

Exhibit 1

	Proposed Budget (FY 2023-24)	Unaudited Actual Activity 03/31/2024	%
OPERATING REVENUES			
Dental			
Fowler			
Kingsburg	259,290	129,509	
SCCCD	1,516,545	780,724	
Total Dental	1,775,835	910,232	51%
Medical			
Fowler			
Kingsburg	4,743,936	2,103,014	
SCCCD	17,451,564	8,419,391	
Total Medical	22,195,500	10,522,405	47%
Vision			
Fowler			
Kingsburg	44,892	22,490	
SCCCD	262,566	136,126	
Total Vision	307,458	158,616	52%
TOTAL OPERATING REVENUES	24,278,793	11,591,253	48%
OPERATING EXPENSES			
Claims			
Dental	1,250,000	776,551	
Medical	15,000,000	6,625,610	
Rx	6,650,000	3,035,684	
Vision	190,000	129,087	
Total Claims	23,090,000	10,566,932	46%
Admin. Fees			
Mental Health Carve-out	34,037	16,962	
Blue Cross/Blue Shield	328,207	164,166	
Delta Health System	296,922	152,571	
Dental Admin	63,378	38,127	
Brokers - Medical	72,420	36,205	
Brokers - Dental	27,162	16,350	
Cobra Premiums	-	(52,996)	
Care +	-	55,795	
Reinsurance	1,335,714	667,857	
Vision	29,878	18,054	
Physmetrics	48,087	24,040	

Total Admin. Fees	2,235,806	1,137,131	51%
Professional Fees			
Accounting	30,000	18,505	
Actuary	58,000	25,075	
Legal	12,000	1,260	
Total Professional Fees	100,000	44,840	45%
Other Operating Expenses			
Employee Assistance Program	33,000	14,118	
Dependent Elig Audit	-	-	
PCORI Fee	14,000	-	
Reinsurance Fee	-	-	
Insurance	6,700	-	
Weight Management	5,000	-	
Misc : open enrollment, marketing, ID card, etc...	5,000	3,830	
Baby Connect	2,000	-	
Total Other Operating Expenses	65,700	17,948	27%
TOTAL OPERATING EXPENSES	25,491,506	11,766,852	46%
NET OPERATING INCOME/(LOSS)	(1,212,713)	(175,599)	14%
OTHER INCOME/(EXPENSES)			
Cap Refunds	200,000	122,995	
Interest Income	30,000	42,980	
Misc. Refunds	34,000	86,753	
Rx Rebates	400,000	224,134	
Bank Fees	(750)	-	
Part D Subsidy	365,000	-	
TOTAL OTHER INCOME	1,028,250	476,862	46%
NET INCOME	(184,463)	301,263	

VSP Plan Alternatives
October 1, 2024
EdCare #12055242



CURRENT PLAN	
<p>Choice Plan B (12/12/24) \$10 Total Copay for Exam & Materials \$170 In-Network Retail Frame Allowance / \$100 Walmart®/Sam's Club®/Costco® \$130 In-Network Elective Contact Lens Allowance Lightcare</p> <p>Lens Enhancements Covered in Full Polycarbonate Lenses for Dependent Children Tints/Light-reactive lenses</p> <p>Essential Medical Eye Care - \$20 Copay</p>	
<p>Out-of-Network Reimbursement Schedule Examination: \$45, Single Vision: \$30, Bifocal: \$50, Trifocal: \$65, Lenticular: \$100, Progressives: \$50, Tints: \$5, Frames: \$70, Contact Lenses: \$105, Necessary Contact Lenses: \$210</p>	
CURRENT COSTS	
Current Admin Fee PEPM \$1.65	Projected Claim Cost \$12.62

RECOMMENDED PLAN ALTERNATIVES		
Plan Enhancement	Value to EdCare	Projected Impact to Claims *Admin fee impact if applicable
Move to Enhanced Plan B	Currently, members can get frames 24 months from when contact lens are selected. Moving to the Enhanced Plan allows members to get frames 12 months from when contact lenses are selected, along them to alternative between the two each year.	+2.4%
Increase Retail Frame Allowance to \$200	Increase frame allowance by \$30	+5.3%
<p>Move to: Plan C, 12/12/12 <i>Allow frames annually as opposed to every other year, current copay and allowances</i></p>	Increase member satisfaction by allowing a complete set of glasses annually as opposed to just replacing the lenses.	<p>Admin: TBD*</p> <p>Projected Claim Cost: +28.4%</p>

2024 Rate Details

Impacts & Options are based on contract state of California, 1,829 eligible employees, and are valid until 10/1/2024. Rates include a flat \$0.32 PEPM commission and include any applicable taxes and health assessment fees known as of the date of the proposal.

*** Once EdCare determines final plan design,
 we will work back with our underwriters to negotiate the most competitive ASO fee possible.**