FRESNO CITY EMPLOYEES
HEALTH AND WELFARE TRUST

ADMINISTRATION OFFICE

HealthComp®
Third Party Administrators

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Fresno City Employees Health & Welfare Trust
Agenda for the Regular Board Meeting
September 9, 2020
General Meeting 8:00 AM
Location: HealthComp 621 Santa Fe, Fresno CA 93721*

Employer Trustees-City of Fresno	**Employee Trustees**	
Wilma Quan, Trustee	Shane Archer, Chairperson	**FFA**
Michael Lima, Vice Chairperson	Jesus Cerda, Trustee	**FPOA**
Jeffrey Cardell, Trustee	Apolonio Munoz, Trustee	**ATU**
	William Dearsan, Trustee	**IBEW**
	Sam Frank, Trustee	**FCEA**
Administrator	Aaron Anacleto, Trustee	**CFPEA**
Thomas J. Georgouses, Esq. Vice President	Shelley Morrison, Trustee	**CFMEA**
	Keola Park, Trustee	**FFA**
	Ruben Zarate, Trustee	**Local 39**
	Jo Billings, Trustee	**FPOA**
	Raymond Golden, Trustee	**FAPSS**
Legal Counsel	**Consultants**	
Michael E. Moss, Esq.	Jim Rhein and Andrew Desa	
	Rael & Letson	

Roll Call 8:00 A.M.

PUBLIC ADVISORY:

The Fresno City Employees Health and Welfare Trust Board Meeting location will be closed to the public.

Fresno City Employees Health and Welfare Trust public meetings will be conducted electronically and telephonically only. No one will be physically present at the meeting site.

Members of the public are encouraged to participate electronically or telephonically.

PUBLIC COMMENT: The following options are available for members of the public who want to address the Fresno City Employees Health and Welfare Trust:

To email public questions prior to the meeting please email:
BoardMeetingQuestions@healthcomp.com

https://healthcomp.zoom.us/j/95148096798?pwd=T2I6UmhYZm9UNG5mekthbUhMRVJjUT09
Passcode: 819154
+14086380968
Webinar ID: 951 4809 6798

1) Approval of Agenda**

Approve Agenda for September 9, 2020

⇨ *Action as required*

2) Executive Session

3) Public Discussion***

4) Consent Calendar

All Consent Calendar items are considered to be routine and will be treated as one agenda item. The Consent Calendar will be enacted by one motion. There will be no separate discussion of these items unless requested by a Board of Trustee Member, in which event the item will be removed from the Consent Calendar and will be considered as time allows.

a) Approval of the Minutes of July 8, 2020

b) Correspondence

i) The University of California at Berkeley Wellness Letter July and August 2020

ii) July 29, 2020 Correspondence from Stationary Engineers, Local 39 appointing Ruben Zarate as new Trustee

iii) September 4, 2020 Correspondence from FCEA Temporarily appointing Sam Frank as new Trustee

c) Appeals

d) HealthComp Administrators

i) Claim and Benefits Reports

ii) Specific Stop-Loss Report

iii) Turnaround Time Report

e) Blue Shield of California

f) Avante

i) Utilization Reports

g) United HealthCare

h) OptumRx

i) Executive Summaries for both Commercial and EGWP

ii) COVID-19 Dashboards through 2Q2020 for both Commercial and EGWP

iii) Financial Guarantee Reconciliation Reports for Plan Year 7/1/2019-6/30/2020 for both Commercial and EGWP

iv) Ratify Chairperson and Vice Chairperson's approval of required EGWP material for member mailing

v) Notice of Pricing set-up issue for Specialty Drugs effecting one member

vi) Notice of System Enhancement for Incremental Pills on Schedule II Drugs

i) Delta Dental

i) Financial Reporting Package

j) PhysMetrics

i) Utilization Report

k) MES Vision

i.) Notice of acquisition of MESVision by Luxottica US Holdings

l) Teladoc

i) Utilization Report

m) Ratify Chairperson and Vice Chairperson's approval of Compromised Settlement of Subrogation Claim

5) General Calendar

a.) Year-End Review

HealthComp Presentation of Year-End Review for Plan

b.) FYE June 30, 2020 Financial Status and Reserves

Consultant's Review and Discuss FYE June 30, 2020 Financial Status and Reserves

c.) Appeal 20-1

Review, Discuss and Consider Member Appeal and Committee Recommendations regarding Plan Clarification/Amendment

⇨*Action as required*

6) Consultant's Report

a.) Body Scan International Proposal

Review, Discuss and Approve Body Scan International Proposal

⇨*Action as required*

b.) Mental Health and Substance Abuse (MHSA) Services –

Review, Discuss and Approve SubCommittee Recommendation regarding replacement of Mental Health and Substance Abuse Network Provider

⇨*Action as required*

c.) Elite Medical Health Screenings and Vaccinations

Review, Discuss and Approve plan for Administration of Health Screenings and Vaccinations

⇨*Action as required*

d.) COVID-19 Claims Status

Review and Discuss Update on COVID-19 Claims

7) Attorney's Report

a.) COVID-19 Update

Update on COVID-19 Legislation

8) Board Meeting Schedule

⇨*Action as required*

9) Future Agenda Items

10) Adjournment

⇨ *Action as required*

* If you require a disability related modification or accommodation to participate in the meeting, notify HealthComp Administrators at (559) 499-2450.

** All writings, including Agendas, distributed prior to or during any Regular or Special Meeting are available for public inspection during regular business hours at the offices of HealthComp Administrators located at 621 Santa Fe, Fresno CA.

***Provides an opportunity for members of the public to address the Board of Trustees on items of interest to the public within the Board of Trustees jurisdiction and which are not already on the Agenda. It is the policy of the Board of Trustees not to answer questions impromptu but refer such matters to the Administration Office for placement on the next Agenda. Speakers should limit their comments to no more than three (3) minutes. No more than ten (10) minutes per issue will be allowed. For items which are on the Agenda for this meeting, members of the public will be provided an opportunity to address the Board of Trustees before a vote is taken on each item.

NOTICE APPEALS COMMITTEE

Next Meeting: Monday, October 5, 2020 at 4:00 p.m.

Committee Members to Attend: Michael Lima, Jesus Cerda and William Dearsan

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FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST
MINUTES OF THE REGULAR BOARD MEETING
July 8, 2020

CALL TO ORDER: The regular monthly meeting of the Board of Trustees for the Fresno City Employees Health & Welfare Trust was called to order by Chairperson Shane Archer at 8:06 A.M., Wednesday, July 8, 2020 via a Zoom webinar. A quorum was present including the following:

EMPLOYEE TRUSTEES PRESENT: Jo Billings, Shane Archer, Apolonio Munoz, Keola Park, Jesus Cerda

EMPLOYEE TRUSTEES ABSENT: Raymond Golden, Marina Magdaleno, Martin Hinojosa, William Dearsan, Shelley Morrison, Aaron Anacleto

EMPLOYER TRUSTEES PRESENT: Michael Lima, Jeffrey Cardell, Wilma Quan

EMPLOYER TRUSTEES ABSENT:

OTHERS PRESENT:

HealthComp
Tom Georgouses
Shane Freeman

MES Vision
Mike Schell

Blue Shield of CA
Linda Patron

Avante

Rael & Letson
Andrew Desa

UHC

OptumRx
Robert Kahl

Delta Dental
Duab Xaochay

Law Office of Michael E. Moss
Mike Moss

FORCE
Cheri Detweiler

ChiroMetrics/PhysMetrics
Keely Coyle

Benefit Analyst, COF
Dayvonna Youngblood

Item 1 **Approval of Agenda -** A **Motion** was made by Trustee Jeffrey Cardell and Seconded by Trustee Jo Billings to approve the Agenda. The **Motion** was **unanimously approved.**

Item 2 **Executive Session – None**

Item 3 **Public Discussion – None**

Item 4 **Consent Calendar –** Trustee Jeffrey Cardell requested item 4.d. (the financial reports) be pulled for a review of the COVID-19 claims and experience. Vice Chairperson Michael Lima requested item 4.d.i be pulled for review of the actual financials compared to the projections. A **Motion** was made by Trustee Jeffrey Cardell and Seconded by Vice Chairperson Michael Lima to approve the balance of the Consent Calendar. The **Motion** was **unanimously approved**.

Item 4.d. – Mr. Andrew Desa reviewed the COVID-19 related statistics and claims cost. Mr. Desa stated that through June 30, 2020, 199 diagnostic test and 73 antibody test had been administered. Mr. Desa stated there had been 31 reported positive tests of which 21 were members and 10 were spouses/dependents. Mr. Desa stated the costs relating to testing were about $76,000 of which $15,000 were for the actual test and the remaining were of charges associated with receiving the test such as office visit charges. Treatment costs were about $4,500. Mr. Desa reported there had been a greater utilization of telehealth services mostly for non-COVID related care. With regards to a review of the financials compared to the projections, Mr. Desa explained that the projections presented in April 2019 used 9 months of fiscal year 2018 claims and projected forward using 7% trend to arrive at projected fiscal year 2019 claims of $1,125 PEPM. Through the first three quarters of the fiscal year, there had been about a 5% increase in claim costs but over the last three months there had been a negative trend as a result of suppressed claims during COVID-19. The actual PEPM for the fiscal year ending June 30th, 2020 was $1,052 compared to $1,059 in the prior year.

Item 5 **General Calendar -**

a.) **Open Enrollment -** Mr. Tom Georgouses provided the status for open enrollment. Last year 3,946 enrollment packets were mailed and 90.7% were completed by the end of June. This year 4,028 enrollment packets were mailed and 87.9% were completed by the end of June. Mr. Georgouses stated 30 members submitted their open enrollment late through July 8, 2020 with one of those late open enrollments making a contribution change. A **Motion** was made by Trustee Jo Billings and seconded by Trustee Jeffrey Cardell to allow and accept the late open enrollments. The **Motion** was **unanimously approved**.

Item 6 Consultant's Report -

a.) **Elite Medical Health Screenings and Vaccinations Proposal –** Mr. Andrew Desa discussed the Elite health screening, flu shot and pneumonia vaccine proposal. The proposed fees are 7.2% higher than the prior year for a projected total cost of approximately $41,700 assuming 2019 utilization. Vice chairperson Michael Lima inquired about how they would be administered and locations to maintain social distancing. Mr. Tom Georgouses stated he will be working with Trustee Jeffery Cardell and the City of Fresno on the logistics. A **Motion** was made by Trustee Jeffrey Cardell and seconded by Trustee Wilma Quan to approve the Elite proposal and to coordinate with the City of Fresno for administration of the vaccines. The **Motion** was **unanimously approved**.

b.) **Body Scan Proposal –** Mr. Andrew Desa reviewed the body scan proposal. Mr. Desa stated that based on discussions with other plan professionals, there does not appear to be any other alternatives comparable to BSI. Mr. Desa explained the cost per body scan is $1,140 before any cost share. Mr. Desa stated that assuming there is a $200 copay and 6% utilization by active members for the first 36 months with a limit of one test every three years, then the Plan contribution would need to increase $5 per month for the first 36 months and $3 per month thereafter. Mr. Desa said these costs assume coverage only for active members. A recommendation from a physician would not be necessary. Mr. Desa was given direction to arrange for a presentation by BSI at the next Board of Trustees meeting.

c.) **Stop Loss Proposal 2020-2021 –** Mr. Andrew Desa discussed the previous direction from the last meeting to present the Stop Loss renewal proposal to the Chairperson and Vice Chairperson for approval as it would need to be secured prior to the current meeting. Mr. Desa stated the current stop loss carrier is HCC. The stop loss deductible is $500,000. An RFP was sent to 8 carriers including HCC. 7 carriers declined to provide a quote. HCC's quote was for a 21.6% renewal increase with two lasers (individuals with deductible limits greater than $500,000.) Mr. Desa stated he had included a 10% increase in the projections done earlier in the year and the additional increase required by HCC was not material to the contribution rate or projected reserves. Mr. Desa stated the Chairperson and Vice Chairperson were presented with the proposal and authorized proceeding with HCC. A **Motion** was made by Trustee Jeffrey Cardell and seconded by Trustee Jo Billings to ratify the action of the Chairperson and Vice Chairperson to proceed with the Stop Loss renewal with HCC. The **Motion** was **unanimously approved**.

d.) **Mental Health and Substance Abuse Services – Request for Proposal-** Mr. Andrew Desa discussed the status of RFP for Mental Health and Substance Abuse services. The RFP was sent to 5

vendors and 4 vendors' submitted proposals. Mr. Desa stated he is currently asking additional questions of the vendors to obtain clarifications. Trustee Jeffery Cardell suggested a subcommittee be appointed to review the proposals and form a recommendation for presentation to the Board of Trustees. A subcommittee was appointed with Trustees Jesus Cerda, Jeffrey Cardell and Keola Park.

e.) **United Health Care Dental –** Mr. Andrew Desa provided information on a 50% UHC dental credit which was being provided as a result of COVID-19. The amount will be $6,309 and applied as a credit on a future invoice. Mr. Desa stated that UHC has indicated they are funding $10 million to their participating providers to cover additional costs related to PPE. Mr. Desa further reported that Delta Dental will be providing a 25% ASO fee credit for both August and September. Based on current headcount, Mr. Desa stated that he expects the Delta Dental credit to be approximately $9,000.

Item 7 **Attorney's Report –** Mr. Mike Moss said there were not any new pertinent updates on COVID-19 legislation since the last meeting.

Item 8 **Board Meeting Schedule –** The next Board Meeting will be on September 9, 2020.

Item 9 **Future Agenda Items**

1. Review of Mental Health and Substance Abuse Proposals
2. Presentation by BSI for body scans

Item 10 **Adjournment-** A **Motion** to adjourn was made by Trustee Jeffrey Cardell and seconded by Trustee Jo Billings. The **Motion** was **unanimously approved** and the meeting adjourned at 9:03 AM.

_____ _____

Shane Archer, Chairperson **Date**
Fresno City Employees
Health & Welfare Trust

_____ _____

Tom Georgouses, Administrator **Date**
HealthComp

July 2020 • $5.00

University of California, Berkeley

Wellness Letter®

News and expert advice from the School of Public Health

WellnessNews

■ **E-cigarettes (e-cigs) may be just as bad for blood vessels as regular cigarettes,** suggest findings from a study in the *Journal of the American Heart Association*. The researchers tested vascular function in adults ages 21 to 45 with normal cholesterol, blood sugar, and blood pressure levels and no known cardiovascular disease. Compared to nonsmokers, e-cig users had increases in arterial stiffening and damage to endothelial cells (the cells that line blood vessel walls) similar to those seen in people who smoked combustible cigarettes. Such arterial changes are considered "preclinical" measures of cardiovascular injury. The findings are important because e-cigs have been proposed as a less harmful alternative to regular cigarettes. The study was small, however, with only 36 people using e-cigs exclusively (out of 467 total participants; another 52 used both e-cigs and regular cigarettes). Larger and longer studies are needed to confirm these vascular effects.

■ **Men who are moderately obese in middle age and later life may be more likely to develop advanced or aggressive prostate cancer,** according to an observational study of more than 830,000 men in the *Annals of Oncology*. Those who had a body mass index (BMI) above 35 between ages 50 and 64 had the highest likelihood of advanced prostate cancer or prostate cancer death, compared to all other weight categories. In addition, men with a very large waist circumference (above 43 inches), a measure of abdominal fat, were more likely to have high-grade (aggressive) prostate cancer or die from prostate cancer than men with a waist circumference below 35 inches. Some earlier research has linked higher body weight to increased prostate cancer risk, but this is the first to show an association between abdominal (visceral) fat and the cancer. While this study found that risk of aggressive prostate cancer began to rise at a (very high) waist size of 43 inches, other health risks associated with excess abdominal fat, such as heart disease, start to go up at a much lower circumference. Above 40 inches in men (35 in women) is considered "high risk." For a BMI calculator, go to tinyurl.com/BMI-CDC.

A walking workout

A free—and freeing—way to exercise in the time of coronavirus

One of the ways the Covid-19 pandemic has reshaped our lives is that it has deprived many of us of our customary forms of exercise, such as gym workouts and group sports. (Another way is how we are eating; see page 4.) To maintain fitness, health, and indeed sanity, many people have turned to walking (along with running and cycling)—which is fine to do outside as long as you keep your distance from others by observing the 6-foot rule (even in states where lockdown restrictions are being eased) and wear a face mask if you can't avoid passing too close to other people on your walk. If you are still staying home, just walking around your house or yard (if you have one) can help reduce the adverse health effects of being sedentary. And if it's rainy and you happen to have a treadmill, you have no excuse not to get walking. Or perhaps your local mall has reopened, where you can get in a good walk on a rainy or hot day, as long as it is not crowded.

Of all the ways to stay fit, walking is the easiest and safest, and is a great way to enjoy nature or city streetscapes. And after your walk, you know you've done yourself some good. A brisk walk (usually 3½ to 4 miles per hour, depending on the length of your stride) burns nearly as many calories as running the same distance at a moderate pace and confers similar health benefits. Many studies in people with a variety of conditions, notably heart disease, diabetes, and prostate or breast cancer, have linked walking (and physical activity in general) with better health outcomes. Even slow walking and short walks may provide some benefits.

Here's a small sampling of research about walking from the past few years:

Metabolic benefits. Mile for mile, brisk walking can reduce the risk of developing high blood pressure, diabetes, high cholesterol, and heart disease as much as running, according to a large observational study in *Arteriosclerosis, Thrombosis, and Vascular Biology*. The farther people ran or walked and the more calories they burned, the greater the reduction in risk. Of course, it takes much longer to walk a mile than to run it, so you need to spend more time walking to get the same benefits as you would running.

Reduced risk of heart failure. Walking at least 40 minutes two or three times a week at average or brisk pace was associated with a reduced risk of developing heart failure in postmenopausal women over a 10-year period, according to a 2018 observational study in the *Journal of the American College of Cardiology*, which analyzed data from almost 90,000 participants in the Women's Health Initiative.

Healthier arteries. Sitting for long periods has many adverse effects on the body, including endothelial dysfunction—a reduced ability of arteries to relax and contract, which decreases blood flow and may increase long-term cardiovascular risk. Walking can help counteract that, as was seen in a small study of 15 people, average age 36, in *Physiological Reports* in 2019. Participants sat at desks for four

continued on next page

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In this issue ❯
■ Aspirin and colon cancer ■ Lighting up in the movies ■ Canned food
■ Natural deodorants ■ Hormonal IUDs for perimenopause ■ Ganglion cysts

A publication of the UC Berkeley School of Public Health

continued from previous page
hours on three days, under three scenarios in random order: sitting without getting up; taking a two-minute walk every half hour; or taking an eight-minute walk every two hours. Uninterrupted sitting resulted in reduced blood flow in a main artery in the leg, while the longer walks prevented this (the shorter walks helped less).

Better blood sugar control. Increased daily walking may help control blood sugar in sedentary overweight or obese people with elevated levels, according to a small Thai study in *Diabetology International* in 2018. Over three months, the middle-aged participants increased their walking to at least 10,000 steps a day, which resulted in lower blood sugar as well as reduced blood pressure and waist circumference (though there was no control group).

Less low back pain. A review and meta-analysis of randomized trials in *Disability and Rehabilitation* in 2017 found that walking was as effective as other forms of exercise (including back-specific workouts) at reducing pain and disability and improving quality of life in people with chronic low back pain.

Improved knee osteoarthritis. People with knee osteoarthritis often avoid exercise, thinking it will make their condition worse, but exercise can be one of the best treatments. Among many studies that have shown this, a 2019 study in the *American Journal of Preventive Medicine* of 1,560 people with lower extremity (mostly knee) osteoarthritis found that moderate physical activity (including walking) for at least one hour a week over four years was associated with a significant reduction in disability, compared to being relatively inactive.

Enhanced brain function. A clinical trial from Duke University, published in *Neurology* in 2018, found that among 160 older adults with cognitive impairment, those who walked briskly (or cycled) for 35 minutes three times a week for six months had significant improvements in executive function (the ability to plan and prioritize), compared to those who did not exercise.

Better mood and stress reduction. Studies show that both walking and mindfulness (heightened attention and nonjudgmental awareness) can improve mood, and combining them (mindful walking) can have a synergistic effect, according to a study in *Psychology of Sport and Exercise* in 2018. What's more, a study in *Health Promotion Perspectives* in 2018 found that brisk walking can improve mood as much as a short bout of meditation, compared to just sitting. And walking in a scenic locale may improve mood and reduce stress (as measured by blood levels of cortisol, a stress hormone) more than indoor treadmill walking or simply watching a video of outdoor scenery, according to a 2020 study in *Environment and Behavior*.

Increased creativity. A series of four studies appearing in 2014 in the *Journal of*

continued on page 6

Walk this way: 10 tips to boost your workout

- **Walk most days.** Try to walk for at least half an hour a day, or one hour every other day. If done briskly, that could burn more than 1,000 calories per week. If you can't work that into your schedule, try more frequent, shorter walks; see next bullet.
- **Consider breaking up your walks.** Brief walks done throughout the day can be as healthful as longer walks. For instance, a study in the *Journal of the American Heart Association* in 2018 found that accumulating short sessions of moderate activity such as brisk walking throughout the day reduced mortality rate as much as doing the same amount of exercise in longer sessions.
- **Count your steps.** Get a simple pedometer, wearable fitness device, or step-counting smartphone app to see how many steps you take a day. Aim initially for 3,000 to 5,000 steps a day and then try to increase your goal. An observational study in *JAMA Internal Medicine* in 2019 found that participants in the Women's Health Study (average age 72) who walked an average of 4,400 steps a day over a four-year period had a 40 percent lower mortality rate than those who walked the least (2,700 steps). Mortality rate continued to decline up to about 7,500 steps a day, plateauing after that.
- **Note how intensely you are working out.** Federal guidelines recommend "moderate intensity" activity for 150 minutes a week or "vigorous" exercise for 75 minutes a week. Walking at least 100 steps per minute constitutes moderate exercise for most people, and at least 130 steps per minute is vigorous exercise, according to a small study in the *International Journal of Behavioral Nutrition and Physical Activity* in 2019.
- **Swing your arms.** Vigorous arm pumping allows for a quicker pace and provides a good workout for your upper body. Bend your elbows 90 degrees and pump from the shoulder. Move your arms in opposition to your legs. Keep your wrists straight, your hands unclenched, and your elbows close to your sides.
- **Vary your routine.** Speed up for a minute or two out of every five minutes, for instance. Or alternate doing one faster mile with two slower miles. Vary your terrain as well. Walking on grass, gravel, or trails burns more calories than walking on a track or on pavement.
- **Walk up and down hills.** Combine hill walking with your regular flat-terrain walking as a form of interval training. When walking uphill, lean forward slightly—it's easier on your legs. Walking downhill can be harder on your body, especially the knees, and may cause muscle soreness, so slow your pace, keep your knees slightly bent, and take shorter steps.
- **Try walking poles.** To enhance your upper-body workout, use lightweight, rubber-tipped trekking poles, which are sold in many sporting-goods stores and online. This is like cross-country skiing without the skis. It works the muscles of your chest, arms, and abs, while reducing knee stress. People taller than 6 feet should use poles that are at least 51 inches long; most adjustable trekking poles are suitable for people of shorter height. You should be able to grip each pole and keep your forearm about level as you walk.
- **Use hand weights, but carefully.** Holding weights can boost your caloric expenditure while walking, but they may alter your arm swing and lead to muscle soreness or even injury. Start with 1-pound weights and increase the weight gradually to no more than 2 or 3 pounds. Don't grasp the weights too tightly, as this could increase blood pressure; strap-on wrist weights are another option and can prevent this. Ankle weights are not recommended because they increase the risk of injury.
- **Try backward walking.** This can be demanding, since it's a novel activity for most people. If you're doing it outdoors, choose a smooth surface and keep far away from traffic, trees, potholes, and other exercisers. A deserted track is ideal. Try to go with a partner (maintaining your distance during the pandemic) who can alert you to obstacles or other potential dangers and help pace you. Skip this activity if you have balance problems.

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Aspirin . . . for your colon?

Taking aspirin regularly may help ward off cancers of the gastrointestinal (GI) tract, suggested the largest study of its kind to date—a meta-analysis of 113 studies, published in the *Annals of Oncology* in May.

For colorectal cancer, the third most frequent cancer killer of Americans, aspirin was associated with a 27 percent reduced risk overall—10 to 13 percent for low-dose aspirin (75 to 100 milligrams) and 36 percent for regular-dose aspirin (325 milligrams). Protection was greater for people taking aspirin at least 10 years as opposed to less than three years.

This follows earlier research that similarly linked aspirin to reduced risk of colon cancer, a benefit acknowledged by the U.S. Preventive Services Task Force in 2016, though the group stopped short of recommending aspirin specifically for that purpose, and though not all previous studies have found this.

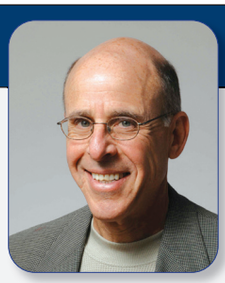
For other GI cancers, risk reductions were 22 percent for pancreatic cancer, 33 percent for esophageal cancer, 36 percent for stomach cancer, and 38 percent for liver cancer.

According to Steven Jacobsohn, M.D., a gastroenterologist and member of our editorial board, "the results are promising, though they don't, at least yet, justify expanding the current aspirin guidelines for heart protection to include the drug's use for prevention of GI cancers," since aspirin can cause bleeding in the GI tract and increase the risk of hemorrhagic stroke. Joint guidelines from the American Heart Association and the American College of Cardiology, updated in 2019, recommend that select people ages 40 to 70 take low-dose aspirin only if they are at increased risk for cardiovascular disease and not at increased risk for bleeding—and they recommend against routine aspirin use in people over 70 because the heart benefits do not outweigh the bleeding risk.

More caveats about the meta-analysis: Besides that it was funded by the aspirin maker Bayer, it looked only at observational studies, which didn't prove cause and effect. Independent randomized controlled trials are needed to confirm any benefits that aspirin might have on GI cancers.

BOTTOM LINE: The latest findings are not robust enough to recommend aspirin for GI-cancer protection across the board. But if you have a first-degree relative with colon cancer or have had a polyp removed that had a higher potential of becoming malignant, you might talk with your doctor about taking aspirin and the recommended dose. And if you already take aspirin for heart protection (always under your doctor's guidance), you may, as a fortuitous perk, be getting some cancer protection as well.

Speaking of Wellness



John Swartzberg, M.D.
Chair, Editorial Board

Smoke screen

I'm a big film fan—and if you're like me, you're watching more movies these days (on TV or streaming, of course, until theaters reopen across the country). But I'm not a fan of seeing actors in films lighting up cigarettes or using tobacco in other ways onscreen. Sure, the stars of the Golden Age of Hollywood, like Clark Gable, Spencer Tracy, and Joan Crawford—and those of later decades—were often seen smoking to convey what was considered sophistication and sex appeal back then. But smoking is neither sophisticated nor sexy, and with what we know about the deadliness of tobacco use, you might think that filmmakers today would go out of their way to refrain from having their characters engage in the bad habit. Not so. According to an updated report from the CDC and UC San Francisco, film depictions of smoking have been on an upswing over the past decade.

While the proportion of top-grossing movies in the U.S. showing actors using tobacco remained stable between 2010 and 2018 (about 45 percent), the number of "tobacco incidents" within them increased 57 percent overall (from 1,824 in 2010 to 2,868 in 2018). Tobacco incidents include the use of cigarettes, cigars, pipes, hookahs, smokeless tobacco products, or e-cigarettes. Nearly one-third of all youth-rated movies (PG-13, PG, G) showed tobacco use, a number that held stable between 2010 and 2018. But most disturbingly, the number of tobacco incidents more than doubled in top-grossing films rated PG-13 (from 564 to 1,241).

Depictions of tobacco use fell significantly (57 percent) in PG-13 fiction movies (511 in 2010 versus 221 in 2018), but they nearly tripled in PG-13-rated biographical dramas in 2018, where, somewhat ironically, the majority of onscreen smokers were fictional characters, not the real people the movies were based on, who may indeed have been smokers back in their day. "These findings," the report said, "suggest that the increasing number of youth-rated biographical dramas with tobacco incidents has negated previous progress made in reducing tobacco incidents in youth-rated fictional movies."

Notably, the number of tobacco incidents varied greatly by film company, with great strides made by some and backslides by others. No Disney or Viacom youth-rated films depicted any tobacco use in 2018 (down from 10 and 115 depictions in 2010, respectively), while Sony decreased depictions from 198 to 86. But tobacco incidents were far higher in 2018 compared to 2010 in films from Comcast (73 vs. 19), Time Warner (29 vs. 4), and Fox (327 vs. 96).

Onscreen tobacco use is a particular public health concern, since watching actors light up is known to convert young people into smokers, according to a 2012 Surgeon General's Report. A proposed intervention would be for the Motion Picture Association of America to assign an R-rating to movies that show tobacco use (unless it is done by an historical figure or depicts the health hazards of tobacco)—a move that would go a long way in reducing, if not eliminating, tobacco incidents in youth-oriented films. At best currently, some movies carry a "rating descriptor" at the start that alerts viewers if they contain smoking (or other depictions like violence or nudity).

The CDC study did not include television content, but a separate analysis, published in *Tobacco Control* in 2019, documented all the tobacco occurrences in the full seasons of 14 programs airing on TV or online streaming platforms that are popular with young people. It found at least one depiction of tobacco use in 86 percent of them, with Netflix programs having more (1,185) than broadcast or cable shows (482).

If you watch a movie with young children or teens, make this an opportunity to discuss the hazards of smoking. That is, enjoy the films but don't do as the actors do. The full CDC report can be found at tinyurl.com/cdc-smokinginmovies.

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Can do!

The coronavirus pandemic has led to significant lifestyle changes for just about all of us, not the least of which involves the way we are eating. People who previously relied on restaurants have been learning to cobble together meals at home, while seasoned cooks have been reinventing favorite recipes using fewer fresh ingredients and more processed foods. It's no wonder, then, that canned foods joined toilet paper and hand sanitizer as some of the most coveted and stockpiled items in America.

If *your* can opener is currently in heavy rotation and you're curious about things like the nutritional value, safety, and history of canned foods, read on. Who knows, you may even be persuaded to keep a stash of canned edibles in your pantry long after the current crisis is all over.

Why, and how, is canning done?

Simply put, canning is designed to keep food safe, nutritious, and palatable long after it would otherwise go bad. It does this through the use of methods that inhibit the growth of harmful microorganisms, deactivate enzymes that cause foods to break down, remove oxygen that contributes to spoilage, and prevent moisture loss. Key to canning is its use of a barrier, in this case an airtight metal can, to keep the food in a controlled environment while being stored. After it's filled, the can, usually made of recycled steel or aluminum, is given a heat treatment of up to 250°F to eliminate unwanted microorganisms.

How long do canned foods last?

Most canned foods are safe to eat indefinitely as long as the can itself is not heavily rusted, deeply dented, leaking, or swollen (which are warning signs that bacteria or other unwanted organisms might be present). Still, the USDA advises a storage limit of 18 months for acidic canned foods such as tomatoes and other fruit, and two to five years for canned vegetables, beans, meat, and poultry. Consider writing dates on cans to indicate when you purchased them.

"Use by" or "best if used by" dates on canned foods, if present, refer to food quality, not safety. To keep your canned foods at optimal taste, texture, and appearance, store them below 85°F (50°F to 75°F is best, if possible) and away from hot pipes, the stove, and direct sunlight. Making sure the cans don't get wet is also important because prolonged contact with moisture can cause corrosion, resulting in leaks and spoilage.

How do canned fruits and vegetables compare nutritionally to fresh and frozen?

Quite well, it turns out. Similar to frozen fruits and vegetables, produce destined for a canning facility is typically processed at peak quality within hours of being harvested, thereby locking in many of its nutrients. In contrast, fresh produce frequently travels over long distances (often under less-than-ideal conditions) before getting to you. During this transit stage—and any storage period thereafter, whether in the supermarket or at home—nutrients are diminished, many of which are preserved in a similar canned item.

A review in the *Journal of the Science of Food and Agriculture* in 2007 did report that the initial heat treatment of canned foods causes loss of some nutrients, including vitamin C and B vitamins. But the levels subsequently stabilized, meaning that there were no further nutrient losses after canning, owing to the lack of oxygen in the can (compared to fresh produce, which continues to lose nutrients over time). Moreover, the nutritional profile of certain foods actu-

Our pantry picks: from beans to sardines

It's always a good idea to have a supply of shelf-stable canned foods in your pantry, but this is especially important when grocery shopping is difficult (for instance, due to illness or bad weather) or risky (as in the current pandemic), or if your power goes out for an extended period of time. If you have abundant home storage space and a robust budget, you may want to indulge in some luxury items (imported marmalade or razor clams?), but most of us should probably stick with basic canned foods that pack the most nutritional bang for the buck. Here are our top picks (look for low-sodium or no-salt-added versions):

- **Canned sardines and salmon**. These fish provide about 25 grams of protein per 4-ounce serving and are an excellent source of omega-3 fatty acids. They are also good sources of calcium if the bones are included (heat processing renders the calcium-rich bones soft enough to eat), with 250 milligrams or more of this essential mineral per serving. In addition, because sardines are low on the food chain, they have fewer contaminants (including mercury) than large fish like tuna and are thus safer to eat more often than canned white tuna, for instance. There is concern, however, about overfishing of Pacific sardines; Seafoodwatch.org recommends buying ones that carry an MSC (Marine Stewardship Council) label. Most canned salmon is wild salmon, which has been found in the past to be lower in PCBs and other contaminants than farmed salmon, plus canned wild salmon is easy to find, available year-round, and far less expensive than fresh wild-caught salmon. Be aware, though, that canned "Atlantic salmon" is farmed salmon.
- **Canned beans (navy, kidney, black, garbanzo, etc.) and canned lentils.** These legumes provide inexpensive plant protein (6 to 9 grams per half-cup) and a lot of fiber (6 to 10 grams per half-cup). Though protein needs vary based on age, activity level, and health status, eating just that small serving of navy beans, for example, is enough to meet nearly 20 percent of the protein requirement (54 grams) for a 150-pound person. Be adventurous. Why not try beans you've never had before—perhaps cranberry, pink, or even white kidney (cannellini) beans?
- **Other canned foods to stock up on include** tomatoes (whole, peeled, diced, paste) for making pasta sauces, chili, and other one-pot meals; lentil, bean, and minestrone soups; vegetables (from corn and carrots to green beans and peas); and unsweetened, water-packed fruit such as peaches, pears, apricots, and pineapple. Some canned foods work even better than fresh in recipes—canned pumpkin for making pumpkin pie is one example. Canned pumpkin can also be used in soups, sauces, lasagna, and dips.

For a stew recipe that uses canned chickpeas (garbanzo beans) and canned diced tomatoes, see page 8.

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ally benefits from being canned. For instance, canned pumpkin has even more nutrients and carotenoids, ounce for ounce, than fresh because the heat processing eliminates much of the water (making it more concentrated) and releases the carotenoids from the cell wall "matrix" so they are more readily available. The same is true for canned tomatoes and carrots.

Are there any other advantages of canned foods?

A long shelf life may be canned foods' biggest advantage when you can't get fresh food, but price, convenience, and year-round availability make them a great choice even in the best of times. Canned food is often less expensive than fresh; prep time is largely dictated by how long it takes you to operate a can opener and, if needed, heat the contents; and snow outside doesn't mean you can't have corn or peaches inside.

What should I watch out for when choosing canned foods?

In a word: sodium. Canned foods are typically high in added salt (which is 40 percent sodium, 60 percent chloride). But low-sodium and no-salt-added options are increasingly easy to find. While salt can act as a preservative, it is not required in canned food because the canning process does the preserving. Instead, salt is added to enhance flavor, appearance, consistency, and texture (so you don't end up with mush). If you can't find low-sodium or no-salt-added canned beans and vegetables, you can drain the liquid from the cans and rinse the food with water to lower the sodium.

Added sugar is an issue in most canned fruit. For instance, a half-cup serving of Del Monte canned sliced pears in heavy syrup has 14 grams of added sugar, in the form of high fructose corn syrup, sugar, and corn syrup—equivalent to about 3.5 teaspoons of sugar. The "lite" version has less, but still about a teaspoon of added sugar per serving. Look for no-sugar-added canned fruit that's packed in water instead of syrup.

What about BPA in can linings?

Bisphenol A (BPA) is a chemical used in the linings of food and beverage cans to prevent corrosion and help maintain the safety and quality of the contents inside. But trace amounts—which can migrate out of these linings into the food—have been linked to developmental, reproductive, and behavioral problems in children and cardiovascular disease, type 2 diabetes, obesity, and other disorders in adults. According to the Can Manufacturers Institute, at least 90 percent of the linings in food cans no longer contained BPA as of early 2018; typically, acrylic and polyester formulas are used in place of BPA today. The canned food giant Campbell's, for instance, has made the switchover in all its canned soups sold in the U.S. and Canada. But you may not easily know what's in the lining, since canned foods do not reliably state if they are "BPA-free" even if the chemical is not present. Moreover, there is concern that some of the ingredients used in place of BPA, including another bisphenol chemical (bisphenol S), may have properties similar to BPA.

Canning: a revolutionary idea—literally

The popularity of canned foods during crises predates the 2020 coronavirus pandemic and includes the feeding of soldiers during wartime as well as everyday folks during the worldwide Long Depression of the late 1800s and the 20th century's Great Depression.

The French military leader and emperor Napoleon Bonaparte is credited with the invention of canning. Though he didn't develop the process itself, he offered a cash reward to whoever came up with a way to ensure that his traveling army would always have a safe and reliable source of food. The recipient of the reward, bestowed in 1795, was the French chef Nicolas Appert, who invented a method of sealing and heating food in glass jars.

True canning came later, in 1810, when the Englishman Peter Durance patented the use of more durable metal containers for preserving food. Another Brit, William Underwood, established the first canning facility in the U.S. in 1821, and his company's products—including Deviled Ham Spread—continue to be manufactured today.

What else should I know about canned food?

- Improperly canned foods and damaged cans provide an ideal environment for bacteria that cause botulism, a deadly food poisoning, to thrive. Though home canning is usually the culprit, any can that is leaking, bulging, or badly dented should be double-bagged in plastic (to avoid leakage of toxins that might be present) and discarded.
- It's okay to refrigerate unused portions of an opened food can in the original can, but to better preserve quality and flavor (foods, especially acidic ones, can take on a metallic taste from the can), transfer the leftovers to a food storage container with a lid.
- Canned foods do not need preservatives to prevent spoilage—and most, in fact, are preservative-free.
- Top-selling canned foods in the U.S. include chunk light tuna, soup (cream of mushroom, chicken noodle, cream of chicken, tomato), Vienna sausage, sweet corn, spaghetti and meatballs, and green beans.
- It seems just about anything that *can* be canned *has* been canned. That includes whole chickens (yup), cheeseburgers, scorpions, roasted crickets, fish mouths, and reindeer, rattlesnake, and crocodile meat.
- Home canning is an old idea that's still a good idea—*if you do it properly.* If you have a home garden, you might consider canning surplus tomatoes, peppers, and other produce—or you can turn store-bought fresh vegetables and fruit into canned as a home project. But you must use the right equipment and follow scientifically developed procedures; otherwise the food may not be safe to eat (see botulism risk, above). A reliable resource is the National Center for Home Food Preservation at tinyurl.com/safe-canning.

BEYOND THE CAN: If your ability to shop for fresh food is limited, canned products can be one of your best go-tos for protein-rich foods, as well as for vegetables and fruits, as long as you read the nutrition labels and check the ingredients. But you should also stock up on frozen fruits and vegetables (without sauces or other ingredients that add lots of sodium, fat, or sugar). And don't forget other shelf-stable foods, including whole grains (such as brown rice, quinoa, and whole-wheat pasta) and packaged milks (dairy or nondairy) and low-sodium broth, as well as nuts, nut butters, and seeds; these do not require refrigeration, though cold temperatures prolong freshness and slow rancidity in high-fat foods like nuts and seeds.

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Natural deodorants: sniffing out the facts

There's no question that natural deodorants are having their moment; for evidence, look no further than pop star Justin Bieber, who launched one last year. As with other products marketed as "natural," there is no standard definition for what constitutes a natural underarm deodorant—and the products may be distinguished more by what they don't contain than what they do. Here's a look.

What's *not* in them

Note, first, that deodorant and antiperspirant are not the same thing, though they're often combined in conventional products ("antiperspirant deodorant"). Deodorant keeps you from smelling bad and may even improve how you smell; antiperspirant stops you from sweating.

Almost all natural deodorants tout that they are free of aluminum, the active ingredient in antiperspirants. Aluminum-containing antiperspirants have been widely rumored on the internet and elsewhere to cause breast cancer, but good-quality research over the years has not supported this link. Nor does aluminum in antiperspirants cause Alzheimer's disease or kidney disease, as has been promulgated.

Many natural deodorants also boast that they are free of parabens and phthalates. Parabens are a class of preservatives in cosmetics and personal-care products; phthalates are used in synthetic fragrances (they're not required to be listed on labels themselves, but if a product lists "fragrance" as an ingredient, it likely contains phthalates). Both belong to a group of chemicals known as endocrine disruptors, which research suggests may adversely affect reproductive health, fetal development, and thyroid function when absorbed through the skin or inhaled. For this reason, some people prefer to avoid endocrine disruptors in products they apply to the body, and some (but not all) experts recommend avoiding them. In addition, as with aluminum, parabens in antiperspirants have been rumored to cause breast cancer—but this has been debunked, according to the National Cancer Institute, plus most conventional antiperspirant deodorants sold in the U.S. don't contain parabens anyway.

Some natural deodorant products also exclude propylene glycol, a moisturizing agent that can cause skin reactions in sensitive people.

What you *will* find in them

Natural deodorants contain a mix of botanical and other ingredients that may help absorb moisture, neutralize or mask odor, or inhibit the growth of odor-causing bacteria. (Underarm odor comes from the metabolic byproducts that are formed when bacteria on your skin break down certain components of your sweat.) Among the ingredients are activated charcoal, arrowroot, baking soda (sodium bicarbonate), bamboo, corn starch, hops, kaolin clay, or tapioca starch to absorb moisture; some of these might help neutralize odor, too. There might also be coconut oil, tea tree oil, or magnesium hydroxide to inhibit bacterial growth. Essential oils, such as lavender, rose, orange, lemongrass, eucalyptus, and sage, are used mainly to mask bad odors, but some of these oils may additionally have weak antibacterial effects.

You may also see an ingredient labeled "potassium alum," which is an aluminum-containing mineral that has larger molecules than aluminum chloride, the form of aluminum in antiperspirants—so it stays on the skin's surface rather than being absorbed. Instead of inhibiting sweating, it's claimed to work by creating an environment in which odor-causing bacteria can't survive. But we couldn't find evidence either supporting or refuting this.

When to go *au naturel*

It's fine to choose a natural deodorant if you prefer to avoid antiperspirants or if your skin is sensitive to an ingredient in a conventional product—but note that "natural" ingredients, especially essential oils or potassium alum, can also cause skin reactions in sensitive people. The products vary widely in price and form—there are sticks, roll-ons, creams, gels, sprays, soap bar-like solids, "stones" or "crystals" of potassium alum, and single-use wipes.

Some of the companies that make natural deodorants don't test on animals or include animal ingredients, so that could be a draw if you prefer to buy from such companies. That said, being "natural" doesn't guarantee that a product *wasn't* animal tested, nor is every conventional deodorant necessarily tested on animals. Check individual product labels or company websites to find out more. The nonprofit Environmental Working Group includes animal testing information for some antiperspirant and deodorant products in its Skin Deep Database (tinyurl.com/EWGdeodorant). The database also rates numerous deodorants (both natural and conventional) based on ingredients the group considers to be of concern.

Walking

continued from page 2

Experimental Psychology, entitled "Give Your Ideas Some Legs," found that students experienced a boost in creative thinking during and right after walking, compared to sitting. Walking, especially outdoors, "opens the free flow of ideas," presumably via both physical and psychological mechanisms, the researchers suggested.

BOTTOM LINE: Other types of exercise may be as beneficial as walking, and more strenuous workouts may yield additional benefits, but the simplicity of walking makes it a great option, especially these days. You need no equipment or special clothing, and you can do it just about any time, alone or with family or friends (keeping at least 6 feet from others until social distancing is no longer needed). Start by adding several short walks (even just five minutes) to your daily routine. If you need more encouragement to walk, check out the U.S. Surgeon General's 72-page report "Step It Up" at tinyurl.com/step-it-up. If you're interested in what makes walking good for thinking, there's some more food for thought from a past issue of *The New Yorker*, at tinyurl.com/walk-think.

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Ask the Experts

Q ***Can a hormonal intrauterine device (IUD) be used to help manage heavy or irregular bleeding that often occurs during the transition to menopause?***

A Yes, they are sometimes prescribed for this purpose—though they don't help with other menopause-related symptoms like hot flashes, night sweats, and vaginal dryness.

Used mainly for contraception, hormonal IUDs release a steady stream of levonorgestrel, a synthetic version of the hormone progesterone (called a progestin). A side effect, which is welcomed by many women, is that the devices decrease or even stop menstrual bleeding over time. For this reason, the FDA has approved hormonal IUDs (as well as birth control pills) to manage heavy or irregular periods, including those that commonly accompany perimenopause (the years leading up to menopause, also called the "menopausal transition").

In addition to their use for excessive bleeding, hormonal IUDs are sometimes prescribed off-label in the U.S. to women who are taking estrogen therapy for menopausal symptoms. In women who have not had a hysterectomy, it's necessary to prescribe progesterone or a progestin along with estrogen—called combined hormone therapy—to prevent overgrowth in the uterine lining, a potential side effect of estrogen replacement that increases the risk of endometrial cancer. Most women are prescribed oral progesterone or a progestin for this purpose, but the IUD can be used as an alternative in women who have difficulty tolerating the hormone orally. Since an IUD leads to lower concentration in the blood than progesterone or progestins taken orally, it carries a lower risk of side effects, which include fatigue, breast tenderness, weight gain, headache, and mood changes. The FDA has not approved hormonal IUDs for this purpose, but some 140 other countries have.

There's still another way a hormonal IUD can be useful as a woman goes through menopause: It can prevent an unplanned pregnancy, which is still possible until a woman has had her final menstrual period.

If you are nearing menopause and are experiencing troublesome bleeding, or if you are considering or already taking combination hormone therapy to treat menopausal symptoms and are concerned about side effects from oral progesterone or progestins, you could talk with your gynecologist about having a hormonal IUD inserted. It's a relatively simple (though not necessarily painless) procedure that is done during a regular office appointment. Once inserted, the IUD can be left in for three to five years.

Q ***What is a ganglion cyst, and how is it treated?***

A A ganglion cyst is a firm, gelatinous-fluid-filled sac located just under the skin. It's actually an outgrowth from the lining of a nearby joint or tendon sheath, to which it remains connected by a stalk. Such cysts typically occur in the wrist (usually the upper side) or on the top of the foot; less often, they develop in the shoulder, spine, or knee. Ganglion cysts have been called "Bible bumps" because historically people would use a heavy book, such as a Bible, in a possibly successful but likely painful attempt to flatten them.

The exact cause of ganglion cysts isn't known. Some of them appear to stem from acute trauma, such as a wrist sprain or a stubbed toe. But more commonly they are believed to develop from cumulative microtrauma due to overuse (from frequent piano playing, for example, or use of a jackhammer). The cysts are more common in women and in people under age 40.

Some ganglion cysts cause no problems, but others can become painful and uncomfortable. A cyst that compresses a nerve, for instance, can result in tingling, burning, or numbness; a cyst that presses on a joint or tendon can cause aching and possibly restrict motion in the joint. A ganglion cyst in the foot can be especially painful because your shoe may press on it.

If you think you have a ganglion cyst, see your doctor, who will feel the bump (it should move a bit under the skin) and likely shine a bright light on it to help rule out a solid tumor such as a lipoma (a benign fatty tumor). A light will often shine through a cyst but not through a solid tumor. In some cases, an ultrasound or MRI may be done to confirm the diagnosis.

If the cyst causes no symptoms, your doctor may just monitor it over time. More than half of ganglion cysts eventually resolve on their own, though this can take a while—even years. If the cyst is on your foot, it may help to wear shoes that don't rub against it or to place a pad inside your shoe to reduce pressure on it.

For a cyst that causes discomfort or bothers you aesthetically, a needle aspiration can be done to drain out the jellylike fluid. The cysts have a high rate of recurrence after this procedure, however. Another option is surgery to remove the cyst as well as the stalk that connects it to the joint or tendon sheath. Surgical treatment is highly effective, and complications (such as infection, reduced range of motion of the involved joint, and injury to nerves or tendons) are rare.

Whatever the treatment, the typical overuse that led to the development of the ganglion cyst should also be dealt with. Otherwise, in the case of nonsurgical treatment the cyst may recur, and in the case of surgical excision a new cyst may form.

If you have a question you would like to see answered in the *Wellness Letter*, email us at Experts@WellnessLetter.com. Or write to UC Berkeley Wellness Letter, Ask the Experts, Berkeley CA 94720-7358. We regret that we are unable to publish answers to all questions or respond to all letters personally.

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The purpose of the UC Berkeley Health and Wellness Publications is to deliver educational evidence-based consumer health and wellness information and to improve the overall health of the general public of the United States and around the world.

This newsletter is not intended to provide medical advice on personal health matters, which should be obtained directly from a physician.

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Wellness Made Easy

For safer barbecuing this summer, season meat, chicken, and fish with vinegar before you throw it on the grill. A study in the journal *Meat Science* found that this can reduce exposure to potential cancer-causing compounds that form when such foods are cooked at high temperature. The researchers spritzed pork loin steaks with vinegar from a spray bottle (five sprays per side) immediately before grilling them on a charcoal barbecue (for 10 minutes at about 390°F, turning them once during cooking). Depending on the type of vinegar, the spraying reduced polycyclic aromatic hydrocarbons (PAHs) on the cooked meat by as much as 82 percent, compared to no vinegar. PAHs form when fat drips on the heat source, and the plumes of smoke can coat the meat with them. Elderberry vinegar showed the greatest benefit, followed by white wine vinegar (79 percent reduction in PAHs), red wine and apple cider vinegars (66 percent), and fruit vinegar with raspberry juice (55 percent). You can combine vinegar (which adds flavor without calories or sodium) with olive oil, mustard, herbs and spices, and other ingredients to make a marinade. Choosing lean cuts of meat and trimming visible fat before cooking can also reduce exposure to PAHs and related compounds—plus improve the overall healthfulness of your meal.

Following medical guidance after a heart attack increases the odds of long-term survival, according to a study in the *Journal of the American Heart Association*, which looked at data from more than 25,000 people (average age 68) who had heart attacks between 2008 and 2014. Those who were adhering to all or most guideline-based recommendations 90 days after their heart attack were 43 percent and 31 percent less likely to die over the next three years, respectively, than those who adhered to three or fewer recommendations. For each additional recommendation followed, the mortality risk dropped by 8 to 11 percent. The recommendations were use of four medications (beta-blockers, ACE inhibitors or similar medications, cholesterol-lowering drugs, and antiplatelet agents); achieving healthy levels of blood pressure and cholesterol; and, of course, not smoking.

For achieving alcohol abstinence, nothing beats Alcoholics Anonymous (AA). So found a review published in the *Cochrane Database of Systematic Reviews*, in which researchers examined 27 studies comparing interventions in more than 10,500 participants. The authors found "high-quality evidence" that AA (which is peer-led) and a related approach called Twelve Step Facilitation (in which a professional helps guide an individual into participation in AA) were more effective at helping people with alcohol-use disorder stop drinking completely than were other interventions, such as psychotherapy (cognitive behavioral therapy or motivational enhancement therapy). The AA advantage persisted up to three years, the longest period any of the studies looked at. AA also saved money compared to other treatments, based on results from four studies that looked at cost-effectiveness. Founded in 1935, AA has several million members in 181 countries. The program is free. As we went to press in early May, AA meetings around the U.S. had moved online amid the Covid-19 pandemic.

If you use a motorized scooter (also called an electric scooter or e-scooter), be sure to wear a helmet—and don't ride if you're under the influence of alcohol or drugs. That's the takeaway from a study of 61 people treated for scooter-related injuries at an Arizona emergency department between October 2018 and October 2019, published in *JAMA Network Open*. Though most of the treated individuals had mild injuries, one-third had severe injuries to the head, neck, or face or severe neurological injuries; two of the riders died from traumatic brain injuries. None of the riders had been wearing a helmet at the time of injury. And more than half tested positive for alcohol, illicit drugs, or both. E-scooters have become an increasingly popular mode of transportation, especially in cities, but many people remain unaware of how dangerous they can be. In addition to the steps above, other tips for safe e-scooting include keeping both hands on the handlebars (put your cell phone in your pocket or bag), not wearing earbuds or headphones, making eye contact with motorists and pedestrians to ensure that they see you, and riding in a bike lane when possible (and never on the sidewalk).

On the menu

Chickpea and farro stew

This recipe, which is made in a single large pot, makes good use of low-sodium canned foods (see page 4), with canned chickpeas and tomatoes featured as key ingredients. Farro is another shelf-stable ingredient available in many markets. The dish is designed for the pearled or quick-cooking variety, which cooks in 15 to 20 minutes, but you can substitute the unpearled kind if you soak or parcook it beforehand.

- 2 (15-ounce) cans low-sodium chickpeas (3 cups), drained and rinsed, divided
- 3½ cups low-sodium chicken or vegetable broth, divided
- 2 tablespoons olive oil
- 1 medium-size onion, diced
- 1 medium-size carrot, diced
- 1 celery stalk, diced
- 2 garlic cloves, minced
- 1 (14.5-ounce) can no-salt-added diced tomatoes
- 1 rosemary sprig
- ½ teaspoon salt
- ¼ teaspoon freshly ground black pepper
- ½ cup pearled farro
- 2 cups lightly packed baby spinach leaves, coarsely chopped (or ½ cup frozen)
- ⅓ cup freshly grated Parmesan cheese

1. Place 1 cup of the chickpeas and ½ cup of the broth in a blender and purée until smooth.

2. Heat the oil in a large pot over medium heat. Add the onion, carrot, and celery and cook, stirring occasionally, until softened, but not browned, 6 to 8 minutes. Add the garlic and cook for 1 minute more.

3. Add the remaining 2 cups of chickpeas, remaining 3 cups of broth, and the tomatoes with their juices, rosemary, salt, and pepper to the pot. Bring to a boil, then lower the heat to medium-low and simmer, covered, for 15 minutes.

4. Add the farro, return to a boil, then lower the heat to medium-low, cover, and cook, stirring occasionally, until the farro is tender, about 20 minutes. Remove the rosemary sprig.

5. Add the chickpea purée, then stir in the spinach and cook until it is just wilted, 1 to 2 minutes. Serve garnished with the cheese.

The stew will keep in an airtight container in the refrigerator for up to 4 days.

Makes 4 (1½-cup) servings. Per serving: calories 380; total fat 12 g (saturated fat 2.5 g); protein 17 g; carbs 51 g; fiber 12 g; sodium 770 mg.

From *Whole in One: Complete, Healthy Meals in a Single Pot, Sheet Pan, or Skillet* by Ellie Krieger. Copyright Ellie Krieger 2019. All rights reserved.

In future issues ▪ Are GMO foods safe? ▪ Bottled waters: what the labels really mean ▪ Swimming and sunburns

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WellnessNews

■ **If you think it's safe to drive if you are only slightly buzzed, here's some sobering news:** A study in the *American Journal of Preventive Medicine* found that one in seven alcohol-related motor vehicle deaths involved a driver with a blood alcohol concentration (BAC) below the legal limit of 0.08 percent. It analyzed data from 223,471 crashes in the U.S. from 2000 through 2015 that involved an alcohol-impaired driver. The study also found that states with more restrictive alcohol policies (such as higher taxes on alcohol and zero tolerance rules for drivers under 21) had lower odds of crashes involving drivers with below-limit BACs than states with weaker alcohol policies. Impairment actually begins much lower than the 0.08 percent limit for driving under the influence—at around 0.03 percent—and some health and transportation authorities in the U.S. have urged for the cutoff for drunk driving to be 0.05 percent, a step already taken by a number of other countries, with resultant declines in motor vehicle deaths. Among U.S. states, only Utah has enacted the lower limit.

■ **More than half of dietary supplement manufacturers don't meet Good Manufacturing Practices (GMPs),** according to the latest FDA inspection report obtained by the supplement-testing company ConsumerLab.com. Out of 598 supplement manufacturing sites audited in the U.S. (538 total) and abroad (60 in total, including in China, Germany, Brazil, Japan, Korea, Taiwan, and Mexico), 51 percent received letters of noncompliance between Oct. 1, 2018 and Sept. 30, 2019. GMPs cover such practices as establishing and following written protocols for quality control operations; establishing specifications for identity, purity, strength, and composition of the supplements; and having records relating to the production and control of each batch of supplements. Still, this poor performance is an improvement over past years: The FDA sent noncompliance letters to 70 percent of manufacturers in 2012, for instance, and to 62 percent in 2016.

Silent heart attacks

Could you experience a serious cardiac event . . . and not know it?

Up to one-half of myocardial infarctions (the medical term for heart attacks) are "silent," meaning they either cause no symptoms or cause symptoms mild or atypical enough that the affected person doesn't realize they could be dangerous. (The latter is sometimes called an "unrecognized heart attack" since it isn't really silent, but for simplicity's sake we'll refer to both types as silent heart attacks in this article.) In either case, the person doesn't seek medical attention.

Rather, the attack typically remains undiscovered until some future time when an electrocardiogram (ECG) or cardiac imaging test—such as a myocardial perfusion scan or echocardiogram—is done, showing or suggesting previous damage. This might happen, for example, at a routine doctor's visit or when seeking care for cardiac symptoms such as chest pain or shortness of breath. Or the prior attack might be revealed if coronary artery disease worsens and leads to a new heart attack or to heart failure (in which the heart can't pump enough blood with adequate force to meet the body's needs). Sometimes, a silent heart attack remains a secret until an autopsy uncovers an area of scarring in the myocardium, the muscular tissue of the heart.

The silent type

Like any heart attack, a silent heart attack occurs when the flow of blood delivering oxygen and nutrients to the heart is interrupted, resulting in permanent damage to the heart muscle. Most commonly this is caused by a rupture of plaque (fatty deposits that accumulate within the lining of arteries) in a coronary artery, which leads to a blood clot that obstructs the artery. Less often, a spasm of a coronary artery can reduce blood flow to a part of the heart muscle.

Anyone can suffer a silent heart attack, especially if certain risk factors are present, such as smoking, high blood pressure or cholesterol, obesity, diabetes, a sedentary lifestyle, or a family history of heart disease. Evidence suggests that silent heart attacks are especially prevalent (compared to recognized heart attacks) in people who are older than 60 or who have diabetes or chronic kidney disease. Some, but not all, research suggests they're more common in women.

Why is it that some people experience no symptoms when their heart muscle is deprived of oxygen, while others feel crushing chest pain or pressure or other classic heart attack symptoms such as pain that spreads to the jaw or arm? It's not entirely clear and probably stems from a combination of factors. Among the possible explanations are a very high threshold for pain; higher-than-average levels of endorphins (substances the body releases to dampen pain) or anti-inflammatory chemicals (which may block pain transmission pathways); defects in the brain's ability to perceive pain; and blockages of smaller coronary vessels as opposed to larger ones, resulting in a smaller area of tissue death. In people with diabetes, nerve dysfunction related to the disease (dia-

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betic neuropathy) may play a role, by inhibiting the ability to feel pain.

Though a silent heart attack causes few or no symptoms, it can be as dangerous as a recognized heart attack or even more so, because the affected person doesn't realize it happened and thus doesn't get prompt (or any) evaluation or treatment. That equates to a missed or delayed opportunity to start the medications (such as daily low-dose aspirin) or make the lifestyle changes that are normally advised after a heart attack to help prevent a future event—as well as to receive immediate interventions like having a coronary stent inserted to reopen the artery.

How common are they?

Estimates vary widely, with population studies reporting rates from as low as 4 percent of all heart attacks to more than 60 percent, depending on the group studied and what method is used to detect heart damage. Cardiac imaging, for example, identifies more silent heart attacks but is less commonly used than an ECG, which is inexpensive, fast, and widely available. Even among studies using ECGs, there's no agreed-upon standard for exactly which abnormalities should be considered indicative of a prior heart attack.

In an analysis in *Circulation* in 2016, researchers looked at data from about 9,500 middle-aged adults, all initially free of cardiovascular disease, who participated in the long-running Atherosclerosis Risk in Communities (ARIC) study. In the seven to 10 years after enrollment, nearly as many people (317) experienced a silent heart attack—as detected by an ECG at one of the scheduled study examinations—as a clinically documented one (386). Put another way, 45 percent of all the heart attacks that occurred during that period went undetected.

Another paper, published in the *American Journal of Cardiology* in 2014, found that silent heart attacks accounted for 35 percent of all heart attacks that had occurred among 6,534 adults ages 55 and older in Rotterdam, the Netherlands, as determined by ECGs taken at the start of the study in people with no clinical history of a heart attack. And a 2012 analysis in the *Journal of the American Medical Association*, which included 936 older adults in Iceland, found that silent heart attacks were even more common than recognized heart attacks when coronary MRI (rather than the less-sensitive ECG) was used to detect them—affecting 17 percent versus 10 percent of participants at baseline (meaning that more than 60 percent of heart attacks among the study participants were silent ones). When an ECG was used in the same participants, however, fewer silent heart attacks were detected.

Silent . . . but potentially deadly

Numerous studies have looked at the prognoses of people who have had silent heart attacks compared to recognized heart attacks or no heart attacks, examining mortality rates as well as the risk of future heart attacks and problems such as arrhythmias and heart failure, which can be triggered or exacerbated by a heart attack. Overwhelmingly, the studies show that, as with recognized heart attacks, silent heart attacks substantially increase the risk of future heart events and death from coronary causes, compared to not having a heart attack. Whether they increase those risks less than, more than, or comparably to a recognized heart attack varies by study, with many of the more recent analyses showing that risks are similar between the two—at least over the long term. Here's a sampling of recent findings:

- In the 2014 Rotterdam study mentioned earlier, a prior silent heart attack was associated with a greater chance of dying from any cause or from cardiovascular disease among both men and women over nearly two decades, compared to no heart attack. In men, a silent heart attack raised mortality risk comparably to a recognized heart attack. In women, a silent heart attack wasn't associated with quite as big an adverse effect as a clinically recognized heart attack, though both increased the risk of dying.
- Having ECG evidence of a silent heart attack was associated with triple the risk of death from coronary heart disease (CHD) and a 34 percent greater likelihood of dying from any cause over an average of nine years in the 2016 ARIC study, compared to no silent heart attack. Having a documented heart attack was associated with even higher risk of those outcomes—more than quadruple the risk of CHD death and a 55 percent higher risk of any-cause death. The authors noted a "potentially greater increased risk among women" than among men from both types of heart attacks.
- In an updated analysis of data from the Icelandic study, published in *JAMA Cardiology* in 2018, researchers tracked the participants' outcomes over 13 years. During the first few years of the study, people who had a prior symptomatic heart attack were more likely to die of any cause than those who had a silent heart attack (whose death rates were comparable to people who didn't suffer any heart attack). But by the 10-year mark, silent heart attack sufferers were as likely to have died as known heart attack sufferers—and mortality in both groups was significantly higher than in people who never had a heart attack. People with silent heart attacks also had an elevated risk (similar to that of known heart attack survivors) of having a subsequent heart attack or developing heart failure.

Sound treatment

So if it's discovered—likely by accident—that you have experienced a silent heart attack, what's next? You can expect your doctor to advise the same treatments given to people after a symptomatic, documented heart attack, to help prevent a future one. This entails a combination of lifestyle changes (such as losing excess weight, exercising, eating a healthy diet, and not smoking) and prescription medication (which may include drugs to lower blood pressure, cholesterol, or blood sugar). You will likely also be advised to start daily low-dose aspirin or another medication to help prevent blood clots. And you'll probably be referred to a cardiac rehab program (a medically supervised program of exercise and education).

BOTTOM LINE: Silent heart attacks seem to be as dangerous as "regular" ones, and the fact that they're so common should provide extra impetus to take steps now that are known to protect the heart: Keep your blood pressure, cholesterol, and blood sugar levels in the optimal range (using medication if warranted); maintain a healthy body weight; don't smoke; eat a high-fiber diet that's rich in fruits, vegetables, whole grains, and legumes, with moderate amounts of heart-healthy unsaturated fats (as found in fish and nuts, for example); limit your intake of saturated fat; get regular exercise; and follow good sleep practices (see next page). Consult your doctor if you experience unexplained sluggishness, fatigue, or dizziness; heartburn that gets worse during exercise; or unusual nausea or vomiting. These are all less typical symptoms that might indicate that a heart attack has occurred or is impending.

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Time for bed

People who struggle with insomnia are often advised to go to bed and get up at the same time each day, as one of the "sleep hygiene" measures that may promote better slumber. But even if you're a champion sleeper, two studies published earlier this year suggest another good reason to aim for a stable bedtime: your heart health.

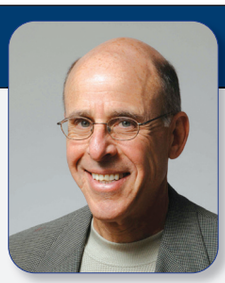
In a study in the *Journal of the American College of Cardiology*, researchers examined data from 1,992 older adults, all initially free of cardiovascular disease. Sleep was tracked for a week at the start of the study. Those with the most variation in their bedtimes or in the amount they slept were more likely to have a cardiovascular event or die from cardiovascular disease in the next five years than those who went to bed at roughly the same time each night and slept roughly the same number of hours. The findings held up regardless of how long the person actually slept. The researchers adjusted for participants' cardiovascular risk factors and self-reported sleep quality. Their conclusion: "Irregular sleep duration and timing may be novel risk factors for cardiovascular disease."

The second study, in *NPJ Digital Medicine*, included 557 young adults. The researchers used Fitbits to track the participants' sleep behavior over four years, logging a total of 255,736 sleep sessions. The individuals' resting heart rates were recorded along with their sleep and wake times. Going to bed even 30 minutes later than one's usual bedtime was associated with an increase in resting heart rate that persisted through the sleep session and into the next evening. (Usual bedtime was defined as the hour surrounding the individual's average bedtime over all the nights of monitoring.) A higher resting heart rate has been linked to a greater risk of heart disease and premature death. The greater the deviation in bedtimes, the greater the heart rate increase.

Interestingly, going to bed an hour or more *before* the usual bedtime also raised resting heart rate, but it returned to normal faster. As in the other study, the effect of inconsistent bedtimes held up even if the person got a healthy amount of sleep (seven to nine hours) on a given night. The findings "stress the importance of maintaining proper sleep habits, beyond sleep duration, as high variability in bedtimes may be detrimental to one's cardiovascular health," the authors wrote.

Our advice: While more research is needed to determine how inconsistent sleep times affect the heart, it's reasonable to try to head to bed around the same time each night and avoid sleeping radically different amounts from day to day. It can't hurt, and it might help your sleep, your heart, or both.

Speaking of Wellness



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Chair, Editorial Board

Where are all the women?

Twenty-seven years ago, the Revitalization Act of 1993 established legal requirements and guidelines to ensure that the National Institutes of Health (NIH) include women in its clinical research trials. The initiative hasn't been going so well—and non-government-funded studies don't seem to be doing any better.

This past February, a study in *Circulation* showed that while cardiovascular disease (CVD) is the biggest killer of women across the globe, women represented only 38 percent of the participants in CVD trials sponsored by both government and non-government entities from 2010 through 2017. Of the 740 trials in the analysis, most included people ages 61 to 65—that time of life when women's heart disease rates begin to approach those of men. Yet it was that very age group for which inclusion rates for women were lowest, at 26 percent. Another study, in May, reported that from 2008 to 2017, women accounted for only 36 percent of participants in 143 clinical trials of new heart medications.

This is about where we've been since the late 1990s. From 1997 to 2009, only 30 percent, overall, of enrollees in 325 CVD clinical trials were women, a 2012 study in the *Journal of General Internal Medicine* found.

Excluding women isn't only an issue of gender inequality. It's an issue of health. Some diseases, including cardiac conditions, manifest differently in women, and women respond differently to various treatments; thus, study results that focus more on men translate to clinical guidelines that can miss diagnoses in women and miss instances where a particular treatment might not help women and could even harm them.

That would be bad enough if the gender gap in research trials extended only to studies looking at cardiovascular disease. But it exists across the board: Another study published in the past year, in *JAMA Network,* reported that out of 11 disease categories, women were underrepresented in clinical trials between 1966 and 2018 for seven of them: HIV/AIDS, chronic kidney disease, neoplasms (both benign and malignant tumors), digestive diseases, neurological disorders, hepatitis, and yes, various types of cardiovascular disease. By some measures, the gender bias did improve over time—but not enough to effectively close the gap.

Here's just one example of how findings in men can play out when applied to women: The insomnia drug zolpidem (Ambien) is metabolized more slowly in women than in men—a factor that may have contributed to multiple car crashes, prompting the FDA to require that the recommended dose for women be halved.

It isn't just women who are affected by disparities in clinical research. Ethnic and racial minority groups also remain underrepresented. The Revitalization Act of 1993 mandated that minorities as well as women be included in the design of future studies, but on that front, too, scientific inquiry lags. It's as if the world has moved on but all the important roles in medical research are still being played by men in fedoras from 1940s movies, with women and minorities in bit parts, at best.

Even the people in charge of vetting the research remain mostly men in many cases. Though there are four to six times as many women in academic medicine today as in 1970, only 13 percent of researchers on the editorial boards of three prominent cardiology journals in 2018 were women, according to another report published in the same issue of *Circulation* noted above. That's up from 6 percent in 1998 but still a very low proportion.

During the slow catch-up, if you are not a white man and a doctor diagnoses you with an illness or prescribes a treatment, it is more than reasonable for you to ask how well the disorder has been studied in people of your gender or race or ethnicity. You won't change the state of research with that one question, but at least you'll be forcing an awareness that there are disparities in medical knowledge pertaining to serious diseases that affect *all* people. And I'm optimistic that greater awareness can lead to real change.

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A berry good time of year

Our early human ancestors ate berries at least as far back as the Stone Age. There is evidence that in Siberia, prehistoric people stored berries in icy pits, presumably to ensure a winter supply. Thousands of years later, Native Americans made good use of berries by not only eating them fresh and cooked, but also drying them to eat through the winter. Early settlers, who learned about berry foraging and preserving from the Native Americans, developed a knowledge of the many varieties growing wild in woods and fields. Today, wild varieties are still gathered by enthusiasts, but most of the berries in markets are cultivated.

In common usage, "berry" refers to any small edible fruit—usually juicy, colorful, sweet or sour, and without a pit, though it may have small seeds. This is how we are using the term. However, the botanical definition of berry is a fleshy fruit derived from the ovary of a single flower. Botanically speaking, tomatoes, avocados, eggplants, grapes, watermelons, and bananas are all berries, whereas blackberries, raspberries, mulberries, and strawberries are not.

Fiber, phytochemicals, and more

Berries generally provide vitamin C, potassium, beta carotene (which converts to vitamin A in the body), folate, fiber (both soluble and insoluble), and other healthful plant substances—and you can't go wrong by choosing any of them. But some stand out more than others in certain nutrients or phytochemicals. For instance, blackberries and raspberries are particularly good sources of fiber, with 8 grams per 1-cup serving, compared to 4 grams in blueberries and 3 grams in strawberries (still good sources). Strawberries are tops in vitamin C, with 85 milligrams per cup (nearly 100 percent of the daily recommendation), though blackberries and raspberries are also excellent sources, with about 30 milligrams per cup.

But what sets berries apart from many other fruits are their flavonoids and other polyphenols, a class of plant substances that have antioxidant and other potentially healthful properties. Raspberries, for instance, have notably high levels of two flavonoids, quercetin and kaempferol; raspberries and blackberries are particularly rich in ellagic acid. Berries with deep red, blue, or purple coloring indicate the presence of anthocyanins.

Berry benefits

A number of randomized controlled trials—considered the gold standard for studying causal relationships—have looked at the effects of specific berries on various health outcomes, with overall positive results. Together with lab studies (which have identified anti-inflammatory, anticancer, immune-regulating, and other properties of berries), they suggest that bioactive compounds in these fruits may offer an array of potential benefits when eaten as part of a healthful diet, including reduction in risk of diabetes and heart disease.

Here's a sampling of some clinical studies from more recent years. Note that they are mostly small and short-term, and most were financed by agriculture promotion groups or private industry; longer, independent studies would be needed to determine if any berry benefits are genuine and persist over time.

■ A 2019 study of 113 obese older men (ages 50 to 75), published in the *American Journal of Clinical Nutrition,* found that those who consumed the equivalent of one cup of blueberries a day (in freeze-dried powder form) for six months had improvements in blood vessel functioning, compared to those in a placebo group who consumed a similar-looking and tasting placebo powder. The blueberry eaters, especially those not taking a statin, also had increases in HDL ("good") cholesterol. A half-cup a day of blueberry equivalent was not associated with significant improvements, however. And no changes were seen in insulin resistance or blood pressure.

■ In a study in *Obesity* in 2019, 21 overweight or obese people with prediabetes and insulin resistance and 11 metabolically healthy people consumed red raspberries (one or two cups) or no berries with their breakfast on three separate days. When the prediabetic group ate the berries, especially the larger amounts, they had improved post-meal glycemic control compared to when they didn't eat the berries and compared to the healthy control group, and they didn't need to produce as much insulin to control their blood sugar.

■ A study in *Nutrients* in 2018 of 27 overweight or obese men found greater fat burning and improved insulin sensitivity when they consumed blackberries (21 ounces) daily for seven days in conjunction with a high-fat diet, compared to when they consumed a gelatin-based placebo.

■ In a 2017 study in *Nutrients* of 17 people with knee osteoarthritis, significant

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Berry basics

■ Select your berries carefully. They should be plump, firm, and dry, not crushed, withered, or mixed with twigs or other debris. Size doesn't matter, but color does. Choose blueberries that are deep blue-purple, not red. Look for bright red strawberries with green caps attached. With some exceptions (like golden raspberries), green and yellow berries are unripe.

■ Refrigerate berries, but don't wash them until you eat them to slow spoilage. Eat fresh blueberries within a week; consume raspberries and blackberries sooner, because they are even more perishable.

■ Freeze extra berries. If you wash them first, make sure they are thoroughly dry; toss any that are mushy, discolored, or moldy; and cut off the green tops of strawberries. Arrange the berries on a baking tray or cookie sheet in a single layer and put in the freezer for no more than a day (longer than that can result in freezer burn). Seal the berries in plastic freezer bags after removing the air inside, and lay the bags flat in the freezer if possible. They will keep for about 10 months to a year (put a date on the bag to keep track) and are best used in smoothies or in cooking.

■ Berry juices are increasingly available, but they are expensive and are often mainly grape juice. Watch out for syrups in canned berries, which add empty calories. Berry jams retain only minuscule amounts of vitamin C and are mostly sugar. Dried berries may also have fewer nutrients and added sugar.

■ Add fresh, frozen, or dried berries to salads, cereal, yogurt, smoothies, pancake or muffin batter, and grain dishes.

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Screening sunscreens

You've probably gotten the message that you should use a sunscreen when you're out in the sun to protect against skin cancer and skin damage. But the safety of some widely used sunscreen ingredients was called into question after an FDA study, published earlier this year in the *Journal of the American Medical Association (JAMA),* demonstrated that they are absorbed by the skin and enter the bloodstream. This followed results of a pilot study by the same researchers last year. The studies were small and of short duration, however, and more safety testing is needed to determine if the absorption poses actual health issues. The risk of skin cancer from excessive sun exposure still likely outweighs the risk of any potential harm from the chemicals.

Chemicals of concern

The ingredients in question are those found in so-called chemical sunscreens and include avobenzone, oxybenzone, octocrylene, octisalate, octinoxate, homosalate, and others. Chemical sunscreens are designed to filter the sun's harmful rays, as opposed to mineral sunscreens containing titanium dioxide or zinc oxide, which form a physical barrier on the skin to block the sun. You can tell the difference between chemical sunscreens and mineral sunscreens when you apply them because the latter typically leave a tell-tale white cast on the skin (though newer formulations have minimized this). Some sunscreens combine zinc oxide with a chemical filter ingredient.

The *JAMA* study included 48 healthy people who applied one of four commercial chemical sunscreens containing a total of six active ingredients over three-quarters of their bodies for four consecutive days. On the first day, they applied it once; on the rest of the days, they applied it four times at two-hour intervals. Blood was drawn daily for three weeks, starting from the first day of sunscreen application. The sunscreens included one lotion and three different spray formulations—and application was considered "maximal use."

After just a single application, all six ingredients were detected in participants' blood, indicating systemic absorption. And the levels were often well in excess of the 0.5 nanograms per milliliter considered by the FDA to be the "Threshold of Toxicological Concern." Moreover, blood levels exceeded the limit in most participants for 7 to 21 days after the initial application, depending on the ingredient.

Researchers have raised questions about whether oxybenzone, avobenzone, and other active ingredients in chemical sunscreens disrupt hormones or are carcinogenic. In proposed regulation changes issued last year, the FDA requested manufacturers to submit additional data on 12 chemical sunscreen ingredients to make a final safety determination. As of now, there are no definitive conclusions, and the ingredients are still allowed to be marketed. It's important to note also that the study participants were in a clinic setting with no direct sunlight, heat, or humidity, which might affect absorption of the ingredients, and the amount of sunscreen applied was more than what is typically used. That is, the study did not test sunscreens under real-life conditions.

The authors of the study concluded that their findings "do not indicate that individuals should refrain from the use of sunscreen." Still, if you're concerned, there's an easy solution: Choose a sunscreen that lists only titanium dioxide or zinc oxide as active ingredients, since these don't penetrate the skin and are recognized as generally safe and effective by the FDA (and they may be better tolerated if you have sensitive skin). In its Sunscreen Guide, the Environmental Working Group gives these two ingredients a low "hazard score" and cites the most concern about the chemical sunscreen ingredient oxybenzone.

BOTTOM LINE: No matter what sunscreen you choose to use, it should be labeled "broad-spectrum" or "UVA/UVB protection" with an SPF of 30 or higher. Apply it at least 15 minutes before you go in the sun to give it enough time to dry and form an even film on the skin. Reapply all sunscreen at least every two hours and after swimming. It's also essential to take other sun safety steps to protect your skin, including wearing a hat, sunglasses, and protective clothing (see below) and limiting time outside during peak sun hours.

Summertime swim tip: cover up!

If you swim in the great outdoors or in a backyard pool on a hot summer day and put on sunscreen, don't assume this completely protects you from the sun. Sunburns are actually a quite common consequence of summertime swimming. Here's why.

For one, water reflects a certain amount of the sun's ultraviolet (UV) rays, so if your head and neck are above water, the effects of the sun will be even stronger than on land. The rest of the rays penetrate the water, scattering and being absorbed by the water with increasing depth. How much UV light gets reflected and how deep the rest penetrates depends on a number of factors, including the clarity, turbidity, color, and composition of the water as well as the sun's angle. When you're underwater, the parts of your body closer to the surface are at higher risk of sunburn, but you would have to go quite deep to avoid any significant exposure to UV light.

You may also stay out in the sun longer than you would on land since the water is cooling—you may not even realize you are getting burned. And you may get a false sense of security when you apply sunscreen. When properly applied, sunscreens that are "water resistant" or "sweat-proof" retain their stated SPF for 40 or 80 minutes, depending on the product—but no sunscreens are really "waterproof." If you swim outdoors regularly, it's best to wear a rash guard—a close-fitting top made of spandex and other synthetic fibers often used by surfers. This provides protection not just against abrasion (and hence rashes) but also against the sun. Another option is "UV swimwear" with built-in SPF protection, including long-sleeve tank suits and swim tights, as well as UV-protective bathing caps.

Keep in mind that you can also get sunburned while swimming on an overcast or hazy day, since the UV rays may still be able to penetrate. Thin clouds, in fact, offer little protection and can even increase your UV exposure because of the scattering of light these clouds cause.

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Berries

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improvements in constant, intermittent, and total pain were seen when they consumed a freeze-dried strawberry beverage (50 grams a day) for 12 weeks, compared to when they consumed a placebo beverage for another 12 weeks. They also had reductions in some biomarkers of inflammation and cartilage degradation.

■ In a study in *Nutrients* in 2016, 12 airline passengers were given either an elderberry extract or a placebo starting 10 days before their overseas flights and continuing for five days afterwards. No significant differences were found in the incidence of colds between the elderberry and placebo groups (12 versus 17), but those taking the supplement had shorter and less severe colds. Elderberry has traditionally been used for the common cold.

'Tis the season (or not)

Strawberries in January, blueberries in March, raspberries in November? You can buy fresh berries all year round at many supermarkets—but they're not likely to taste very good if they are not in season at the time. That's because the berries are typically shipped long distances, and to survive transportation, they are harvested two or three days before they are fully ripe, says Marvin Pitts, horticulture professor and a berry crop specialist at Cornell University. If harvested when already ripe (when they are most flavorful), the berries would be injured during transport, such as by the jostling of the trucks. Some fruits (like apples) get sweeter over time even after they're harvested because starch in the fruit is converted to sugar. But berries have negligible starch to be converted to sugar and thus don't get sweeter after picking. And whatever sugar they have at the time of harvest actually declines over time. So you end up getting berries that are not full of flavor.

Better is to buy fresh berries when they are in season in your area—and that varies by berry and region. A good website for finding out the seasonality of berries in your state is seasonalfoodguide.org, with data from the Natural Resources Defense Council. If you live in California, say, you can see that blackberries are in season from May through September, but if you live in New York, they are at peak only in August and September. Meanwhile, raspberries are in season in Missouri, for instance, from June through October, but strawberries only from late May through August.

If you still desire berries year round, consider buying frozen ones instead of off-season fresh ones. Berries destined for freezing are typically harvested at their peak ripeness and processed within a few hours. You can also extend the season and enjoy berries all year by freezing fresh, seasonal berries yourself (see box, page 4). Unsweetened dried berries are another good option for year-round berries.

Beyond blueberries: If you eat a variety of berries, you will get an array of nutrients and phytochemicals. Less-common berries include boysenberries (a type of blackberry), gooseberries (tart grape-like fruits related to currants), mulberries (sweet-tart berries that grow on trees, not vines), ohelo berries (slightly sweet berries native to Hawaii), salmonberries (sweet berries from the Pacific Northwest), and thimbleberries (fragile berries that resemble small thimbles). These may be more available at farmers markets or as juices, jams, or dried (watch out for added sugar in them, as well as in any canned berries). Though cranberries are often only thought of in the fall, they can be enjoyed all year long; they are extremely tart, however, and difficult to eat without an added sweetener.

Many diet plans, similar results

Looking to lose weight? Any of 14 commercial diet programs analyzed in a recent *BMJ* study is likely to do the trick in the short term. The study looked at a range of popular plans such as Jenny Craig, South Beach, and Weight Watchers (now called WW) and found that most produced similar, modest weight loss over six months. And by the one-year mark, any differences between them largely disappeared.

The researchers analyzed data from 121 randomized controlled trials involving nearly 22,000 overweight or obese adults, each of which compared a popular diet to a control diet (generally the participants' usual diet). Outcomes measured included weight loss and changes in cardiovascular risk factors such as blood pressure, blood cholesterol, and C-reactive protein, an inflammatory marker.

Among individual diets, Atkins, the Zone, and DASH (Dietary Approaches to Stop Hypertension) had the greatest short-term effect on weight loss, with participants achieving average reductions of 8 to 12 pounds after six months, compared to usual diets. Slight reductions in blood pressure (2 to 5 points) were also seen.

But all of the studied diets produced at least some degree of weight loss and blood pressure reduction during the first six months. More importantly, by 12 months the effects of the diets had diminished to the point that the differences between them became negligible, as did differences between categories of diets (low-fat, low-carb, or somewhere in between). A sole exception was the Mediterranean diet, which significantly lowered LDL ("bad") cholesterol at both six months and 12 months. None of the diets significantly affected HDL ("good") cholesterol or C-reactive protein.

The researchers concluded that when it comes to weight loss, the differences between these diets were "generally trivial to small, implying that people can choose the diet they prefer from among many of the available diets without concern about the magnitude of benefits." Or as an accompanying editorial put it, "The extensive range of popular diets analyzed provides a plethora of choice but no clear winner."

The focus should therefore shift, the editorial added, from which diet one follows to how best to maintain any weight loss achieved. That means finding a healthy eating plan that you can stick with for the long run—one that includes more fruits and vegetables, legumes, and whole grains and less added sugar, refined grains, and saturated fat—as well as committing to regular physical activity.

Of course, the fact that these diet programs produced similar weight loss (by having you consume fewer calories than you burn) doesn't mean they are similarly healthy. As we reported in April, *U.S. News & World Report* deemed the DASH and Mediterranean diets the best for healthy eating, out of 35 commercial plans evaluated in 2020.

ISTOCK

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Ask the Experts

Q ***My grandmother used to keep smelling salts in her cabinet. Can they really help someone who feels faint?***

A They can, but it depends on what is causing the person to feel faint. Ammonia inhalants, or smelling salts, have a long history of use in rousing people who feel faint or have passed out. They were especially popular during the Victorian era, when English policemen would carry them in a vial (called a "lady reviver") to help women afflicted with fainting fits (perhaps attributable at least in part to the tight corsets that were the fashion then).

The active ingredient, ammonium carbonate—which is sometimes combined with scents like lavender, lemon, or nutmeg oil—is extremely irritating to the nasal passages. The intense stimulus may help revive someone who has fainted as a result of orthostatic hypotension (a drop in blood pressure upon standing) or due to a vasovagal episode (a usually harmless, involuntary reflex of the nervous system that's triggered by such factors as emotional stress, fear, or the sight of blood). But nearly always, people will quickly revive on their own after fainting just by lying down. And smelling salts won't work if someone loses consciousness due, for instance, to an arrhythmia (abnormal heart rhythm) or seizure.

Today, smelling salts are often used to help athletes, particularly boxers, regain alertness after being dazed or knocked out from a head injury. The problem is that this may prevent the athlete from being properly evaluated and diagnosed, and could potentially mask the seriousness of the injury. And if the smelling salts are held too close to the nose, the injured athlete may, upon the first whiff of ammonia, jerk his or her head and aggravate an unrecognized neck injury.

In recent years, many athletes have also been using smelling salts—sometimes called "the new steroids"—as a pre-game stimulant or mid-game "pick-me-up" in hopes that the "rush" will enable them to perform better. But there is no conclusive evidence that this works. For instance, a small 2014 study in the *Journal of Exercise Physiology* found that using ammonia inhalants did not significantly increase the number of bench presses or back squats performed by fit young men, compared to a placebo inhalant. However, a small 2018 study in the *Journal of Strength and Conditioning Research* did observe some improvement in strength and power performance.

Bottom line: There seems to be no harm in using smelling salts if you occasionally feel faint, as long as you don't have asthma or another respiratory condition and as long as you don't hold them too close or use them too often. But from a medical standpoint, there's no reason to use them, and the risk of harm could outweigh any benefit.

Q ***Why do boogers form, and what is the best way to clear them out?***

A A booger is simply dried-out mucus that is clumped together. A layer of mucus, consisting mostly of water but gooey in consistency, lines the inside of the nose, keeping the nasal passages warm and moist, while also protecting the lungs by trapping everything from pathogens to dust, dirt, pollen, pollutants, and other particles. If you have a cold, sinus infection, or allergies, more mucus forms—and the mucus becomes thicker, resulting in more booger formation. Boogers are also more likely to form when the environment is dry.

When boogers build up, you may feel the need to pick your nose. But that's not a good idea. The membrane of the nasal passage is delicate and a fingernail can easily scratch it, causing bleeding and then growth of a scab. The scab can be even more irritating than the original boogers and may make you want to pick more.

Chronically picking your nose, especially with a dirty finger, can lead to nasal inflammation and infection. There is evidence that people who pick their nose are much more likely to have *Staphylococcus aureus* bacteria in their nasal passages than those who don't pick. It's especially important to not touch your nose, inside or out, with unwashed fingers during the Covid-19 pandemic.

To reduce the likelihood of boogers forming, you can use a saline nasal spray regularly and take steamy showers; a humidifier can also help if the air in your home is dry. If you still get boogers, try blowing your nose lightly while in a steamy shower. If that doesn't entirely help, you can gently remove them with a clean fingertip wrapped in a thin wet cloth or tissue.

Q ***What is farmer cheese, and why does it have little or no calcium?***

A Also known as dry curd cottage cheese or baker cheese, this soft cheese is made from milk that is cultured (to curdle it) and then pressed to separate out the liquid whey, leaving behind the solid curds. It has little or no calcium because the calcium drains away with the liquid. So, too, does most of the lactose (milk sugar), making it a good (albeit poor calcium) option for people with lactose intolerance.

In effect, farmer cheese is just cottage cheese that is pressed to remove most of the moisture. Cottage cheese has more calcium because it retains more of the liquid.

An ounce (two tablespoons) of the cheese has about 40 to 50 calories (compared to 75 to 130 in other cheeses), 2 to 3 grams of fat, and 3 to 4 grams of protein. It has half the calories and less than one-third the fat of regular cream cheese. Farmer cheese has less sodium than other cheeses—about 120 milligrams per ounce; no-salt-added versions are available.

There are many variations, made from different milk sources (cow, sheep, goat) and with different textures and flavors. But the cheese is generally mild and moist, yet still dry enough to slice or crumble. You can use it as a substitute for cream cheese, ricotta, or feta cheese in recipes; sprinkle it over salads; or spread it on bread.

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The purpose of the UC Berkeley Health and Wellness Publications is to deliver educational evidence-based consumer health and wellness information and to improve the overall health of the general public of the United States and around the world.

This newsletter is not intended to provide medical advice on personal health matters, which should be obtained directly from a physician.

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Wellness Made Easy

Consuming more fiber may reduce the risk of breast cancer (both before and after menopause), results of a systematic review and meta-analysis suggest. The study, published in the journal *Cancer*, included data from 20 observational studies involving nearly 2 million women, about 68,000 of whom developed breast cancer. In particular, soluble fiber (found in oats, legumes, psyllium, seeds, and some fruits and vegetables) was independently associated with lower breast cancer risk, compared to insoluble fiber (in cereal grains, nuts, and many fruits and vegetables), for which the results were not statistically significant. Fiber is thought to decrease breast cancer incidence by helping to control blood sugar (elevated blood sugar is a risk factor for many cancers, including of the breast) or by reducing circulating levels of estrogen, the researchers wrote. Previous observational research has also linked higher fiber intake with a lower risk of several other cancers, notably colorectal cancer.

Don't count on an electric fan to cool you off on extremely hot days; using one may even be detrimental. Fans work by moving air over your skin. This makes sweat evaporate faster (which has a cooling effect) and speeds direct heat transfer between the body and the air (like blowing on hot soup). But the higher the humidity, the less effective evaporation is; and the higher the air temperature, the less heat is dissipated directly into the air. At air temperatures above skin temperature (about 95°F), fans may actually contribute to heat *gain*, because the direction of the heat transfer reverses (air to body instead of body to air). If it's very hot out and you don't have air conditioning, you should take cool showers or baths to reduce the risk of heat-related illness, the CDC advises. If air conditioning is not available in your home, you can seek out an air-conditioned place that may be open, such as a shopping mall, even if for just a few hours. During heat waves, your local community may open cooling centers. Whether you use air conditioning, fans, or some combination, it's also important to drink plenty of water and other nonalcoholic fluids in hot weather to help keep your core body temperature down.

Have questions about poultry? The USDA has answers on its "Chicken from Farm to Table" web page at tinyurl.com/chicken-answers. It provides information on a range of poultry topics, from the types of chickens you can find in grocery stores (including broiler-fryers, roasters, capons, and baking hens) to chicken grading to hormone and antibiotic use in poultry to chicken cooking times. Ever wonder, for instance, what the pinkish juice in the packages is? (It's not blood but rather mostly myoglobin, a water-soluble protein found in muscle cells.) Or why chicken skin varies in color? (That's due to the type of feed and is not an indication of nutrition, quality, fat content, or flavor.) Did you know that no hormones are allowed to be used in the raising of chickens? Or that washing raw poultry before cooking is not recommended? (Doing so can spread bacteria to kitchen surfaces and utensils if the poultry juices splatter.) As part of its Farm to Table series, the USDA similarly answers questions about beef at tinyurl.com/beef-answers.

Keep alcohol-based hand sanitizers out of reach of children. An FDA release cited a 79 percent uptick in calls to poison-control centers related to ingestion of these products in March 2020 compared to March 2019, with most of the cases in children ages 5 and younger. Sanitizers have become an important and in-demand product amid the Covid-19 pandemic, but swallowing even a small amount can be lethal to a young child, the FDA warned. The agency also reported that the availability of hand sanitizers is increasing as more manufacturers rush to make them—good news—but cautioned that some companies are selling the products with ridiculous claims, like "protects you from germs with just one application per day!" and "it's like wearing an invisible glove." Look for hand sanitizers containing at least 60 percent alcohol (typically listed as ethyl alcohol), and use them when soap and water aren't available (not as a substitute for handwashing). Adults should apply sanitizer to young children's hands rather than giving them the bottle. Note that alcohol sanitizers should never be used near an open flame.

Last Word

Did you take your meds?

Forgetting to take medication (or not remembering whether you took it) is a common occurrence, especially for people who are older or who take multiple drugs. Missing a dose or inadvertently double dosing can have consequences ranging from minor to serious, depending on the drug, dose, and your overall health. Sure, you can put Post-It notes around the house, keep the pill bottles out on the counter, or use simple pill box organizers, but if those methods aren't working, one of these jazzier options might fill the bill.

- **Pillboxes with alarms.** There are many models, varying in complexity and price—from around $10 to $100 or more. Look for one that lets you set multiple alarms, has big enough compartments to hold all your meds, and (if this is helpful to you) has a light that blinks until you open up the pill compartment.
- **Smart pill bottle/Smart bottle cap.** Sold under brand names including TimerCap ($20), Pillsy ($45), and iRemember ($50), these are special bottles or caps (designed to fit on a standard medication bottle) with flashing lights, chimes, ringtones, or other features to remind you to take the medication—or alert you if you reopen the bottle after having already taken the med. Some can send text messages and voice reminders to your smartphone.
- **Mobile apps.** Hundreds of drug-reminder apps are available for iPhone or Android devices, many of them free. Features include text and email reminders, missed dose alerts, and messages when it's time for a refill. Some let you add other users, such as a spouse or caregiver.
- **Talking alarm clocks.** One such device, Reminder Rosie ($80 to $100), allows you to set as many as 25 different reminders in your own voice or a caregiver's (for instance, "Dad, take three blue pills and one white pill now"). The large digital display and lack of bells and whistles may appeal to people who favor lower-tech devices. Other talking alarm clocks are available, though with fewer reminder options (and not all allow you to record your own voice).
- **Wristwatches.** Watches geared specifically toward medication adherence, such as Cadex ($140), can be programmed for up to 12 different daily alarms, with an optional digital message that scrolls across the watch face. There are less expensive options, too, including some that vibrate. If you already have an Apple Watch or Fitbit, you can use its built-in reminder function.

Don't like gadgets? Some pharmacies will presort your medication into single-use blister packs or pill pouches with the date and time that each should be taken (called reminder packaging). The mail-order pharmacy PillPack does this, too. If you have insurance, the cost is the same as your usual prescription copay.

In future issues› ▪ The latest on coconut oil ▪ Shingrix vaccine ▪ Telehealth on the rise ▪ Coffee news

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Stationary Engineers, Local 39

INTERNATIONAL UNION OF OPERATING ENGINEERS AFL-CIO

BART FLORENCE
BUSINESS MANAGER-RECORDING SECRETARY

July 29, 2020

HealthComp
Attn: Shane Freeman
P.O. Box 45018
Fresno, CA 93718-5018

Mr. Freeman:

This letter is to advise you that Stationary Engineers, Local 39 is removing Marina Magdaleno as Trustee for Fresno City Employees H&W Trust and replacing her with Ruben Zarate as current Trustee.

Should you have any questions I can be reached at (559) 233-0839.

Sincerely,

Ruben Zarate
Business Representative

4644 WEST JACQUELYN AVENUE • FRESNO, CA 93722 • (559) 233-0839 • FAX (559) 233-0896

Fresno City Employees Association, Inc.

1330 L STREET, STE G
FRESNO, CALIFORNIA 93721 • (559) 268-7767
fcea@sbcglobal.net • www.fcea.net

September 4, 2020

Fresno City Employees Health & Welfare Trust Board of Trustees
621 Santa Fe
Fresno, CA 93721

RE: Replacement of Board Member Martin Hinojosa by Sam Frank

To Whom it may concern,

Due to Martin being unable to fulfill his duties as FCEA's Trustee due to medical concerns for a yet to be determined amount of time, I will be replacing him on the Board as the Fresno City Employee's Association Trustee effective immediately or upon swearing-in at the meeting on Wednesday the 9th of September, which I will be attending on Zoom. I hope that at some time I may reappoint Martin after he is recovered.

Sincerely,

Sam Frank,
FCEA President

Cc: Tony Silva tony@goyette-assoc.com

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

MONTHLY CLAIMS EXPERIENCE ANALYSIS
MEDICAL AND PRESCRIPTION DRUGS
ONE MONTH ENDING JULY 31, 2020

		PER ELIGIBLE
ACTIVES	$ 3,508,931.72	$ 1,060.42
COBRA	2,356.95	589.24
RETIREES	244,176.79	1,233.22
	$ 3,755,465.46	$ 1,069.63
MEDICARE SUPPLEMENT	$ 155,840.06	$ 1,052.97
SELF-PAY OVER 65	13,331.36	444.38
	$ 3,924,636.88	$ 1,063.88
AVERAGE MONTHLY COST - YTD	$ 3,924,636.88	$ 1,063.88
PRIOR YEAR AVERAGE MONTHLY COST - YTD ONE MONTH ENDING JULY 31, 2019	$ 4,144,712.10	$ 1,128.12
PRIOR PLAN YEAR AVERAGE MONTHLY COST JULY 2019 - JUNE 2020	$ 3,879,499.26	$ 1,052.71
TWELVE MONTH ROLLING AVERAGE August 1, 2019 - July 31, 2020	$ 3,865,354.19	$ 1,053.95

Prepared by HealthComp Inc
07/01/2020

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

MONTHLY CLAIMS EXPERIENCE ANALYSIS
DENTAL BENEFIT SECTION
ONE MONTH ENDING JULY 31, 2020

DELTA DENTAL	PAYMENTS	PER ELIGIBLE
ACTIVES	$ 269,457.57	$ 89.52
RETIREES	39,563.05	$ 76.08
TOTAL FOR DELTA DENTAL	$ 309,020.62	$ 87.54
AVERAGE MONTHLY COST	$ 309,020.62	$ 87.54
PUD HMO AVG MONTHLY PREM	13,875.52	$ 41.92
TOTAL AVG MONTHLY COST - YTD	$ 322,896.14	$ 83.63

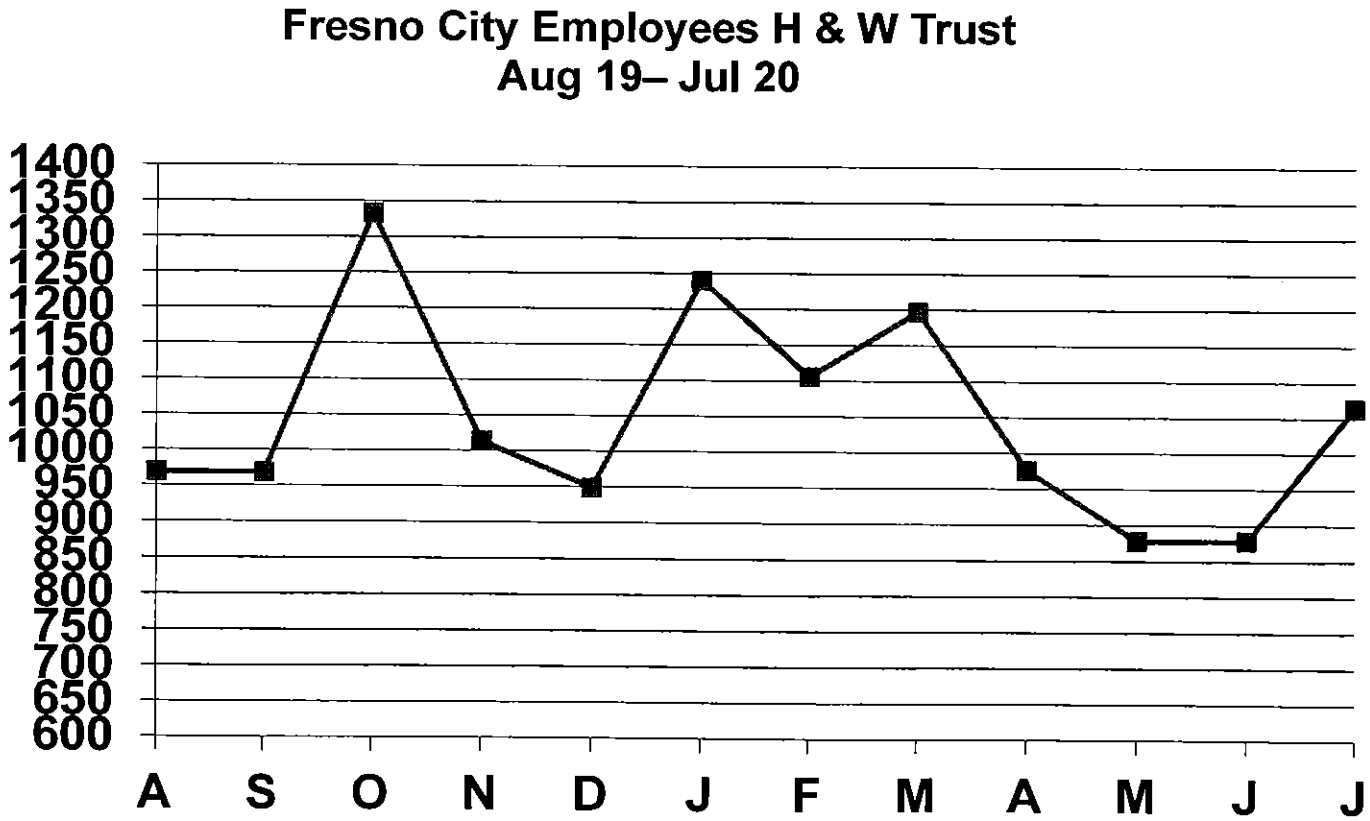
PRIOR YEAR AVERAGE MONTHLY COST: DELTA DENTAL
JULY 2019 - JUNE 2020

ACTIVES	$ 64.55
RETIREES	$ 54.35
COMBINED	$ 63.04

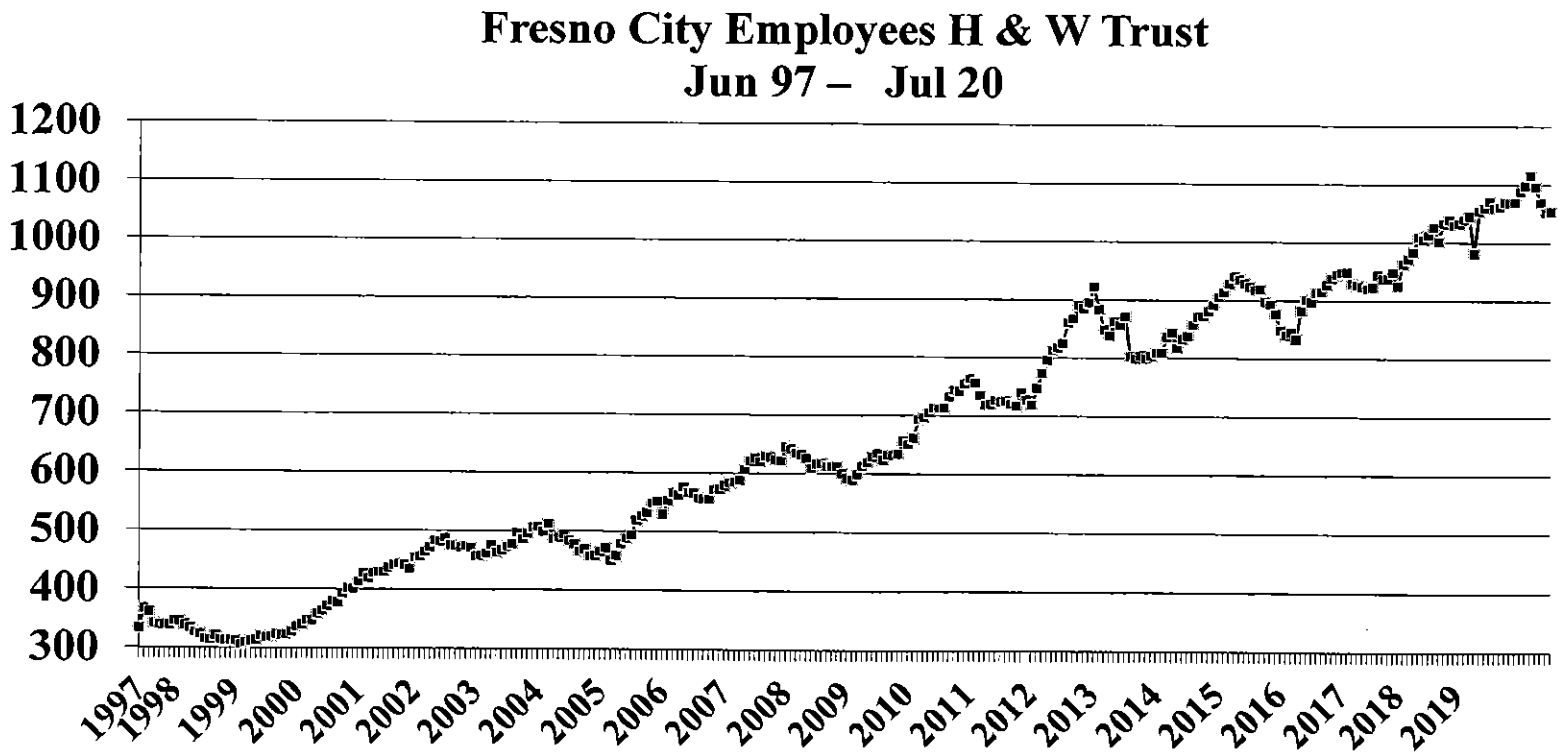
TWELVE MONTH ROLLING AVERAGE
DELTA DENTAL
August 1, 2019 - July 31, 2020 $ 64.42

Prepared by HealthComp
07/01/2020

Average Cost Per Participant Monthly



Average Cost Per Participant
12 Month Rolling Average



FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST
FINANCIAL ANALYSIS FOR MEDICAL, VISION AND PRESCRIPTION DRUG
ONE MONTH ENDING JULY 31, 2020

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
ACTIVES								
PPO Contributing	2,581	$ 1,178.56	$ 102.00	$ 1,280.56	$ 1,251.00	$ 3.90	$ (25.66)	$ (66,228.46)
PPO Non-Cont 35	724	$ 635.63	$ 102.00	$ 737.63	$ 937.00	$ 3.90	$ 203.27	$ 147,167.48
PPO Non-Cont 25	4	$ 1,718.38	$ 102.00	$ 1,820.38	$ 847.00	$ 3.90	$ (969.48)	$ (3,877.92)
								$ -
TOTAL (a)	3309	$ 1,060.42	$ 102.00	$ 1,162.42	$ 1,181.81	$ 3.90	$ 23.29	$ 77,061.10
RETIREES								
PPO Plan	198	$ 1,233.22	$ 102.00	$ 1,335.22	$ 1,251.00	$ 3.90	$ (80.32)	$ (15,902.59)
TOTAL	198	1,233.22	$ 102.00	$ 1,335.22	$ 1,251.00	$ 3.90	$ (80.32)	$ (15,902.59)
COBRA								
PPO Plan	4	$ 589.24	$ 102.00	$ 691.24	$ 1,276.02	$ 3.90	$ 588.68	$ 2,354.72
TOTAL	4	$ 589.24	$ 102.00	$ 691.24	$ 1,276.02	$ 3.90	$ 588.68	$ 2,354.72
MEDICARE SUPP								
PPO Plan	148	$ 1,052.97	$ 42.72	$ 1,095.69	$ 688.00	$ 3.90	$ (403.79)	$ (59,760.92)
TOTAL	148	$ 1,052.97	$ 42.72	$ 1,095.69	$ 688.00	$ 3.90	$ (403.79)	$ (59,760.92)
SELF-PAY								
PPO Plan	30	$ 444.38	$ 102.00	$ 546.38	$ 1,507.00	$ 3.90	$ 964.52	$ 28,935.60
TOTAL	30	$ 444.38	$ 102.00	$ 546.38	$ 1,507.00	$ 3.90	$ 964.52	$ 28,935.60
Stop-Loss Reimbursement								$ 8,801.99
Prescription Drug Rebates								$ -
TPL Reimbursement								$ -
TOTAL								$ 41,489.90

NOTES:

Claims Costs and Census Count represent average per month over the reporting period.
Fixed Costs include all plan costs for Blue Shield, Avante, ChiroMetrics, Optum, HealthComp, Rael & Letson, Moss Law Firm, MES, PhysMetrics and HM Insurance
Interest revenue is based upon $14,400 per month, and has been entirely allocated to the above benefits.
Rates are calculated on an average basis over the reporting period.
(a) Total Claims Cost and Rate are based upon a weighted average of contributing and non-contributing.

Prepared by HealthComp
07/01/2020

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

FINANCIAL ANALYSIS FOR DENTAL
ONE MONTH ENDING JULY 31, 2020

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
Delta PPO	3530	$ 87.54	$ 5.13	$ 92.67	$ 99.00		$ 6.33	$ 22,344.90
PUD HMO	331	$ -	$ 41.92	$ 41.92	$ 99.00		$ 57.08	$ 18,893.48
COVID Rebate								$ (6,308.96)
TOTAL								$ 34,929.42

NOTES:

Claims Costs and Census Count represent average per month over the reporting period.
All interest revenue has been allocated to Medical.
Rates are calculated on an average basis over the reporting period.

Prepared by HealthComp
07/01/2020

FRESNO CITY EMP H&W TRUST

Paid Claims Lag Time Analysis

INCURRED: 01/01/1990 - 07/31/2020 | PAID: 07/01/2020 - 07/31/2020

FRESNO CITY EMP H&W TRUST Summary

Range of Days Lagged	Incurred Date to Received Date			Received Date to Processed Date			Processed Date to Paid Date			Received Date to Paid Date		
	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum
0 - 10	4,231	42.2 %	42.2 %	9,685	96.6 %	96.6 %	9,930	99.0 %	99.0 %	9,386	93.6 %	93.6 %
11 - 14	1,884	18.8 %	61.0 %	36	0.4 %	96.9 %	87	0.9 %	99.9 %	260	2.6 %	96.2 %
15 - 21	1,671	16.7 %	77.6 %	37	0.4 %	97.3 %	10	0.1 %	100.0 %	84	0.8 %	97.0 %
22 - 28	660	6.6 %	84.2 %	25	0.2 %	97.6 %	1	0.0 %	100.0 %	41	0.4 %	97.4 %
Over 28	1,582	15.8 %	100.0 %	245	2.4 %	100.0 %	0	0.0 %	100.0 %	257	2.6 %	100.0 %

Total # of claims: 10,028

Average days from incurred to received: 23.1

Average days from received to processed: 1.8

Average days from processed to paid: 4.1

Average days from received to paid: 6

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

MONTHLY CLAIMS EXPERIENCE ANALYSIS
MEDICAL AND PRESCRIPTION DRUGS
TWO MONTHS ENDING AUGUST 31, 2020

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		PER ELIGIBLE
ACTIVES	$ 6,252,603.41	$ 944.79
COBRA	124,337.48	15,542.19
RETIREES	466,063.93	1,176.93
	$ 6,843,004.82	$ 974.51
MEDICARE SUPPLEMENT	$ 285,383.41	$ 964.13
SELF-PAY OVER 65	33,934.40	565.57
	$ 7,162,322.63	$ 970.77
AVERAGE MONTHLY COST - YTD	$ 3,581,161.32	$ 970.77
PRIOR YEAR AVERAGE MONTHLY COST - YTD TWO MONTHS ENDING AUGUST 31, 2019	$ 3,857,431.57	$ 1,048.22
PRIOR PLAN YEAR AVERAGE MONTHLY COST JULY 2019 - JUNE 2020	$ 3,879,499.26	$ 1,052.71
TWELVE MONTH ROLLING AVERAGE September 1, 2019 - August 31, 2020	$ 3,837,648.75	$ 1,046.32

Prepared by HealthComp Inc
07/01/2020

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

MONTHLY CLAIMS EXPERIENCE ANALYSIS
DENTAL BENEFIT SECTION
TWO MONTHS ENDING AUGUST 31, 2020

DELTA DENTAL	PAYMENTS	PER ELIGIBLE
ACTIVES	$ 490,555.70	$ 81.49
RETIREES	72,458.55	$ 69.67
TOTAL FOR DELTA DENTAL	$ 563,014.25	$ 79.75
AVERAGE MONTHLY COST	$ 281,507.13	$ 79.75
PUD HMO AVG MONTHLY PREM	13,875.52	$ 41.92
TOTAL AVG MONTHLY COST - YTD	$ 295,382.65	$ 76.50

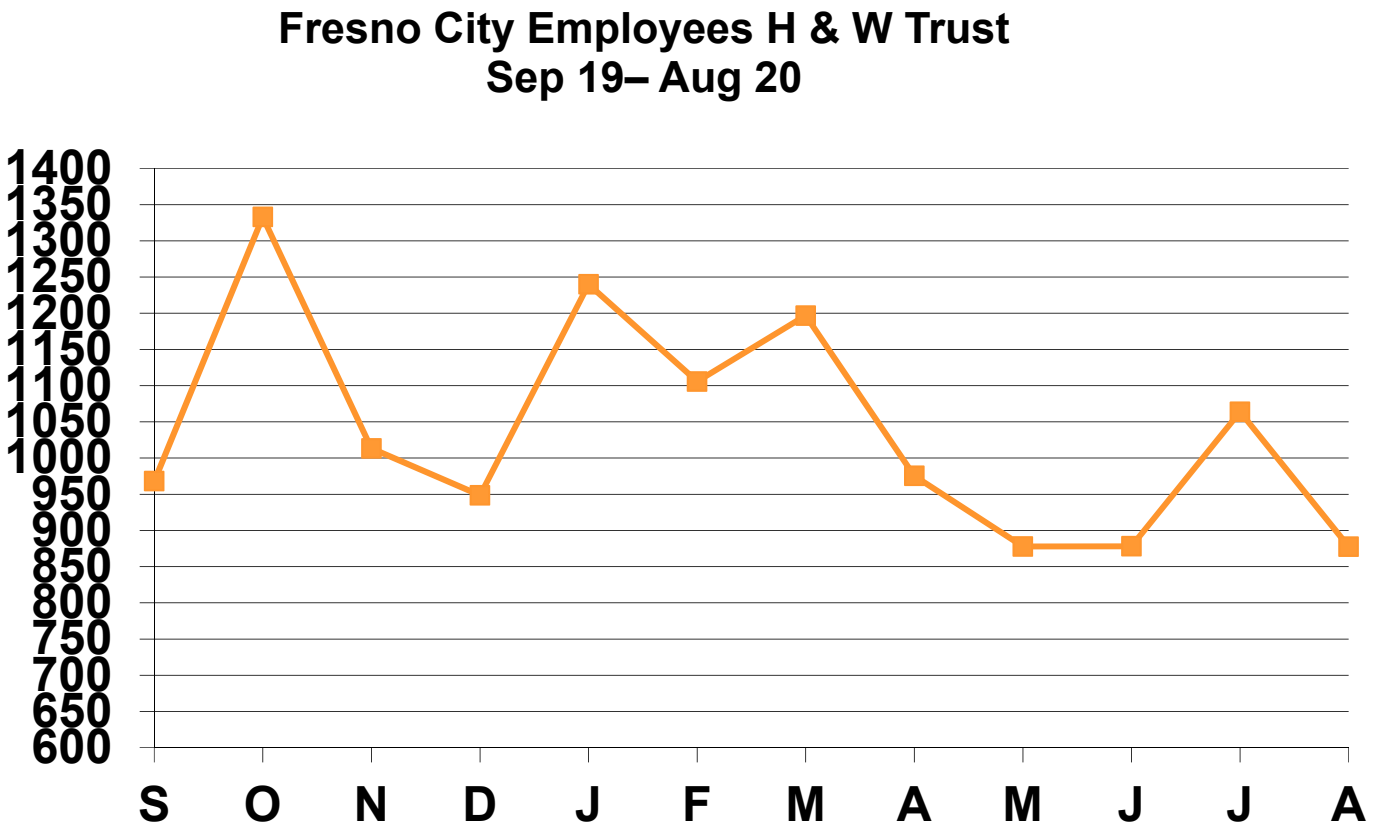
PRIOR YEAR AVERAGE MONTHLY COST: DELTA DENTAL
JULY 2019 - JUNE 2020

ACTIVES	**$ 64.55**
RETIREES	**$ 54.35**
COMBINED	**$ 63.04**

TWELVE MONTH ROLLING AVERAGE
DELTA DENTAL
September 1, 2019 - August 31, 2020 **$ 67.80**

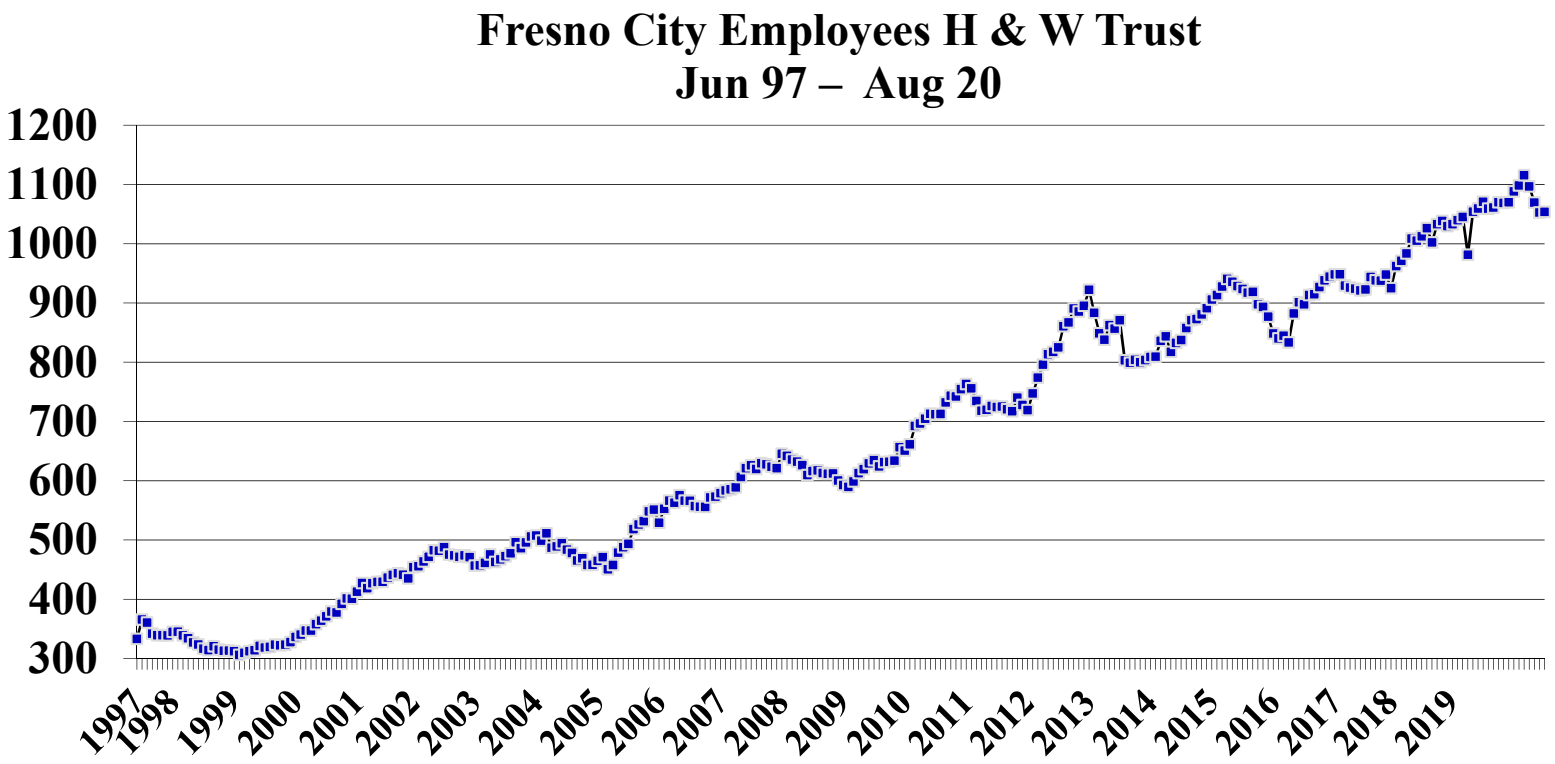
Prepared by HealthComp
07/01/2020

Average Cost Per Participant Monthly



Average Cost Per Participant Year to Date

Average Cost Per Participant
12 Month Rolling Average



FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

FINANCIAL ANALYSIS FOR MEDICAL, VISION AND PRESCRIPTION DRUG

TWO MONTHS ENDING AUGUST 31, 2020

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
ACTIVES								
PPO Contributing	2,580	$ 1,052.25	$ 102.00	$ 1,154.25	$ 1,251.00	$ 3.90	$ 100.65	$ 519,354.00
PPO Non-Cont 35	725	$ 560.87	$ 102.00	$ 662.87	$ 937.00	$ 3.90	$ 278.03	$ 403,143.50
PPO Non-Cont 25	5	$ 1,141.88	$ 102.00	$ 1,243.88	$ 847.00	$ 3.90	$ (392.98)	$ (3,929.80)
								$ -
TOTAL (a)	3310	$ 944.76	$ 102.00	$ 1,046.76	$ 1,181.61	$ 3.90	$ 138.75	$ 918,567.70
RETIREES								
PPO Plan	198	$ 1,176.93	$ 102.00	$ 1,278.93	$ 1,251.00	$ 3.90	$ (24.03)	$ (9,515.53)
TOTAL	198	1,176.93	$ 102.00	$ 1,278.93	$ 1,251.00	$ 3.90	$ (24.03)	$ (9,515.53)
COBRA								
PPO Plan	4	$ 15,542.19	$ 102.00	$ 15,644.19	$ 1,276.02	$ 3.90	$ (14,364.27)	$ (114,914.16)
TOTAL	4	$ 15,542.19	$ 102.00	$ 15,644.19	$ 1,276.02	$ 3.90	$ (14,364.27)	$ (114,914.16)
MEDICARE SUPP								
PPO Plan	148	$ 964.13	$ 42.72	$ 1,006.85	$ 688.00	$ 3.90	$ (314.95)	$ (93,225.20)
TOTAL	148	$ 964.13	$ 42.72	$ 1,006.85	$ 688.00	$ 3.90	$ (314.95)	$ (93,225.20)
SELF-PAY								
PPO Plan	30	$ 565.57	$ 102.00	$ 667.57	$ 1,507.00	$ 3.90	$ 843.33	$ 50,599.80
TOTAL	30	$ 565.57	$ 102.00	$ 667.57	$ 1,507.00	$ 3.90	$ 843.33	$ 50,599.80
Stop-Loss Reimbursement								$ 81,371.11
Prescription Drug Rebates								$ 43,279.04
TPL Reimbursement								$ -
TOTAL								$ 876,162.76

NOTES:

Claims Costs and Census Count represent average per month over the reporting period.

Fixed Costs include all plan costs for Blue Shield, Avante, ChiroMetrics, Optum, HealthComp, Rael & Letson, Moss Law Firm, MES, PhysMetrics and HM Insurance

Interest revenue is based upon $14,400 per month, and has been entirely allocated to the above benefits.

Rates are calculated on an average basis over the reporting period.

(a) Total Claims Cost and Rate are based upon a weighted average of contributing and non-contributing.

Prepared by HealthComp
07/01/2020

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

FINANCIAL ANALYSIS FOR DENTAL
TWO MONTHS ENDING AUGUST 31, 2020

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
Delta PPO	3530	$ 79.75	$ 5.13	$ 84.88	$ 99.00		$ 14.12	$ 99,687.20
PUD HMO	331	$ -	$ 41.92	$ 41.92	$ 99.00		$ 57.08	$ 37,786.96
COVID Rebate								$ (6,308.96)
TOTAL								$ 131,165.20

NOTES:
Claims Costs and Census Count represent average per month over the reporting period.
All interest revenue has been allocated to Medical.
Rates are calculated on an average basis over the reporting period.

Prepared by HealthComp
07/01/2020

HealthComp

Paid Claims Lag Time Analysis

INCURRED: 01/01/1990 - 08/31/2020 | PAID: 08/01/2020 - 08/31/2020

FRESNO CITY EMP H&W TRUST Summary

Range of Days Lagged	Incurred Date to Received Date			Received Date to Processed Date			Processed Date to Paid Date			Received Date to Paid Date		
	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum
0 - 10	3,987	47.1 %	47.1 %	8,057	95.2 %	95.2 %	8,431	99.6 %	99.6 %	7,775	91.8 %	91.8 %
11 - 14	1,073	12.7 %	59.8 %	144	1.7 %	96.9 %	22	0.3 %	99.8 %	244	2.9 %	94.7 %
15 - 21	1,283	15.2 %	74.9 %	41	0.5 %	97.4 %	9	0.1 %	100.0 %	190	2.2 %	97.0 %
22 - 28	684	8.1 %	83.0 %	75	0.9 %	98.2 %	4	0.0 %	100.0 %	82	1.0 %	97.9 %
Over 28	1,439	17.0 %	100.0 %	149	1.8 %	100.0 %	0	0.0 %	100.0 %	175	2.1 %	100.0 %

Total # of claims: 8,466

Average days from incurred to received: 22.1

Average days from received to processed: 2.4

Average days from processed to paid: 3.7

Average days from received to paid: 6.2

Underwriter(s): 100 | Group(s): 200
Product(s): All | Network(s): All
Adjudication Type: All | Days Included: Week Days

Report: PdClmsLag
Run Date: 9/1/2020 8:19:40 AM

FRESNO CITY EMPLOYEES
HEALTH & WELFARE TRUST

SPECIFIC STOP LOSS
THROUGH 07/31/20

INCURRED: 07/01/20 - 07/31/20
PAID: 07/01/20 THRU: 07/31/20

DEDUCTIBLE: $175k, $350k & $500k
CARRIER: HCC Insurance Company

OVER $500,000.00

MEMBER	NET PAID	CLAIM AMOUNT
	$ -	$ -

50% OVER $250,000.00

MEMBER	NET PAID	STILL TO MEET
	$ -	$ -
	$ -	$ -

PREMIUM

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	$ 135.54	$ 476,016.48	$ -	$ (476,016.48)
350,000	$ 49.72	$ 174,616.64	$ -	$ (174,616.64)
500,000	$ 29.03	$ 101,953.36	$ -	$ (101,953.36)

PRIOR YEAR RESULTS

FISCAL YEAR	MEMBERS OVER $175K	SAVINGS/(LOSS) $500 DEDUCTIBLE	$350 DEDUCTIBLE	SAVINGS/(LOSS) $175 DEDUCTIBLE
2008/2009	5	$ 275,694.78	$ 823,731.16	$ 1,333,752.01
2009/2010	11	$ 298,037.47	$ 660,094.16	$ 696,657.85
2010/2011	7	$ 571,249.08	$ 901,645.80	$ 2,451,452.16
2011/2012	12	$ 392,141.96	$ 562,653.55	$ 1,543,342.62
2012/2013	4	$ 690,024.10	$ 1,115,261.30	$ 3,286,763.75
2013/2014	11	$ 892,384.76	$ 1,450,290.57	$ 3,807,297.67
2014/2015	11	$ 546,018.60	$ 941,346.55	$ 3,782,202.62
2015/2016	13	$ 324,590.15	$ 264,268.88	$ 374,381.62
2016/2017	14	$ 2,588,355.84	$ 2,919,146.55	$ 3,042,900.18
2017/2018	15	$ (618,495.03)	$ (1,101,491.19)	$ (1,626,992.21)
2018/2019	23	$ (808,434.00)	$ (1,099,684.13)	$ (1,999,825.30)
2019/2020	27	$ (717,892.65)	$ (696,340.65)	$ (258,654.91)
TOTAL	**153**	**$ 4,433,675.06**	**$ 8,536,947.33**	**$ 16,433,278.06**

Current Outstanding Submission
As of July 31, 2020 $0

SPECIFIC STOP LOSS
THROUGH 07/31/20

INCURRED: 07/01/19 - 06/30/20
PAID: 07/01/19 THRU: 07/31/20

DEDUCTIBLE: $175k, $350k & $500k
CARRIER: HCC Insurance Company

OVER $500,000.00

MEMBER	NET PAID	CLAIM AMOUNT
9	$ 878,670.75	$ 378,670.75
7	$ 503,852.94	$ 3,852.94
10	$ 564,931.71	$ 64,931.71
	$ 1,947,455.40	$ 447,455.40

50% OVER $250,000.00

MEMBER	NET PAID	STILL TO MEET
3	$ 468,663.59	$ 31,336.41
18	$ 262,897.82	$ 237,102.18
6	$ 432,045.59	$ 67,954.41
20	$ 301,688.06	$ 198,311.94
4	$ 454,664.54	$ 45,335.46
5	$ 354,838.20	$ 145,161.80
14	$ 256,550.65	$ 243,449.35
1	$ 291,103.66	$ 208,896.34
16	$ 486,234.04	$ 13,765.96
13	$ 452,922.45	$ 47,077.55
11	$ 272,057.83	$ 227,942.17
8	$ 255,492.86	$ 244,507.14
15	$ 259,592.16	$ 240,407.84
22	$ 264,263.31	$ 235,736.69
26	$ 465,400.76	$ 34,599.24
21	$ 257,254.01	$ 242,745.99
24	$ 259,757.62	$ 240,242.38
2	$ 285,873.98	$ 214,126.02
	$ 6,081,301.13	$ 2,918,698.87

PREMIUM

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	$ 111.49	$ 4,705,881.41	$ 4,469,416.63	$ (236,464.78)
350,000	$ 40.90	$ 1,726,348.10	$ 1,562,224.57	$ (164,123.53)
500,000	$ 23.88	$ 1,007,950.92	$ 447,455.40	$ (560,495.52)

PRIOR YEAR RESULTS

FISCAL YEAR	MEMBERS OVER $175K	SAVINGS/(LOSS) $500 DEDUCTIBLE	$350 DEDUCTIBLE	SAVINGS/(LOSS) $175 DEDUCTIBLE
2008/2009	5	$ 275,694.78	$ 823,731.16	$ 1,333,752.01
2009/2010	11	$ 298,037.47	$ 660,094.16	$ 696,657.85
2010/2011	7	$ 571,249.08	$ 901,645.80	$ 2,451,452.16
2011/2012	12	$ 392,141.96	$ 562,653.55	$ 1,543,342.62
2012/2013	4	$ 690,024.10	$ 1,115,261.30	$ 3,286,763.75
2013/2014	11	$ 892,384.76	$ 1,450,290.57	$ 3,807,297.67
2014/2015	11	$ 546,018.60	$ 941,346.55	$ 3,782,202.62
2015/2016	13	$ 324,590.15	$ 264,268.88	$ 374,381.62
2016/2017	14	$ 2,588,355.84	$ 2,919,146.55	$ 3,042,900.18
2017/2018	15	$ (618,495.03)	$ (1,101,491.19)	$ (1,626,992.21)
2018/2019	23	$ (808,434.00)	$ (1,099,684.13)	$ (1,999,825.30)
2019/2020	27	$ (717,892.65)	$ (696,340.65)	$ (258,654.91)
TOTAL	**153**	**$ 4,433,675.06**	**$ 8,536,947.33**	**$ 16,433,278.06**

Current Outstanding Submission
As of July 31, 2020 $64931.71

FRESNO CITY EMPLOYEES
HEALTH & WELFARE TRUST

SPECIFIC STOP LOSS
THROUGH 08/31/20

INCURRED: 07/01/20 - 08/31/20
PAID: 07/01/20 THRU: 08/31/20

DEDUCTIBLE: $175k, $350k & $500k
CARRIER: HCC Insurance Company

OVER $500,000.00

MEMBER	NET PAID	CLAIM AMOUNT
	$ -	$ -

50% OVER $250,000.00

MEMBER	NET PAID	STILL TO MEET
	$ -	$ -
	$ -	$ -

PREMIUM

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	$ 135.54	$ 952,439.58	$ 31,207.78	$ (921,231.80)
350,000	$ 49.72	$ 349,382.44	$ -	$ (349,382.44)
500,000	$ 29.03	$ 203,993.81	$ -	$ (203,993.81)

PRIOR YEAR RESULTS

FISCAL YEAR	MEMBERS OVER $175K	SAVINGS/(LOSS) $500 DEDUCTIBLE	$350 DEDUCTIBLE	SAVINGS/(LOSS) $175 DEDUCTIBLE
2008/2009	5	$ 275,694.78	$ 823,731.16	$ 1,333,752.01
2009/2010	11	$ 298,037.47	$ 660,094.16	$ 696,657.85
2010/2011	7	$ 571,249.08	$ 901,645.80	$ 2,451,452.16
2011/2012	12	$ 392,141.96	$ 562,653.55	$ 1,543,342.62
2012/2013	4	$ 690,024.10	$ 1,115,261.30	$ 3,286,763.75
2013/2014	11	$ 892,384.76	$ 1,450,290.57	$ 3,807,297.67
2014/2015	11	$ 546,018.60	$ 941,346.55	$ 3,782,202.62
2015/2016	13	$ 324,590.15	$ 264,268.88	$ 374,381.62
2016/2017	14	$ 2,588,355.84	$ 2,919,146.55	$ 3,042,900.18
2017/2018	15	$ (618,495.03)	$ (1,101,491.19)	$ (1,626,992.21)
2018/2019	23	$ (808,434.00)	$ (1,099,684.13)	$ (1,999,825.30)
2019/2020	27	$ (717,892.65)	$ (696,340.65)	$ (258,654.91)
TOTAL	**153**	**$ 4,433,675.06**	**$ 8,536,947.33**	**$ 16,433,278.06**

Current Outstanding Submission
As of August 31, 2020 $0

SPECIFIC STOP LOSS
THROUGH 08/31/20

INCURRED: 07/01/19 - 06/30/20
PAID: 07/01/19 THRU: 08/31/20

DEDUCTIBLE: $175k, $350k & $500k
CARRIER: HCC Insurance Company

OVER $500,000.00

MEMBER	NET PAID	CLAIM AMOUNT
9	$ 886,308.16	$ 386,308.16
7	$ 503,852.94	$ 3,852.94
10	$ 564,931.71	$ 64,931.71
	$ 1,955,092.81	$ 455,092.81

50% OVER $250,000.00

MEMBER	NET PAID	STILL TO MEET
3	$ 468,663.59	$ 31,336.41
18	$ 263,843.75	$ 236,156.25
6	$ 432,090.99	$ 67,909.01
20	$ 301,688.06	$ 198,311.94
4	$ 454,664.54	$ 45,335.46
5	$ 356,354.82	$ 143,645.18
14	$ 256,550.65	$ 243,449.35
1	$ 311,789.68	$ 188,210.32
16	$ 486,234.04	$ 13,765.96
13	$ 452,922.45	$ 47,077.55
12	$ 320,851.13	$ 179,148.87
11	$ 281,896.89	$ 218,103.11
8	$ 255,492.86	$ 244,507.14
15	$ 259,592.16	$ 240,407.84
26	$ 467,252.00	$ 32,748.00
21	$ 257,254.01	$ 242,745.99
24	$ 259,757.62	$ 240,242.38
2	$ 285,971.41	$ 214,028.59
	$ 6,172,870.65	$ 2,827,129.35

PREMIUM

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	$ 111.49	$ 4,705,881.41	$ 4,594,852.48	$ (111,028.93)
350,000	$ 40.90	$ 1,726,348.10	$ 1,573,275.24	$ (153,072.86)
500,000	$ 23.88	$ 1,007,950.92	$ 455,092.81	$ (552,858.11)

PRIOR YEAR RESULTS

FISCAL YEAR	MEMBERS OVER $175K	SAVINGS/(LOSS) $500 DEDUCTIBLE	$350 DEDUCTIBLE	SAVINGS/(LOSS) $175 DEDUCTIBLE
2008/2009	5	$ 275,694.78	$ 823,731.16	$ 1,333,752.01
2009/2010	11	$ 298,037.47	$ 660,094.16	$ 696,657.85
2010/2011	7	$ 571,249.08	$ 901,645.80	$ 2,451,452.16
2011/2012	12	$ 392,141.96	$ 562,653.55	$ 1,543,342.62
2012/2013	4	$ 690,024.10	$ 1,115,261.30	$ 3,286,763.75
2013/2014	11	$ 892,384.76	$ 1,450,290.57	$ 3,807,297.67
2014/2015	11	$ 546,018.60	$ 941,346.55	$ 3,782,202.62
2015/2016	13	$ 324,590.15	$ 264,268.88	$ 374,381.62
2016/2017	14	$ 2,588,355.84	$ 2,919,146.55	$ 3,042,900.18
2017/2018	15	$ (618,495.03)	$ (1,101,491.19)	$ (1,626,992.21)
2018/2019	23	$ (808,434.00)	$ (1,099,684.13)	$ (1,999,825.30)
2019/2020	27	$ (717,892.65)	$ (696,340.65)	$ (258,654.91)
TOTAL	**153**	**$ 4,433,675.06**	**$ 8,536,947.33**	**$ 16,433,278.06**

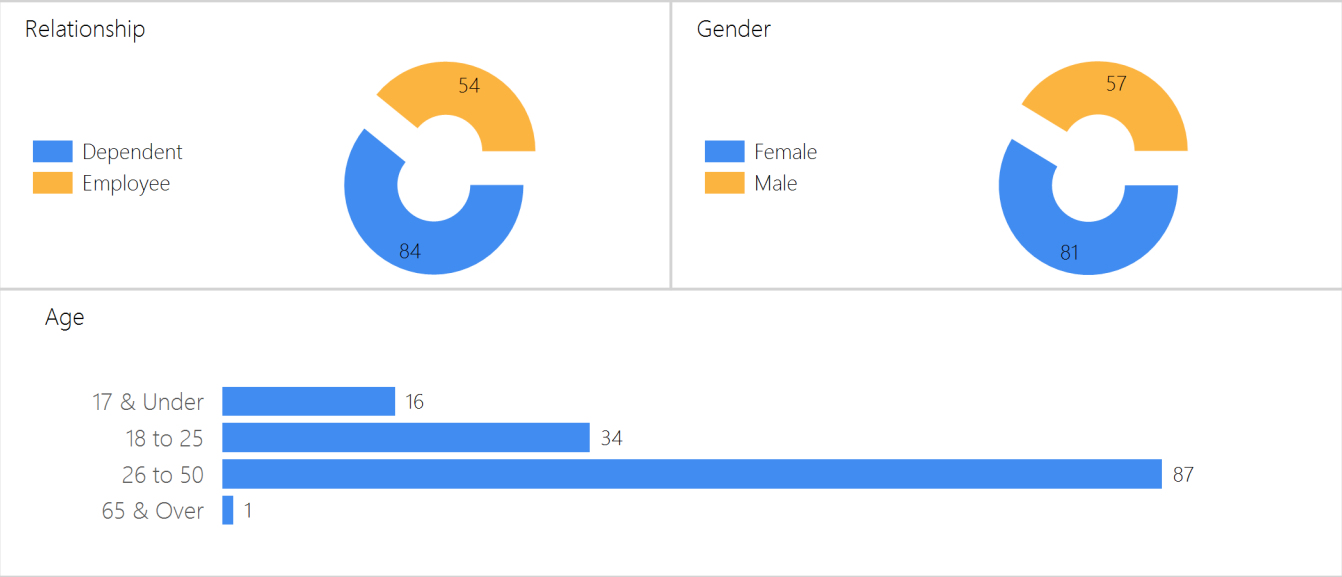
Current Outstanding Submission
As of August 31, 2020 $0

Avante Health
Fresno City Employees Health & Welfare Trust

Utilization
Claims Processed: 7/1/2020 to 7/31/2020

Benefit Utilization	
Average Enrollment	10,846
Benefit Access (Unique Patients)	137
Benefit Access Rate	12.63 %
Utilization (Paid Units)	298
Utilization per 1000	27.48

Patient Demographics



Benefits Accessed				
	Benefit Access	Rate	Utilization	per 1000
Crisis Stabilization	0	0.00 %	0	0.0
Mental Health Inpatient	0	0.00 %	0	0.0
Mental health Intensive Out Patient	0	0.00 %	0	0.0
Mental Health Intensive Outpatient	0	0.00 %	0	0.0
Mental Health Outpatient	137	1.26 %	298	27.5
Substance Abuse Inpatient	0	0.00 %	0	0.0
Substance Abuse Outpatient	0	0.00 %	0	0.0

Outpatient - Top Presenting Problems by Unique Patients				
	Benefit Access	Rate	Utilization	per 1000
OTHER ANXIETY DISORDERS	31	0.29 %	66	2.9
REACTION TO SEVERE STRESS & ADJUSTMENT DISORDERS	27	0.25 %	67	2.5
MAJOR DEPRESSIVE DISORDER RECURRENT	22	0.20 %	42	2.0
PERSISTENT MOOD AFFECTIVE DISORDERS	9	0.08 %	19	0.8
BIPOLAR DISORDER	7	0.06 %	18	0.6
MAJOR DEPRESSIVE DISORDER SINGLE EPISODE	7	0.06 %	14	0.6
ATTENTION-DEFICIT HYPERACTIVITY DISORDERS	7	0.06 %	10	0.6
EATING DISORDERS	3	0.03 %	6	0.3
OBSESSIVE-COMPULSIVE DISORDER	3	0.03 %	6	0.3
UNSPECIFIED MOOD AFFECTIVE DISORDER	2	0.02 %	3	0.2

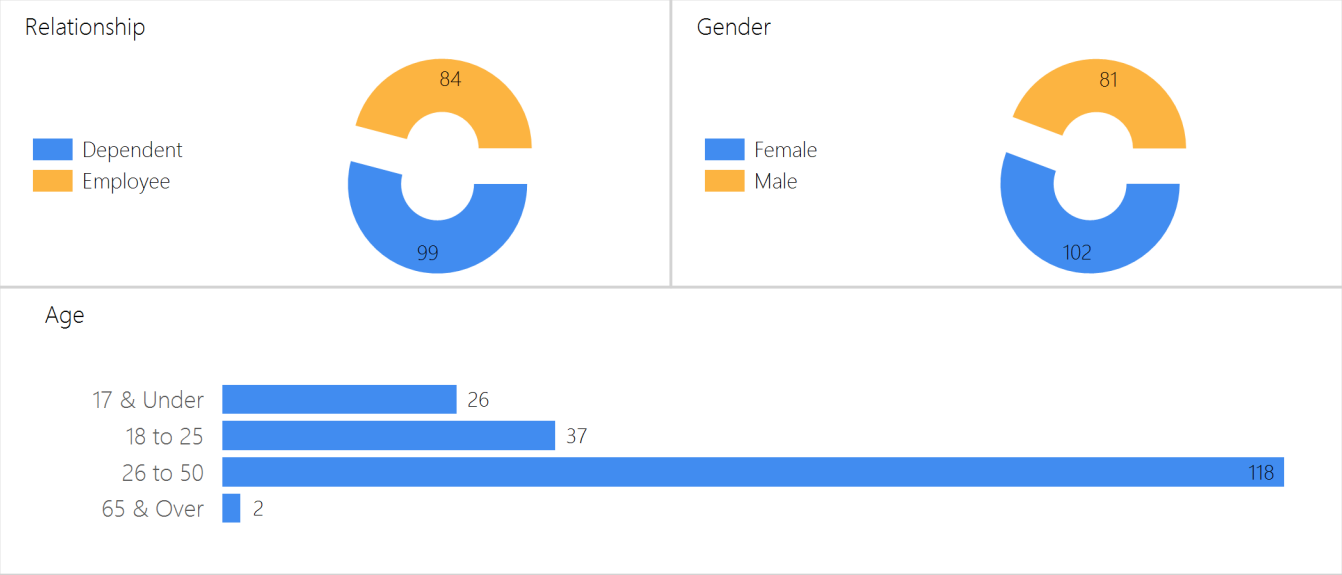
Other and Notable - Presenting Problems				
	Benefit Access	Rate	Utilization	per 1000

Avante Health
Fresno City Employees Health & Welfare Trust

Utilization
Claims Processed: 8/1/2020 to 8/31/2020

Benefit Utilization	
Average Enrollment	10,834
Benefit Access (Unique Patients)	183
Benefit Access Rate	16.89 %
Utilization (Paid Units)	490
Utilization per 1000	45.23

Patient Demographics



Benefits Accessed				
	Benefit Access	Rate	Utilization	per 1000
Crisis Stabilization	0	0.00 %	0	0.0
Mental Health Inpatient	0	0.00 %	0	0.0
Mental health Intensive Out Patient	0	0.00 %	0	0.0
Mental Health Intensive Outpatient	0	0.00 %	0	0.0
Mental Health Outpatient	183	1.69 %	490	45.2
Substance Abuse Inpatient	0	0.00 %	0	0.0
Substance Abuse Outpatient	0	0.00 %	0	0.0

Outpatient - Top Presenting Problems by Unique Patients				
	Benefit Access	Rate	Utilization	per 1000
REACTION TO SEVERE STRESS & ADJUSTMENT DISORDERS	66	0.61 %	211	6.1
OTHER ANXIETY DISORDERS	39	0.36 %	93	3.6
MAJOR DEPRESSIVE DISORDER RECURRENT	16	0.15 %	41	1.5
MAJOR DEPRESSIVE DISORDER SINGLE EPISODE	15	0.14 %	29	1.4
PERSISTENT MOOD AFFECTIVE DISORDERS	10	0.09 %	17	0.9
BIPOLAR DISORDER	8	0.07 %	17	0.7
OBSESSIVE-COMPULSIVE DISORDER	5	0.05 %	9	0.5
EATING DISORDERS	3	0.03 %	7	0.3
ATTENTION-DEFICIT HYPERACTIVITY DISORDERS	2	0.02 %	2	0.2
TIC DISORDER	1	0.01 %	1	0.1

Other and Notable - Presenting Problems				
	Benefit Access	Rate	Utilization	per 1000
Alcohol related disorders	1	0.01 %	1	0.1

CONFIDENTIAL

City of Fresno EGWP Executive Summary by Time Period: September 2019 Through August 2020 *(Preliminary, August 2020 not closed)

Measures	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	July 2020	August 2020*	Rolling Total*
Membership													
Avg Eligible Members	233	241	243	243	239	240	242	257	250	247	245	0	244
Total Utilizing Members	160	164	157	163	160	147	182	183	171	181	181	185	170
% Utilizing Members	68.7%	68.0%	64.6%	67.1%	66.9%	61.3%	75.2%	71.2%	68.4%	73.3%	73.9%	0.0%	75.9%
Avg Member Age	76.88	76.64	76.37	76.54	76.58	76.63	76.31	76.06	76.20	76.23	76.32	0.00	76.43
Rx and Cost													
Total Rxs	535	472	524	506	533	478	603	584	567	629	618	630	6,679
Total Drug Cost	$75,465.88	$74,492.64	$90,624.61	$93,343.10	$88,068.42	$65,856.58	$94,635.47	$87,375.10	$82,317.69	$113,697.82	$127,075.10	$82,603.87	$1,075,556.28
Total Plan Paid	$53,806.97	$55,101.94	$63,214.35	$77,106.46	$68,526.18	$56,567.20	$80,518.70	$71,240.26	$64,178.68	$87,974.08	$90,105.18	$58,584.15	$826,924.15
Total Member Paid	$21,658.91	$19,390.70	$27,410.26	$16,113.82	$18,673.43	$9,289.38	$13,093.71	$16,134.84	$18,139.01	$25,723.74	$36,969.92	$24,019.72	$246,617.44
Total Ingredient Cost	$74,920.68	$73,992.64	$90,060.31	$92,885.55	$87,603.07	$65,415.48	$94,122.22	$86,971.85	$81,869.54	$113,080.97	$126,506.10	$81,854.72	$1,069,283.13
Total Dispensing Fee	$405.20	$400.00	$424.30	$377.55	$425.35	$341.10	$453.25	$383.25	$448.15	$556.85	$549.00	$569.15	$5,333.15
Total Sales Tax	$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
% Plan Paid	71.3%	74.0%	69.8%	82.6%	77.8%	85.9%	85.1%	81.5%	78.0%	77.4%	70.9%	70.9%	76.9%
% Member Paid	28.7%	26.0%	30.2%	17.3%	21.2%	14.1%	13.8%	18.5%	22.0%	22.6%	29.1%	29.1%	22.9%
Avg Drug Cost / Rx	$141.06	$157.82	$172.95	$184.47	$165.23	$137.78	$156.94	$149.61	$145.18	$180.76	$205.62	$131.12	$161.04
Avg Plan Paid / Rx	$100.57	$116.74	$120.64	$152.38	$128.57	$118.34	$133.53	$121.99	$113.19	$139.86	$145.80	$92.99	$123.81
Avg Member Paid / Rx	$40.48	$41.08	$52.31	$31.85	$35.03	$19.43	$21.71	$27.63	$31.99	$40.90	$59.82	$38.13	$36.92
Per Member Per Month													
Avg Rxs PMPM	2.30	1.96	2.16	2.08	2.23	1.99	2.49	2.27	2.27	2.55	2.52	0.00	2.49
Avg Drug Cost PMPM	$323.89	$309.10	$372.94	$384.13	$368.49	$274.40	$391.06	$339.98	$329.27	$460.32	$518.67	$0.00	$401.33
Avg Plan Paid PMPM	$230.93	$228.64	$260.14	$317.31	$286.72	$235.70	$332.72	$277.20	$256.71	$356.17	$367.78	$0.00	$308.55
Avg Member Paid PMPM	$92.96	$80.46	$112.80	$66.31	$78.13	$38.71	$54.11	$62.78	$72.56	$104.14	$150.90	$0.00	$92.02
Drug Type													
% Single-Source Brand Rxs	12.7%	13.1%	14.9%	12.5%	10.5%	11.9%	13.4%	11.3%	9.7%	11.8%	12.5%	10.5%	12.0%
% Multi-Source Brand Rxs	1.3%	1.1%	0.8%	1.2%	1.3%	1.0%	1.2%	1.2%	0.9%	1.7%	1.0%	1.0%	1.1%
% Generic Rxs	86.0%	85.8%	84.4%	86.4%	88.2%	87.0%	85.4%	87.5%	89.4%	86.5%	86.6%	88.6%	86.8%
% Generic Efficiency	98.5%	98.8%	99.1%	98.6%	98.5%	98.8%	98.7%	98.6%	99.0%	98.0%	98.9%	98.9%	98.7%
Drug Channel													
% Retail Rxs	46.0%	52.5%	45.4%	47.6%	52.3%	48.1%	47.6%	47.8%	47.4%	51.0%	50.2%	53.5%	49.2%
% Retail 90 Rxs	33.8%	27.5%	33.4%	32.8%	31.3%	31.0%	33.5%	34.9%	30.5%	31.0%	30.9%	30.3%	31.8%
% Mail Rxs	20.2%	19.9%	21.2%	19.6%	16.3%	20.9%	18.9%	17.3%	22.0%	18.0%	18.9%	16.2%	19.0%
Specialty Drugs													
Total Specialty Rxs	2	5	3	5	5	1	6	7	9	8	7	4	62
Total Specialty Drug Cost	$12,588.75	$26,269.84	$21,611.01	$34,565.55	$35,403.84	$8,745.78	$23,264.35	$24,450.34	$24,580.83	$36,274.79	$36,721.75	$28,375.00	$312,851.83
Total Specialty Plan Paid	$11,948.06	$25,034.86	$20,842.67	$33,275.58	$25,577.91	$8,725.78	$20,258.50	$23,976.75	$24,146.34	$33,436.31	$33,838.57	$25,001.83	$286,063.16
Total Specialty Member Paid	$640.69	$1,234.98	$768.34	$1,289.97	$9,825.93	$20.00	$3,005.85	$473.59	$434.49	$2,838.48	$2,883.18	$3,373.17	$26,788.67
% Specialty Rxs	0.4%	1.1%	0.6%	1.0%	0.9%	0.2%	1.0%	1.2%	1.6%	1.3%	1.1%	0.6%	0.9%
% Specialty of Total Drug Cost	16.7%	35.3%	23.8%	37.0%	40.2%	13.3%	24.6%	28.0%	29.9%	31.9%	28.9%	34.4%	29.1%
% Specialty of Total Plan Paid	22.2%	45.4%	33.0%	43.2%	37.3%	15.4%	25.2%	33.7%	37.6%	38.0%	37.6%	42.7%	34.6%
% Specialty of Total Member Paid	3.0%	6.4%	2.8%	8.0%	52.6%	0.2%	23.0%	2.9%	2.4%	11.0%	7.8%	14.0%	10.9%
Avg Specialty Rxs PMPM	0.01	0.02	0.01	0.02	0.02	0.00	0.02	0.03	0.04	0.03	0.03	0.00	0.02
Avg Specialty Drug Cost PMPM	$54.03	$109.00	$88.93	$142.25	$148.13	$36.44	$96.13	$95.14	$98.32	$146.86	$149.88	$0.00	$116.74
Avg Specialty Plan Paid PMPM	$51.28	$103.88	$85.77	$136.94	$107.02	$36.36	$83.71	$93.29	$96.59	$135.37	$138.12	$0.00	$106.74
Avg Specialty Member Paid PMPM	$2.75	$5.12	$3.16	$5.31	$41.11	$0.08	$12.42	$1.84	$1.74	$11.49	$11.77	$0.00	$10.00
Avg Non-Specialty Rxs PMPM	2.29	1.94	2.14	2.06	2.21	1.99	2.47	2.25	2.23	2.51	2.49	0.00	2.47
Avg Non-Specialty Drug Cost PMPM	$269.86	$200.09	$284.01	$241.88	$220.35	$237.96	$294.92	$244.84	$230.95	$313.45	$368.79	$0.00	$284.59
Avg Non-Specialty Plan Paid PMPM	$179.65	$124.76	$174.37	$180.37	$179.70	$199.34	$249.01	$183.90	$160.13	$220.80	$229.66	$0.00	$201.81
Avg Non-Specialty Member Paid PMPM	$90.21	$75.33	$109.64	$61.00	$37.02	$38.62	$41.69	$60.94	$70.82	$92.65	$139.13	$0.00	$82.03

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*Data is preliminary and not final

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City of Fresno Executive Summary by Time Period: September 2019 Through August 2020 *(Preliminary, August 2020 not closed)

Measures	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	July 2020	August 2020*	Rolling Total*
Membership													
Avg Eligible Members	10,254	10,312	10,239	10,199	10,196	10,197	10,257	10,242	10,236	10,187	11,944	0	10,388
Total Utilizing Members	2,642	2,894	2,758	2,782	2,892	2,861	2,967	2,603	2,530	2,505	2,593	2,677	2,725
% Utilizing Members	25.8%	28.1%	26.9%	27.3%	28.4%	28.1%	28.9%	25.4%	24.7%	24.6%	21.7%	0.0%	28.6%
Avg Member Age	32.38	32.33	32.33	32.35	32.30	32.33	32.25	32.10	32.11	32.11	32.03	0.00	32.24
Rx and Cost													
Total Rxs	6,359	6,977	6,424	6,911	7,177	6,793	7,727	6,303	6,096	6,327	6,423	6,620	80,137
Total Drug Cost	$1,028,253.37	$1,215,168.50	$1,018,735.91	$1,209,725.17	$1,120,087.51	$1,115,635.91	$1,313,138.47	$1,197,400.04	$1,060,081.49	$1,060,375.27	$1,200,693.24	$1,129,640.88	$13,668,935.76
Total Plan Paid	$934,980.40	$1,116,098.87	$928,097.93	$1,108,255.69	$1,017,286.96	$1,021,922.19	$1,198,160.27	$1,096,303.41	$968,259.00	$968,637.64	$1,092,008.86	$1,031,387.77	$12,481,398.99
Total Member Paid	$93,272.97	$99,069.63	$90,637.98	$101,469.48	$102,800.55	$93,713.72	$114,978.20	$101,096.63	$91,822.49	$91,737.63	$108,684.38	$98,253.11	$1,187,536.77
Total Ingredient Cost	$1,023,278.57	$1,209,382.44	$1,013,553.76	$1,203,849.82	$1,114,200.04	$1,110,078.76	$1,304,660.60	$1,190,992.45	$1,053,918.44	$1,053,602.31	$1,194,597.05	$1,117,940.08	$13,590,054.32
Total Dispensing Fee	$4,973.15	$5,780.05	$5,177.82	$5,872.63	$5,886.47	$5,557.15	$8,472.02	$6,407.01	$6,162.44	$6,769.50	$6,093.19	$11,697.12	$78,848.55
Total Sales Tax	$1.65	$6.01	$4.33	$2.72	$1.00	$0.00	$5.85	$0.58	$0.61	$3.46	$3.00	$3.68	$32.89
% Plan Paid	90.9%	91.8%	91.1%	91.6%	90.8%	91.6%	91.2%	91.6%	91.3%	91.3%	90.9%	91.3%	91.3%
% Member Paid	9.1%	8.2%	8.9%	8.4%	9.2%	8.4%	8.8%	8.4%	8.7%	8.7%	9.1%	8.7%	8.7%
Avg Drug Cost / Rx	$161.70	$174.17	$158.58	$175.04	$156.07	$164.23	$169.94	$189.97	$173.90	$167.60	$186.94	$170.64	$170.57
Avg Plan Paid / Rx	$147.03	$159.97	$144.47	$160.36	$141.74	$150.44	$155.06	$173.93	$158.84	$153.10	$170.02	$155.80	$155.75
Avg Member Paid / Rx	$14.67	$14.20	$14.11	$14.68	$14.32	$13.80	$14.88	$16.04	$15.06	$14.50	$16.92	$14.84	$14.82
Per Member Per Month													
Avg Rxs PMPM	0.62	0.68	0.63	0.68	0.70	0.67	0.75	0.62	0.60	0.62	0.54	0.00	0.70
Avg Drug Cost PMPM	$100.28	$117.84	$99.50	$118.61	$109.86	$109.41	$128.02	$116.91	$103.56	$104.09	$100.53	$0.00	$119.63
Avg Plan Paid PMPM	$91.18	$108.23	$90.64	$108.66	$99.77	$100.22	$116.81	$107.04	$94.59	$95.09	$91.43	$0.00	$109.23
Avg Member Paid PMPM	$9.10	$9.61	$8.85	$9.95	$10.08	$9.19	$11.21	$9.87	$8.97	$9.01	$9.10	$0.00	$10.39
Drug Type													
% Single-Source Brand Rxs	16.8%	18.9%	16.4%	15.7%	14.8%	14.8%	16.5%	15.3%	14.9%	14.4%	14.4%	15.0%	15.7%
% Multi-Source Brand Rxs	0.5%	0.7%	0.5%	0.8%	0.6%	0.7%	0.7%	0.7%	0.6%	0.5%	0.6%	0.6%	0.6%
% Generic Rxs	82.7%	80.4%	83.0%	83.5%	84.6%	84.6%	82.8%	83.9%	84.5%	85.1%	85.0%	84.5%	83.7%
% Generic Efficiency	99.4%	99.2%	99.3%	99.1%	99.3%	99.2%	99.2%	99.2%	99.3%	99.4%	99.3%	99.3%	99.3%
Drug Channel													
% Retail Rxs	75.3%	76.0%	74.7%	75.8%	76.2%	75.9%	73.7%	73.0%	71.5%	71.4%	71.7%	72.6%	74.0%
% Retail 90 Rxs	18.4%	17.8%	18.7%	18.2%	18.0%	18.3%	19.5%	20.8%	21.9%	22.5%	21.8%	21.0%	19.7%
% Mail Rxs	6.3%	6.1%	6.6%	6.0%	5.8%	5.7%	6.8%	6.2%	6.6%	6.1%	6.5%	6.4%	6.3%
Specialty Drugs													
Total Specialty Rxs	69	88	67	91	83	83	91	86	74	79	84	83	978
Total Specialty Drug Cost	$419,814.83	$564,194.35	$424,208.73	$580,823.56	$461,942.08	$508,219.27	$565,210.55	$599,811.85	$458,286.03	$485,136.35	$558,173.06	$560,746.69	$6,186,567.35
Total Specialty Plan Paid	$411,661.20	$556,445.95	$418,475.34	$574,528.56	$456,557.08	$502,617.62	$559,187.93	$588,908.87	$453,221.03	$479,462.32	$545,198.42	$554,481.69	$6,100,746.01
Total Specialty Member Paid	$8,153.63	$7,748.40	$5,733.39	$6,295.00	$5,385.00	$5,601.65	$6,022.62	$10,902.98	$5,065.00	$5,674.03	$12,974.64	$6,265.00	$85,821.34
% Specialty Rxs	1.1%	1.3%	1.0%	1.3%	1.2%	1.2%	1.2%	1.4%	1.2%	1.2%	1.3%	1.3%	1.2%
% Specialty of Total Drug Cost	40.8%	46.4%	41.6%	48.0%	41.2%	45.6%	43.0%	50.1%	43.2%	45.8%	46.5%	49.6%	45.3%
% Specialty of Total Plan Paid	44.0%	49.9%	45.1%	51.8%	44.9%	49.2%	46.7%	53.7%	46.8%	49.5%	49.9%	53.8%	48.9%
% Specialty of Total Member Paid	8.7%	7.8%	6.3%	6.2%	5.2%	6.0%	5.2%	10.8%	5.5%	6.2%	11.9%	6.4%	7.2%
Avg Specialty Rxs PMPM	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.00	0.01
Avg Specialty Drug Cost PMPM	$40.94	$54.71	$41.43	$56.95	$45.31	$49.84	$55.10	$58.56	$44.77	$47.62	$46.73	$0.00	$54.14
Avg Specialty Plan Paid PMPM	$40.15	$53.96	$40.87	$56.33	$44.78	$49.29	$54.52	$57.50	$44.28	$47.07	$45.65	$0.00	$53.39
Avg Specialty Member Paid PMPM	$0.80	$0.75	$0.56	$0.62	$0.53	$0.55	$0.59	$1.06	$0.49	$0.56	$1.09	$0.00	$0.75
Avg Non-Specialty Rxs PMPM	0.61	0.67	0.62	0.67	0.70	0.66	0.74	0.61	0.59	0.61	0.53	0.00	0.69
Avg Non-Specialty Drug Cost PMPM	$59.34	$63.13	$58.06	$61.66	$64.55	$59.57	$72.92	$58.35	$58.79	$56.47	$53.79	$0.00	$65.48
Avg Non-Specialty Plan Paid PMPM	$51.04	$54.27	$49.77	$52.33	$55.00	$50.93	$62.30	$49.54	$50.32	$48.02	$45.78	$0.00	$55.84
Avg Non-Specialty Member Paid PMPM	$8.30	$8.86	$8.29	$9.33	$9.55	$8.64	$10.62	$8.81	$8.48	$8.45	$8.01	$0.00	$9.64

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*Data is preliminary and not final

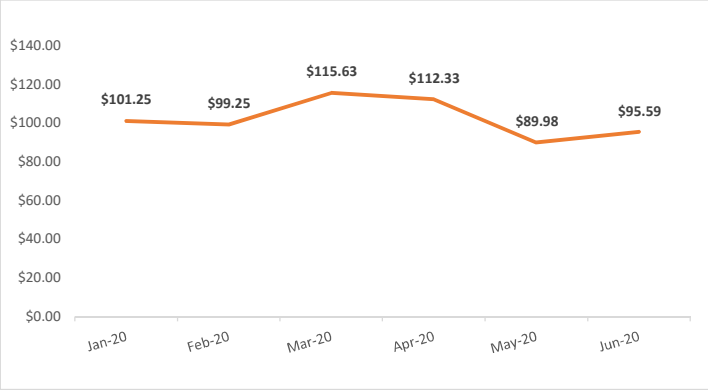
COVID-19 Supplemental Report

Fresno City Employees

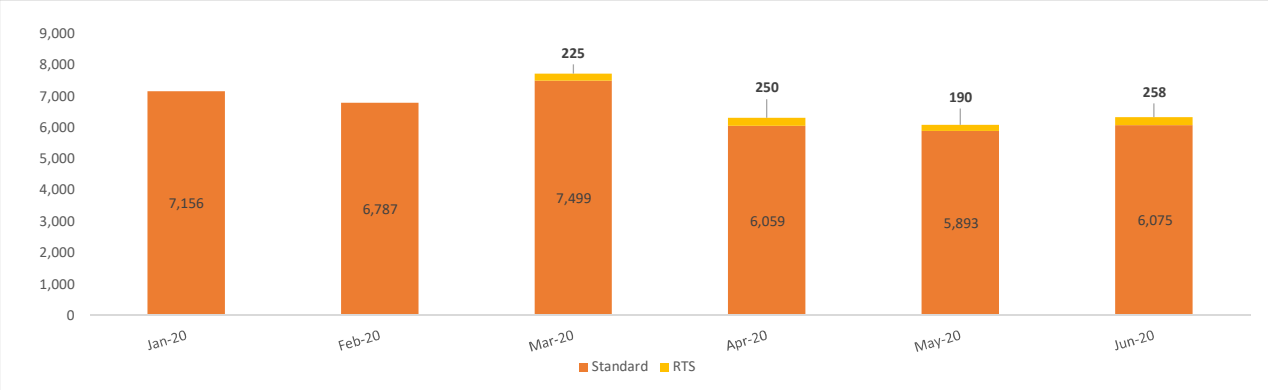
Claims Submitted Jan 1, 2020 - Jun 30, 2020

Being a clinically-focused and data-centric enterprise has helped OptumRx rapidly react to the fast-evolving COVID-19 situation and take proactive measures to respond to the multiple federal and state actions. This supplemental report is intended to provide directional guidance on the impact of COVID-19 to your plan cost and utilization.

Plan Paid PMPM



Rxs by Month



Key Statistics

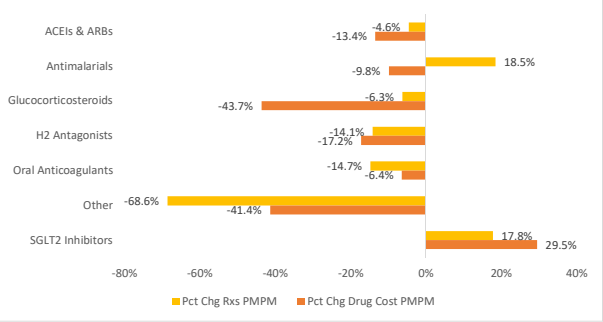
Key Statistics	January-2020	February-2020	March-2020	April-2020	May-2020	June-2020	Total
Average Eligible Members	10,196	10,197	10,257	10,242	10,236	10,187	10,219
Overall Utilization and Costs							
Total Rxs	7,156	6,787	7,724	6,309	6,083	6,333	40,392
Total Drug Cost	$1,136,401	$1,104,713	$1,298,731	$1,252,605	$1,012,462	$1,065,392	$6,870,304
Total Plan Paid	$1,032,321	$1,012,048	$1,186,053	$1,150,483	$921,050	$973,811	$6,275,765
PMPM Utilization and Costs							
Plan Paid PMPM	$101.25	$99.25	$115.63	$112.33	$89.98	$95.59	$102.35
Rxs PMPM	0.70	0.67	0.75	0.62	0.59	0.62	0.66
Days Supply PMPM	26.6	25.4	30.5	26.0	25.7	26.9	26.8
Channel Management							
Percent First Fill/First New Refill	63.3%	62.6%	62.0%	55.6%	54.9%	57.6%	59.6%
Percent Home Delivery	5.9%	5.6%	6.8%	6.3%	6.6%	6.1%	6.2%
Percent Retail 90	18.1%	18.2%	19.7%	20.9%	21.9%	22.5%	20.1%
COVID-19 - Refill Too Soon							

COVID-19 Drug Surveillance

Fresno City Employees

Claims Submitted Jan 1, 2020 - Mar 11, 2020 vs Apr 1, 2020 - Jun 10, 2020

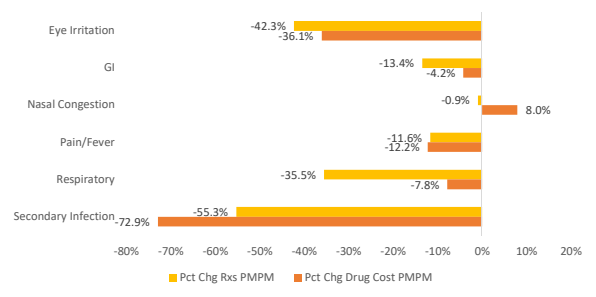
Experimental Treatment - Targeted Drugs



As in the period immediately following the pandemic status, experimental treatments were quick to surface and sometimes quick to lose favor. In 2Q 2020 we saw the rejection of hydroxychloroquine/chloroquine as a viable treatment option; and the rise of ACE inhibitors as potential options to reduce hospitalizations for older patients. In June, the steroid dexamethasone gained media traction after RECOVERY trial results showed benefit in patients hospitalized with severe infection. The OptumRx book of business saw utilization increases for other drugs being studied for COVID-19, but the increase in utilization is more likely for the common conditions they are indicated for (e.g. blood clot prevention, acid reflux, diabetes).

	Apr 1, 2020 - Jun 10, 2020					Jan 1, 2020 - Mar 11, 2020					% change	
Disease State	Rxs	Pct New Fills	Pct 90 Days	Avg Drug Cost	Drug Cost PMPM	Rxs	Pct New Fills	Pct 90 Days	Avg Drug Cost	Drug Cost PMPM	Rxs PMPM	Drug Cost PMPM
Experimental - ACEIs & ARBs	721	51.6%	59.1%	$15.20	$0.69	755	55.5%	55.9%	$15.05	$0.79	-4.6%	-13.4%
Experimental - Antimalarials	32	50.0%	0.0%	$10.57	$0.04	27	48.1%	3.7%	$21.78	$0.04	18.5%	-9.8%
Experimental - Glucocorticosteroids	15	93.3%	0.0%	$4.85	$0.00	16	87.5%	0.0%	$4.89	$0.01	-6.3%	-43.7%
Experimental - H2 Antagonists	61	65.6%	29.5%	$10.56	$0.06	71	56.3%	22.5%	$12.46	$0.07	-14.1%	-17.2%
Experimental - Oral Anticoagulants	58	25.9%	6.9%	$267.44	$1.12	68	33.8%	2.9%	$225.63	$1.19	-14.7%	-6.4%
Experimental - Other	226	81.0%	3.1%	$113.37	$1.68	719	94.3%	1.0%	$58.95	$2.86	-68.6%	-41.4%
Experimental - SGLT2 Inhibitors	33	39.4%	30.3%	$548.87	$1.13	28	46.4%	25.0%	$444.70	$0.87	17.8%	29.5%

Symptomatic Treatment - Targeted Drugs



All of the categories for symptomatic use have decreased in 2Q 2020. Use for inhaled rescue inhalers decreased overall, which may have been due to significant increase in March of 2020 as well as lessening of need due to seasonality. (Important to note that use of Asthma combos increased - which tends to indicate that asthma/COPD is still being treated adequately).

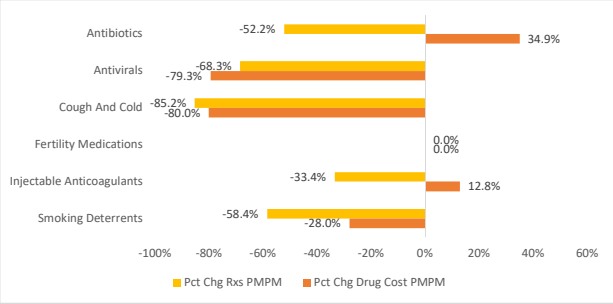
	Apr 1, 2020 - Jun 10, 2020					Jan 1, 2020 - Mar 11, 2020					% change	
Drug Class	Rxs	Pct New Fills	Pct 90 Days	Avg Drug Cost	Drug Cost PMPM	Rxs	Pct New Fills	Pct 90 Days	Avg Drug Cost	Drug Cost PMPM	Rxs PMPM	Drug Cost PMPM
Symptomatic - Eye Irritation	86	93.0%	0.0%	$22.50	$0.14	149	94.6%	0.0%	$19.10	$0.22	-42.3%	-36.1%
Symptomatic - GI	569	66.3%	29.9%	$24.03	$0.98	657	62.7%	27.9%	$22.42	$1.03	-13.4%	-4.2%
Symptomatic - Nasal Congestion	345	47.8%	0.0%	$24.76	$0.51	348	58.6%	0.0%	$22.05	$0.48	-0.9%	8.0%
Symptomatic - Pain/Fever	503	70.4%	5.2%	$4.29	$0.14	569	74.0%	4.0%	$4.72	$0.16	-11.6%	-12.2%
Symptomatic - Respiratory	1,079	61.7%	8.7%	$51.17	$4.60	1,673	79.0%	4.3%	$41.48	$4.98	-35.5%	-7.8%
Symptomatic - Secondary Infection	834	88.0%	2.6%	$9.28	$0.44	1,864	95.0%	0.9%	$14.61	$1.61	-55.3%	-72.9%

COVID-19 Drug Surveillance

Fresno City Employees

Claims Submitted Jan 1, 2020 - Mar 11, 2020 vs Apr 1, 2020 - Jun 10, 2020

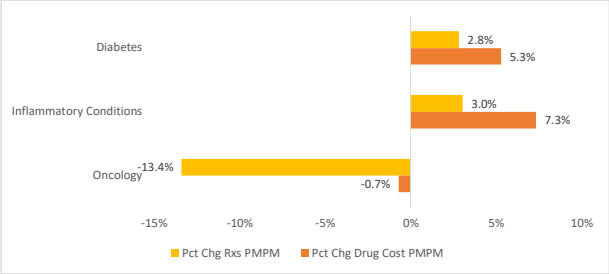
Decreases (Based on Review of Book of Business)



We continue to see claim volume for Antibiotics and Antivirals in the OptumRx book of business decreasing (by over 50% in 2Q 2020); this reduction in use of antibiotics may be due in part to social distancing, but also to practiced responsible behavior in social situations. Smoking deterrents, fertility medications, and injectable anticoagulants also had a notable decrease. This is most likely due to delayed treatments and postponed procedures.

	Apr 1, 2020 - Jun 10, 2020					Jan 1, 2020 - Mar 11, 2020					% change	
Disease State	Rxs	Pct New Fills	Pct 90 Days	Avg Drug Cost	Drug Cost PMPM	Rxs	Pct New Fills	Pct 90 Days	Avg Drug Cost	Drug Cost PMPM	Rxs PMPM	Drug Cost PMPM
Antibiotics	720	90.0%	0.6%	$42.61	$1.75	1,504	96.2%	0.2%	$14.58	$1.29	-52.2%	34.9%
Antivirals	115	59.1%	15.7%	$28.67	$0.21	363	86.0%	3.6%	$44.21	$1.00	-68.3%	-79.3%
Cough And Cold	49	89.8%	0.0%	$5.94	$0.03	330	97.9%	0.0%	$5.69	$0.13	-85.2%	-80.0%
Fertility Medications	0	0.0%	0.0%	$0.00	$0.00	0	0.0%	0.0%	$0.00	$0.00	0.0%	0.0%
Injectable Anticoagulants	4	100.0%	0.0%	$94.75	$0.04	6	83.3%	0.0%	$39.18	$0.04	-33.4%	12.8%
Smoking Deterrents	5	60.0%	20.0%	$78.29	$0.05	12	75.0%	0.0%	$25.18	$0.07	-58.4%	-28.0%

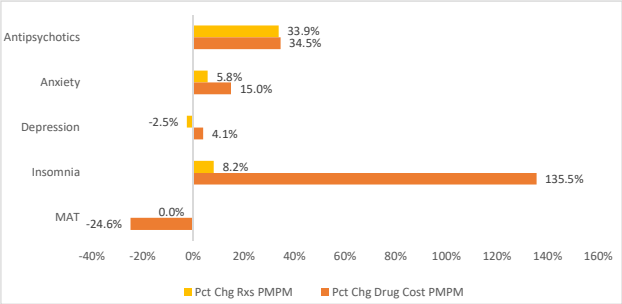
Increases (Based on Review of Book of Business)



Maintaining necessary treatment is imperative, especially for chronic conditions. The OptumRx book of business saw utilization of medications for Diabetes and Inflammatory Conditions increase moderately while utilization of Oncology medications remained relatively flat.

	Apr 1, 2020 - Jun 10, 2020					Jan 1, 2020 - Mar 11, 2020					% change	
Disease State	Rxs	Pct New Fills	Pct 90 Days	Avg Drug Cost	Drug Cost PMPM	Rxs	Pct New Fills	Pct 90 Days	Avg Drug Cost	Drug Cost PMPM	Rxs PMPM	Drug Cost PMPM
Diabetes	1,044	35.3%	8.1%	$156.73	$11.60	1,015	36.5%	7.1%	$146.79	$11.02	2.8%	5.3%
Inflammatory Conditions	134	38.8%	7.5%	$2,751.43	$23.33	130	39.2%	10.0%	$2,753.25	$21.74	3.0%	7.3%
Oncology	91	53.8%	31.9%	$1,204.51	$7.58	105	53.3%	31.4%	$1,119.60	$7.63	-13.4%	-0.7%

Areas of Interest - Mental Health Drugs



During 2Q2020, the OptumRx book of business shows an uptick in utilization for medications used to treat depression, anxiety, and insomnia. A favorable trend shows continuing use of antipsychotic medications for chronic use. However, Medication-Assisted Treatment (MAT) for opioid addiction use was down 1.3%.

	Apr 1, 2020 - Jun 10, 2020					Jan 1, 2020 - Mar 11, 2020					% change	
Disease State	Rxs	Pct New Fills	Pct 90 Days	Avg Drug Cost	Drug Cost PMPM	Rxs	Pct New Fills	Pct 90 Days	Avg Drug Cost	Drug Cost PMPM	Rxs PMPM	Drug Cost PMPM
Antipsychotics	150	60.0%	9.3%	$186.40	$2.16	112	59.8%	10.7%	$174.84	$1.61	33.9%	34.5%
Anxiety	289	66.4%	1.0%	$4.35	$0.07	273	66.3%	1.5%	$4.16	$0.06	5.8%	15.0%
Depression	966	49.1%	26.7%	$29.16	$1.63	990	53.6%	23.5%	$27.05	$1.56	-2.5%	4.1%
Insomnia	144	68.8%	13.2%	$10.03	$0.07	133	70.7%	10.5%	$4.20	$0.03	8.2%	135.5%
MAT	39	100.0%	0.0%	$88.19	$0.11	39	100.0%	0.0%	$116.94	$0.15	0.0%	-24.6%

Members Filling on Time

Fresno City Employees

Claims Submitted Jan 1, 2020 - Jun 16, 2020

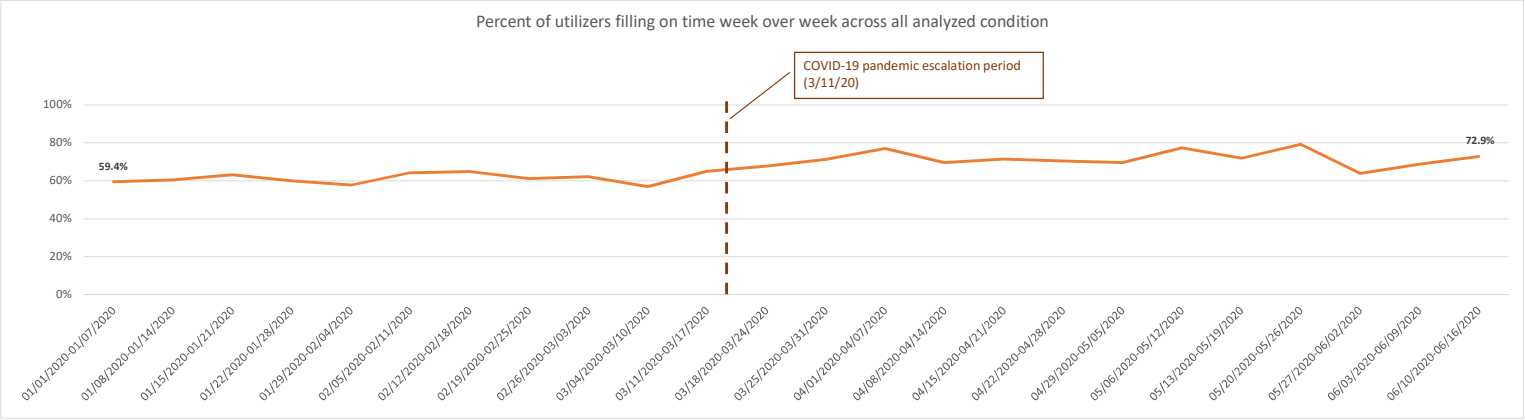
Percent of utilizers filling on time

Shown here are the percentage of members who refilled a prescription within one day of exhausting the days supply from their prior fill.

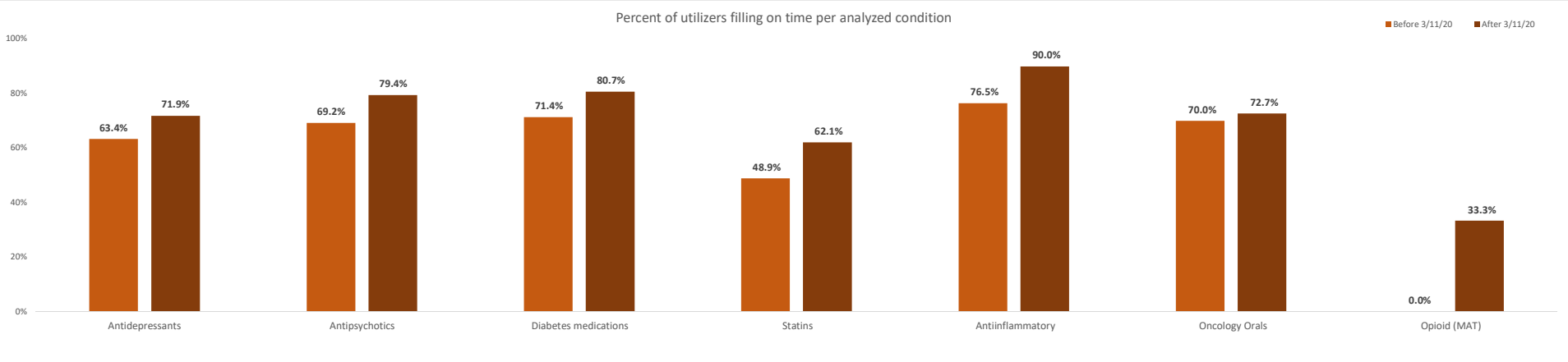
The seven conditions analyzed below were selected as areas of interest to ensure members continued to fill their medications on time.

For the OptumRx book of business, the percentage of members filling on time increased for all seven of the conditions analyzed.

NOTE: Members need 180 days of continuous eligibility prior to their first fill in 2020.



Percent of utilizers filling on time, assessing potential impact of pre COVID-19 and onward pandemic escalation periods



Members Filling on Time

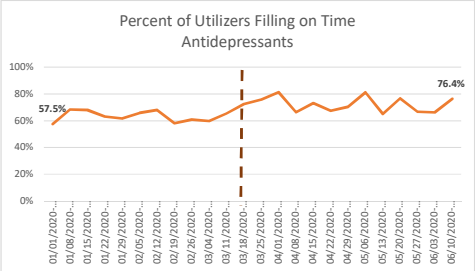
Fresno City Employees

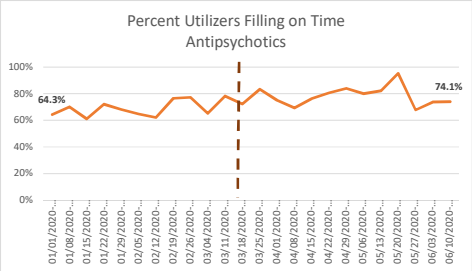
Claims Submitted Jan 1, 2020 - Jun 16, 2020

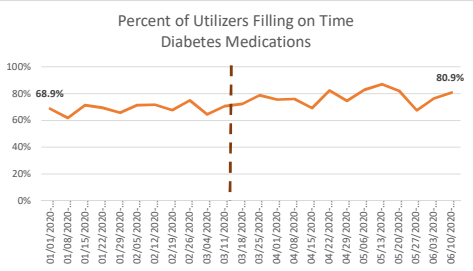
NOTE: Low utilization in these classes will result in significant fluctuations in week to week results. Members need 180 days of continuous eligibility prior to their first fill in 2020.

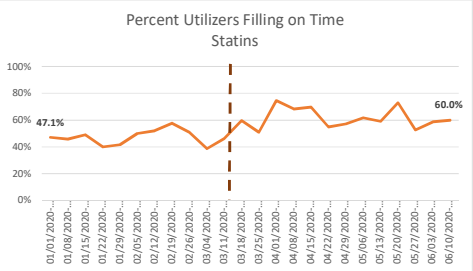
Percent utilizers filling on time

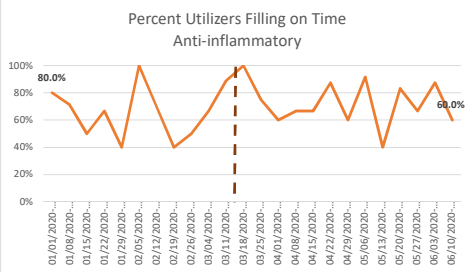
COVID-19 pandemic escalation period 3/11/20

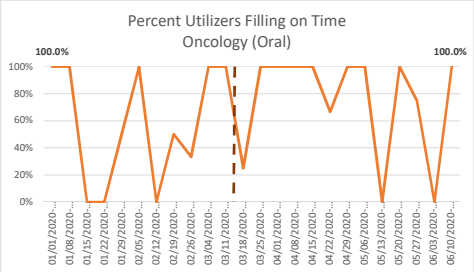


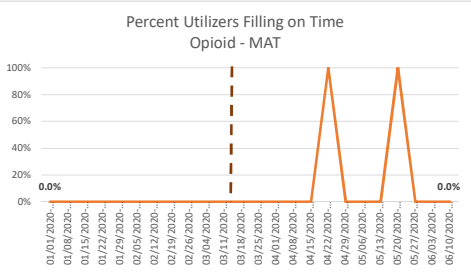












DISCLAIMER: OptumRx has identified potential/experiment and symptomatic therapies for COVID-19 that have been made available through various sources, including less traditional sources such as media reports. Utilization of such therapies is monitored continuously for changes in prescribing trends that can uncover areas of opportunity to apply utilization management recommendations, if needed, in order to help preserve supply shortages and ensure medications are available to those who need them the most.

At the time of this publication, there is no scientific evidence that any of these potential/experimental therapies can prevent or cure the illness caused by COVID-19 and none have been approved by the FDA. No specific treatment for COVID-19 exists at this time. OptumRx is not promoting the use of any particular treatment or therapy for COVID-19. The COVID-19 pandemic is dynamic, so the list of drugs being monitored may not be comprehensive and is subject to change.

Experimental Treatment	
Drug Class	**Monitored Drugs**
Experimental - Antimalarials	hydroxychloroquine and chloroquine
Experimental - ACEIs & ARBs	benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, rampril, trandolapril, losartan, olmesartan, telmisartan and combinations
Experimental - Glucocorticosteroids	dexamethasone
Experimental - H2 Antagonists	famotidine
Experimental - Oral Anticoagulants	Eliquis, Xarelto
Experimental - SGLT2 Inhibitors	Farxiga
Experimental - Other (Chronic Inflammatory)	Actemra, Kevzara, Olumiant
Experimental - Other (Gout)	colchicine
Experimental - Other (Inhaled Steroids)	Alvesco
Experimental - Other (HIV)	Kaletra, Truvada
Experimental - Other (Oncology)	Jakafi, Calquence, Intron-A, Xpovio
Experimental - Other (Muscle Relaxants)	dantrolene
Experimental - Other (Complement Inhibitors)	Soliris, Ultomiris
Experimental - Other (MCD Treatment)	Sylvant
Experimental - Other (Antihelmintics)	ivermectin
Experimental - Other (Hepatitis C)	ribavirin
Experimental - Other (Blood Enzymes)	Activase
Experimental - Other (Immune Serums)	IVIG
Experimental - Other (Secondary Infection)	azithromycin, doxycycline, tetracycline
Experimental - Other (Influenza Agents)	oseltamivir, Xofluza
Experimental - Other (Gold Compounds)	Ridaura
Experimental - Other (General Anesthetics)	ketamine
Experimental - Other (Opioid Antagonists)	naltrexone
Experimental - Other (Misc Antivirals)	remdesivir, favipiravir
Experimental - Other (Vaccines)	MMR

Symptomatic Treatment	
Drug Class	**Types of Drugs Monitored**
Symptomatic - Eye Irritation	Artificial Tears and Lubricants, Ophthalmic Steroids, Ophthalmic Anti-infectives
Symptomatic - GI	Antidiarrheal Agents, H-2 Blockers, Proton Pump Inhibitors, Antiemetics
Symptomatic - Nasal Congestion	Nasal Steroids, Nasal Agents
Symptomatic - Pain/Fever	Nonsteroidal Anti-Inflammatory Agents (NSAIDs), Non-Narcotic Analgesics
Symptomatic - Respiratory	Asthma/COPD Agents (inhaled, injectable, oral), Cough/Cold/Allergy Agents
Symptomatic - Secondary Infection	Select antibiotic and antivirals

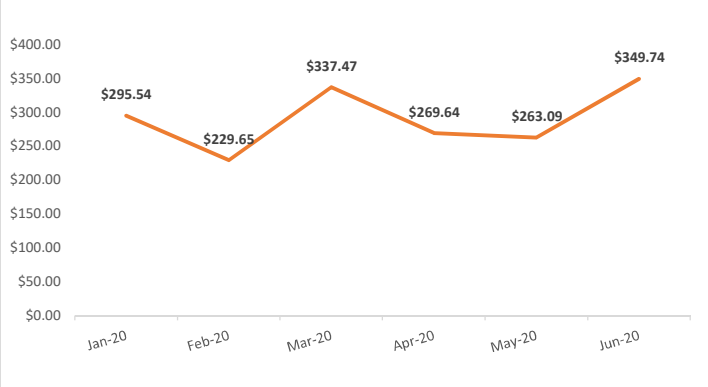
COVID-19 Supplemental Report

CITY OF FRESNO EGWP

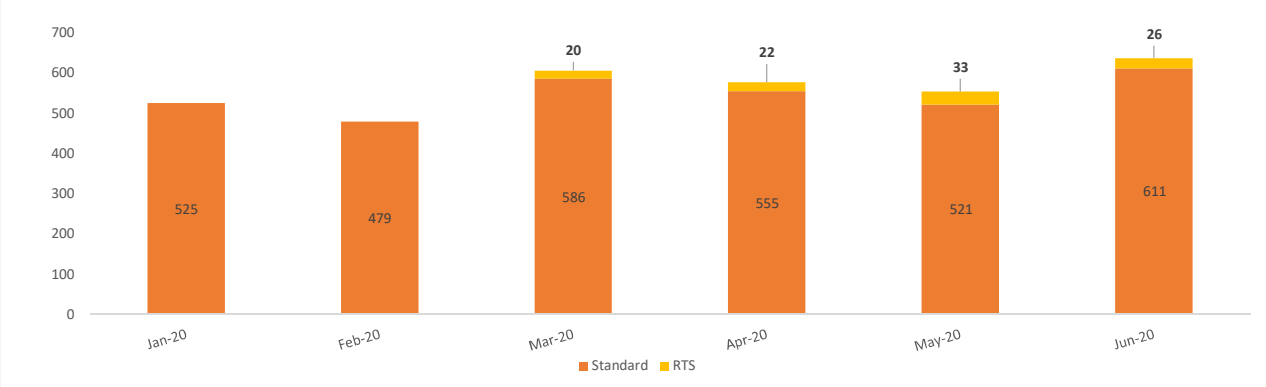
Claims Submitted Jan 1, 2020 - Jun 30, 2020

Being a clinically-focused and data-centric enterprise has helped OptumRx rapidly react to the fast-evolving COVID-19 situation and take proactive measures to respond to the multiple federal and state actions. This supplemental report is intended to provide directional guidance on the impact of COVID-19 to your plan cost and utilization.

Plan Paid PMPM



Rxs by Month



Key Statistics

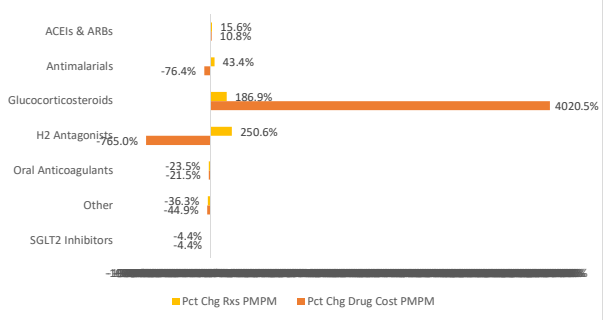
Key Statistics	January-2020	February-2020	March-2020	April-2020	May-2020	June-2020	Total
Average Eligible Members	239	240	242	257	250	247	246
Overall Utilization and Costs							
Total Rxs	525	479	606	577	554	637	3,378
Total Drug Cost	$90,562	$63,352	$97,038	$84,800	$84,773	$111,222	$531,747
Total Plan Paid	$70,635	$55,117	$81,667	$69,297	$65,772	$86,387	$428,875
PMPM Utilization and Costs							
Plan Paid PMPM	$295.54	$229.65	$337.47	$269.64	$263.09	$349.74	$290.76
Rxs PMPM	2.20	2.00	2.50	2.25	2.22	2.58	2.29
Days Supply PMPM	118.9	112.4	144.3	129.5	131.6	141.8	129.9
Channel Management							
Percent First Fill/First New Refill	60.4%	56.8%	54.6%	56.2%	52.2%	56.2%	56.0%
Percent Home Delivery	16.8%	20.7%	18.5%	17.7%	23.3%	17.4%	19.0%
Percent Retail 90	31.2%	30.5%	34.3%	34.0%	31.8%	30.9%	32.2%
COVID-19 - Refill Too Soon							
Total Rxs - RTS			20	22	33	26	101
Percent Rxs - RTS			3.3%	3.8%	6.0%	4.1%	4.3%
Total Plan Paid - RTS			$652	$2,334	$2,011	$1,038	$6,034
Plan Paid PMPM - RTS			$2.69	$9.08	$8.05	$4.20	$6.06
Percent Home Delivery - RTS			0.0%	9.1%	21.2%	15.4%	12.9%
Percent Retail 90 - RTS			30.0%	40.9%	36.4%	57.7%	41.6%

COVID-19 Drug Surveillance

CITY OF FRESNO EGWP

Claims Submitted Jan 1, 2020 - Mar 11, 2020 vs Apr 1, 2020 - Jun 10, 2020

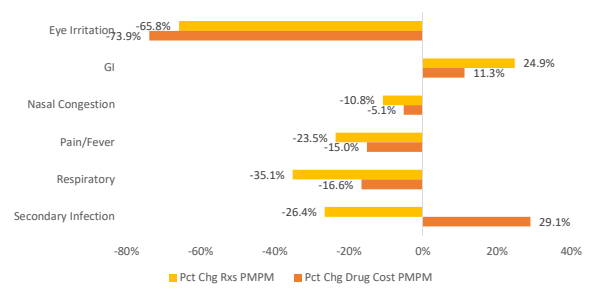
Experimental Treatment - Targeted Drugs



As in the period immediately following the pandemic status, experimental treatments were quick to surface and sometimes quick to lose favor. In 2Q 2020 we saw the rejection of hydroxychloroquine/chloroquine as a viable treatment option; and the rise of ACE inhibitors as potential options to reduce hospitalizations for older patients. In June, the steroid dexamethasone gained media traction after RECOVERY trial results showed benefit in patients hospitalized with severe infection. The OptumRx book of business saw utilization increases for other drugs being studied for COVID-19, but the increase in utilization is more likely for the common conditions they are indicated for (e.g. blood clot prevention, acid reflux, diabetes).

	Apr 1, 2020 - Jun 10, 2020					Jan 1, 2020 - Mar 11, 2020					% change	
Disease State	Rxs	Pct New Fills	Pct 90 Days	Avg Drug Cost	Drug Cost PMPM	Rxs	Pct New Fills	Pct 90 Days	Avg Drug Cost	Drug Cost PMPM	Rxs PMPM	Drug Cost PMPM
Experimental - ACEIs & ARBs	81	55.6%	56.8%	$15.44	$2.72	67	52.2%	59.7%	$8.56	$2.46	15.6%	10.8%
Experimental - Antimalarials	3	100.0%	0.0%	$2.54	$0.06	2	50.0%	100.0%	$87.53	$0.24	43.4%	-76.4%
Experimental - Glucocorticosteroids	3	0.0%	0.0%	$41.08	$0.16	1	100.0%	0.0%	$0.57	$0.00	186.9%	4020.5%
Experimental - H2 Antagonists	11	54.5%	27.3%	$4.18	$0.14	3	66.7%	-33.3%	-$0.88	-$0.02	250.6%	-765.0%
Experimental - Oral Anticoagulants	20	35.0%	25.0%	$928.83	$27.10	25	24.0%	20.0%	$672.97	$34.54	-23.5%	-21.5%
Experimental - Other	12	58.3%	0.0%	$2.40	$0.08	18	83.3%	0.0%	$3.33	$0.14	-36.3%	-44.9%
Experimental - SGLT2 Inhibitors	1	0.0%	0.0%	$1,387.65	$1.84	1	100.0%	0.0%	$462.55	$1.92	-4.4%	-4.4%

Symptomatic Treatment - Targeted Drugs



All of the categories for symptomatic use have decreased in 2Q 2020. Use for inhaled rescue inhalers decreased overall, which may have been due to significant increase in March of 2020 as well as lessening of need due to seasonality. (Important to note that use of Asthma combos increased - which tends to indicate that asthma/COPD is still being treated adequately).

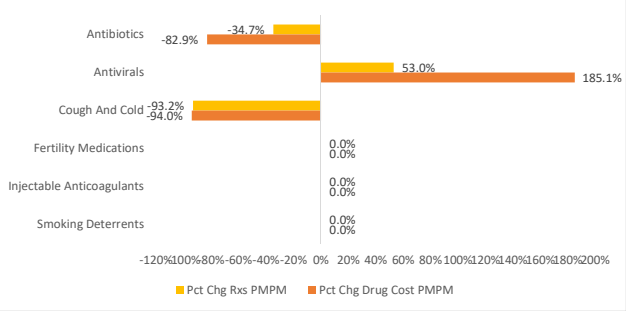
	Apr 1, 2020 - Jun 10, 2020					Jan 1, 2020 - Mar 11, 2020					% change	
Drug Class	Rxs	Pct New Fills	Pct 90 Days	Avg Drug Cost	Drug Cost PMPM	Rxs	Pct New Fills	Pct 90 Days	Avg Drug Cost	Drug Cost PMPM	Rxs PMPM	Drug Cost PMPM
Symptomatic - Eye Irritation	5	100.0%	0.0%	$25.11	$0.23	14	100.0%	0.0%	$17.86	$0.89	-65.8%	-73.9%
Symptomatic - GI	64	65.6%	32.8%	$61.34	$9.76	49	65.3%	40.8%	$39.76	$8.77	24.9%	11.3%
Symptomatic - Nasal Congestion	14	57.1%	7.1%	$19.00	$0.55	15	60.0%	20.0%	$16.85	$0.58	-10.8%	-5.1%
Symptomatic - Pain/Fever	8	62.5%	0.0%	$3.44	$0.07	10	60.0%	10.0%	$3.87	$0.09	-23.5%	-15.0%
Symptomatic - Respiratory	55	56.4%	14.5%	$81.11	$11.08	81	70.4%	11.1%	$65.12	$13.28	-35.1%	-16.6%
Symptomatic - Secondary Infection	50	74.0%	4.0%	$5.19	$0.54	65	87.7%	0.0%	$3.30	$0.42	-26.4%	29.1%

COVID-19 Drug Surveillance

CITY OF FRESNO EGWP

Claims Submitted Jan 1, 2020 - Mar 11, 2020 vs Apr 1, 2020 - Jun 10, 2020

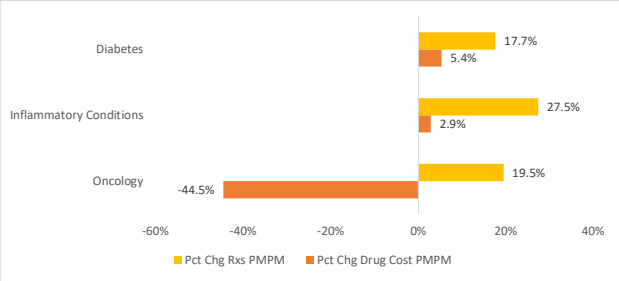
Decreases (Based on Review of Book of Business)



We continue to see claim volume for Antibiotics and Antivirals in the OptumRx book of business decreasing (by over 50% in 2Q 2020); this reduction in use of antibiotics may be due in part to social distancing, but also to practiced responsible behavior in social situations. Smoking deterrents, fertility medications, and injectable anticoagulants also had a notable decrease. This is most likely due to delayed treatments and postponed procedures.

	Apr 1, 2020 - Jun 10, 2020					Jan 1, 2020 - Mar 11, 2020					% change	
Disease State	Rxs	Pct New Fills	Pct 90 Days	Avg Drug Cost	Drug Cost PMPM	Rxs	Pct New Fills	Pct 90 Days	Avg Drug Cost	Drug Cost PMPM	Rxs PMPM	Drug Cost PMPM
Antibiotics	41	78.0%	0.0%	$4.05	$0.34	60	91.7%	0.0%	$16.61	$1.98	-34.7%	-82.9%
Antivirals	8	50.0%	25.0%	$11.21	$0.24	5	60.0%	0.0%	$12.03	$0.08	53.0%	185.1%
Cough And Cold	1	100.0%	0.0%	$3.93	$0.01	14	100.0%	0.0%	$3.11	$0.09	-93.2%	-94.0%
Fertility Medications	0	0.0%	0.0%	$0.00	$0.00	0	0.0%	0.0%	$0.00	$0.00	0.0%	0.0%
Injectable Anticoagulants	1	100.0%	0.0%	$3.51	$0.01	0	0.0%	0.0%	$0.00	$0.00	0.0%	0.0%
Smoking Deterrents	0	0.0%	0.0%	$0.00	$0.00	0	0.0%	0.0%	$0.00	$0.00	0.0%	0.0%

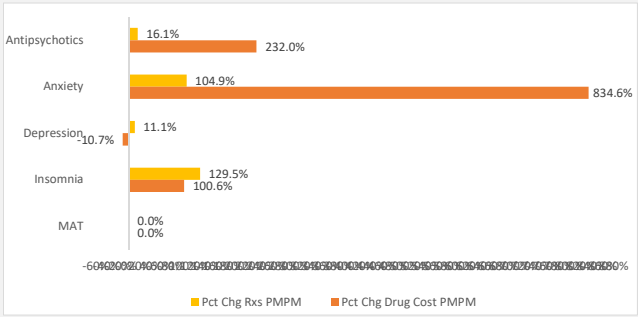
Increases (Based on Review of Book of Business)



Maintaining necessary treatment is imperative, especially for chronic conditions. The OptumRx book of business saw utilization of medications for Diabetes and Inflammatory Conditions increase moderately while utilization of Oncology medications remained relatively flat.

	Apr 1, 2020 - Jun 10, 2020					Jan 1, 2020 - Mar 11, 2020					% change	
Disease State	Rxs	Pct New Fills	Pct 90 Days	Avg Drug Cost	Drug Cost PMPM	Rxs	Pct New Fills	Pct 90 Days	Avg Drug Cost	Drug Cost PMPM	Rxs PMPM	Drug Cost PMPM
Diabetes	80	55.0%	27.5%	$277.19	$50.00	65	46.2%	38.5%	$217.81	$47.43	17.7%	5.4%
Inflammatory Conditions	4	50.0%	50.0%	$882.34	$18.72	3	66.7%	0.0%	$771.73	$18.20	27.5%	2.9%
Oncology	15	53.3%	20.0%	$434.19	$23.61	12	33.3%	16.7%	$1,094.67	$42.51	19.5%	-44.5%

Areas of Interest - Mental Health Drugs



During 2Q2020, the OptumRx book of business shows an uptick in utilization for medications used to treat depression, anxiety, and insomnia. A favorable trend shows continuing use of antipsychotic medications for chronic use. However, Medication-Assisted Treatment (MAT) for opioid addiction use was down 1.3%.

	Apr 1, 2020 - Jun 10, 2020					Jan 1, 2020 - Mar 11, 2020					% change	
Disease State	Rxs	Pct New Fills	Pct 90 Days	Avg Drug Cost	Drug Cost PMPM	Rxs	Pct New Fills	Pct 90 Days	Avg Drug Cost	Drug Cost PMPM	Rxs PMPM	Drug Cost PMPM
Antipsychotics	17	41.2%	5.9%	$138.10	$3.85	14	42.9%	0.0%	$59.67	$1.16	16.1%	232.0%
Anxiety	15	60.0%	0.0%	$8.47	$0.19	7	71.4%	0.0%	$0.98	$0.02	104.9%	834.6%
Depression	86	55.8%	29.1%	$34.46	$5.30	74	58.1%	28.4%	$44.58	$5.94	11.1%	-10.7%
Insomnia	12	66.7%	8.3%	$3.70	$0.10	5	60.0%	0.0%	$5.05	$0.05	129.5%	100.6%
MAT	0	0.0%	0.0%	$0.00	$0.00	0	0.0%	0.0%	$0.00	$0.00	0.0%	0.0%

Members Filling on Time

CITY OF FRESNO EGWP

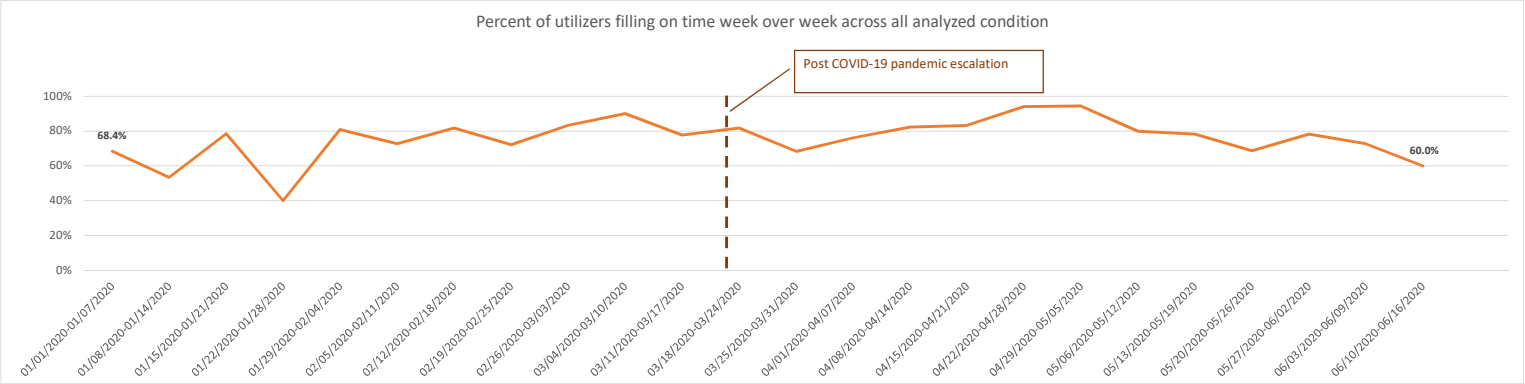
Claims Submitted Jan 1, 2020 - Jun 16, 2020

Percent of utilizers filling on time

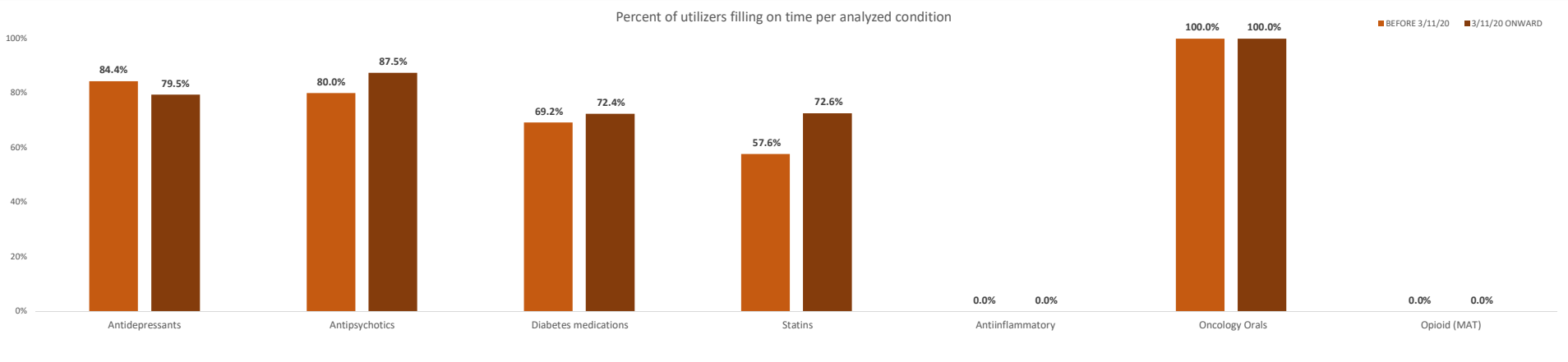
Shown here are the percentage of members who refilled a prescription within one day of exhausting the days supply from their prior fill.

The seven conditions analyzed below were selected as areas of interest to ensure members continued to fill their medications on time.

For the OptumRx book of business, the percentage of members filling on time increased for all seven of the conditions analyzed.



Percent of utilizers filling on time, assessing potential impact of pre and post COVID-19 pandemic escalation periods



Members Filling on Time

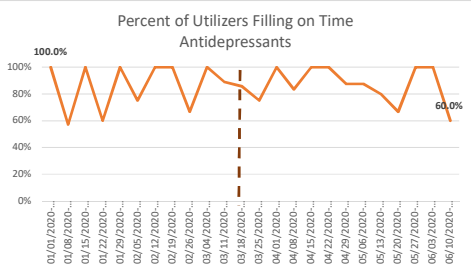
CITY OF FRESNO EGWP

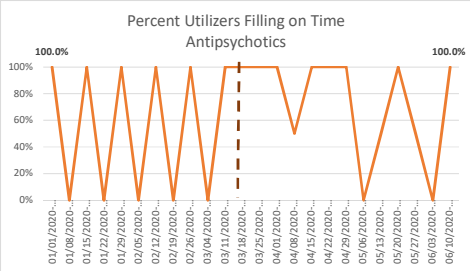
Claims Submitted Jan 1, 2020 - Jun 16, 2020

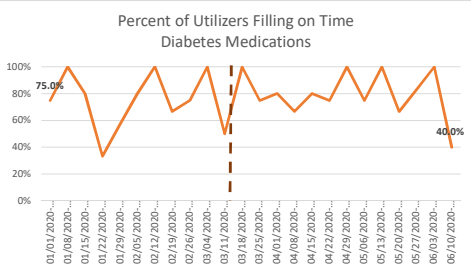
NOTE: Low utilization in these classes will result in significant fluctuations in week to week results.

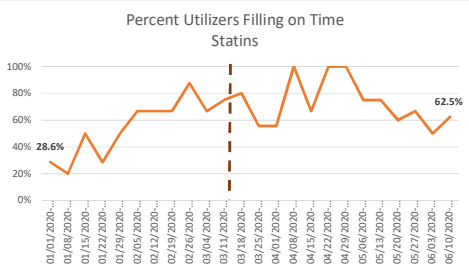
Percent utilizers filling on time

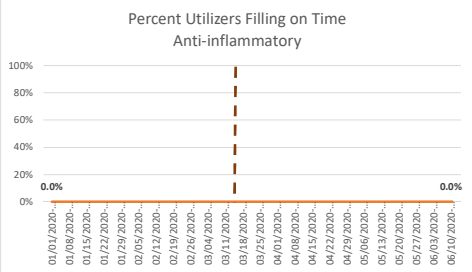
Post COVID-19 pandemic escalation period (3/11/20 ONWARD)

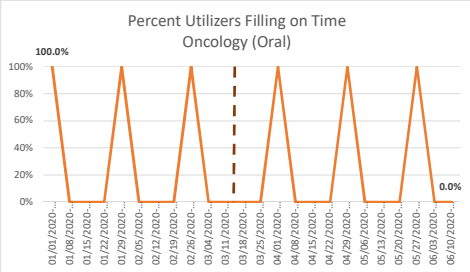


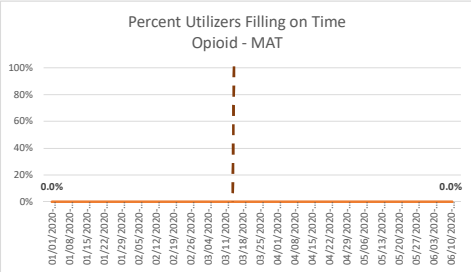












DISCLAIMER: OptumRx has identified potential/experiment and symptomatic therapies for COVID-19 that have been made available through various sources, including less traditional sources such as media reports. Utilization of such therapies is monitored continuously for changes in prescribing trends that can uncover areas of opportunity to apply utilization management recommendations, if needed, in order to help preserve supply shortages and ensure medications are available to those who need them the most.

At the time of this publication, there is no scientific evidence that any of these potential/experimental therapies can prevent or cure the illness caused by COVID-19 and none have been approved by the FDA. No specific treatment for COVID-19 exists at this time. OptumRx is not promoting the use of any particular treatment or therapy for COVID-19. The COVID-19 pandemic is dynamic, so the list of drugs being monitored may not be comprehensive and is subject to change.

Experimental Treatment	
Drug Class	**Monitored Drugs**
Experimental - Antimalarials	hydroxychloroquine and chloroquine
Experimental - ACEIs & ARBs	benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, rampril, trandolapril, losartan, olmesartan, telmisartan and combinations
Experimental - Glucocorticosteroids	dexamethasone
Experimental - H2 Antagonists	famotidine
Experimental - Oral Anticoagulants	Eliquis, Xarelto
Experimental - SGLT2 Inhibitors	Farxiga
Experimental - Other (Chronic Inflammatory)	Actemra, Kevzara, Olumiant
Experimental - Other (Gout)	colchicine
Experimental - Other (Inhaled Steroids)	Alvesco
Experimental - Other (HIV)	Kaletra, Truvada
Experimental - Other (Oncology)	Jakafi, Calquence, Intron-A, Xpovio
Experimental - Other (Muscle Relaxants)	dantrolene
Experimental - Other (Complement Inhibitors)	Soliris, Ultomiris
Experimental - Other (MCD Treatment)	Sylvant
Experimental - Other (Antihelmintics)	ivermectin
Experimental - Other (Hepatitis C)	ribavirin
Experimental - Other (Blood Enzymes)	Activase
Experimental - Other (Immune Serums)	IVIG
Experimental - Other (Secondary Infection)	azithromycin, doxycycline, tetracycline
Experimental - Other (Influenza Agents)	oseltamivir, Xofluza
Experimental - Other (Gold Compounds)	Ridaura
Experimental - Other (General Anesthetics)	ketamine
Experimental - Other (Opioid Antagonists)	naltrexone
Experimental - Other (Misc Antivirals)	remdesivir, favipiravir
Experimental - Other (Vaccines)	MMR

Symptomatic Treatment	
Drug Class	**Types of Drugs Monitored**
Symptomatic - Eye Irritation	Artificial Tears and Lubricants, Ophthalmic Steroids, Ophthalmic Anti-infectives
Symptomatic - GI	Antidiarrheal Agents, H-2 Blockers, Proton Pump Inhibitors, Antiemetics
Symptomatic - Nasal Congestion	Nasal Steroids, Nasal Agents
Symptomatic - Pain/Fever	Nonsteroidal Anti-Inflammatory Agents (NSAIDs), Non-Narcotic Analgesics
Symptomatic - Respiratory	Asthma/COPD Agents (inhaled, injectable, oral), Cough/Cold/Allergy Agents
Symptomatic - Secondary Infection	Select antibiotic and antivirals

CITY OF FRESNO

Discount and Dispensing Fee Performance
July 2019 thru June 2020
CAG(s): PCN/00494

Discount Performance						
Description	Rx	AWP	Ingred Cost	Actual Discount	Contracted Discount	Performance
Retail Brand 1-83 Days Supply	9,316	$3,359,216	$2,715,589	19.16%	18.00%	$38,968
Retail Brand 84+ Days Supply	1,143	$705,768	$543,727	22.96%	20.50%	$17,358
Retail Generic 1-83 Days Supply	48,083	$6,656,869	$1,340,612	79.86%	79.50%	$24,046
Retail Generic 84+ Days Supply	14,307	$4,347,751	$842,682	80.62%	80.50%	$5,129
Mail Brand	1,322	$1,997,960	$1,507,992	24.52%	24.50%	$468
Mail Generic	3,719	$1,798,183	$289,777	83.89%	84.00%	($2,068)
Specialty	747	$4,792,763	$3,841,478	19.85%	19.50%	$16,697

Dispensing Fee Performance						
Description	Rx		Total Dispensing Fees	Dispensing Fee Per Rx	Contracted Dispensing Fee	Performance
Retail Brand 1-83 Days Supply	9,316		$9,512	$1.02	$0.85	($1,593)
Retail Brand 84+ Days Supply	1,143		$0	$0.00	$0.00	$0
Retail Generic 1-83 Days Supply	48,083		$49,689	$1.03	$0.85	($8,818)
Retail Generic 84+ Days Supply	14,307		$0	$0.00	$0.00	$0
Mail Brand	1,322		$0	$0.00	$0.00	$0
Mail Generic	3,719		$0	$0.00	$0.00	$0
Specialty	747		$0	$0.00	$0.00	$0

Overall Performance	
Total	$90,187
Payment Due	($12,479)

Comments

AWP discounts are based on Medi-Span's Published AWP
Excludes DMR/Paper Claims
Excludes Compounds
Excludes COB
Excludes the following Pharmacy Types: Tribal, IV Infusion and Long Term Care
Excludes Vaccines
US Territories AK,GA,GU,HI,MA,MP,PR,VI Excluded
Outlier Claims Excluded
Excludes 340B
Excludes Limited Distribution Products
Excludes Reversals. Both the original claim and the reversal claim are excluded.

CITY OF FRESNO EGWP

Discount and Dispensing Fee Performance
July 2019 thru June 2020
CAG(s): EGWPS003

OPTUMRx®

Discount Performance						
Description	Rx	AWP	Ingred Cost	Actual Discount	Contracted Discount	Performance
Retail Brand 1-83 Days Supply	307	$118,004	$96,318	18.38%	18.00%	$445
Retail Brand 84+ Days Supply	100	$86,053	$68,296	20.64%	21.00%	($314)
Retail Generic 1-83 Days Supply	1,997	$248,140	$33,227	86.61%	83.50%	$7,716
Retail Generic 84+ Days Supply	1,912	$598,588	$90,492	84.88%	84.30%	$3,486
Mail Brand	327	$474,176	$360,343	24.01%	24.00%	$31
Mail Generic	950	$350,285	$39,048	88.85%	86.00%	$9,992

Dispensing Fee Performance						
Description	Rx		Total Dispensing Fees	Dispensing Fee Per Rx	Contracted Dispensing Fee	Performance
Retail Brand 1-83 Days Supply	307		$187	$0.61	$1.00	$120
Retail Brand 84+ Days Supply	100		$29	$0.29	$0.00	($29)
Retail Generic 1-83 Days Supply	1,997		$1,116	$0.56	$1.00	$881
Retail Generic 84+ Days Supply	1,912		$839	$0.44	$0.00	($839)
Mail Brand	327		$0	$0.00	$0.00	$0
Mail Generic	950		$0	$0.00	$0.00	$0
Specialty	50		$0	$0.00	$0.00	$0

Overall Performance	
Total	$21,490
Payment Due	($1,181)

Comments

AWP discounts are based on Medi-Span's Published AWP
Excludes DMR/Paper Claims
Excludes Compounds
Excludes COB
Excludes the following Pharmacy Types: Tribal, IV Infusion and Long Term Care
Excludes Vaccines
US Territories AK,GA,GU,HI,MA,MP,PR,VI Excluded
Excludes 340B
Excludes Limited Distribution Products
Excludes Reversals. Both the original claim and the reversal claim are excluded.

From:	Tom Georgouses | HealthComp
To:	Shane Freeman | HealthComp
Subject:	FW: CY2021 EGWP Document Review
Date:	Friday, September 4, 2020 10:53:34 AM
Attachments:	image001.png optum.pdf image002.png

Tom Georgouses | HealthComp
Corporate
(o) 559-312-2493

From: Shane Archer [mailto:Shane.Archer@fresno.gov]
Sent: Tuesday, August 11, 2020 1:46 PM
To: Michael Lima; Andrew Desa
Cc: Tom Georgouses | HealthComp; Shane Freeman | HealthComp; Michael Moss
Subject: Re: CY2021 EGWP Document Review

Hi Andrew,

Thanks for your patience.

Shane

From: Michael Lima
Sent: Monday, August 10, 2020 2:00:18 PM
To: Andrew Desa; Shane Archer
Cc: Tom Georgouses | HealthComp; Shane Freeman | HealthComp; Michael Moss
Subject: RE: CY2021 EGWP Document Review

Hi Andrew!

Here you go. Thanks!

Mike Lima

From: Andrew Desa [mailto:andrewd@rael-letson.com]
Sent: Monday, August 10, 2020 1:18 PM
To: Michael Lima; Shane Archer
Cc: Tom Georgouses | HealthComp; Shane Freeman | HealthComp; Michael Moss
Subject: RE: CY2021 EGWP Document Review

External Email: Use caution with links and attachments

Hi Mike and Shane –

Hope you had a good weekend.

Just wanted to check-in to see if we would be able to receive your approval of the standard EGWP documents by end of day today.

Please let me know if there is any issue with this so I can circle back with Optum.

Thanks,

Andrew Desa
ASA, MAAA
Consulting Actuary

2800 Campus Drive, Suite 150
San Mateo, CA 94403
650-356-2327 Tel
andrewd@rael-letson.com
www.rael-letson.com

From: Andrew Desa
Sent: Friday, August 7, 2020 12:07 PM
To: Michael Lima <Michael.Lima@fresno.gov>; Shane Archer <Shane.Archer@fresno.gov>
Cc: Tom Georgouses | HealthComp <tgeorgouses@healthcomp.com>; Shane Freeman | HealthComp <sfreeman@healthcomp.com>; Michael Moss <mmoss@mossfirm.org>
Subject: FW: CY2021 EGWP Document Review

Hi Mike and Shane –

We received the attached documents from Optum which need approval.

These documents are sent to EGWP members at various times throughout the year and are required by CMS.

Some are customizable and others are not. Optum has informed me that as a point of reference, the Trust has not made any customizations to these documents over the past two years.

I have reviewed the documents. They appear ready for approval. These documents were normally put into the consent calendar for approval, but given the timing this year, we will need approval prior to the next meeting.

The documents are as follows:

- ANOC - Sent to existing members
- EOC - Sent to new and existing members
- Formulary front and back matter/pages (abridged only provided) - Sent to both new and existing members
- Pharmacy directory intro (not customizable) – Sent to new members only
- Pharmacy Locator page (not customizable) – Sent to existing members annually
- Summary of Benefits - Sent to all new members
- Opt out letter - Sent to all new members
- Welcome letter - Sent with ID card to all new members
- EOB (not customizable) - Sent to all members with claim history

Please fill out and sign the bottom of the '2021 Fresno Material Approval Form' and return to me.

I really apologize for the rush, but Optum is asking for approval by 8/10.

Thank you,

Andrew Desa
ASA, MAAA
Consulting Actuary

2800 Campus Drive, Suite 150
San Mateo, CA 94403
650-356-2327 Tel
andrewd@rael-letson.com
www.rael-letson.com

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OPTUMRx®

City of Fresno EGWP Material Approval Form

Client Name: City of Fresno

Carrier ID: EGWPS003

Open Enrollment Date: 11/1 – 11/30

Account Executive: Carolyn Jalbert

Date of all final approvals due: 08/12/2020

Type of Material: please check all that apply

- [x] Annual Notice of Change
- [x] Evidence of Coverage
- [x] Opt Out letter
- [x] Summary of Benefits
- [x] Formulary intro pages
- [x] Pharmacy intro page/locator page
- [x] Explanation of Benefits
- [x] Welcome letter & ID Card
- [ ] TRR – Exhibit/LIS/LEP letters (post enrollment) Client did not request to see final TRR letters for reference.
- [ ] Other: (please specify)

[X] **Check Box Signature – checking this box indicates you sign off on the above documents**

Print Name: Michael Lima, Vice-Chairman Michael Lima

Date of Final Approval: 8/9/20

Comments:

From:	Tom Georgouses | HealthComp
To:	Shane Freeman | HealthComp
Subject:	FW: OptumRx MAC Pricing Issue
Date:	Friday, September 4, 2020 11:00:05 AM
Attachments:	image001.png

Tom Georgouses | HealthComp
Corporate
(o) 559-312-2493

From: Jalbert, Carolyn [mailto:Carolyn.Jalbert@optum.com]
Sent: Friday, August 21, 2020 4:36 PM
To: Tom Georgouses | HealthComp; Shane Freeman | HealthComp; Mike Moss (mmoss@mossfirm.org)
Cc: Andrew Desa; Jim Rhein; Osuna, Nissa D
Subject: RE: OptumRx MAC Pricing Issue

You're welcome.

If the pharmacy reprocesses, the member will receive reimbursement directly from the pharmacy.

If the claim cannot be reprocessed by the pharmacy, reimbursement will be handled through Optum's mass adjustment process and overpayment checks will be mailed to the member from Optum.

Carolyn Jalbert | OptumRx
Account Manager
Government and Public Sector Markets
2720 N Tenaya Way
Las Vegas, NV
89128, USA
Phone: 612-428-6104
Carolyn.Jalbert@optum.com

New Phone Number: 612-428-6104

Upcoming PTO & Business Travel Alert:

From: Tom Georgouses | HealthComp <tgeorgouses@healthcomp.com>
Sent: Friday, August 21, 2020 4:24 PM
To: Jalbert, Carolyn <Carolyn.Jalbert@optum.com>; Shane Freeman | HealthComp <sfreeman@healthcomp.com>; Mike Moss (mmoss@mossfirm.org) <mmoss@mossfirm.org>
Cc: Andrew Desa <andrewd@rael-letson.com>; Jim Rhein <jimr@rael-letson.com>; Osuna, Nissa D <nissa.osuna@optum.com>
Subject: RE: OptumRx MAC Pricing Issue

Thank you. I have a question. Mike Moss or Andrew Desa may have others.

If the member overpaid at the pharmacy and the pharmacy reprocesses the claim, who will return the overage to the member?

Tom Georgouses | HealthComp
Corporate
(o) 559-312-2493

From: Jalbert, Carolyn [mailto:Carolyn.Jalbert@optum.com]
Sent: Friday, August 21, 2020 4:15 PM
To: Tom Georgouses | HealthComp; Shane Freeman | HealthComp
Cc: Andrew Desa; Jim Rhein; Osuna, Nissa D
Subject: OptumRx MAC Pricing Issue

Dear Tom & Shane,

I want to inform you about an issue that occurred over the weekend related to MAC pricing where pricing was inactivated. This caused some generic claims to adjudicate at a higher cost-share (AWP or U&C), instead of at the MAC discounted rate. Upon identification of the issue, OptumRx quickly initiated our Command Center, and teams worked diligently to identify and fix the issue.

The error occurred Thursday, August 13th at 10:00pm CST and was resolved on Monday, August 17th at 9:00am CST. We continue to monitor the situation, and all claims are processing accurately.

Root Cause

On August 13th, while making a historical MAC pricing change, the historical end date of the pricing correction was inadvertently applied to the full MAC list, resulting in pricing for all GPIs on the MAC list to be terminated. The pricing was reinstated on August 17th.

Preventive Measures

OptumRx MAC Operations has updated its pricing procedures to include additional quality checks, including a process to ensure medium and high-risk price change scenarios are either neutralized or flagged for additional review prior to implementation. We are also implementing a process that will not allow inactive pricing to occur via a file load process.

Member Impact

Between August 13, 2020 at 10pm CST through August 17, 2020 some generic claims that processed against the MAC list priced at the incorrect AWP or U&C pricing instead of the MAC pricing. As a result, members in benefit plans where they paid the full cost or a percentage cost share may have experienced a higher cost-share than intended for their generic claims.

A preliminary member impact report shows that Fresno City Employees Health and Welfare Trust has 148 (116 commercial and 32 EGWP) members who filled a prescription for a medication on the MAC list during the time of the issue. Please note, this is the greatest possible member impact from this issue as some of these claims may have adjudicated at the correct price, for example, based on the "lessor of" calculation at the pharmacy. Claim details are not yet available as remediation is in process.

Remediation Plan

OptumRx has taken the following steps for the quickest remediation of this issue:

1. OptumRx quickly notified our customer service teams about the issue and provided them with details to support member and pharmacy inquiries. Customer service representatives are informing members and pharmacists to reprocess their impacted claims to correct the pricing. We have seen this occur for many members already.

2. OptumRx is notifying network pharmacies via a fax blast of the issue and instructing pharmacies to reverse and reprocess the claims for the impacted members. Please note – as some of these claims may have processed accurately, there may not be a change in pricing.

   In addition, to ensure awareness and action from the pharmacies with the greatest impact, the OptumRx network relations team is contacting these pharmacies directly to inform them of the issue and engage their support in reprocessing these claims.

3. We believe the above two steps will generate the fastest remediation; however, any claims not reprocessed by either of the two above processes, will be remediated via our mass adjustment process. This process will occur 30 days past the fix date to allow for full review and will issue member refunds on any claims that show the member overpaid on their original claim.

   In addition, OptumRx will adjust MAC pricing going forward to account for any negative client financial impact to ensure annual generic discount guarantees are met.

We sincerely apologize for this error and the inconvenience it has caused you and your members. Our goal is to provide you with the best in pharmacy care services, including operational excellence; unfortunately, we fell short of that goal this past weekend. We have done and continue to do everything possible to mitigate the impact of this issue and support your members who were impacted at the pharmacy.

Please call me if you have questions or would like to discuss this further. Thank you.

Sincerely,

Carolyn

Carolyn Jalbert | OptumRx

Account Manager
Government and Public Sector Markets
2720 N Tenaya Way
Las Vegas, NV
89128, USA
Phone: 612-428-6104
Carolyn.Jalbert@optum.com

New Phone Number: 612-428-6104

Upcoming PTO & Business Travel Alert:

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From:	Tom Georgouses | HealthComp
To:	Shane Freeman | HealthComp
Subject:	FW: OptumRx New system enhancement: Incremental fills on schedule II drugs
Date:	Friday, September 4, 2020 11:04:08 AM
Attachments:	image002.png

Tom Georgouses | HealthComp
Corporate
(o) 559-312-2493

From: Jalbert, Carolyn [mailto:Carolyn.Jalbert@optum.com]
Sent: Thursday, August 13, 2020 9:59 AM
To: Tom Georgouses | HealthComp; Shane Freeman | HealthComp
Cc: Osuna, Nissa D; Andrew Desa; jimr@rael-letson.com; Kahl, Robert A
Subject: OptumRx New system enhancement: Incremental fills on schedule II drugs

New system enhancement: Incremental fills on schedule II drugs

Dear Tom & Shane,

OptumRx is committed to combatting the continuing opioid epidemic. As part of our ongoing medication safety efforts and to align with new Department of Health and Human Services (HHS) requirements, OptumRx is currently working on a new system enhancement around the quantity prescribed for schedule II medications. The Drug Enforcement Agency (DEA) classifies schedule II medications as those with high potential for abuse which may lead to severe psychological or physical dependence.[1] Examples of schedule II medications include narcotics, stimulants and barbiturates.

This initiative supports new National Council for Prescription Drug Programs (NCPDP) guidance requiring the use of the Quantity Prescribed (460-ET) field to identify incremental fills for schedule II drugs. When members or providers request an incremental fill, meaning the amount dispensed is less than the full amount prescribed, this enhancement enables a pharmacy to submit that claim as an incremental fill. This ensures claim information is available to help prevent improper refills of schedule II drugs and provides better data for researchers to understand prescribing trends. This enhancement was effective March 24, 2020 with full compliance required by September 21, 2020.

Effective Sept. 21, 2020, for any schedule II prescription claim transaction, pharmacies are required to enter the quantity prescribed field. If it is left blank, pharmacies will receive a reject stating to enter the information.

OptumRx is working to have the enhancement ready by September 21, 2020.

Incremental fill vs. Partial fill
NCPDP guidelines highlight that incremental and partial fills are different:

- **Incremental fill** represents dispensing of incremental quantities, at the request of the member or prescriber, of the total amount ordered for schedule II medications, as allowed under federal and state regulations.
- **Partial fill** represents an optional claim billing process for when a prescription cannot be filled for the full quantity ordered due to insufficient inventory available at the dispensing pharmacy.

You are a valued client, and we appreciate our continued partnership as we further enhance our medication safety efforts. Please let me know if you would like to discuss these upcoming changes.

Thank you,
Carolyn

Carolyn Jalbert | OptumRx
Account Manager
Government and Public Sector Markets
2720 N Tenaya Way
Las Vegas, NV
89128, USA
Phone: 612-428-6104
Carolyn.Jalbert@optum.com

New Phone Number: 612-428-6104

1.Drug Enforcement Agency (DEA) Controlled Substances Schedule. Accessed at https://www.deadiversion.usdoj.gov/schedules/.

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DELTA DENTAL SELF-FUNDED FINANCIAL REPORT PACKAG

FRESNO CITY EES HEALTH &
Group Number: 00273

Delta Dental Actuarial
8/6/2020

DELTA DENTAL

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FRESNO CITY EES HEALTH &
Group Number: 00273

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DELTA DENTAL

DELTA DENTAL OF CALIFORNIA
SUMMARY OF KEY STATISTICS
FRESNO CITY EES HEALTH &
Group Number: 00273

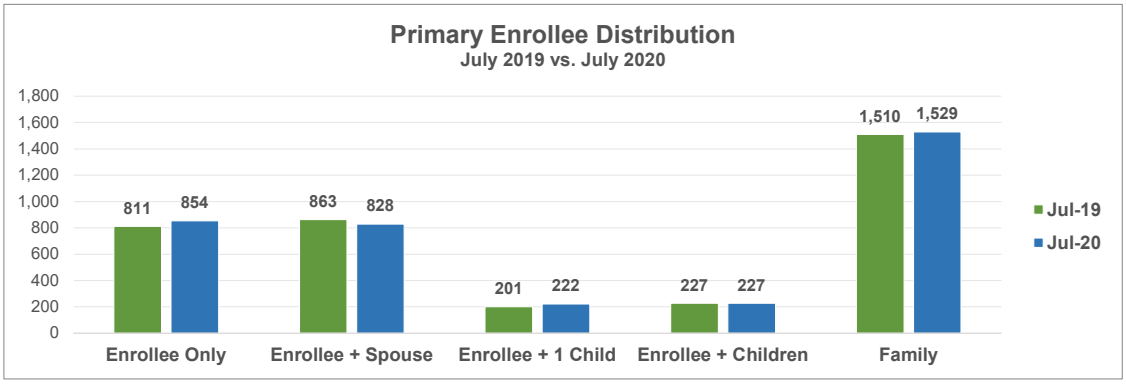
Paid Period: August 1, 2018 - July 31, 2019 compared to August 1, 2019 - July 31, 2020

Financial Summary

- For paid period ended July 31, 2020, the group had an average exposure of 3,643 primary enrollees. This represents a year / year increase of 2.0% from the previous period's average exposure of 3,572 primary enrollees.
- For the current period, claims paid PEPM was $64.00, compared to $69.22 during the previous period; This represents a year / year decrease of 7.5%.
- During the current period, 77.1% of primary enrollees had enrolled dependents vs. 76.7% of primary enrollees during the previous period.

	08/1/2018 - 07/31/2019	08/1/2019 - 07/31/2020
Claims Paid	$2,966,878	$2,797,910
*Exposure***	42,864	43,714
Avg. Exposure	3,572	3,643
Avg. Member Count	9,941	10,152

*** Exposure = Total primary enrollee months during the period.*



For more information regarding financial experience, please refer to tabs 1 through 3.

DELTA DENTAL

DELTA DENTAL OF CALIFORNIA
MONTHLY FINANCIAL EXPERIENCE
FRESNO CITY EES HEALTH &
Group Number: 00273

Paid Period: August 1, 2018 - July 31, 2020

Date	Number of Claims	Paid Amount	Enrollee Only	Enrollee + Spouse	Enrollee + 1 Child	Enrollee + Children	Family	Total Primary Enrollees	Adult Dependents	Child Dependents	Total Members
Aug-18	1,930	$326,131	830	831	183	221	1,479	3,544	2,310	3,994	9,848
Sep-18	1,416	$240,732	834	830	184	223	1,481	3,552	2,312	4,000	9,864
Oct-18	1,434	$239,973	834	837	183	218	1,487	3,559	2,324	4,003	9,886
Nov-18	1,745	$279,714	827	838	183	217	1,492	3,557	2,331	4,004	9,892
Dec-18	1,379	$224,405	842	833	182	220	1,494	3,571	2,328	4,020	9,919
Jan-19	1,567	$234,808	835	835	188	219	1,494	3,571	2,330	4,037	9,938
Feb-19	1,448	$219,324	821	835	193	217	1,491	3,557	2,327	4,037	9,921
Mar-19	1,546	$234,121	834	839	196	219	1,488	3,576	2,327	4,044	9,947
Apr-19	1,352	$222,764	837	840	190	218	1,497	3,582	2,338	4,053	9,973
May-19	1,747	$267,934	833	834	197	220	1,506	3,590	2,341	4,071	10,002
Jun-19	1,467	$231,621	836	840	201	217	1,499	3,593	2,340	4,065	9,998
Jul-19	1,469	$245,352	811	863	201	227	1,510	3,612	2,371	4,117	10,100
Aug-19	2,128	$367,915	821	860	200	227	1,517	3,625	2,375	4,116	10,116
Sep-19	1,447	$241,557	821	861	198	227	1,518	3,625	2,377	4,120	10,122
Oct-19	1,912	$318,507	828	859	200	231	1,523	3,641	2,380	4,133	10,154
Nov-19	1,454	$243,436	832	858	194	235	1,516	3,635	2,372	4,122	10,129
Dec-19	1,284	$212,423	830	857	195	236	1,518	3,636	2,374	4,128	10,138
Jan-20	1,652	$268,937	832	855	198	232	1,523	3,640	2,377	4,135	10,152
Feb-20	1,510	$235,703	823	848	200	230	1,522	3,623	2,368	4,135	10,126
Mar-20	1,440	$222,636	842	847	198	234	1,535	3,656	2,380	4,160	10,196
Apr-20	476	$82,951	843	847	204	235	1,533	3,662	2,380	4,165	10,207
May-20	378	$75,238	848	839	210	235	1,528	3,660	2,367	4,142	10,169
Jun-20	1,386	$219,587	849	828	211	235	1,528	3,651	2,356	4,137	10,144
Jul-20	1,838	$309,021	854	828	222	227	1,529	3,660	2,358	4,155	10,173
Total	**35,405**	**$5,764,788**	**19,997**	**20,242**	**4,711**	**5,420**	**36,208**	**86,578**	**56,443**	**98,093**	**241,114**

Note: The number of primary enrollees may change to include retroactive additions and/or deletions in eligibility.

DELTA DENTAL

DELTA DENTAL OF CALIFORNIA
MONTHLY FINANCIAL EXPERIENCE BY DIVISION
FRESNO CITY EES HEALTH &
Group Number: 00273

Paid Period: August 1, 2018 - July 31, 2020

Group-Division	Date	Number of Claims	Paid Amount	Enrollee Only	Enrollee + Spouse	Enrollee + 1 Child	Enrollee + Children	Family	Total Primary Enrollees	Adult Dependents	Child Dependents	Total Members
00273-00001	Aug-18	1,681	$282,795	710	517	178	211	1,415	3,031	1,932	3,869	8,832
00273-00001	Sep-18	1,214	$203,339	707	518	178	213	1,412	3,028	1,931	3,866	8,825
00273-00001	Oct-18	1,247	$208,623	708	524	177	208	1,419	3,036	1,943	3,869	8,848
00273-00001	Nov-18	1,482	$241,298	702	526	177	207	1,425	3,037	1,951	3,872	8,860
00273-00001	Dec-18	1,187	$196,025	719	525	176	210	1,426	3,056	1,951	3,887	8,894
00273-00001	Jan-19	1,367	$200,664	713	533	182	209	1,423	3,060	1,956	3,900	8,916
00273-00001	Feb-19	1,269	$189,189	704	529	187	209	1,424	3,053	1,953	3,908	8,914
00273-00001	Mar-19	1,324	$204,092	718	534	190	210	1,420	3,072	1,954	3,910	8,936
00273-00001	Apr-19	1,180	$190,038	721	536	184	210	1,427	3,078	1,964	3,917	8,959
00273-00001	May-19	1,525	$239,846	720	528	191	212	1,438	3,089	1,967	3,938	8,994
00273-00001	Jun-19	1,269	$205,806	725	531	193	210	1,433	3,092	1,965	3,933	8,990
00273-00001	Jul-19	1,299	$213,489	695	554	193	220	1,448	3,110	2,000	3,989	9,099
00273-00001	Aug-19	1,854	$322,872	703	556	193	220	1,455	3,127	2,009	3,990	9,126
00273-00001	Sep-19	1,246	$208,787	703	556	193	220	1,456	3,128	2,010	3,997	9,135
00273-00001	Oct-19	1,636	$272,006	709	552	194	224	1,463	3,142	2,013	4,012	9,167
00273-00001	Nov-19	1,247	$207,581	711	552	188	228	1,457	3,136	2,007	4,004	9,147
00273-00001	Dec-19	1,139	$188,869	708	547	189	229	1,459	3,132	2,005	4,008	9,145
00273-00001	Jan-20	1,431	$235,151	698	516	192	225	1,460	3,091	1,975	4,009	9,075
00273-00001	Feb-20	1,293	$201,810	686	505	195	223	1,457	3,066	1,960	4,005	9,031
00273-00001	Mar-20	1,253	$198,263	706	503	193	227	1,471	3,100	1,972	4,032	9,104
00273-00001	Apr-20	430	$76,237	707	502	199	228	1,467	3,103	1,969	4,034	9,106
00273-00001	May-20	326	$67,324	711	500	205	228	1,463	3,107	1,963	4,016	9,086
00273-00001	Jun-20	1,193	$189,956	711	495	206	228	1,467	3,107	1,962	4,015	9,084
00273-00001	Jul-20	1,602	$269,032	714	502	218	220	1,468	3,122	1,971	4,031	9,124
00273-00002	Aug-18	163	$28,116	44	167	4	10	52	277	219	108	604
00273-00002	Sep-18	108	$21,297	49	166	5	10	57	287	223	120	630
00273-00002	Oct-18	105	$15,769	49	167	5	10	55	286	222	118	626
00273-00002	Nov-18	141	$20,982	48	167	5	10	56	286	224	119	629
00273-00002	Dec-18	109	$15,073	46	164	5	10	56	281	221	119	621
00273-00002	Jan-19	121	$21,122	45	159	5	10	56	275	216	119	610
00273-00002	Feb-19	101	$16,628	41	161	5	8	55	270	217	115	602
00273-00002	Mar-19	119	$17,313	39	161	5	9	58	272	219	123	614
00273-00002	Apr-19	88	$17,273	41	159	5	8	60	273	219	125	617
00273-00002	May-19	139	$17,209	37	161	5	8	57	268	218	121	607
00273-00002	Jun-19	116	$16,373	35	164	6	7	55	267	219	118	604
00273-00002	Jul-19	102	$19,612	39	163	6	7	54	269	217	117	603
00273-00002	Aug-19	170	$27,404	40	159	5	7	54	265	213	115	593
00273-00002	Sep-19	102	$18,846	42	161	3	7	55	268	216	113	597
00273-00002	Oct-19	156	$26,294	42	163	3	7	52	267	215	109	591
00273-00002	Nov-19	129	$21,630	41	164	3	7	51	266	215	106	587
00273-00002	Dec-19	81	$14,161	42	165	3	7	53	270	218	110	598
00273-00002	Jan-20	126	$21,134	42	163	3	7	53	268	216	111	595
00273-00002	Feb-20	120	$17,668	44	163	3	7	55	272	218	116	606
00273-00002	Mar-20	107	$12,493	44	164	3	7	54	272	218	115	605

00273-00002	Apr-20	26	$2,107	44	166	3	7	57	277	223	119	619
00273-00002	May-20	27	$4,177	45	163	3	7	55	273	218	113	604
00273-00002	Jun-20	93	$13,228	45	161	3	7	51	267	212	109	588
00273-00002	Jul-20	135	$24,360	45	158	3	7	52	265	210	109	584
00273-00003	Aug-18	79	$13,977	69	134	0	0	5	208	139	6	353
00273-00003	Sep-18	81	$14,501	71	133	0	0	5	209	138	5	352
00273-00003	Oct-18	72	$12,718	70	133	0	0	5	208	138	5	351
00273-00003	Nov-18	114	$15,949	70	132	0	0	5	207	137	5	349
00273-00003	Dec-18	76	$12,520	70	131	0	0	5	206	136	5	347
00273-00003	Jan-19	68	$11,741	70	130	0	0	5	205	135	5	345
00273-00003	Feb-19	66	$12,174	70	131	0	0	4	205	135	4	344
00273-00003	Mar-19	91	$11,194	71	130	0	0	4	205	134	4	343
00273-00003	Apr-19	69	$12,318	69	131	0	0	4	204	135	4	343
00273-00003	May-19	72	$9,535	70	131	0	0	5	206	136	5	347
00273-00003	Jun-19	73	$7,712	70	131	1	0	4	206	135	5	346
00273-00003	Jul-19	53	$8,527	71	131	1	0	3	206	134	4	344
00273-00003	Aug-19	95	$16,604	72	130	1	0	3	206	133	4	343
00273-00003	Sep-19	89	$13,129	70	130	1	0	3	204	133	4	341
00273-00003	Oct-19	96	$16,254	70	130	1	0	4	205	134	5	344
00273-00003	Nov-19	70	$12,462	72	128	1	0	4	205	132	5	342
00273-00003	Dec-19	59	$8,836	72	130	1	0	2	205	132	3	340
00273-00003	Jan-20	85	$11,578	85	164	1	0	7	257	171	9	437
00273-00003	Feb-20	78	$12,918	86	167	1	0	7	261	174	9	444
00273-00003	Mar-20	74	$9,675	85	167	1	0	7	260	174	8	442
00273-00003	Apr-20	20	$4,607	85	166	1	0	7	259	173	8	440
00273-00003	May-20	24	$3,595	86	164	1	0	7	258	171	8	437
00273-00003	Jun-20	94	$15,938	87	160	1	0	7	255	167	8	430
00273-00003	Jul-20	92	$13,865	89	157	0	0	6	252	163	6	421
00273-00004	Aug-18	5	$948	7	13	1	0	3	24	16	4	44
00273-00004	Sep-18	12	$1,395	7	13	1	0	3	24	16	4	44
00273-00004	Oct-18	9	$2,113	7	13	1	0	3	24	16	4	44
00273-00004	Nov-18	6	$1,333	7	13	1	0	3	24	16	4	44
00273-00004	Dec-18	7	$787	7	13	1	0	3	24	16	4	44
00273-00004	Jan-19	11	$1,282	7	13	1	0	3	24	16	4	44
00273-00004	Feb-19	9	$1,143	6	13	1	0	3	23	16	4	43
00273-00004	Mar-19	9	$1,236	6	13	1	0	3	23	16	4	43
00273-00004	Apr-19	11	$2,510	6	13	1	0	3	23	16	4	43
00273-00004	May-19	9	$1,039	6	13	1	0	3	23	16	4	43
00273-00004	Jun-19	8	$1,730	6	13	1	0	3	23	16	4	43
00273-00004	Jul-19	11	$2,008	6	14	1	0	3	24	17	4	45
00273-00004	Aug-19	7	$751	6	14	1	0	3	24	17	4	45
00273-00004	Sep-19	10	$796	6	14	1	0	3	24	17	4	45
00273-00004	Oct-19	20	$3,452	6	14	1	0	3	24	17	4	45
00273-00004	Nov-19	8	$1,763	6	14	1	0	3	24	17	4	45
00273-00004	Dec-19	3	$229	6	14	1	0	3	24	17	4	45
00273-00004	Jan-20	10	$1,073	6	11	1	0	2	20	13	3	36
00273-00004	Feb-20	15	$1,998	6	11	1	0	2	20	13	3	36
00273-00004	Mar-20	5	$1,754	6	11	1	0	2	20	13	3	36
00273-00004	Apr-20	0	$0	6	11	1	0	1	19	12	2	33
00273-00004	May-20	1	$142	5	11	1	0	1	18	12	2	32
00273-00004	Jun-20	4	$419	5	11	1	0	1	18	12	2	32
00273-00004	Jul-20	7	$1,338	5	11	1	0	1	18	12	2	32
00273-09001	Aug-18	2	$296	0	0	0	0	4	4	4	7	15
00273-09001	Sep-18	1	$200	0	0	0	0	4	4	4	5	13
00273-09001	Oct-18	1	$750	0	0	0	0	5	5	5	7	17
00273-09001	Nov-18	2	$152	0	0	0	0	3	3	3	4	10

00273-09001	Dec-18	0	$0	0	0	0	0	4	4	4	5	13
00273-09001	Jan-19	0	$0	0	0	0	0	7	7	7	9	23
00273-09001	Feb-19	3	$190	0	1	0	0	5	6	6	6	18
00273-09001	Mar-19	3	$285	0	1	0	0	3	4	4	3	11
00273-09001	Apr-19	4	$625	0	1	0	0	3	4	4	3	11
00273-09001	May-19	2	$306	0	1	0	0	3	4	4	3	11
00273-09001	Jun-19	1	$0	0	1	0	0	4	5	5	5	15
00273-09001	Jul-19	4	$1,715	0	1	0	0	2	3	3	3	9
00273-09001	Aug-19	2	$284	0	1	0	0	2	3	3	3	9
00273-09001	Sep-19	0	$0	0	0	0	0	1	1	1	2	4
00273-09001	Oct-19	4	$501	1	0	1	0	1	3	1	3	7
00273-09001	Nov-19	0	$0	2	0	1	0	1	4	1	3	8
00273-09001	Dec-19	2	$327	2	1	1	0	1	5	2	3	10
00273-09001	Jan-20	0	$0	1	1	1	0	1	4	2	3	9
00273-09001	Feb-20	4	$1,309	1	2	0	0	1	4	3	2	9
00273-09001	Mar-20	1	$452	1	2	0	0	1	4	3	2	9
00273-09001	Apr-20	0	$0	1	2	0	0	1	4	3	2	9
00273-09001	May-20	0	$0	1	1	0	0	2	4	3	3	10
00273-09001	Jun-20	2	$46	1	1	0	0	2	4	3	3	10
00273-09001	Jul-20	2	$426	1	0	0	0	2	3	2	7	12
Total		**35,405**	**$5,764,788**	**19,997**	**20,242**	**4,711**	**5,420**	**36,208**	**86,578**	**56,443**	**98,093**	**241,114**

Note: The number of primary enrollees may change to include retroactive additions and/or deletions in eligibility.

DELTA DENTAL

DELTA DENTAL OF CALIFORNIA
DATA TABLE FOR CLAIM LAG IN GROUP SUMMARY AND BY DIVISION
FRESNO CITY EES HEALTH &
Group Number: 00273

Paid Period: August 1, 2018 - July 31, 2020

Group	Division	Paid Month/Year	Incurred Month/Year	Paid Amount
00273	All	Aug-18	Aug-17	$93
00273	All	Aug-18	Oct-17	$118
00273	All	Aug-18	Nov-17	$347
00273	All	Aug-18	Dec-17	$451
00273	All	Aug-18	Jan-18	$558
00273	All	Aug-18	Feb-18	$696
00273	All	Aug-18	Mar-18	$769
00273	All	Aug-18	Apr-18	$1,716
00273	All	Aug-18	May-18	$2,867
00273	All	Aug-18	Jun-18	$9,580
00273	All	Aug-18	Jul-18	$121,396
00273	All	Aug-18	Aug-18	$187,539
00273	All	Sep-18	Aug-17	$470
00273	All	Sep-18	Oct-17	$750
00273	All	Sep-18	Nov-17	$1,702
00273	All	Sep-18	Dec-17	$179
00273	All	Sep-18	Mar-18	$83
00273	All	Sep-18	Apr-18	$88
00273	All	Sep-18	May-18	$3,491
00273	All	Sep-18	Jun-18	$1,651
00273	All	Sep-18	Jul-18	$9,697
00273	All	Sep-18	Aug-18	$99,149
00273	All	Sep-18	Sep-18	$123,470
00273	All	Oct-18	Feb-18	$730
00273	All	Oct-18	Mar-18	$318
00273	All	Oct-18	Apr-18	$495
00273	All	Oct-18	May-18	$635
00273	All	Oct-18	Jun-18	$2,457
00273	All	Oct-18	Jul-18	$2,962
00273	All	Oct-18	Aug-18	$6,636
00273	All	Oct-18	Sep-18	$97,244
00273	All	Oct-18	Oct-18	$128,496
00273	All	Nov-18	Apr-17	$166
00273	All	Nov-18	Dec-17	$990
00273	All	Nov-18	Jan-18	$96
00273	All	Nov-18	Feb-18	$114

00273	All	Nov-18	Mar-18	$101
00273	All	Nov-18	Apr-18	$869
00273	All	Nov-18	May-18	$2,164
00273	All	Nov-18	Jun-18	$634
00273	All	Nov-18	Jul-18	$6,571
00273	All	Nov-18	Aug-18	$2,907
00273	All	Nov-18	Sep-18	$7,472
00273	All	Nov-18	Oct-18	$113,618
00273	All	Nov-18	Nov-18	$144,013
00273	All	Dec-18	Oct-17	$52
00273	All	Dec-18	Nov-17	$342
00273	All	Dec-18	Feb-18	$41
00273	All	Dec-18	Mar-18	$156
00273	All	Dec-18	May-18	$42
00273	All	Dec-18	Jun-18	$1,077
00273	All	Dec-18	Jul-18	$55
00273	All	Dec-18	Aug-18	$3,163
00273	All	Dec-18	Sep-18	$3,787
00273	All	Dec-18	Oct-18	$10,378
00273	All	Dec-18	Nov-18	$75,833
00273	All	Dec-18	Dec-18	$129,478
00273	All	Jan-19	May-18	$535
00273	All	Jan-19	Jun-18	$463
00273	All	Jan-19	Jul-18	$452
00273	All	Jan-19	Aug-18	$1,265
00273	All	Jan-19	Sep-18	$299
00273	All	Jan-19	Oct-18	$2,023
00273	All	Jan-19	Nov-18	$6,740
00273	All	Jan-19	Dec-18	$61,759
00273	All	Jan-19	Jan-19	$161,273
00273	All	Feb-19	Jan-18	$302
00273	All	Feb-19	Jun-18	$688
00273	All	Feb-19	Jul-18	$1,679
00273	All	Feb-19	Aug-18	$428
00273	All	Feb-19	Sep-18	$187
00273	All	Feb-19	Oct-18	$1,172
00273	All	Feb-19	Nov-18	$2,224
00273	All	Feb-19	Dec-18	$3,600
00273	All	Feb-19	Jan-19	$77,808
00273	All	Feb-19	Feb-19	$131,237
00273	All	Mar-19	Apr-18	$24
00273	All	Mar-19	Jun-18	$290
00273	All	Mar-19	Aug-18	$474
00273	All	Mar-19	Sep-18	$824
00273	All	Mar-19	Oct-18	$2,402
00273	All	Mar-19	Nov-18	$1,572
00273	All	Mar-19	Dec-18	$216
00273	All	Mar-19	Jan-19	$6,148
00273	All	Mar-19	Feb-19	$77,670

00273	All	Mar-19	Mar-19	$144,501
00273	All	Apr-19	Apr-18	$259
00273	All	Apr-19	May-18	$2,310
00273	All	Apr-19	Jun-18	$118
00273	All	Apr-19	Jul-18	$1,208
00273	All	Apr-19	Aug-18	$127
00273	All	Apr-19	Sep-18	$379
00273	All	Apr-19	Oct-18	$424
00273	All	Apr-19	Nov-18	$344
00273	All	Apr-19	Dec-18	$1,737
00273	All	Apr-19	Jan-19	$3,735
00273	All	Apr-19	Feb-19	$5,220
00273	All	Apr-19	Mar-19	$86,741
00273	All	Apr-19	Apr-19	$120,162
00273	All	May-19	May-18	$103
00273	All	May-19	Jun-18	$176
00273	All	May-19	Jul-18	$184
00273	All	May-19	Aug-18	$111
00273	All	May-19	Sep-18	$189
00273	All	May-19	Oct-18	$750
00273	All	May-19	Nov-18	$1,199
00273	All	May-19	Dec-18	$3,084
00273	All	May-19	Jan-19	$519
00273	All	May-19	Feb-19	$4,006
00273	All	May-19	Mar-19	$10,769
00273	All	May-19	Apr-19	$116,450
00273	All	May-19	May-19	$130,394
00273	All	Jun-19	Apr-17	-$129
00273	All	Jun-19	Apr-18	$1,500
00273	All	Jun-19	Jul-18	$86
00273	All	Jun-19	Aug-18	$54
00273	All	Jun-19	Sep-18	$899
00273	All	Jun-19	Oct-18	$565
00273	All	Jun-19	Nov-18	$219
00273	All	Jun-19	Dec-18	$246
00273	All	Jun-19	Jan-19	$763
00273	All	Jun-19	Feb-19	$2,078
00273	All	Jun-19	Mar-19	$4,934
00273	All	Jun-19	Apr-19	$7,762
00273	All	Jun-19	May-19	$83,698
00273	All	Jun-19	Jun-19	$128,946
00273	All	Jul-19	Jun-17	-$790
00273	All	Jul-19	Jun-18	-$750
00273	All	Jul-19	Aug-18	$275
00273	All	Jul-19	Nov-18	$254
00273	All	Jul-19	Dec-18	$313
00273	All	Jul-19	Jan-19	$182
00273	All	Jul-19	Feb-19	$546
00273	All	Jul-19	Mar-19	$1,894

Group	Division	Paid Month/Year	Incurred Month/Year	Paid Amount
00273	00001	Aug-18	Oct-17	$118
00273	00001	Aug-18	Nov-17	$347
00273	00001	Aug-18	Dec-17	$451
00273	00001	Aug-18	Jan-18	$558
00273	00001	Aug-18	Feb-18	$535
00273	00001	Aug-18	Mar-18	$344
00273	00001	Aug-18	Apr-18	$1,716
00273	00001	Aug-18	May-18	$2,152
00273	00001	Aug-18	Jun-18	$8,768
00273	00001	Aug-18	Jul-18	$104,839
00273	00001	Aug-18	Aug-18	$162,966
00273	00001	Sep-18	Aug-17	$470
00273	00001	Sep-18	Oct-17	$750
00273	00001	Sep-18	Nov-17	$1,379
00273	00001	Sep-18	Dec-17	$179
00273	00001	Sep-18	Mar-18	$83
00273	00001	Sep-18	Apr-18	$88
00273	00001	Sep-18	May-18	$3,166
00273	00001	Sep-18	Jun-18	$1,377
00273	00001	Sep-18	Jul-18	$9,694
00273	00001	Sep-18	Aug-18	$84,280
00273	00001	Sep-18	Sep-18	$101,873
00273	00001	Oct-18	Feb-18	$730
00273	00001	Oct-18	Mar-18	$318
00273	00001	Oct-18	Apr-18	$495
00273	00001	Oct-18	May-18	$615
00273	00001	Oct-18	Jun-18	$2,457
00273	00001	Oct-18	Jul-18	$2,715
00273	00001	Oct-18	Aug-18	$6,543
00273	00001	Oct-18	Sep-18	$86,116
00273	00001	Oct-18	Oct-18	$108,634
00273	00001	Nov-18	Apr-17	$166
00273	00001	Nov-18	Dec-17	$481
00273	00001	Nov-18	Jan-18	$96
00273	00001	Nov-18	Feb-18	$114
00273	00001	Nov-18	Mar-18	$11
00273	00001	Nov-18	Apr-18	$869
00273	00001	Nov-18	May-18	$1,765
00273	00001	Nov-18	Jun-18	$481
00273	00001	Nov-18	Jul-18	$5,310
00273	00001	Nov-18	Aug-18	$2,646
00273	00001	Nov-18	Sep-18	$7,026
00273	00001	Nov-18	Oct-18	$98,465
00273	00001	Nov-18	Nov-18	$123,869
00273	00001	Dec-18	Oct-17	$52
00273	00001	Dec-18	Nov-17	$342

00273	00003	Jun-19	May-19	$3,708
00273	00003	Jun-19	Jun-19	$3,361
00273	00003	Jul-19	Jan-19	$182
00273	00003	Jul-19	May-19	$75
00273	00003	Jul-19	Jun-19	$3,809
00273	00003	Jul-19	Jul-19	$4,461
00273	00003	Aug-19	Mar-19	$164
00273	00003	Aug-19	Apr-19	$134
00273	00003	Aug-19	May-19	$484
00273	00003	Aug-19	Jul-19	$8,262
00273	00003	Aug-19	Aug-19	$7,560
00273	00003	Sep-19	Apr-19	$177
00273	00003	Sep-19	Jul-19	$594
00273	00003	Sep-19	Aug-19	$5,037
00273	00003	Sep-19	Sep-19	$7,320
00273	00003	Oct-19	Mar-19	$198
00273	00003	Oct-19	Jul-19	$455
00273	00003	Oct-19	Aug-19	$1,221
00273	00003	Oct-19	Sep-19	$5,982
00273	00003	Oct-19	Oct-19	$8,398
00273	00003	Nov-19	Mar-19	$24
00273	00003	Nov-19	Aug-19	$1,202
00273	00003	Nov-19	Sep-19	$173
00273	00003	Nov-19	Oct-19	$4,468
00273	00003	Nov-19	Nov-19	$6,596
00273	00003	Dec-19	Oct-19	$73
00273	00003	Dec-19	Nov-19	$3,447
00273	00003	Dec-19	Dec-19	$5,316
00273	00003	Jan-20	Aug-19	$261
00273	00003	Jan-20	Oct-19	$154
00273	00003	Jan-20	Nov-19	$254
00273	00003	Jan-20	Dec-19	$3,719
00273	00003	Jan-20	Jan-20	$7,191
00273	00003	Feb-20	Jul-19	$124
00273	00003	Feb-20	Dec-19	$153
00273	00003	Feb-20	Jan-20	$3,948
00273	00003	Feb-20	Feb-20	$8,694
00273	00003	Mar-20	Feb-20	$3,788
00273	00003	Mar-20	Mar-20	$5,887
00273	00003	Apr-20	Feb-20	$174
00273	00003	Apr-20	Mar-20	$1,543
00273	00003	Apr-20	Apr-20	$2,889
00273	00003	May-20	Jan-20	$419
00273	00003	May-20	Mar-20	$111
00273	00003	May-20	Apr-20	$1,259
00273	00003	May-20	May-20	$1,806
00273	00003	Jun-20	Feb-20	$82
00273	00003	Jun-20	Apr-20	$19
00273	00003	Jun-20	May-20	$4,511

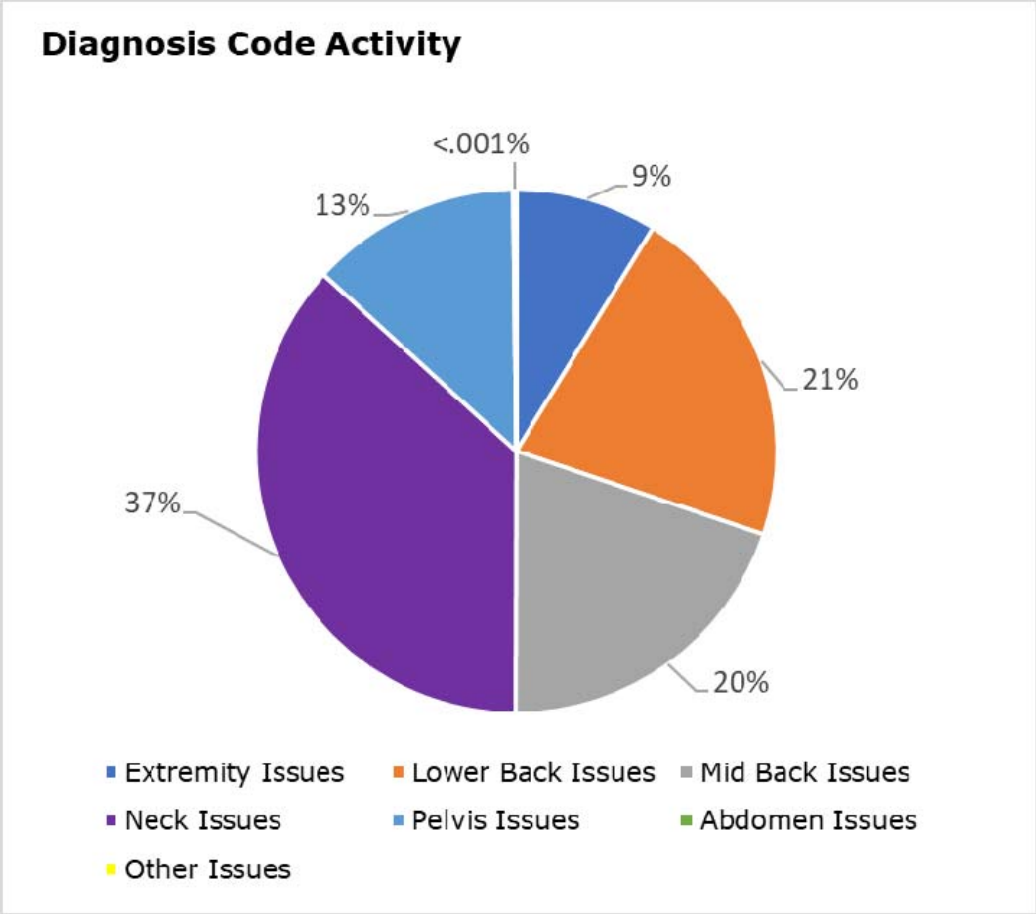
00273	00004	May-20	May-20	$142
00273	00004	Jun-20	May-20	$312
00273	00004	Jun-20	Jun-20	$107
00273	00004	Jul-20	Jun-20	$287
00273	00004	Jul-20	Jul-20	$1,051
00273	09001	Aug-18	Jul-18	$96
00273	09001	Aug-18	Aug-18	$200
00273	09001	Sep-18	Aug-18	$200
00273	09001	Oct-18	Oct-18	$750
00273	09001	Nov-18	Nov-18	$152
00273	09001	Feb-19	Dec-18	$32
00273	09001	Feb-19	Feb-19	$158
00273	09001	Mar-19	Feb-19	$285
00273	09001	Apr-19	Mar-19	$495
00273	09001	Apr-19	Apr-19	$130
00273	09001	May-19	Apr-19	$129
00273	09001	May-19	May-19	$177
00273	09001	Jul-19	Jun-19	$1,689
00273	09001	Jul-19	Jul-19	$26
00273	09001	Aug-19	Jul-19	$131
00273	09001	Aug-19	Aug-19	$153
00273	09001	Oct-19	Oct-19	$501
00273	09001	Dec-19	Nov-19	$106
00273	09001	Dec-19	Dec-19	$222
00273	09001	Feb-20	Jan-20	$1,309
00273	09001	Mar-20	Mar-20	$452
00273	09001	Jun-20	Jun-20	$46
00273	09001	Jul-20	Jun-20	$260
00273	09001	Jul-20	Jul-20	$166
Total				**$5,764,788**

PhysMetrics

Fresno City Employees' Health and Welfare Trust

			Benefit Year
	July 2020	**August 2020**	**July 2020 To June 2021**
Benefit Utilization			
Covered Employees	3,571	3,548	
Covered Dependents	6,648	6,603	
Total Covered Members	10,219	10,151	
Unique Employees Accessing Benefit	162	232	288
Unique Dependents Accessing Benefit	168	214	275
Total Unique Members Accessing Benefit	330	446	563
Unique Dates of Service Paid	882	1,243	2,088
Total Plan Pricing	**$79,077.00**	**$77,754.51**	**$156,831.51**

Utilization Management		
	July 2020	**August 2020**
Pre-Treatment Requests Reviewed for Medical Necessity: • After 12th Visit • Massage • Minor (Under Age 18)		
Chiropractic	21	23
Pre-Treatment Requests Reviewed for Medical Necessity: • After 10th Visit		
Physical Therapy	24	17
Occupational Therapy	5	0
Speech and Language Therapy	2	7
Total Physical Medicine Requests Reviewed	52	47



Issues	Percent (%)*
Extremity Issues	9
Lower Back Issues	21
Mid Back Issues	20
Neck Issues	37
Pelvis Issues	113
Abdomen	<0.001
Other	0

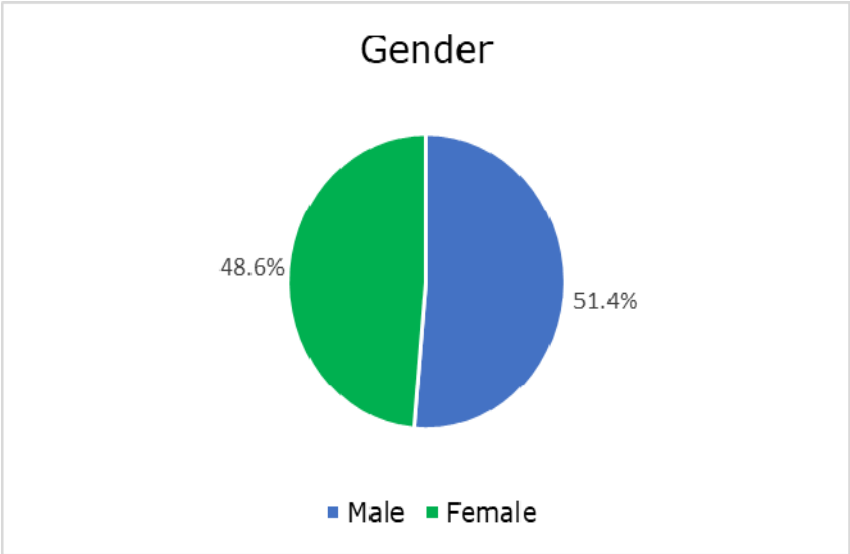
*Average over two (2) months (July-August 2020)

Top 10 Procedure Code Activity by Total Pricing for Month of: July 2020	Patients	Total Pricing
97110-THERAPEUTIC EXERCISES	115	$17,834.00
97140-MANUAL THERAPY 1/> REGIONS	97	$9,565.00
98941-CHIROPRACT MANJ 3-4 REGIONS	132	$4,830.00
97112-NEUROMUSCULAR REEDUCATION	29	$4,582.00
92507-SPEECH/HEARING THERAPY	12	$3,500.00
98940-CHIROPRACT MANJ 1-2 REGIONS	84	$3,050.00
97530-THERAPEUTIC ACTIVITIES	11	$1,957.00
97161-PT EVAL LOW COMPLEX 20 MIN	20	$1,330.00
98943-CHIROPRACT MANJ XTRSPINL 1/>	61	$990.00
97162-PT EVAL MOD COMPLEX 30 MIN	14	$925.00

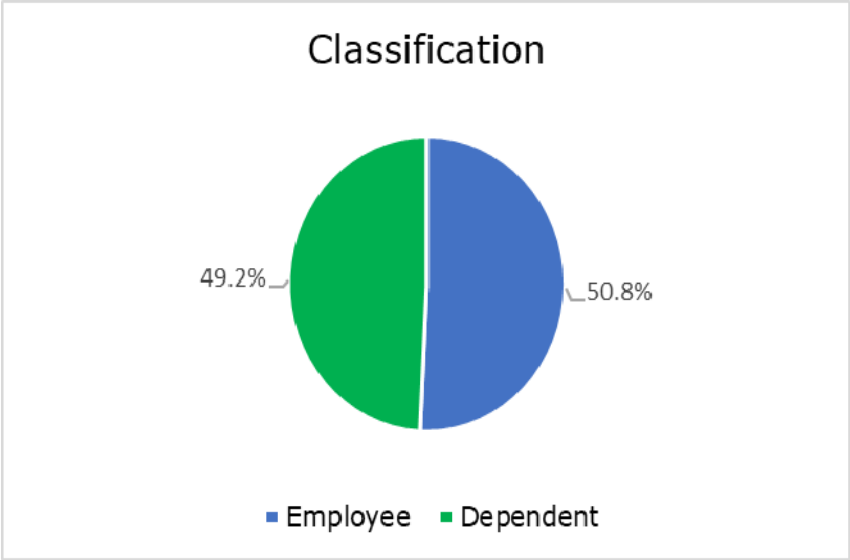
Top 10 Procedure Code Activity by Total Pricing for Month of: August 2020	Patients	Total Pricing
97110-THERAPEUTIC EXERCISES	148	$22,845.00
97140-MANUAL THERAPY 1/> REGIONS	122	$9,641.00
98941-CHIROPRACT MANJ 3-4 REGIONS	197	$8,936.00
98940-CHIROPRACT MANJ 1-2 REGIONS	134	$6,625.00
97112-NEUROMUSCULAR REEDUCATION	35	$3,837.00
92507-SPEECH/HEARING THERAPY	11	$2,950.00
97530-THERAPEUTIC ACTIVITIES	14	$2,518.00
97014-ELECTRIC STIMULATION THERAPY	91	$1,597.00
98943-CHIROPRACT MANJ XTRSPINL 1/>	69	$1,549.00
97161-PT EVAL LOW COMPLEX 20 MIN	19	$1,330.00

Top 10 Provider Activity by Total Pricing for Month of: July 2020	Patients	Total Pricing
Joshua Ritter DC	62	$3,306.00
Lindsay Pimentel OT	1	$2,860.00
Michael Martines PT	8	$2,718.00
Elizabeth Schenkel OT	3	$2,230.00
Aimee Tijerina PT	6	$2,048.00
Joanne Steele PT	1	$2,030.00
Glen Duncan PT	2	$1,670.00
Bethany Fitzgerald OT	4	$1,400.00
Randy Hicks PT	3	$1,340.00
Russell Biggers PT	3	$941.00

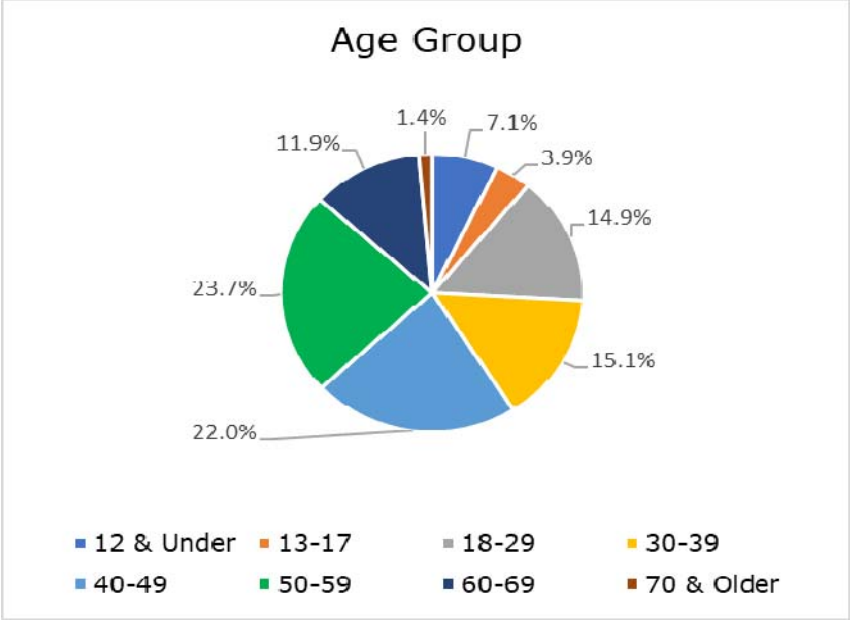
Top 10 Provider Activity by Total Pricing for Month of: August 2020	Patients	Total Pricing
Michael Martines PT	12	$5,758.00
Joshua Ritter DC	60	$3,585.00
Ani Thompson PT	3	$2,061.00
Christopher Mason PT	3	$1,637.00
Lee Walsh PT	5	$1,449.00
Gary Peterson PT	5	$1,423.00
Steven Overstreet PT	2	$1,357.00
Sergio Balli DC	9	$1,355.00
Matthew Vinson DC	15	$1,315.00
Aimee Tijerina PT	7	$1,284.00



Gender	Percent (%)*
Male	51.4
Female	48.6
Total	



Classification	Percent (%)*
Employee	50.8
Dependent	49.2
Total	



Age Group	Percent (%)*
12 and Under	7.1
13-17	3.9
18-29	14.9
30-39	15.1
40-49	22.0
50-59	23.7
60-69	11.9
70 and Older	1.4
Total	

*Average over two (2) months (July - August 2020)

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Fax: 714.619.4662

August 17, 2020

Fresno City Health & Welfare Trust
621 Santa Fe
Fresno, Ca 93721

Michael Moss, Esquire, Legal Counsel
Shane Archer, Chairperson
Tom Georgouses, Administrator
Employer Trustees
Employee Trustees
Andrew Desa, Consultant, Rael-Letson

RE: NOTIFICATION OF CHANGE IN MESVISION OWNERSHIP

To: Fresno City Health & Welfare Trust,

Thank you for your long-standing partnership with Medical Eye Services, MESVision. This letter is to provide an update that MESVision has been acquired by Luxottica US Holdings, a wholly owned subsidiary of EssilorLuxottica. MESVision will continue to focus on its mission to preserve the gift of sight by helping its members attain a healthier lifestyle through brilliant vision care.

MESVision will continue to operate independently from its headquarters office in Costa Mesa, California. We are excited about being part of the EssilorLuxottica family and benefiting from its resources as the largest optical provider globally. If you have any questions, please reach out to your Account Manager.

Our team at MESVision appreciates your continued partnership and we look forward to continuing to service your employees and their families.

Sincerely,

Jason M. Rome
President, MESVision

Tom Georgouses | HealthComp

From: MSchell@mesvision.com
Sent: Tuesday, August 18, 2020 2:45 PM
To: Michael Moss
Cc: JRome@mesvision.com; Tom Georgouses | HealthComp; andrewd@rael-letson.com
Subject: Re: From Mike Schell Vice President MESVision , Luxottica Holdings Acquisition of MESVision update for Fresno City Health & Welfare Trust

Importance: High

Michael:

Thank you for raising the question for Fresno City Health & Welfare Trust. In regards to the question below, the stock of MESVision was purchased and MESVision will continue to remain operational.

Please let me know if there are any additional questions.

Michael Schell | Vice President / Sales | **MESVision**
Ca License 0D97629

345 Baker Street East
Costa Mesa, CA 92626

| (office) 714 619 4660 x 7207 | (e-mail) MSchell@MESVision.com |
| (fax) 714 619 4662 | Website: www.MESVision.com |

MESVision - "Brilliant Vision and a Healthy Lifestyle"
■ Helpful ■ Accurate ■ Ownership ■ Efficient

From: Michael Moss <mmoss@mossfirm.org>
To: MSchell@mesvision.com
Cc: Tom Georgouses <tgeorgouses@healthcomp.com>, "Shane Freeman | HealthComp" <sfreeman@healthcomp.com>, "Andrew Desa (andrewd@rael-letson.com)" <andrewd@rael-letson.com>
Date: 08/17/2020 06:43 PM
Subject: Re: From Mike Schell Vice President MESVision , Luxottica Holdings Acquisition of MESVision Announcement

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Mr. Schell- Was the stock of your company purchased and it will remain operational? If so, there is nothing further to do other than to inform the Board of Trustees, as you proposed.

Contrarily, if MES will cease to operate as a separate entity and/or become a "department" of the Purchaser, then we will need an Assignment of the Service Agreement for the Board's consideration.

In either event, I recommend you provide the Board with an explanation of the transaction, an Executive Summary of the Buyer's history and a recitation of the extent to which the principals/key employees of MES will remain participatory going forward.

Thanks.

On Mon, Aug 17, 2020 at 4:27 PM <MSchell@mesvision.com> wrote:
To: The Fresno City Health & Welfare Trust

The attached letter from MESVision is to provide an update that MESVision has been acquired by Luxottica US Holdings a wholly owned subsidiary of EssilorLuxottica.

Please see the attached letter for more information.

This Notification of the Luxottica US Holdings Acquiring MESVision, should be included in the September 9, 2020 Fresno City Health & Welfare Board Meeting.

If you have any questions or require any additional information at this time, please contact me.

Michael Schell | Vice President / Sales | **MESVision**®
Ca License 0D97629

345 Baker Street East
Costa Mesa, CA 92626

| (office) 714 619 4660 x 7207 | (e-mail) MSchell@MESVision.com |
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THE LAW OFFICE OF MICHAEL E. MOSS
201 SPEAR STREET, SUITE 1100
SAN FRANCISCO, CA 94105

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Fax: 714.619.4662

September 1, 2020

Fresno City Health & Welfare Trust
621 Santa Fe
Fresno, Ca 93721

Michael Moss, Esquire, Legal Counsel
Tom Georgouses, Administrator

RE: Summary of change in MESVision ownership

To: Michael Moss and Tom Georgouses

Thank you for your questions about the recent sale of MESVision and its impact on the Fresno City Health & Welfare Trust contract. MESVision was acquired by Luxottica US Holdings in a 100% stock transaction.

Rest assured this transaction in no way changes our ability to deliver on the contractual commitments to the City of Fresno, but rather brings many exciting new tools and capabilities to our offerings.

MESVision will continue to operate from our headquarters in Costa Mesa, California and are committed to continuing to deliver:

- **Great Service:** we will continue to deliver the outstanding service your members have come to expect from their vision plan provider
- **Broad Network:** MESVision has one of the largest networks in the state of California. Your members enjoy the broad choice of providers and we are excited about the coming expansion of that network due to the transaction.
- **Same Benefits:** we will continue to administer the benefits in place today with an eye toward even greater member discounts on non-covered items
- **New Capabilities:** our team is excited to be able to leverage new tools and capabilities to make the vision experience of your members even better. For example, we will be launching a new interactive virtual open enrollment tool. We are looking forward to having an opportunity to share with you these new tools in greater detail.

We greatly appreciate the long-standing relationship between The City of Fresno and MESVision and we are very excited about the enhancements that we will be offering to our clients and members in the near future. Please don't hesitate to call me at 508-561-5584 or email me with any further questions or concerns. jrome@mesvision.com

Sincerely,

Jason M. Rome
President, MESVision

Telehealth Utilization Report

July 2020

Fresno City Trust

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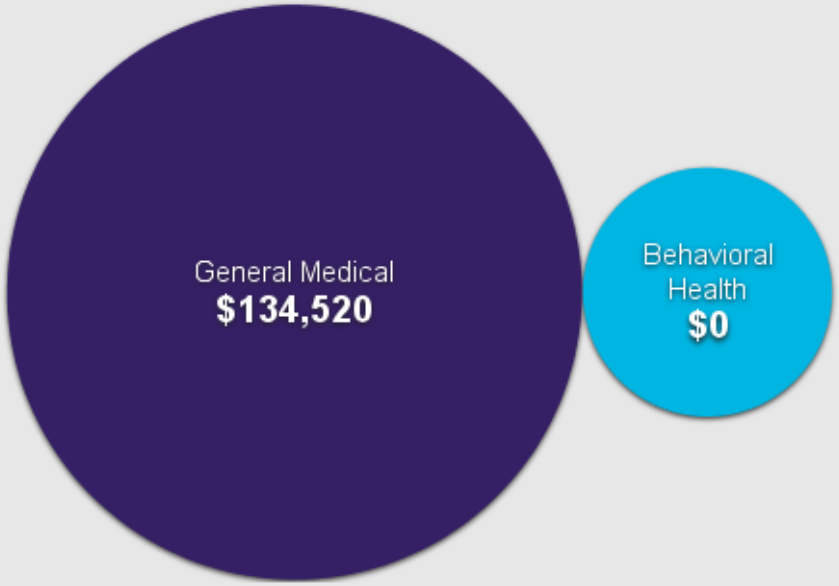
Summary

Teladoc HEALTH | July 2020

	Visits		Utilization*
	Report Period	YTD	Annualized
Total General Medical	60	285	13.5%
Total Behavioral Health	0	0	0.0%
Total Dermatology	N/A	N/A	N/A
Total Nutrition	N/A	N/A	N/A

Total Net Claim Savings



Overall member satisfaction YTD

No Data Available

Gender

	General Medical	Behavioral Health	Dermatology	Nutrition
	57% Female	0% Female	Product not included in plan design	Product not included in plan design
	43% Male	0% Male		

* Behavioral Health utilization is calculated assuming 20% of the population needs care in a given year. This is in accordance to a Kaiser Family Foundation Analysis of the 2015 National Survey on Drug Use and Health. Dermatology utilization is calculated assuming a 25% portion of the population needs care. This is in accordance to the American Academy of Dermatology in a 2013 report, Burden of Skin Disease

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Claim savings & utilization

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Annualized Utilization

YTD Total Visits X 12 / # months accrued
YTD / YTD Average Subscribers

13.5%

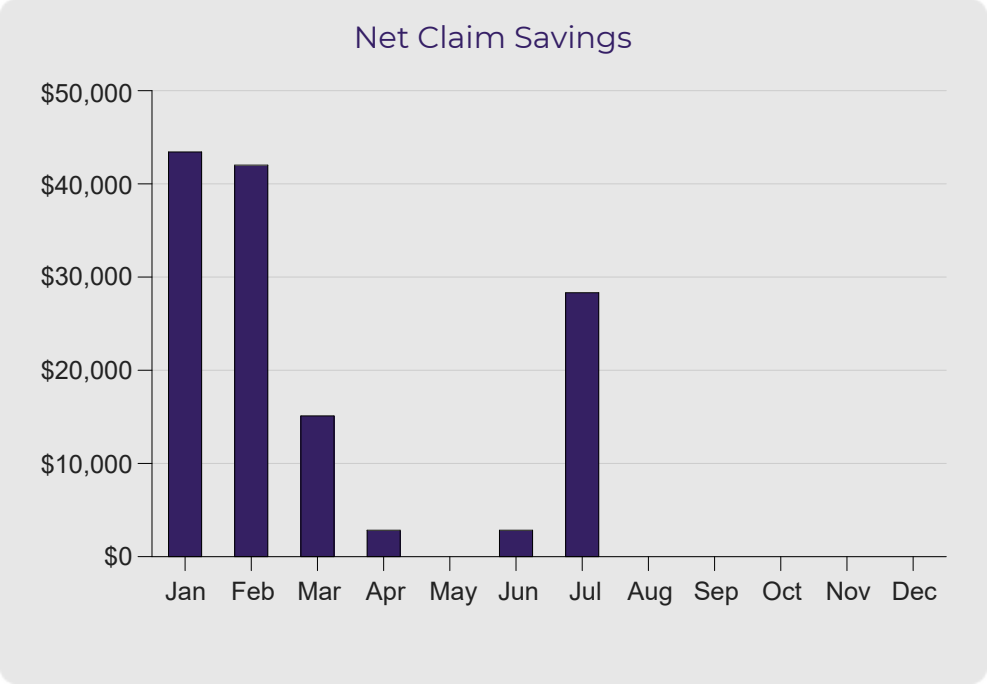
Claim Savings Per Episode

$472

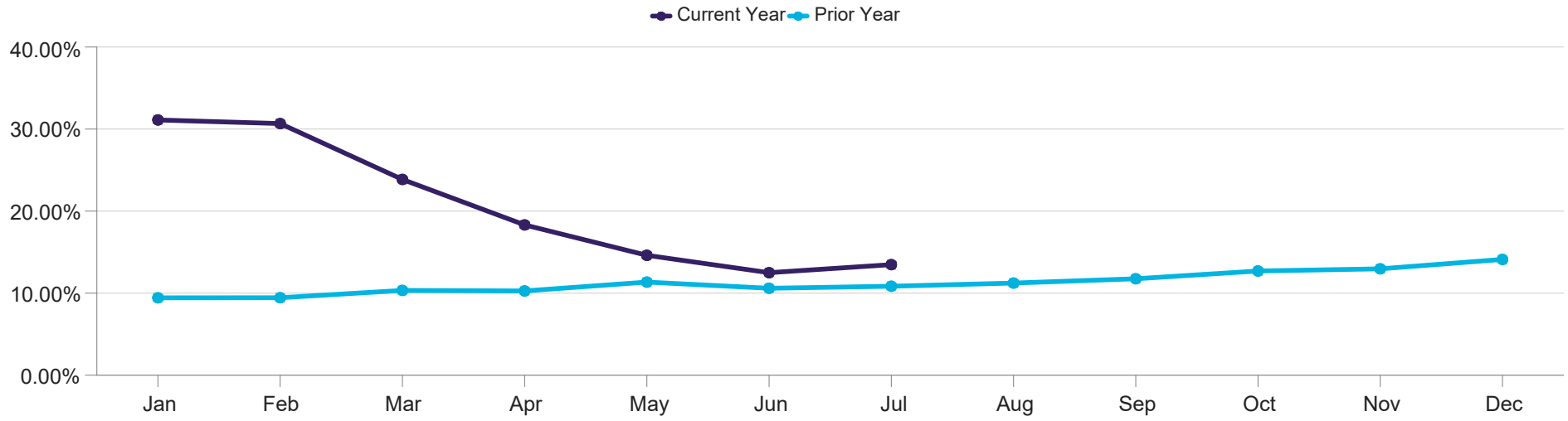
Total Net Claim Savings YTD

Claim Savings Per Episode X
Number of Visits YTD

$134,520



Annualized utilization trend



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Member activity

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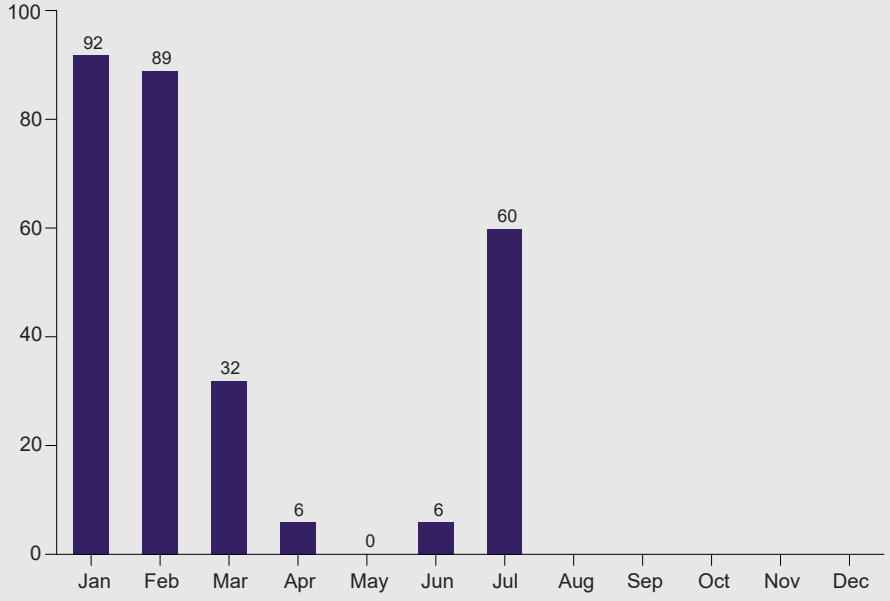
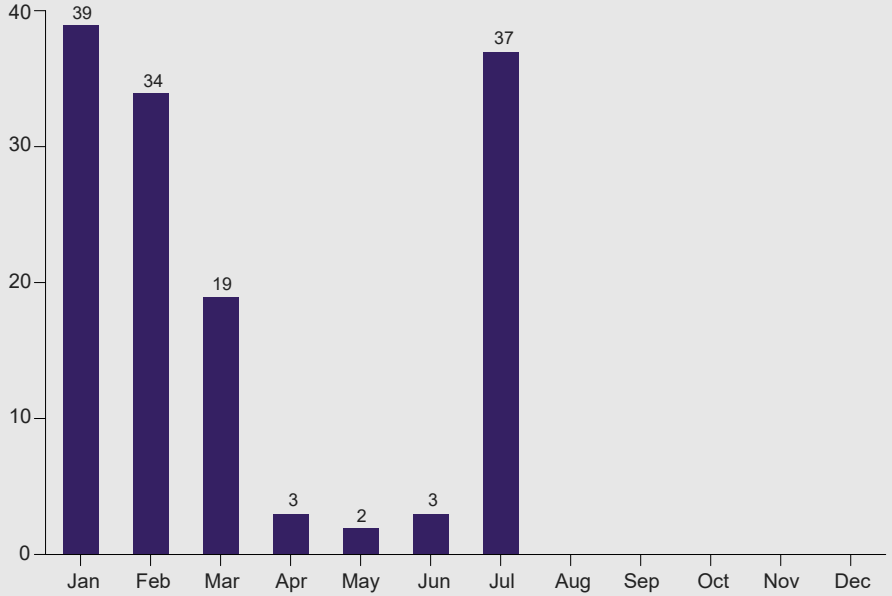
Visits this period **60**

Total Number of Unique Users this period **59**



YTD **285**

Registrations this period **37**



YTD **137**

	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	39	165	3,766	3,626	21	733	15	510
Dependents	21	120	6,987	6,724	16	571	14	449
Eligible Lives	60	285	10,753	10,350	37	1,304	29	959

* YTD Average: Sum of each month's eligible lives divided by the number of calendar months the account is effective. Eligible Lives: All members with access to the service (primaries & dependents).

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How your members received care YTD

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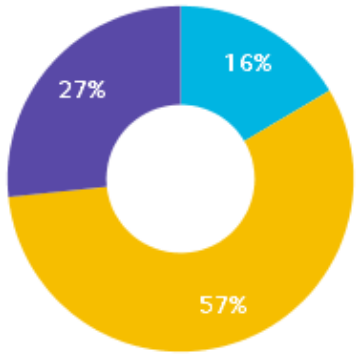
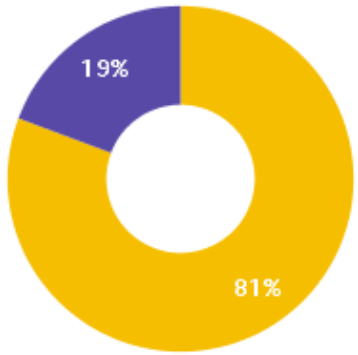
Visit request method



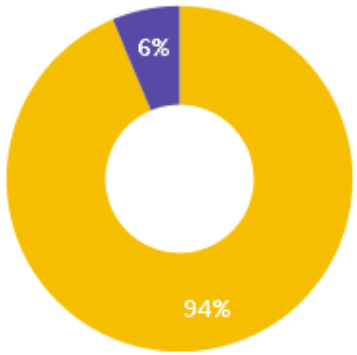
Website | Mobile app | Call center

Visit method



Phone | Visualized

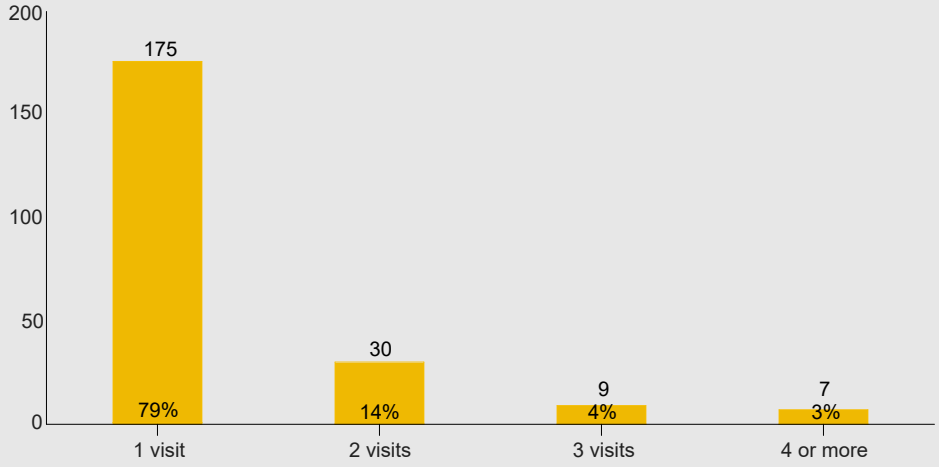
On demand vs scheduled



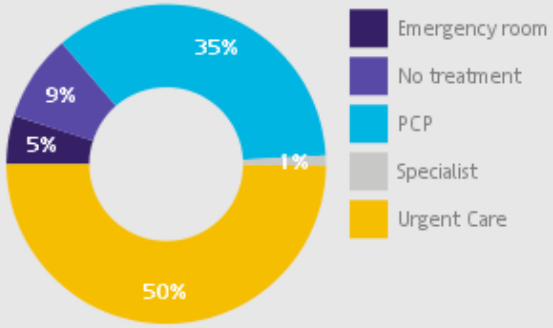
On demand | Scheduled

Visit frequency

Total number of unique users: **221**



Where member would have gone if Teladoc were not available



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Who received care and when YTD

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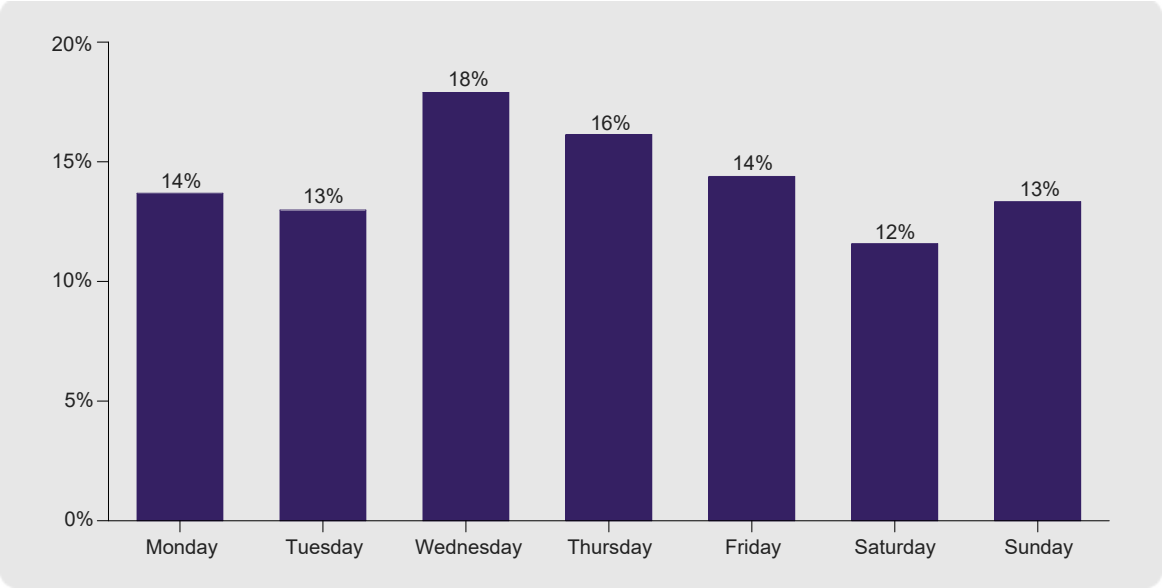
Gender

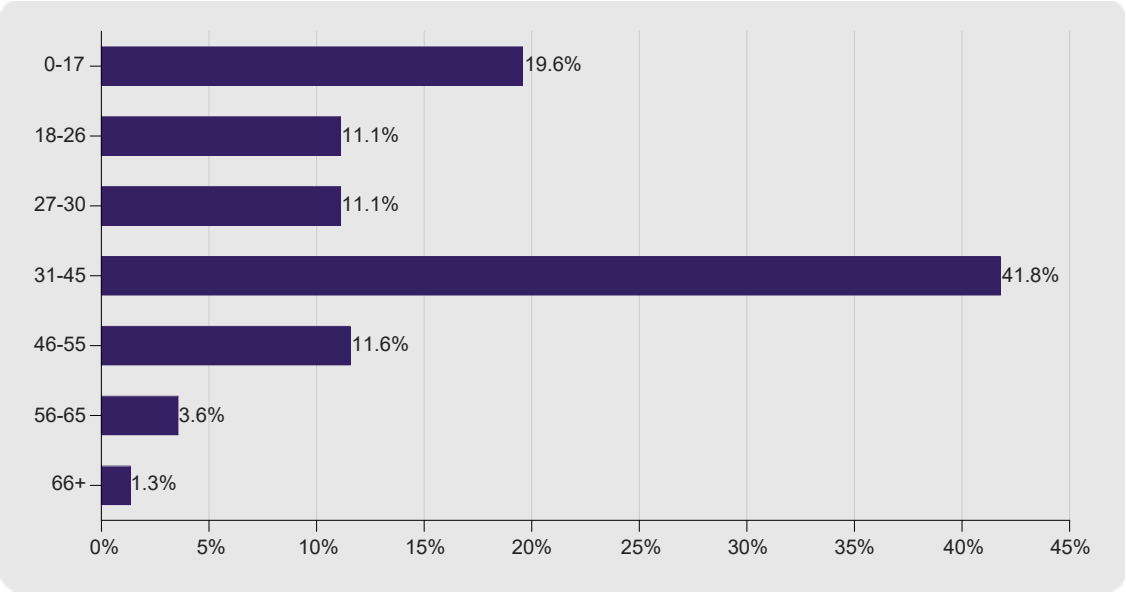
57% Female

43% Male

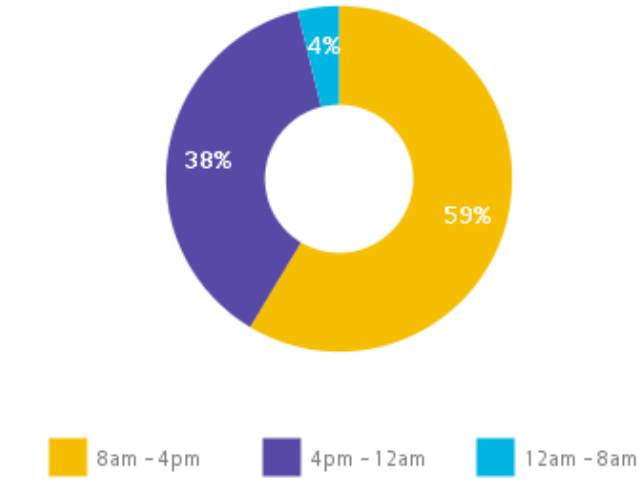
Day of week



Utilization by age



Time of day*



* Times in CST

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Where your members received care YTD

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AVERAGE RESPONSE TIME

The time between the visit request and when the physician contacted the member

YTD

19 minutes

Report Period

4 min

State	Visits	% Visits
California	**283**	**99.3%**
Florida	**1**	**0.4%**
Virginia	**1**	**0.4%**

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Clinical details YTD

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Member satisfaction

No Data Available

Prescriptions by visit

Visits with Rx: 209
Total Rx: 296
% Visits with Rx: 73%
Visits without Rx: 76
Average Rx per Visit: 1.0

Top diagnoses

Acute sinusitis, unspecified	8%
Acute upper respiratory infection, unspecified	8%
Acute pharyngitis, unspecified	4%
Acute cystitis without hematuria	4%
Acute maxillary sinusitis, unspecified	4%
Cough	4%
Urinary tract infection, site not specified	4%
Flu due to oth ident influenza virus w oth resp manifest	3%
Flu due to unidentified influenza virus w oth resp manifest	3%
Acute nasopharyngitis [common cold]	3%

Top prescriptions written

Amoxicillin-Clavulanate 875 mg-125 mg oral tablet	7%
Azithromycin 5 Day Dose Pack 250 mg oral tablet	5%
Benzonatate 200 mg oral capsule	5%
Macrobid macrocrystals-monohydrate 100 mg oral capsule	4%
Tamiflu 75 mg oral capsule	4%
predniSONE 20 mg oral tablet	4%
Tessalon Perles 100 mg oral capsule	3%
Bactrim DS 800 mg-160 mg oral tablet	3%
Flonase 50 mcg/inh nasal spray	2%
albuterol 90 mcg/inh inhalation aerosol	2%

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Behavioral Health Report

Teladoc HEALTH | July 2020

AVERAGE RESPONSE TIME YTD
Time from member's initial request for a session until provider's initial response. Initial response is accepting member's session request or may be proposing an alternate session time.

0 hours

Total Net Claims Savings YTD***
Claim Savings Per Episode X Number of Visits YTD

$0

Member satisfaction

No Data Available

UPCOMING VISITS**	Sessions		Membership		Utilization*	
0	Report Period	YTD	Report Period	YTD	Report Period	YTD
Primaries	0	0	0	3,634	0.00%	0.00%
Dependents	0	0	0	6,742	0.00%	0.00%
Eligible Lives	0	0	0	10,376	0.00%	0.00%

TOTAL # UNIQUE USERS - YTD
0

Provider type delivery

	Report Period	YTD
Psychiatrist	0	0
Psychologist	0	0
Licensed Therapist	0	0

Session type

No Data Available

AVG. VISITS PER USER - YTD
0.0

* Behavioral Health utilization is calculated assuming 20% of the population needs care in a given year. This is in accordance to a Kaiser Family Foundation Analysis of the 2015 National Survey on Drug Use and Health.
** Visits that are scheduled, but have not yet occurred.
*** Total savings YTD is calculated by savings cost per visit, less consult fee X # of visits. Please contact your Teladoc Health client management representative for more information.
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Telehealth Utilization Report

July 2020

Fresno City Trust PPO Medium Option

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Summary

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	Visits		Utilization*
	Report Period	YTD	Annualized
Total General Medical	3	76	16.3%
Total Behavioral Health	0	0	0.0%
Total Dermatology	N/A	N/A	N/A
Total Nutrition	N/A	N/A	N/A

Total Net Claim Savings

Overall member satisfaction YTD

No Data Available

Gender

	General Medical	Behavioral Health	Dermatology	Nutrition
	54% Female	0% Female	Product not included in plan design	Product not included in plan design
	46% Male	0% Male		

* Behavioral Health utilization is calculated assuming 20% of the population needs care in a given year. This is in accordance to a Kaiser Family Foundation Analysis of the 2015 National Survey on Drug Use and Health. Dermatology utilization is calculated assuming a 25% portion of the population needs care. This is in accordance to the American Academy of Dermatology in a 2013 report, Burden of Skin Disease

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Claim savings & utilization

Teladoc HEALTH | July 2020

Annualized Utilization

YTD Total Visits X 12 / # months accrued
YTD / YTD Average Subscribers

16.3%

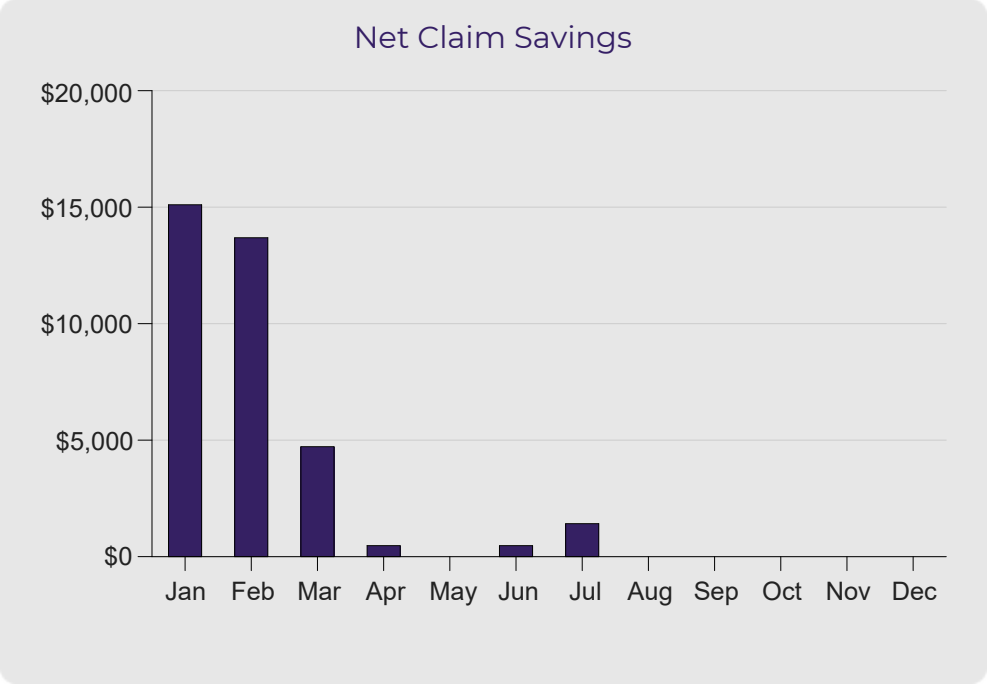
Claim Savings Per Episode

$472

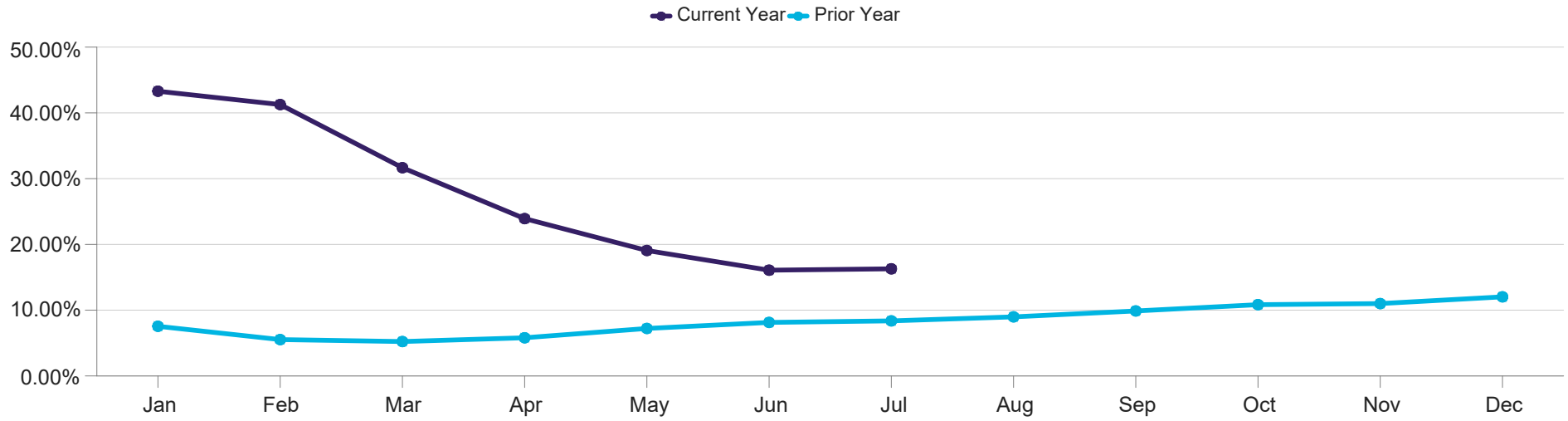
Total Net Claim Savings YTD

Claim Savings Per Episode X
Number of Visits YTD

$35,872



Annualized utilization trend



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Member activity

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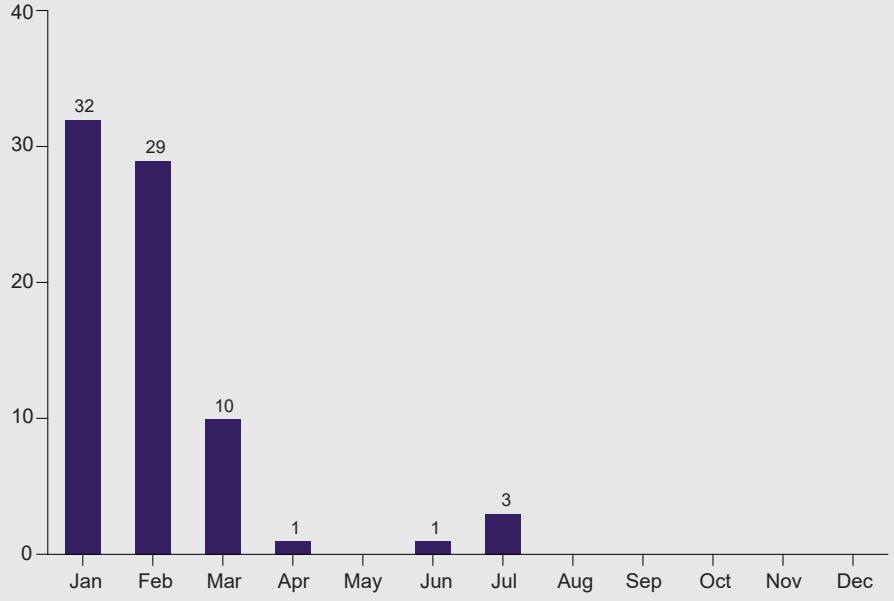
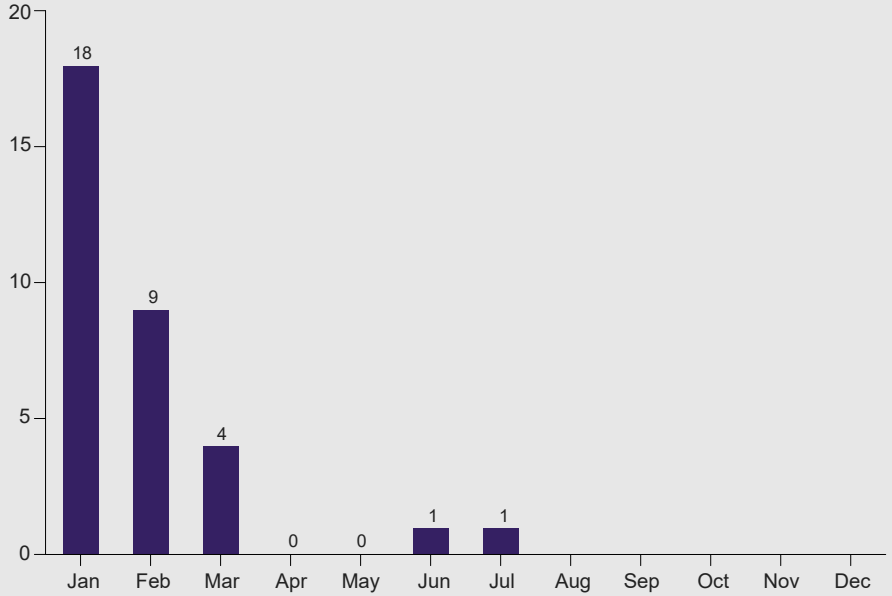
Visits this period **3**

Total Number of Unique Users this period **3**



YTD **76**

Registrations this period **1**



YTD **33**

	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	3	41	155	800	1	171	1	121
Dependents	0	35	274	1,317	0	84	0	80
Eligible Lives	3	76	429	2,117	1	255	1	201

* YTD Average: Sum of each month's eligible lives divided by the number of calendar months the account is effective. Eligible Lives: All members with access to the service (primaries & dependents).

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How your members received care YTD

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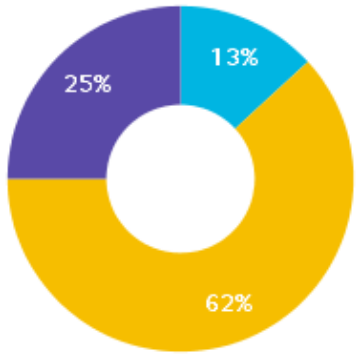
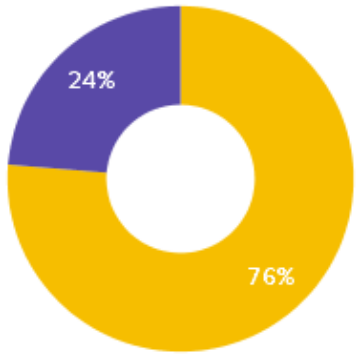
Visit request method



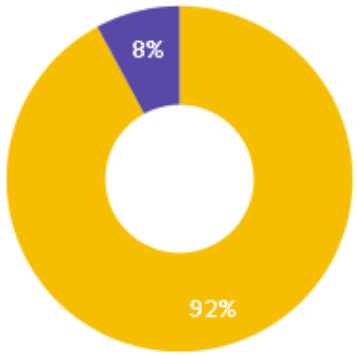
Website | Mobile app | Call center

Visit method



Phone | Visualized

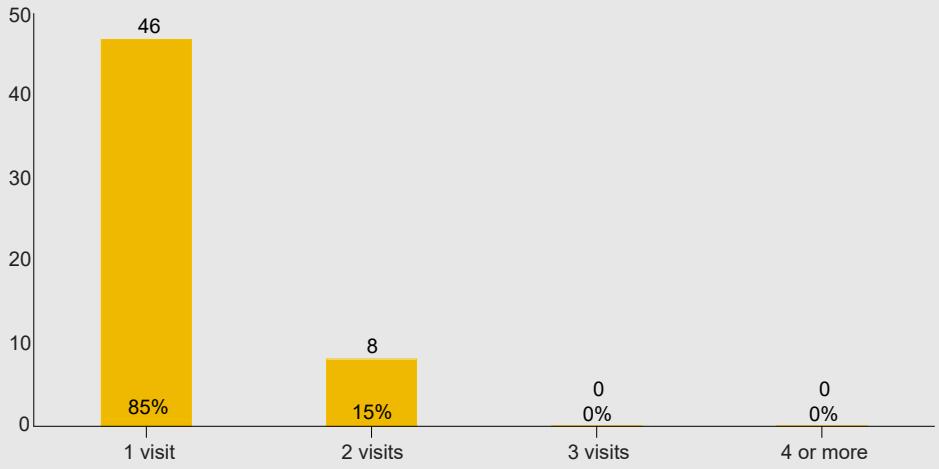
On demand vs scheduled



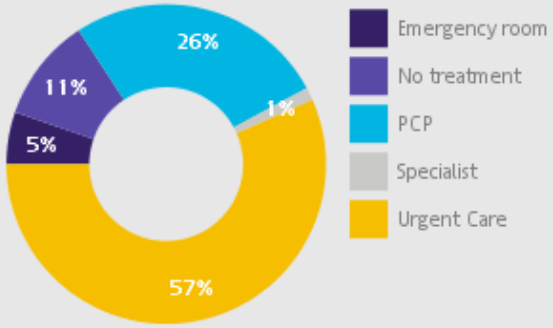
On demand | Scheduled

Visit frequency

Total number of unique users: **54**



Where member would have gone if Teladoc were not available



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Who received care and when YTD

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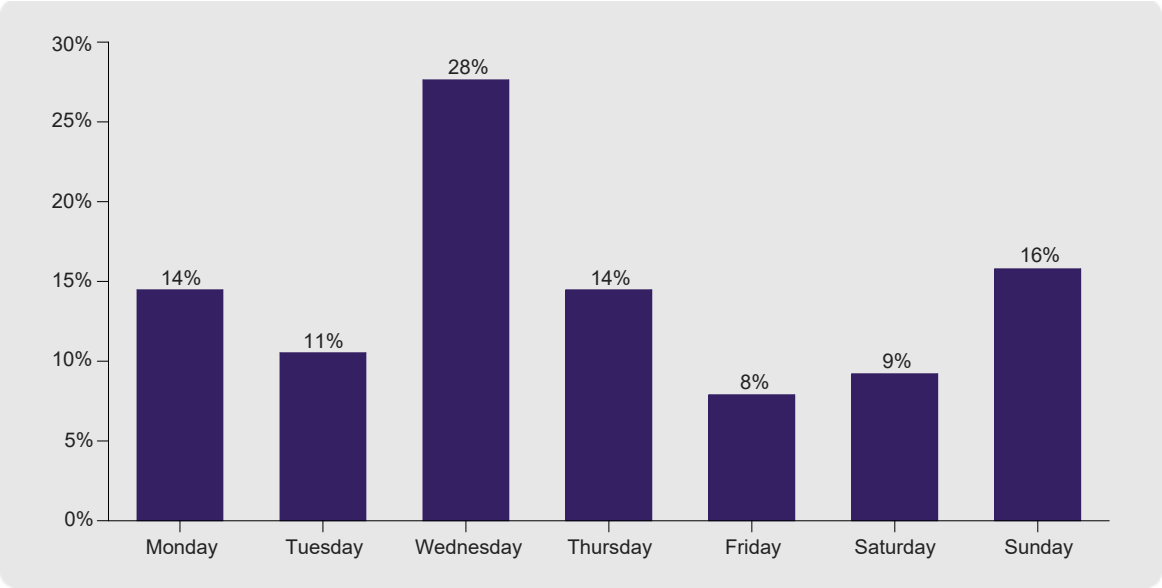
Gender

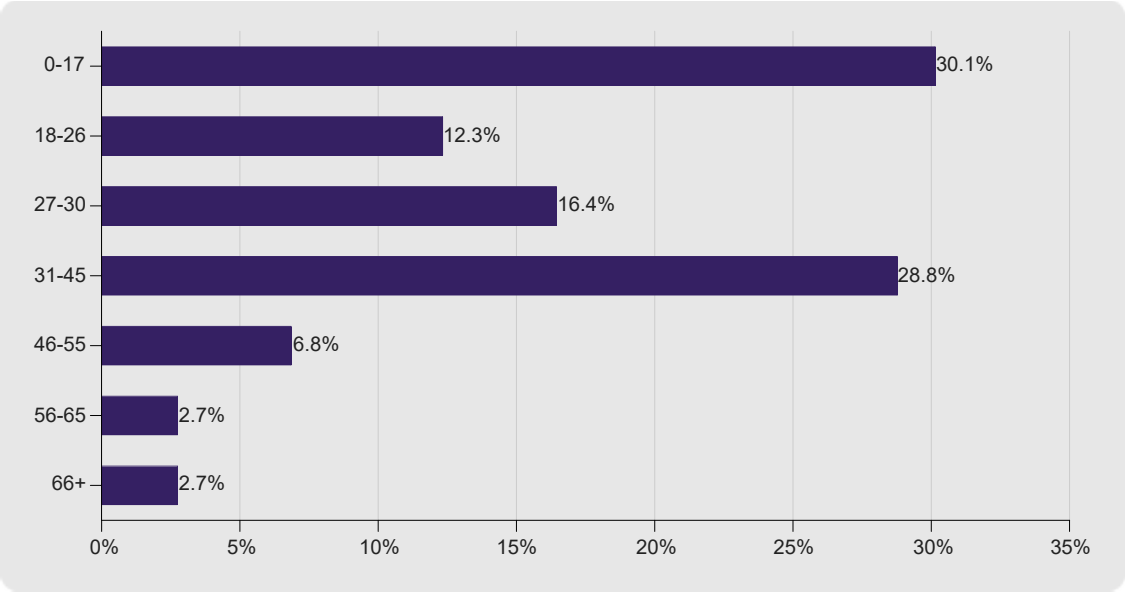
54% Female

46% Male

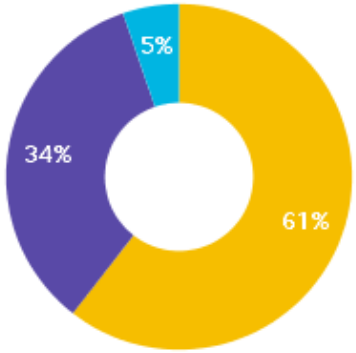
Day of week



Utilization by age



Time of day*



8am - 4pm | 4pm - 12am | 12am - 8am

* Times in CST

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Clinical details YTD

Teladoc HEALTH | July 2020

Member satisfaction

No Data Available

Prescriptions by visit

Visits with Rx: 55
Total Rx: 77
% Visits with Rx: 72%
Visits without Rx: 21
Average Rx per Visit: 1.0

Top diagnoses

Acute sinusitis, unspecified	11%
Acute upper respiratory infection, unspecified	11%
Acute cystitis without hematuria	8%
Urinary tract infection, site not specified	7%
Flu due to oth ident influenza virus w oth resp manifest	5%
Acute pharyngitis, unspecified	4%
Cough	4%
Acute nasopharyngitis [common cold]	3%
Flu due to ident novel influenza A virus w oth manifest	3%
Flu due to unidentified influenza virus w oth resp manifest	3%

Top prescriptions written

Macrobid macrocrystals-monohydrate 100 mg oral capsule	9%
Amoxicillin-Clavulanate 875 mg-125 mg oral tablet	6%
albuterol 90 mcg/inh inhalation aerosol	5%
amoxicillin 400 mg/5 mL oral powder for reconstitution	5%
Azithromycin 5 Day Dose Pack 250 mg oral tablet	5%
Benzonatate 200 mg oral capsule	5%
Bactrim DS 800 mg-160 mg oral tablet	4%
Tamiflu 75 mg oral capsule	4%
Albuterol Sulfate HFA 90 mcg/inh inhalation aerosol	3%
predniSONE 20 mg oral tablet	3%

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Behavioral Health Report

Teladoc HEALTH | July 2020

AVERAGE RESPONSE TIME YTD
Time from member's initial request for a session until provider's initial response. Initial response is accepting member's session request or may be proposing an alternate session time.

0 hours

Total Net Claims Savings YTD***
Claim Savings Per Episode X Number of Visits YTD

$0

Member satisfaction

No Data Available

UPCOMING VISITS**	Sessions		Membership		Utilization*	
0	Report Period	YTD	Report Period	YTD	Report Period	YTD
Primaries	0	0	0	919	0.00%	0.00%
Dependents	0	0	0	1,503	0.00%	0.00%
Eligible Lives	0	0	0	2,422	0.00%	0.00%

TOTAL # UNIQUE USERS - YTD
0

Provider type delivery

	Report Period	YTD
Psychiatrist	0	0
Psychologist	0	0
Licensed Therapist	0	0

Session type

No Data Available

AVG. VISITS PER USER - YTD
0.0

* Behavioral Health utilization is calculated assuming 20% of the population needs care in a given year. This is in accordance to a Kaiser Family Foundation Analysis of the 2015 National Survey on Drug Use and Health.
** Visits that are scheduled, but have not yet occurred.
*** Total savings YTD is calculated by savings cost per visit, less consult fee X # of visits. Please contact your Teladoc Health client management representative for more information.
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Behavioral Health - Clinical Details YTD

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Top diagnoses

No Data Available

Top prescriptions written

No Data Available

Where member would have gone if Teladoc were not available

No Data Available

Utilization by age

No Data Available

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Telehealth Utilization Report

July 2020

Fresno City Trust PPO Low Option

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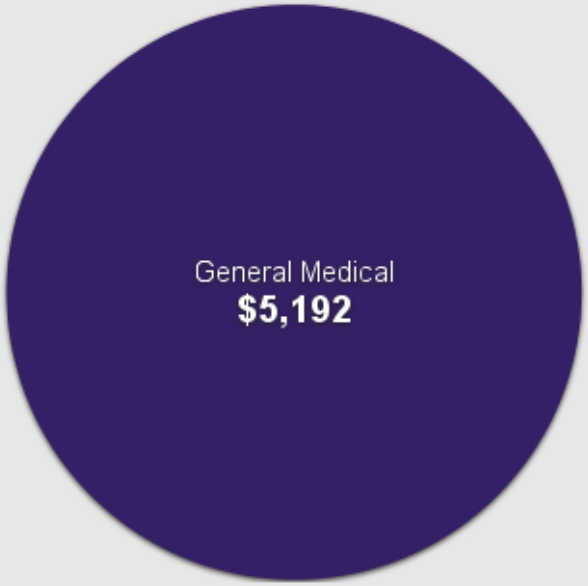
Summary

Teladoc HEALTH | July 2020

	Visits		Utilization*
	Report Period	YTD	Annualized
Total General Medical	11	11	13.7%
Total Behavioral Health	0	0	0.0%
Total Dermatology	N/A	N/A	N/A
Total Nutrition	N/A	N/A	N/A

Total Net Claim Savings



Overall member satisfaction YTD

No Data Available

Gender

	General Medical	Behavioral Health	Dermatology	Nutrition
	73% Female	0% Female	Product not included in plan design	Product not included in plan design
	27% Male	0% Male		

* Behavioral Health utilization is calculated assuming 20% of the population needs care in a given year. This is in accordance to a Kaiser Family Foundation Analysis of the 2015 National Survey on Drug Use and Health. Dermatology utilization is calculated assuming a 25% portion of the population needs care. This is in accordance to the American Academy of Dermatology in a 2013 report, Burden of Skin Disease

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Claim savings & utilization

Teladoc HEALTH | July 2020

Annualized Utilization

YTD Total Visits X 12 / # months accrued
YTD / YTD Average Subscribers

13.7%

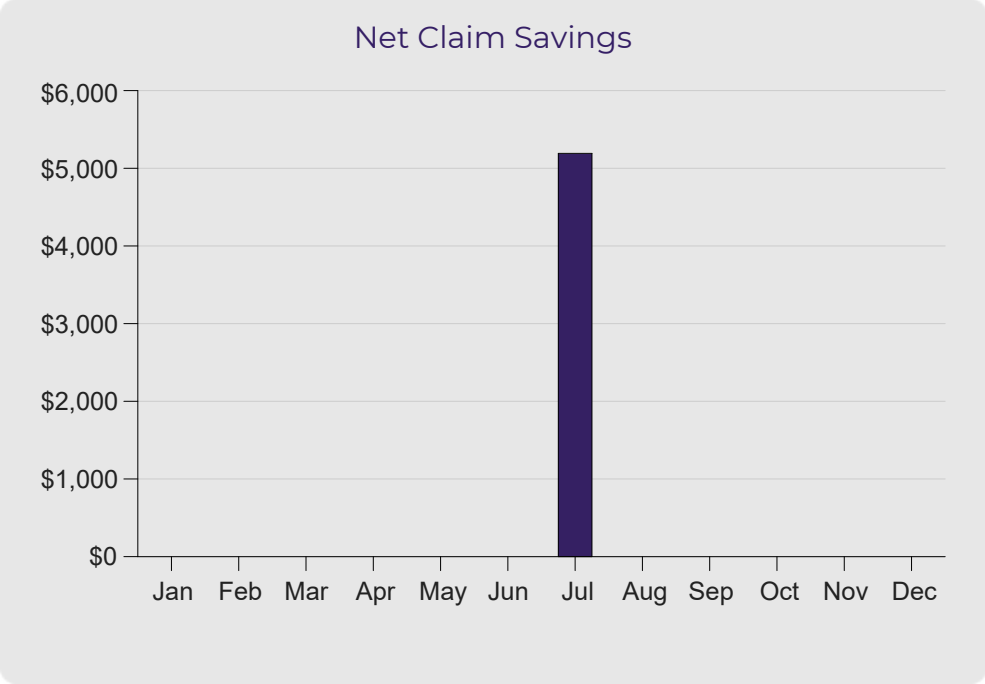
Claim Savings Per Episode

$472

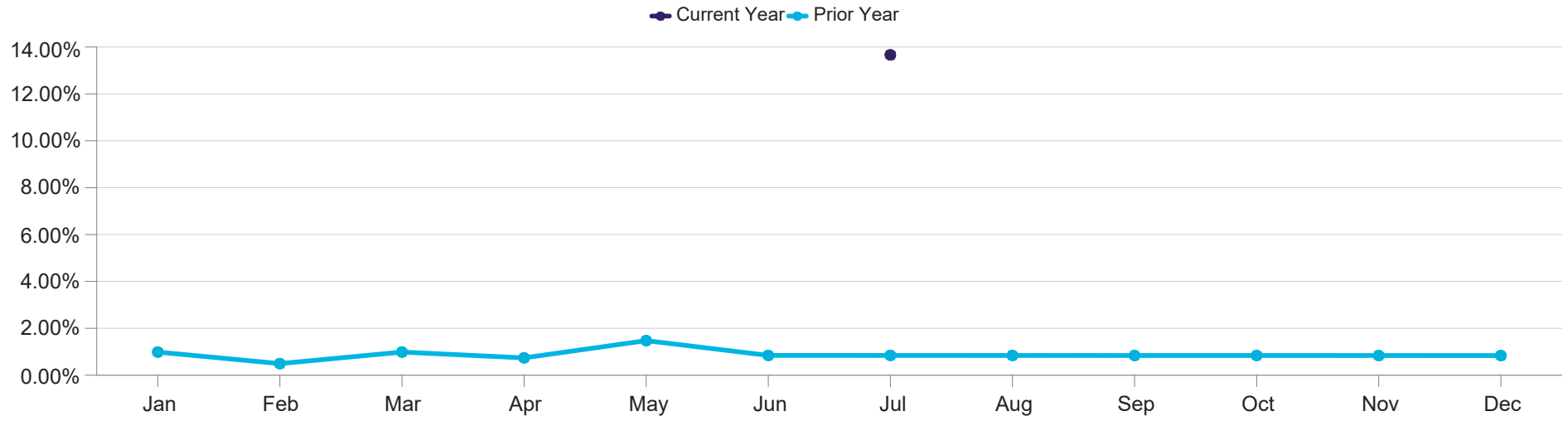
Total Net Claim Savings YTD

Claim Savings Per Episode X
Number of Visits YTD

$5,192



Annualized utilization trend



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Member activity

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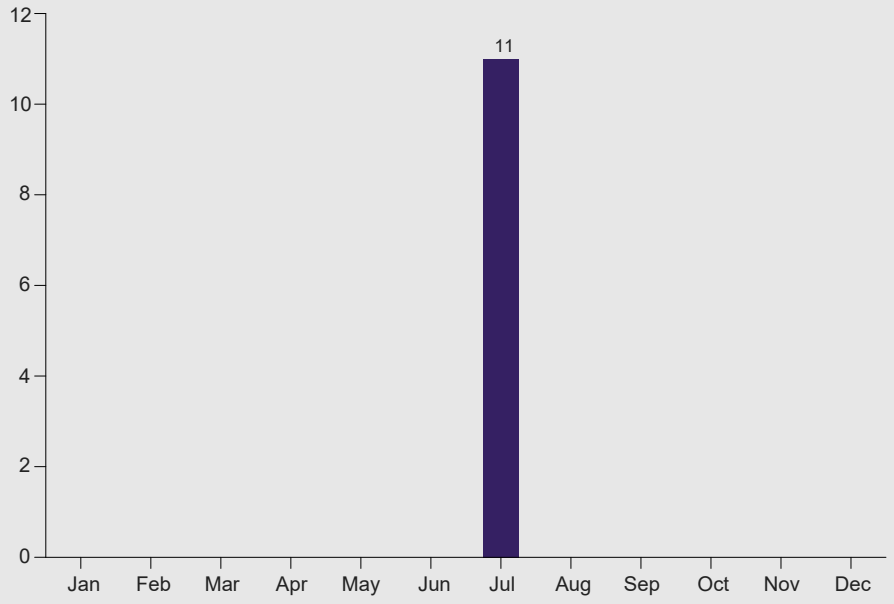
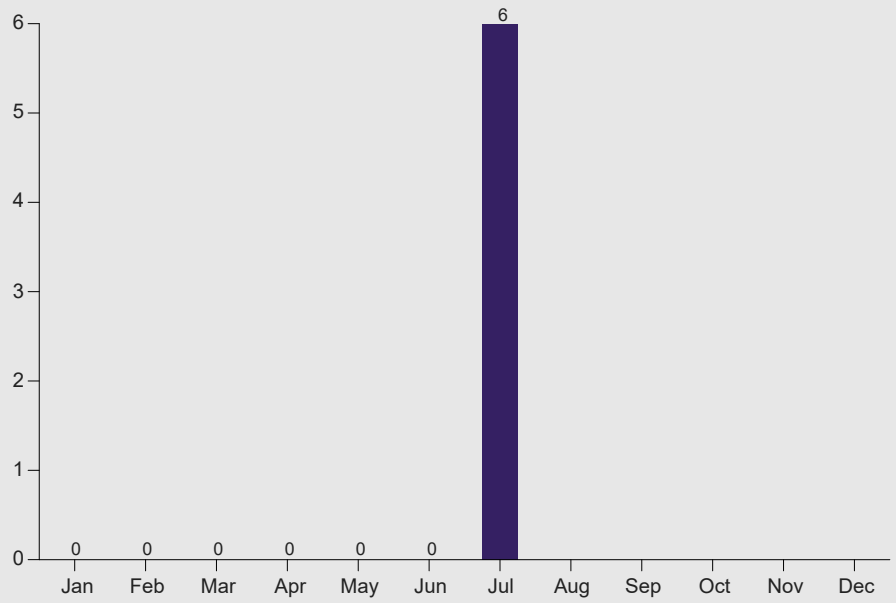
Visits this period **11**

Total Number of Unique Users this period **11**



YTD **11**

Registrations this period **6**



YTD **6**

	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	9	9	920	138	5	21	2	13
Dependents	2	2	1,454	212	1	14	2	14
Eligible Lives	11	11	2,374	350	6	35	4	27

* YTD Average: Sum of each month's eligible lives divided by the number of calendar months the account is effective. Eligible Lives: All members with access to the service (primaries & dependents).

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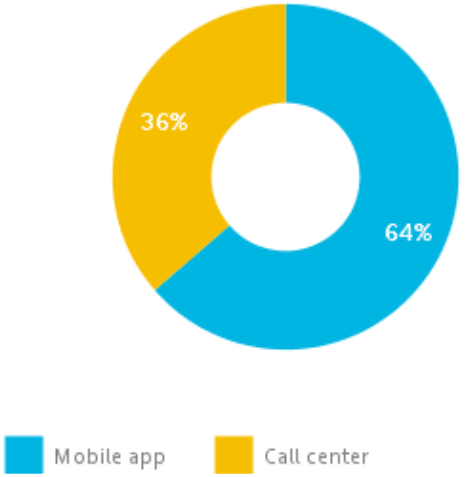
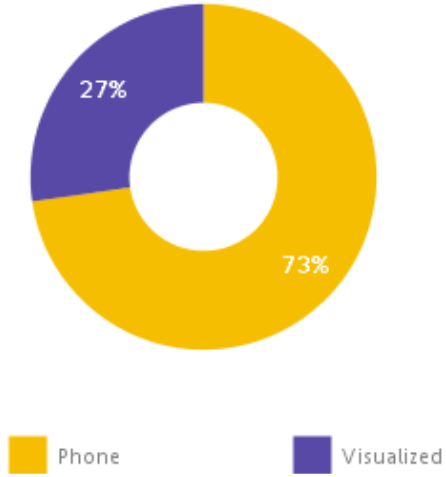
How your members received care YTD

Teladoc HEALTH | July 2020

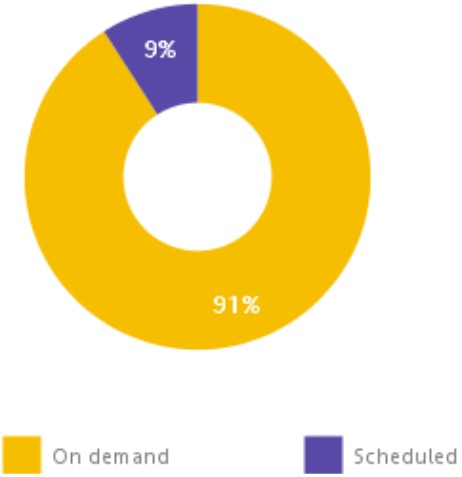
Visit request method



Visit method

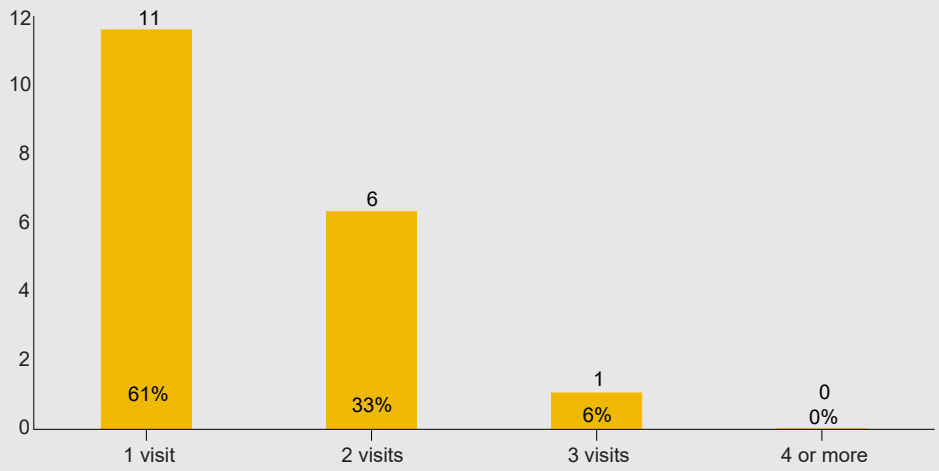


On demand vs scheduled

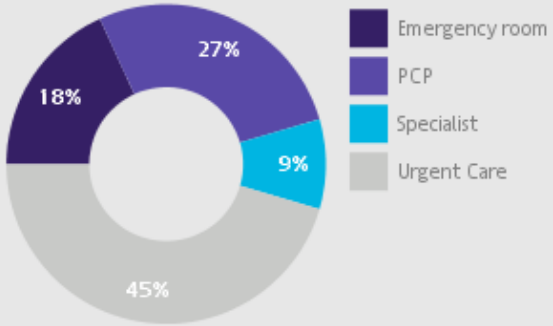


Visit frequency

Total number of unique users: **18**



Where member would have gone if Teladoc were not available



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Who received care and when YTD

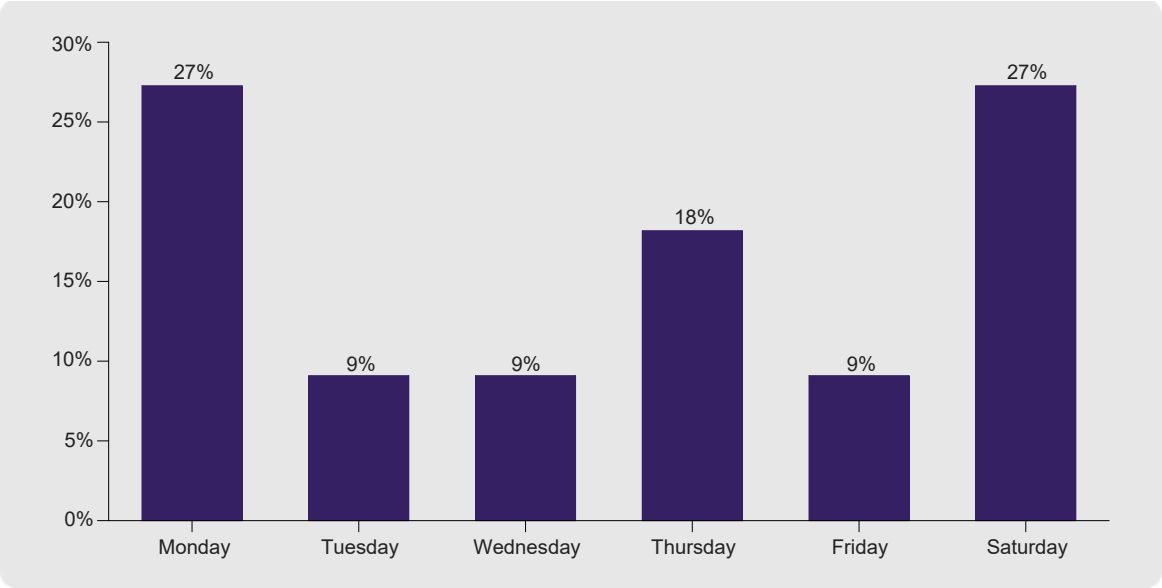
Teladoc HEALTH | July 2020

Gender

73% Female

27% Male

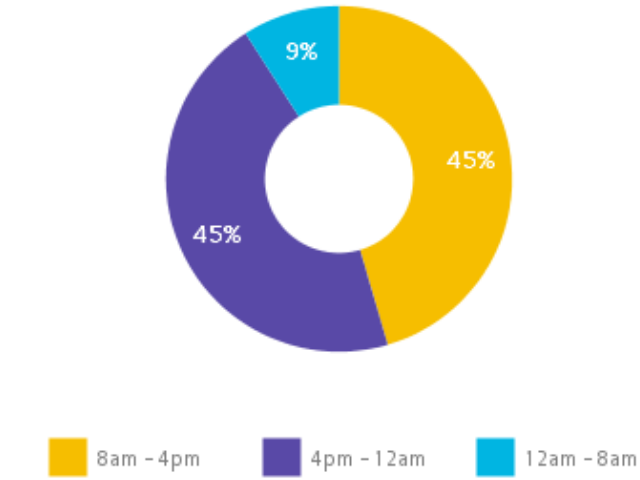
Day of week



Utilization by age

No Data Available

Time of day*



* Times in CST

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Clinical details YTD

Teladoc HEALTH | July 2020

Member satisfaction

No Data Available

Prescriptions by visit

Visits with Rx: 8
Total Rx: 10
% Visits with Rx: 73%
Visits without Rx: 3
Average Rx per Visit: 0.9

Top diagnoses

Rash and other nonspecific skin eruption	18%
Acute pharyngitis, unspecified	9%
Acute vaginitis	9%
Dizziness and giddiness	9%
Follicular disorder, unspecified	9%
Hesitancy of micturition	9%
Inj conjunctiva and corneal abrasion w/o fb, right eye, init	9%
Local infection of the skin and subcutaneous tissue, unsp	9%
Lower abdominal pain, unspecified	9%
Viral infection, unspecified	9%

Top prescriptions written

Bactrim DS 800 mg-160 mg oral tablet	20%
Alfuzosin Hydrochloride 10 mg oral tablet, extended release	10%
Azelastine Hydrochloride Nasal 137 mcg/inh nasal spray	10%
Erythromycin, Ophthalmic 0.5% ophthalmic ointment	10%
Flagyl 500 mg oral tablet	10%
mupirocin topical 2% topical ointment	10%
PredniSONE 20 mg oral tablet	10%
Triamcinolone Acetonide Topical 0.5% topical cream	10%
triamcinolone topical 0.1% topical cream	10%

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Behavioral Health Report

Teladoc HEALTH | July 2020

AVERAGE RESPONSE TIME YTD
Time from member's initial request for a session until provider's initial response. Initial response is accepting member's session request or may be proposing an alternate session time.

0 hours

Total Net Claims Savings YTD***
Claim Savings Per Episode X Number of Visits YTD

$0

Member satisfaction

No Data Available

UPCOMING VISITS**	Sessions		Membership		Utilization*	
0	Report Period	YTD	Report Period	YTD	Report Period	YTD
Primaries	0	0	0	8	0.00%	0.00%
Dependents	0	0	0	5	0.00%	0.00%
Eligible Lives	0	0	0	13	0.00%	0.00%

TOTAL # UNIQUE USERS - YTD
0

Provider type delivery

	Report Period	YTD
Psychiatrist	0	0
Psychologist	0	0
Licensed Therapist	0	0

Session type

No Data Available

AVG. VISITS PER USER - YTD
0.0

* Behavioral Health utilization is calculated assuming 20% of the population needs care in a given year. This is in accordance to a Kaiser Family Foundation Analysis of the 2015 National Survey on Drug Use and Health.
** Visits that are scheduled, but have not yet occurred.
*** Total savings YTD is calculated by savings cost per visit, less consult fee X # of visits. Please contact your Teladoc Health client management representative for more information.
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Behavioral Health - Clinical Details YTD

Teladoc HEALTH | July 2020

Top diagnoses*

Generalized anxiety disorder	**20%**
Major depressive disorder, recurrent, moderate	**12%**
Adjustment disorder with mixed anxiety and depressed mood	**12%**
Adjustment disorder with anxiety	**7%**
Anxiety disorder, unspecified	**7%**
Major depressive disorder, recurrent, mild	**5%**
Adjustment disorder, unspecified	**2%**
Post-traumatic stress disorder, chronic	**2%**
Adjustment disorder with depressed mood	**2%**
Problems in relationship with spouse or partner	**2%**

Top prescriptions written*

Lexapro 10 mg oral tablet	**6%**
Wellbutrin XL 150 mg/24 hours oral tablet, extended release	**5%**
traZODone 50 mg oral tablet	**4%**
Zoloft 50 mg oral tablet	**4%**
Wellbutrin XL 300 mg/24 hours oral tablet, extended release	**3%**
sertraline 50 mg oral tablet	**3%**
Zoloft 100 mg oral tablet	**3%**
Lexapro 5 mg oral tablet	**2%**
Lexapro 20 mg oral tablet	**2%**
PROzac 20 mg oral capsule	**2%**

Where member would have gone if Teladoc were not available

No Data Available

Utilization by age

No Data Available

* Teladoc Book of Business

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Summary of Compromised Settlement of Subrogation Claim

HealthComp was contacted regarding a request for compromise of a large subrogation claim with limited available policy limits for multiple individuals. The matter had an immediate pending mediation. A summary was prepared for the Chairperson and Vice Chairperson with copy to Trust Counsel for consideration and approval. The approval was provided and the matter resolved. The settlement funds are pending. If additional information is required, Executive Session will be necessary.

Fresno City Employees Health & Welfare Trust

September 9, 2020 Board Meeting

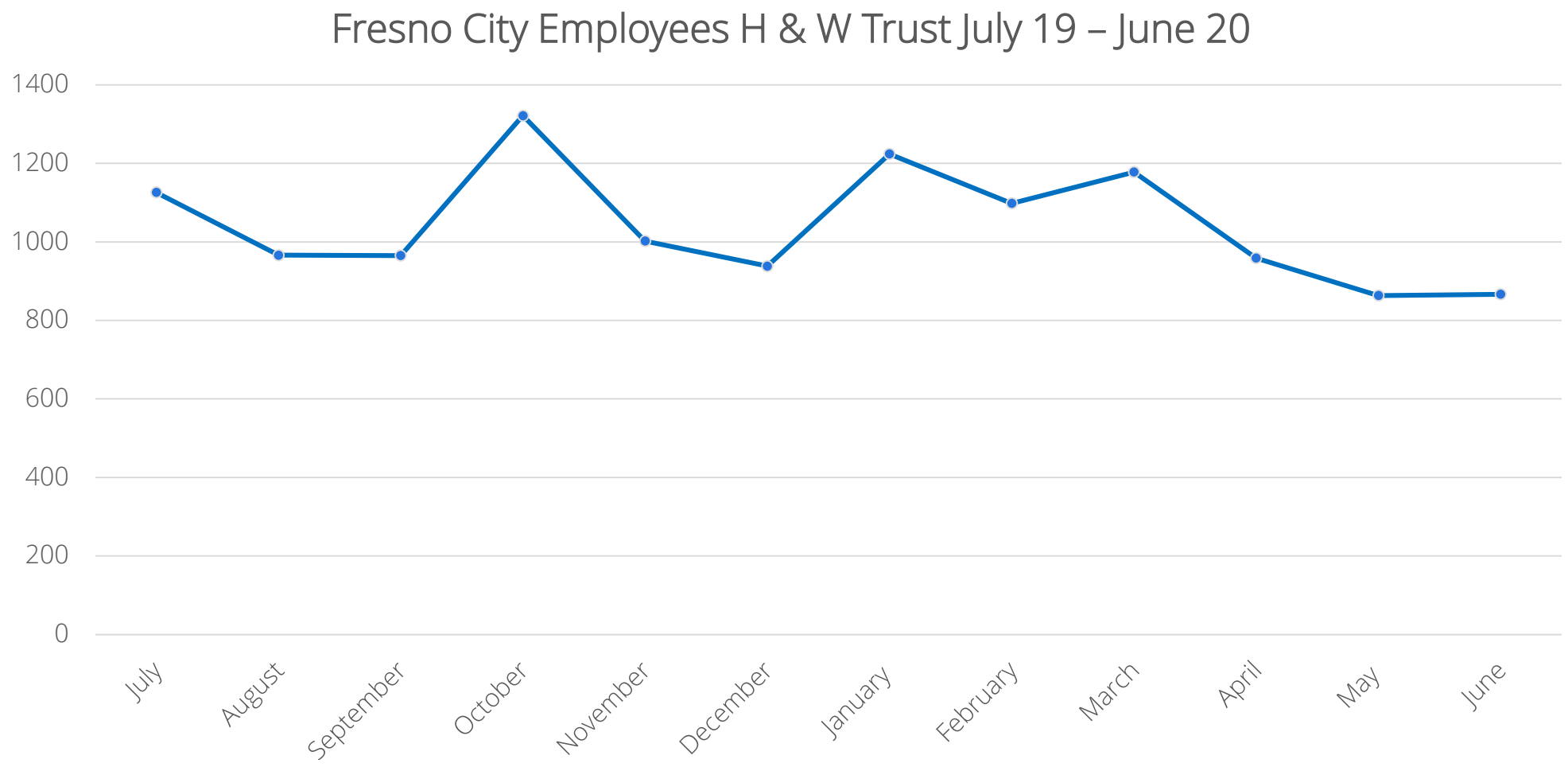
HealthComp

Fresno City Employees Health & Welfare Trust

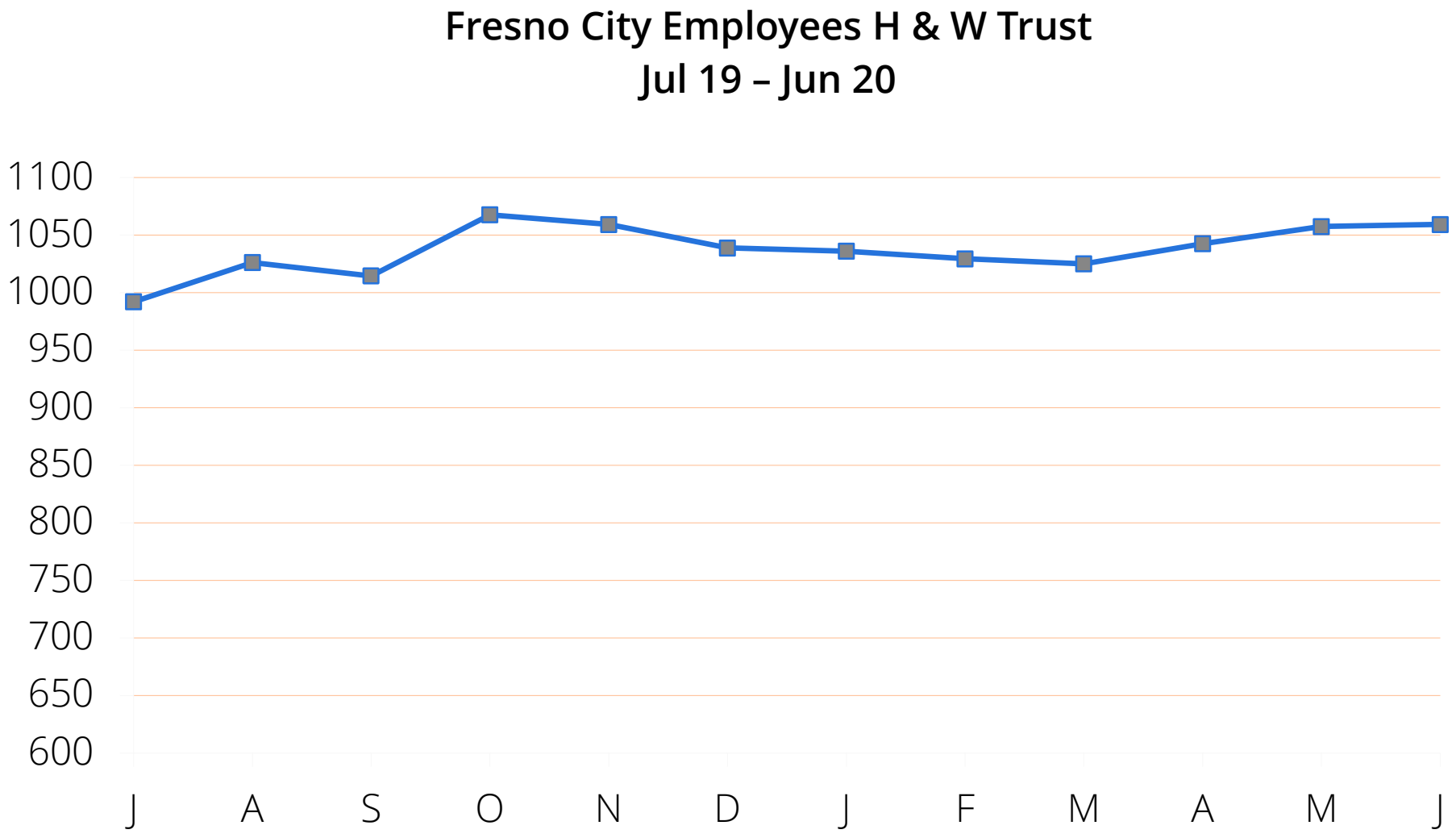
2019 / 2020

Year-End Review

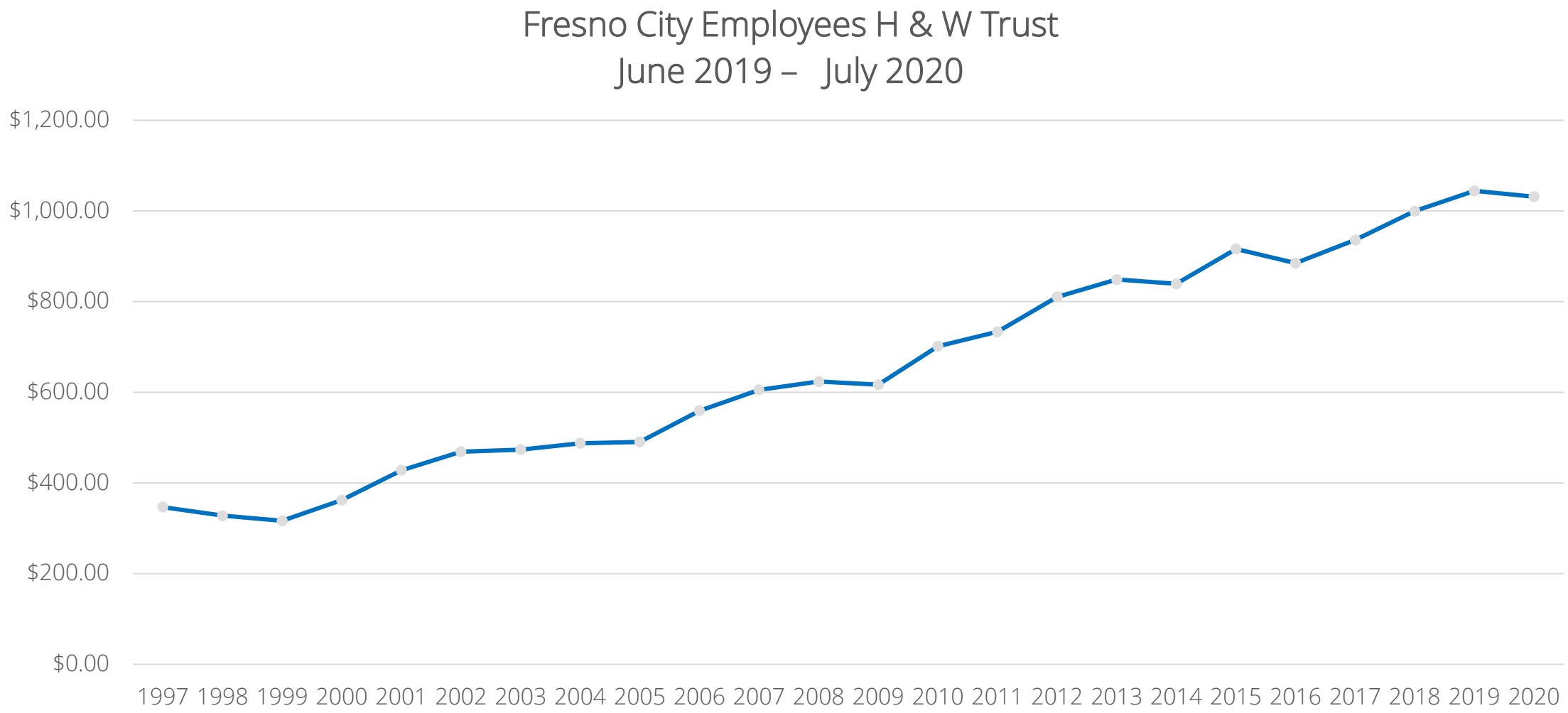
Average Cost Per Participant Monthly



Average Cost Per Participant Year to Date

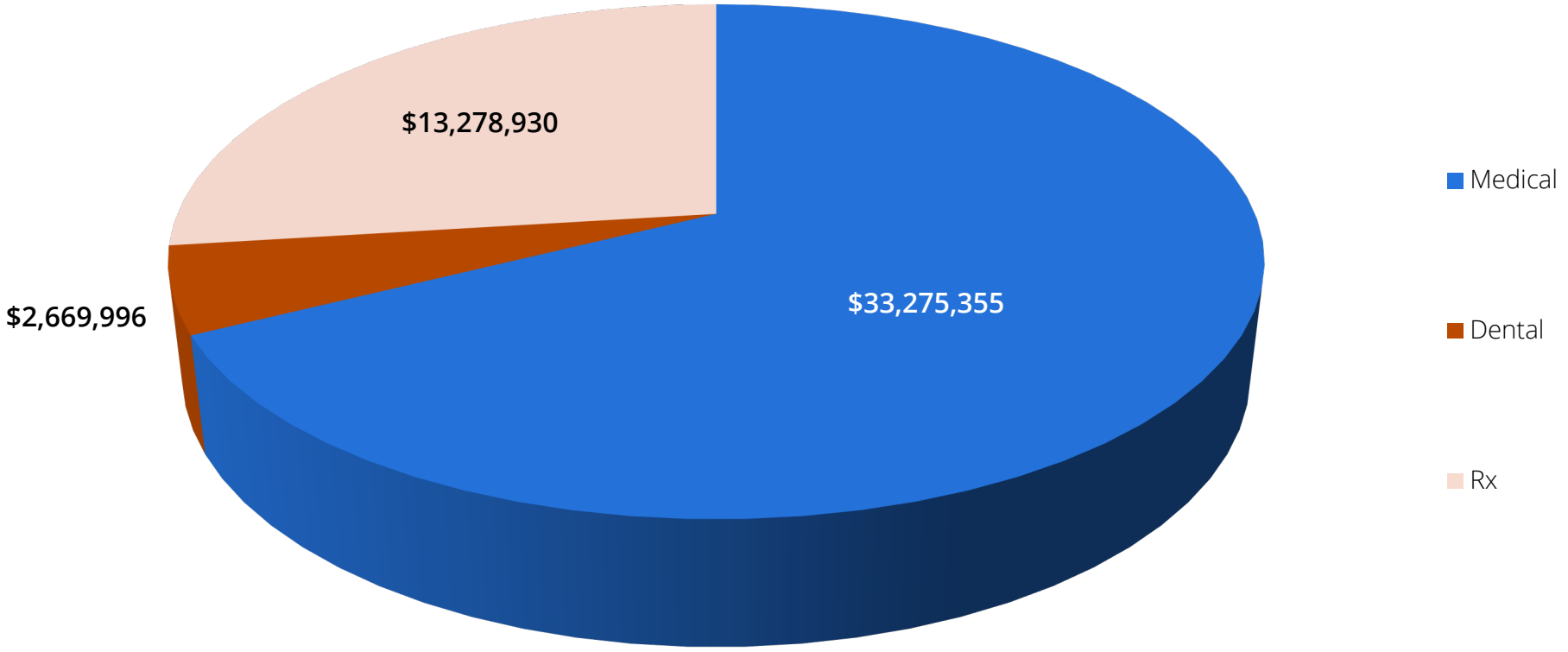


Average Cost Per 12 Month Rolling Average

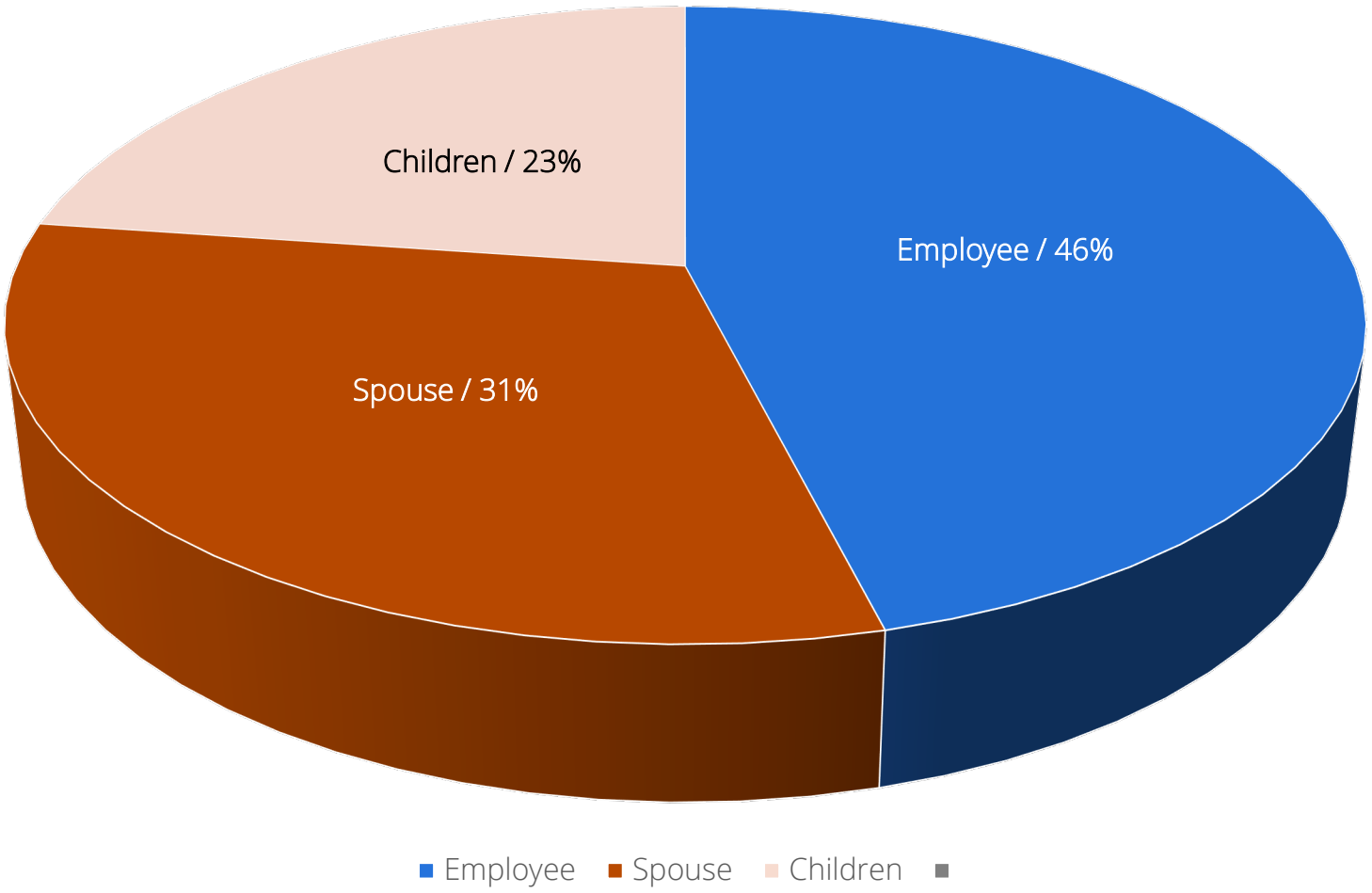


Claims by Coverage Type

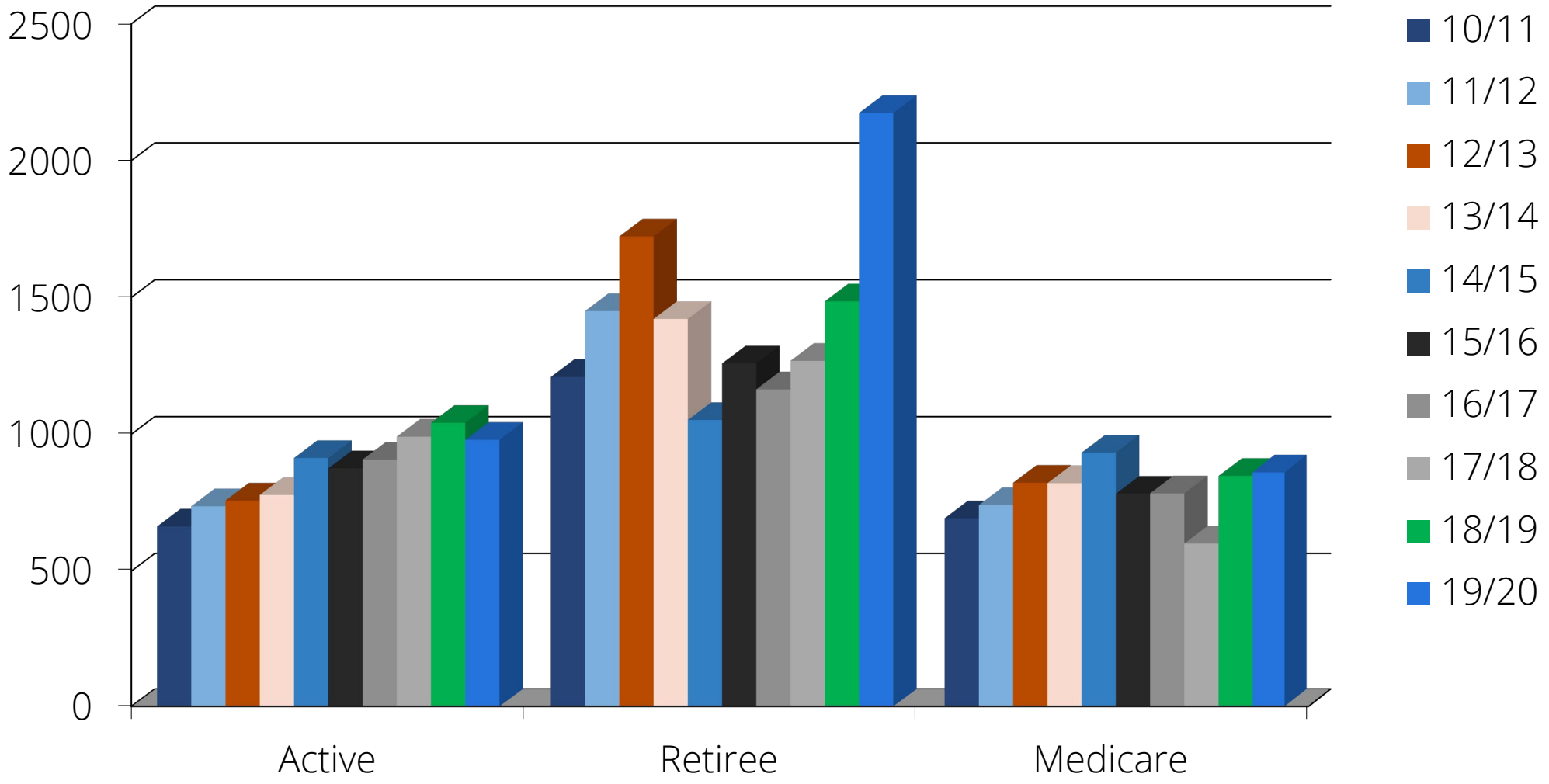
Excludes PUD HMO



Medical Claims by Insured Type



Average Monthly Cost – Medical and Prescription Drugs



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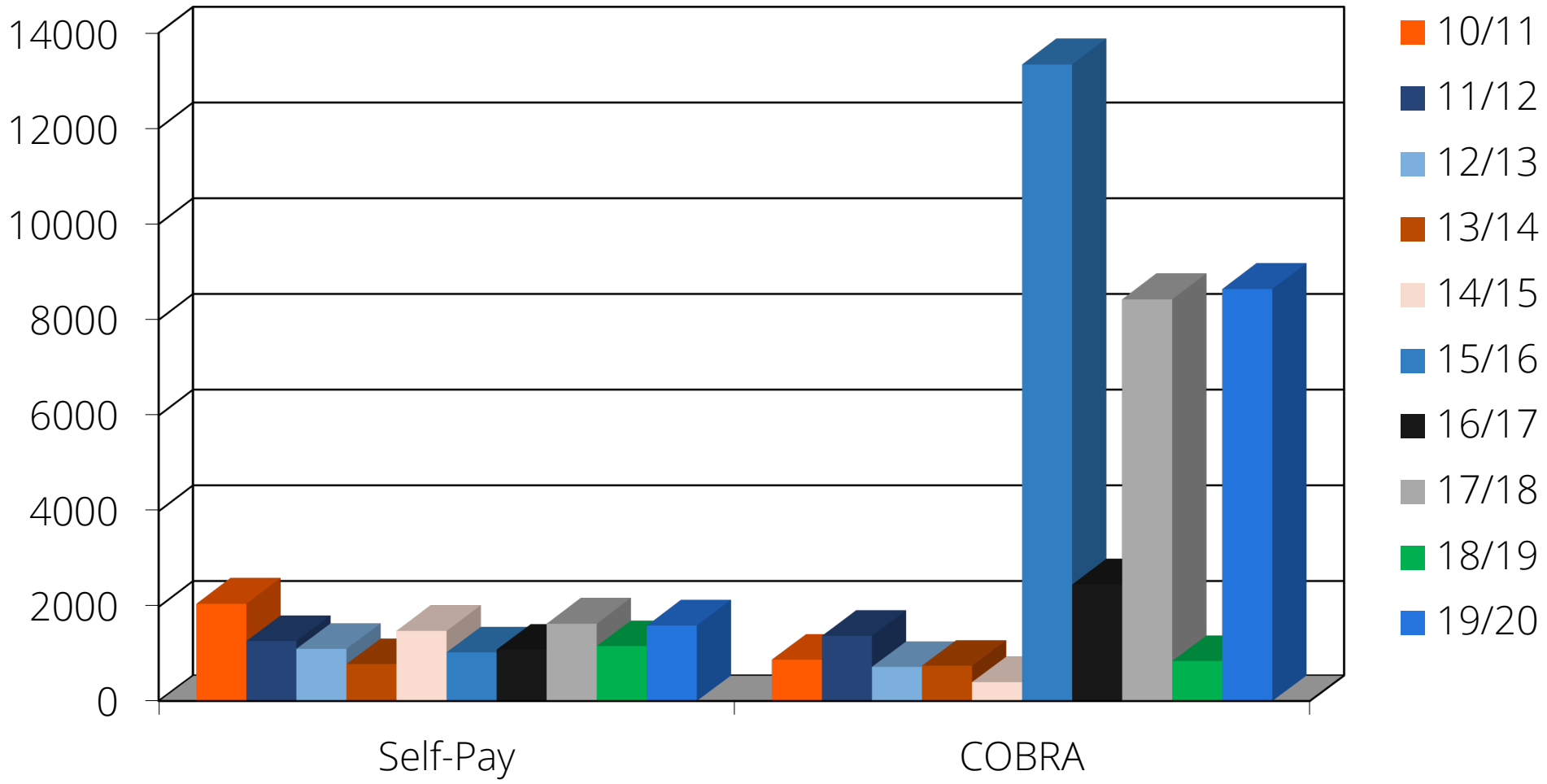
Average Monthly Cost – Medical, Vision, and Prescription Drug



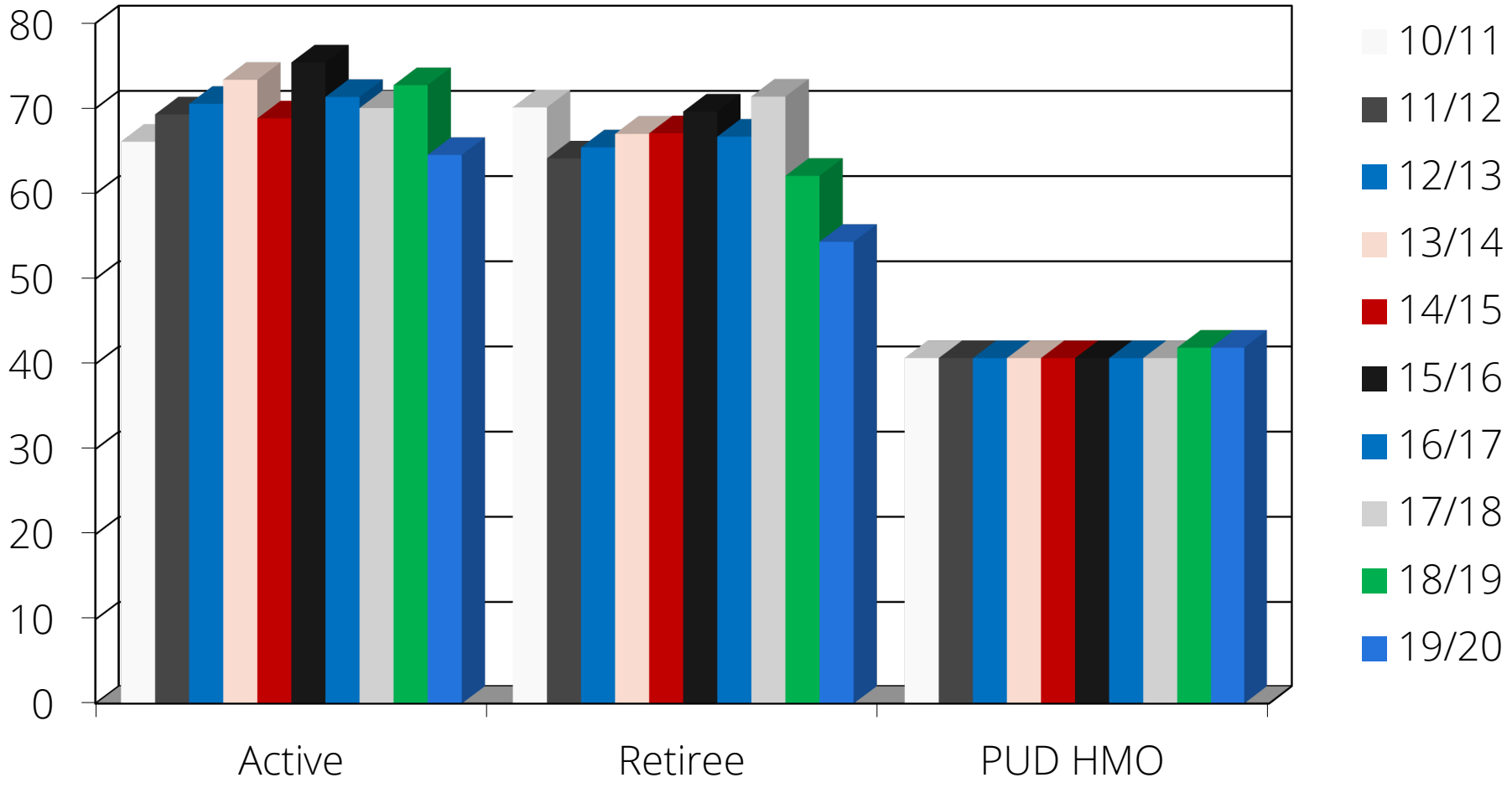
Average Paid Amount Per Medical Claim

10/11	$171.97	(2.9%)
11/12	$193.41	+12.5%
12/13	$202.02	+4.5%
13/14	$189.82	(6.0%)
14/15	$213.78	+12.6%
15/16	$200.66	(9.3%)
16/17	$192.86	(9.6%)
17/18	$252.60	+30.9%
18/19	$269.35	+6.2%
19/20	$269.88	+0.2%

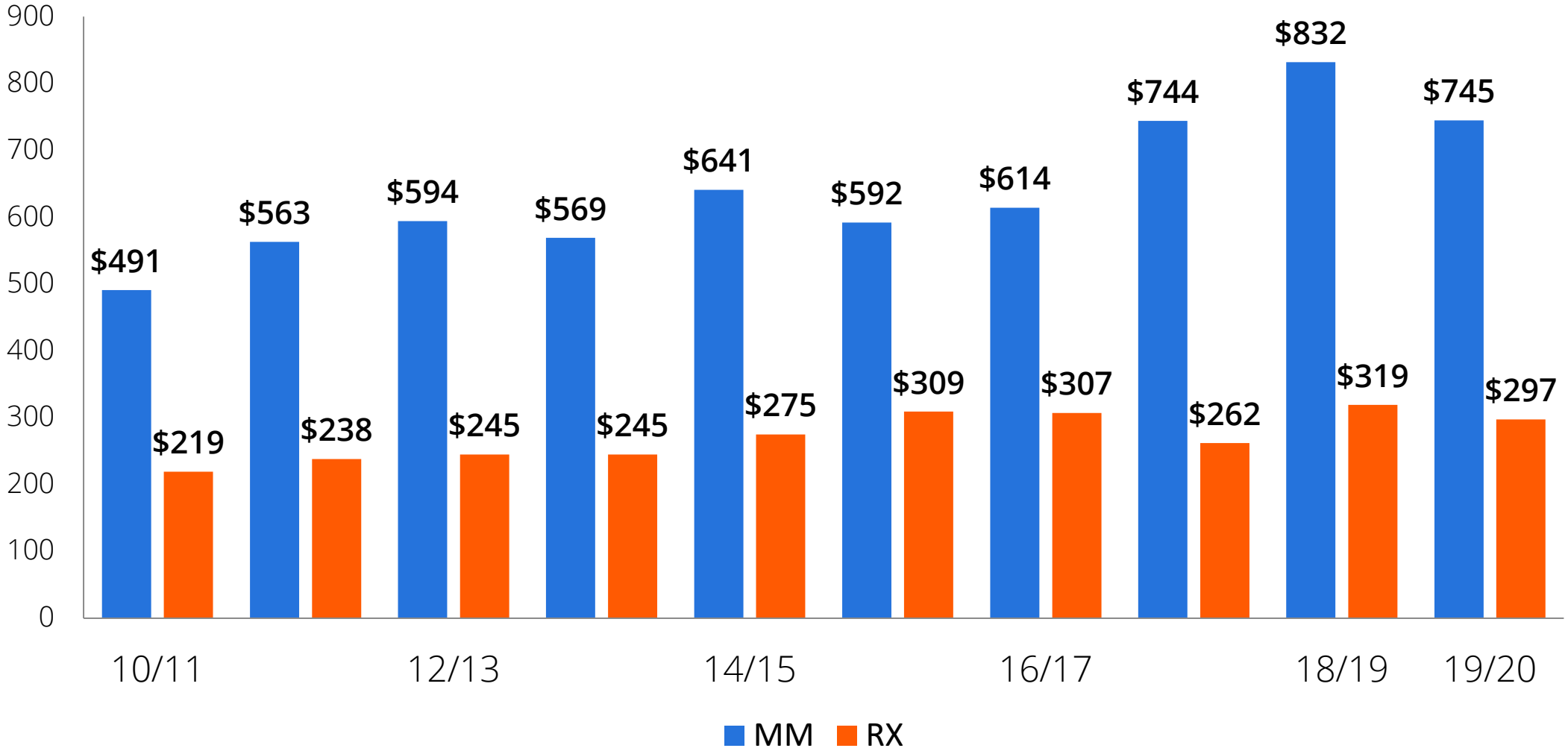
Average Number of Medical Claims PEPM

10/11	2.81	(0.7%)
11/12	2.91	+3.6%
12/13	2.94	+0.9%
13/14	3.00	+2.1%
14/15	3.00	0.0%
15/16	2.95	(1.7%)
16/17	3.18	+7.8%
17/18	2.94	(7.6%)
18/19	3.00	+2.0%
19/20	2.76	(8.0%)

Average Monthly Cost - Dental



Medical / Prescription Drug Costs



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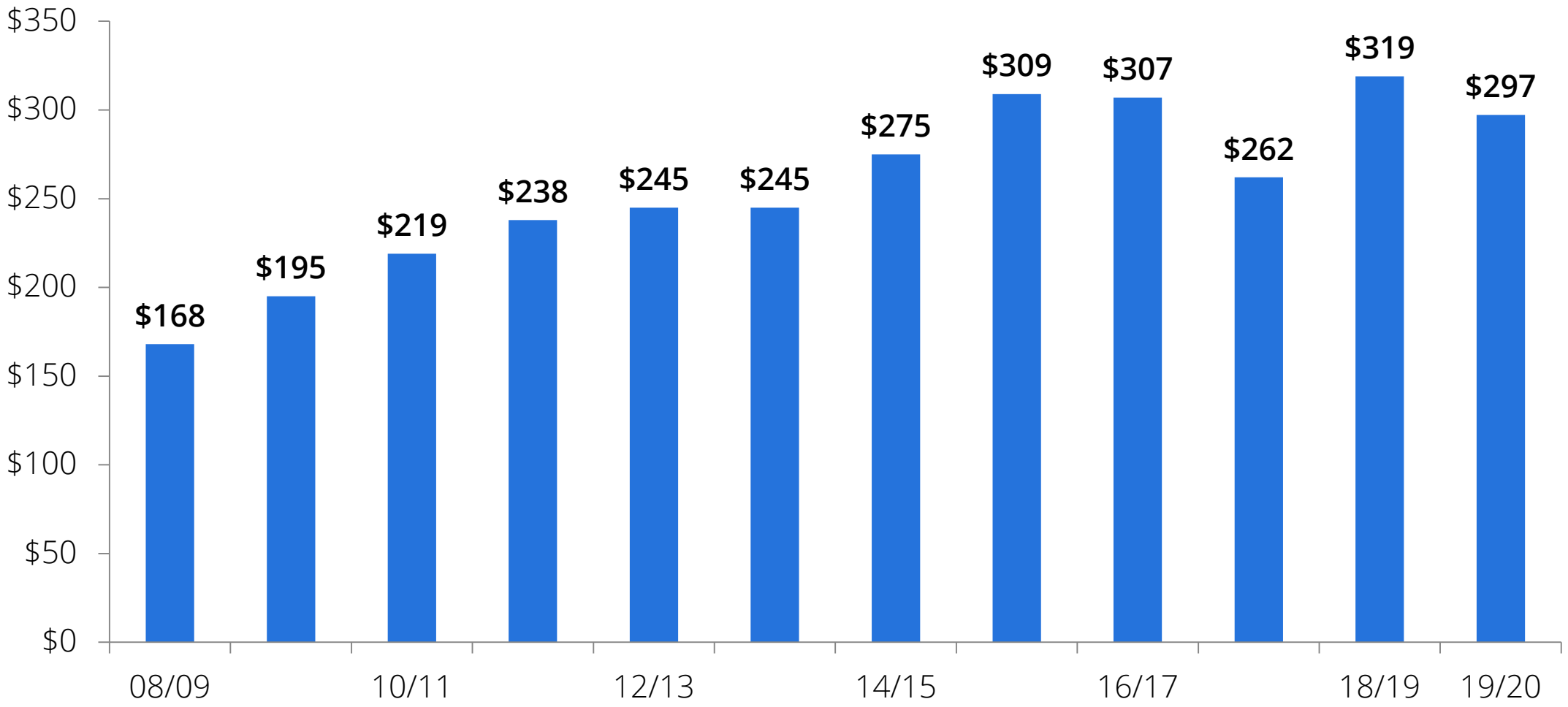
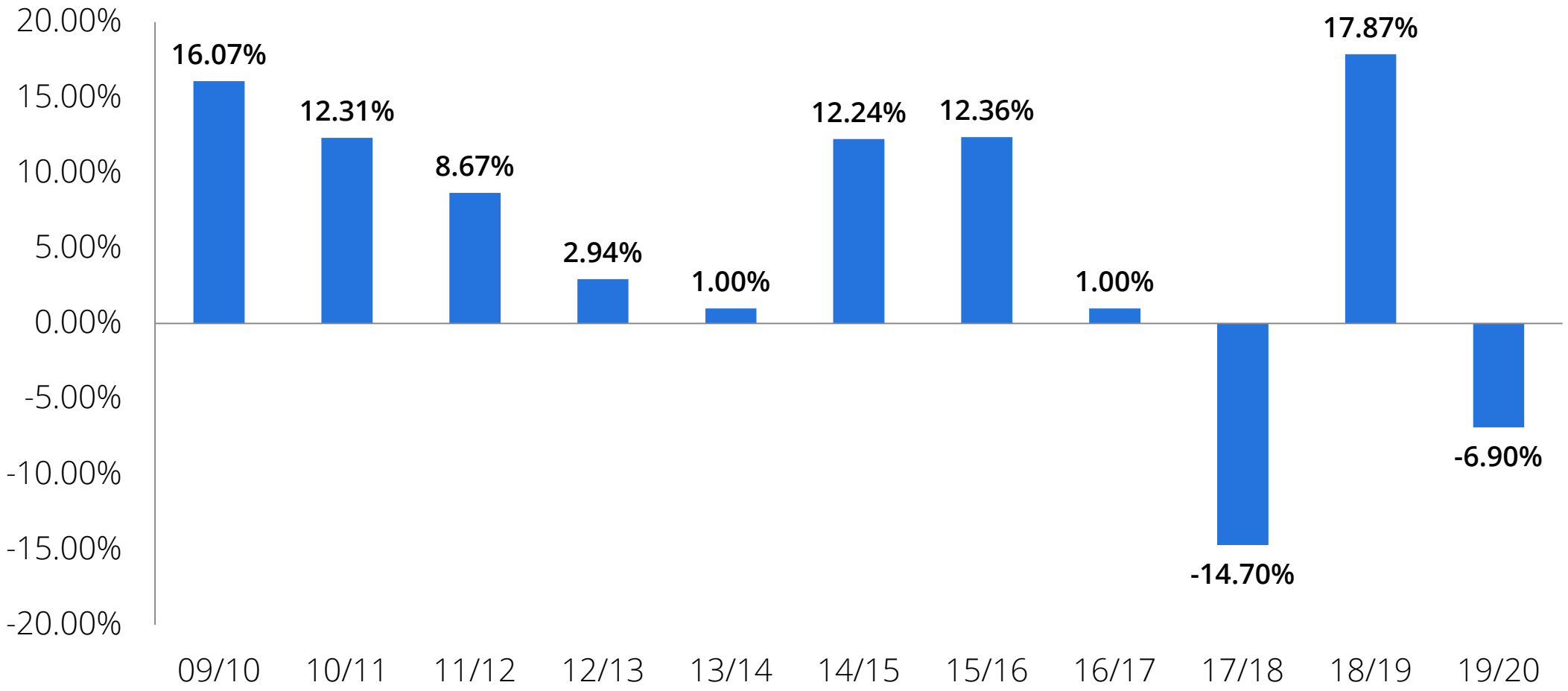
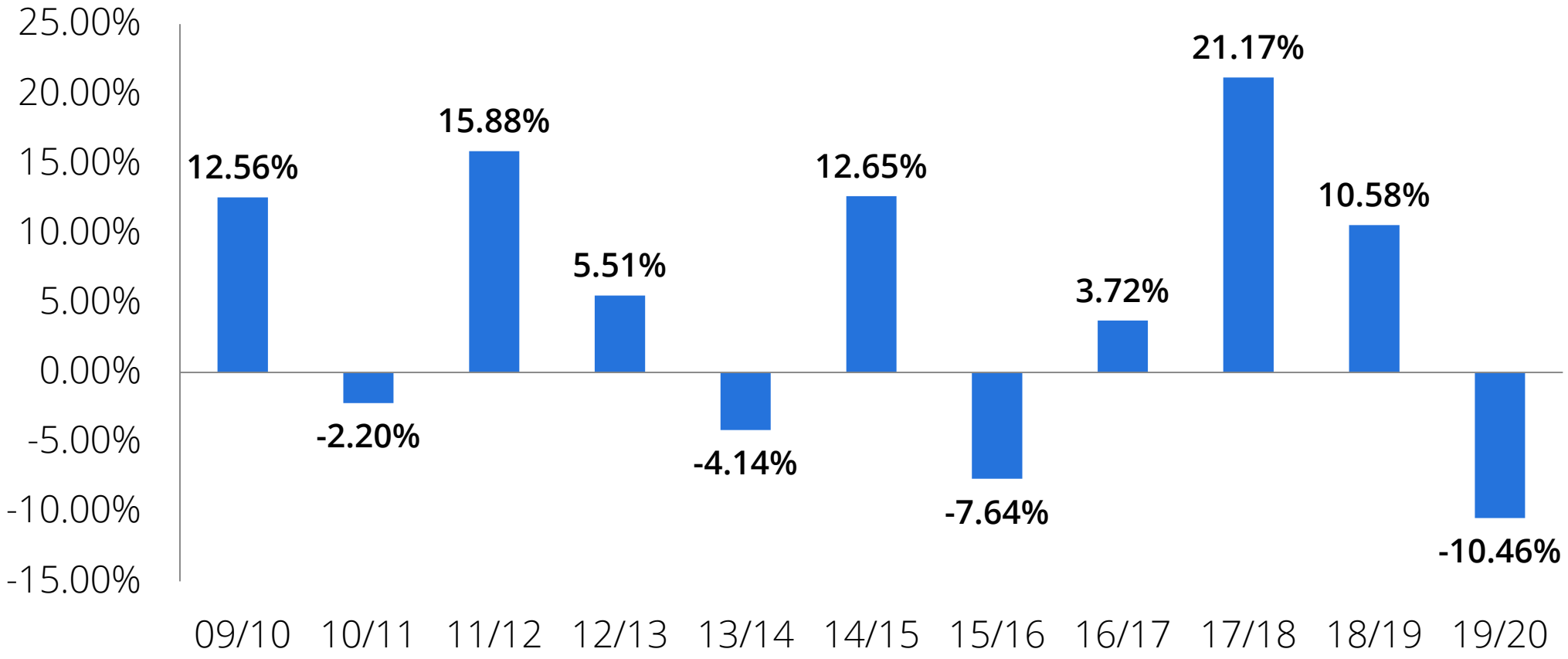
Prescription Drug Costs



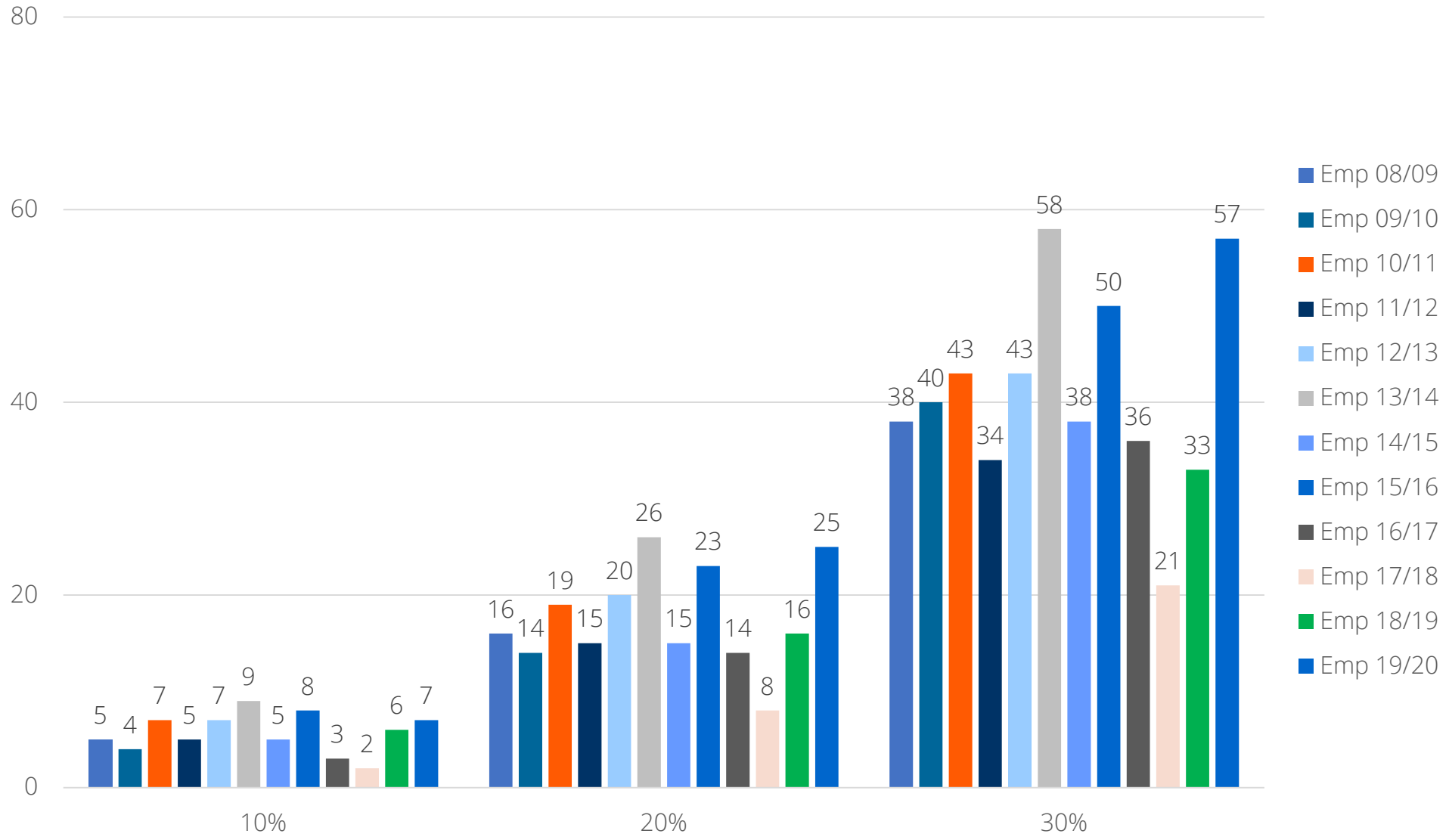
Prescription Drug Percentage Changes



Medical Claims Costs
Percentage Changes

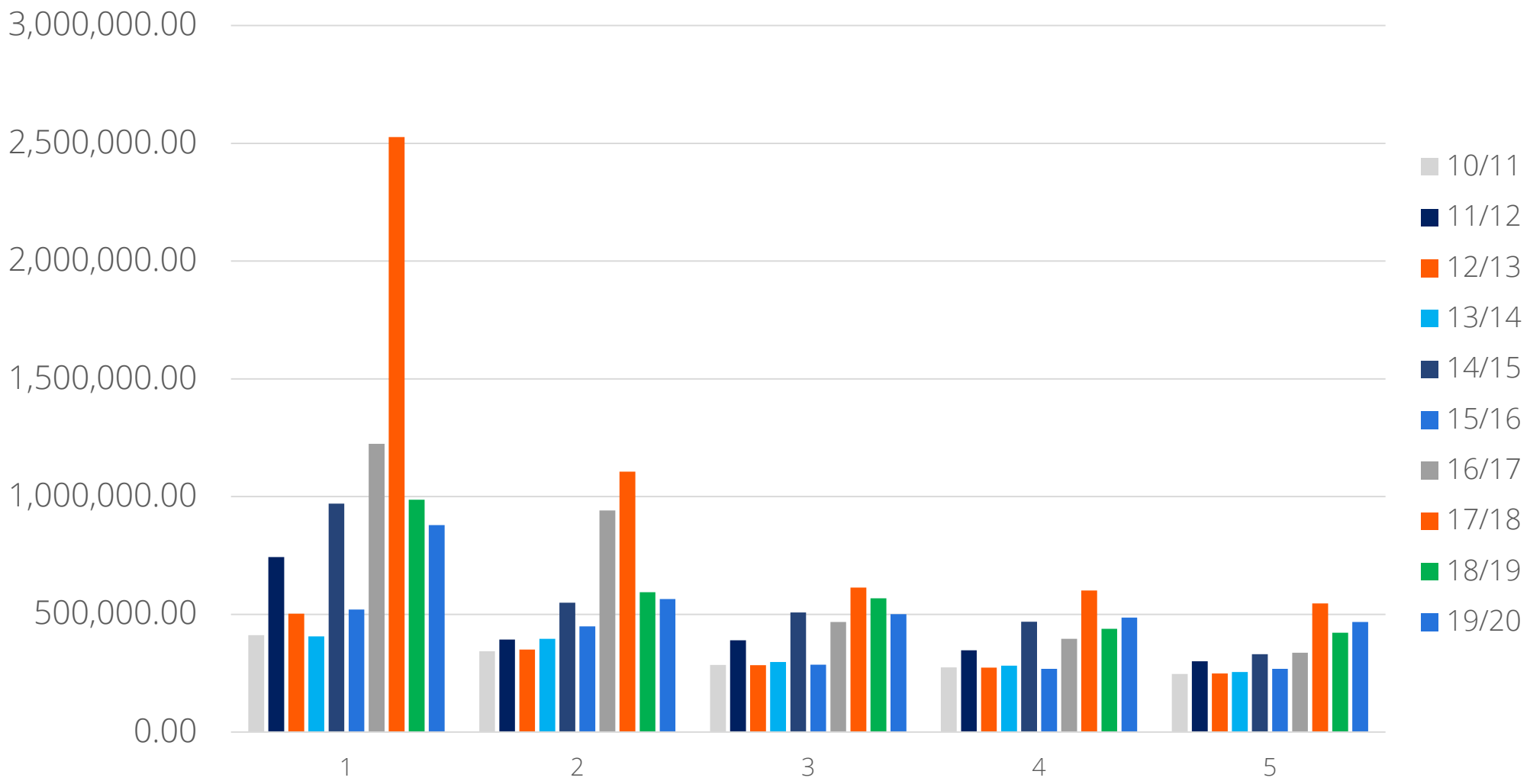


Census to Claims Ratios



HealthComp

High Claimants by Cost

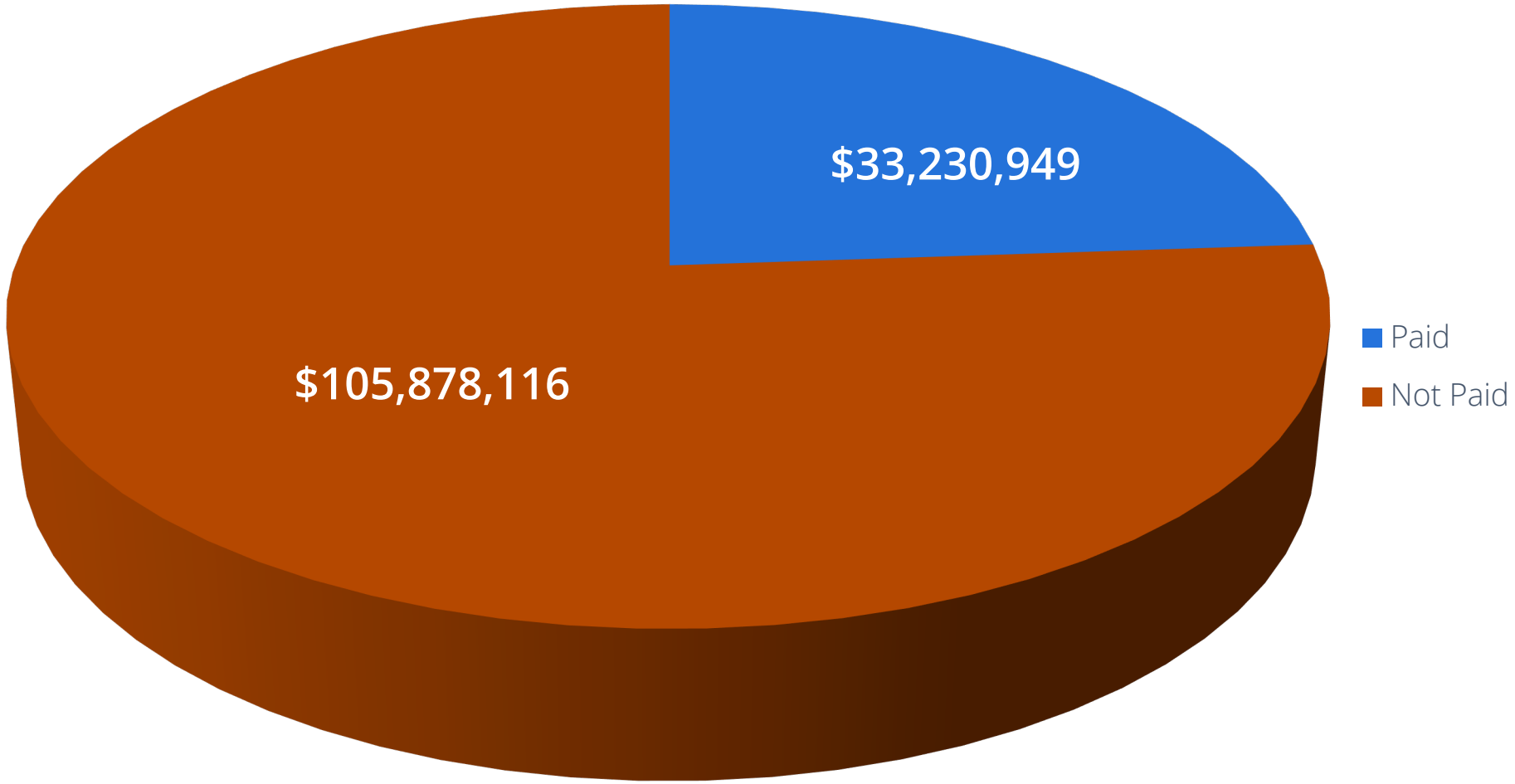


HealthComp

Charges vs. Paid

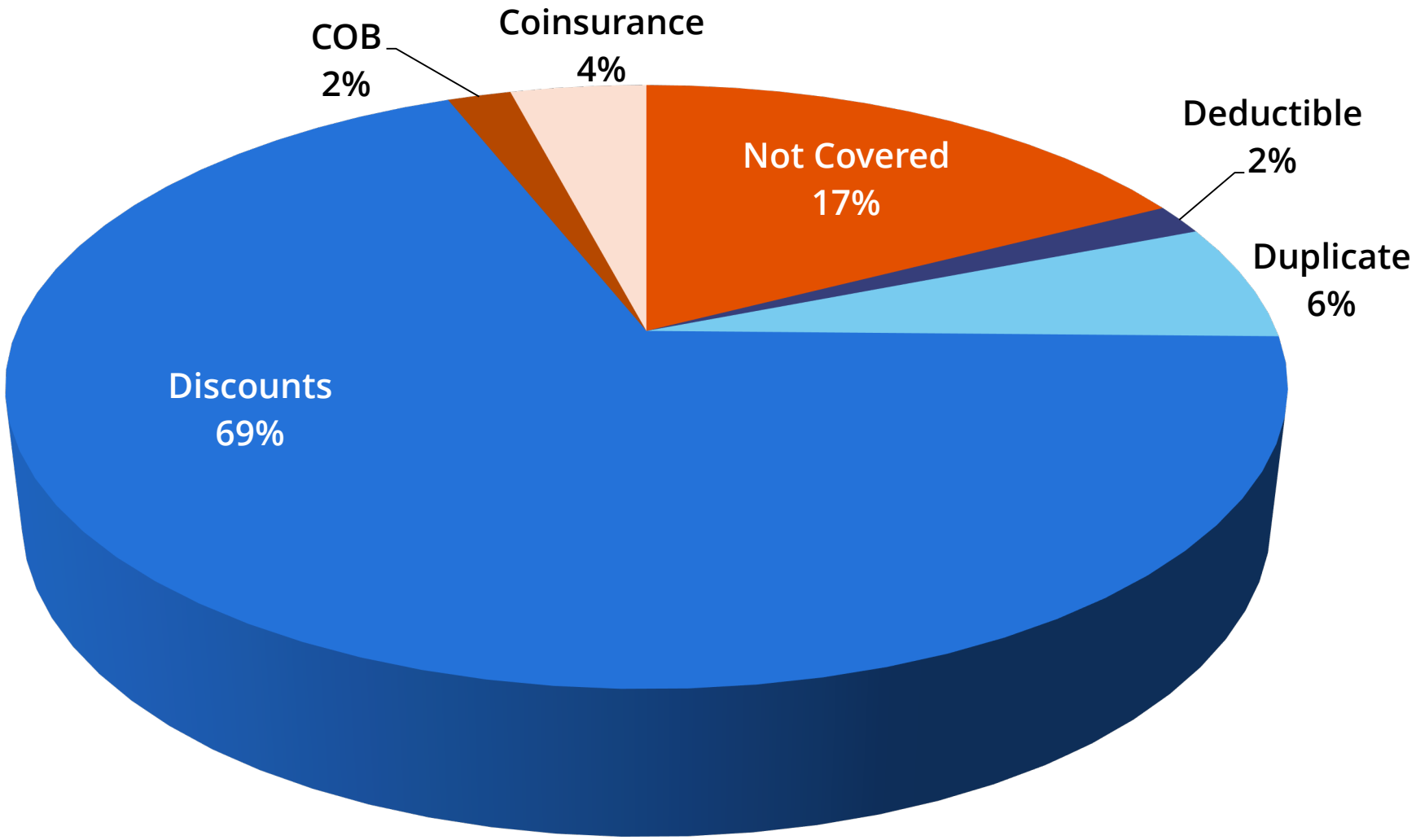
Total Medical Charges:
$139,109,065

Excludes Rx



Not Paid by Reason

Total Not Paid:
$105,878,116



Thank you

Rael & Letson
2929 Campus Drive, Suite 400
San Mateo, California 94403
650-341-3311 Tel
206-445-1840 Fax
www.rael-letson.com

Memorandum

To: **Board of Trustees**
Fresno City Employees Health & Welfare Trust

From: Andrew Desa, Consulting Actuary

Date: September 9, 2020

Re: Consultant's Report for September 9, 2020 Board of Trustees Meeting - FYE June 30, 2020 Financial Status and Reserves

---

We recently received the Health & Welfare Trust financials for the fiscal year ending June 30th, 2020. We have compared the plan's financial status as of June 30th, 2020 to the projections for FYE 2020 that were previously presented at your April 10, 2019 Board of Trustees meeting. A summary of that comparison is listed below:

1. The projections presented at the April 10, 2019 meeting had 9 months of actual claims for the 2018/19 fiscal year and 3 months of projected claims to complete the year. Those projections applied trend of 7% for medical and 9% for Rx to project medical/Rx claims of $1,125 PMPM for FYE 2020.

2. Actual medical/Rx PMPM costs for FYE 2020 as shown in the June HealthComp Report were $1,052. Actual PMPM costs for FYE 2019 as shown in the same report were $1,059. This slightly negative experienced trend was the result of suppressed claims activity during April through June as a result of COVID-19 and shelter-in-place. Prior to April 2020, trend was running at about 5% through 9 months.

3. Gross cash reserves as of June 30, 2020 are $26.5M as stated in the financial statements. After netting out liabilities (stop loss reserve and estimated IBNR), the **net reserve months as of June 30, 2020 are estimated at 4.6**. This is based on a net fund balance of $21.1M and average expenses of $4.6M a month as experienced during FY 2019/20.

4. Net Reserve months as of March 30, 2020 were 4.0. However, the Fund ran surpluses of $708k, $1.2M, and $400k in April, May, and June, respectively which added 0.6 months to the reserves through June 30th, 2020. These surpluses were driven by decreased claims activity in those months as noted above.

This item will be discussed at your September 9, 2020 meeting. If there are any questions before or after that meeting, please let me know.

AD:mw

HEALTH & WELFARE FY20
PREPARED BY FINANCIAL REPORTING

HEALTH & WELFARE TRUST ACTIVITY REPORT
SCHEDULE OF RECEIPTS AND DISBURSMENTS
JULY 1, 2019 THRU JUNE 30, 2020 Period 12

RECEIPTS:	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
CITY AND EMP. CONTRIBUTION FROM PAYROLL	$3,922,009	$3,930,727	$3,934,397	$3,489,960	$4,410,467	$3,951,637	$3,969,524	$3,930,950	$3,959,948	$3,508,576	$4,420,974	$3,965,911	$47,395,080
RDA SUCCESSOR EMPLOYEES CONTRIBUTION	$1,290	$1,290	$1,290	$1,290	$1,290	$1,290	$1,290	$1,290	$1,290	$1,290	$1,290	$1,290	$15,480
SELF PAY - LWOP	$349	$187	$561	$379	$2,244	$940	$187	$0	$950	$748	$374	$748	$7,667
SELF PAY - COBRA	$5,060	$0	$3,921	$3,775	$6,450	$3,836	$11,577	($1)	$3,870	$7,643	$1,195	$6,510	$53,836
SELF PAY - FPOA ACTIVE ADM STAFF	$5,160	$5,160	$5,160	$5,160	$5,160	$5,160	$5,160	$5,160	$5,160	$5,160	$5,160	$5,160	$61,920
RETIREES	$346,408	$347,710	$349,261	$350,864	$352,286	$351,040	$348,029	$347,572	$351,283	$352,440	$349,871	$344,063	$4,190,827
RETIREES - HRA	$94,454	$86,704	$84,233	$81,946	$28,141	$81,725	$85,671	$89,023	$84,722	$85,562	$83,959	$78,427	$964,568
RETIREES - CITY PAID H&W RECEIPTS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
RETIREES - SELF PAY	$4,965	$6,087	$5,713	$6,500	$7,740	$6,418	$6,044	$4,799	$4,099	$2,809	$3,725	$4,473	$63,372
REFUNDS	$270,631	$139,209	$35,586	$395,378	$48,752	$238,314	$258,757	$142,196	$183,025	$960,436	$54,931	$40,359	$2,767,573
INTEREST	$48,233	$47,767	$51,771	$46,303	$44,399	$43,926	$46,013	$43,418	$42,830	$36,176	$41,340	$33,339	$525,515
OTHER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
H & W TRUST CASH RECEIPTS	$4,698,559	$4,564,841	$4,471,892	$4,381,554	$4,906,930	$4,684,286	$4,732,252	$4,564,407	$4,637,177	$4,960,840	$4,962,820	$4,480,280	$56,045,838
DISBURSEMENTS:													
CLAIMS PAID	($4,093,062)	($3,679,412)	($3,576,148)	($4,924,753)	($3,539,794)	($3,658,492)	($4,688,446)	($4,093,893)	($4,433,546)	($3,761,020)	($3,235,640)	($3,240,175)	($46,924,380)
CLAIMS PAID - DELTA DENTAL	($302,701)	($300,833)	($236,734)	($336,187)	($247,505)	($213,766)	($253,804)	($244,212)	($244,852)	($101,463)	($67,668)	($172,029)	($2,721,754)
BLUE SHIELD OF CALIFORNIA	($63,100)	($63,383)	($67,398)	($68,474)	($67,757)	($67,757)	($67,757)	($67,757)	($67,756)	($67,757)	($67,757)	($135,513)	($872,162)
CHIROMETRICS INC	($11,325)	($11,376)	($11,376)	($11,376)	($11,376)	($11,376)	($11,376)	($22,752)	$0	($11,376)	($11,376)	($22,752)	($147,837)
DELTA DENTAL OF CALIF.	($18,432)	($18,555)	($18,555)	($18,586)	($18,704)	($18,699)	($18,596)	$0	($18,586)	($18,791)	($18,771)	($37,439)	($223,714)
REFUNDS	$0	($1,902)	($200)	($5,350)	($6,549)	($8,050)	$0	$0	($400)	($1,150)	($2,625)	($100)	($26,326)
ELITE CORP-FLU VACCINE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
NATIONAL MEDICAL HEALTH CARD	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
CATAMARAN/OPTUMRX	($4,473)	($2,188)	$0	($133,298)	($76,651)	($15,242)	($16,128)	($29,572)	($45,994)	($14,886)	($11,364)	$0	($349,795)
PSY CARE	($10,900)	($10,949)	$0	($10,949)	($10,949)	($10,949)	($10,949)	($10,949)	($10,949)	($10,949)	($10,950)	($21,899)	($131,344)
UNITED HEALTHCARE INSURANCE	($12,283)	($12,818)	($8,075)	($10,665)	($10,450)	($10,320)	($9,975)	($10,147)	($10,363)	($10,450)	($10,450)	($20,813)	($136,807)
OTHER - CLAIMS													$0
CITY ADMIN. FEES	($130)	($130)	($130)	($130)	($130)	($130)	($130)	($130)	($130)	($130)	($130)	($130)	($1,560)
ADM - REAL & LETSON	($12,400)	($6,300)	($6,300)	($6,300)	($6,300)	($6,300)	($6,300)	($6,300)	($6,300)	$0	($6,300)	($6,300)	($75,400)
HEALTHCOMP INC.	($110,913)	($112,111)	($114,705)	($122,350)	($110,711)	($110,714)	($113,658)	($107,725)	($112,190)	($105,628)	($121,909)	($211,256)	($1,453,870)
LEGAL - THE MOSS LAW FIRM	($6,105)	($2,850)	($2,850)	($2,850)	($5,700)	($2,850)	($2,850)	($2,850)	($2,850)	($2,850)	($2,850)	($2,850)	($40,305)
MES VISION	($61,807)	($62,026)	($62,194)	($60,110)	($60,379)	($62,160)	($61,001)	($61,454)	($61,068)	($60,917)	($61,656)	($123,615)	($798,387)
OTHER - ADMIN FEES	($84,607)	($84,607)	($85,275)	($85,275)	($85,275)	($85,275)	($91,036)	($85,275)	($85,275)	($85,275)	($85,275)	($85,275)	($1,027,729)
H & W CASH DISBURSEMENTS	($4,792,237)	($4,369,440)	($4,189,939)	($5,796,654)	($4,258,230)	($4,282,080)	($5,352,006)	($4,743,017)	($5,100,260)	($4,252,641)	($3,714,720)	($4,080,146)	($54,931,370)
RECEIPTS OVER DISBURSMENTS	($93,678)	$195,401	$281,953	($1,415,100)	$648,700	$402,206	($619,754)	($178,610)	($463,083)	$708,199	$1,248,100	$400,134	$1,114,468

HEALTH & WELFARE TRUST ACTIVITY REPORT
CASH BALANCE ANALYSIS
JULY 1, 2019 THRU JUNE 30, 2020 Period 12

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	
BEGINNING CASH BALANCE	$25,012,449	$24,941,682	$25,130,199	$25,424,871	$24,019,461	$24,668,685	$25,059,754	$24,438,469	$24,259,547	$23,815,817	$24,531,003	$25,783,259	
ADD: TOTAL REVENUE	$4,698,559	$4,564,841	$4,471,892	$4,381,554	$4,906,930	$4,684,286	$4,732,252	$4,564,407	$4,637,177	$4,960,840	$4,962,820	$4,480,280	$56,045,838
LESS: TOTAL EXPENDITURES	($4,792,237)	($4,369,440)	($4,189,939)	($5,796,654)	($4,258,230)	($4,282,080)	($5,352,006)	($4,743,017)	($5,100,260)	($4,252,641)	($3,714,720)	($4,080,146)	($54,931,370)
LESS: CHANGE IN RECEIVABLE	($16,811)	$784	($12,719)	($9,690)	$4,560	$6,053	$1,531	$1,603	($18,779)	($8,852)	($4,156)	($1,730)	($58,206)
LESS: CHANGE IN VOUCHERS PAYABLE	($6,100)	$6,100	$0	$0	($5,084)	$5,084	$0	($1,291)	($574)	$1,865	$0	($277,073)	($277,073)
ENDING CASH BALANCE	**$24,941,682**	**$25,130,199**	**$25,424,871**	**$24,019,461**	**$24,668,685**	**$25,059,754**	**$24,438,469**	**$24,259,547**	**$23,815,817**	**$24,531,003**	**$25,783,259**	**$26,462,196**	

ACCUMULATED RECEIPTS & DISBURSEMENTS

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	
YTD CASH RECEIPTS	$4,698,559	$4,564,841	$4,471,892	$4,381,554	$4,906,930	$4,684,286	$4,732,252	$4,564,407	$4,637,177	$4,960,840	$4,962,820	$4,480,280	
YTD CASH DISBURSEMENTS	($4,792,237)	($4,369,440)	($4,189,939)	($5,796,654)	($4,258,230)	($4,282,080)	($5,352,006)	($4,743,017)	($5,100,260)	($4,252,641)	($3,714,720)	($4,080,146)	
YTD CHANGE IN RECEIVABLE	($16,811)	$784	($12,719)	($9,690)	$4,560	$6,053	$1,531	$1,603	($18,779)	($8,852)	($4,156)	($1,730)	
YTD CHANGE IN PAYABLE	($6,100)	$6,100	$0	$0	($5,084)	$5,084	$0	($1,291)	($574)	$1,865	$0	($277,073)	
YTD NET CHANGE IN CASH	($70,767)	$188,517	$294,672	($1,405,410)	$649,224	$391,069	($621,285)	($178,922)	($443,730)	$715,186	$1,252,256	$678,937	
CHANGE IN RECEIVABLE													
BEGINNING RECEIVABLE BALANCE	$226,325	$209,514	$210,297	$197,578	$187,888	$192,448	$198,501	$200,033	$201,636	$182,857	$174,004	$169,849	
INCREASE, DEBITS	$48,233	$47,767	$51,771	$46,303	$44,399	$43,926	$46,013	$43,418	$42,830	$36,176	$41,340	$33,339	$492,176
DECREASE, CREDITS	($65,044)	($46,983)	($64,490)	($55,993)	($39,839)	($37,873)	($44,482)	($41,815)	($61,609)	($45,029)	($45,496)	($35,069)	($548,652)
ENDING RECEIVABLE BALANCE	$209,514	$210,297	$197,578	$187,888	$192,448	$198,501	$200,033	$201,636	$182,857	$174,004	$169,849	$168,119	
ENDING RECEIVABLE BALANCE	$209,514	$210,297	$197,578	$187,888	$192,448	$198,501	$200,033	$201,636	$182,857	$174,004	$169,849	$168,119	
BEGINNING RECEIVABLE BALANCE	$226,325	$209,514	$210,297	$197,578	$187,888	$192,448	$198,501	$200,033	$201,636	$182,857	$174,004	$169,849	
CHANGE IN RECEIVABLE	($16,811)	$784	($12,719)	($9,690)	$4,560	$6,053	$1,531	$1,603	($18,779)	($8,852)	($4,156)	($1,730)	
CHANGE IN PAYABLE													
BEG VOUCHERS PAYABLE BAL	($80,723)	($86,823)	($80,723)	($80,723)	($80,723)	($85,807)	($80,723)	($80,723)	($82,014)	($82,588)	($80,723)	($80,723)	
DECREASE, DEBITS	$390,245	$395,259	$376,928	$535,584	$465,718	$414,776	$409,626	$405,447	$421,158	$391,894	$411,281	$390,738	$4,617,915
INCREASE, CREDITS	($396,345)	($389,159)	($376,928)	($535,584)	($470,801)	($409,692)	($409,626)	($406,738)	($421,732)	($390,029)	($411,281)	($667,811)	($4,617,915)
END VOUCHERS PAYABLE BAL	($86,823)	($80,723)	($80,723)	($80,723)	($85,807)	($80,723)	($80,723)	($82,014)	($82,588)	($80,723)	($80,723)	($357,796)	
END VOUCHERS PAYABLE BALANCE	($86,823)	($80,723)	($80,723)	($80,723)	($85,807)	($80,723)	($80,723)	($82,014)	($82,588)	($80,723)	($80,723)	($357,796)	
BEG PAYABLE BALANCE	($80,723)	($86,823)	($80,723)	($80,723)	($80,723)	($85,807)	($80,723)	($80,723)	($82,014)	($82,588)	($80,723)	($80,723)	
CHANGE IN VOUCHERS PAYABLE	($6,100)	$6,100	$0	$0	($5,084)	$5,084	$0	($1,291)	($574)	$1,865	$0	($277,073)	

FRESNO CITY EMPLOYEES
HEALTH AND WELFARE TRUST

ADMINISTRATION OFFICE

HealthComp
Third Party Administrators

621 Santa Fe
Fresno, CA 93721

TELEPHONE (559) 499-2450
FAX (559) 499-2460

MAILING ADDRESS
P.O. BOX 45018
FRESNO, CA 93718-5018

Fresno City Employees Health & Welfare Trust
Summary of Appeal

DATE OF APPEAL: August 31, 2020 **APPEAL NUMBER: 20-01**

APPEAL

The participant is appealing the denial of coverage for a Rhinoplasty procedure.

PLAN PROVISION

The Fresno City Employees Health & Welfare Trust Plan Booklet effective July 1, 2020:

Under the heading Definitions, page 17.

"Medically Necessary (or medical necessity)" means services or supplies which are:
1. appropriate and necessary for the symptoms, diagnosis or direct care and treatment of the medical condition,

2. within standards of good medical practice within the organized medical community,

3. which are not educational or experimental in nature,

4. which are not provided primarily for medical or other research,

5. which are not primarily for the convenience of the patient or provider, and

6. are determined by the Plan to be the most appropriate level of service and type of facility in which the patient receives care.

The Fresno City Employees Health & Welfare Trust Plan Booklet effective July 1, 2020:

Under the heading Precertification, page 11.

Surgery which may be considered to be Cosmetic in nature rather than Reconstructive (e.g., eyelid surgery, rhinoplasty, abdominoplasty, or breast reduction) and those Reconstructive Surgeries which may result in only minimal improvement in function or appearance. The Reconstructive Surgery Benefit is limited to Medically Necessary surgeries and procedures.

The Fresno City Employees Health & Welfare Trust Plan Booklet effective July 1, 2020:

Under the heading General Plan Exclusions, page 53.

Reconstructive cosmetic surgery which does not improve a functional impairment is only covered when;

i. it is incident to a several stage treatment plan following a trauma for which Medically Necessary reconstructive surgery was necessary to improve functional impairment if the trauma occurred during the Member's enrollment,

ii. when it is necessary to restore and achieve symmetry for the Covered Person incident to a Medically Necessary mastectomy, or

iii. where it is necessary to repair a congenital defect, which is disfiguring, requires surgery and treatment would be likely to lead to substantial improvement of the defect.

SUMMARY

The participant is wanting the Fresno City Employees H&W Trust to make the exception to allow Blue Shield of California to price and precertify the members Rhinoplasty procedure.

The member has been effective on the non-contributory plan since 11/01/2015.

APPROVED ☐ DENIED ☐ DELAYED ☐

I am writing this letter to appeal the denial of coverage for a rhinoplasty procedure in conjunction with a septoplasty.

I have been under the care and treatment of an otorhinolaryngologist for breathing issues and concerns about my nasal structure. Increasingly over the past five years, I have developed breathing difficulties. I have followed through with various courses of medical treatment (nose sprays, allergy medications) to no avail. I feel restriction in my nasal passage, which is a result of multiple issues.

I have been diagnosed with having a deviated septum and enlarged turbinates. My nostril cartilage is drooping inwardly, separating itself from other nasal structures. My nasal tip cartilage becomes quite tender and sensitive to touch, resulting in inflammation of surrounding tissues. The cartilage in my nose has grown to become bulbous and causes the tip of my nose to droop. The bulbous cartilage has also contributed to the restriction of airflow in my nasal passage.

I have a dorsal hump that causes irritation. The prescription glasses I wear daily sit on the dorsal hump instead of sitting comfortably on the slope of my nose. The skin on my dorsal hump becomes red with irritation every day, but choosing to not wear glasses is not an option for me.

Aside from the major discomfort to breathing function and cause for irritation, my nasal structure deformities have caused great psychological distress. My quality of life has been affected because although I used to once be outgoing and extraverted, I have now become extremely self-conscious of the deformities. I have temporarily abandoned some public speaking opportunities because they would require me to be visible in a larger public scale.

My nose does not fit the rest of my feminine facial features. My bulbous nose causes imbalance and detracts from what could be considered a normal facial aesthetic. I do not have body dysmorphic disorder, but I am emotionally distressed by the appearance of my nose to the point where my self-esteem continues to plummet.

The medical procedure codes that need to be performed are the following: 30520- septoplasty, 30140- inferior turbinate resection, 30420- rhinoplasty. Only the first two procedures have been approved for coverage, while the rhinoplasty procedure has been denied.

Due to the medical necessity of restoring a normal function and appearance to my nose, I am requesting for Blue Shield to reverse the denial of coverage for a rhinoplasty procedure.

Sincerely,

blue of california

Member Name:
Date of Birth:
Member ID:
Reference Number: H37148434
Requesting Provider: TONKINSON, BRIEN, MD

Dear

We were sent a request by your provider/doctor for the service listed below. We are not able to approve payment for this service.

Denied Requested Service(s):

Code	Modifier 1	Modifier 2	Description	Quantity
30420			RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR	1

We review prior authorization/precertification requests (approval for payment before being done) for medical necessity. A Blue Shield of California doctor, Matthew Foskey, DO, has reviewed your medical records sent by your provider/doctor. The service is not covered because it is not medically necessary based on the BSC Medical Policy, Reconstructive Services.

The medical reason used to make this decision is:

A request has been made for coverage of nose surgery (rhinoplasty) to alter the shape of your nose. Surgery done only to improve the looks of a body part that is usually thought to be within a normal range is not medically necessary.

Reconstructive surgery is surgery done on parts of your body which do not look normal (abnormal structure) to improve function or to make you look normal. The abnormal structure needs to have been there since you were born (congenital defects or developmental abnormalities), caused by an accident (trauma), an infection, an abnormal growth (tumors), or a disease. To be considered abnormal, a problem needs to be much worse than what might be seen typically in a wide range of people. Also, if the surgery will only result in a small improvement in your appearance or function, the surgery is not reconstructive surgery.

After a review of the medical records sent in, we cannot approve this for payment because based on the photos provided, the surgery will not improve your function and will only improve the way you look by a little.

The following codes will be subject to claims editing rules: 30140

Blue Shield of California
Medical Care Solutions, P.O. Box 629005, El Dorado Hills, CA 95762-9005

blueshieldca.com

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blue of california

You may get a free copy of the benefit booklet, medical guideline, or other information, such as medical records, used to make the denial decision by calling the number on the back of your Member ID card. You may contact your provider/doctor for more information about your diagnosis, treatment, or the codes and their meanings.

Providers who wish to contact our physician to further discuss the outcome of this decision may contact Matthew Foskey, DO at (916) 350-7464. Please have the following information available when calling:

- Patient Name and Subscriber ID#
- Clinical circumstances you feel will affect the determination
- Applicable dates

If you do not agree with this decision, you may file an appeal (grievance). Please include any comments, other records, or information for us to consider on an appeal review. More information about the appeal process is attached to this letter.

If you have any questions, please call the number on the back of your Member ID card.

Sincerely,

Matthew Foskey DO

Matthew Foskey, DO
Medical Director, Medical Care Solutions

CC: TONKINSON, BRIEN, MD
BRIEN TONKINSON, MD

Enclosure(s): Notice of Non-Discrimination
Language Assistance Program
Appeal Procedure

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Blue Shield of California
Medical Care Solutions, P.O. Box 629005, El Dorado Hills, CA 95762-9005

blueshieldca.com

BSC7.08	Reconstructive Services		
Original Policy Date:	January 11, 2008	Effective Date:	July 1, 2019
Section:	7.0 Surgery	Page:	Page 1 of 7

Policy Statement

The California Reconstructive Surgery Act (Health & Safety Code Section 1367.63 and the Insurance Code Section 10123.88) defines "reconstructive surgery" as surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do **either** of the following:

- Create a normal appearance to the extent possible
- Improve function

Only a licensed physician, podiatrist, or oral and maxillofacial surgeon who is competent to evaluate the specific clinical issues involved in the care requested may deny initial requests for authorization of coverage.

Cosmetic surgery is distinguished from reconstructive surgery. Cosmetic surgery is surgery that is performed to alter or reshape normal structures of the body in order to improve appearance.

In interpreting whether a proposed procedure meets the definition of reconstructive surgery, as defined by law, the procedure may be denied as **not medically necessary** under **any** of the following conditions (See Policy Guidelines):

- The procedure is likely to result in only minimal improvement in appearance, in accordance with the standard of care as practiced by physicians specializing in reconstructive surgery
- The treating surgeon cannot or will not provide sufficient documentation, including (when appropriate) quality color photographs, which accurately depicts the extent of the clinical problem
- There is alternative approved medical or surgical intervention with equal or superior clinical outcomes

Reconstructive surgery includes the use of silicone type injectables (e.g. Sculptra) to treat HIV-related lipoatrophy when it is likely that the injection(s) will result in more than minimal improvement in appearance.

Policy Guidelines

For the purpose of this policy, the qualified reviewer will differentiate a normal structure from an abnormal one based on **any** of the following elements:

- The availability of published normative data for specific anatomic measurements (e.g., cephalometric data for orthognathic surgery)
- The normal structural changes that are accommodative responses to gain or loss of body mass. Note that procedures to address excess skin in the setting of prior significant weight loss due to treatment of obesity qualify as reconstructive surgery if, on medical review of the requests, they meet the criteria of the California Reconstructive Surgery Act. (See Medical Policy for Panniculectomy, Abdominoplasty, and Surgical Management of Diastasis Recti.)
- The normal structural changes that are associated with aging (e.g., breast ptosis)
- The normal structures wide range of accepted variations in diverse populations (e.g., nasal size and shape)
- The presence of a cosmetic implant, in the absence of adjacent native tissue structural pathology, does not constitute an abnormal structure (e.g., cosmetic unilateral, bilateral or asymmetrical saline breast implants)

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In determining whether or not a procedure is likely to result in more than minimal improvement in appearance, the qualified reviewer will consider both the size and location of the structural abnormality.

Description

Reconstructive surgery, when it meets the definition under applicable state law, is a covered benefit. It is the intent of Blue Shield of California (BSC) to use definitions and make determinations consistent with the Reconstructive Surgery Act (AB 1621) which added Section 1367.63 to the California Health and Safety Code, Section 10123.88 to the Insurance Code and Section 14132.62 to the Welfare and Institutions Code.

Related Policies

- Blepharoplasty, Blepharoptosis Repair (Levator Resection) and Brow Lift (Repair of Brow Ptosis)
- Breast Implant Management
- Chemical Peels
- Dermatologic Applications of Photodynamic Therapy
- Light Therapy for Psoriasis
- Nonpharmacologic Treatment of Rosacea
- Orthognathic Surgery
- Panniculectomy, Abdominoplasty and Surgical Management of Diastasis Recti
- Surgical Treatment of Bilateral Gynecomastia
- Treatment of Varicose Veins/Venous Insufficiency

Benefit Application

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates (e.g., Federal Employee Program [FEP]) prohibits plans from denying Food and Drug Administration (FDA)-approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

Regulatory Status

- N/A

Rationale

Blue Shield of California's intent is to use definitions and make determinations consistent with the Reconstructive Surgery Act (AB 1621) which added Section 1367.63 to the California Health and Safety Code, Section 10123.88 to the Insurance Code and Section 14132.62 to the Welfare and Institutions Code. AB 1621 (Figueroa and Leach) - As Amended: February 19, 1998. Summary: Requires health insurance and health care service plan contracts to cover reconstructive surgeries. Specifically, this bill[1]:

- Provides that health care service plans and disability insurers that cover hospital, medical or surgical benefits, including entities that provide Medi-Cal coverage, shall cover reconstructive surgeries

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- Defines reconstructive surgery as surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease if the surgery will either improve function or give a patient a normal appearance

References

1. Reconstructive Surgery Act (AB 1621). 1998. http://www.leginfo.ca.gov/pub/97-98/bill/asm/ab_1601-1650/ab_1621_bill_19980219_amended_asm.html. Accessed June 6, 2019.

Documentation for Clinical Review

Please provide the following documentation (if/when requested):

- History and physical and/or consultation notes including:
  - Clinical indications for procedure/surgery
  - Previous treatment(s) and response(s) (if applicable)
  - Proposed procedural treatment plan
- Office note(s) pertaining to the clinical problem and medical necessity of the procedure requested
- Quality color photographs which accurately depicts the extent of the clinical problem (as applicable)

Post Service

- Procedure/Operative report(s)

Coding

This Policy relates only to the services or supplies described herein. Benefits may vary according to product design; therefore, contract language should be reviewed before applying the terms of the Policy. Inclusion or exclusion of codes does not constitute or imply member coverage or provider reimbursement.

MN/NMN

The following services may be considered medically necessary when policy criteria are met. Services may be considered not medically necessary when policy criteria are not met.

Type	Code	Description
CPT®	11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
	11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
	11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
	11950	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less
	11951	Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc
	11952	Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc
	11954	Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc

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Type	Code	Description
	15770	Graft; derma-fat-fascia
	15775	Punch graft for hair transplant; 1 to 15 punch grafts
	15776	Punch graft for hair transplant; more than 15 punch grafts
	15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (i.e., breast, trunk) (List separately in addition to code for primary procedure)
	15786	Abrasion; single lesion (e.g., keratosis, scar)
	15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
	15819	Cervicoplasty
	15824	Rhytidectomy; forehead
	15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
	15826	Rhytidectomy; glabellar frown lines
	15828	Rhytidectomy; cheek, chin, and neck
	15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
	15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
	15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
	15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
	15876	Suction assisted lipectomy; head and neck
	15877	Suction assisted lipectomy; trunk
	15878	Suction assisted lipectomy; upper extremity
	15879	Suction assisted lipectomy; lower extremity
	17380	Electrolysis epilation, each 30 minutes
	19316	Mastopexy
	19324	Mammaplasty, augmentation; without prosthetic implant
	19325	Mammaplasty, augmentation; with prosthetic implant
	19350	Nipple/areola reconstruction
	19355	Correction of inverted nipples
	19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
	19370	Open periprosthetic capsulotomy, breast
	21086	Impression and custom preparation; auricular prosthesis
	21087	Impression and custom preparation; nasal prosthesis
	21088	Impression and custom preparation; facial prosthesis
	21089	Unlisted maxillofacial prosthetic procedure
	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
	21121	Genioplasty; sliding osteotomy, single piece

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Type	Code	Description
	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)
	21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
	21125	Augmentation, mandibular body or angle; prosthetic material
	21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
	21137	Reduction forehead; contouring only
	21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
	21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
	21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
	21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
	21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
	21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
	21209	Osteoplasty, facial bones; reduction
	21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
	21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)
	21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
	21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
	21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial
	21270	Malar augmentation, prosthetic material
	21280	Medial canthopexy (separate procedure)
	21282	Lateral canthopexy
	21299	Unlisted craniofacial and maxillofacial procedure
	21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
	21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
	30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
	30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
	30420	Rhinoplasty, primary; including major septal repair
	30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
	30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
	30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
	31587	Laryngoplasty, cricoid split, without graft placement
	31599	Unlisted procedure, larynx
	31750	Tracheoplasty; cervical
	55970	Intersex surgery; male to female

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Type	Code	Description
	55980	Intersex surgery; female to male
	56805	Clitoroplasty for intersex state
	57291	Construction of artificial vagina; without graft
	57292	Construction of artificial vagina; with graft
	57335	Vaginoplasty for intersex state
	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
HCPCS	G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)
	Q2026	Injection, Radiesse, 0.1 ml
	Q2028	Injection, sculptra, 0.5 mg
ICD-10 Procedure	None	

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action	Reason
01/11/2008	New Policy Adoption	Medical Policy Committee
04/25/2008	Policy Revision Revised Medical Policy. Policy title change from Cosmetic and Reconstructive Services	Medical Policy Committee
12/18/2009	Policy revision without position change Coding update	Medical Policy Committee
07/02/2010	Coding Update	Administrative Review
09/13/2010	Coding Update	Administrative Review
10/06/2010	Coding Update	Administrative Review
01/04/2011	Coding Update	Administrative Review
01/21/2011	Coding Update	Administrative Review
09/01/2011	Policy statement reformatted and coding update	Administrative Review
03/29/2013	Coding Update	Administrative Review
07/10/2013	Policy Revision	Medical Policy Committee
05/02/2014	Coding Update	Administrative Review
04/30/2015	Policy revision with position change	Medical Policy Committee
12/04/2015	Policy revision without position change	Medical Policy Committee
07/01/2016	Policy revision without position change	Medical Policy Committee
07/01/2017	Policy revision without position change	Medical Policy Committee
07/01/2018	Policy statement clarification	Administrative Review
08/01/2018	Policy revision without position change	Medical Policy Committee
03/01/2019	Coding update	Administrative Review
07/01/2019	Policy revision without position change Coding update	Medical Policy Committee

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Definitions of Decision Determinations

Medically Necessary: A treatment, procedure, or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure, or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a split evaluation, where a treatment, procedure, or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Prior Authorization Requirements (as applicable to your plan)

Within five days before the actual date of service, the provider must confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department. Please call (800) 541-6652 or visit the provider portal at www.blueshieldca.com/provider.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.

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www.rael-letson.com

Memorandum

To: **Board of Trustees**
Fresno City Employees Health & Welfare Trust

From: Andrew Desa, Consulting Actuary

Date: September 9, 2020

Re: Consultant's Report for September 9, 2020 Board of Trustees Meeting - Body Scan Benefit

---

We were asked to explore adding body scans as a covered benefit to the Plan. At the February 12, 2020 meeting I presented an estimated cost impact of body scans and was directed to get a proposal from Body Scan International (BSI). The BSI proposal was presented at the March 11, 2020 meeting. I was subsequently requested to see if other vendors offer a similar body scan service, if any, and to explore a benefit that included a $200 copay and was limited to active members only. This information was discussed at the July 8, 2020 meeting and is provided again below for reference.

1. The fee per examination is **$1,140** (full cost with no cost sharing). With a $200 copay, $940 will be paid by the Trust for each scan.

2. Analyzing groups of similar sizes, Body Scan International projects 12% annual utilization for the first 36 months attributable to subscribers. After 36 months, ongoing utilization is projected at 8% annual utilization for subscribers. In both periods, we project the inclusion of a $200 copay to result in a 50% decrease in utilization.

3. Based on anticipated utilization, current headcount, a $200 copay, and the benefit limited to active members only, we would expect body scans expenses to be **$186,000 annually over the first three years**. After that, we anticipate **ongoing annual costs to be $124,000**.

4. The monthly contribution is expected to be approximately **$5 per month for the first 36 months** and **$3 per month ongoing**.

5. Due to COVID-19, I also requested and received information on the safety precautions BSI has implemented. Those enhanced protocols include:

   - All BSI staff that have patient contact wear a mask and gloves
   - All BSI patients are required to wear provided masks and gloves during their visit
   - Linen is changed between each patient and frequent room sanitization takes place
   - BSI Mobile Telemedicine van is restricted to one patient at a time

- A link is provided to patients so that paperwork and educational visit can be completed prior to the visit
- Patient time onboard the telemedicine van is limited to the check-in process and scan (approximately 15 minutes in total)

An exhibit illustrating these costs was provided at the July meeting and is enclosed again for convenience. We have also attached the official proposal from Body Scan International as previously presented.

Also attached to this memo is a presentation by Body Scan International.

This item will be discussed at your September 9, 2020 meeting. If there are any questions before or after that meeting, please let me know.

AD:mw
Enclosure

Rael & Letson

EXHIBIT I

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST
Body Scan International Proposal
Projected Costs
Scenario: $200 Copay/Active Member Only

	First 36 Months	Ongoing
Cost Per Scan	$1,140	$1,140
$200 Copay	-$200	-$200
Plan Cost Per Scan	**$940**	**$940**
Projected Utilization (annual) [1]		
Active Member	6%	4%
Active Count	3,306	3,306
Projected Cost (annual) [2]	$186,000	$124,000
Monthly Contribution	**$5**	**$3**

[1] Estimated by BSI based on a similar sized group; assumes 50% decrease in utilization due to $200 copay.

[2] Projected costs do not account for potential medical claims savings.

February 25, 2020

Mr. Andrew Desa
Consulting Actuary
Rael & Letson
2800 Campus Drive, Suite 150
San Mateo, CA 94403

Dear Mr. Desa,

Thank you for requesting a proposal for Body Scan International (BSI) to provide Preventive Medicine Body Scans to your client, the Fresno City Employees' Health & Welfare Trust. As part of this bid to be the provider to your client, please allow me to introduce you to our company and our specialized Body Scan program. During the past 23 years, we have had the privilege of providing our state-of-the-art program to over 75,000 patients throughout the State of California, including more than 20,000 members of California public safety, organized labor, and municipal clients.

Company Background:

Body Scan International (BSI) Medical Director/CEO Harvey Eisenberg, M.D., FSIR, and former Professor at Harvard, UCLA and Stanford, invented the Full Body Scan and implemented it in our HealthView Center for Preventive Medicine in 1997 after many years of scientific research and planning. In the time since then, we have continually advanced our technologies and programs with funding from agencies including the Defense Advanced Research Projects Agency, the Health Resources and Services Administration, and the Office for the Advancement of Telehealth.

Following seven years in Newport Beach, and national television appearances on shows including "The Discovery Channel", "The Today Show", "Good Morning America", and "The Oprah Winfrey Show", we mobilized our technology to better serve our multiple long-term public safety association, trade union, and municipal contracts, which include the Association for Los Angeles Deputy Sheriffs, the Peace Officers Research Association of California (PORAC), the Los Angeles Police Department, the San Diego Police Officers Association, the Orange County Professional Firefighters Association, the United Firefighters of Los Angeles City, the Los Angeles County Fire Fighters, the Santa Barbara County Fire Fighters, the Southern California IBEW-NECA Trust, the International Brotherhood of Electrical Workers Local 18, and the San José Police Department (through the City of San José) amongst others. Every one of these organizations performed extensive due diligence on our program before implementation, and they all continue to provide us with extensive positive feedback regarding the lifesaving and health enhancing benefits our program continues to have with their members.

Company Philosophy:

Our main goal is to provide individuals with a preventive examination that will improve the quality and length of their life, while enhancing their productivity and vigor both inside and outside of the workplace. The secondary goal is to help an organization reduce long term health care expenses by identifying pathologies as early as possible, when the treatment costs are minimized, and favorable outcomes are maximized. This in turn greatly reduces associated costs to an employer including workers' compensation and employee turnover. We have numerous success stories on file, and we take great pride in the fact that our main referral source (both individually and organizationally) is our satisfied clientele.

We screen for the diseases of greatest concern to society – heart/cardiovascular diseases, lower back and neck pathologies, over 20 different types of cancer, chronic lung disease, and many others. Our personalized professional service is designed to provide patients with a healthcare experience unlike any other they have previously encountered, which is both highly educational and motivating.

BSI Body Scan Program Components:

The BSI Body Scan program combines thousands of dollars' worth of medical imaging with a comprehensive physician consultation and review, conducted by a specially trained Board-Certified Radiologist. Our proprietary technology allows us to provide our program to patients virtually anywhere, and we are extremely proud of the fact that our patient satisfaction rating continues to exceed 99%. Specific components of the BSI program include:

- Screening CT scan of the torso from the top of the cervical spine through the pelvis, including a cardiac gated scan of the heart, and calcium scoring of the Coronary Arteries (aka "The Heart Scan"), Carotid Arteries, and Aorta.
- Routine virtual laryngoscopy, virtual bronchoscopy, and virtual gastroscopy.
- Routine inclusion of 3-Dimensional reconstruction of the above, as well as 3-D imaging of the spine, important for physician diagnosis and patient education.
- Evaluation of the lungs for cancer, emphysema, and other lung diseases, including routine macroscopic primary air lobule imaging showing the earliest changes of smoke damage.
- Screening for over 20 additional types of cancer, including renal (kidney), thyroid, stomach and lymphoma.
- Screening for anatomic findings indicative of diabetes/prediabetes.
- Bone Mineral Density measurement using Quantitative Computerized Tomography (QCT) to assess for osteopenia/osteoporosis.
- A minimum 45-minute comprehensive patient consultation with personal scan visualization conducted by a Board-Certified Radiologist (Physician), who is a graduate of an American medical school and highly experienced in body CT imaging utilizing the above techniques, with additional training in patient education and motivation.
- Comprehensive 7-8 page patient report, covering each area scanned with individualized recommendations.
- Pre-physician consultation video education enabling patients to fully grasp the concepts and gain the most from their experience.
- The provision of an on-site BSI Body Scanning Mobile Telemedicine Unit at a mutually acceptable time, location and frequency, for a duration appropriate to provide the quantity of service desired by your organization.

Bid:

The fee per examination is $1,140. Please note that this is a reduction of over 23% from our standard rate of $1,495 per examination.

Projected Utilization:

Analyzing a similar size group (3600 participants), we provided service to 1347 subscribers over the first 36 months of implementation, an average of 37 per month. We also provided service to 876 spouse/domestic partners during the same timeframe, averaging 24 per month for the first three years. This group contracted with us slightly over six years ago and allows all subscribers/domestic partners to partake in the scan every 36 months with no copayment. Current utilization with this group now averages 23 subscribers / 12 spouse/domestic partners per month.

Cost Containment Methodologies:

The BSI Body Scan program is an elective, voluntary service, and therefore some of our contracted organizations have utilized cost containment methodologies which include an annual (or monthly) cap on utilization, restricting coverage to specific time-period follow-up eligibility (e.g. – every 36 months); restricting coverage to currently active employees (thus excluding retirees); or providing coverage for the primary insured only. We will gladly provide assistance in exploring these options, if desired. That being said, please note that we are confident that your client will find that our program not only saves/improves lives, it also provides significant long-term cost savings due to the lowered treatments costs when pathologies are caught in an early stage combined with a more motivated, health-conscious workforce which results from the comprehensive educational/motivational physician consultation/scan review.

Thank you again for the request; I look forward to speaking with you further regarding your client, and our team would welcome the opportunity to meet with you, either over the phone or in-person, to further discuss the proposal (and our services). We would also be pleased to offer a detailed presentation by Dr. Eisenberg and me to further clarify the benefits of the BSI Body Scan program and answer any additional questions that you or the Trustees may have.

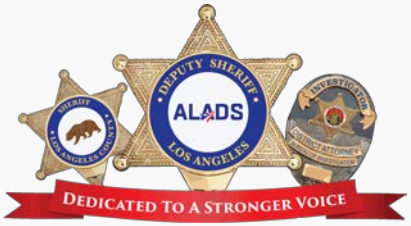
Best regards,

Bill Penzo
Director of Patient Services
Body Scan International
Cell: (949) 394-8796
Email: manager@healthview.com

FRESNO CITY EMPLOYEES
HEALTH AND WELFARE TRUST

Harvey Eisenberg, M.D., FSIR - Medical Director, CEO
Bill Penzo, Director of Patient Services & Contracting

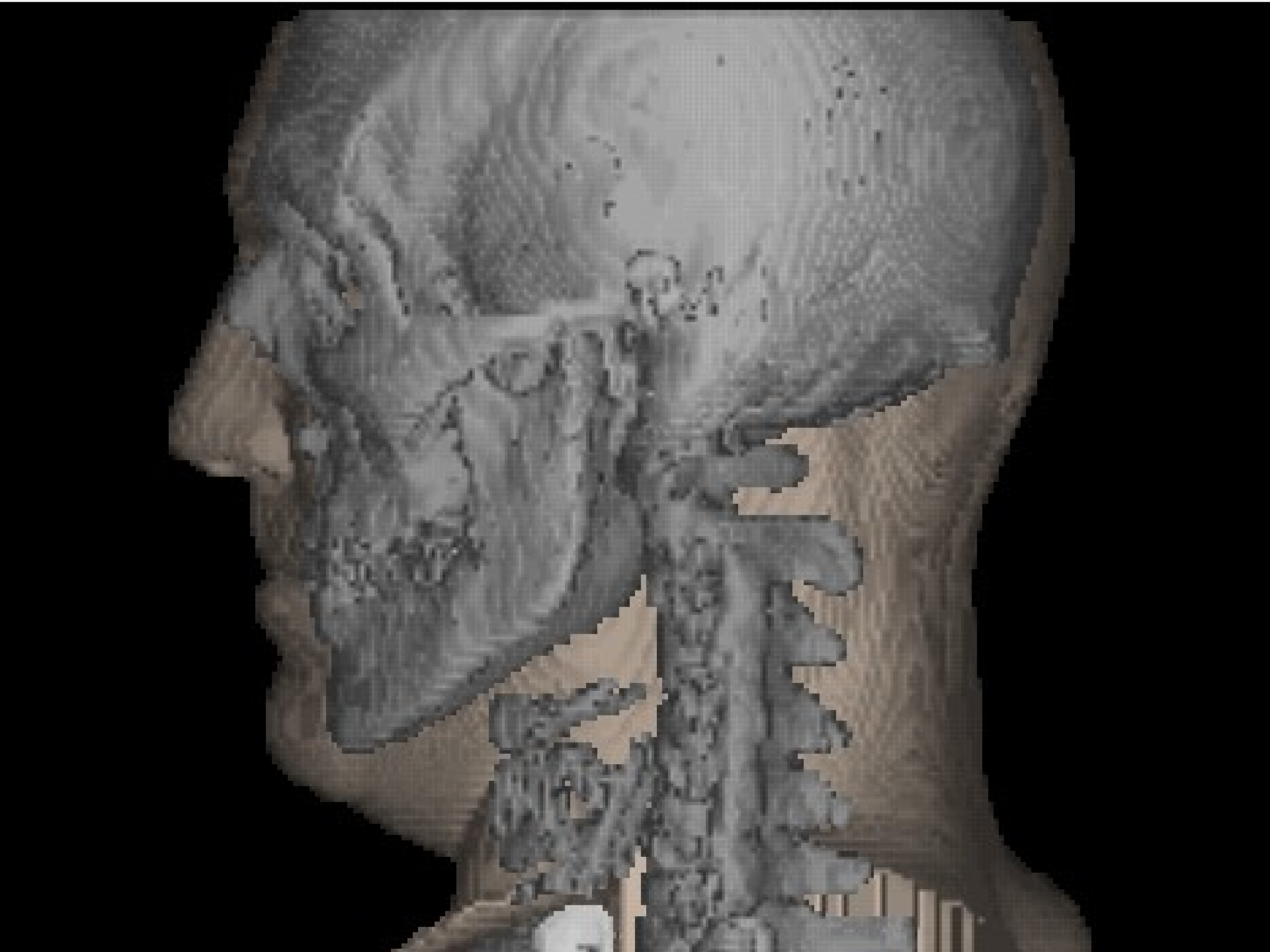
BSI is proud to be the provider of Preventive Medicine Body Scans to the following organizations:



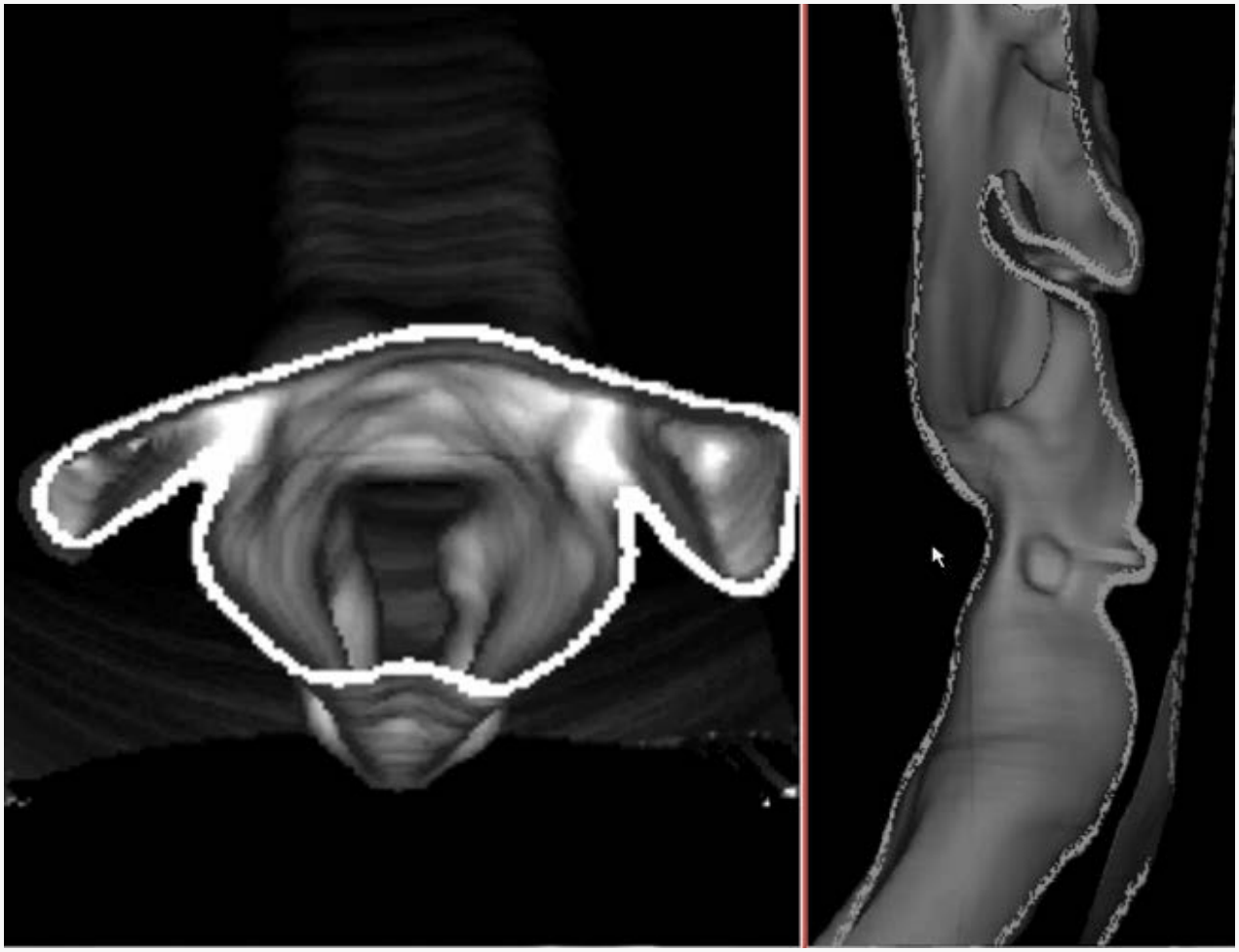
- Body Scan Components
- Body Scan Logistics
- Body Scan Utilization (anticipated)
- Patient/Group Feedback
- Q & A

- Body Scan Components
- Body Scan Logistics
- Body Scan Utilization (anticipated)
- Patient/Group Feedback
- Q & A

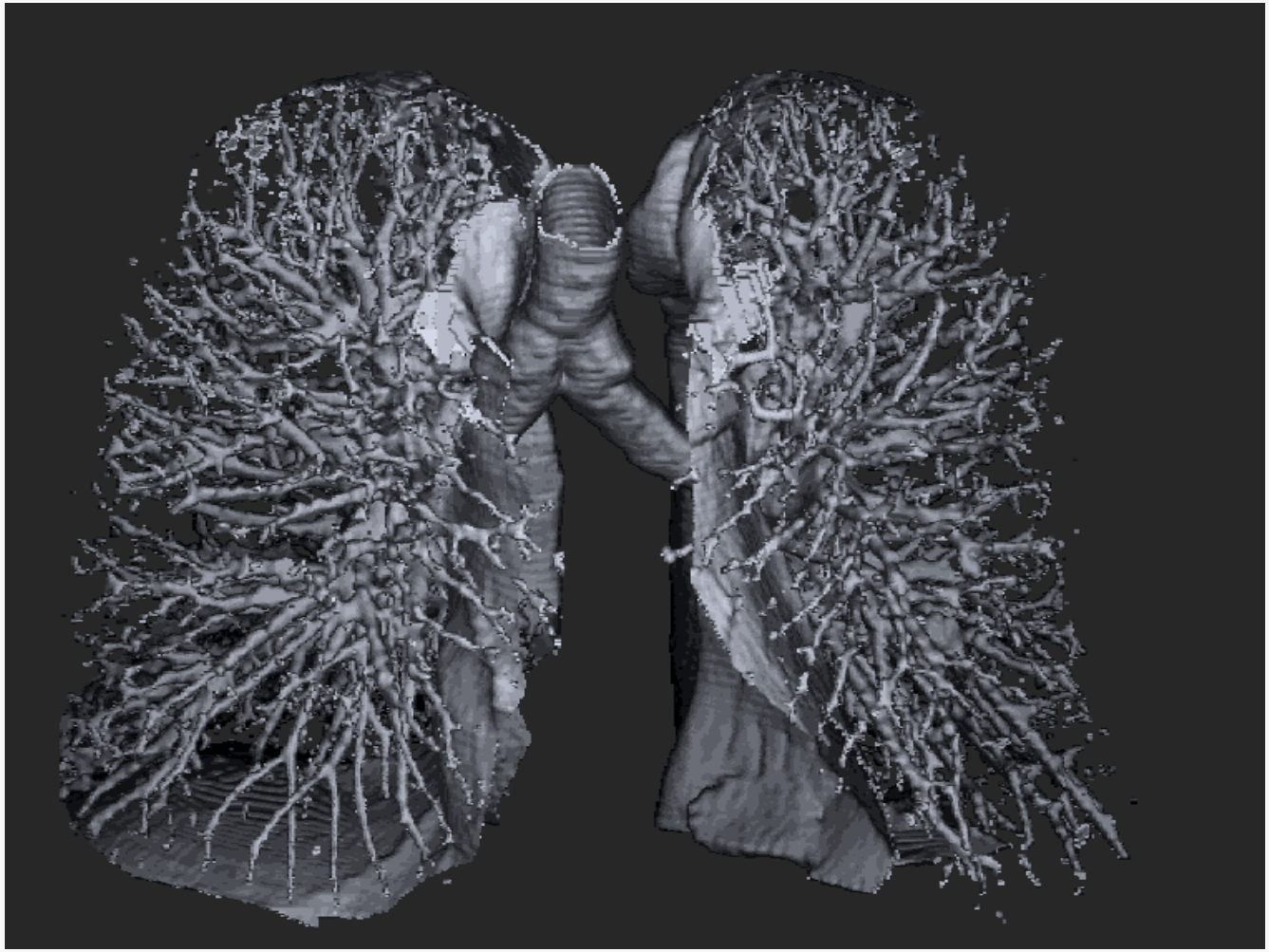
- # Body Scan Components
  - Screening CT scan of the torso from the top of the cervical spine through the pelvis, including a cardiac gated scan of the heart, and calcium scoring of the Coronary Arteries (aka “The Heart Scan”), Carotid Arteries, and Aorta.



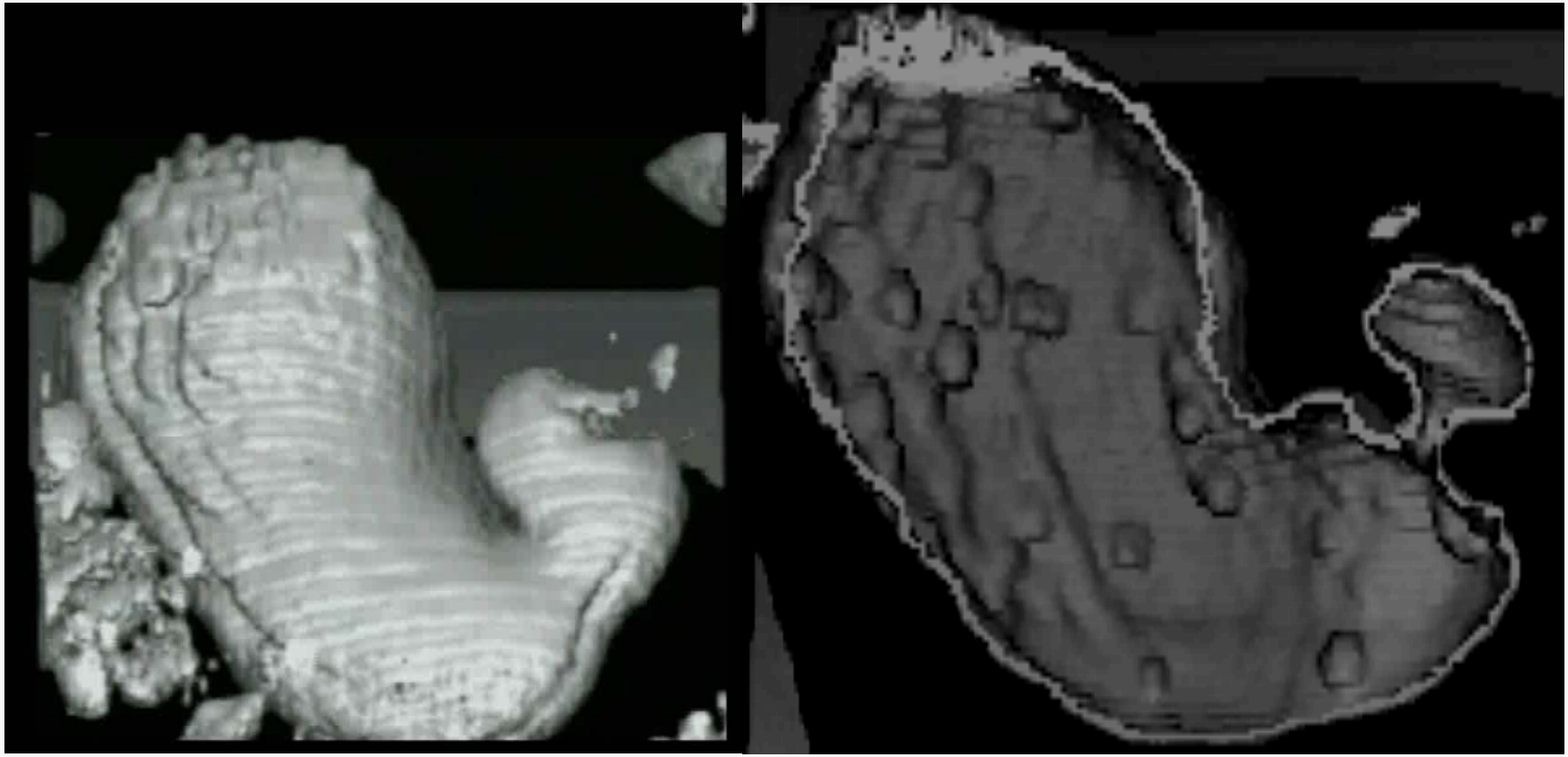
- Body Scan Components
  - Routine virtual laryngoscopy, virtual bronchoscopy, and virtual gastroscopy.



- Body Scan Components
  - Routine virtual laryngoscopy, virtual bronchoscopy, and virtual gastroscopy.

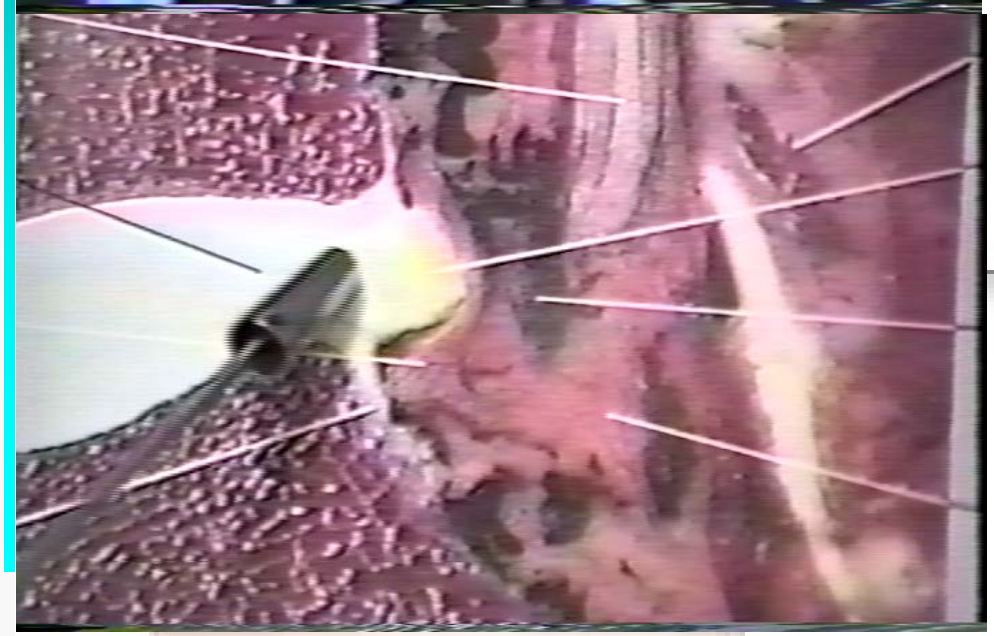


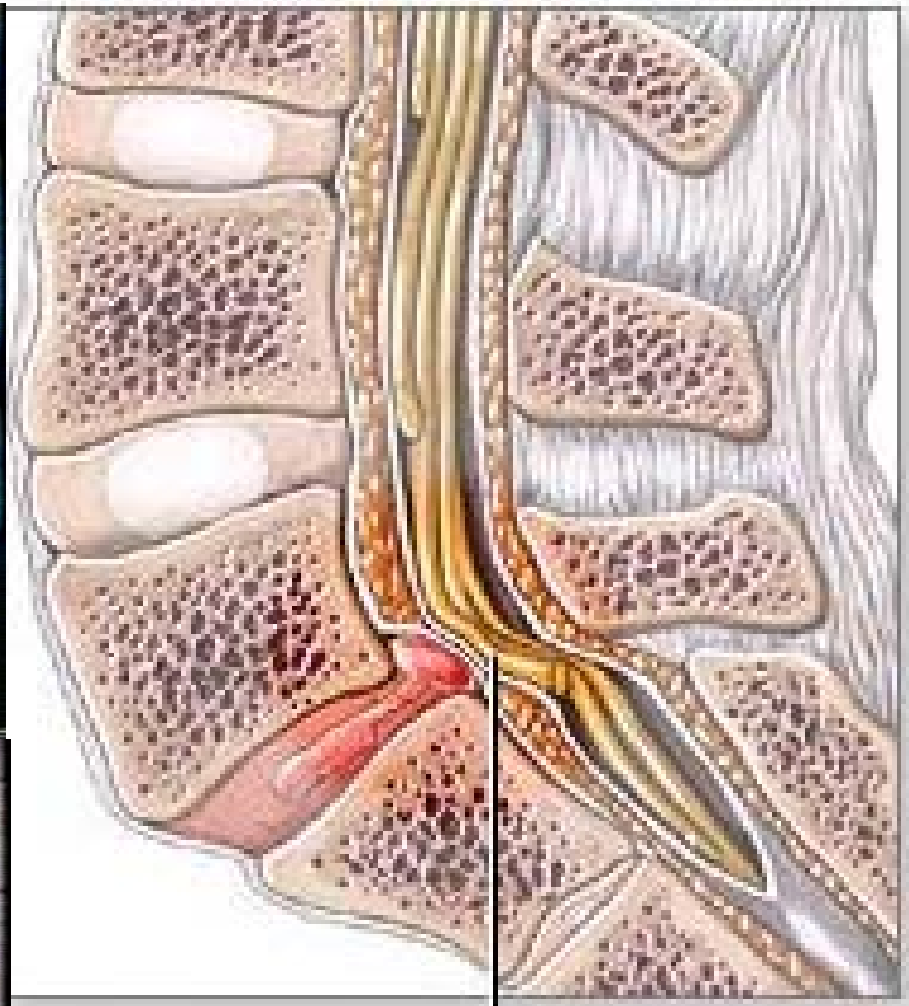
- Body Scan Components
  - Routine virtual laryngoscopy, virtual bronchoscopy, and virtual gastroscopy.



Multiple Polyps

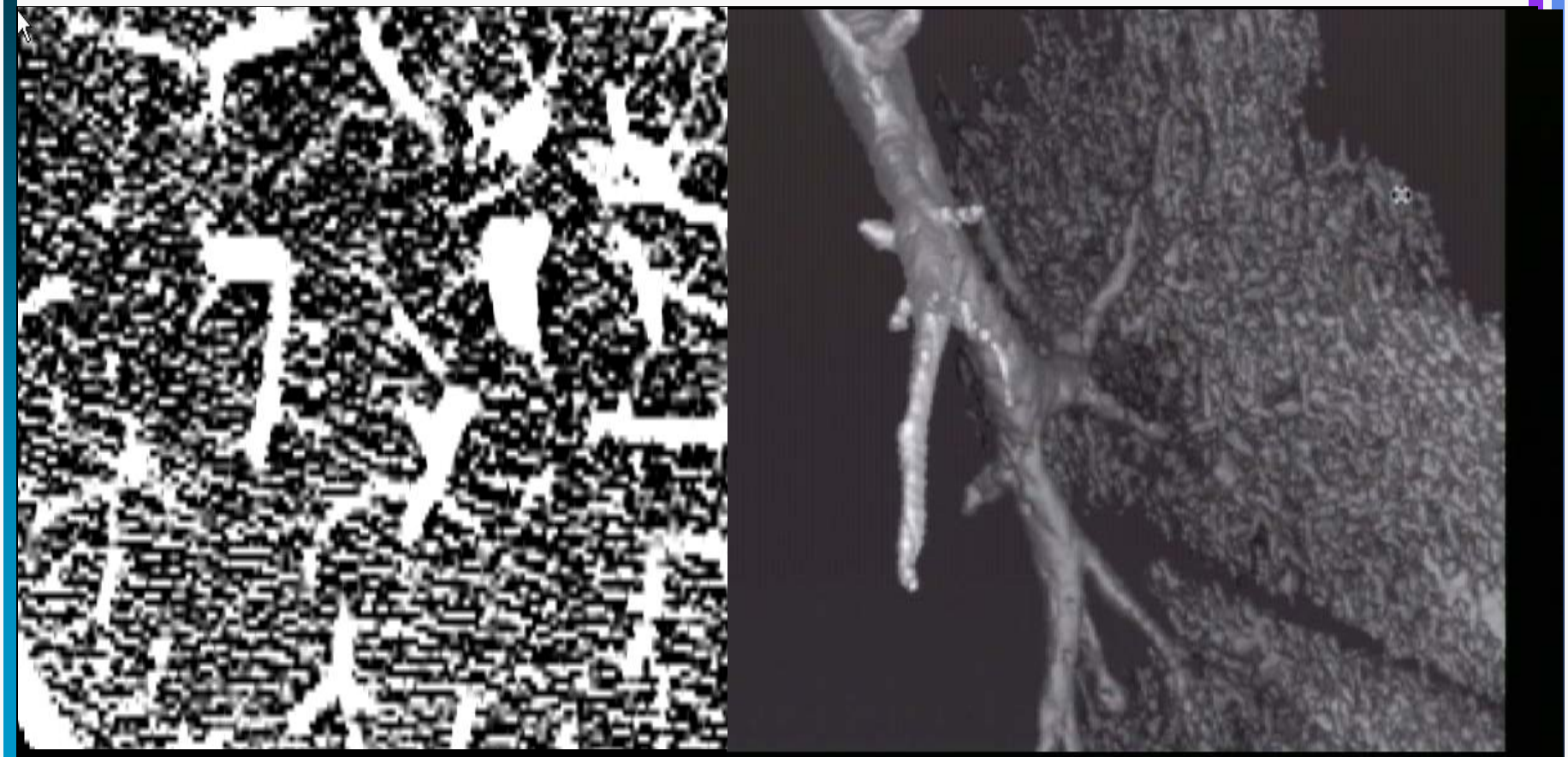
- # Body Scan Components
  - Routine inclusion of 3-Dimensional reconstruction of the above, as well as 3-D imaging of the spine, important for physician diagnosis and patient education.





Spinal stenosis from disc herniation

- Body Scan Components
  - Evaluation of the lungs for cancer, emphysema, and other lung diseases, including routine macroscopic primary air lobule imaging showing the earliest changes of smoke damage



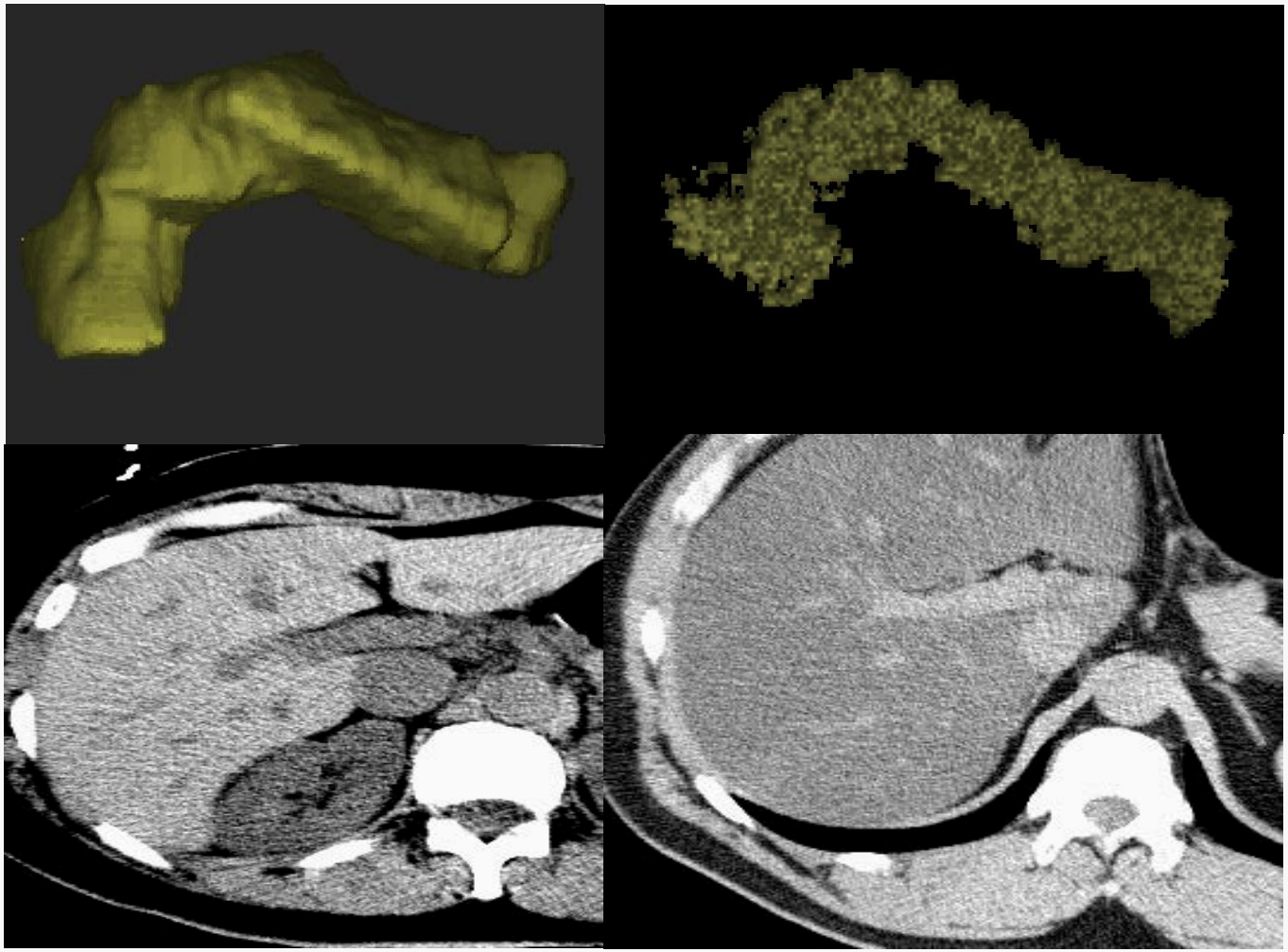
PRIMARY AIR LOBULES– MACROSCOPIC RESOLUTION

Body Scan Components

- Screening for over 20 additional types of cancer

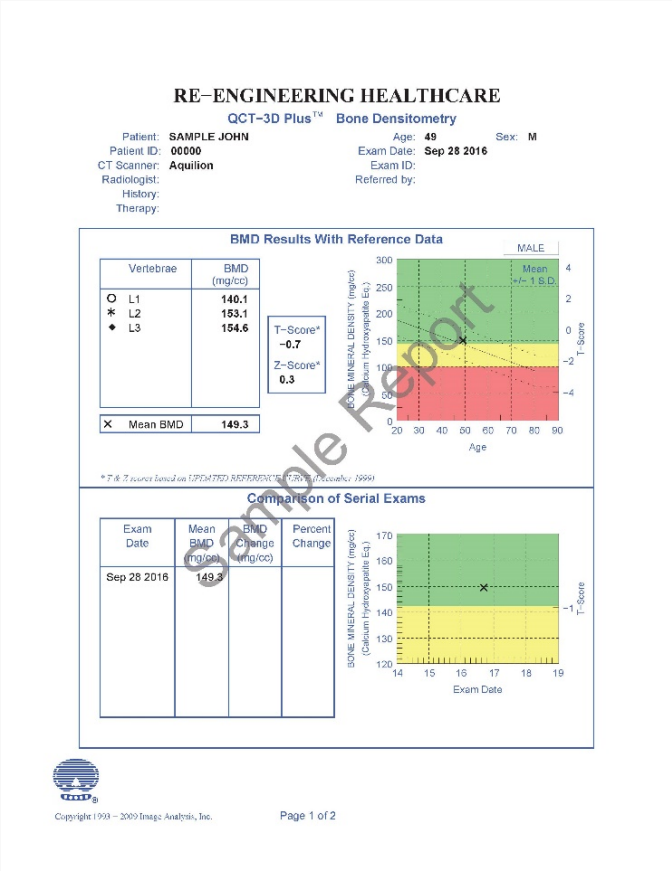
- **Lung**
- **Breast**
- **Colon**
- **Stomach**
- **Prostate**
- **Liver**
- **Uterine**
- **Esophagus**
- **Bladder**
- **Lymphoma/Hodgkins**
- **Pancreatic**
- **Kidney**
- **Ovarian**
- **Pleural/Pericardial**
- **Thyroid**
- **Pharynx**
- **Bone**
- **Endocrine**
  - **Thyroid**
  - **Parathyroid**
  - **Adrenal**

- Body Scan Components
  - Screening for anatomic findings indicative of diabetes/prediabetes



Body Scan Components

- Bone Mineral Density measurement using Quantitative Computerized Tomography (QCT) to assess for osteopenia/osteoporosis.



RE–ENGINEERING HEALTHCARE

QCT–3D Plus™ Bone Densitometry

Patient: SAMPLE JOHN
Patient ID: 00000
CT Scanner: Aquilion
Radiologist:
History:
Therapy:

Age: 49 Sex: M
Exam Date: Sep 28 2016
Exam ID:
Referred by:

BMD Results With Reference Data

Vertebrae	BMD (mg/cc)
○ L1	140.1
✱ L2	153.1
◆ L3	154.6
× Mean BMD	149.3

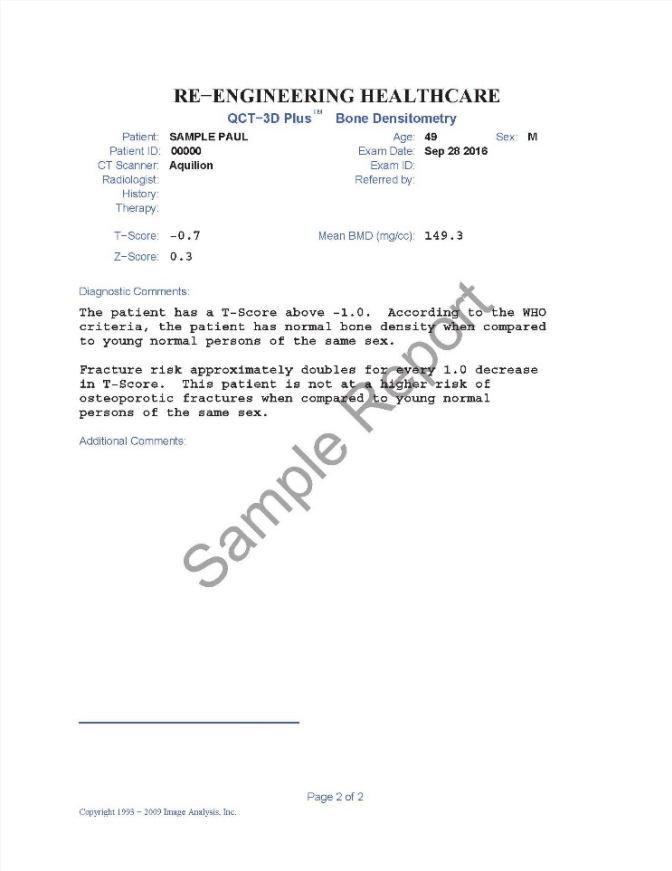
T–Score* −0.7
Z–Score* 0.3

Comparison of Serial Exams

Exam Date	Mean BMD (mg/cc)	BMD Change (mg/cc)	Percent Change
Sep 28 2016	149.3		

Sample Report

Copyright 1993 – 2009 Image Analysis, Inc.



RE–ENGINEERING HEALTHCARE

QCT–3D Plus™ Bone Densitometry

Patient: SAMPLE PAUL
Patient ID: 00000
CT Scanner: Aquilion
Radiologist:
History:
Therapy:

Age: 49 Sex: M
Exam Date: Sep 28 2016
Exam ID:
Referred by:

T–Score: -0.7
Z–Score: 0.3
Mean BMD (mg/cc): 149.3

Diagnostic Comments:

The patient has a T-Score above -1.0. According to the WHO criteria, the patient has normal bone density when compared to young normal persons of the same sex.

Fracture risk approximately doubles for every 1.0 decrease in T-Score. This patient is not at a higher risk of osteoporotic fractures when compared to young normal persons of the same sex.

Additional Comments:

Sample Report

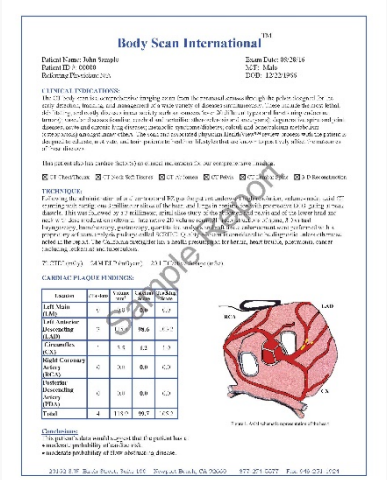
Copyright 1993 – 2009 Image Analysis, Inc.

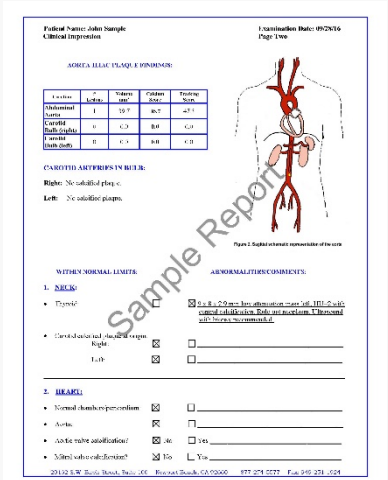
Body Scan Components

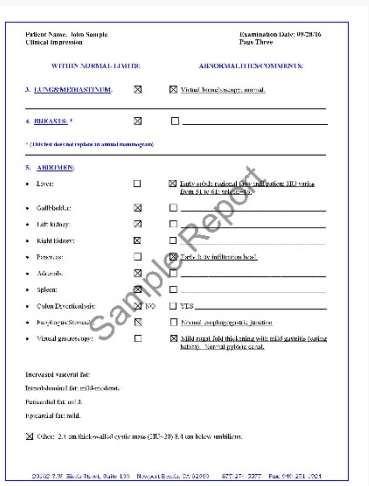
- A minimum 45-minute comprehensive patient consultation with personal scan visualization conducted by a Board-Certified Radiologist (Physician), who is a graduate of an American medical school and highly experienced in body CT imaging utilizing the above techniques, with additional training in patient education and motivation.

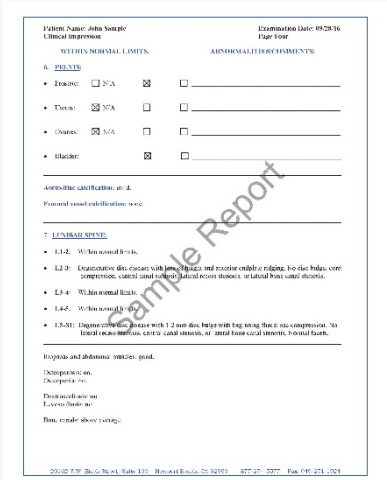
Body Scan Components

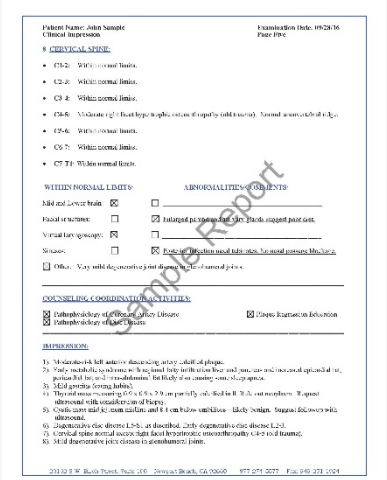
- Comprehensive 7-8 page patient report, covering each area scanned with individualized recommendations.

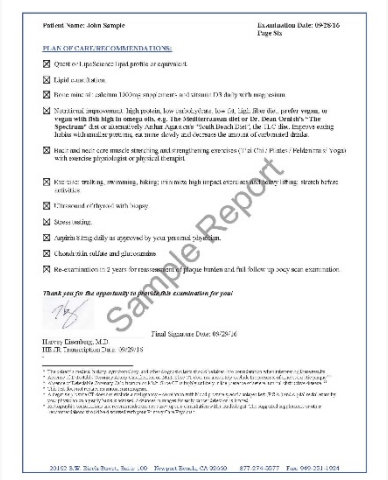


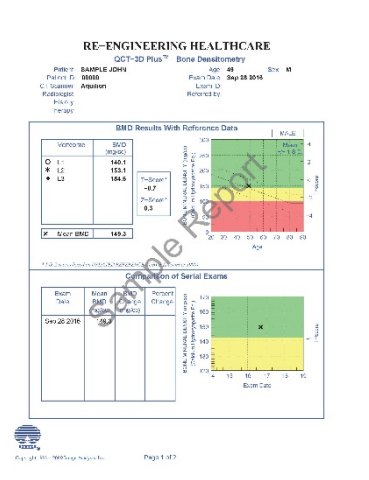


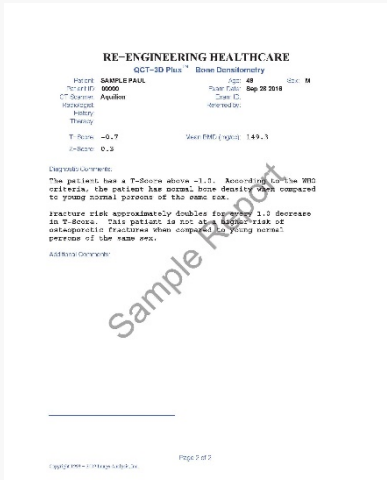












- # Body Scan Components
  - Pre-physician consultation video education enabling patients to fully grasp the concepts and gain the most from their experience.

Body Scan Components

- The provision of an on-site BSI Body Scanning Mobile Telemedicine Unit at a mutually acceptable time, location and frequency, for a duration appropriate to provide the quantity of service desired by your organization.

MOST COMPREHENSIVE SCREENING EXAM IN MEDICINE

- CANCER - 24 DIFFERENT TYPES EARLY
- CARDIAC AND ALL VASCULAR-DISEASE- DECADES BEFORE STRESS TESTS
- DEGENERATIVE SPINE DISEASE
- EMPHYSEMA AND CHRONIC LUNG DISEASE- LONG BEFORE CHEST X-RAYS AND PULMONARY FUNCTION TESTS
- PRE DIABETES STATES-REVERSIBLE

- ARTHRITIS
- PNEUMONIA & CHRONIC LUNG DISEASE
- ENDOCRINE DISEASES
- KIDNEY STONES/GALLSTONES
- CHRONIC RENAL DISEASE
- AUTOIMMUNE DISEASES
- GERD/HIATAL & OTHER HERNIAS
- GASTRITIS
- SLEEP APNEA
- SINUSITIS/AIRWAY OBSTRUCTION
- DIVERTICULOSIS/ITIS
- OSTEOPENIA/OSTEOPOROSIS
- PROSTATE BPH OUTLET OBSTRUCTION
- CONGENITAL HEART
- ANATOMIC ANOMALIES

- Body Scan Components
- Body Scan Logistics
- Body Scan Utilization (anticipated)
- Patient/Group Feedback
- Q & A

- Body Scan Logistics
  - Scanning Site Selection (City of Fresno/BSI)
  - Site Survey (BSI)
    - Mapping/Photography
    - Internet Testing
    - Addition of Site onto BSI Insurance
  - Body Scan Telemedicine Van Scheduling (City of Fresno/BSI)
  - Patient Notification/Outreach
    - Onsite/virtual Information Session(s)
    - Flyers
    - Webinars

- Body Scan Logistics (continued)
  - Patient Scheduling (BSI)
    - Telephone or Website Request
    - Scans start at 06:30
    - Last scan typically at 13:30 (12 scans per day)
  - Patient Accommodation (BSI)
    - Scan Check-in/Performance (30 minutes)
    - Physician/Patient Consultation/Scan Review (45 – 90 minutes) – can be done on a separate day, if desired
  - Invoicing/Insurance Billing (BSI)

- Body Scan Components
- Body Scan Logistics
- Body Scan Utilization (anticipated)
- Patient/Group Feedback
- Q & A

- Body Scan Utilization (projected)
  - Based on a similar-size group, our projected utilization (with a $200 copayment) would be an average of 6% of eligible Active Members per year for the first 3 years.
  - Over time, we project a leveling of demand, with anticipated utilization stabilizing at 4% per year starting in year 4.
  - Expenditures on the BSI Body Scan program are greatly mitigated by savings attributed to the program's early disease detection capability and enhanced patient education/health motivation accomplished during the BSI Physician/Patient consultation session. This is evidenced by the fact that every one of our contracted groups, dating back to 1999, still support, endorse and provide our program to their members.

Life Savings

Sergeant Bart Landsman
(LAPD Retired)

1981 – Joined LAPD

May, 2000 – Promoted to Sergeant

November, 2000 – 1st BSI Body Scan (sponsored by LAPD/LAPRA)

Diagnosed with Cancer

Life Savings

Sergeant Bart Landsman (with wife Jackie)
(LAPD Retired)

2009 – Retired from LAPD (28 year career)

2019 – Had 5th LAPD/LAPRA – Sponsored BSI Body Scan

Happy, Healthy, 62 years old, still competing in Baker-Vegas

Life Savings

Cole Ramsey (Orange County Fire)

2007 - Joined Orange County Fire Authority

2008 – Chosen as Peer Fitness Trainer

October, 2008 – Has 1st BSI Body Scan (Sponsored by OCPFA Medical Trust)

Diagnosed with Cancer

Life Savings

Cole Ramsey (Orange County Fire)

2016 - Celebrated 9th year as an Orange County Firefighter (Engineer)

2016 – Had 2nd BSI Body Scan (Sponsored by OCPFA) – Clean Bill of Health!

Happy, Healthy 44 years old, looking forward to a continued long career as a firefighter

Life Savings = Cost Savings

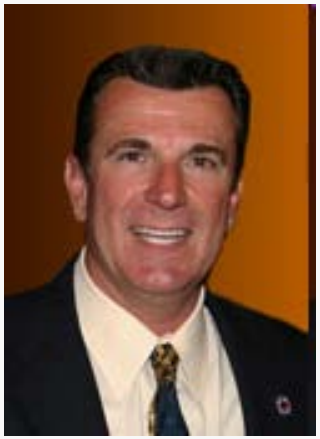
47% career extension
(actual)

1766% career extension
(projected)

- Body Scan Components
- Body Scan Logistics
- Body Scan Utilization (anticipated)
- Patient/Group Feedback
- Q & A

BSI Organizational Testimonial

"We originally contracted with BSI in 2008, and the benefit was quickly realized. In fact, 6 of the first 66 firefighters to go through the program ended up having medical issues detected that proved to be lifesaving."



Joe Kerr
President Emeritus
Orange County Professional Firefighters Association
(Contracted since 2008)

BSI Organizational Testimonial

"I am proud to endorse Body Scan International. I have personally known and received testimonials from countless members whose lives have been saved by this program. Not only for the detection of early diseases, but by the information BSI provides, which leads members to a healthy and more productive lifestyle."

Joel Barton
Business Manager and Health Fund Trustee
IBEW Local 11/SCIBEW-NECA

BSI Organizational Testimonial

"Body Scan International serves as a great partner of the ALADS Insurance Trust and has given us the ability to provide our members with an integral tool to assist in the early diagnosis and prevention of potential health issues".

Ron Hernandez
President and Benefits Trustee
The Association for Los Angeles Deputy Sheriffs

BSI Organizational Testimonial

"The Executive team of SJPOA is extremely comfortable in endorsing Body Scan International and the services they have provided to our members. The unimaginable success we experienced immediately was worth the investment for each member. Our goal was to "save one life". We reached that goal within the first week".

Paul Kelly, Sean Pritchard, Franco Vado, Steve Slack
Executive Board
The San Jose Police Officers' Association

PANCREATIC CANCER

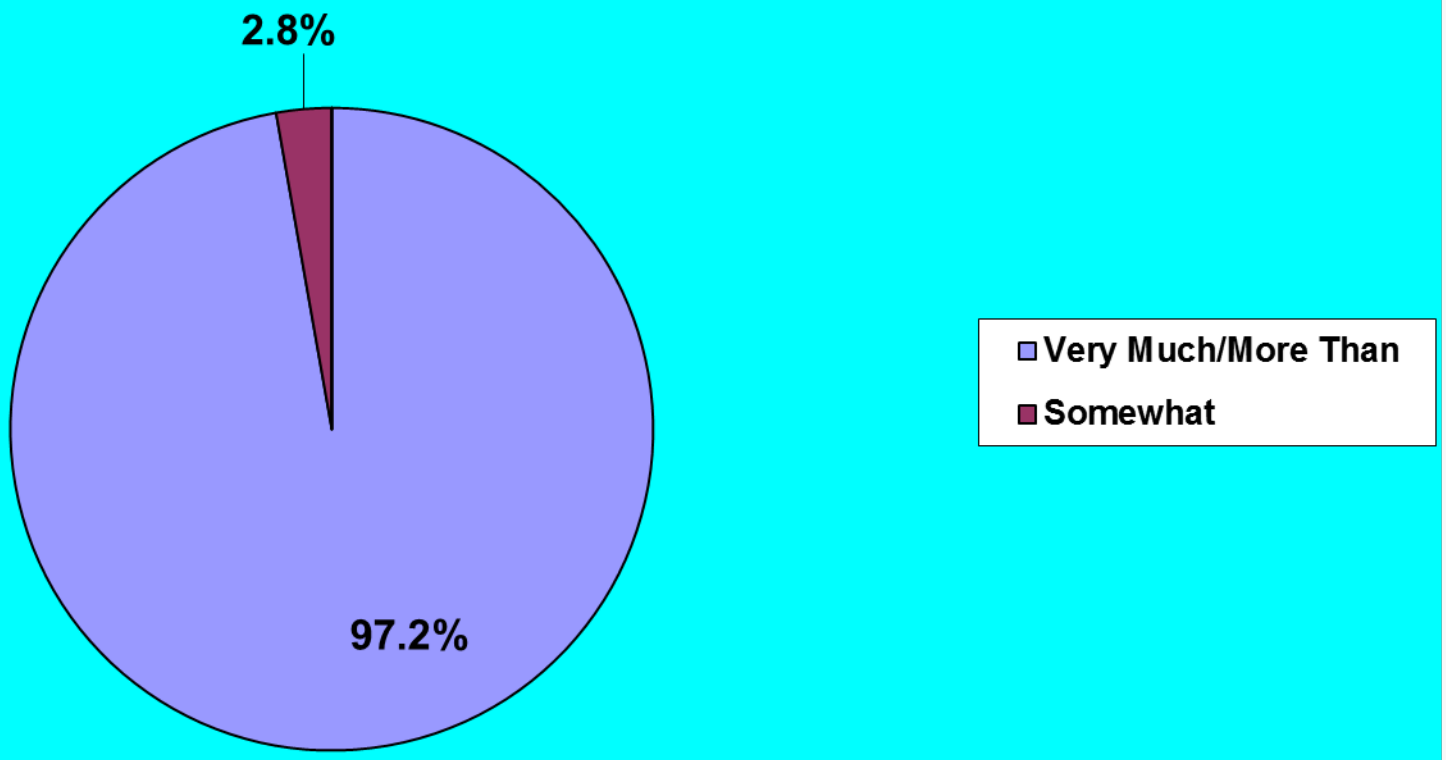
I went in for a preventive Body Scan with BSI. I was completely asymptomatic. They found a small growth on my pancreas that turned out to be cancerous.

I absolutely feel like I dodged a bullet.

I am fully cured, and thankful to BSI for saving my life.

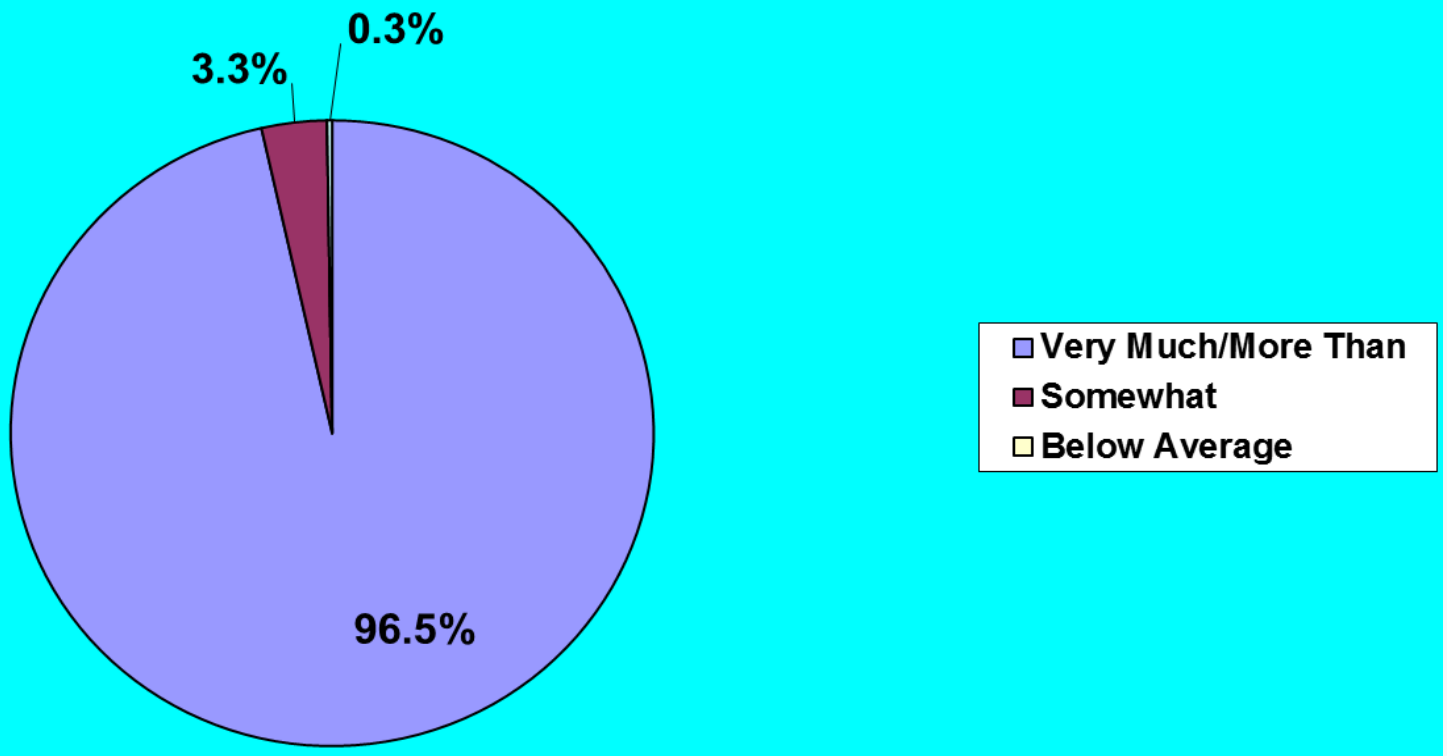
Jeremy Verderber, Battalion Chief, Corona Fire Department
Receiving "Firefighter of the Year" award 2013

How Likely Are You to Recommend This Test to Your Family or Friends?



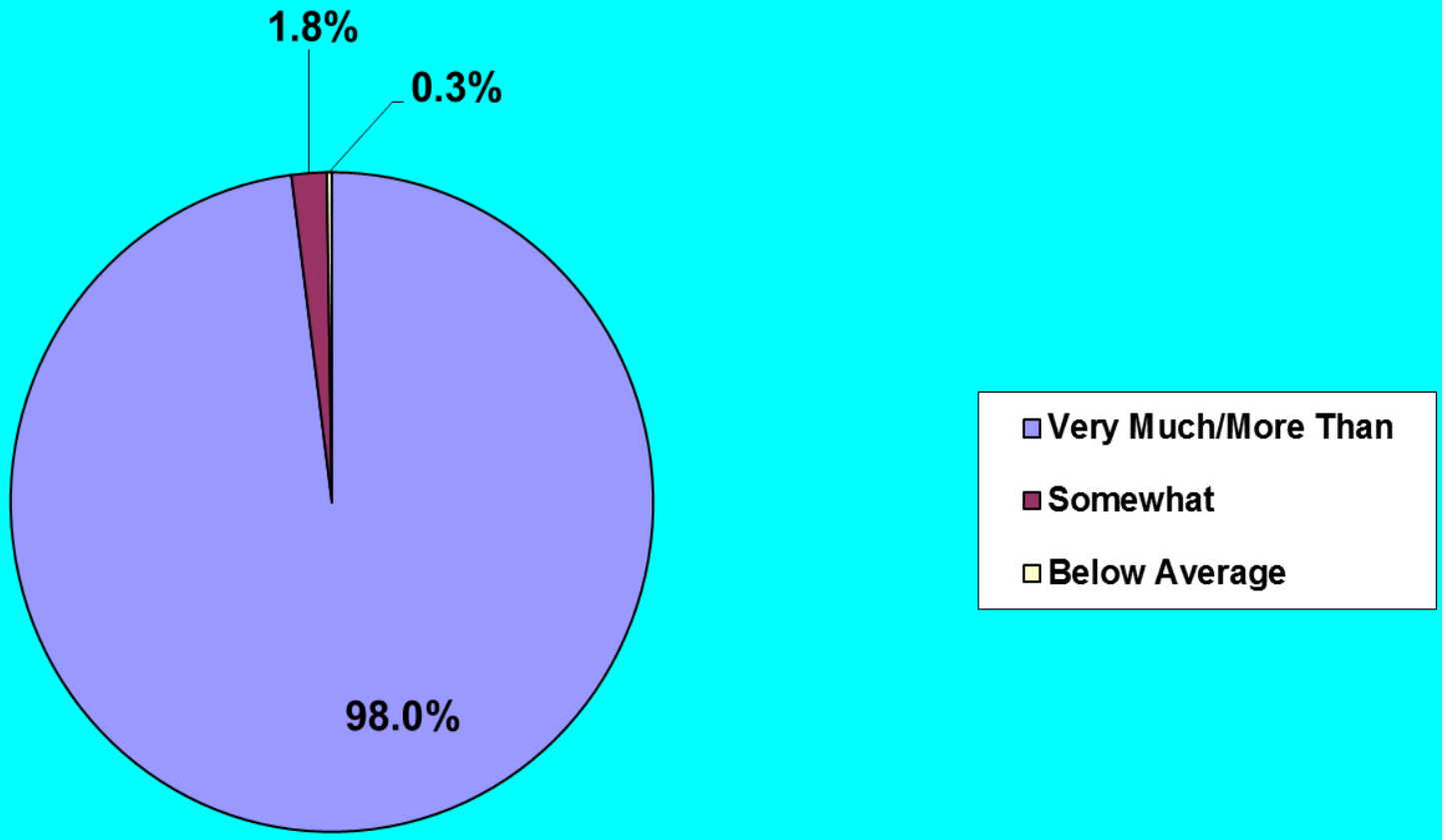
Source: BSI Patient Exit Surveys

How Motivated Do You Feel to Lead a Healthier Life?



Source: BSI Patient Exit Surveys

How Satisfied Were You With Your Overall BSI Experience?



Source: BSI Patient Exit Surveys

- Body Scan Components
- Body Scan Logistics
- Body Scan Utilization (anticipated)
- Patient/Group Feedback
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Memorandum

To: **Board of Trustees**
Fresno City Employees Health & Welfare Trust

From: Andrew Desa, Consulting Actuary

Date: September 9, 2020

Re: Consultant's Report for September 9, 2020 Board of Trustees Meeting - Mental Health and Substance Abuse Services – Request for Proposal (RFP)

We were asked to seek proposals for mental health & substance abuse (MHSA) services.

1. A comprehensive request for proposal (RFP) was prepared and sent to five behavioral health networks. The RFP was sent to Avante (incumbent), Blue Shield, Halcyon Behavioral, Optum, and MHN.

2. Candidates were asked to:

   - Provide responses to a comprehensive questionnaire regarding their company overview, network information, member experience, operations, clinical capabilities, and implementation process.
   - Provide performance guarantees
   - Indicate network access based on current member locations and number of in-network providers accepting new patients
   - Provide fees and fee guarantees
   - Reprice 2019 incurred claims based on the proposed network
   - Complete a disruption analysis

3. The proposals were discussed in detail by subcommittee on September 3rd, 2020. **At that meeting the subcommittee recommended to accept Halcyon's proposal for MHSA services as soon as administratively possible.**

4. Determining factors in the subcommittee's decision to recommend Halcyon included Halcyon's large local presence, high network discounts, minimal disruption to members, and Halcyon serving as the EAP for the City of Fresno. The full report is available upon request.

This item will be discussed at your September 9, 2020 meeting. If there are any questions before or after that meeting, please let me know.

AD:mw