patient offload time (APOT) that exceeds the local ambulance patient offload time standard of 25/30 minutes (Riverside County EMS Agency applies a 30-minute standard). This shall also be synonymous with "non-standard patient offload time" as referenced in the Health and Safety Code.[4] If the transfer of care and patient offload from the ambulance gurney exceeds the 30-minute standard, it will be documented and tracked as APOD (the Riverside County ePCR system requires medics to enter an " APOD Reason" when APOT exceeds the 30-minute standard. While the number of APODs documented as non-ED-related is nominal, beginning in Week-1 of 2022, only delays identified as having an ED origin are counted against APOD compliance for a more precise metric).

APOD Compliance

Frequency comparison between the total number of transports and those resulting in APODs with an ED-related origin.

NOTE: *Counts and times are derived from the electronic EMS patient care record system and are intended to represent the care continuum accurately. On rare occasions, an incorrect facility name may be selected by a field medic, resulting in misattributed counts. Identified errors are reported to the provider agency when discovered; however, additional errors, albeit rarely, may be present and identifiable through agency- or hospital-level Continuous Quality Improvement (CQI) processes.*

Furthermore, EMS patient records are not permanently locked after a response; new information may be added, and records may be updated or removed if, for example, records were lost, delayed, or duplicated. Therefore, record counts/times may vary slightly between reports. However, EMS system analytics processes and ePCR validation controls are constantly evolving to minimize these discrepancies.

[1]APOT-1 Specifications *in* Ambulance Patient Offload Time (APOT) Standardized Methods for Data Collection and Reporting, approved by EMS Commission 12/14/2016. https://emsa.ca.gov/wp-content/uploads/sites/71/2017/09/APOT-Methodology_Guidance-2016.pdf

[2]APOT Specifications *in* Ambulance Patient Offload Time (APOT) Standardized Methods for Data Collection and Reporting, approved by EMS Commission 12/14/2016. https://emsa.ca.gov/wp-content/uploads/sites/71/2017/09/APOT-Methodology_Guidance-2016.pdf

[3]Ambulance Patient Offload Delay REMSA Policy 4109

[4] Health and Safety Code Division 2.5, Chapter 3, Article 1, Section 1797.120(b)

REMSA Policy Manual: https://drive.google.com/drive/folders/1PmtqfzifDuY6x3e1WvBFoi5XscUg-F_o

TAB G

San Gorgonio Memorial Hospital

2027 Executive Overview

September 9, 2026

2027 Executive Summary

Alliant Insurance Services

Medical:

- **Anthem Negotiated fully insured Anthem renewal: +9.5% or +$513K, cost avoidance of $424K**
  - **Anthem initial renewal (aggregate): +17.4% or +$936K**
    - Anthem strategically adjusted the 2027 renewal terms to retain SGMH and strengthen the ongoing partnership amid competitive underwriting pressure
    - Anthem reporting total loss ratio for SGMH over 100% (inclusive of HMO & PPO experience, HMO only loss ratio 91%)
      - Fully insured medical carriers typical target a loss ratio of 85%
      - Medical experience remains pressured by increased claims activity, severity, and pharmacy utilization
        - 6 HMO claimants exceeded $50K through May 2026, totaling $544K; acute kidney failure, chronic kidney disease, and breast cancer are among the leading diagnoses

- **Medical Plan Marketing - Comprehensive fully insured marketing conducted with carriers: Aetna, Blue Shield, Cigna, UHC, Kaiser, & PRISM (Anthem/BS)**
  - Aetna, Blue Shield, CIGNA, and UHC: Declined to quote due to current SGMH experience and uncompetitive projected positions
    - Carriers provided preliminary renewal ranges: +12% to +22% over current
  - Kaiser full takeover proposal: +22.2% or +$1.19M

- **Anthem fully insured alternative plan designs:**
  - Anthem alternative plan designs options increase to member cost share (see sides 23 - 25)
    - Option 1 - Aggregate renewal impact: +3% or +$171K
    - Option 2 - Aggregate renewal impact: 0% or +$940

2027 Executive Summary *(continued)*

Alliant Insurance Services

Medical (continued):

- **Alternative Funding:**
  - HRA Plan options: estimates utilization (65%): +4.2% or +$242K at 65% with maximum liability: +13% or +$743K (100% utilization of HRA)
  - ICHRA estimates - comparable plan design: +29% / +$1.5M; Gold: +26% / +$1.3M; Silver: -1% / -$58K; Bronze: -4% / -$208K.
    - ICHRA figures are illustrative projected aggregate cost

- **Self-funded Projection: +15% or $815K (0% margin) to +18.5% or +$997K (3.5% margin)**
  - Self-funded projection assumes Anthem ASO bundled with bundled CarelonRx PBM
  - Comprehensive TPA and PBM marketing conducted – Anthem ASO provided most competitive overall package with lowest administration cost (offset by Rx Rebates) and Rx pricing and guaranteed rebates
  - Assumes illustrative stop loss proposal - final stop loss marketing with firm proposal expected end of October to early November
    - Stop loss carriers require data through September 2026 to provide firm proposals

- **Anthem Self Funded alternative plan designs:**
  - Alternative plan designs options increase to member cost share (see sides 18 – 21)
    - Option 1 - Aggregate renewal impact: +9.6% or +$517K
    - Option 2 - Aggregate renewal impact: +7.2% or +$388K

Ancillary Benefits:

- **Dental – Sun Life:** 0% or $0 (rate guarantee through 12/31/28)
- **Vision – VSP:** Negotiated -1% or -$500 with 2- year rate guarantee through 12/31/2028
- **Life & Disability, EAP & Voluntary Benefits - Unum:** 0% or $0 (rate guarantee through 12/31/28)

2027 total projected renewal cost impact (all benefits): +8.9% or +512K
(negotiated incumbent renewals assuming no plan design changes)

2027 Financial Overview & Renewal Options

Alliant Insurance Services

San Gorgonio Memorial Hospital
Financial Overview
Renewal Effective: January 1, 2027

Final Decision

Line of Coverage	EE Count	Current	Initial Renewal			Negotiated Renewal			Option 1A Plan Decrements		
		Total Cost	Total Cost	% Δ	$ Δ	Total Cost	% Δ	$ Δ	Total Cost	% Δ	$ Δ
Anthem - Classic PPO	8	Anthem 250/20/20 $140,771	$175,964	25.0%	$35,193	$154,144	9.5%	$13,373	Anthem 750/30/50 $145,170	3.1%	$4,399
Anthem - Solutions PPO	7	Anthem 2500/25/20 $146,775	$183,470	25.0%	$36,694	$160,718	9.5%	$13,943	Anthem 3500/30/50 $154,257	5.1%	$7,482
Anthem - Medical HMO	338	Anthem HMO $5,109,188	$5,973,676	16.9%	$864,488	$5,594,549	9.5%	$485,361	Anthem HMO $0/$0 40/60/750 $5,269,493	3.1%	$160,305
Sun Life - DHMO	184	$58,945	$58,945	0.0%	$0	$58,944	0.0%	-$1	$58,945	0.0%	$0
Sun Life - DPPO	191	$171,417	$171,417	0.0%	$0	$171,416	0.0%	-$1	$171,417	0.0%	$0
VSP - Vision	348	$45,440	$44,964	-1.0%	-$476	$44,963	-1.0%	-$477	$44,964	-1.0%	-$476
Unum - Basic Life and AD&D	500	$41,550	$41,550	0.0%	$0	$41,549	0.0%	-$1	$41,550	0.0%	$0
Unum - Long Term Disability	491	$17,688	$17,688	0.0%	$0	$17,688	0.0%	$0	Converted to Voluntary LTD	0.0%	--
TOTAL ANNUAL PREMIUM		**$5,731,774**	**$6,667,674**			**$6,243,971**			**$5,885,796**		
$ CHANGE			**$935,900**			**$512,197**			**$154,022**		
% CHANGE			**16.3%**			**8.9%**			**2.7%**		

2027 Contribution Scenarios

San Gorgonio Memorial Hospital
Employee Contributions
Renewal Effective: January 1, 2027

Employee Contributions	Lives	Current Monthly Contributions Total	ER Cost	EE Cost	EE %	Final Decision: Renewal Option 1A (Anthem, SunLife, VSP) Total	ER Cost	EE Cost	EE %	EE $Δ
						Employee Splits Renewal Increase				
Anthem Classic PPO (FT)						*Anthem Classic PPO (FT)*				
EE Only	6	$1,150.67	$725.05	$425.62	37.0%	$1,186.63	$652.65	$533.98	45.0%	$108.36
EE + Child(ren)	2	$2,413.45	$1,519.91	$893.54	37.0%	$2,488.86	$1,119.99	$1,368.87	55.0%	$475.33
EE + Family	0	$3,446.63	$2,170.28	$1,276.35	37.0%	$3,554.31	$1,599.44	$1,954.87	55.0%	$678.52
Annual Premium	8	$140,771	$88,681	$52,090	37.0%	$145,170	$73,871	$71,299	49.1%	
Anthem Classic PPO (PT)						*Anthem Classic PPO (PT)*				
EE Only	0	$1,150.67	$701.19	$449.48	39.1%	$1,186.63	$593.31	$593.32	50.0%	$143.84
EE + Child(ren)	0	$2,413.45	$1,469.90	$943.55	39.1%	$2,488.86	$995.54	$1,493.32	60.0%	$549.77
EE + Family	0	$3,446.63	$2,098.85	$1,347.78	39.1%	$3,554.31	$1,421.72	$2,132.59	60.0%	$784.81
Annual Premium	0	$0	$0	$0	0.0%	$0	$0	$0	#DIV/0!	
Anthem Solution PPO (FT)						*Anthem Solution PPO (FT)*				
EE Only	2	$927.89	$686.78	$241.11	26.0%	$975.19	$633.87	$341.32	35.0%	$100.21
EE + Child(ren)	1	$1,945.56	$1,439.51	$506.05	26.0%	$2,044.74	$1,124.61	$920.13	45.0%	$414.08
EE + Family	2	$2,778.25	$2,055.44	$722.81	26.0%	$2,919.87	$1,605.93	$1,313.94	45.0%	$591.13
Annual Premium	5	$112,294	$83,087	$29,207	26.0%	$118,018	$67,251	$50,768	43.0%	
Anthem Solution PPO (PT)						*Anthem Solution PPO (PT)*				
EE Only	1	$927.89	$662.92	$264.97	28.6%	$975.19	$585.11	$390.08	40.0%	$125.11
EE + Child(ren)	1	$1,945.56	$1,389.50	$556.06	28.6%	$2,044.74	$1,022.37	$1,022.37	50.0%	$466.31
EE + Family	0	$2,778.25	$1,984.01	$794.24	28.6%	$2,919.87	$1,459.93	$1,459.94	50.0%	$665.70
Annual Premium	2	$34,481	$24,629	$9,852	28.6%	$36,239	$19,290	$16,949	46.8%	
Anthem HMO (FT)						*Anthem HMO (FT)*				
EE Only	126	$629.06	$565.64	$63.42	10.1%	$648.79	$551.47	$97.32	15.0%	$33.90
EE + Child(ren)	62	$1,318.45	$1,185.51	$132.94	10.1%	$1,359.82	$1,087.86	$271.96	20.0%	$139.02
EE + Family	115	$1,882.47	$1,692.64	$189.83	10.1%	$1,941.54	$1,553.23	$388.31	20.0%	$198.48
Annual Premium	303	$4,529,874	$4,073,110	$456,764	10.1%	$4,672,002	$3,786,648	$885,354	19.0%	
Anthem HMO (PT)						*Anthem HMO (PT)*				
EE Only	10	$629.06	$543.76	$85.30	13.6%	$648.79	$519.03	$129.76	20.0%	$44.46
EE + Child(ren)	9	$1,318.45	$1,139.66	$178.79	13.6%	$1,359.82	$1,019.86	$339.96	25.0%	$161.17
EE + Family	16	$1,882.47	$1,627.21	$255.26	13.6%	$1,941.54	$1,456.15	$485.39	25.0%	$230.13
Annual Premium	35	$579,314	$500,759	$78,555	13.6%	$597,491	$452,009	$145,482	24.3%	
MEDICAL TOTAL	**353**	**$5,396,735**	**$4,770,267**	**$626,468**	**11.6%**	**$5,568,920**	**$4,399,068**	**$1,169,852**	**21.0%**	
Change from current - $						***$172,186***	***-$371,199***	***$543,384***		
Change from current - %						***3.2%***	***-7.8%***	***86.7%***		
						Keep Employee $ the Same				
Sun Life DHMO (FT)	Lives					*Sun Life DHMO (FT)*				
EE Only	70	$14.77	$12.84	$1.93	13.1%	$14.77	$12.84	$1.93	13.1%	$0.00
EE + Child(ren)	42	$26.69	$23.16	$3.53	13.2%	$26.69	$23.16	$3.53	13.2%	$0.00
EE + Family	50	$42.74	$37.28	$5.46	12.8%	$42.74	$37.28	$5.46	12.8%	$0.00
Annual Premium	162	$51,503	$44,826	$6,676	13.0%	$51,503	$44,826	$6,676	13.0%	
Sun Life DHMO (PT)						*Sun Life DHMO (PT)*				
EE Only	8	$14.77	$12.17	$2.60	17.6%	$14.77	$12.17	$2.60	17.6%	$0.00
EE + Child(ren)	6	$26.69	$21.92	$4.77	17.9%	$26.69	$21.92	$4.77	17.9%	$0.00
EE + Family	8	$42.74	$35.42	$7.32	17.1%	$42.74	$35.42	$7.32	17.1%	$0.00
Annual Premium	22	$7,443	$6,147	$1,296	17.4%	$7,443	$6,147	$1,296	17.4%	
Sun Life DPPO (FT / PT)						*Sun Life DPPO (FT / PT)*				
EE Only	66	$35.53	$8.35	$27.18	76.5%	$35.53	$8.35	$27.18	76.5%	$0.00
EE + Child(ren)	50	$66.04	$15.54	$50.50	76.5%	$66.04	$15.54	$50.50	76.5%	$0.00
EE + Family	75	$115.17	$27.07	$88.10	76.5%	$115.17	$27.07	$88.10	76.5%	$0.00
Annual Premium	191	$171,417	$40,300	$131,117	76.5%	$171,417	$40,300	$131,117	76.5%	
VSP Choice (FT / PT)						*VSP Choice (FT / PT)*				
EE Only	133	$6.51	$0.00	$6.51	100.0%	$6.44	$0.00	$6.44	100.0%	($0.07)
EE + Child(ren)	89	$10.11	$0.00	$10.11	100.0%	$10.01	$0.00	$10.01	100.0%	($0.10)
EE + Family	126	$16.04	$0.00	$16.04	100.0%	$15.87	$0.00	$15.87	100.0%	($0.17)
Annual Premium	348	$45,440	$0	$45,440	100.0%	$44,964	$0	$44,964	100.0%	
GRAND TOTAL		**$5,672,537**	**$4,861,540**	**$810,997**	**14.3%**	**$5,844,247**	**$4,490,341**	**$1,353,905**	**23.2%**	
Change from current - $						***$171,710***	***-$371,199***	***$542,909***		
Change from current - %						***3.0%***	***-7.6%***	***66.9%***		

2027 Medical Renewal

San Gorgonio Memorial Hospital

Medical PPO

Renewal Effective: January 1, 2027

Final Decision

Option 1 A

Medical Plan Benefits	Anthem 250/20/20 Essential $5 / $15 / $30 / $50 / 30% to $250 Current / Renewal		Anthem 750/30/50 Essential $5 / $15 / $30 / $50 / 30% to $250 Alternative Plan Design	
MEDICAL BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Calendar Year Deductible Individual / Family	$250 / $750	$750 / $2,250	$750 / $2,250	$2,250 / $6,750
Annual Out-of-Pocket Maximum Individual / Family	$2,500 / $5,000	$7,500 / $15,000	$5,000 / $10,000	$15,000 / $30,000
Physician Office Visit	$20 (ded waived)	40%	$30 (ded waived)	40%
Specialist Visit	$20 (ded waived)	40%	$50 (ded waived)	40%
Lab- Freestanding Facility / OP Hospital	20%	40% (up to $350 for OP Hospital)	20%	40% (up to $350 for OP Hospital)
X-Rays- Freestanding Facility / OP Hospital	20%	40% (up to $350 for OP Hospital)	20%	40% (up to $350 for OP Hospital)
Advanced Imaging- CT, MRI, PET scans	20%	40% (up to $800)	20%	40% (up to $800)
Urgent Care Services	$20 (ded waived)	40%	$30 (ded waived)	40%
Emergency Room	$150 / visit then 20% (copay waived if admitted)		$150 / visit then 20% (copay waived if admitted)	
Ambulatory Surgical Center	20%	40% (up to $350)	20%	40% (up to $350)
Outpatient Surgery	20%	40% (up to $350)	20%	40% (up to $350)
Inpatient Hospitalization	20%	40% (up to $1,000 / day)	20%	40% (up to $1,000 / day)
Chiropractic Care *Visits per Calendar Year*	$20 (ded waived) *(30 visits / calendar year)*	40%	$20 (ded waived) *(30 visits / calendar year)*	40%
Acupuncture Care *Visits per Calendar Year*	$20 (ded waived) *(20 visits / calendar year)*	40%	$20 (ded waived) *(20 visits / calendar year)*	40%
PRESCRIPTION DRUGS				
Prescription Deductible	Combined with Medical		Combined with Medical	
Prescription Out-of-Pocket Maximum	Combined with Medical		Combined with Medical	
Pharmacy Tier Structure	Generic / Brand / Non-Formulary		Generic / Brand / Non-Formulary	
Retail Cost	$5 / $15 / $30	50% up to $250	$5 / $15 / $30	50% up to $250
Supply Limit	*30 days supply*		*30 days supply*	
Mail Order Cost	$12.50 / $90 / $150	Not Covered	$12.50 / $90 / $150	Not Covered
Supply Limit	*90 days*		*90 days*	
Specialty Medication Cost	30% up to $250	Retail: 50% up to $250 Mail Order: Not covered	30% up to $250	Retail: 50% up to $250 Mail Order: Not covered

MONTHLY RATES	EE	**Current**	**Renewal**	**Negotiated Renewal**	EE	**Alternative Plan Design**
EE Only	6	$1,150.67	$1,438.34	$1,259.99	6	$1,186.63
EE + 1	2	$2,413.45	$3,016.81	$2,642.73	2	$2,488.86
EE + Family	0	$3,446.63	$4,308.29	$3,774.05	0	$3,554.31
MONTHLY PREMIUM	8	**$11,731**	**$14,664**	**$12,845**	8	**$12,098**
ANNUAL PREMIUM		**$140,771**	**$175,964**	**$154,145**		**$145,170**
ANNUAL DOLLAR CHANGE			**$35,193**	**$13,374**		**$4,399**
ANNUAL PERCENT CHANGE			**25.0%**	**9.5%**		**3.1%**

* Deductible does not apply.

San Gorgonio Memorial Hospital

Medical PPO

Renewal Effective: January 1, 2027

Final Decision

Option 1A

Medical Plan Benefits	Anthem 2500/25/20 Essential $5/$20/$40/$60/30% to $250 Solution PPO Current / Renewal		Anthem 3500/30/50 Essential $5/$20/$40/$60/30% to $250 Solution PPO Alternative Plan Design	
MEDICAL BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Calendar Year Deductible Individual / Family	$2,500 / $5,000	$7,500 / $15,000	$3,500 / $7,000	$10,500 / $21,000
Annual Out-of-Pocket Maximum Individual / Family	$6,350 / $12,700	$19,050 / $38,100	$6,350 / $12,700	$19,050 / $38,100
Physician Office Visit	$25 (ded waived)	40%	$30 (ded waived)	50%
Specialist Visit	$25 (ded waived)	40%	$50 (ded waived)	50%
Lab- Freestanding Facility / OP Hospital	20%	40%	30%	50%
X-Rays- Freestanding Facility / OP Hospital	20%	40%	30%	50%
Advanced Imaging- CT, MRI, PET scans	20%	40%	30%	50%
Urgent Care Services	$25 (ded waived)	40%	$30 (ded waived)	50%
Emergency Room	$150 / visit then 20% (copay waived if admitted)		$150 / visit then 30% (copay waived if admitted)	
Ambulatory Surgical Center	20%	40%	30%	50%
Outpatient Surgery	20%	40%	30%	50%
Inpatient Hospitalization	20%	40%	30%	50%
Chiropractic Care *Visits per Calendar Year*	$25 (ded waived) *(30 visits / calendar year)*	40%	$25 (ded waived) *(30 visits / calendar year)*	40%
Acupuncture Care *Visits per Calendar Year*	$25 (ded waived) *(20 visits / calendar year)*	40%	$25 (ded waived) *(20 visits / calendar year)*	40%
PRESCRIPTION DRUGS				
Prescription Deductible	Combined with Medical		Combined with Medical	
Prescription Out-of-Pocket Maximum	Combined with Medical		Combined with Medical	
Pharmacy Tier Structure	Generic / Brand / Non-Formulary		Generic / Brand / Non-Formulary	
Retail Cost	$5 / $40 / $60	50% up to $250	$5 / $40 / $60	50% up to $250
Supply Limit	*30 days supply*		*30 days supply*	
Mail Order Cost	$12.50 / $120 / $180	Not Covered	$12.50 / $120 / $180	Not Covered
Supply Limit	*90 days*		*90 days*	
Specialty Medication Cost	30% up to $250	Retail: 50% up to $250 Mail Order: Not covered	30% up to $250	Retail: 50% up to $250 Mail Order: Not covered

MONTHLY RATES	EE	**Current**	**Renewal**	**Negotiated Renewal**	**Alternative Plan Design**
EE Only	3	$927.89	$1,159.87	$1,016.04	$975.19
EE + Child(ren)	2	$1,945.56	$2,431.95	$2,130.39	$2,044.74
EE + Family	2	$2,778.25	$3,472.82	$3,042.18	$2,919.87
MONTHLY PREMIUM	7	**$12,231**	**$15,289**	**$13,393**	**$12,855**
ANNUAL PREMIUM		**$146,775**	**$183,470**	**$160,719**	**$154,257**
ANNUAL DOLLAR CHANGE			**$36,694**	**$13,944**	**$7,482**
ANNUAL PERCENT CHANGE			**25.0%**	**9.5%**	**5.1%**

San Gorgonio Memorial Hospital

Medical HMO

Renewal Effective: January 1, 2027

Final Decision

Option 1A

Medical Plan Benefits	Anthem HMO Current / Renewal	Anthem HMO $0/$0 40/60/750 Alternative Plan Design
MEDICAL BENEFITS	**IN-NETWORK**	**IN-NETWORK**
Calendar Year Deductible Individual / Family	None	None
Annual Out-of-Pocket Maximum Individual / Family	$2,000 / $4,000	$2,500 / $5,000
Physician Office Visit	$20	$40
Specialist Visit	$40	$60
Lab- Freestanding Facility / OP Hospital	No Charge	No Charge
X-Rays- Freestanding Facility / OP Hospital	No Charge	No Charge
Advanced Imaging- CT, MRI, PET scans	$100 copay	$125 copay
Urgent Care Services	$20	$40
Emergency Room	$100 (copay waived if admitted)	$200 (copay waived if admitted)
Ambulatory Surgical Center	$125 / Admit	$375 / Visit
Outpatient Surgery	$125 / Admit	$375 / Visit
Inpatient Hospitalization	$250 / Admit	$750 / Admit
Chiropractic Care *Visits per Calendar Year*	$20 *(60 visits / calendar year)*	$20 *(60 visits / calendar year)*
Acupuncture Care *Visits per Calendar Year*	$20 *No Limit*	$20 *No Limit*
PRESCRIPTION DRUGS		
Prescription Deductible	Combined with Medical	Combined with Medical
Prescription Out-of-Pocket Maximum	Combined with Medical	Combined with Medical
Pharmacy Tier Structure	Generic / Brand / Non-Formulary	Generic / Brand / Non-Formulary
Retail Cost *Supply Limit*	$5 / $15 / $30 *30 days supply*	$5 / $15 / $30 *30 days supply*
Mail Order Cost *Supply Limit*	$12.50 / $90 / $150 *90 days*	$12.50 / $90 / $150 *90 days*
Specialty Medication Cost	30% up to $250	30% up to $250

MONTHLY RATES	EE	Current	Renewal	Negotiated Renewal	Alternative Plan Design
EE Only	136	$629.06	$735.50	$688.82	$648.79
EE + 1	71	$1,318.45	$1,541.53	$1,443.70	$1,359.82
EE + Family	131	$1,882.47	$2,200.99	$2,061.30	$1,941.54
MONTHLY PREMIUM	338	**$425,766**	**$497,806**	**$466,213**	**$439,124**
ANNUAL PREMIUM		**$5,109,188**	**$5,973,676**	**$5,594,550**	**$5,269,493**
ANNUAL DOLLAR CHANGE			**$864,488**	**$485,362**	**$160,305**
ANNUAL PERCENT CHANGE			**16.9%**	**9.5%**	**3.1%**

* Deductible applies.

Long Term Disability – Voluntary Conversion Consideration

Alliant Insurance Services

Pros	Cons
Reduces employer benefit costs and improves budget predictability	Removing employer-paid LTD may reduce the overall competitiveness of the benefits package
Allows employers to reallocate benefit dollars to other priorities	May be perceived as a reduction in benefits
Maintains access to LTD coverage while shifting costs to employees	Participation may decline, need to maintain 20% participation minimum required (carrier requirement)
Provides employees with choice and opportunity in electing coverage	Additional communication and education are needed to drive enrollment

TERMINATING 1/1/2027

Current Employer Paid LTD

Long Term Disability Plan Benefits	Unum Current	
Benefit Amounts	**Monthly Benefit %**	**Max Monthly Benefit**
Class 1: Executive & CEO	67%	$15,000
Class 2: All Others Employees	50%	$2,500
Plan Features		
Elimination Period	Class 1: 90 Days Class 2: 180 Days	
Own Occupation Definition	24 Months	
Mental Health/Substance Abuse Limitations	24 Months	
Maximum Benefit Duration	Class 1: SSNRA Class 2: SSNRA	
Pre-Existing Condition	3/12	
FICA Match	Included	
W-2 Production	Included	

Rate Guarantee (in months): *Rate Guarantee Period*		**36** *(1/1/2026-12/31/2028)*
MONTHLY RATES	EE	**Current**
Total Covered Monthly Benefit	491	$2,267,709
Rate per $100 of Covered Monthly		$0.065
MONTHLY PREMIUM		**$1,474**
ANNUAL PREMIUM		**$17,688**

Final Decision

Voluntary LTD Plan Option

Voluntary Long Term Disability Plan Benefits	Unum Option 1	
Benefit Amounts	**Monthly Benefit %**	**Max Monthly Benefit**
Class 1: All Employees	60%	$15,000
Plan Features		
Elimination Period	180 Days	
Own Occupation Definition	24 Months	
Mental Health/Substance Abuse Limitations	24 Months	
Maximum Benefit Duration	To Age 65 or Social Security Normal Retirement Age	
Pre-Existing Condition	3/12	
FICA Match	Not Included	
W-2 Production	Not Included	

Rate Guarantee (in months): *Rate Guarantee Period*	**12** *(1/1/2027-12/31/2027)*
MONTHLY RATES	**Option 1**
Age Range	**Rate per $100 of Covered Monthly**
Under age 20	$0.02
Age 20-24	$0.02
Age 25-29	$0.06
Age 30-34	$0.14
Age 35-39	$0.19
Age 40-44	$0.51
Age 45-49	$0.84
Age 50-54	$1.14
Age 55-59	$1.34
Age 60-64	$1.15
Age 65-69	$0.78
Age 70+	$0.53

Historical Loss Ratios & Negotiated Renewal Impact

Alliant Insurance Services

		San Gorgonio Memorial Hospital				
Plan Year	**Renewal Loss Ratios (HMO ONLY)**	**SGMH Initial Anthem Renewal**	**SGMH Final Negotiated Anthem Renewal**	**Negotiated Cost Mitigation for Medical**	**Average SoCal Carrier Pooled Renewal***	**PERS Choice/ PPO**
2018	75.2%	5.9%	**0.4%**	*$250K*	12.9%	-8.57%
2019	76.1%	11.5%	**0.0%**	*$551K*	10.9%	23.70%
2020	95.0%	22.8%	**9.9%**	*$485K*	10.9%	8.70%
2021	87.4%	0.0%	**0.0%**	*$0*	10.9%	13.3%
2022	84.6%	12.5%	**3.0%**	*$432K*	10.9%	-20.9%
2023	88.3%	13.0%	**2.0%**	*$385K*	12.0%	15.0%
2024	84.3%	20.0%	**6.6%**	*$601K*	13.9%	13.5%
2025	78.4%	14.4%	**3.5%**	*$545K*	12.4%	9.3%
2026*	83.8%	19.9%	**3.8%**	*$844K*	13.9%	13.3%
2027	**90.9%**	17.4%	**9.5%**	*$424K*	14.5%	7.5%
Average		**13.7%**	**3.9%**	**$4.52M**	**12.3%**	**7.48%**

2027 California SoCal Carrier Pooled renewal average is estimated based on carrier trends data
PERS Choice/Platinum base on 2027 statewide renewal

Key Insights:

- SGMH medical plan experience has increase in most recent 12-month period resulting driven by high-cost claims, high pharmacy utilization
- The HMO medical loss ratio increased to 90.9%, with Anthem reporting total loss ratio for SGMH over 100%, inclusive of HMO & PPO experience
- Fully insured medical carriers typical target loss ratio is 85%

Self Funding Advantages and Disadvantages

ADVANTAGES	DISADVANTAGES
+ Lower component costs (administration fees, tax savings & admin fees)	- Monthly claims fluctuation
+ Domestic steerage to SGMH facility	- Large claimants can significantly hinder cashflow
+ Elimination of carrier profit margin and risk charge	- Poor claims year results in higher health care costs
+ Cash flow benefit	- Additional administrative responsibilities
+ Cost and utilization controls	- Requires additional education for plan management team
+ Full transparency in data (Alliant Analytics)	- Longer term commitment / perspective
+ Plan design and data control	
+ Elimination of state-mandated benefits	
+ Ability to customize disease management and utilization management functions	
+ More effective Pharmacy (Rx) Management (Carve-Out) and Rx Rebates	
+ Member disruption can be minimized if the network, plan design, pharmacy arrangement, and administration remain substantially comparable	