

Exhibit D

Current Health Plans - Plan Design and Biweekly Medical Rates

Benefits:	Anthem Yosemite EPO	Anthem Sierra EPO	Anthem Pismo EPO	Anthem HDPPPO \$3,300	Kaiser HMO	Kaiser HDHP \$3,300
In-Network Only	In-Network Only	In-Network Only	In-Network Only	In-Network	In-Network Only	In-Network
DEDUCTIBLE						
Per Individual	\$0	\$0	\$0	\$3,300	\$0	\$3,300
Per Family	\$0	\$0	\$0	\$6,000	\$0	\$6,000
OUT OF POCKET MAX						
Per Individual	\$1,000	\$3,000	\$4,000	\$3,300	\$1,000	\$3,300
Per Family	\$2,000	\$6,000	\$8,000	\$6,000	\$2,000	\$6,000
PREVENTIVE SERVICES						
Adult Preventive Visits	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Routine Physical Exams (age 7 & older)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Well Baby Routine Physical Exams (birth to age 6)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
PHYSICIAN SERVICES						
Office Visits	\$15	\$35	\$35	No Charge after Deductible	\$15	No Charge after Deductible
Lab and X-Rays	No Charge	No Charge	No Charge	No Charge after Deductible	No Charge	No Charge after Deductible
OUTPATIENT SERVICES						
Surgery	No Charge	No Charge	No Charge	No Charge after Deductible	\$15	No Charge after Deductible
HOSPITALIZATION SERVICES						
Inpatient Services	No Charge	\$500 hospital admission copay	\$1,000 hospital admission copay	No Charge after Deductible	No Charge	No Charge after Deductible
EMERGENCY SERVICES						
	\$100	\$250	\$300	No Charge after Deductible	\$100	No Charge after Deductible
CHIROPRACTIC SERVICES						
	\$15 40 visits	\$35 40 visits	\$35 40 visits	No Charge after Deductible 24 Visits	\$10 30 Visits	No Charge after Deductible 30 Visits
PRESCRIPTION DRUG						
Generic	\$10	\$10	\$10	No Charge after Deductible	\$10	No Charge after Deductible
Brand	\$20	\$20	\$20	No Charge after Deductible	\$20	No Charge after Deductible
Non-Formulary	\$35	\$35	\$35	No Charge after Deductible	N/A	No Charge after Deductible
2026 BIWEEKLY MEDICAL RATES						
Employee Only	\$508.83	\$430.17	\$405.86	\$312.99	\$582.42	\$423.64
Employee + Spouse	\$919.21	\$775.46	\$731.45	\$655.72	\$1,036.48	\$751.52
Employee + Child(ren)	\$807.07	\$681.08	\$642.54	\$589.54	\$915.79	\$664.58
Employee + Family	\$1,208.98	\$1,019.10	\$961.15	\$893.17	\$1,366.76	\$989.68