

FRESNO CITY EMPLOYEES
HEALTH AND WELFARE TRUST

ADMINISTRATION OFFICE



621 Santa Fe
Fresno, CA 93721

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

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

**Fresno City Employees Health & Welfare Trust
Agenda for the Regular Board Meeting
January 11, 2023
General Meeting 8:30 AM**

Location: Fresno City Hall, 2600 Fresno Street, Fresno CA 93721, Room 4017*

Employer Trustees-City of Fresno

Georgeanne White, Vice Chairperson
Jennifer Misner, Trustee
TJ Miller, Trustee

Administrator

Thomas J. Georgouses, Esq. General Counsel

Legal Counsel

Michael E. Moss, Esq.

Employee Trustees

Shane Archer, Chairperson
Jeff LaBlue, Trustee
Sam Hernandez, Trustee
William Dearsan, Trustee
Sam Frank, Trustee
Jesse Gonzalez, Trustee
Kim Jackson, Trustee
Keola Park, Trustee
Terri Hauschel, Trustee
Anna Pine, Trustee
Vacant, Trustee

Consultants

Andrew Desa
Rael & Letson

FFA
FPOA
ATU
IBEW
FCEA
CFPEA
CFMEA
FFA
Local 39
FPOA
FAPSS

Roll Call 8:30 A.M.

PUBLIC ADVISORY:

Fresno City Employees Health and Welfare Trust public meetings will be conducted in person and electronically. To participate electronically please access the meeting as follows:

<https://healthcomp.zoom.us/j/84897716335?pwd=cZZOcVgrZS9ncmJ6eTlyTUFYdzQyUT09>

Passcode: 237808

Telephone: 14086380968

Webinar ID: 848 9771 6335

PUBLIC COMMENT: For members of the public who want to address the Fresno City Employees Health and Welfare Trust electronically may do so as follows:

To email public questions prior to the meeting please email:

BoardMeetingQuestions@healthcomp.com

1. Approval of Agenda**

Approve Agenda for January 11, 2023

⇒ 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 November 9, 2022
- b. Correspondence
 - i). *Correspondence Dated November 30, 2022 from Trustee Monica Chacon, Announcing Her Resignation from the Fresno City Employees Health and Welfare Board of Trustees*
 - ii). *Correspondence Dated December 23, 2022 from Trustee Raymond Golden, Announcing His Resignation from the Fresno City Employees Health and Welfare Board of Trustees*
 - iii). *Correspondence Dated December 22, 2022 from Brandon Wiemiller FPOA President, Announcing Removal of Trustee Jesus Cerda and Trustee Jordan Wamhoff and Appointing Anna Pine and Jeff LaBlue as Trustees*
 - iv). *Correspondence Dated December 23, 2022 from Georgeanne White City Manager, Appointing TJ Miller as Trustee Replacing Michael Lima*
 - v). *Correspondence Dated January 6, 2023 from Luis Montonya President ATU, Appointing Sam Hernandez as Trustee*
- c. Blue Shield of California
- d. Halcyon
- e. United HealthCare
- f. OptumRx
 - i). *Executive Summary and Comparative Executive Summary Commercial*
 - ii). *Executive Summary and Comparative Executive Summary EGWP*
 - iii). *Optum Formulary Update Summary Effective January 1, 2023*
 - iv). *Correspondence Dated November 18, 2022 Announcing OptumRx's Humira Biosimilar Strategy For 2023*
 - v). *Correspondence Dated November 18, 2022 Regarding Walgreens Reimbursement Checks to OptumRx; and OptumRx's Reimbursement to the Trust*
 - vi). *Correspondence Dated December 20, 2022 Announcing AbbVie Copay Card Changes*
 - vii). *Correspondence Dated December 21, 2022 Regarding the EGWP Calendar Year 2023 Drug Management Program*
 - viii). *Correspondence Dated December 23, 2022 Confirming OptumRx's RxDC File Submission*

- g. Delta Dental
 - i). *Financial Reporting Package*
- h. PhysMetrics
- i. EyeMed
- j. Teladoc
 - i). *Utilization Reports*
- k. EPIC
- l. Fiduciary Policy
 - i). *Ratification of the Chairperson and Vice Chairperson's Execution of the Fiduciary Policy Application*

5. General Calendar

- a. HealthComp Administrators
 - i). *Claim and Benefits Reports*
 - ii). *Specific Stop-Loss Reports*
 - iii). *Turnaround Time Reports*
 - iv). *HealthComp HCOOnline Complaint Form*
Discuss HCOOnline Complaint Form
- b. Appeals

6. Consultant's Report

- a. Elite Medical – Vaccinations/Screenings
 - i). *Review and Discuss Results from 2022 Vaccination and Screening Event*
- b. COVID-19 Claims Status
 - i). *Review and Discuss COVID-19 Claims Status*
- c. Vendor Rates Submissions for the 2023-2024 Fiscal Year
 - i). *Stop Loss Renewal*
Discuss Stop Loss Renewal Effective July 1, 2023
⇒ Action as required
 - ii). *Delta Dental Renewal*
Review, Discuss, and Approve Delta Dental's Renewal Effective July 1, 2023
⇒ Action as required
 - iii). *UHC Renewal*
Review, Discuss, and Approve UHC Renewal Effective July 1, 2023
⇒ Action as required
 - iv). *Body Scan International Renewal*
Review, Discuss, and Approve Body Scan International's Renewal Effective January 1, 2024
⇒ Action as required

- v). *Fiduciary Liability Renewal*
Review, Discuss, and Approve Fiduciary Liability Renewal Effective January 15, 2023
⇒ Action as required
- vi). *HealthComp*
Review, Discuss, and Approve HealthComp Fee Effective July 1, 2023
⇒ Action as required
- vii). *Rael & Letson*
Review, Discuss, and Approve Rael & Letson Fee Effective July 1, 2023
⇒ Action as required
- d. Financial Projections for the 2023-2024 Fiscal Year
 - i). *Review and discuss Financial Projections*
- e. Contribution Rates for the 2023-2024 Fiscal Year
 - i). *Review, Discuss, and Approve Contribution Rates for the 2023-2024 Fiscal Year*
⇒ Action as required
- f. Submission of Request for Plan Document Changes for the 2023-2024 Fiscal Year
- g. Submission of Benefits Reduction Percentage for Non-Contributory Participants for the 2023-2024 Fiscal Year
 - i). *Review, Discuss, and Approve Benefit Reduction Percentage for Non-Contributory Participants for the 2023-2024 Fiscal Year*
⇒ Action as required

7. Attorney's Report

- a. Transparency and Surprise Billing Requirements
 - i). *Update on Transparency and Surprise Billing Requirements*
⇒ Action as required
- b. Mental Health Parity
 - i). *Review, Consider and Approve Recommendations from Mental Health Parity Analysis*
⇒ Action as required
- c. Appeals
 - i). *Review, Discuss and Approve Appeals Process*
⇒ Action as required
- d. Brown Act Update for Trustee Meetings
 - i). *Review, Discuss and Approve Brown Act Update for Trustee Meetings*
⇒ Action as required

e. Trustee Term Limits

i). *Review and Discuss Term Limits for Trustees*

8. Board Meeting Schedule

⇒ *Action as required*

9. Future Agenda Items

10. Adjournment

⇒ *Action as required*

* The meeting room is accessible to the physical disabled. 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 or items 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, January 30, 2023 at 4:00 p.m.

Committee Members to Attend: Jeff LaBlue, Kim Jackson, Jennifer Misner

FRESNO CITY EMPLOYEES
HEALTH AND WELFARE TRUST

ADMINISTRATION OFFICE



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
MINUTES OF THE REGULAR BOARD MEETING
November 9, 2022**

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 8:39 A.M., Wednesday, November 9, 2022 via a Zoom webinar and in person at 2600 Fresno Street, Fresno, CA, Room 4017. A quorum was present including the following:

**EMPLOYEE TRUSTEES
PRESENT:**

Shane Archer
William Dearson
Kim Jackson
Sam Frank
Jesse Gonzalez

Jesus Cerda
Terri Hauschel
Monica Chacon
Keola Park
Jordan Wamhoff

EMPLOYEE TRUSTEES ABSENT:

Raymond Golden

EMPLOYER TRUSTEES PRESENT:

Jennifer Misner

Georgeanne White

EMPLOYER TRUSTEES ABSENT:

OTHERS PRESENT:

Body Scan International
Bill Penzo

HealthComp
Tom Georgouses
Diana Cavazos

EyeMed

OptumRx
Carolyn Martinez
Emily Sutton
Nissa Osuna

Halcyon
Camin Turner

Rael & Letson
David Westengard

EPIC
Taylor LeMay

ChiroMetrics/PhysMetrics

Delta Dental
Duab Xoachay

**Law Office of
Michael E. Moss**
Mike Moss

FORCE
Cheri Detweiler

Blue Shield of CA
Linda Patron

Benefits, COF
Phillip Carbajal
Erin Evans

Item 1 Approval of Agenda - A Motion was made by Trustee Sam Frank and Seconded by Trustee Kim Jackson to approve the Agenda. The **Motion** was **unanimously approved**.

Item 2 Executive Session - None

Item 3 Public Discussion - None

Item 4 Consent Calendar – Trustee Kim Jackson pulled Item D. A **Motion** was made by Vice Chairperson Georgeanne White and Seconded by Trustee Sam Frank to approve the Consent Calendar except for Item D. The **Motion** was **unanimously approved**.

Item D – HealthComp Administrators - Trustee Kim Jackson requested review of HealthComp financial reports. Mr. Tom Georgouses reviewed the reports on Claims and Benefits and Specific Stop-Loss. Vice Chairperson Georgeanne White stated there had been some comments by City Counsel regarding the cost/quality of coverage and possibly requesting an HMO option.

Item 5 General Calendar

a.) **Consent Calendar –** Mr. Mike Moss explained the background for the Consent Calendar and items that are included. Chairperson Shane Archer suggested moving Item C – Appeals and Item D – HealthComp Administrators reports to the General Calendar. A **Motion** was made by Vice Chairperson Georgeanne White and Seconded by Trustee Kim Jackson to move Item C - Appeals and Item D - HealthComp Administrators from the Consent Calendar and to the General Calendar. The **Motion** was unanimously approved.

b.) **HealthComp -** Mr. Tom Georgouses informed the Trustees HealthComp will be working on implementing a complaint form through HCOOnline during Q1 of 2023. Additional information and a proposed complaint form will be provided at future Board Meetings.

Item 6 Consultant's Report -

a.) **COVID-19 Claim Status -** Mr. David Westengard discussed the current COVID-19 statistics. Mr. Westengard stated that through October 31, 2022, there had been 21,291 diagnostic tests and 509 antibody tests administered; 1,810 individuals with a positive diagnostic test for COVID-19 with 777 being members; approximately \$3.1 million paid for testing; approximately \$530,000 paid for screening; and approximately \$2.3 million paid for

treatment.

- b.) **United HealthCare Dental Access** – Mr. David Westengard referred to his memo regarding the availability of providers within service areas. Trustee Monica Chacon asked if the dental providers were called to confirm they will accept new patients with United HealthCare coverage. Trustee Jordan Wamhoff stated he has experienced the same issue with providers on the United HealthCare provider list not accepting patients with United HealthCare coverage. Direction was given to Mr. Westengard to provide an updated provider availability report for the next Board Meeting and how it can be confirmed the providers on the United HealthCare provider list will accept patients with United HealthCare coverage.
- c.) **Fiduciary Liability Policy** – Mr. David Westengard referred to his memo and explained the Trust Fiduciary Liability Policy has been with Chubb since 2013. Mr. Westengard stated the policy quotes come through the broker NuWest. Mr. Westengard explained the policy renews on January 15, 2023 and the renewal is pending. A **Motion** was made by Trustee Sam Frank and Seconded by Trustee Kim Jackson to request quotes for two-million and three-million dollar options and to give authority to the Chairperson and Vice Chairperson to review the quotes, to approve/bind coverage and take any further action necessary for the Trust Fiduciary Liability Policy. The **Motion** was **unanimously approved**.
- d.) **Benefit Changes** – Mr. David Westengard requested all proposed benefit changes for Fiscal Year 2023-2024 be submitted by December 15, 2022. Trustee Jordan Wamhoff requested consideration be given to increase the benefit levels on various dental coverages. Trustee Sam Frank requested consideration be given to increase the amounts paid for ground ambulance transport. Vice Chairperson Georgeanne White suggested the possibility of contacting American Ambulance to discuss negotiated rates.
- e.) **Vendor Rates** - Mr. David Westengard requested all vendors not under guarantee submit requested rate proposals for Fiscal year 2023-2024 by December 15, 2022.

- f.) **Financial Status and Reserves** - Mr. David Westengard referred to his memo and reviewed the financial status for the fiscal year ending June 30th, 2022 compared to the projections that were presented during the March 3, 2022 meeting. Mr. Westengard stated that the net reserves as of June 30, 2022 were approximately 5.1 months.

Item 7 Attorney's Report –

- a.) **Transparency and Surprise Billing Requirement-** Mr. Mike Moss provided an overview of the status of the pertinent provisions from the Transparency Requirements and No Surprise Billing Act. Mr. Moss stated he will discuss the topic further as necessary at future meetings.
- b.) **Mental Health Parity –** Mr. Mike Moss provided a summary of the requirements for Mental Health Parity. Mr. Moss explained that MedExpert completed its analysis of the plan and provided an Attestation of Compliance. Mr. Moss stated a summary of the analysis is included with the Board materials and the full report can be provided upon request.
- c.) **Appeals –**Mr. Mike Moss stated he performed research and did not locate any authority to allow for a closed session during a Board Meeting to discuss member Appeals. Vice Chairperson Georgeanne White commented that presentation of Appeals must comply with the open meeting requirements of the Brown Act. Mr. Moss suggested that Appeals be moved from the Consent Calendar to the General Calendar with more complete information on the nature of the issue and findings of the Appeals Committee while maintaining the privacy of the Member. Trustee Sam Frank stated he might present additional suggestions at a future Board Meeting. The item will be further discussed at the next Board Meeting.

Item 8 Board Meeting Schedule – The next Board Meeting will be on January 11, 2023 at 8:30am.

Item 9 Future Agenda Items –

1. Appeals
2. Benefit Changes
3. Rate Projections
4. Vendor Fees
5. Term Limits for Trustees

Item 10 **Adjournment-** A **Motion** to adjourn was made by Trustee Sam Frank and Seconded by Trustee William Dearson. The **Motion** was **unanimously approved**, and the meeting adjourned at 11:20 AM.

Shane Archer, Chairperson
Fresno City Employees Health &
Welfare Trust

Date

Tom Georgouses, Administrator
HealthComp

Date

Diana Cavazos | HealthComp

From: monicaisnt@gmail.com
Sent: Wednesday, November 30, 2022 5:41 PM
To: Diana Cavazos | HealthComp
Subject: Re: 200/Fresno H&W Trust -Appeals Committee Meeting

Thank you. Also I would like to let you know that as of the beginning of the year I will no longer be the trustee for ATU. I'm not sure who will be, I'm guessing the president will be reaching out to someone. Thanks

Sent from my iPhone

On Nov 30, 2022, at 4:59 PM, Diana Cavazos | HealthComp <dcavazos@healthcomp.com> wrote:

Hello

I hope this email finds you all well,

There will not be an Appeals Meeting on December 5, 2022

Have a wonderful rest of the week,

Diana Cavazos | Account Management

(o) 559-312-2295 Pacific Time Zone

<image001.png>

PTO Scheduled December 1 and 2, Thursday and Friday

This message and any attached documents are intended for the use of the individual or group to which it is addressed. They may contain information that is privileged or exempt from disclosure under state and/or federal law. Any individual or group which permits the unauthorized duplication, retention, or dissemination of said information may be subject to civil and criminal penalties. If you have received this message in error, please immediately notify the sender by telephone, and either destroy the documents or return them to sender via regular U.S. Mail - postage due...

Diana Cavazos | HealthComp

From: Raymond Golden <Raymond.Golden@fresno.gov>
Sent: Friday, December 23, 2022 12:05 PM
To: Diana Cavazos | HealthComp
Subject: RE: Fresno City Employees H&W Board Meetings: Wednesday, January 11, 2023
Attachments: Health and welfare resignation.doc

Diana,

Thank you. Attached is my letter of intent to resign from the HW Trust board. We are already represented within my bargaining unit.

Thank you,

Raymond Golden
Sr. Community Revitalization Specialist
City of Fresno
Fresno, CA 93721
Office: 559-621-8478
Cell: 559-944-9681
Raymond.golden@fresno.gov

From: Diana Cavazos | HealthComp <dcavazos@healthcomp.com>
Sent: Friday, December 23, 2022 11:39 AM
To: Georgeanne White <Georgeanne.White@fresno.gov>; Jennifer Misner <Jennifer.Misner@fresno.gov>; Jesse Gonzalez (jgonzalezcfpea@gmail.com) <jgonzalezcfpea@gmail.com>; Jesus Cerda <Jesus.Cerda@fresno.gov>; Jordan Wamhoff <firstvp@fresnopo.org>; Keola Park <Keola.Park@fresno.gov>; Kim Jackson <Kim.Jackson@fresno.gov>; Marissa Sanchez <Marissa.Sanchez@fresno.gov>; Monica Chacon <chaconatu@outlook.com>; Raymond Golden <Raymond.Golden@fresno.gov>; Sam Frank <President@fceamail.com>; Shane Archer <Shane.Archer@fresno.gov>; Terri Haushel <thauschel@local39.org>; Bill Dearsan <Bill.Dearsan@fresno.gov>
Cc: Tom Georgouses | HealthComp <tgeorgouses@healthcomp.com>; Michael Moss <mmoss@mossfirm.org>; Andrew Desa <andrewd@rael-letson.com>; David Westengard <davidw@rael-letson.com>; Toni Machado <Toni.Machado@fresno.gov>
Subject: Fresno City Employees H&W Board Meetings: Wednesday, January 11, 2023

External Email: Use caution with links and attachments

Hello
I hope you all are doing well. A Zoom invite has been sent for the January 11, 2023 Board Meeting. As previous meetings this will be a hybrid option.

Please confirm if you will be attending in-person or via: zoom.

Thank you and have a wonderful holiday!

Diana Cavazos | Account Management

(o) 559-312-2295 Pacific Time Zone



Your Workforce Is Unique.
Your Benefits Should Be Too.

This message and any attached documents are intended for the use of the individual or group to which it is addressed. They may contain information that is privileged or exempt from disclosure under state and/or federal law. Any individual or group which permits the unauthorized duplication, retention, or dissemination of said information may be subject to civil and criminal penalties. If you have received this message in error, please immediately notify the sender by telephone, and either destroy the documents or return them to sender via regular U.S. Mail - postage due...

CODE ENFORCEMENT

2600 FRESNO STREET ROOM 3076
FRESNO, CA 93721
(559) 621-8400, FAX (559) 488-1078
www.fresno.gov

Diana Cavasos,

I am no longer working with FAPSS and have moved to a different department. I will no longer be serving on the Health and Welfare Trust Board at this time being that we are already represented.

Thank you and please forward this to whomever retains the listing of current representatives.

Raymond Golden
Senior Community Revitalization Spec
Phone: 559-621-8478
E-Mail: Raymond.Golden@fresno.gov



FPOA

FRESNO POLICE OFFICERS ASSOCIATION

December 22, 2022

Board of Directors
City of Fresno
Employee Health and Welfare Trust Board

Dear Fresno City Employee Health and Welfare Trust Board,

The FPOA Board appointed Jeff LaBlue, FPOA First Vice President as Trustee at the December 21, 2022, Board meeting, to replace the position held by former FPOA First Vice President Jordan Wamhoff.

The FPOA Board also appointed Anna Pine, FPOA Business Manager-Treasurer as Trustee at the December 21, 2022, Board meeting, to replace the position held by former FPOA Director Jesus Cerda.

Contact Information:
Jeff LaBlue, FPOA First Vice-President
994 N. Van Ness Avenue
Fresno, CA 93728
(559) 442-3762 ext 104
firstvp@fresnopoa.org

Anna Pine, FPOA Business Manager- Treasurer
994 N. Van Ness Avenue
Fresno, CA 93728
(559) 442-3762 ext 101
Anna.pine@fresnopoa.org

Kindest regards,

Brandon Wiemiller
FPOA President



GEORGEANNE A. WHITE
CITY MANAGER

December 23, 2022

Thomas J. Georgouses, Esq., Administrator
City of Fresno Employees Health and Welfare Trust
P.O. Box 45018
Fresno, CA 93718

RE: City of Fresno Health and Welfare Trust Appointment

Dear Mr. Georgouses:

Please be advised that I am designating TJ Miller, Assistant City Manager, to serve as the City of Fresno's "management representative" on the Health and Welfare Trust effective upon receipt of this notification. Ms. Miller will be replacing Michael Lima.

Please be assured that the City of Fresno team remains dedicated to our role on the Health and Welfare Trust. I am confident Ms. Miller will be an asset in her representation of the City of Fresno.

Sincerely,

Georgeanne A. White
City Manager

Diana Cavazos | HealthComp

From: ATU 1027 <atu1027fax@gmail.com>
Sent: Friday, January 6, 2023 7:42 AM
To: Diana Cavazos | HealthComp
Subject: Re: 200/Fresno City -Board of Trustees

Good morning Diana,

Sam Hernandez will be the new ATU representative. He is our VP and you could reach out to him via this email.

Thank you,

Luis Montoya
President B.A
ATU Local 1027

On Thu, Jan 5, 2023 at 6:03 PM Diana Cavazos | HealthComp <dcavazos@healthcomp.com> wrote:

Hello

My name is Diana Cavazos, I am the Account Manager here at HealthComp for the Fresno City Employee Health & Welfare Trust.

It was brought to our attention by Monica Chacon she will no longer be serving as the representative for ATU on the Board for the Fresno City Employee Health & Welfare Trust.

I am inquiring on when someone will be appointed to replace Monica.

Please do not hesitate to contact me,

Have a wonderful evening.

Diana Cavazos | Account Management

(o) 559-312-2295 Pacific Time Zone



Your Workforce Is Unique.
Your Benefits Should Be Too.

Our office will be closed: Monday, January 16th In observance of the Martin Luther King Jr. Holiday.

This message and any attached documents are intended for the use of the individual or group to which it is addressed. They may contain information that is privileged or exempt from disclosure under state and/or federal law. Any individual or group which permits the unauthorized duplication, retention, or dissemination of said information may be subject to civil and criminal penalties. If you have received this message in error, please immediately notify the sender by telephone, and either destroy the documents or return them to sender via regular U.S. Mail - postage due...

CONFIDENTIAL

RXT1020DM - Executive Summary by Time Period

Date Filled From December 2021 Through November 2022

Client: Fresno City Employees Health and Welfare Trust Commercial Plan

Measures	December 2021	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022	November 2022	Rolling Total
Membership													
Avg Eligible Members	10,224	10,197	10,229	10,283	10,322	10,302	10,340	10,448	10,480	10,574	10,540	10,568	10,376
Total Utilizing Members	2,987	2,895	2,610	2,863	2,705	2,796	2,726	2,585	2,649	2,682	2,792	2,812	2,759
% Utilizing Members	29.2%	28.4%	25.5%	27.8%	26.2%	27.1%	26.4%	24.7%	25.3%	25.4%	26.5%	26.6%	26.6%
Avg Member Age	32.13	32.15	32.10	32.06	32.09	32.12	32.08	31.81	31.78	31.68	31.79	31.77	31.96
Rx and Cost													
Total Rx's	7,169	7,022	6,061	7,033	6,467	6,806	6,662	6,144	6,583	6,520	6,630	6,793	79,890
Total Drug Cost	\$1,291,601.35	\$1,375,283.80	\$1,263,781.39	\$1,385,366.13	\$1,229,315.57	\$1,279,235.51	\$1,421,668.64	\$1,148,428.08	\$1,423,782.59	\$1,325,361.09	\$1,272,813.33	\$1,338,010.66	\$15,754,648.14
Total Plan Paid	\$1,193,677.91	\$1,264,849.72	\$1,159,805.33	\$1,280,633.16	\$1,132,387.91	\$1,178,553.72	\$1,328,237.17	\$1,032,083.86	\$1,310,046.57	\$1,221,776.92	\$1,123,994.37	\$1,199,539.20	\$14,425,585.84
Total Member Paid	\$97,923.44	\$110,434.08	\$103,976.06	\$104,732.97	\$96,927.66	\$100,681.79	\$93,431.47	\$116,344.22	\$113,736.02	\$103,584.17	\$148,818.96	\$138,471.46	\$1,329,062.30
Total Ingredient Cost	\$1,262,262.66	\$1,353,767.34	\$1,251,609.36	\$1,375,024.05	\$1,216,625.42	\$1,266,294.84	\$1,411,068.98	\$1,137,131.42	\$1,410,964.19	\$1,305,374.52	\$1,246,987.76	\$1,316,916.78	\$15,554,027.32
Total Dispensing Fee	\$10,285.19	\$9,145.69	\$6,641.74	\$6,756.10	\$8,481.29	\$7,548.12	\$7,471.29	\$8,003.02	\$10,574.05	\$15,040.75	\$18,877.87	\$16,219.23	\$125,044.34
Total Sales Tax	\$13.50	\$10.77	\$10.29	\$25.97	\$48.86	\$45.55	\$57.26	\$43.64	\$82.84	\$53.32	\$86.70	\$75.15	\$553.85
Total Incentive Fee	\$19,040.00	\$12,360.00	\$5,520.00	\$3,560.01	\$4,160.00	\$5,347.00	\$3,071.11	\$3,250.00	\$2,161.51	\$4,892.50	\$6,861.00	\$4,799.50	\$75,022.63
% Plan Paid	92.4%	92.0%	91.8%	92.4%	92.1%	92.1%	93.4%	89.9%	92.0%	92.2%	88.3%	89.7%	91.6%
% Member Paid	7.6%	8.0%	8.2%	7.6%	7.9%	7.9%	6.6%	10.1%	8.0%	7.8%	11.7%	10.3%	8.4%
Avg Drug Cost / Rx	\$180.16	\$195.85	\$208.51	\$196.98	\$190.09	\$187.96	\$213.40	\$186.92	\$216.28	\$203.28	\$191.98	\$196.97	\$197.20
Avg Plan Paid / Rx	\$166.51	\$180.13	\$191.36	\$182.09	\$175.10	\$173.16	\$199.38	\$167.98	\$199.00	\$187.39	\$169.53	\$176.58	\$180.57
Avg Member Paid / Rx	\$13.66	\$15.73	\$17.15	\$14.89	\$14.99	\$14.79	\$14.02	\$18.94	\$17.28	\$15.89	\$22.45	\$20.38	\$16.64
Per Member Per Month													
Avg Rx's PMPM	0.70	0.69	0.59	0.68	0.63	0.66	0.64	0.59	0.63	0.62	0.63	0.64	0.64
Avg Drug Cost PMPM	\$126.33	\$134.87	\$123.55	\$134.72	\$119.10	\$124.17	\$137.49	\$109.92	\$135.86	\$125.34	\$120.76	\$126.61	\$126.54
Avg Plan Paid PMPM	\$116.75	\$124.04	\$113.38	\$124.54	\$109.71	\$114.40	\$128.46	\$98.78	\$125.00	\$115.55	\$106.64	\$113.51	\$115.86
Avg Member Paid PMPM	\$9.58	\$10.83	\$10.16	\$10.19	\$9.39	\$9.77	\$9.04	\$11.14	\$10.85	\$9.80	\$14.12	\$13.10	\$10.67
Drug Type													
% Single-Source Brand Rx's	20.0%	18.2%	16.9%	14.7%	15.3%	15.4%	15.3%	15.7%	16.5%	18.8%	20.0%	17.1%	17.0%
% Multi-Source Brand Rx's	0.6%	0.7%	0.8%	0.7%	0.5%	0.6%	0.5%	0.5%	0.6%	0.5%	0.4%	0.5%	0.6%
% Generic Rx's	79.4%	81.2%	82.3%	84.6%	84.2%	84.0%	84.2%	83.9%	82.9%	80.6%	79.5%	82.4%	82.4%
% Generic Efficiency	99.2%	99.2%	99.0%	99.2%	99.4%	99.3%	99.5%	99.5%	99.3%	99.4%	99.5%	99.4%	99.3%
Drug Channel													
% Retail Rx's	73.7%	74.7%	74.3%	72.2%	72.7%	74.3%	71.6%	71.3%	73.2%	73.1%	73.8%	74.8%	73.3%
% Retail 90 Rx's	20.3%	18.7%	20.4%	21.0%	20.6%	19.8%	21.4%	21.8%	20.3%	20.4%	20.2%	19.2%	20.3%
% Mail Rx's	6.1%	6.7%	5.3%	6.8%	6.7%	5.9%	7.0%	6.9%	6.5%	6.5%	6.0%	6.0%	6.4%
Specialty Drugs													
Total Specialty Rx's	88	108	106	109	91	102	110	86	116	102	105	117	1,240
Total Specialty Drug Cost	\$601,129.91	\$661,088.72	\$617,074.49	\$668,332.26	\$545,696.99	\$594,351.52	\$719,640.23	\$499,131.01	\$750,563.75	\$614,766.63	\$572,739.85	\$702,631.74	\$7,547,147.10
Total Specialty Plan Paid	\$593,269.45	\$647,783.93	\$604,901.17	\$659,465.39	\$536,617.00	\$583,068.28	\$708,941.58	\$477,041.77	\$734,596.26	\$603,166.98	\$515,007.43	\$650,934.79	\$7,314,794.03
Total Specialty Member Paid	\$7,860.46	\$13,304.79	\$12,173.32	\$8,866.87	\$9,079.99	\$11,283.24	\$10,698.65	\$22,089.24	\$15,967.49	\$11,599.65	\$57,732.42	\$51,696.95	\$232,353.07
% Specialty Rx's	1.2%	1.5%	1.7%	1.5%	1.4%	1.5%	1.7%	1.4%	1.8%	1.6%	1.6%	1.7%	1.6%
% Specialty of Total Drug Cost	46.5%	48.1%	48.8%	48.2%	44.4%	46.5%	50.6%	43.5%	52.7%	46.4%	45.0%	52.5%	47.9%
% Specialty of Total Plan Paid	49.7%	51.2%	52.2%	51.5%	47.4%	49.5%	53.4%	46.2%	56.1%	49.4%	45.8%	54.3%	50.7%
% Specialty of Total Member Paid	8.0%	12.0%	11.7%	8.5%	9.4%	11.2%	11.5%	19.0%	14.0%	11.2%	38.8%	37.3%	17.5%
Avg Specialty Rx's PMPM	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
Avg Specialty Drug Cost PMPM	\$58.80	\$64.83	\$60.33	\$64.99	\$52.87	\$57.69	\$69.60	\$47.77	\$71.62	\$58.14	\$54.34	\$66.49	\$60.62
Avg Specialty Plan Paid PMPM	\$58.03	\$63.53	\$59.14	\$64.13	\$51.99	\$56.60	\$68.56	\$45.66	\$70.10	\$57.04	\$48.86	\$61.59	\$58.75
Avg Specialty Member Paid PMPM	\$0.77	\$1.30	\$1.19	\$0.86	\$0.88	\$1.10	\$1.03	\$2.11	\$1.52	\$1.10	\$5.48	\$4.89	\$1.87
Avg Non-Specialty Rx's PMPM	0.69	0.68	0.58	0.67	0.62	0.65	0.63	0.58	0.62	0.61	0.62	0.63	0.63
Avg Non-Specialty Drug Cost PMPM	\$67.53	\$70.04	\$63.22	\$69.73	\$66.23	\$66.48	\$67.89	\$62.15	\$64.24	\$67.20	\$66.42	\$60.12	\$65.92
Avg Non-Specialty Plan Paid PMPM	\$58.73	\$60.51	\$54.25	\$60.41	\$57.72	\$57.80	\$59.89	\$53.12	\$54.91	\$58.50	\$57.78	\$51.91	\$57.11
Avg Non-Specialty Member Paid PMPM	\$8.81	\$9.53	\$8.97	\$9.32	\$8.51	\$8.68	\$8.00	\$9.02	\$9.33	\$8.70	\$8.64	\$8.21	\$8.81

This document, including any associated documents, may contain information that is confidential and may be privileged and exempt from disclosure under applicable law. It is intended solely for the use of the individual or entity for which it is created. If you are not the intended recipient of this information, you are hereby notified that any use, disclosure, dissemination, or copying of this document is strictly prohibited. If you have received this document in error, please notify the distributor. Thank you for your cooperation.

CONFIDENTIAL

RXT1025DM - Comparative Executive Summary

Current Period: Date Filled From December 2021 Through November 2022

Previous Period: Date Filled From December 2020 Through November 2021

Client: Fresno City Employees Health and Welfare Trust Commercial Plan

Measures	Current Period	Previous Period	% Change
Membership			
Avg Eligible Members	10,376	10,078	2.9%
% Utilizing Members	5.5%	5.5%	-0.7%
Total Utilizing Members	6,788	6,641	2.2%
Avg Member Age	31.96	32.17	-0.6%
Rx and Cost			
Total Days Supply	3,193,336	3,205,756	-0.4%
Total Rxs	79,890	80,432	-0.7%
Total Drug Cost	\$15,754,648.14	\$14,128,358.53	11.5%
Total Plan Paid	\$14,425,585.84	\$12,958,201.10	11.3%
Total Member Paid	\$1,329,062.30	\$1,170,157.43	13.6%
Total Ingredient Cost	\$15,554,027.32	\$13,881,187.67	12.1%
Total Dispensing Fee	\$125,044.34	\$116,888.52	7.0%
Total Sales Tax	\$553.85	\$523.82	5.7%
Total Incentive Fee	\$75,022.63	\$129,758.52	-42.2%
% Plan Paid	91.6%	91.7%	-0.2%
% Member Paid	8.4%	8.3%	1.9%
Days Supply / Rx	39.97	39.86	0.3%
Drug Cost / Rx	\$197.20	\$175.66	12.3%
Plan Paid / Rx	\$180.57	\$161.11	12.1%
Member Paid / Rx	\$16.64	\$14.55	14.4%
Per Member Per Month			
Days Supply PMPM	25.65	26.51	-3.2%
Rxs PMPM	0.64	0.67	-3.5%
Drug Cost PMPM	\$126.54	\$116.82	8.3%
Plan Paid PMPM	\$115.86	\$107.15	8.1%
Member Paid PMPM	\$10.67	\$9.68	10.3%
Drug Type			
% Single-Source Brand Rxs	17.0%	18.6%	-8.4%
% Multi-Source Brand Rxs	0.6%	0.5%	11.0%
% Generic Rxs	82.4%	80.9%	1.9%
% Generic Efficiency	99.3%	99.4%	-0.1%
Drug Channel			
% Retail Rxs	73.3%	73.5%	-0.3%
% Retail 90 Rxs	20.3%	20.4%	-0.2%
% Mail Rxs	6.4%	6.1%	4.1%
Specialty Drugs			
Total Specialty Days Supply	40,505	33,402	21.3%
Total Specialty Rxs	1,240	1,055	17.5%
Total Specialty Drug Cost	\$7,547,147.10	\$6,418,545.86	17.6%
Total Specialty Plan Paid	\$7,314,794.03	\$6,329,204.91	15.6%

Total Specialty Member Paid	\$232,353.07	\$89,340.95	160.1%
% Specialty Rx's	1.6%	1.3%	18.3%
% Specialty of Total Drug Cost	47.9%	45.4%	5.4%
% Specialty of Total Plan Paid	50.7%	48.8%	3.8%
% Specialty of Total Member Paid	17.5%	7.6%	129.0%
Specialty Days Supply PMPM	0.33	0.28	17.8%
Specialty Rx's PMPM	0.01	0.01	14.2%
Specialty Drug Cost PMPM	\$60.62	\$53.07	14.2%
Specialty Plan Paid PMPM	\$58.75	\$52.33	12.3%
Specialty Member Paid PMPM	\$1.87	\$0.74	152.6%
Non-Specialty Rx's PMPM	0.63	0.66	-3.8%
Non-Specialty Drug Cost PMPM	\$65.92	\$63.75	3.4%
Non-Specialty Plan Paid PMPM	\$57.11	\$54.81	4.2%
Non-Specialty Member Paid PMPM	\$8.81	\$8.94	-1.4%

This document, including any associated documents, may contain information that is confidential and may be privileged and exempt from disclosure under applicable law. It is intended solely for the use of the individual or entity for which it is created. If you are not the intended recipient of this information, you are hereby notified that any use, disclosure, dissemination, or copying of this document is strictly prohibited. If you have received this document in error, please notify the distributor. Thank you for your cooperation.

CONFIDENTIAL

RXT1020DM - Executive Summary by Time Period

Date Filled From December 2021 Through November 2022

Client: Fresno City Employees Health and Welfare Trust EGWP

Measures	December 2021	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022	November 2022	Rolling Total
Membership													
Avg Eligible Members	238	230	230	226	223	221	225	225	224	225	221	222	226
Total Utilizing Members	160	162	172	170	166	163	164	161	170	162	169	167	166
% Utilizing Members	67.2%	70.4%	74.8%	75.2%	74.4%	73.8%	72.9%	71.6%	75.9%	72.0%	76.5%	75.2%	73.3%
Avg Member Age	75.92	76.13	76.25	76.36	76.59	76.49	76.36	76.06	76.04	76.09	76.50	76.42	76.26
Rx and Cost													
Total Rxs	543	531	523	629	589	543	583	506	605	552	555	538	6,697
Total Drug Cost	\$120,975.48	\$125,507.57	\$128,895.46	\$136,777.21	\$151,481.69	\$141,162.06	\$148,067.23	\$114,546.70	\$111,526.32	\$163,850.88	\$103,927.01	\$112,538.53	\$1,559,256.14
Total Plan Paid	\$98,902.47	\$111,811.00	\$113,396.26	\$119,930.89	\$117,799.00	\$117,053.33	\$122,978.85	\$83,900.70	\$77,497.11	\$121,380.64	\$71,067.00	\$84,565.86	\$1,240,283.11
Total Member Paid	\$22,073.01	\$13,696.57	\$15,499.20	\$16,846.32	\$33,682.69	\$24,108.73	\$25,088.38	\$30,646.00	\$34,029.21	\$42,470.24	\$32,860.01	\$27,972.67	\$318,973.03
Total Ingredient Cost	\$120,482.98	\$125,130.27	\$128,421.66	\$136,362.11	\$150,883.19	\$140,731.11	\$147,633.59	\$114,125.60	\$111,101.97	\$163,328.43	\$103,499.66	\$112,180.43	\$1,553,881.00
Total Dispensing Fee	\$372.50	\$357.30	\$373.80	\$415.10	\$478.50	\$369.95	\$407.55	\$350.60	\$373.85	\$442.45	\$375.85	\$338.10	\$4,655.55
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
Total Incentive Fee	\$120.00	\$20.00	\$100.00	\$0.00	\$120.00	\$61.00	\$26.09	\$70.50	\$50.50	\$80.00	\$51.50	\$20.00	\$719.59
% Plan Paid	81.8%	89.1%	88.0%	87.7%	77.8%	82.9%	83.1%	73.2%	69.5%	74.1%	68.4%	75.1%	79.5%
% Member Paid	18.2%	10.9%	12.0%	12.3%	22.2%	17.1%	16.9%	26.8%	30.5%	25.9%	31.6%	24.9%	20.5%
Avg Drug Cost / Rx	\$222.79	\$236.36	\$246.45	\$217.45	\$257.18	\$259.97	\$253.97	\$226.38	\$184.34	\$296.83	\$187.26	\$209.18	\$232.83
Avg Plan Paid / Rx	\$182.14	\$210.57	\$216.82	\$190.67	\$200.00	\$215.57	\$210.94	\$165.81	\$128.09	\$219.89	\$128.05	\$157.19	\$185.20
Avg Member Paid / Rx	\$40.65	\$25.79	\$29.64	\$26.78	\$57.19	\$44.40	\$43.03	\$60.57	\$56.25	\$76.94	\$59.21	\$51.99	\$47.63
Per Member Per Month													
Avg Rxs PMPM	2.28	2.31	2.27	2.78	2.64	2.46	2.59	2.25	2.70	2.45	2.51	2.42	2.47
Avg Drug Cost PMPM	\$508.30	\$545.69	\$560.42	\$605.21	\$679.29	\$638.74	\$658.08	\$509.10	\$497.89	\$728.23	\$470.26	\$506.93	\$575.37
Avg Plan Paid PMPM	\$415.56	\$486.13	\$493.03	\$530.67	\$528.25	\$529.65	\$546.57	\$372.89	\$345.97	\$539.47	\$321.57	\$380.93	\$457.67
Avg Member Paid PMPM	\$92.74	\$59.55	\$67.39	\$74.54	\$151.04	\$109.09	\$111.50	\$136.20	\$151.92	\$188.76	\$148.69	\$126.00	\$117.70
Drug Type													
% Single-Source Brand Rxs	13.6%	13.7%	14.9%	10.5%	14.6%	12.9%	12.0%	12.1%	12.6%	13.2%	13.3%	11.9%	12.9%
% Multi-Source Brand Rxs	0.6%	0.9%	0.8%	0.8%	0.7%	1.3%	1.2%	1.2%	1.3%	1.3%	1.3%	1.3%	1.0%
% Generic Rxs	85.8%	85.3%	84.3%	88.7%	84.7%	85.8%	86.8%	86.8%	86.1%	85.5%	85.4%	86.8%	86.0%
% Generic Efficiency	99.4%	98.9%	99.1%	99.1%	99.2%	98.5%	98.6%	98.7%	98.5%	98.5%	98.5%	98.5%	98.8%
Drug Channel													
% Retail Rxs	46.4%	48.2%	49.5%	50.4%	50.3%	48.4%	51.8%	46.8%	47.9%	52.2%	48.6%	43.1%	48.7%
% Retail 90 Rxs	29.3%	34.1%	31.9%	28.8%	32.6%	31.1%	29.8%	36.0%	31.6%	31.2%	33.0%	36.2%	32.0%
% Mail Rxs	24.3%	17.7%	18.5%	20.8%	17.1%	20.4%	18.4%	17.2%	20.5%	16.7%	18.4%	20.6%	19.2%
Specialty Drugs													
Total Specialty Rxs	9	4	7	10	7	5	10	5	11	8	5	8	89
Total Specialty Drug Cost	\$45,047.18	\$45,040.89	\$52,479.24	\$71,695.61	\$62,811.37	\$73,476.55	\$81,358.70	\$39,498.87	\$38,989.82	\$66,092.18	\$19,070.85	\$37,295.46	\$632,856.72
Total Specialty Plan Paid	\$41,507.40	\$39,982.44	\$50,205.08	\$65,418.87	\$57,753.14	\$68,493.27	\$78,909.79	\$39,113.44	\$34,487.32	\$64,949.59	\$17,978.87	\$35,559.83	\$594,359.04
Total Specialty Member Paid	\$3,539.78	\$5,058.45	\$2,274.16	\$6,276.74	\$5,058.23	\$4,983.28	\$2,448.91	\$385.43	\$4,502.50	\$1,142.59	\$1,091.98	\$1,735.63	\$38,497.68
% Specialty Rxs	1.7%	0.8%	1.3%	1.6%	1.2%	0.9%	1.7%	1.0%	1.8%	1.4%	0.9%	1.5%	1.3%
% Specialty of Total Drug Cost	37.2%	35.9%	40.7%	52.4%	41.5%	52.1%	54.9%	34.5%	35.0%	40.3%	18.4%	33.1%	40.6%
% Specialty of Total Plan Paid	42.0%	35.8%	44.3%	54.5%	49.0%	58.5%	64.2%	46.6%	44.5%	53.5%	25.3%	42.0%	47.9%
% Specialty of Total Member Paid	16.0%	36.9%	14.7%	37.3%	15.0%	20.7%	9.8%	1.3%	13.2%	2.7%	3.3%	6.2%	12.1%
Avg Specialty Rxs PMPM	0.04	0.02	0.03	0.04	0.03	0.02	0.04	0.02	0.05	0.04	0.02	0.04	0.03
Avg Specialty Drug Cost PMPM	\$189.27	\$195.83	\$228.17	\$317.24	\$281.67	\$332.47	\$361.59	\$175.55	\$174.06	\$293.74	\$86.29	\$168.00	\$233.53
Avg Specialty Plan Paid PMPM	\$174.40	\$173.84	\$218.28	\$289.46	\$258.98	\$309.92	\$350.71	\$173.84	\$153.96	\$288.66	\$81.35	\$160.18	\$219.32
Avg Specialty Member Paid PMPM	\$14.87	\$21.99	\$9.89	\$27.77	\$22.68	\$22.55	\$10.88	\$1.71	\$20.10	\$5.08	\$4.94	\$7.82	\$14.21
Avg Non-Specialty Rxs PMPM	2.24	2.29	2.24	2.74	2.61	2.43	2.55	2.23	2.65	2.42	2.49	2.39	2.44
Avg Non-Specialty Drug Cost PMPM	\$319.03	\$349.86	\$332.24	\$287.97	\$397.62	\$306.27	\$296.48	\$333.55	\$323.82	\$434.48	\$383.96	\$338.93	\$341.84
Avg Non-Specialty Plan Paid PMPM	\$241.16	\$312.30	\$274.74	\$241.20	\$269.26	\$219.73	\$195.86	\$199.05	\$192.01	\$250.80	\$240.22	\$220.75	\$238.35
Avg Non-Specialty Member Paid PMPM	\$77.87	\$37.56	\$57.50	\$46.77	\$128.36	\$86.54	\$100.62	\$134.49	\$131.82	\$183.68	\$143.75	\$118.18	\$103.50

This document, including any associated documents, may contain information that is confidential and may be privileged and exempt from disclosure under applicable law. It is intended solely for the use of the individual or entity for which it is created. If you are not the intended recipient of this information, you are hereby notified that any use, disclosure, dissemination, or copying of this document is strictly prohibited. If you have received this document in error, please notify the distributor. Thank you for your cooperation.

CONFIDENTIAL

RXT1025DM - Comparative Executive Summary

Current Period: Date Filled From December 2021 Through November 2022

Previous Period: Date Filled From December 2020 Through November 2021

Client: Fresno City Employees Health and Welfare Trust EGWP

Measures	Current Period	Previous Period	% Change
Membership			
Avg Eligible Members	226	242	-6.6%
% Utilizing Members	8.7%	8.9%	-1.6%
Total Utilizing Members	237	258	-8.1%
Avg Member Age	76.26	76.00	0.3%
Rx and Cost			
Total Days Supply	385,392	399,465	-3.5%
Total Rxs	6,697	7,021	-4.6%
Total Drug Cost	\$1,559,256.14	\$1,343,583.19	16.1%
Total Plan Paid	\$1,240,283.11	\$1,020,814.35	21.5%
Total Member Paid	\$318,973.03	\$322,768.84	-1.2%
Total Ingredient Cost	\$1,553,881.00	\$1,337,366.12	16.2%
Total Dispensing Fee	\$4,655.55	\$5,637.05	-17.4%
Total Sales Tax	\$0.00	\$0.00	0.0%
Total Incentive Fee	\$719.59	\$580.02	24.1%
% Plan Paid	79.5%	76.0%	4.7%
% Member Paid	20.5%	24.0%	-14.8%
Days Supply / Rx	57.55	56.90	1.1%
Drug Cost / Rx	\$232.83	\$191.37	21.7%
Plan Paid / Rx	\$185.20	\$145.39	27.4%
Member Paid / Rx	\$47.63	\$45.97	3.6%
Per Member Per Month			
Days Supply PMPM	142.21	137.60	3.3%
Rxs PMPM	2.47	2.42	2.2%
Drug Cost PMPM	\$575.37	\$462.83	24.3%
Plan Paid PMPM	\$457.67	\$351.64	30.2%
Member Paid PMPM	\$117.70	\$111.18	5.9%
Drug Type			
% Single-Source Brand Rxs	12.9%	12.6%	2.2%
% Multi-Source Brand Rxs	1.0%	1.0%	6.4%
% Generic Rxs	86.0%	86.4%	-0.4%
% Generic Efficiency	98.8%	98.9%	-0.1%
Drug Channel			
% Retail Rxs	48.7%	49.9%	-2.3%
% Retail 90 Rxs	32.0%	29.8%	7.6%
% Mail Rxs	19.2%	20.4%	-5.4%
Specialty Drugs			
Total Specialty Days Supply	4,446	3,018	47.3%
Total Specialty Rxs	89	69	29.0%
Total Specialty Drug Cost	\$632,856.72	\$419,558.99	50.8%

Total Specialty Plan Paid	\$594,359.04	\$379,924.03	56.4%
Total Specialty Member Paid	\$38,497.68	\$39,634.96	-2.9%
% Specialty Rx's	1.3%	1.0%	35.2%
% Specialty of Total Drug Cost	40.6%	31.2%	30.0%
% Specialty of Total Plan Paid	47.9%	37.2%	28.8%
% Specialty of Total Member Paid	12.1%	12.3%	-1.7%
Specialty Days Supply PMPM	1.64	1.04	57.8%
Specialty Rx's PMPM	0.03	0.02	38.2%
Specialty Drug Cost PMPM	\$233.53	\$144.53	61.6%
Specialty Plan Paid PMPM	\$219.32	\$130.87	67.6%
Specialty Member Paid PMPM	\$14.21	\$13.65	4.0%
Non-Specialty Rx's PMPM	2.44	2.39	1.8%
Non-Specialty Drug Cost PMPM	\$341.84	\$318.30	7.4%
Non-Specialty Plan Paid PMPM	\$238.35	\$220.77	8.0%
Non-Specialty Member Paid PMPM	\$103.50	\$97.53	6.1%

This document, including any associated documents, may contain information that is confidential and may be privileged and exempt from disclosure under applicable law. It is intended solely for the use of the individual or entity for which it is created. If you are not the intended recipient of this information, you are hereby notified that any use, disclosure, dissemination, or copying of this document is strictly prohibited. If you have received this document in error, please notify the distributor. Thank you for your cooperation.



Jan. 1, 2023 Pharmacy Benefit Update

Fresno City Employees Health and Welfare Trust
Commercial Plan

October 2022



Fresno City Employees Health and Welfare Trust

1/1/22 Commercial Plan Summary Impact

Disruption Type	Disruption Sub Type	# Impacted Members
<i>Vigilant Drug Exclusions</i>	With Alternatives	49
<i>Healthcare Reform (HCR)</i>	Removal from preventative drug list	3
Total Impact		52

Fresno City Employees Health and Welfare Trust

Commercial Plan Summary Impact Details

Disruption Type	Drug Name	Alternative(s)	Tier Change	# Impacted Members
<i>Vigilant Drug Exclusion (VDL)</i>	CLONIDINE DIS 0.1/24HR	CLONIDINE TABLET	Excluded	4
	CLONIDINE DIS 0.2/24HR	CLONIDINE TABLET	Excluded	2
	DESLOMATADIN TAB 5MG	LORATIDINE TABLET, LEVOCETIRIZINE TABLET	Excluded	4
	DILTIAZEM CAP 360MG ER	DILTIAZEM ER CAPSULE	Excluded	1
	DILTIAZEM ER TAB 240MG	DILTIAZEM ER CAPSULE	Excluded	1
	FENOFIBRATE CAP 150MG	FENOFIBRATE (GENERIC TRICOR), FENOFIBRIC ACID, GEMFIBROZIL	Excluded	1
	LEVOCETIRIZINE SOL 2.5/5ML	LORATIDINE TABLET, LEVOCETIRIZINE TABLET	Excluded	2
	NEBIVOLOL TAB 10MG, 20MG, 5MG	ATENOLOL, BISOPROLOL, METOPROLOL, CARVEDILOL	Excluded	31
	NISOLDIPINE TAB 8.5MG ER	DILTIAZEM ER CAPSULE, VERAPAMIL ER TABLETS, AMLODIPINE	Excluded	1
	PROAIR HFA AER	ALBUTEROL HFA (EXCEPT ALBUTEROL HFA MADE BY PRASCO)	Excluded	2
<i>Healthcare Reform (HCR)</i>	ASPIRIN TAB 325MG		Removed	1
	ASPIRIN TAB 325MG EC		Removed	2
Total				52

Key Drug Formulary Updates

Effective January 1, 2023

- Adding value for Tumor Necrosis Factor (TNF) Inhibitors
 - Enbrel is moving to preferred status (Tier 3 to Tier 2), expanding options with the TNF class. Enbrel is a brand TNF Inhibitor indicated to treat rheumatoid arthritis, polyarticular juvenile idiopathic arthritis, psoriatic arthritis, ankylosing spondylitis and plaque psoriasis.
- Medications moving to **non-specialty status in Q1 2024 (Originally scheduled to move in 2023)**
 - Transplant – Ex: CellCept (mycophenolate mofetil)
 - Hepatitis B – Ex: Epivir HBV
 - Injectable Neurological Agents – Ex: Botox
 - Injectable Osteoarthritis – Ex: Euflexxa
 - Injectable Anticoagulation – Ex: Lovenox (enoxaparin)
- To begin the reclassification process, Optum Rx will be removing these medications from exclusivity through Optum Specialty Pharmacy effective January 1, 2023.
 - Members will benefit from easier access to these medications at **network retail pharmacies** and through the **Optum Home Delivery Pharmacy** which provides 90-day supplies, online and auto refills.
- UM programs will remain the same for these medications.
- Aspirin 325MG has been removed from the Health Care Reform/Affordable Care Act Preventative Drug List
 - This dose is no longer recommended for preventative use.
 - Aspirin 81MG will remain on the preventative drug list.

- Updates made to the **High-Cost Generics** Vigilant Drug List
 - **High-Cost Generics** – excludes higher cost generic products when a therapeutically equivalent, lower cost generic is available
 - Updates were vetted and approved by the independent Pharmacy and Therapeutics Committee (P&T)
 - Impacted members will be notified of change, along with name of alternative covered medication, via USPS letter mailed by November 1, 2022
 - Member has the ability to stay on current drug through the appeal process

High-Cost Generic				
# Impacted Members	Excluded Drug	Est. Total Cost/Month	Alternative Drug	Est. Total Cost/Month
6	CLONIDINE DIS 0.1/24 HR & 0.2/24 HR	\$121.68	CLONIDINE TABLET	\$8.74
4	DESLORATADIN TAB 5MG	\$83.68	LORATIDINE TABLET, LEVOCETIRIZINE TABLET	\$13.37
1	DILTIAZEM CAP 360MG ER	\$64.82	DILTIAZEM ER CAPSULE (60MG, 90MG, 180MG, 240MG, and 300MG)	\$27.25
1	DILTIAZEM ER TAB 240MG	\$68.08	DILTIAZEM ER CAPSULE (60MG, 90MG, 180MG, 240MG, and 300MG)	\$12.97
1	FENOFIBRATE CAP 150MG	\$151.13	FENOFIBRATE (GENERIC TRICOR), FENOFIBRIC ACID, GEMFIBROZIL	\$38.57
2	LEVOCETIRIZINE SOL 2.5/5ML	\$65.46	LORATIDINE TABLET, LEVOCETIRIZINE TABLET	\$13.37
31	NEBIVOLOL TAB 5MG, 10MG, 20MG	\$47.84	ATENOLOL, BISOPROLOL, METOPROLOL, CARVEDILOL	\$6.47
1	NISOLDIPINE TAB 8.5MG ER	\$129.83	DILTIAZEM ER CAPSULE, VERAPAMIL ER TABLETS, AMLODIPINE	\$40.21
2	PROAIR HFA	\$74.30	ALBUTEROL HFA (EXCEPT ALBUTEROL HFA MADE BY PRASCO)	\$20.66

- Copays
 - Retail pharmacy coinsurance based on applicable plan and tier level
 - Home Delivery copays are \$5, \$20, or \$50 depending on tier, for a 90-day supply

From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Friday, November 18, 2022 11:36 AM
To: Tom Georgouses | HealthComp; Andrew Desa; Diana Cavazos | HealthComp
Cc: Ross, Shannon C; Osuna, Nissa D
Subject: Optum Rx Humira Biosimilar Strategy



Good morning,

Optum Rx has just announced our Humira biosimilar strategy for 2023. Optum Rx will continue with AbbVie's Humira on formulary in 2023 and will add up to three biosimilars on formulary – in the same position as the brand – starting with the first available biosimilar in 2023 (Amjevita as of 1/31/2023).

As stated by Optum Rx CEO Heather Cianfrocco, "The coming wave of biosimilars is a pivotal opportunity to reduce cost and increase access to care for millions of people. Optum Rx fully supports advancement of the biosimilar market as part of our commitment to providing patients and providers with high quality and affordable care, flexibility, and choice."

The availability of Humira biosimilars is one of the biggest opportunities in years to lower costs and increase accessibility for consumers who need expensive specialty drugs. Our biosimilars decision maintains high quality of care while providing flexibility and choice for patients and providers, with no disruption to treatment.

Please reach out to me if you have questions regarding the Humira biosimilars decision and strategy.

Sincerely,

Carolyn

Carolyn Martinez (she/her)
Account Manager, Public Sector | Optum Rx

O 1-612-428-6104
M 1-702-708-1849
carolyn.martinez@optum.com

Optum

Upcoming PTO Alert: 11/28, 12/2, 12/5, 12/9, 12/12, 12/16 and 12/27 – 12/30
Business Travel:
Office Closure: 11/24 – 11/25 & 12/26

This e-mail, including attachments, may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this e-mail is not the intended recipient or intended recipient's authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this e-mail is prohibited. If you have received this e-mail in error, please notify the sender by replying to this message and delete this e-mail immediately.

From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Friday, November 18, 2022 4:50 PM
To: Tom Georgouses | HealthComp; Andrew Desa; Diana Cavazos | HealthComp
Cc: Ross, Shannon C; Osuna, Nissa D
Subject: Walgreens Reimbursement Checks to Optum Rx



Walgreens Reimbursement Checks to Optum Rx

Dear Fresno City Employees Health and Welfare Trust EGWP Team,

I am writing to provide information related to reimbursement checks which Walgreens sent to Optum Rx.

Issue:

Walgreens sent several checks to Optum Rx that were received and subsequently deposited in April and May 2022. Walgreens sent the checks with limited information as to root cause and underlying claims, and Optum Rx was not notified in advance that issues had occurred.

The reimbursements from Walgreens provided documentation of three unique issues that initiated unauthorized fills to members:

- **Scenario 1:** Certain non-controlled maintenance prescriptions were refilled without sufficient prescriber authorization as a result of a dispensing system issue associated with the Walgreens medication synchronization program ("Save-a-Trip-Refills"). This occurred when a prescription required prescriber reauthorization for refills and the drug was also out of stock (at the store). Walgreen's system allowed the prescription to be refilled once the drug was restocked at the store, overriding the need for new prescriber authorization. This issue impacted contract years 2018 - 2021.
- **Scenario 2:** For certain prescription refills requested by members, a system deficiency in the Walgreens dispensing system allowed Walgreens staff to override the need to request a new prescription from a prescriber prior to dispensing the refill. This issue occurred in limited situations when no refills remained on the prescription, or the prescription was expired. This issue impacted contract years 2018 – 2020.
- **Scenario 3:** For certain prescriptions filled between 2014 – 2021, the Walgreens dispensing system did not include a system adjudication edit to prevent CIII-V controlled substance prescriptions, written by a Texas mid-level practitioner with a quantity greater than a 90-day supply, from being dispensed and sold. Per Texas Occupation Code § 157.0511 "(b) a physician

may delegate the carrying out of signing of a prescription drug order for a controlled substance only if ... (2) the prescription, including a refill of the prescription, is for a period not to exceed 90 days.” According to Walgreens, this matter was disclosed by Walgreens to the HHS Office of Inspector General on November 18, 2021 in accordance with the requirements of a Corporate Integrity Agreement.

Actions we will take (or have taken):

Refunds for impacted claims are expected to be complete by the end of November 2022. These refunds will consist of plan paid amounts for all fully reversed claims plus any associated member reimbursements. Your refund will be reduced by any net pharmacy price concessions that were originally passed through to you on impacted claims.

Your refund will not be reduced by any rebate adjustments related to impacted claims. Instead, rebate adjustments will occur via your standard rebate processing cycle subsequent to November.

Fresno City Employees Health and Welfare Trust EGWP has three claims which were impacted for one unique member.

Please let me know if you have any questions.

Sincerely,

Carolyn

Carolyn Martinez (she/her)
Account Manager, Public Sector | Optum Rx

O 1-612-428-6104
M 1-702-708-1849
carolyn.martinez@optum.com



Upcoming PTO Alert: 11/28, 12/2, 12/5, 12/9, 12/12, 12/16 and 12/27 – 12/30
Business Travel:
Office Closure: 11/24 – 11/25 & 12/26

This e-mail, including attachments, may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this e-mail is not the intended recipient or intended recipient's authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this e-mail is prohibited. If you have received this e-mail in error, please notify the sender by replying to this message and delete this e-mail immediately.

From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Tuesday, December 20, 2022 1:25 PM
To: Tom Georgouses | HealthComp; Diana Cavazos | HealthComp; Andrew Desa
Cc: Ross, Shannon C; Osuna, Nissa D
Subject: AbbVie Copay Card Changes



AbbVie Copay Card Changes

Dear Fresno City Employees Health and Welfare Trust,

As previously communicated effective November 1, AbbVie made eligibility changes to their copay card terms & conditions. AbbVie's changes state any patient enrolled in an 'accumulator or copay maximizer program' are no longer eligible for copay assistance after January 1, 2023. These changes targeted members and payers who utilize PBMs and copay assistance programs to help offset the costs of certain drugs.

Based on AbbVie's actions, we have made the decision to remove Humira, Skyrizi, Skyrizi CD, and Rinvoq from both the Accumulator Adjustment and Variable Copay programs effective January 1, 2023. Patient therapy will not be disrupted in any way, however, patients needing copay assistance will need to enroll in the manufacturer program directly. Patients using our Optum Rx Specialty Pharmacy will be warm transferred or guided to AbbVie to enroll in their manufacturer assistance program.

Optum Rx remains committed to ensuring that our patients and members have access to affordable medication and are adherent to prescribed therapies while supporting you in managing the high cost of drugs set by pharmaceutical manufacturers. We regularly review our copay card programs to ensure they are meeting your needs and the needs of your members, including holding discussions with manufacturers regarding the impact any changes to their copay assistance will have. We will remain steadfast in driving to lowest net cost for our clients and members/patients.

In addition to addressing these specific manufacturer copay program changes, we continue to evaluate our products and services to maximize the value of our current product suite. We are accelerating efforts to execute on our existing product roadmap, i.e. quickly working to obtain value from manufacturers through alternative pathways.

Optum Rx is planning to host a client webcast in January to address the copay program landscape, potential client financial impact and current discussions which are underway with manufacturers to drive to the lowest net cost. More information on this webcast will be forthcoming.

Please let me know if you have any questions.

Sincerely,

Carolyn

© 2022 Optum, Inc. All rights reserved.

This e-mail, including attachments, may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this e-mail is not the intended recipient or intended recipient's authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this e-mail is prohibited. If you have received this e-mail in error, please notify the sender by replying to this message and delete this e-mail immediately.

Diana Cavazos | HealthComp

From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Wednesday, December 21, 2022 3:01 PM
To: Tom Georgouses | HealthComp; Diana Cavazos | HealthComp; Andrew Desa
Cc: Ross, Shannon C; Osuna, Nissa D; Yang, Anna S
Subject: Fresno City Employees Health and Welfare Trust EGWP - CY 2023 Drug Management Program
Attachments: CCINF341_CY 2023 Drug Management Program Guidance.pdf; Frequently Asked Questions (FAQs) About Drug Management Programs (DMPs).pdf; Contract Year 2023 Part D Drug Management Program Guidance.pdf

Good afternoon,

Attached you will find Optum's 2023 Part D Drug Management Program Guidance (including redlined edits), external client notification and FAQ document. This is a mandatory program requirement per CMS and is currently in place for Fresno City Employees Health and Welfare Trust's EGWP. No action is required on your part. I am routing the updated notices for informational purposes only.

Please let me know if you have any questions.

Thank you,
Carolyn

Carolyn Martinez (she/her)
Account Manager, Public Sector | Optum Rx

O 1-612-428-6104
M 1-702-708-1849
carolyn.martinez@optum.com

Optum

Upcoming PTO Alert: 12/27 – 12/30
Business Travel: 1/27
Office Closure: 12/26, 1/2 & 1/16

This e-mail, including attachments, may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this e-mail is not the intended recipient or intended recipient's authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this e-mail is prohibited. If you have received this e-mail in error, please notify the sender by replying to this message and delete this e-mail immediately.



CY 2023 Drug Management Program Guidance

December 12, 2022

This notice is to inform you that on **November 28, 2022**, the Centers for Medicare & Medicaid Services (CMS) released two documents; a memorandum titled, “*Contract Year 2023 Part D Drug Management Program Guidance*” and “*Frequently Asked Questions (FAQs) About Drug Management Programs (DMPs)*”. The memorandums have been attached with this notice for your reference. Both memorandums provide updates to Part D sponsors regarding the Contract Year (CY) 2023 DMPs. Optum Rx has reviewed both guidances and noted below are the updates compared to last year’s memorandum, “*Contract Year 2022 Part D Drug Management Program Guidance*” as well as actions taken by Optum Rx.

Optum Rx Actions

Contract Year 2023 Part D Drug Management Program Guidance

- Section 4.3 – Application of Overutilization Monitoring System (OMS) Criteria by Part D Sponsors
 - New addition outlines that sponsors may group individual prescribers when any relationship between individual opioid prescribers and organizations can be established.
 - **Optum Rx’s Response:** The Optum Rx Opioid DMP groups prescribers based on Tax Identification Numbers (TINs). A TIN is a unique identifier and is used to identify a group with employees. Prescribers that share the same TIN are counted as one prescriber for identification purposes.
- Section 5 – Exempted Beneficiaries
 - To help identify beneficiaries who are residents of Long-Term Care (LTC) facilities, sponsors should rely on all available information sources. This can include Prescription Drug Event (PDE) codes, The Long-Term Institutionalized (LTI) Resident report, Patient Residence Codes (PRCs), and any other information that is available to plans (such as medical claims/ records). Additionally, CMS expects Plan Sponsors to have a process in place to regularly monitor such information for enrollees in their DMP and take action when new information is learned.
 - **Optum Rx’s Response:** The Optum Rx Opioid DMP currently excludes members from identification based on residence codes and by reading custom diagnosis codes submitted on a member’s eligibility file.
- Section 8 – Notices
 - Additional guidance is given regarding timing and delivery of letters, and date the at-risk determination is made.
 - Office of Management and Budget (OMB) approval dates have been updated to **September 30, 2025** for the standardized beneficiary notices.
 - **Optum Rx’s Response:** The Optum Rx Opioid DMP currently has an established process in place to comply with these requirements and is in the process of updating approval dates for beneficiary notices.
- Section 11 – Data Disclosure
 - Additional guidance is given regarding data disclosure. Specifically, there are examples given of Potentially At-Risk Beneficiaries (PARB) 2s and At-Risk Beneficiaries (ARB) 2s and what is expected from the losing and gaining sponsors when these members transfer plans.
 - **Optum Rx’s Response:** The Optum Rx Opioid DMP currently has an established process in place to comply with requirements set forth by CMS.

Frequently Asked Questions (FAQs) About Drug Management Programs (DMPs)

- OMS Criteria (Question 4)
 - While CMS uses TIN to group prescribers, Plan Sponsors may also consider other methods of



CY 2023 Drug Management Program Guidance

- grouping.
 - **Optum Rx's Response:** The Optum Rx Opioid DMP groups prescribers based on TINs. Prescribers that share the same TIN are counted as one prescriber for identification purposes.
- Exempted Beneficiaries (Questions 6 and 7)
 - As part of the ongoing case management, CMS expects Plan Sponsors to monitor DMP enrollees for status changes related to exemptions. Additionally, CMS expects Plan Sponsors to treat the first claim submitted with an LTC residence code as reliable information that the enrollee is an LTC resident.
 - **Optum Rx's Response:** The Optum Rx Opioid DMP currently has an established process utilizing Patient Residence Codes and Eligibility files to identify exempt members.
- Beneficiary Preferences (Question 17)
 - A new Second Notice must be provided to enrollees reflecting the appropriate information when a plan decides to continue with a DMP limitation, but changes the terms of the ongoing limitation in response to a request from the member, prescriber or member's representative.
 - **Optum Rx's Response:** The Optum Rx Opioid DMP currently has an established process to comply with these requirements.
- Data Disclosure (Questions 19 and 20)
 - Plan Sponsors can view a Comprehensive Addiction and Recovery Act (CARA) status for an enrollee by logging into the Medicare Advantage Prescription Drug System (MARx) and viewing the M254 screen. If an enrollee with an active CARA status attempts to change plans using the Low-Income Subsidy Special Enrollment Period (LIS SEP), the plan attempting to process the enrollment receives a TRC 374 indicating that the transaction was rejected due to the active CARA status. Further guidance can be found in the Plan Communications User Guide (PCUG).
 - **Optum Rx's Response:** The Optum Rx Opioid DMP currently has an established process to monitor Optum Rx Employer Group Waiver Plan (EGWP) members. Individual plans would be responsible for maintaining their own members in MARx.

Next Steps

- Review the communication and contact Optum Rx Account Team if there are any questions or concerns.

Frequently Asked Questions (FAQs) About Drug Management Programs (DMPs)

Revised *November 28, 2022*

PACE and EGWPs

- 1) Does CMS expect EGWPs and PACE organizations to have DMPs?

Yes. DMPs are mandatory for all Part D sponsors starting in CY 2022, consistent with section 2004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (SUPPORT Act). The statute does not specify or contemplate exemptions based on Part D plan type. In 85 FR 33796, CMS amended language at [42 CFR § 423.153\(f\)\(1\)](#) to account for Part D sponsors, including PACE organizations, that do not have their own or contracted P&T committee to comply with the DMP requirement by having written DMP policies and procedures that are approved by the Part D sponsor's medical director and applicable clinical and other staff or contractors, as determined appropriate by the medical director.

Case Management

- 2) We are concerned about the time involved before beneficiaries can be determined to be at-risk under our plan's DMP, especially when they are new to our plan.

While the identification, case management, and notification process of DMPs takes some time, no beneficiary's Part D coverage of frequently abused drugs (FADs) should be limited under a DMP without a thorough review of their health care circumstances. In addition, we have stated that DMPs should prioritize beneficiaries whose use of FADs puts them at the highest risk. Also, some of *these* processes may be shortened if the *gaining* plan receives a notice from *the losing* plan *indicating* that the beneficiary was identified as a PARB or ARB by the *losing* plan. Finally, keep in mind that all beneficiaries in a Part D prescription drug benefit plan are subject to their plan's formulary-level POS controls to address opioid overutilization. See the CMS webpage, "Improving Drug Utilization Review Controls in Part D," for additional guidance on other initiatives to reduce opioid overutilization in Medicare Part D: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxUtilization.html>.

OMS Criteria

- 3) We discovered that a beneficiary does not meet the OMS criteria because the prescribers are in a group practice or the high opioid use was due to appropriate prescription overlap. What do we do?

A beneficiary who does not meet OMS criteria cannot be included in a DMP. The action that the sponsor should take depends upon when the sponsor discovers this information. If the sponsor determines that the beneficiary does not meet the OMS criteria during case management, the sponsor is not permitted to limit the beneficiary's coverage of FADs under a DMP. Although this should not happen with thorough case management, if the sponsor learns that a beneficiary does not meet the OMS criteria after providing an Initial Notice to the beneficiary, the sponsor must

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.

send the beneficiary an Alternate Second Notice. If the sponsor obtains this information after a coverage limitation has been implemented, the sponsor must immediately remove the limitation and notify the beneficiary that it has done so. The sponsor must also update OMS, by using the Sponsor Response Form (SRF), and MARx, as applicable.

- 4) We have our own method for identifying group prescriber practices. Do we have to do it by the TIN numbers?

Given that there is no industry standard for identifying group practices through data analysis alone, a Part D sponsor can use any reasonably reliable method that it has developed to *establish any relationship between individual opioid prescribers and organizations* to exclude beneficiaries from their DMPs. *For example, while CMS uses the TIN to group prescribers, sponsors may also consider other methods of grouping, such as membership on the same PACE interdisciplinary team.* However, the sponsor should self-audit at reasonable intervals to test that its method is reasonably reliable, up-to-date, and that it has not overlooked potential ARBs who would benefit from its DMP.

- 5) A physician has requested that we “lock in” one of their patients to the physician for prescriptions for opioids; however, the patient is not under review in our DMP. Can we do so for the patient’s safety?

While we understand the goal of patient safety, a sponsor may not implement a limitation on a beneficiary’s access to coverage for FADs only in response to their physician’s request. The sponsor must follow the Part D requirements of a DMP, including that the beneficiary must meet the current OMS criteria.

Exempted Beneficiaries

- 6) How should a DMP handle ARBs who move in and out of an LTC facility?

An ARB who moves into an LTC facility becomes an individual exempted from a DMP and a sponsor must remove the beneficiary from such program as soon as it reliably learns that the beneficiary has moved into an LTC facility, whether that be via the beneficiary, the facility, a pharmacy, a prescriber, or an internal or external *data source*. *As part of ongoing case management, CMS expects sponsors to monitor DMP enrollees for status changes related to regulatory exemptions.* A beneficiary who moves out of an LTC facility is no longer exempted unless he or she meets the definition of exempted beneficiary *in the future for the same or another reason*. Such beneficiary may be *subsequently* identified *again* by OMS or by a sponsor as a PARB if they meet the OMS criteria.

- 7) *An opioid claim containing an LTC residence code was submitted for an enrollee in our DMP. What action does CMS expect the plan to take?*

For purposes of determining an LTC exemption, in the absence of current, conflicting information, CMS expects sponsors to treat the first claim submitted with an LTC residence code as reliable information that the enrollee is an LTC resident and remove the enrollee from its DMP.

Limitations on Access to Coverage for FADs

- 8) We intend to implement a pharmacy limitation on an ARB's access to coverage for opioids. However, while all 3 prescribers agree that the beneficiary is at-risk, 1 prescriber offered that they would not want their patient to be "locked-in" to a pharmacy. Can we proceed with the limitation?

It depends. If a prescriber proactively alerts a plan sponsor that they do not believe that a pharmacy limitation is appropriate for a particular ARB, we expect the plan sponsor to take such information into consideration. In this case, the sponsor might inquire what the specific reason is for the prescriber's opinion and take it into consideration. For example, if the prescriber states that the patient typically uses one pharmacy near their home and another pharmacy near where they work, a pharmacy limitation may not be the best approach for the beneficiary and the sponsor could ask if the prescriber would agree to a prescriber limitation instead. However, if the prescriber states that the reason is that the beneficiary splits their year between two homes in different states, the sponsor may be able to change the prescriber's opinion of a pharmacy limitation if the sponsor explains that the sponsor will limit the beneficiary to 2 pharmacies instead of 1 to provide reasonable access. If the prescriber does not change their mind, the sponsor must decide if it is reasonable to proceed with the pharmacy limitation and document their reasoning in the case file and should monitor if the pharmacy limitation is resolving the case without issues.

- 9) How do we handle a prescriber who insists that they must be able to continue to prescribe FADs for the beneficiary but will not agree to be the selected prescriber?

A sponsor is not permitted to limit a beneficiary's access to FADs to a prescriber who does not agree to be the selected prescriber. If another prescriber has agreed to serve as the selected prescriber, the unwilling prescriber cannot prescribe FADs for the beneficiary. A plan sponsor may reasonably need to ask the unwilling prescriber again if he or she would agree to be a selected prescriber for their patient who is under a prescriber limitation in certain scenarios.

For example, in order to ensure reasonable access, if a beneficiary has been obtaining opioids from multiple prescribers and benzodiazepines from one psychiatrist, a sponsor may have to permit an ARB to obtain opioids from the prescriber who agreed to the prescriber limitation and benzodiazepines from the psychiatrist, who initially did not agree, but ultimately does agree. Thus, the ARB would have a prescriber limitation to 2 prescribers.

- 10) Is a gaining plan sponsor required to immediately apply a coverage limitation to an ARB who was subject to one in the immediately prior plan?

No. A Part D sponsor is responsible for its own DMP and should take the action it believes is the most appropriate to promptly address opioid overutilization in their plans after case management or reviewing the case management documentation from the losing sponsor. As such, a sponsor may, but is not required to, immediately implement a coverage limitation if the requirements that apply to such cases are met. Gaining sponsors should be aware that if they do not take such action, the beneficiary may later *be* reported through OMS if the beneficiary meets the OMS criteria.

Beneficiary Preferences

- 11) We are hearing that Part D sponsors may refuse to cover any opioid drug under their DMPs that is not prescribed by a board-certified pain specialist, that is, a prescriber who has maintained certification in a pain subspecialty within American Boards of Medical Specialties (ABMS) of anesthesiology, family medicine, neurology, emergency medicine, neurology, or radiology. Is this true?

No. When a Part D sponsor limits an ARB's access to coverage for FADs through a pharmacy or prescriber coverage limitation, the sponsor's selection of a pharmacy and/or prescriber, as applicable, generally must be based on the beneficiary's preference.

- 12) As a Part D plan sponsor, we own some of our network pharmacies. Do we have to provide notification and confirmation when the selected pharmacy is one of our corporate network pharmacies?

If the corporate network pharmacy is a separate legal entity from the legal entity of the plan sponsor, then there should be a network agreement between these entities that covers such notifications and confirmations. If they are the same legal entity, then notification and confirmation are automatic.

- 13) Are there special considerations for ARBs who are entitled to fill prescriptions or receive services from Indian Health Service (IHS), Tribal, and Urban Indian (I/T/U) organization pharmacies and providers?

Yes, an IHS I/T/U pharmacy or prescriber may be the selected pharmacy or prescriber for such beneficiaries and they may go to such a pharmacy or prescriber pursuant to the reasonable access requirement, even if they are not in the plan sponsor's network.

- 14) If the selected pharmacy(ies) for an ARB is part of a chain that shares real-time electronic data, do we have to program every location into our claims processing system for that ARB?

Not necessarily. The name and location of the selected pharmacy(ies) will be in the Second Notice to the ARB (or in any subsequent notice to the ARB due to a change in selection), whether the beneficiary submitted preferences or not. ARBs must be able to access FADs at the selected pharmacy(ies) named in such notice. Some of these pharmacy(ies) will be part of a chain with multiple locations that share real-time electronic data. We do not have specific guidance on how sponsors implement the requirement operationally to collectively treat all such locations as one pharmacy, other than that sponsors must also provide ARBs who are subject to a pharmacy limitation with reasonable access to FADs. For example, sponsors may want to program in additional locations that the beneficiary has used occasionally in the past, or implement the requirement in some other reasonable way.

- 15) Similarly, if the selected prescriber(s) for an ARB is part of a group practice, do we have to program every prescriber of FADs in the group into our claims processing system for that ARB?

Again, not necessarily. The name of the selected prescriber(s) will be in the Second Notice to the ARB (or in any subsequent notice to the ARB due to a change in selection), whether the beneficiary submitted preferences or not. ARBs must be able to access FADs from the selected prescriber(s) named in such notice. Some of these prescriber(s) will be part of a group practice.

We do not have specific guidance on how sponsors implement the requirement operationally to treat prescriber(s) in a group practice as one prescriber, other than that sponsors must also provide ARBs who are subject to a prescriber limitation with reasonable access to FADs. For example, sponsors may want to ask the selected prescriber(s) as part of the confirmation process, if there are other prescribers of FADs in their group practice with whom they coordinate care and from whom the selected prescriber(s) would want the ARB to be able to obtain prescriptions for FADs, such as when the selected prescriber is on vacation or otherwise has a colleague temporarily covering for them. If so, sponsors may want to program in such other prescribers' NPIs into their claims systems for the ARB, or implement the requirement in some other reasonable way.

Appeals

16) Provide clarification around the following scenarios. Should the DMP staff address these issues or should they go to the grievance/appeals department?

- **When a provider calls to request a change in a beneficiary-specific POS claim edit:**

DMP staff, assuming the time to request an appeal on the issue has lapsed *and there is no good cause found for late filing*. The plan sponsor should attempt to resolve the issue via case management. If the *requested change* can't be resolved in the enrollee's favor via case management, process as a coverage determination.

- **When an enrollee calls because they don't agree with the Initial Notice.**

DMP staff; at this point in the process, the enrollee can submit additional information if the enrollee disagrees with the intended action.

- **When an enrollee calls because they don't agree with their Second Notice determination.**

Appeals department, assuming the time to request an appeal has not lapsed. The enrollee has 60 calendar days from the date of the second notice to request a redetermination. The plan sponsor has the discretion to extend the timeframe for filing a redetermination if the plan sponsor finds good cause for late filing, if the time to request an appeal has lapsed.

17) What notice should be provided when a requested change is decided in the enrollee's favor?

If the plan decides to continue with a DMP limitation but changes the terms of the ongoing limitation in response to the request, the plan is required to provide a new Second Notice. While the requested change may be decided in the enrollee's favor, there is still an ongoing limitation in place that requires an updated Second Notice. Whenever an ongoing limitation remains in place, the Second Notice must be issued reflecting the change(s) made to such limitation.

Prescriber Inquiry Letter and Sponsor Information Transfer Memo

18) Are plan sponsors required to use the prescriber inquiry letter and sponsor information transfer memo? Also, will CMS be providing any other templates?

The prescriber inquiry letter and sponsor information transfer memo are model documents, not standardized materials. Plan sponsors may use all or part of the language in the models, modify the language, or develop their own notices to communicate with prescribers and other sponsors. CMS will not be issuing a template for prescriber notification / agreement / confirmation.

Data Disclosure

19) How do I view a CARA status for an enrollee in my plan?

To view a CARA status for a plan enrollee, sponsors should log in to MARx using the “MCO CARA STATUS USER” role. From there, plan sponsors can view the M254 screen, which will provide the CARA Status Indicator for such enrollees. For directions on how to view the M254 screen, plan sponsors should refer to the PCUG.

20) When a plan sponsor attempts to enroll an individual with an active CARA status and receives a TRC 374 (LIS SEP Enrollment/ Disenrollment Rejected), why is there no information about the CARA status in MARx (Screen M232)?

If an enrollee with an active CARA status attempts to change plans using the LIS SEP, the plan attempting to process the enrollment receives a TRC 374 indicating that the transaction was rejected due to the active CARA status. See section 3.8 of the PCUG.

Pursuant to 42 CFR § 423.153(f)(15), the MARx system is designed to accommodate the data disclosures necessary to oversee and facilitate Part D DMPs and provides limited information about CARA status records if the individual is not enrolled in the plan.

Other

21) We understand the 569 reject code should be suppressed for claims that are rejected at the point of sale due to a coverage limitation implemented under our plan’s DMP. However, when a claim also rejects for another reason that would normally trigger the 569 reject code, should the 569 code still be suppressed?

No. In such cases, the plan is still required to return the 569 reject code and instruct the network pharmacy to distribute a copy of the standardized pharmacy notice, “Medicare Prescription Drug Coverage and Your Rights” (CMS-10147) to the affected enrollee if the issue cannot be resolved at the point of sale.

22) Can beneficiaries in a DMP also be subject to their plan’s formulary-level POS edits to address opioid overutilization?

Yes. Formulary and coverage rules apply to all enrollees (unless they obtain an exception) whether or not they are in the sponsor’s DMP. A Part D sponsor’s concurrent and retrospective DUR programs should be closely coordinated. In certain circumstances, it may be appropriate for a sponsor to make an at-risk determination through the DMP for a beneficiary who received an approved exception to a cumulative opioid MME safety edit, and as part of the at-risk determination, may determine that continuing the approved exception is no longer appropriate.

CMS provided guidance¹ regarding our expectation that Part D sponsors implement a real-time opioid *care coordination* safety edit, at the time of dispensing, as a proactive step to engage both patients and prescribers about overdose risk and prevention. This safety edit should be based on a cumulative morphine milligram equivalent (MME) threshold of 90 MME per day and may include prescriber/pharmacy counts. Sponsors will continue to have the flexibility to implement hard safety edits at a threshold of 200 MME or more, with or without prescriber/pharmacy counts. Additionally, to reduce the potential for chronic opioid use or misuse, CMS expects all Part D sponsors to implement a hard safety edit to limit initial opioid prescription fills for the treatment of acute pain to no more than a 7 day supply. All current guidance regarding coverage of opioids under the Part D program can be found at the CMS Part D Overutilization website at: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxUtilization.html>.

For example, a plan implemented a hard formulary-level cumulative MME opioid edit at 200 MME with 2 or more opioid prescribers. A beneficiary received their opioids from 2 prescribers and has a cumulative MME that exceeds 200 MME. *The prescription(s)* trigger the edit, and *the beneficiary* requests a coverage determination. The prescriber attests to medical necessity and the exception request is approved. At a later time, the beneficiary seeks opioids from 3 additional prescribers, and meets the OMS criteria.

- 23) If coverage of FADs is limited under a Part D DMP, does this mean that FADs are no longer covered Part D drugs?

No. Despite a DMP limitation, FADs are still considered covered Part D drugs as defined at [42 CFR § 423.100](#).

¹Refer to the 2019 and 2020 Final Call Letters, the October 23, 2018 HPMS memorandum: Additional Guidance on Contract Year 2019 Formulary-Level Opioid Point-of-Sale Safety Edits, and the Frequently Asked Questions (FAQs) about Formulary-Level Opioid Point-of-Sale (POS) Safety Edits, available on the CMS Part D Overutilization website: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxUtilization.html>.

From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Friday, December 23, 2022 12:12 PM
To: Tom Georgouses | HealthComp; Diana Cavazos | HealthComp; Andrew Desa; Michael Moss
Cc: Ross, Shannon C; Osuna, Nissa D; Yang, Anna S
Subject: Premium 1 RxDC file submission confirmation: Fresno City Employees Health and Welfare Trust
Attachments: RxDC Submission Confirmation Premium 1.pdf



Premium 1 RxDC file submission confirmation

Dear Fresno City Employees Health and Welfare Trust Team,

The Premium 1 submission for RxDC Reporting was completed via the HIOS portal on Friday December 23, 2022, under submission IDs 580 (plan year 2020) and 757 (plan year 2021). Attached are screenshot confirmations of both 2020 and 2021 submissions showing that the D3-D8 files were loaded, as well as Plan Files and Narrative Statements. Additionally, there is a screenshot of HIOS confirmation that the upload was successful.

You will be billed as a part of your usual billing cycle and the charge will appear as "CAA 204 2020 & 2021".

If you have any additional questions, please do not hesitate to reach out.

Thank you,

Carolyn

Carolyn Martinez (she/her)
Account Manager, Public Sector | Optum Rx

O 1-612-428-6104
M 1-702-708-1849
carolyn.martinez@optum.com

Optum

Upcoming PTO Alert: 12/27 – 12/30
Business Travel: 1/27
Office Closure: 12/26, 1/2 & 1/16

© 2022 Optum, Inc. All rights reserved.

This e-mail, including attachments, may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this e-mail is not the intended recipient or intended recipient's authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this e-mail is prohibited. If you have received this e-mail in error, please notify the sender by replying to this message and delete this e-mail immediately.

2020 Submission Details:

Submission successful

You'll get an email confirmation of your submission shortly.

Save this Submission ID in case you need to call the Help Desk.




Submission ID: **580**.

Your submission has been received and there are no further steps for you to take at this time.









Submitting company information[Edit](#)

Submission ID	580
Company name	OptumRx Inc
Federal EIN	330441200
Reference year	2020



Plan list(s)[Edit](#)

 P1. Individual and student market plan list	Date / Time
P1_2020.csv (3 KB)	12/23/2022 12:06 PM
 P2. Group health plan list	Date / Time
P2_2020.csv (358 KB)	12/23/2022 12:06 PM
 P3. Federal employees health benefits plan list	Date / Time
P3_2020.csv (939 Bytes)	12/23/2022 12:06 PM

Data files[Edit](#)

 D1. Premium and life years	
 D2. Spending by category	
 D3. Top 50 most frequent brand drugs	Date / Time
2022-12-22_D3 Top 50 Most Frequent Brand Drugs_Premium_2020.csv (3 MB)	12/22/2022 09:37 PM
 D4. Top 50 most costly drugs	Date / Time
2022-12-22_D4 Top 50 Most Costly Drugs_Premium_2020.csv (3 MB)	12/22/2022 09:37 PM
 D5. Top 50 drugs by spending increase	Date / Time
2022-12-22_D5 Top 50 Drugs by Spending Increase_Premium_2020.csv (4 MB)	12/22/2022 09:37 PM
 D6. Rx totals	Date / Time
2022-12-22_D6 Rx Totals_Premium_2020.csv (54 KB)	12/22/2022 09:37 PM
 D7. Rx rebates by therapeutic class	Date / Time
2022-12-22_D7 Rx Rebates by Therapeutic Class_Premium_2020.csv (19 MB)	12/22/2022 09:49 PM
 D8. Rx rebates for the top 25 drugs	Date / Time
2022-12-22_D8 Rx Rebates for the Top 25 Drugs_Premium_2020.csv (2 MB)	12/22/2022 09:38 PM

Other documents[Edit](#)

 Narrative response	Date / Time
OptumRx CAA Section 204 RxDc Narrative 2020_2021.pdf (185 KB)	12/22/2022 04:45 PM
 Supplemental documents	Date / Time
OptumRx Missing NDC Lookup 2020_2021.docx (201 KB)	12/23/2022 01:20 PM
OptumRx CAA Section 204 RxDc Supplemental Narrative 2020_2021.pdf (107 KB)	12/22/2022 04:45 PM

2021 Submission Details:


















Submission successful

You'll get an email confirmation of your submission shortly.

Save this Submission ID in case you need to call the Help Desk.

Submission ID: **757**.

Your submission has been received and there are no further steps for you to take at this time.

Submitting company information		 Edit
Submission ID	757	
Company name	OptumRx Inc	
Federal EIN	330441200	
Reference year	2021	
Plan list(s)		 Edit
 P1. Individual and student market plan list	Date / Time	
P1_2021.csv (1 KB)	12/23/2022 12:11 PM	
 P2. Group health plan list	Date / Time	
P2_2021.csv (371 KB)	12/23/2022 12:12 PM	
 P3. Federal employees health benefits plan list	Date / Time	
P3_2021.csv (939 Bytes)	12/23/2022 12:12 PM	
Data files		 Edit
 D1. Premium and life years		
 D2. Spending by category		
 D3. Top 50 most frequent brand drugs	Date / Time	
2022-12-23_D3 Top 50 Most Frequent Brand Drugs_Premium_2021.csv (3 MB)	12/23/2022 11:52 AM	
 D4. Top 50 most costly drugs	Date / Time	
2022-12-23_D4 Top 50 Most Costly Drugs_Premium_2021.csv (3 MB)	12/23/2022 11:52 AM	
 D5. Top 50 drugs by spending increase	Date / Time	
2022-12-23_D5 Top 50 Drugs by Spending Increase_Premium_2021.csv (4 MB)	12/23/2022 11:52 AM	
 D6. Rx totals	Date / Time	
2022-12-23_D6 Rx Totals_Premium_2021.csv (58 KB)	12/23/2022 11:52 AM	
 D7. Rx rebates by therapeutic class	Date / Time	
2022-12-23_D7 Rx Rebates by Therapeutic Class_Premium_2021.csv (20 MB)	12/23/2022 11:53 AM	
 D8. Rx rebates for the top 25 drugs	Date / Time	
2022-12-23_D8 Rx Rebates for the Top 25 Drugs_Premium_2021.csv (2 MB)	12/23/2022 11:53 AM	
Other documents		 Edit
 Narrative response	Date / Time	
OptumRx CAA Section 204 RxDC Narrative 2020_2021.pdf (185 KB)	12/22/2022 03:07 PM	
 Supplemental documents	Date / Time	
OptumRx Missing NDC Lookup 2020_2021.docx (201 KB)	12/23/2022 01:20 PM	
OptumRx CAA Section 204 RxDC Supplemental Narrative 2020_2021.pdf (107 KB)	12/22/2022 03:07 PM	



DELTA DENTAL SELF-FUNDED FINANCIAL REPORT PACKAG

**FRESNO CITY EES HEALTH &
Group Number: 00273**

TABLE OF CONTENTS

FRESNO CITY EES HEALTH & Group Number: 00273

Tab	Report Title
Summary	SUMMARY OF KEY STATISTICS
1	MONTHLY FINANCIAL EXPERIENCE
2	MONTHLY FINANCIAL EXPERIENCE BY DIVISION
3	DATA TABLE FOR CLAIM LAG IN GROUP SUMMARY AND BY DIVISION

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

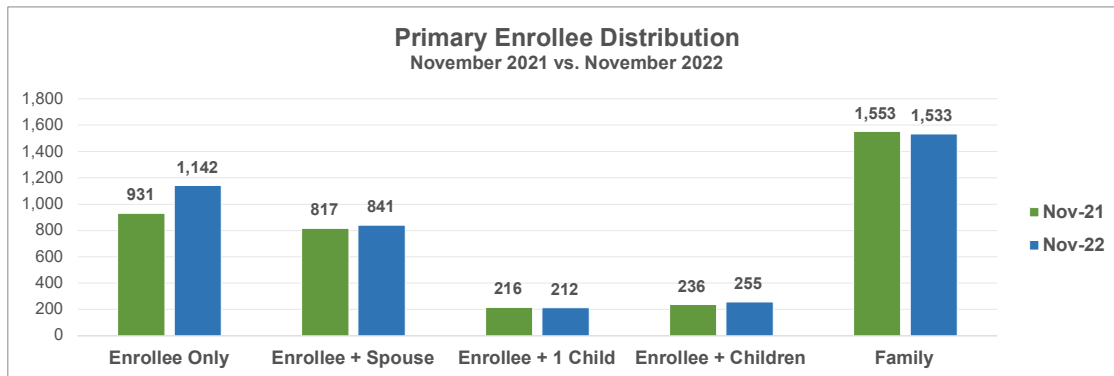
Paid Period: December 1, 2020 - November 30, 2021 compared to December 1, 2021 - November 30, 2022

Financial Summary

- For paid period ended November 30, 2022, the group had an average exposure of 3,876 primary enrollees. This represents a year / year increase of 5.5% from the previous period's average exposure of 3,673 primary enrollees.
- For the current period, claims paid PEPM was \$67.29, compared to \$73.06 during the previous period; This represents a year / year decrease of 7.9%.
- During the current period, 72.9% of primary enrollees had enrolled dependents vs. 76.0% of primary enrollees during the previous period.

	12/1/2020 - 11/30/2021	12/1/2021 - 11/30/2022
<i>Claims Paid</i>	\$3,220,338	\$3,129,579
<i>Exposure**</i>	44,081	46,512
<i>Avg. Exposure</i>	3,673	3,876
<i>Avg. Member Count</i>	10,162	10,445

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



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



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

Paid Period: December 1, 2020 - November 30, 2022

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
Dec-20	1,582	\$282,307	829	823	216	224	1,526	3,618	2,349	4,102	10,069
Jan-21	1,245	\$203,121	849	815	215	223	1,516	3,618	2,331	4,090	10,039
Feb-21	1,575	\$271,641	843	809	217	225	1,512	3,606	2,321	4,093	10,020
Mar-21	1,580	\$258,913	850	816	220	227	1,518	3,631	2,334	4,123	10,088
Apr-21	1,865	\$312,667	863	813	223	227	1,520	3,646	2,333	4,135	10,114
May-21	1,520	\$254,862	877	813	227	225	1,519	3,661	2,332	4,142	10,135
Jun-21	1,462	\$239,402	887	809	226	228	1,521	3,671	2,330	4,147	10,148
Jul-21	1,819	\$317,793	890	816	219	224	1,538	3,687	2,354	4,144	10,185
Aug-21	1,549	\$273,146	890	817	221	227	1,537	3,692	2,354	4,160	10,206
Sep-21	1,694	\$301,426	920	822	223	232	1,542	3,739	2,365	4,181	10,285
Oct-21	1,450	\$255,877	932	824	218	233	1,552	3,759	2,377	4,194	10,330
Nov-21	1,437	\$249,183	931	817	216	236	1,553	3,753	2,371	4,200	10,324
Dec-21	1,638	\$273,242	958	815	214	232	1,556	3,775	2,372	4,177	10,324
Jan-22	1,223	\$196,436	965	818	212	233	1,552	3,780	2,373	4,179	10,332
Feb-22	1,471	\$229,950	985	821	212	234	1,549	3,801	2,372	4,179	10,352
Mar-22	1,786	\$293,816	1,015	827	210	235	1,548	3,835	2,376	4,180	10,391
Apr-22	1,438	\$235,910	1,037	825	208	236	1,547	3,853	2,373	4,170	10,396
May-22	1,651	\$283,029	1,042	826	215	236	1,540	3,859	2,367	4,164	10,390
Jun-22	1,862	\$279,061	1,064	826	216	234	1,538	3,878	2,365	4,175	10,418
Jul-22	1,419	\$269,909	1,071	836	219	248	1,531	3,905	2,369	4,222	10,496
Aug-22	1,583	\$277,857	1,094	829	217	251	1,529	3,920	2,360	4,208	10,488
Sep-22	1,718	\$290,129	1,113	838	216	255	1,543	3,965	2,383	4,260	10,608
Oct-22	1,525	\$261,683	1,121	838	215	254	1,530	3,958	2,370	4,223	10,551
Nov-22	1,460	\$238,555	1,142	841	212	255	1,533	3,983	2,376	4,229	10,588
Total	37,552	\$6,349,916	23,168	19,734	5,207	5,634	36,850	90,593	56,607	100,077	247,277

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



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

Paid Period: December 1, 2020 - November 30, 2022

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	Dec-20	1,398	\$246,801	694	489	210	215	1,463	3,071	1,952	3,972	8,995
00273-00001	Jan-21	1,076	\$178,416	715	483	209	214	1,455	3,076	1,938	3,963	8,977
00273-00001	Feb-21	1,357	\$235,641	710	478	210	216	1,450	3,064	1,928	3,966	8,958
00273-00001	Mar-21	1,356	\$225,993	716	483	213	218	1,456	3,086	1,939	3,996	9,021
00273-00001	Apr-21	1,627	\$268,305	730	479	215	218	1,458	3,100	1,937	4,008	9,045
00273-00001	May-21	1,294	\$210,035	745	475	218	217	1,454	3,109	1,929	4,012	9,050
00273-00001	Jun-21	1,264	\$206,174	755	471	217	219	1,457	3,119	1,928	4,013	9,060
00273-00001	Jul-21	1,585	\$275,814	754	480	209	216	1,473	3,132	1,953	4,009	9,094
00273-00001	Aug-21	1,342	\$237,935	752	475	211	220	1,471	3,129	1,946	4,028	9,103
00273-00001	Sep-21	1,415	\$254,386	781	481	212	225	1,476	3,175	1,958	4,047	9,180
00273-00001	Oct-21	1,232	\$215,877	793	481	209	226	1,485	3,194	1,967	4,064	9,225
00273-00001	Nov-21	1,205	\$206,289	793	474	206	228	1,483	3,184	1,958	4,061	9,203
00273-00001	Dec-21	1,368	\$228,098	818	472	204	224	1,483	3,201	1,956	4,037	9,194
00273-00001	Jan-22	1,065	\$174,565	824	475	202	226	1,482	3,209	1,960	4,045	9,214
00273-00001	Feb-22	1,251	\$191,964	846	475	202	227	1,478	3,228	1,955	4,041	9,224
00273-00001	Mar-22	1,530	\$251,944	879	480	200	228	1,478	3,265	1,959	4,044	9,268
00273-00001	Apr-22	1,260	\$210,166	901	481	198	229	1,478	3,287	1,960	4,038	9,285
00273-00001	May-22	1,426	\$241,611	905	480	205	228	1,472	3,290	1,953	4,031	9,274
00273-00001	Jun-22	1,594	\$238,532	927	478	206	226	1,469	3,306	1,948	4,041	9,295
00273-00001	Jul-22	1,191	\$225,239	932	491	210	239	1,467	3,339	1,960	4,091	9,390
00273-00001	Aug-22	1,359	\$237,506	954	481	208	243	1,465	3,351	1,948	4,079	9,378
00273-00001	Sep-22	1,483	\$256,316	975	490	206	247	1,478	3,396	1,970	4,127	9,493
00273-00001	Oct-22	1,329	\$229,814	981	491	205	247	1,464	3,388	1,957	4,089	9,434
00273-00001	Nov-22	1,255	\$203,683	1,000	489	204	248	1,467	3,408	1,958	4,096	9,462
00273-00002	Dec-20	97	\$19,818	45	160	5	7	50	267	210	107	584
00273-00002	Jan-21	99	\$15,072	45	159	5	7	48	264	207	105	576
00273-00002	Feb-21	115	\$19,805	44	159	5	7	48	263	207	103	573
00273-00002	Mar-21	102	\$13,886	45	161	5	7	48	266	209	103	578
00273-00002	Apr-21	112	\$19,152	45	162	5	7	48	267	210	103	580
00273-00002	May-21	114	\$24,655	45	165	6	6	49	271	214	104	589
00273-00002	Jun-21	105	\$18,920	45	164	6	6	49	270	213	104	587
00273-00002	Jul-21	117	\$21,265	43	137	6	6	41	233	178	94	505
00273-00002	Aug-21	96	\$19,079	46	142	6	6	40	240	182	93	515
00273-00002	Sep-21	118	\$21,632	46	143	6	6	41	242	184	95	521
00273-00002	Oct-21	98	\$16,823	46	147	6	6	41	246	188	92	526
00273-00002	Nov-21	122	\$22,780	48	148	7	6	44	253	192	100	545
00273-00002	Dec-21	134	\$21,528	50	147	7	6	43	253	190	96	539
00273-00002	Jan-22	74	\$10,552	51	148	7	6	41	253	189	94	536
00273-00002	Feb-22	105	\$15,920	50	151	7	6	42	256	193	95	544
00273-00002	Mar-22	104	\$16,044	48	151	7	6	41	253	192	93	538
00273-00002	Apr-22	76	\$8,902	48	150	7	6	41	252	191	93	536
00273-00002	May-22	82	\$15,385	48	152	7	6	42	255	194	96	545
00273-00002	Jun-22	144	\$21,941	48	155	7	6	42	258	197	95	550
00273-00002	Jul-22	121	\$27,282	48	148	6	7	36	245	184	87	516

00273-00002	Aug-22	91	\$17,739	50	149	6	7	37	249	186	88	523
00273-00002	Sep-22	117	\$15,577	49	148	6	7	39	249	187	92	528
00273-00002	Oct-22	91	\$15,171	49	148	5	7	39	248	187	91	526
00273-00002	Nov-22	105	\$17,387	51	150	4	7	40	252	190	91	533
00273-00003	Dec-20	80	\$14,704	83	162	0	0	10	255	172	12	439
00273-00003	Jan-21	64	\$8,566	82	161	0	0	11	254	172	13	439
00273-00003	Feb-21	93	\$14,768	82	161	1	0	11	255	172	14	441
00273-00003	Mar-21	114	\$18,019	82	161	1	0	11	255	172	14	441
00273-00003	Apr-21	118	\$22,067	81	161	1	0	11	254	172	13	439
00273-00003	May-21	98	\$17,211	81	162	1	0	12	256	174	14	444
00273-00003	Jun-21	83	\$13,237	81	163	1	0	11	256	174	13	443
00273-00003	Jul-21	103	\$16,934	82	165	2	0	11	260	176	14	450
00273-00003	Aug-21	77	\$11,224	81	166	2	0	12	261	178	15	454
00273-00003	Sep-21	121	\$18,096	82	164	2	0	12	260	176	15	451
00273-00003	Oct-21	98	\$18,155	84	163	2	0	12	261	175	15	451
00273-00003	Nov-21	88	\$16,613	82	163	2	0	12	259	175	15	449
00273-00003	Dec-21	113	\$20,250	80	164	2	0	12	258	176	15	449
00273-00003	Jan-22	57	\$8,038	80	162	2	0	12	256	174	15	445
00273-00003	Feb-22	84	\$16,532	79	162	2	0	12	255	174	15	444
00273-00003	Mar-22	127	\$20,679	78	163	2	0	12	255	175	15	445
00273-00003	Apr-22	76	\$12,582	78	161	2	0	12	253	173	15	441
00273-00003	May-22	113	\$20,111	79	162	2	1	11	255	173	16	444
00273-00003	Jun-22	96	\$13,700	79	161	2	1	12	255	173	18	446
00273-00003	Jul-22	74	\$12,794	79	160	1	1	11	252	171	19	442
00273-00003	Aug-22	102	\$16,881	78	160	1	1	10	250	170	18	438
00273-00003	Sep-22	88	\$13,803	77	161	1	1	10	250	171	18	439
00273-00003	Oct-22	83	\$13,870	78	157	2	0	10	247	167	17	431
00273-00003	Nov-22	79	\$13,767	78	157	2	0	9	246	166	16	428
00273-00004	Dec-20	7	\$985	5	11	1	0	1	18	12	2	32
00273-00004	Jan-21	6	\$1,067	5	11	1	0	1	18	12	2	32
00273-00004	Feb-21	7	\$972	5	11	1	0	1	18	12	2	32
00273-00004	Mar-21	5	\$583	5	11	1	0	1	18	12	2	32
00273-00004	Apr-21	8	\$3,143	5	11	1	0	1	18	12	2	32
00273-00004	May-21	14	\$2,961	4	11	1	0	1	17	12	2	31
00273-00004	Jun-21	7	\$673	4	11	1	0	1	17	12	2	31
00273-00004	Jul-21	13	\$3,692	9	34	1	0	10	54	44	13	111
00273-00004	Aug-21	32	\$4,158	9	34	1	0	10	54	44	13	111
00273-00004	Sep-21	39	\$7,162	9	34	1	0	10	54	44	13	111
00273-00004	Oct-21	18	\$4,741	9	33	1	0	10	53	43	13	109
00273-00004	Nov-21	14	\$3,093	8	32	1	0	10	51	42	12	105
00273-00004	Dec-21	16	\$2,717	9	32	1	0	10	52	42	12	106
00273-00004	Jan-22	24	\$2,866	9	32	1	0	10	52	42	12	106
00273-00004	Feb-22	24	\$3,407	9	32	1	0	10	52	42	12	106
00273-00004	Mar-22	17	\$2,917	9	32	1	0	10	52	42	12	106
00273-00004	Apr-22	21	\$3,417	9	32	1	0	10	52	42	12	106
00273-00004	May-22	23	\$5,359	9	31	1	0	10	51	41	12	104
00273-00004	Jun-22	25	\$4,449	9	31	1	0	10	51	41	12	104
00273-00004	Jul-22	24	\$3,316	11	36	2	0	12	61	48	16	125
00273-00004	Aug-22	23	\$4,679	11	37	2	0	12	62	49	16	127
00273-00004	Sep-22	25	\$3,928	11	36	2	0	12	61	48	16	125
00273-00004	Oct-22	21	\$2,810	12	39	2	0	13	66	52	19	137
00273-00004	Nov-22	20	\$3,540	12	42	2	0	12	68	54	18	140
00273-09001	Dec-20	0	\$0	2	1	0	2	2	7	3	9	19
00273-09001	Jan-21	0	\$0	2	1	0	2	1	6	2	7	15
00273-09001	Feb-21	3	\$454	2	0	0	2	2	6	2	8	16
00273-09001	Mar-21	3	\$432	2	0	0	2	2	6	2	8	16

00273-09001	Apr-21	0	\$0	2	0	1	2	2	7	2	9	18
00273-09001	May-21	0	\$0	2	0	1	2	3	8	3	10	21
00273-09001	Jun-21	3	\$399	2	0	1	3	3	9	3	15	27
00273-09001	Jul-21	1	\$88	2	0	1	2	3	8	3	14	25
00273-09001	Aug-21	2	\$750	2	0	1	1	4	8	4	11	23
00273-09001	Sep-21	1	\$151	2	0	2	1	3	8	3	11	22
00273-09001	Oct-21	4	\$281	0	0	0	1	4	5	4	10	19
00273-09001	Nov-21	8	\$408	0	0	0	2	4	6	4	12	22
00273-09001	Dec-21	7	\$649	1	0	0	2	8	11	8	17	36
00273-09001	Jan-22	3	\$415	1	1	0	1	7	10	8	13	31
00273-09001	Feb-22	7	\$2,127	1	1	0	1	7	10	8	16	34
00273-09001	Mar-22	8	\$2,233	1	1	0	1	7	10	8	16	34
00273-09001	Apr-22	5	\$844	1	1	0	1	6	9	7	12	28
00273-09001	May-22	7	\$564	1	1	0	1	5	8	6	9	23
00273-09001	Jun-22	3	\$440	1	1	0	1	5	8	6	9	23
00273-09001	Jul-22	9	\$1,278	1	1	0	1	5	8	6	9	23
00273-09001	Aug-22	8	\$1,052	1	2	0	0	5	8	7	7	22
00273-09001	Sep-22	5	\$506	1	3	1	0	4	9	7	7	23
00273-09001	Oct-22	1	\$18	1	3	1	0	4	9	7	7	23
00273-09001	Nov-22	1	\$177	1	3	0	0	5	9	8	8	25
Total		37,552	\$6,349,916	23,168	19,734	5,207	5,634	36,850	90,593	56,607	100,077	247,277

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



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

Paid Period: December 1, 2020 - November 30, 2022

Group	Division	Paid Month/Year	Incurred Month/Year	Paid Amount
00273	All	Dec-20	Mar-20	\$302
00273	All	Dec-20	May-20	\$198
00273	All	Dec-20	Jun-20	\$1,008
00273	All	Dec-20	Jul-20	\$665
00273	All	Dec-20	Aug-20	\$729
00273	All	Dec-20	Sep-20	\$1,160
00273	All	Dec-20	Oct-20	\$11,974
00273	All	Dec-20	Nov-20	\$96,740
00273	All	Dec-20	Dec-20	\$169,532
00273	All	Jan-21	Jan-20	-\$1,292
00273	All	Jan-21	Feb-20	\$160
00273	All	Jan-21	Jun-20	\$523
00273	All	Jan-21	Jul-20	\$162
00273	All	Jan-21	Aug-20	\$474
00273	All	Jan-21	Sep-20	\$441
00273	All	Jan-21	Oct-20	\$1,448
00273	All	Jan-21	Nov-20	\$4,692
00273	All	Jan-21	Dec-20	\$67,403
00273	All	Jan-21	Jan-21	\$129,110
00273	All	Feb-21	Mar-20	\$727
00273	All	Feb-21	May-20	\$550
00273	All	Feb-21	Jun-20	\$366
00273	All	Feb-21	Jul-20	\$328
00273	All	Feb-21	Aug-20	\$1,855
00273	All	Feb-21	Sep-20	\$750
00273	All	Feb-21	Oct-20	\$2,933
00273	All	Feb-21	Nov-20	\$5,353
00273	All	Feb-21	Dec-20	\$6,951
00273	All	Feb-21	Jan-21	\$110,319
00273	All	Feb-21	Feb-21	\$141,509
00273	All	Mar-21	Jun-20	\$313
00273	All	Mar-21	Jul-20	\$1,297
00273	All	Mar-21	Aug-20	\$305
00273	All	Mar-21	Sep-20	\$638
00273	All	Mar-21	Oct-20	\$2,835
00273	All	Mar-21	Nov-20	\$3,080

00273	All	Mar-21	Dec-20	\$4,736
00273	All	Mar-21	Jan-21	\$6,337
00273	All	Mar-21	Feb-21	\$91,530
00273	All	Mar-21	Mar-21	\$147,843
00273	All	Apr-21	Jun-20	\$110
00273	All	Apr-21	Jul-20	\$209
00273	All	Apr-21	Sep-20	\$325
00273	All	Apr-21	Oct-20	\$76
00273	All	Apr-21	Nov-20	\$1,319
00273	All	Apr-21	Dec-20	\$2,361
00273	All	Apr-21	Jan-21	\$2,664
00273	All	Apr-21	Feb-21	\$8,615
00273	All	Apr-21	Mar-21	\$133,634
00273	All	Apr-21	Apr-21	\$163,354
00273	All	May-21	Jul-20	\$698
00273	All	May-21	Aug-20	\$29
00273	All	May-21	Oct-20	\$137
00273	All	May-21	Nov-20	\$274
00273	All	May-21	Dec-20	\$429
00273	All	May-21	Jan-21	\$3,402
00273	All	May-21	Feb-21	\$1,488
00273	All	May-21	Mar-21	\$8,256
00273	All	May-21	Apr-21	\$100,100
00273	All	May-21	May-21	\$140,049
00273	All	Jun-21	Mar-20	\$323
00273	All	Jun-21	Nov-20	\$1,330
00273	All	Jun-21	Dec-20	\$546
00273	All	Jun-21	Jan-21	\$1,074
00273	All	Jun-21	Feb-21	\$1,857
00273	All	Jun-21	Mar-21	\$3,249
00273	All	Jun-21	Apr-21	\$4,275
00273	All	Jun-21	May-21	\$89,297
00273	All	Jun-21	Jun-21	\$137,452
00273	All	Jul-21	Jul-18	\$147
00273	All	Jul-21	Sep-18	\$227
00273	All	Jul-21	Apr-19	\$93
00273	All	Jul-21	May-19	\$35
00273	All	Jul-21	Jun-19	\$225
00273	All	Jul-21	Jul-19	\$176
00273	All	Jul-21	Oct-19	\$131
00273	All	Jul-21	Mar-20	\$109
00273	All	Jul-21	Jun-20	\$155
00273	All	Jul-21	Aug-20	\$128
00273	All	Jul-21	Sep-20	\$282
00273	All	Jul-21	Oct-20	\$1,037
00273	All	Jul-21	Nov-20	\$109
00273	All	Jul-21	Dec-20	\$143
00273	All	Jul-21	Jan-21	\$510
00273	All	Jul-21	Feb-21	\$902

00273	All	Jul-21	Mar-21	\$3,412
00273	All	Jul-21	Apr-21	\$4,478
00273	All	Jul-21	May-21	\$10,266
00273	All	Jul-21	Jun-21	\$124,991
00273	All	Jul-21	Jul-21	\$170,237
00273	All	Aug-21	Jul-20	\$42
00273	All	Aug-21	Aug-20	-\$194
00273	All	Aug-21	Sep-20	\$64
00273	All	Aug-21	Nov-20	\$26
00273	All	Aug-21	Jan-21	\$220
00273	All	Aug-21	Feb-21	\$1,776
00273	All	Aug-21	Mar-21	\$302
00273	All	Aug-21	Apr-21	\$505
00273	All	Aug-21	May-21	\$3,190
00273	All	Aug-21	Jun-21	\$8,303
00273	All	Aug-21	Jul-21	\$108,422
00273	All	Aug-21	Aug-21	\$150,491
00273	All	Sep-21	Mar-19	\$433
00273	All	Sep-21	Apr-19	\$114
00273	All	Sep-21	May-19	\$68
00273	All	Sep-21	Jun-19	\$294
00273	All	Sep-21	Jul-19	\$88
00273	All	Sep-21	Aug-19	\$486
00273	All	Sep-21	Feb-20	\$1,124
00273	All	Sep-21	Jun-20	\$1,763
00273	All	Sep-21	Oct-20	\$187
00273	All	Sep-21	Nov-20	\$86
00273	All	Sep-21	Dec-20	\$142
00273	All	Sep-21	Jan-21	\$156
00273	All	Sep-21	Feb-21	\$354
00273	All	Sep-21	Mar-21	\$1,239
00273	All	Sep-21	Apr-21	\$5,436
00273	All	Sep-21	May-21	\$686
00273	All	Sep-21	Jun-21	\$6,365
00273	All	Sep-21	Jul-21	\$14,015
00273	All	Sep-21	Aug-21	\$110,578
00273	All	Sep-21	Sep-21	\$157,811
00273	All	Oct-21	Sep-20	\$145
00273	All	Oct-21	Mar-21	\$1,833
00273	All	Oct-21	Apr-21	\$3,264
00273	All	Oct-21	May-21	\$275
00273	All	Oct-21	Jun-21	\$320
00273	All	Oct-21	Jul-21	\$4,725
00273	All	Oct-21	Aug-21	\$9,688
00273	All	Oct-21	Sep-21	\$87,535
00273	All	Oct-21	Oct-21	\$148,092
00273	All	Nov-21	Feb-20	\$87
00273	All	Nov-21	Oct-20	\$418
00273	All	Nov-21	Jan-21	\$24

00273	All	Nov-21	Feb-21	\$245
00273	All	Nov-21	Mar-21	\$103
00273	All	Nov-21	Apr-21	\$290
00273	All	Nov-21	Jul-21	\$727
00273	All	Nov-21	Aug-21	\$2,981
00273	All	Nov-21	Sep-21	\$11,027
00273	All	Nov-21	Oct-21	\$97,007
00273	All	Nov-21	Nov-21	\$136,275
00273	All	Dec-21	Aug-19	\$401
00273	All	Dec-21	Apr-20	\$1,025
00273	All	Dec-21	May-20	\$1,373
00273	All	Dec-21	Oct-20	\$842
00273	All	Dec-21	Feb-21	\$576
00273	All	Dec-21	Apr-21	\$415
00273	All	Dec-21	May-21	\$336
00273	All	Dec-21	Jun-21	\$6
00273	All	Dec-21	Jul-21	\$3,935
00273	All	Dec-21	Aug-21	\$2,150
00273	All	Dec-21	Sep-21	\$590
00273	All	Dec-21	Oct-21	\$9,333
00273	All	Dec-21	Nov-21	\$103,910
00273	All	Dec-21	Dec-21	\$148,351
00273	All	Jan-22	Mar-19	\$108
00273	All	Jan-22	Apr-19	\$513
00273	All	Jan-22	May-19	\$2,501
00273	All	Jan-22	Jul-19	\$168
00273	All	Jan-22	Aug-19	\$696
00273	All	Jan-22	Sep-19	\$954
00273	All	Jan-22	Oct-19	\$1,093
00273	All	Jan-22	Nov-19	\$108
00273	All	Jan-22	Dec-19	\$522
00273	All	Jan-22	Jan-20	\$1,038
00273	All	Jan-22	Feb-20	\$460
00273	All	Jan-22	May-20	\$353
00273	All	Jan-22	Jun-20	\$264
00273	All	Jan-22	Jul-20	\$459
00273	All	Jan-22	Aug-20	\$130
00273	All	Jan-22	Oct-20	\$209
00273	All	Jan-22	Nov-20	\$48
00273	All	Jan-22	Jan-21	\$76
00273	All	Jan-22	Feb-21	\$323
00273	All	Jan-22	Mar-21	\$17
00273	All	Jan-22	Apr-21	\$626
00273	All	Jan-22	May-21	\$98
00273	All	Jan-22	Jun-21	\$1,326
00273	All	Jan-22	Jul-21	\$17
00273	All	Jan-22	Aug-21	\$2,047
00273	All	Jan-22	Sep-21	\$3,291
00273	All	Jan-22	Oct-21	\$4,667

00273	All	Jan-22	Nov-21	\$5,273
00273	All	Jan-22	Dec-21	\$66,160
00273	All	Jan-22	Jan-22	\$102,892
00273	All	Feb-22	Sep-19	\$86
00273	All	Feb-22	Jan-21	\$176
00273	All	Feb-22	Mar-21	\$178
00273	All	Feb-22	Aug-21	\$2,122
00273	All	Feb-22	Sep-21	\$203
00273	All	Feb-22	Oct-21	\$603
00273	All	Feb-22	Nov-21	\$7,999
00273	All	Feb-22	Dec-21	\$8,082
00273	All	Feb-22	Jan-22	\$89,900
00273	All	Feb-22	Feb-22	\$120,601
00273	All	Mar-22	Apr-19	\$93
00273	All	Mar-22	May-19	\$35
00273	All	Mar-22	Jun-19	\$111
00273	All	Mar-22	Sep-20	\$137
00273	All	Mar-22	Nov-20	\$182
00273	All	Mar-22	Mar-21	\$646
00273	All	Mar-22	Apr-21	\$88
00273	All	Mar-22	Jul-21	\$76
00273	All	Mar-22	Aug-21	\$241
00273	All	Mar-22	Sep-21	\$309
00273	All	Mar-22	Oct-21	\$472
00273	All	Mar-22	Nov-21	\$1,592
00273	All	Mar-22	Dec-21	\$4,765
00273	All	Mar-22	Jan-22	\$7,058
00273	All	Mar-22	Feb-22	\$109,894
00273	All	Mar-22	Mar-22	\$168,117
00273	All	Apr-22	Feb-21	\$283
00273	All	Apr-22	Mar-21	\$73
00273	All	Apr-22	Jun-21	\$100
00273	All	Apr-22	Jul-21	-\$389
00273	All	Apr-22	Aug-21	\$1,182
00273	All	Apr-22	Sep-21	\$129
00273	All	Apr-22	Oct-21	\$1,012
00273	All	Apr-22	Nov-21	\$1,529
00273	All	Apr-22	Dec-21	\$1,912
00273	All	Apr-22	Jan-22	\$4,062
00273	All	Apr-22	Feb-22	\$7,969
00273	All	Apr-22	Mar-22	\$93,071
00273	All	Apr-22	Apr-22	\$124,976
00273	All	May-22	Jul-19	\$62
00273	All	May-22	Aug-19	\$263
00273	All	May-22	Sep-19	\$8
00273	All	May-22	Oct-19	\$263
00273	All	May-22	Nov-19	\$48
00273	All	May-22	Jan-20	\$47
00273	All	May-22	Feb-20	\$144

00273	All	May-22	Jul-20	\$55
00273	All	May-22	Aug-20	\$62
00273	All	May-22	Sep-20	\$539
00273	All	May-22	Oct-20	\$87
00273	All	May-22	Apr-21	\$86
00273	All	May-22	Jul-21	\$275
00273	All	May-22	Aug-21	\$94
00273	All	May-22	Sep-21	\$1,511
00273	All	May-22	Oct-21	\$792
00273	All	May-22	Nov-21	\$541
00273	All	May-22	Dec-21	\$3,069
00273	All	May-22	Jan-22	\$2,723
00273	All	May-22	Feb-22	\$6,798
00273	All	May-22	Mar-22	\$7,176
00273	All	May-22	Apr-22	\$111,066
00273	All	May-22	May-22	\$147,320
00273	All	Jun-22	Jul-19	\$276
00273	All	Jun-22	Aug-19	\$383
00273	All	Jun-22	Sep-19	\$434
00273	All	Jun-22	Oct-19	\$127
00273	All	Jun-22	Nov-19	\$88
00273	All	Jun-22	Dec-19	\$145
00273	All	Jun-22	Jan-20	\$245
00273	All	Jun-22	Feb-20	\$672
00273	All	Jun-22	Mar-20	\$291
00273	All	Jun-22	Jun-20	\$483
00273	All	Jun-22	Jul-20	\$156
00273	All	Jun-22	Aug-20	\$116
00273	All	Jun-22	Sep-20	\$265
00273	All	Jun-22	Oct-20	\$499
00273	All	Jun-22	Nov-20	\$417
00273	All	Jun-22	Dec-20	\$207
00273	All	Jun-22	Mar-21	\$335
00273	All	Jun-22	Jun-21	\$228
00273	All	Jun-22	Jul-21	\$1,617
00273	All	Jun-22	Aug-21	\$297
00273	All	Jun-22	Sep-21	\$304
00273	All	Jun-22	Oct-21	\$45
00273	All	Jun-22	Nov-21	\$2,039
00273	All	Jun-22	Dec-21	\$2,222
00273	All	Jun-22	Jan-22	\$939
00273	All	Jun-22	Feb-22	\$2,911
00273	All	Jun-22	Mar-22	\$2,886
00273	All	Jun-22	Apr-22	\$6,697
00273	All	Jun-22	May-22	\$109,294
00273	All	Jun-22	Jun-22	\$144,445
00273	All	Jul-22	Nov-20	\$364
00273	All	Jul-22	Sep-21	\$329
00273	All	Jul-22	Oct-21	\$240

00273	All	Jul-22	Nov-21	\$171
00273	All	Jul-22	Dec-21	\$244
00273	All	Jul-22	Jan-22	\$1,210
00273	All	Jul-22	Feb-22	\$147
00273	All	Jul-22	Mar-22	\$1,273
00273	All	Jul-22	Apr-22	\$5,229
00273	All	Jul-22	May-22	\$10,015
00273	All	Jul-22	Jun-22	\$92,830
00273	All	Jul-22	Jul-22	\$157,857
00273	All	Aug-22	Jan-20	\$39
00273	All	Aug-22	Feb-21	\$152
00273	All	Aug-22	Oct-21	\$336
00273	All	Aug-22	Nov-21	\$68
00273	All	Aug-22	Dec-21	\$116
00273	All	Aug-22	Jan-22	\$321
00273	All	Aug-22	Feb-22	-\$62
00273	All	Aug-22	Mar-22	\$748
00273	All	Aug-22	Apr-22	\$273
00273	All	Aug-22	May-22	\$1,851
00273	All	Aug-22	Jun-22	\$7,212
00273	All	Aug-22	Jul-22	\$100,919
00273	All	Aug-22	Aug-22	\$165,884
00273	All	Sep-22	Jan-20	\$55
00273	All	Sep-22	Dec-20	\$12
00273	All	Sep-22	Sep-21	\$44
00273	All	Sep-22	Oct-21	\$26
00273	All	Sep-22	Nov-21	\$182
00273	All	Sep-22	Jan-22	\$205
00273	All	Sep-22	Feb-22	\$104
00273	All	Sep-22	Mar-22	\$1,684
00273	All	Sep-22	Apr-22	\$769
00273	All	Sep-22	May-22	\$3,161
00273	All	Sep-22	Jun-22	\$1,270
00273	All	Sep-22	Jul-22	\$9,752
00273	All	Sep-22	Aug-22	\$130,925
00273	All	Sep-22	Sep-22	\$141,940
00273	All	Oct-22	Jun-21	\$72
00273	All	Oct-22	Feb-22	\$182
00273	All	Oct-22	Mar-22	\$255
00273	All	Oct-22	Apr-22	\$357
00273	All	Oct-22	May-22	\$1,310
00273	All	Oct-22	Jun-22	\$3,122
00273	All	Oct-22	Jul-22	\$2,363
00273	All	Oct-22	Aug-22	\$5,913
00273	All	Oct-22	Sep-22	\$106,151
00273	All	Oct-22	Oct-22	\$141,958
00273	All	Nov-22	Jan-21	\$1,494
00273	All	Nov-22	Nov-21	\$216
00273	All	Nov-22	Jan-22	\$324

00273	All	Nov-22	Feb-22	\$59
00273	All	Nov-22	Mar-22	\$84
00273	All	Nov-22	Apr-22	\$162
00273	All	Nov-22	May-22	-\$218
00273	All	Nov-22	Jun-22	\$1,108
00273	All	Nov-22	Jul-22	\$2,815
00273	All	Nov-22	Aug-22	\$3,796
00273	All	Nov-22	Sep-22	\$5,491
00273	All	Nov-22	Oct-22	\$96,576
00273	All	Nov-22	Nov-22	\$126,648
Total				\$6,349,916

Group	Division	Paid Month/Year	Incurred Month/Year	Paid Amount
00273	00001	Dec-20	Mar-20	\$302
00273	00001	Dec-20	May-20	\$198
00273	00001	Dec-20	Jun-20	\$902
00273	00001	Dec-20	Jul-20	\$665
00273	00001	Dec-20	Aug-20	\$729
00273	00001	Dec-20	Sep-20	\$994
00273	00001	Dec-20	Oct-20	\$10,674
00273	00001	Dec-20	Nov-20	\$87,504
00273	00001	Dec-20	Dec-20	\$144,835
00273	00001	Jan-21	Feb-20	\$160
00273	00001	Jan-21	Jun-20	\$523
00273	00001	Jan-21	Jul-20	\$162
00273	00001	Jan-21	Aug-20	\$280
00273	00001	Jan-21	Sep-20	\$358
00273	00001	Jan-21	Oct-20	\$796
00273	00001	Jan-21	Nov-20	\$4,692
00273	00001	Jan-21	Dec-20	\$60,180
00273	00001	Jan-21	Jan-21	\$111,267
00273	00001	Feb-21	Mar-20	\$727
00273	00001	Feb-21	May-20	\$550
00273	00001	Feb-21	Jun-20	\$366
00273	00001	Feb-21	Jul-20	\$328
00273	00001	Feb-21	Aug-20	\$1,779
00273	00001	Feb-21	Sep-20	\$686
00273	00001	Feb-21	Oct-20	\$2,933
00273	00001	Feb-21	Nov-20	\$5,353
00273	00001	Feb-21	Dec-20	\$6,538
00273	00001	Feb-21	Jan-21	\$97,196
00273	00001	Feb-21	Feb-21	\$119,185
00273	00001	Mar-21	Jun-20	\$313
00273	00001	Mar-21	Jul-20	\$1,297
00273	00001	Mar-21	Aug-20	\$305
00273	00001	Mar-21	Sep-20	\$519
00273	00001	Mar-21	Oct-20	\$1,577

00273	00001	Mar-21	Nov-20	\$2,737
00273	00001	Mar-21	Dec-20	\$4,736
00273	00001	Mar-21	Jan-21	\$5,908
00273	00001	Mar-21	Feb-21	\$80,023
00273	00001	Mar-21	Mar-21	\$128,578
00273	00001	Apr-21	Jun-20	\$110
00273	00001	Apr-21	Jul-20	\$209
00273	00001	Apr-21	Sep-20	\$325
00273	00001	Apr-21	Oct-20	\$76
00273	00001	Apr-21	Nov-20	\$1,255
00273	00001	Apr-21	Dec-20	\$2,361
00273	00001	Apr-21	Jan-21	\$2,282
00273	00001	Apr-21	Feb-21	\$8,505
00273	00001	Apr-21	Mar-21	\$112,559
00273	00001	Apr-21	Apr-21	\$140,624
00273	00001	May-21	Jul-20	\$698
00273	00001	May-21	Aug-20	\$29
00273	00001	May-21	Oct-20	\$137
00273	00001	May-21	Nov-20	\$274
00273	00001	May-21	Dec-20	\$429
00273	00001	May-21	Jan-21	\$3,159
00273	00001	May-21	Feb-21	\$1,669
00273	00001	May-21	Mar-21	\$6,295
00273	00001	May-21	Apr-21	\$82,925
00273	00001	May-21	May-21	\$114,419
00273	00001	Jun-21	Nov-20	\$1,244
00273	00001	Jun-21	Dec-20	\$546
00273	00001	Jun-21	Jan-21	\$1,045
00273	00001	Jun-21	Feb-21	\$1,857
00273	00001	Jun-21	Mar-21	\$3,092
00273	00001	Jun-21	Apr-21	\$4,086
00273	00001	Jun-21	May-21	\$78,010
00273	00001	Jun-21	Jun-21	\$116,295
00273	00001	Jul-21	Jul-18	\$147
00273	00001	Jul-21	Sep-18	\$227
00273	00001	Jul-21	Apr-19	\$93
00273	00001	Jul-21	Jun-19	\$225
00273	00001	Jul-21	Jul-19	\$176
00273	00001	Jul-21	Oct-19	\$131
00273	00001	Jul-21	Jun-20	\$155
00273	00001	Jul-21	Aug-20	\$128
00273	00001	Jul-21	Sep-20	\$282
00273	00001	Jul-21	Oct-20	\$1,037
00273	00001	Jul-21	Dec-20	\$143
00273	00001	Jul-21	Jan-21	\$510
00273	00001	Jul-21	Feb-21	\$902
00273	00001	Jul-21	Mar-21	\$3,393
00273	00001	Jul-21	Apr-21	\$2,764
00273	00001	Jul-21	May-21	\$8,859

00273	00001	Jul-21	Jun-21	\$109,352
00273	00001	Jul-21	Jul-21	\$147,290
00273	00001	Aug-21	Jul-20	\$42
00273	00001	Aug-21	Sep-20	\$64
00273	00001	Aug-21	Nov-20	\$26
00273	00001	Aug-21	Jan-21	\$220
00273	00001	Aug-21	Feb-21	\$1,309
00273	00001	Aug-21	Mar-21	\$302
00273	00001	Aug-21	Apr-21	\$505
00273	00001	Aug-21	May-21	\$3,126
00273	00001	Aug-21	Jun-21	\$7,599
00273	00001	Aug-21	Jul-21	\$96,406
00273	00001	Aug-21	Aug-21	\$128,336
00273	00001	Sep-21	Mar-19	\$433
00273	00001	Sep-21	Apr-19	\$114
00273	00001	Sep-21	May-19	\$68
00273	00001	Sep-21	Jun-19	\$187
00273	00001	Sep-21	Jul-19	\$88
00273	00001	Sep-21	Aug-19	\$486
00273	00001	Sep-21	Feb-20	\$1,124
00273	00001	Sep-21	Jun-20	\$1,763
00273	00001	Sep-21	Oct-20	\$187
00273	00001	Sep-21	Dec-20	\$142
00273	00001	Sep-21	Jan-21	\$68
00273	00001	Sep-21	Feb-21	\$68
00273	00001	Sep-21	Mar-21	\$1,239
00273	00001	Sep-21	Apr-21	\$5,436
00273	00001	Sep-21	May-21	\$686
00273	00001	Sep-21	Jun-21	\$6,118
00273	00001	Sep-21	Jul-21	\$11,596
00273	00001	Sep-21	Aug-21	\$93,807
00273	00001	Sep-21	Sep-21	\$130,774
00273	00001	Oct-21	Sep-20	\$145
00273	00001	Oct-21	Mar-21	\$1,824
00273	00001	Oct-21	Apr-21	\$3,264
00273	00001	Oct-21	May-21	\$275
00273	00001	Oct-21	Jun-21	\$320
00273	00001	Oct-21	Jul-21	\$3,703
00273	00001	Oct-21	Aug-21	\$9,034
00273	00001	Oct-21	Sep-21	\$75,106
00273	00001	Oct-21	Oct-21	\$122,206
00273	00001	Nov-21	Feb-20	\$87
00273	00001	Nov-21	Oct-20	\$418
00273	00001	Nov-21	Jan-21	\$24
00273	00001	Nov-21	Feb-21	\$245
00273	00001	Nov-21	Mar-21	\$103
00273	00001	Nov-21	Apr-21	\$290
00273	00001	Nov-21	Jul-21	\$727
00273	00001	Nov-21	Aug-21	\$2,981

00273	00001	Nov-21	Sep-21	\$9,792
00273	00001	Nov-21	Oct-21	\$79,428
00273	00001	Nov-21	Nov-21	\$112,194
00273	00001	Dec-21	Aug-19	\$401
00273	00001	Dec-21	Apr-20	\$1,025
00273	00001	Dec-21	May-20	\$974
00273	00001	Dec-21	Oct-20	\$842
00273	00001	Dec-21	Feb-21	\$576
00273	00001	Dec-21	Apr-21	\$348
00273	00001	Dec-21	May-21	\$336
00273	00001	Dec-21	Jun-21	\$6
00273	00001	Dec-21	Jul-21	\$3,825
00273	00001	Dec-21	Aug-21	\$1,837
00273	00001	Dec-21	Sep-21	\$590
00273	00001	Dec-21	Oct-21	\$7,187
00273	00001	Dec-21	Nov-21	\$87,608
00273	00001	Dec-21	Dec-21	\$122,543
00273	00001	Jan-22	Mar-19	\$108
00273	00001	Jan-22	Apr-19	\$393
00273	00001	Jan-22	May-19	\$2,501
00273	00001	Jan-22	Jul-19	\$168
00273	00001	Jan-22	Aug-19	\$696
00273	00001	Jan-22	Sep-19	\$954
00273	00001	Jan-22	Oct-19	\$1,093
00273	00001	Jan-22	Nov-19	\$108
00273	00001	Jan-22	Dec-19	\$522
00273	00001	Jan-22	Jan-20	\$1,038
00273	00001	Jan-22	Feb-20	\$460
00273	00001	Jan-22	May-20	\$353
00273	00001	Jan-22	Jun-20	\$264
00273	00001	Jan-22	Jul-20	\$459
00273	00001	Jan-22	Aug-20	\$130
00273	00001	Jan-22	Oct-20	\$209
00273	00001	Jan-22	Nov-20	\$48
00273	00001	Jan-22	Jan-21	\$76
00273	00001	Jan-22	Feb-21	\$323
00273	00001	Jan-22	Mar-21	\$17
00273	00001	Jan-22	Apr-21	\$626
00273	00001	Jan-22	May-21	\$98
00273	00001	Jan-22	Jun-21	\$1,128
00273	00001	Jan-22	Jul-21	\$17
00273	00001	Jan-22	Aug-21	\$1,747
00273	00001	Jan-22	Sep-21	\$3,291
00273	00001	Jan-22	Oct-21	\$4,667
00273	00001	Jan-22	Nov-21	\$5,078
00273	00001	Jan-22	Dec-21	\$58,255
00273	00001	Jan-22	Jan-22	\$89,739
00273	00001	Feb-22	Sep-19	\$86
00273	00001	Feb-22	Jan-21	\$64

00273	00001	Feb-22	Mar-21	\$178
00273	00001	Feb-22	Aug-21	\$2,122
00273	00001	Feb-22	Sep-21	\$203
00273	00001	Feb-22	Oct-21	\$603
00273	00001	Feb-22	Nov-21	\$7,778
00273	00001	Feb-22	Dec-21	\$7,598
00273	00001	Feb-22	Jan-22	\$78,293
00273	00001	Feb-22	Feb-22	\$95,038
00273	00001	Mar-22	Apr-19	\$93
00273	00001	Mar-22	Jun-19	\$111
00273	00001	Mar-22	Nov-20	\$182
00273	00001	Mar-22	Mar-21	\$646
00273	00001	Mar-22	Apr-21	\$88
00273	00001	Mar-22	Jul-21	\$76
00273	00001	Mar-22	Aug-21	\$64
00273	00001	Mar-22	Sep-21	\$309
00273	00001	Mar-22	Oct-21	\$421
00273	00001	Mar-22	Nov-21	\$1,572
00273	00001	Mar-22	Dec-21	\$4,118
00273	00001	Mar-22	Jan-22	\$5,803
00273	00001	Mar-22	Feb-22	\$96,537
00273	00001	Mar-22	Mar-22	\$141,924
00273	00001	Apr-22	Feb-21	\$283
00273	00001	Apr-22	Mar-21	\$73
00273	00001	Apr-22	Jun-21	\$100
00273	00001	Apr-22	Jul-21	-\$389
00273	00001	Apr-22	Aug-21	\$1,182
00273	00001	Apr-22	Sep-21	\$129
00273	00001	Apr-22	Oct-21	\$1,012
00273	00001	Apr-22	Nov-21	\$1,529
00273	00001	Apr-22	Dec-21	\$1,912
00273	00001	Apr-22	Jan-22	\$3,990
00273	00001	Apr-22	Feb-22	\$7,870
00273	00001	Apr-22	Mar-22	\$83,562
00273	00001	Apr-22	Apr-22	\$108,912
00273	00001	May-22	Jul-19	\$62
00273	00001	May-22	Aug-19	\$263
00273	00001	May-22	Sep-19	\$8
00273	00001	May-22	Oct-19	\$263
00273	00001	May-22	Nov-19	\$48
00273	00001	May-22	Jan-20	\$47
00273	00001	May-22	Feb-20	\$144
00273	00001	May-22	Jul-20	\$55
00273	00001	May-22	Aug-20	\$62
00273	00001	May-22	Sep-20	\$539
00273	00001	May-22	Oct-20	\$87
00273	00001	May-22	Apr-21	\$86
00273	00001	May-22	Jul-21	\$275
00273	00001	May-22	Aug-21	\$94

00273	00001	May-22	Sep-21	\$1,511
00273	00001	May-22	Oct-21	\$792
00273	00001	May-22	Nov-21	\$267
00273	00001	May-22	Dec-21	\$3,069
00273	00001	May-22	Jan-22	\$2,555
00273	00001	May-22	Feb-22	\$6,647
00273	00001	May-22	Mar-22	\$6,378
00273	00001	May-22	Apr-22	\$92,698
00273	00001	May-22	May-22	\$125,660
00273	00001	Jun-22	Jul-19	\$276
00273	00001	Jun-22	Aug-19	\$320
00273	00001	Jun-22	Sep-19	\$434
00273	00001	Jun-22	Oct-19	\$115
00273	00001	Jun-22	Nov-19	\$88
00273	00001	Jun-22	Dec-19	\$145
00273	00001	Jun-22	Jan-20	\$166
00273	00001	Jun-22	Feb-20	\$672
00273	00001	Jun-22	Mar-20	\$291
00273	00001	Jun-22	Jun-20	\$483
00273	00001	Jun-22	Jul-20	\$156
00273	00001	Jun-22	Aug-20	\$116
00273	00001	Jun-22	Sep-20	\$265
00273	00001	Jun-22	Oct-20	\$499
00273	00001	Jun-22	Nov-20	\$417
00273	00001	Jun-22	Dec-20	\$207
00273	00001	Jun-22	Mar-21	\$335
00273	00001	Jun-22	Jun-21	\$228
00273	00001	Jun-22	Jul-21	\$1,617
00273	00001	Jun-22	Aug-21	\$297
00273	00001	Jun-22	Sep-21	\$304
00273	00001	Jun-22	Oct-21	\$45
00273	00001	Jun-22	Nov-21	\$2,039
00273	00001	Jun-22	Dec-21	\$2,005
00273	00001	Jun-22	Jan-22	\$939
00273	00001	Jun-22	Feb-22	\$2,696
00273	00001	Jun-22	Mar-22	\$2,297
00273	00001	Jun-22	Apr-22	\$6,360
00273	00001	Jun-22	May-22	\$94,615
00273	00001	Jun-22	Jun-22	\$120,107
00273	00001	Jul-22	Sep-21	\$137
00273	00001	Jul-22	Oct-21	\$240
00273	00001	Jul-22	Nov-21	\$65
00273	00001	Jul-22	Dec-21	\$24
00273	00001	Jul-22	Jan-22	\$739
00273	00001	Jul-22	Feb-22	\$147
00273	00001	Jul-22	Mar-22	\$1,122
00273	00001	Jul-22	Apr-22	\$4,778
00273	00001	Jul-22	May-22	\$9,289
00273	00001	Jul-22	Jun-22	\$79,702

00273	00001	Jul-22	Jul-22	\$128,995
00273	00001	Aug-22	Jan-20	\$39
00273	00001	Aug-22	Feb-21	\$152
00273	00001	Aug-22	Oct-21	\$336
00273	00001	Aug-22	Nov-21	\$68
00273	00001	Aug-22	Dec-21	\$116
00273	00001	Aug-22	Jan-22	\$211
00273	00001	Aug-22	Feb-22	-\$62
00273	00001	Aug-22	Mar-22	\$659
00273	00001	Aug-22	Apr-22	\$273
00273	00001	Aug-22	May-22	\$1,506
00273	00001	Aug-22	Jun-22	\$5,437
00273	00001	Aug-22	Jul-22	\$87,614
00273	00001	Aug-22	Aug-22	\$141,156
00273	00001	Sep-22	Jan-20	\$55
00273	00001	Sep-22	Dec-20	\$12
00273	00001	Sep-22	Sep-21	\$44
00273	00001	Sep-22	Oct-21	\$26
00273	00001	Sep-22	Nov-21	\$182
00273	00001	Sep-22	Jan-22	\$88
00273	00001	Sep-22	Feb-22	\$104
00273	00001	Sep-22	Mar-22	\$1,684
00273	00001	Sep-22	Apr-22	\$769
00273	00001	Sep-22	May-22	\$1,955
00273	00001	Sep-22	Jun-22	\$1,209
00273	00001	Sep-22	Jul-22	\$9,473
00273	00001	Sep-22	Aug-22	\$114,910
00273	00001	Sep-22	Sep-22	\$125,803
00273	00001	Oct-22	Jun-21	\$72
00273	00001	Oct-22	Feb-22	\$182
00273	00001	Oct-22	Mar-22	\$255
00273	00001	Oct-22	Apr-22	\$357
00273	00001	Oct-22	May-22	\$1,142
00273	00001	Oct-22	Jun-22	\$2,515
00273	00001	Oct-22	Jul-22	\$1,930
00273	00001	Oct-22	Aug-22	\$4,988
00273	00001	Oct-22	Sep-22	\$95,083
00273	00001	Oct-22	Oct-22	\$123,290
00273	00001	Nov-22	Jan-21	\$1,494
00273	00001	Nov-22	Nov-21	\$216
00273	00001	Nov-22	Jan-22	\$324
00273	00001	Nov-22	Feb-22	\$59
00273	00001	Nov-22	Mar-22	\$84
00273	00001	Nov-22	Apr-22	\$162
00273	00001	Nov-22	May-22	-\$218
00273	00001	Nov-22	Jun-22	\$1,108
00273	00001	Nov-22	Jul-22	\$2,815
00273	00001	Nov-22	Aug-22	\$3,375
00273	00001	Nov-22	Sep-22	\$4,540

00273	00001	Nov-22	Oct-22	\$83,282
00273	00001	Nov-22	Nov-22	\$106,442
00273	00002	Dec-20	Jun-20	\$107
00273	00002	Dec-20	Sep-20	\$166
00273	00002	Dec-20	Oct-20	\$244
00273	00002	Dec-20	Nov-20	\$3,363
00273	00002	Dec-20	Dec-20	\$15,939
00273	00002	Jan-21	Sep-20	\$84
00273	00002	Jan-21	Dec-20	\$3,408
00273	00002	Jan-21	Jan-21	\$11,581
00273	00002	Feb-21	Dec-20	\$330
00273	00002	Feb-21	Jan-21	\$8,830
00273	00002	Feb-21	Feb-21	\$10,646
00273	00002	Mar-21	Oct-20	\$1,080
00273	00002	Mar-21	Nov-20	\$152
00273	00002	Mar-21	Jan-21	\$404
00273	00002	Mar-21	Feb-21	\$5,495
00273	00002	Mar-21	Mar-21	\$6,754
00273	00002	Apr-21	Nov-20	\$64
00273	00002	Apr-21	Mar-21	\$9,111
00273	00002	Apr-21	Apr-21	\$9,978
00273	00002	May-21	Feb-21	-\$181
00273	00002	May-21	Mar-21	\$1,462
00273	00002	May-21	Apr-21	\$9,533
00273	00002	May-21	May-21	\$13,841
00273	00002	Jun-21	Mar-20	\$323
00273	00002	Jun-21	Nov-20	\$86
00273	00002	Jun-21	Mar-21	\$157
00273	00002	Jun-21	Apr-21	\$64
00273	00002	Jun-21	May-21	\$5,265
00273	00002	Jun-21	Jun-21	\$13,025
00273	00002	Jul-21	May-19	\$35
00273	00002	Jul-21	Apr-21	\$1,304
00273	00002	Jul-21	May-21	\$1,318
00273	00002	Jul-21	Jun-21	\$9,015
00273	00002	Jul-21	Jul-21	\$9,592
00273	00002	Aug-21	Feb-21	\$467
00273	00002	Aug-21	May-21	\$64
00273	00002	Aug-21	Jun-21	\$54
00273	00002	Aug-21	Jul-21	\$6,174
00273	00002	Aug-21	Aug-21	\$12,320
00273	00002	Sep-21	Feb-21	\$215
00273	00002	Sep-21	Jun-21	\$110
00273	00002	Sep-21	Jul-21	\$1,178
00273	00002	Sep-21	Aug-21	\$8,973
00273	00002	Sep-21	Sep-21	\$11,156
00273	00002	Oct-21	Aug-21	\$636
00273	00002	Oct-21	Sep-21	\$4,874
00273	00002	Oct-21	Oct-21	\$11,312

00273	00002	Nov-21	Sep-21	\$374
00273	00002	Nov-21	Oct-21	\$9,929
00273	00002	Nov-21	Nov-21	\$12,477
00273	00002	Dec-21	Oct-21	\$73
00273	00002	Dec-21	Nov-21	\$6,790
00273	00002	Dec-21	Dec-21	\$14,665
00273	00002	Jan-22	Apr-19	\$120
00273	00002	Jan-22	Aug-21	\$300
00273	00002	Jan-22	Nov-21	\$195
00273	00002	Jan-22	Dec-21	\$5,113
00273	00002	Jan-22	Jan-22	\$4,824
00273	00002	Feb-22	Nov-21	\$220
00273	00002	Feb-22	Jan-22	\$4,532
00273	00002	Feb-22	Feb-22	\$11,168
00273	00002	Mar-22	May-19	\$35
00273	00002	Mar-22	Sep-20	\$137
00273	00002	Mar-22	Aug-21	\$177
00273	00002	Mar-22	Jan-22	\$911
00273	00002	Mar-22	Feb-22	\$3,459
00273	00002	Mar-22	Mar-22	\$11,324
00273	00002	Apr-22	Feb-22	\$99
00273	00002	Apr-22	Mar-22	\$2,494
00273	00002	Apr-22	Apr-22	\$6,308
00273	00002	May-22	Nov-21	\$274
00273	00002	May-22	Apr-22	\$8,287
00273	00002	May-22	May-22	\$6,823
00273	00002	Jun-22	Aug-19	\$63
00273	00002	Jun-22	Oct-19	\$12
00273	00002	Jun-22	Jan-20	\$79
00273	00002	Jun-22	Feb-22	\$215
00273	00002	Jun-22	Mar-22	\$589
00273	00002	Jun-22	Apr-22	\$120
00273	00002	Jun-22	May-22	\$6,787
00273	00002	Jun-22	Jun-22	\$14,075
00273	00002	Jul-22	Nov-20	\$364
00273	00002	Jul-22	Sep-21	\$192
00273	00002	Jul-22	Nov-21	\$106
00273	00002	Jul-22	Dec-21	\$220
00273	00002	Jul-22	Jan-22	\$471
00273	00002	Jul-22	Mar-22	\$151
00273	00002	Jul-22	Apr-22	\$89
00273	00002	Jul-22	May-22	\$597
00273	00002	Jul-22	Jun-22	\$9,659
00273	00002	Jul-22	Jul-22	\$15,434
00273	00002	Aug-22	Mar-22	\$88
00273	00002	Aug-22	Jun-22	\$1,775
00273	00002	Aug-22	Jul-22	\$7,476
00273	00002	Aug-22	Aug-22	\$8,400
00273	00002	Sep-22	Jan-22	\$117

00273	00002	Sep-22	May-22	\$115
00273	00002	Sep-22	Jul-22	\$30
00273	00002	Sep-22	Aug-22	\$6,164
00273	00002	Sep-22	Sep-22	\$9,151
00273	00002	Oct-22	May-22	\$168
00273	00002	Oct-22	Jun-22	\$607
00273	00002	Oct-22	Jul-22	\$110
00273	00002	Oct-22	Aug-22	\$342
00273	00002	Oct-22	Sep-22	\$5,004
00273	00002	Oct-22	Oct-22	\$8,940
00273	00002	Nov-22	Aug-22	\$309
00273	00002	Nov-22	Sep-22	\$711
00273	00002	Nov-22	Oct-22	\$6,479
00273	00002	Nov-22	Nov-22	\$9,889
00273	00003	Dec-20	Oct-20	\$1,057
00273	00003	Dec-20	Nov-20	\$5,358
00273	00003	Dec-20	Dec-20	\$8,289
00273	00003	Jan-21	Jan-20	-\$1,292
00273	00003	Jan-21	Aug-20	\$194
00273	00003	Jan-21	Oct-20	\$652
00273	00003	Jan-21	Dec-20	\$3,269
00273	00003	Jan-21	Jan-21	\$5,742
00273	00003	Feb-21	Aug-20	\$76
00273	00003	Feb-21	Sep-20	\$64
00273	00003	Feb-21	Dec-20	\$83
00273	00003	Feb-21	Jan-21	\$3,742
00273	00003	Feb-21	Feb-21	\$10,804
00273	00003	Mar-21	Sep-20	\$118
00273	00003	Mar-21	Jan-21	\$24
00273	00003	Mar-21	Feb-21	\$5,810
00273	00003	Mar-21	Mar-21	\$12,066
00273	00003	Apr-21	Jan-21	\$382
00273	00003	Apr-21	Feb-21	\$110
00273	00003	Apr-21	Mar-21	\$9,519
00273	00003	Apr-21	Apr-21	\$12,056
00273	00003	May-21	Jan-21	\$243
00273	00003	May-21	Mar-21	\$499
00273	00003	May-21	Apr-21	\$6,499
00273	00003	May-21	May-21	\$9,970
00273	00003	Jun-21	Jan-21	\$29
00273	00003	Jun-21	Apr-21	\$125
00273	00003	Jun-21	May-21	\$5,591
00273	00003	Jun-21	Jun-21	\$7,492
00273	00003	Jul-21	Mar-20	\$109
00273	00003	Jul-21	Nov-20	\$109
00273	00003	Jul-21	Mar-21	\$19
00273	00003	Jul-21	Apr-21	\$410
00273	00003	Jul-21	Jun-21	\$6,169
00273	00003	Jul-21	Jul-21	\$10,118

00273	00003	Aug-21	Aug-20	-\$194
00273	00003	Aug-21	Jun-21	\$650
00273	00003	Aug-21	Jul-21	\$4,600
00273	00003	Aug-21	Aug-21	\$6,168
00273	00003	Sep-21	Jun-19	\$107
00273	00003	Sep-21	Nov-20	\$86
00273	00003	Sep-21	Jan-21	\$88
00273	00003	Sep-21	Feb-21	\$71
00273	00003	Sep-21	Jun-21	\$137
00273	00003	Sep-21	Jul-21	\$1,058
00273	00003	Sep-21	Aug-21	\$3,842
00273	00003	Sep-21	Sep-21	\$12,707
00273	00003	Oct-21	Mar-21	\$9
00273	00003	Oct-21	Jul-21	\$377
00273	00003	Oct-21	Aug-21	\$18
00273	00003	Oct-21	Sep-21	\$6,317
00273	00003	Oct-21	Oct-21	\$11,435
00273	00003	Nov-21	Sep-21	\$860
00273	00003	Nov-21	Oct-21	\$6,672
00273	00003	Nov-21	Nov-21	\$9,081
00273	00003	Dec-21	May-20	\$399
00273	00003	Dec-21	Apr-21	\$67
00273	00003	Dec-21	Jul-21	\$110
00273	00003	Dec-21	Aug-21	\$314
00273	00003	Dec-21	Oct-21	\$1,915
00273	00003	Dec-21	Nov-21	\$8,700
00273	00003	Dec-21	Dec-21	\$8,747
00273	00003	Jan-22	Jun-21	\$198
00273	00003	Jan-22	Dec-21	\$1,554
00273	00003	Jan-22	Jan-22	\$6,287
00273	00003	Feb-22	Jan-21	\$112
00273	00003	Feb-22	Dec-21	\$262
00273	00003	Feb-22	Jan-22	\$5,855
00273	00003	Feb-22	Feb-22	\$10,304
00273	00003	Mar-22	Oct-21	\$51
00273	00003	Mar-22	Nov-21	\$20
00273	00003	Mar-22	Dec-21	\$647
00273	00003	Mar-22	Jan-22	\$344
00273	00003	Mar-22	Feb-22	\$7,400
00273	00003	Mar-22	Mar-22	\$12,217
00273	00003	Apr-22	Jan-22	\$72
00273	00003	Apr-22	Mar-22	\$5,132
00273	00003	Apr-22	Apr-22	\$7,377
00273	00003	May-22	Feb-22	\$117
00273	00003	May-22	Mar-22	\$399
00273	00003	May-22	Apr-22	\$7,666
00273	00003	May-22	May-22	\$11,929
00273	00003	Jun-22	Apr-22	\$112
00273	00003	Jun-22	May-22	\$6,551

00273	00003	Jun-22	Jun-22	\$7,036
00273	00003	Jul-22	Apr-22	\$362
00273	00003	Jul-22	May-22	\$129
00273	00003	Jul-22	Jun-22	\$3,180
00273	00003	Jul-22	Jul-22	\$9,123
00273	00003	Aug-22	Jan-22	\$110
00273	00003	Aug-22	May-22	\$344
00273	00003	Aug-22	Jul-22	\$4,055
00273	00003	Aug-22	Aug-22	\$12,372
00273	00003	Sep-22	May-22	\$1,091
00273	00003	Sep-22	Jun-22	\$61
00273	00003	Sep-22	Jul-22	\$248
00273	00003	Sep-22	Aug-22	\$7,065
00273	00003	Sep-22	Sep-22	\$5,338
00273	00003	Oct-22	Jul-22	\$323
00273	00003	Oct-22	Aug-22	\$583
00273	00003	Oct-22	Sep-22	\$5,197
00273	00003	Oct-22	Oct-22	\$7,768
00273	00003	Nov-22	Aug-22	\$112
00273	00003	Nov-22	Sep-22	\$241
00273	00003	Nov-22	Oct-22	\$4,735
00273	00003	Nov-22	Nov-22	\$8,680
00273	00004	Dec-20	Nov-20	\$515
00273	00004	Dec-20	Dec-20	\$470
00273	00004	Jan-21	Dec-20	\$546
00273	00004	Jan-21	Jan-21	\$521
00273	00004	Feb-21	Jan-21	\$190
00273	00004	Feb-21	Feb-21	\$782
00273	00004	Mar-21	Feb-21	\$201
00273	00004	Mar-21	Mar-21	\$382
00273	00004	Apr-21	Mar-21	\$2,445
00273	00004	Apr-21	Apr-21	\$697
00273	00004	May-21	Apr-21	\$1,143
00273	00004	May-21	May-21	\$1,818
00273	00004	Jun-21	May-21	\$212
00273	00004	Jun-21	Jun-21	\$461
00273	00004	Jul-21	Jun-21	\$455
00273	00004	Jul-21	Jul-21	\$3,237
00273	00004	Aug-21	Jul-21	\$1,241
00273	00004	Aug-21	Aug-21	\$2,917
00273	00004	Sep-21	Jul-21	\$183
00273	00004	Sep-21	Aug-21	\$3,957
00273	00004	Sep-21	Sep-21	\$3,022
00273	00004	Oct-21	Jul-21	\$646
00273	00004	Oct-21	Sep-21	\$1,238
00273	00004	Oct-21	Oct-21	\$2,858
00273	00004	Nov-21	Oct-21	\$693
00273	00004	Nov-21	Nov-21	\$2,400
00273	00004	Dec-21	Oct-21	\$76

00273	00004	Dec-21	Nov-21	\$812
00273	00004	Dec-21	Dec-21	\$1,829
00273	00004	Jan-22	Dec-21	\$972
00273	00004	Jan-22	Jan-22	\$1,894
00273	00004	Feb-22	Jan-22	\$1,117
00273	00004	Feb-22	Feb-22	\$2,289
00273	00004	Mar-22	Feb-22	\$731
00273	00004	Mar-22	Mar-22	\$2,186
00273	00004	Apr-22	Mar-22	\$1,132
00273	00004	Apr-22	Apr-22	\$2,285
00273	00004	May-22	Mar-22	\$399
00273	00004	May-22	Apr-22	\$2,182
00273	00004	May-22	May-22	\$2,778
00273	00004	Jun-22	Dec-21	\$217
00273	00004	Jun-22	Apr-22	\$105
00273	00004	Jun-22	May-22	\$1,341
00273	00004	Jun-22	Jun-22	\$2,787
00273	00004	Jul-22	Jun-22	\$290
00273	00004	Jul-22	Jul-22	\$3,026
00273	00004	Aug-22	Jul-22	\$1,025
00273	00004	Aug-22	Aug-22	\$3,654
00273	00004	Sep-22	Aug-22	\$2,722
00273	00004	Sep-22	Sep-22	\$1,206
00273	00004	Oct-22	Sep-22	\$868
00273	00004	Oct-22	Oct-22	\$1,942
00273	00004	Nov-22	Oct-22	\$1,903
00273	00004	Nov-22	Nov-22	\$1,637
00273	09001	Feb-21	Jan-21	\$361
00273	09001	Feb-21	Feb-21	\$93
00273	09001	Mar-21	Oct-20	\$177
00273	09001	Mar-21	Nov-20	\$191
00273	09001	Mar-21	Mar-21	\$64
00273	09001	Jun-21	May-21	\$220
00273	09001	Jun-21	Jun-21	\$179
00273	09001	Jul-21	May-21	\$88
00273	09001	Aug-21	Aug-21	\$750
00273	09001	Sep-21	Sep-21	\$151
00273	09001	Oct-21	Oct-21	\$281
00273	09001	Nov-21	Oct-21	\$284
00273	09001	Nov-21	Nov-21	\$124
00273	09001	Dec-21	Oct-21	\$82
00273	09001	Dec-21	Dec-21	\$567
00273	09001	Jan-22	Dec-21	\$266
00273	09001	Jan-22	Jan-22	\$149
00273	09001	Feb-22	Dec-21	\$223
00273	09001	Feb-22	Jan-22	\$103
00273	09001	Feb-22	Feb-22	\$1,802
00273	09001	Mar-22	Feb-22	\$1,767
00273	09001	Mar-22	Mar-22	\$466

00273	09001	Apr-22	Mar-22	\$750
00273	09001	Apr-22	Apr-22	\$94
00273	09001	May-22	Jan-22	\$168
00273	09001	May-22	Feb-22	\$34
00273	09001	May-22	Apr-22	\$233
00273	09001	May-22	May-22	\$129
00273	09001	Jun-22	Jun-22	\$440
00273	09001	Jul-22	Jul-22	\$1,278
00273	09001	Aug-22	Jul-22	\$750
00273	09001	Aug-22	Aug-22	\$302
00273	09001	Sep-22	Aug-22	\$64
00273	09001	Sep-22	Sep-22	\$442
00273	09001	Oct-22	Oct-22	\$18
00273	09001	Nov-22	Oct-22	\$177
Total				\$6,349,916



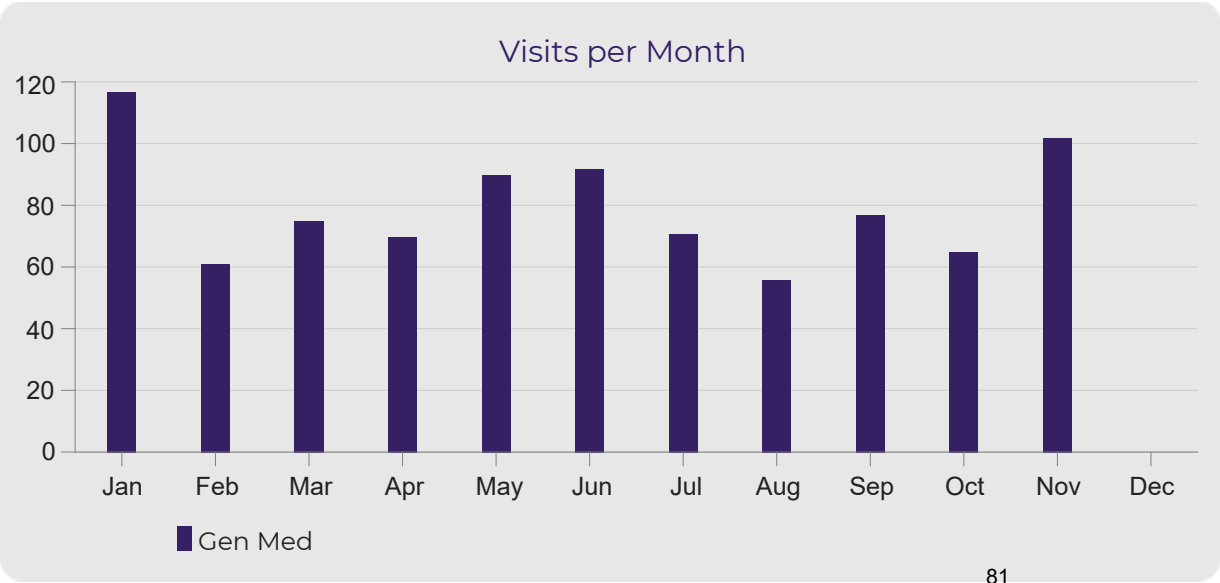
Telehealth Utilization Report

November 2022
Fresno City Trust

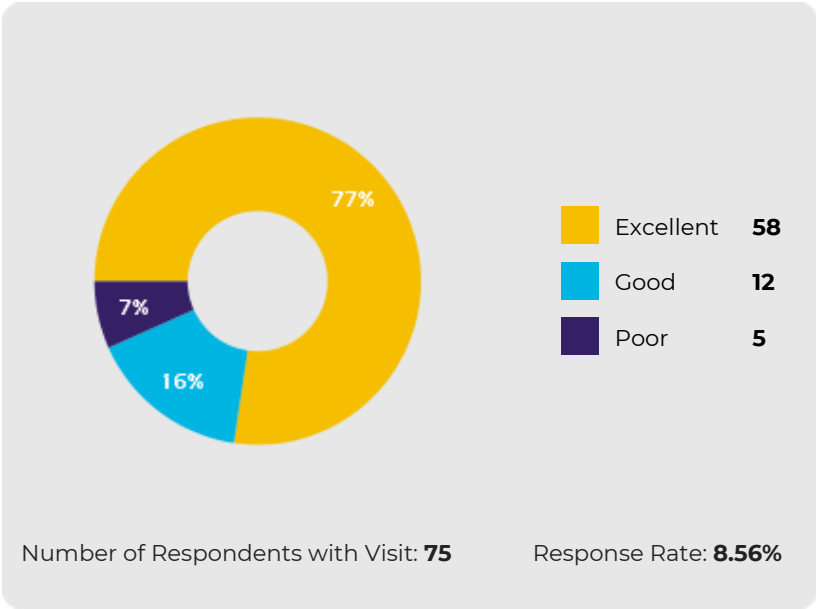
	Visits		Visit Utilization*	Total Net Claim Savings*
	Report Period	YTD	Annualized	YTD
Primary Care	N/A	N/A	N/A	**
General Medical	102	876	25.4%	\$412,587
Mental Health	N/A	N/A	N/A	N/A
Dermatology	N/A	N/A	N/A	N/A
Grand Total				\$412,587

* A definition of visit utilization and claims savings can be found within each product section

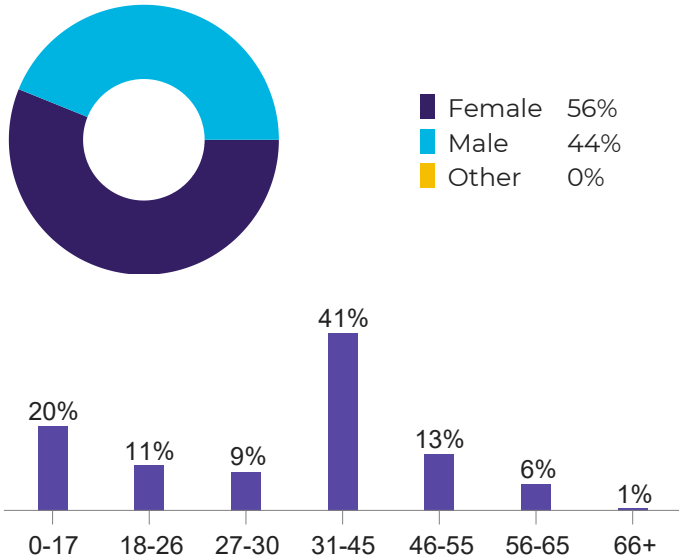
** As literature has shown, primary care savings are derived from longitudinal, effective preventive care. Over time, we will evaluate financial impact and continue to refine our savings projections.



Overall member satisfaction YTD



Age and Gender





General Medical

Annualized Utilization

$$\frac{\text{YTD total consults} \times (12 / \# \text{ months accrued YTD})}{\text{YTD Average Subscribers}}$$

25.4%

Claim Savings Per Episode

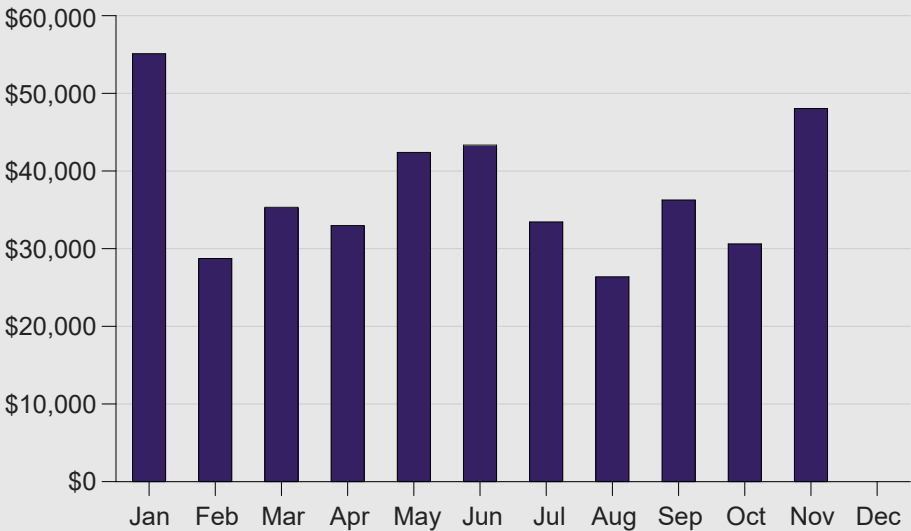
\$471

Total Net Claim Savings YTD

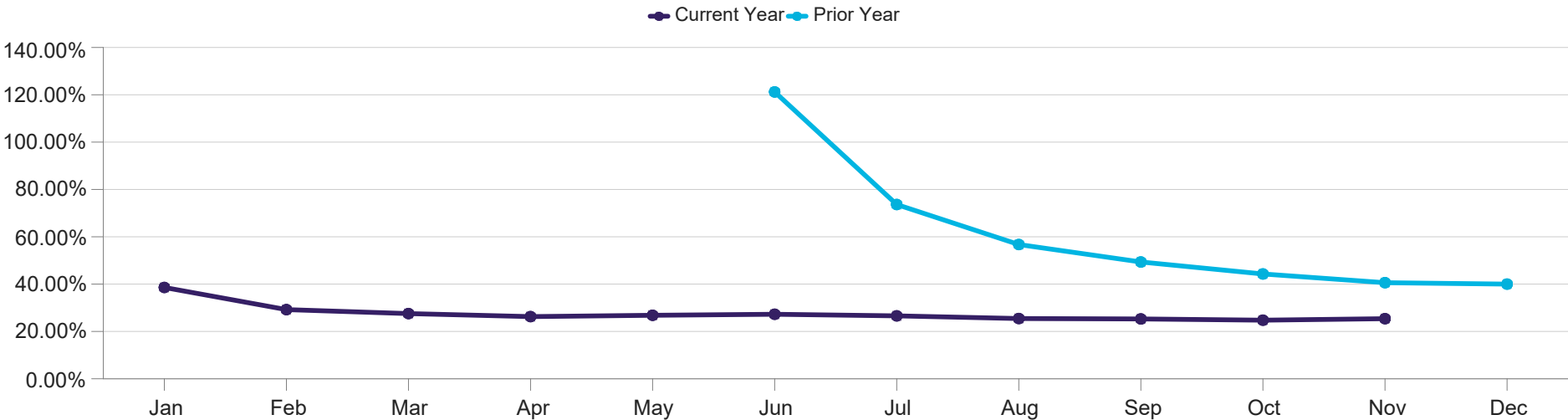
$$\text{Claim Savings Per Episode} \times \text{Number of Visits YTD}$$

\$412,587

Net Claim Savings

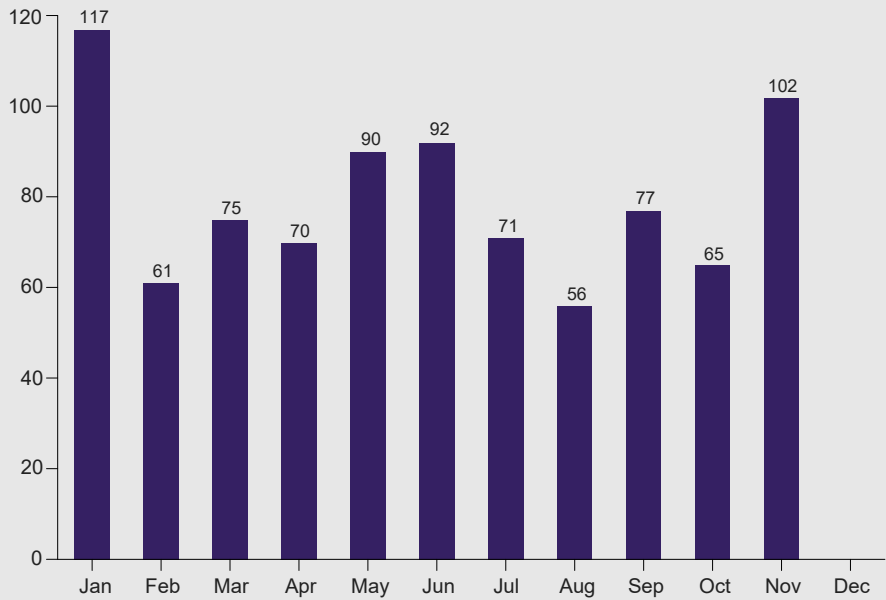


Annualized utilization trend



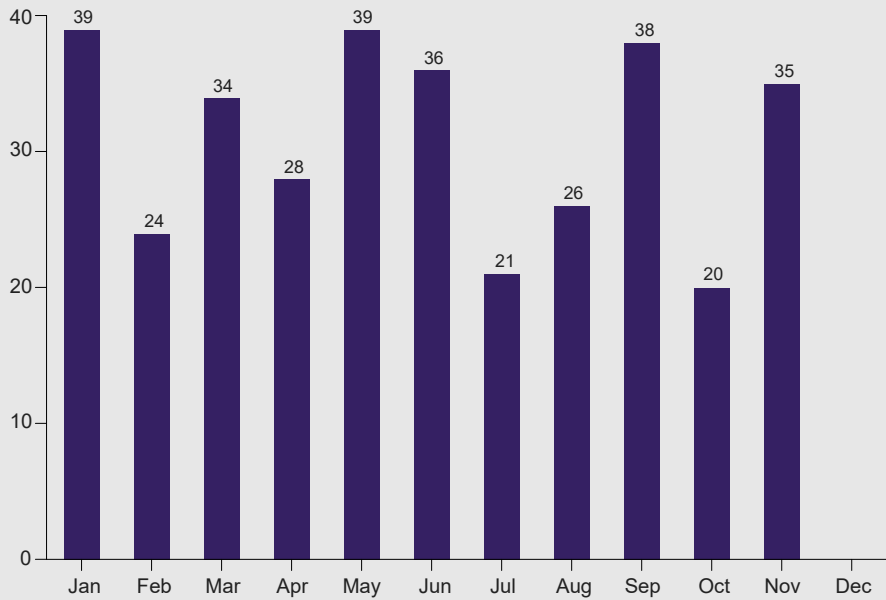
Visits this period **102**

Total Number of Unique Users this period **96**



YTD **876**

Registrations this period **35**



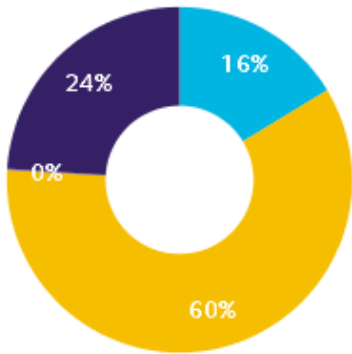
YTD **340**

	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	58	518	3,893	3,764	18	1,214	14	960
Dependents	44	358	6,596	6,501	17	985	15	837
Eligible Lives	102	876	10,489	10,265	35	2,199	29	1,797

* 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).
Copyright © 2022 Teladoc Health, Inc. All rights reserved.

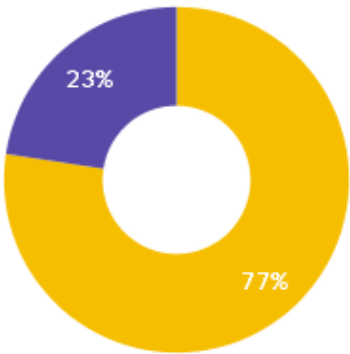
How your members received care YTD

Visit request method



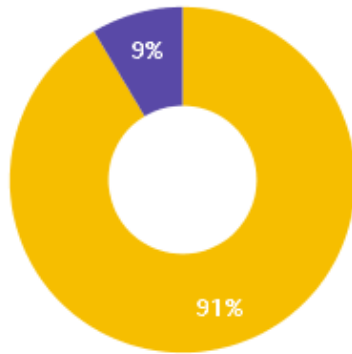
Web App SDK Call

Visit method



Phone Visualized

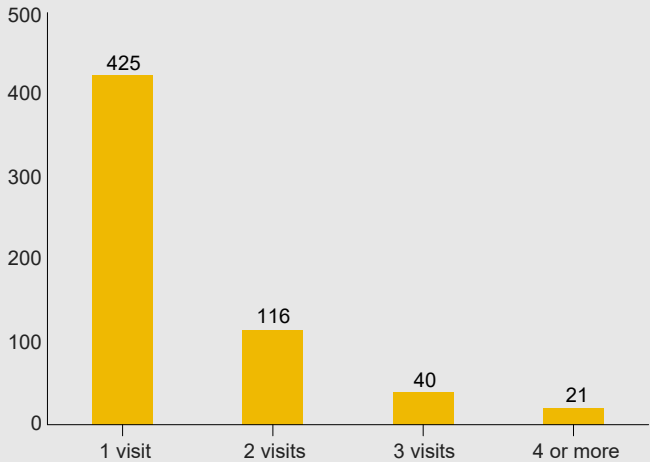
On demand vs scheduled



On demand Scheduled

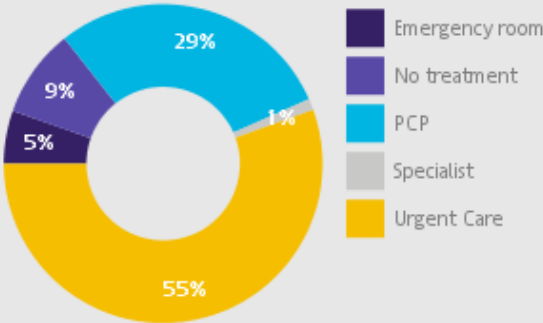
Visit frequency

Total number of unique users: 602



Consults	Percent
1 visit	71%
2 visits	19%
3 visits	7%
4 or more	3%

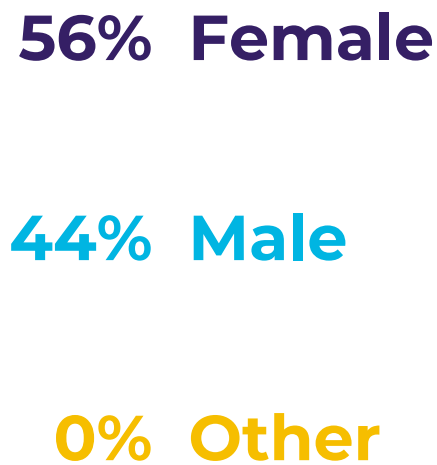
Where member would have gone if Teladoc were not available



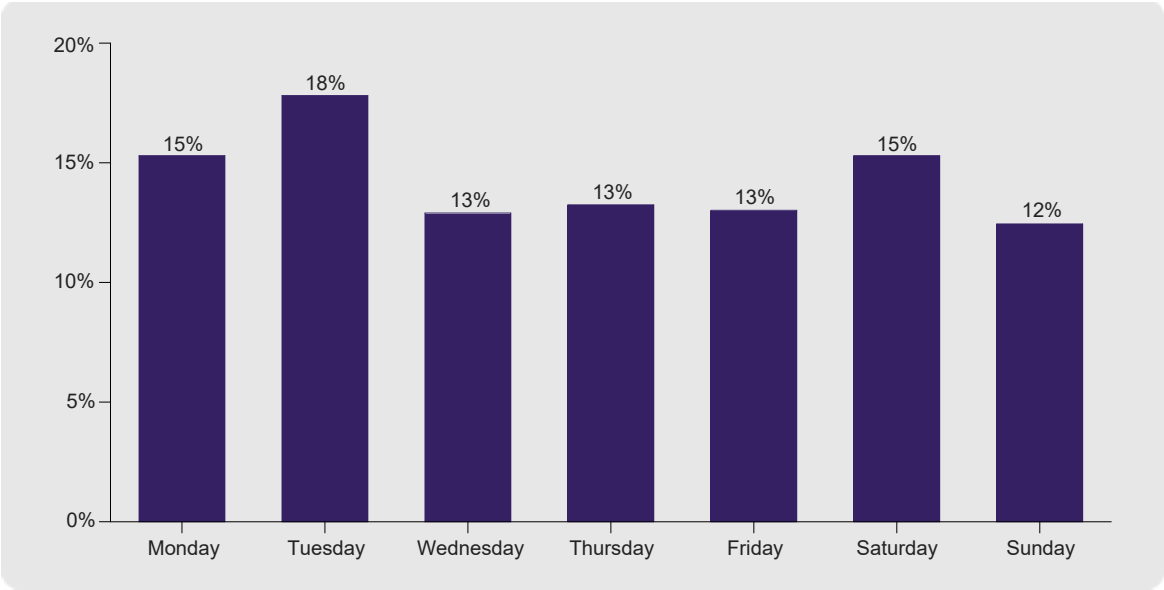
Emergency room
No treatment
PCP
Specialist
Urgent Care

Who received care and when YTD

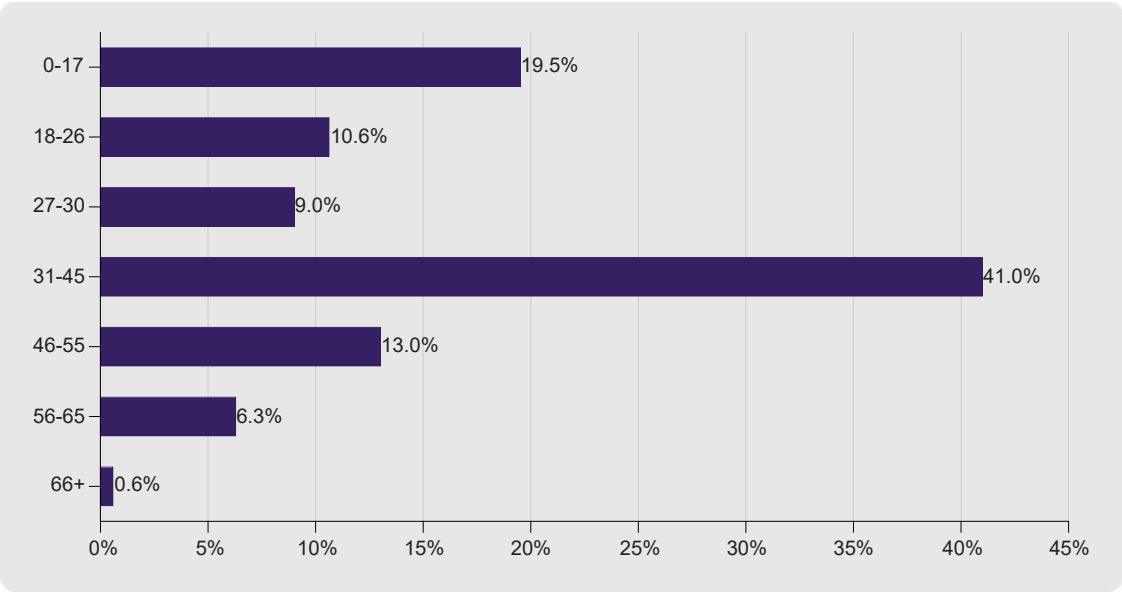
Gender



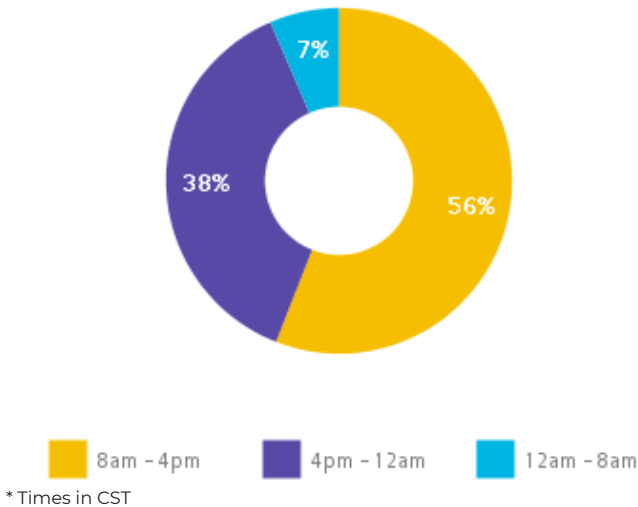
Day of week



Utilization by age



Time of day*



Where your members received care YTD USA



AVERAGE RESPONSE TIME

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

YTD

17 minutes

Report Period

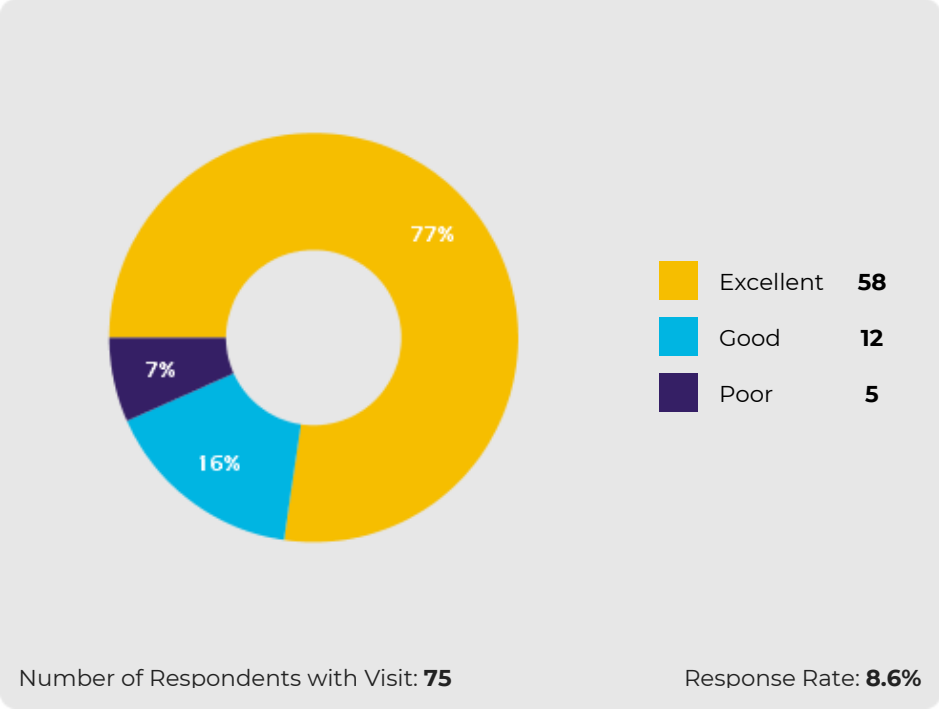
54 min

State	Visits	% Visits
NEW MEXICO	1	0.1%
NORTH CAROLINA	1	0.1%

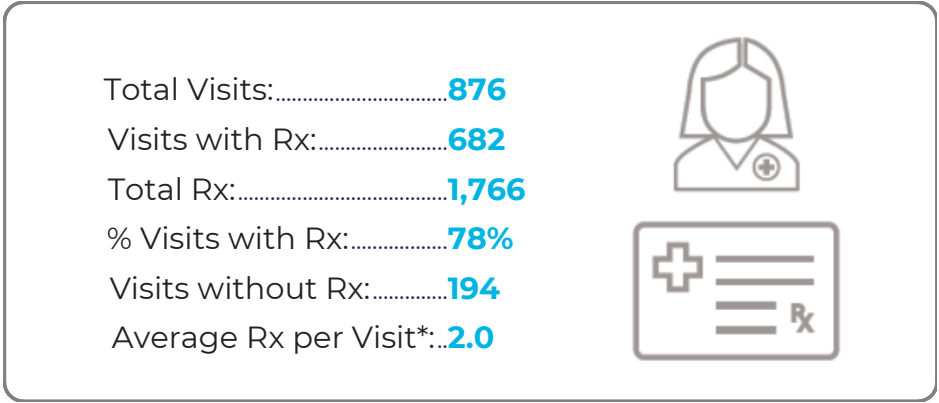
State	Visits	% Visits
CALIFORNIA	850	97.0%
TEXAS	5	0.6%
FLORIDA	4	0.5%
NEW YORK	4	0.5%
WISCONSIN	4	0.5%
UTAH	3	0.3%
HAWAII	1	0.1%
ILLINOIS	1	0.1%
LOUISIANA	1	0.1%
MASSACHUSETTS	1	0.1%

Clinical details YTD

Member satisfaction



Prescriptions by visit



Top diagnoses

ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	13%
URINARY TRACT INFECTION, SITE NOT SPECIFIED	7%
ACUTE SINUSITIS, UNSPECIFIED	5%
ACUTE COUGH	4%
ACUTE PHARYNGITIS, UNSPECIFIED	4%
ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	3%
ACUTE CYSTITIS WITHOUT HEMATURIA	3%
OTHER ACUTE SINUSITIS	3%
ACUTE BRONCHITIS, UNSPECIFIED	2%
ACUTE VAGINITIS	2%

Top prescriptions written

AMOXICILLIN-CLAVULANATE 875 MG-125 MG ORAL TABLET	6%
MACROBID MACROCRYSTALS-MONOHYDRATE 100 MG ORAL	6%
TESSALON PERLES 100 MG ORAL CAPSULE	5%
AZITHROMYCIN 5 DAY DOSE PACK 250 MG ORAL TABLET	5%
BENZONATATE 200 MG ORAL CAPSULE	4%
DIFLUCAN 150 MG ORAL TABLET	3%
FLONASE 50 MCG/INH NASAL SPRAY	3%
PREDNISONE 20 MG ORAL TABLET	2%
VALTREX 1 G ORAL TABLET	2%
AMOXICILLIN 875 MG ORAL TABLET	2%

*Average Rx is calculated as Total Rx / Total Visits.
 Copyright © 2022 Teladoc Health, Inc. All rights reserved.



Telehealth Utilization Report

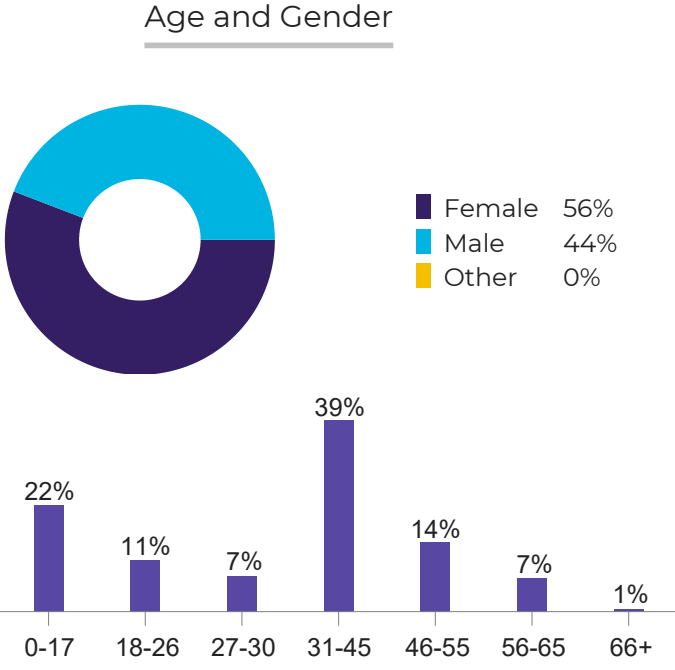
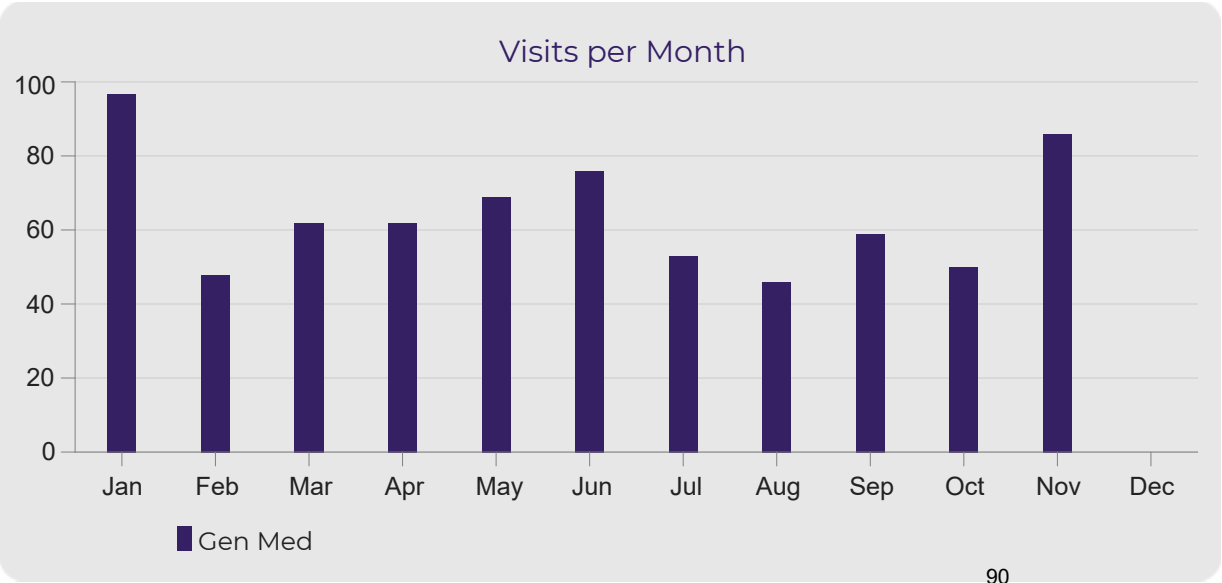
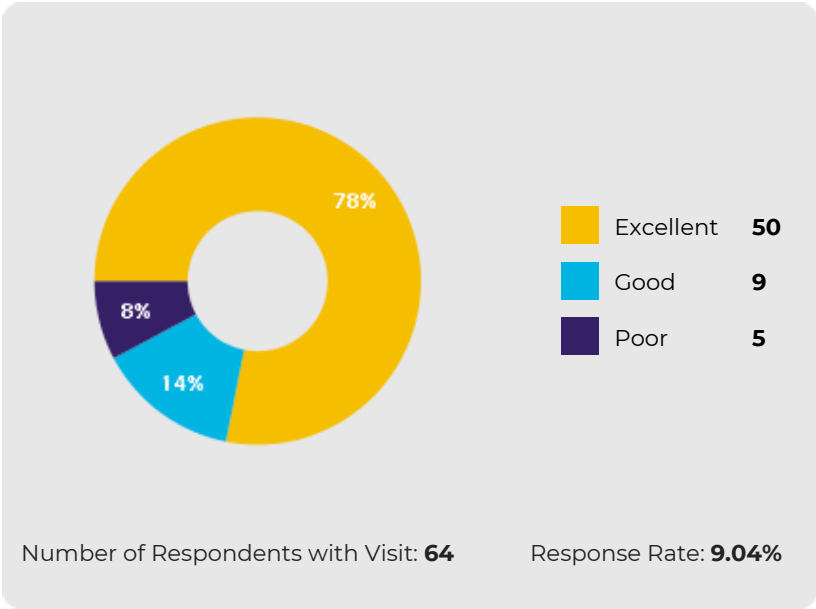
November 2022

Fresno City Trust PPO High Option

	Visits		Visit Utilization*	Total Net Claim Savings*
	Report Period	YTD	Annualized	YTD
Primary Care	N/A	N/A	N/A	**
General Medical	86	708	29.1%	\$333,461
Mental Health	N/A	N/A	N/A	N/A
Dermatology	N/A	N/A	N/A	N/A
Grand Total				\$333,461

* A definition of visit utilization and claims savings can be found within each product section
** As literature has shown, primary care savings are derived from longitudinal, effective preventive care.
Over time, we will evaluate financial impact and continue to refine our savings projections.

Overall member satisfaction YTD





General Medical

Annualized Utilization

$$\frac{\text{YTD total consults} \times (12 / \# \text{ months accrued YTD})}{\text{YTD Average Subscribers}}$$

29.1%

Claim Savings Per Episode

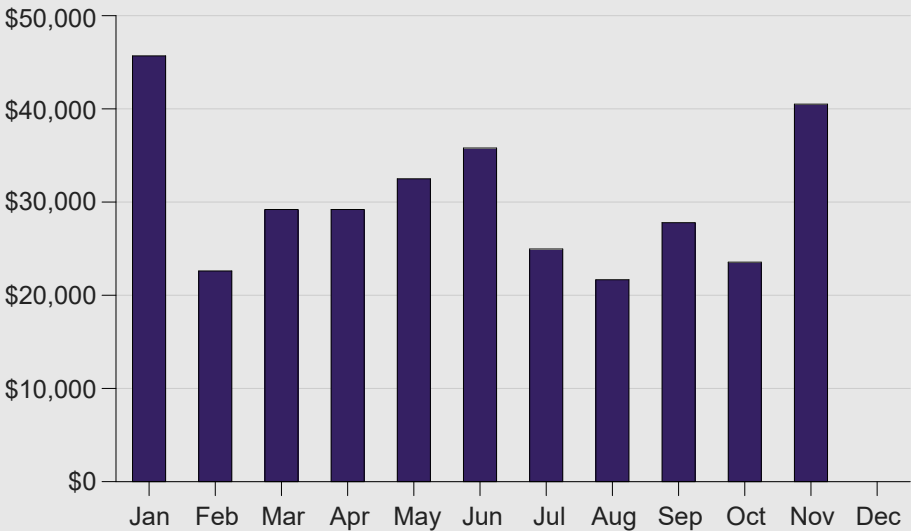
\$471

Total Net Claim Savings YTD

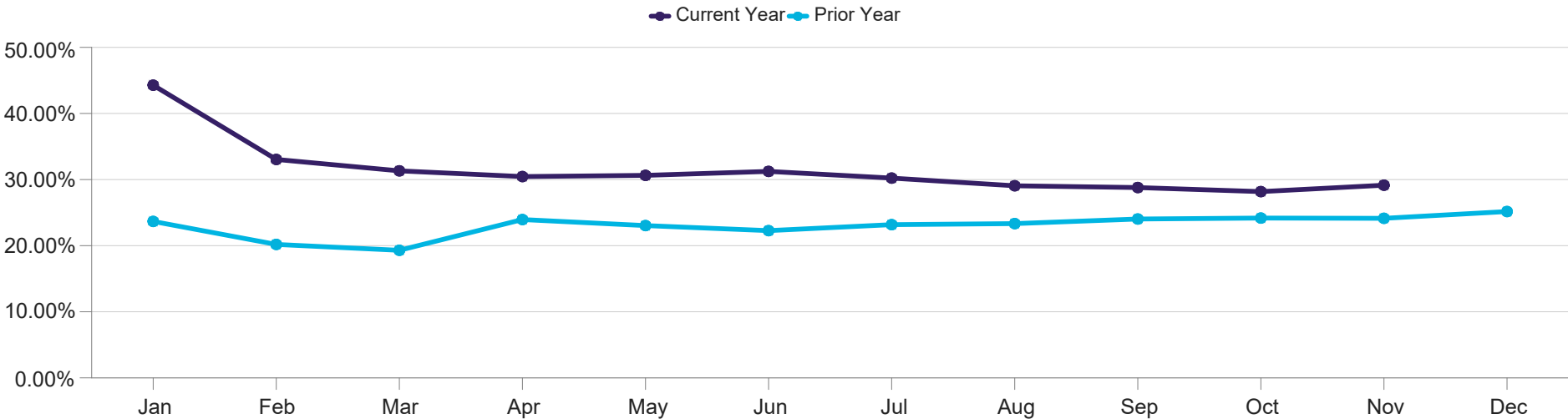
$$\text{Claim Savings Per Episode} \times \text{Number of Visits YTD}$$

\$333,461

Net Claim Savings

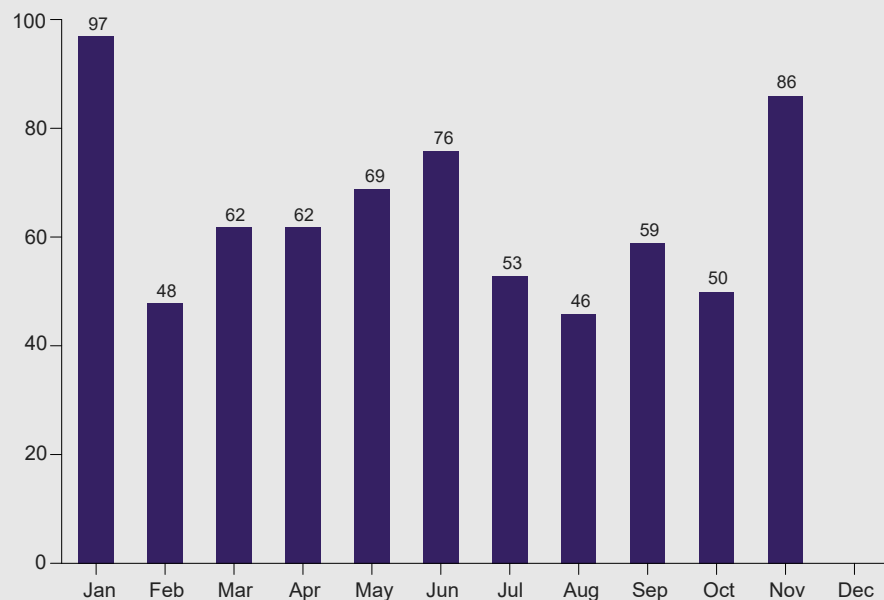


Annualized utilization trend



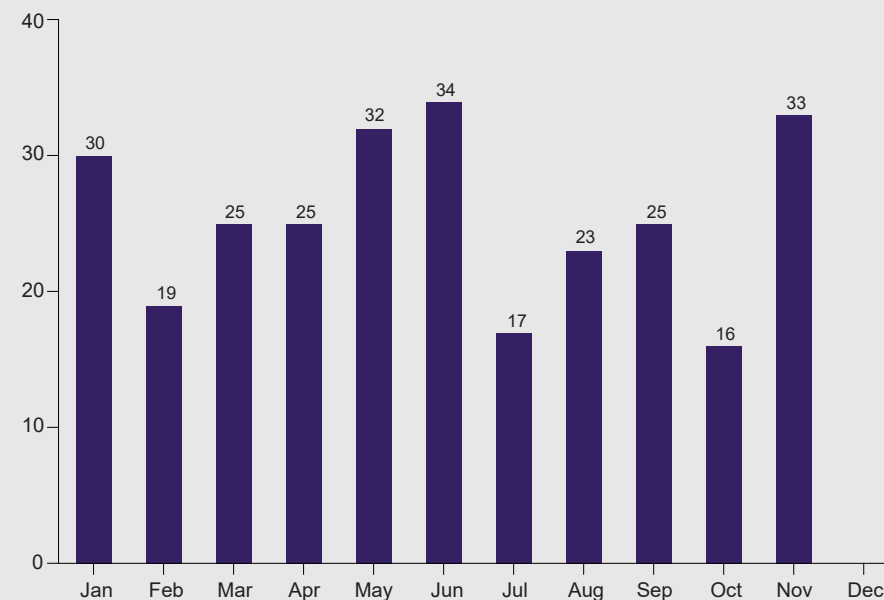
Visits this period **86**

Total Number of Unique Users this period **80**



YTD **708**

Registrations this period **33**

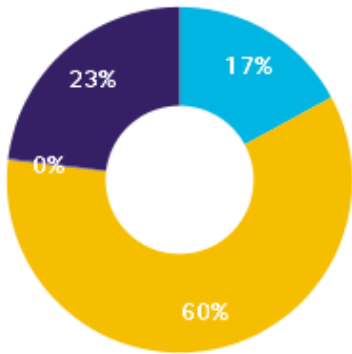


YTD **279**

	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	43	379	2,661	2,650	17	987	13	757
Dependents	43	329	4,980	5,000	16	865	14	725
Eligible Lives	86	708	7,641	7,650	33	1,852	27	1,482

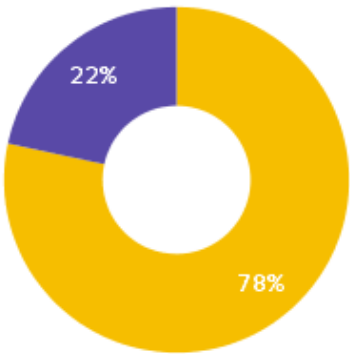
How your members received care YTD

Visit request method



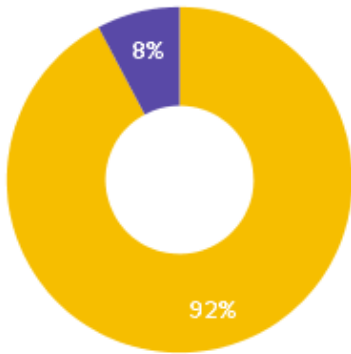
Web App SDK Call

Visit method



Phone Visualized

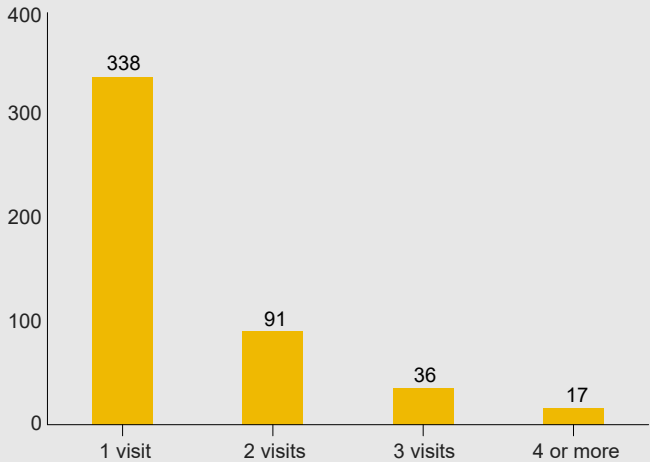
On demand vs scheduled



On demand Scheduled

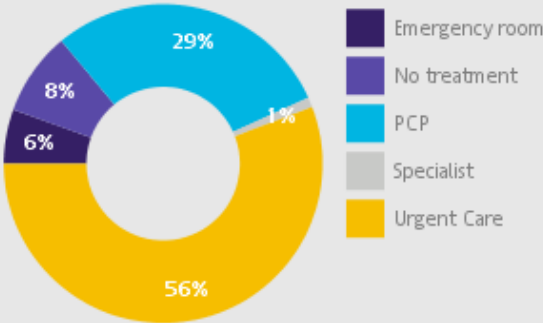
Visit frequency

Total number of unique users: 482



Consults	Percent
1 visit	70%
2 visits	19%
3 visits	7%
4 or more	4%

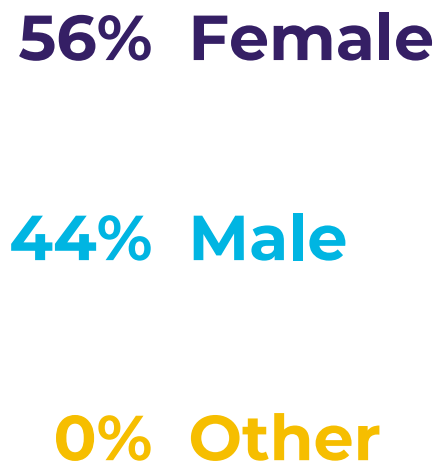
Where member would have gone if Teladoc were not available



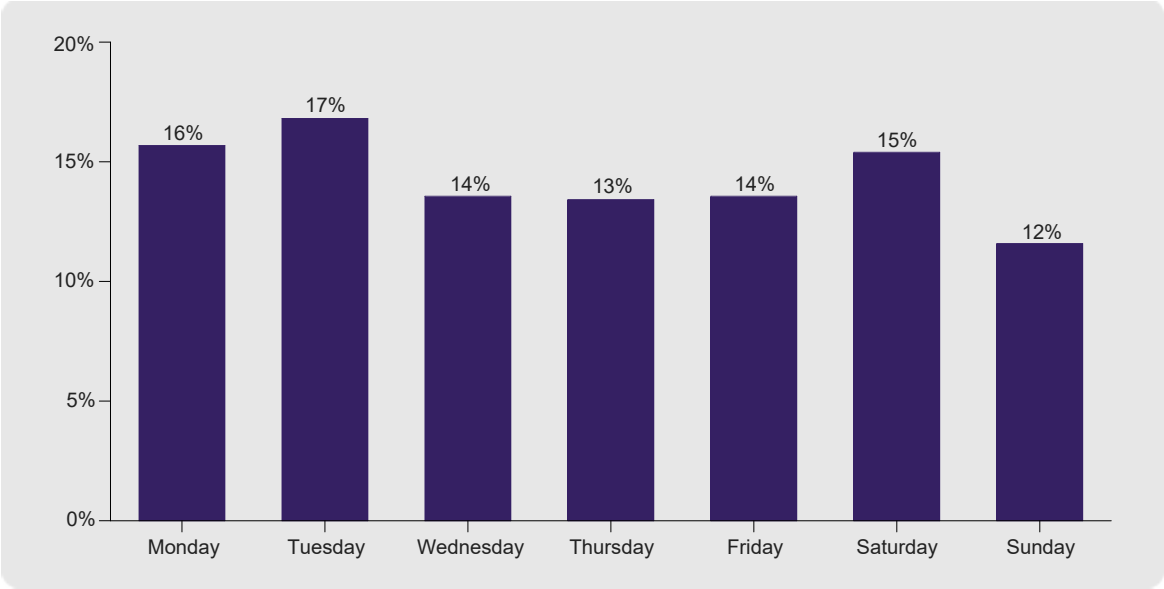
Emergency room
No treatment
PCP
Specialist
Urgent Care

Who received care and when YTD

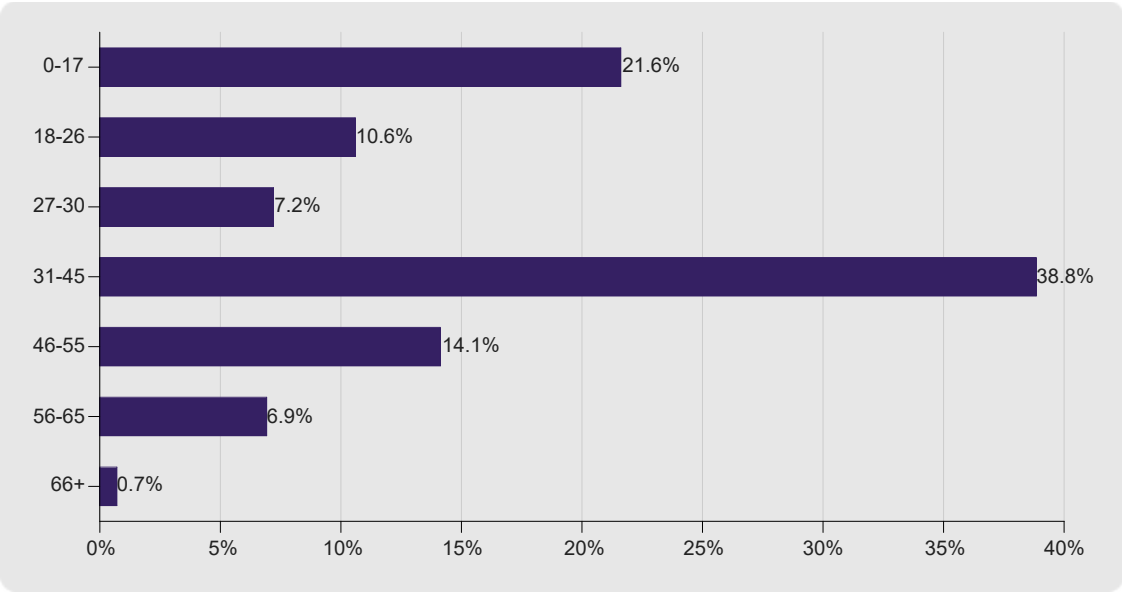
Gender



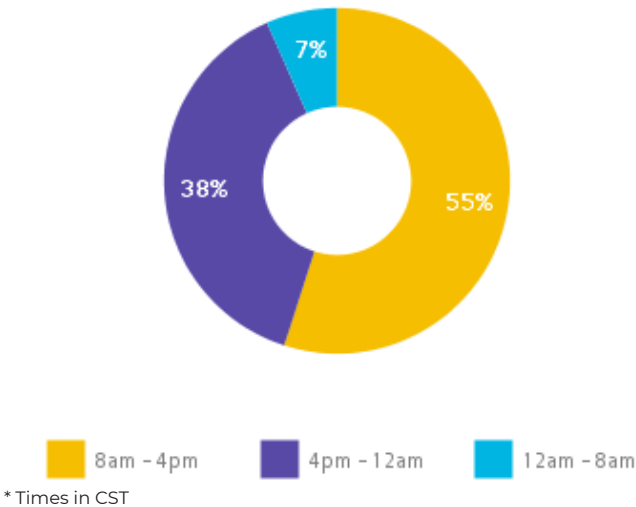
Day of week



Utilization by age



Time of day*



Where your members received care YTD USA



AVERAGE RESPONSE TIME

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

YTD

18 minutes

Report Period

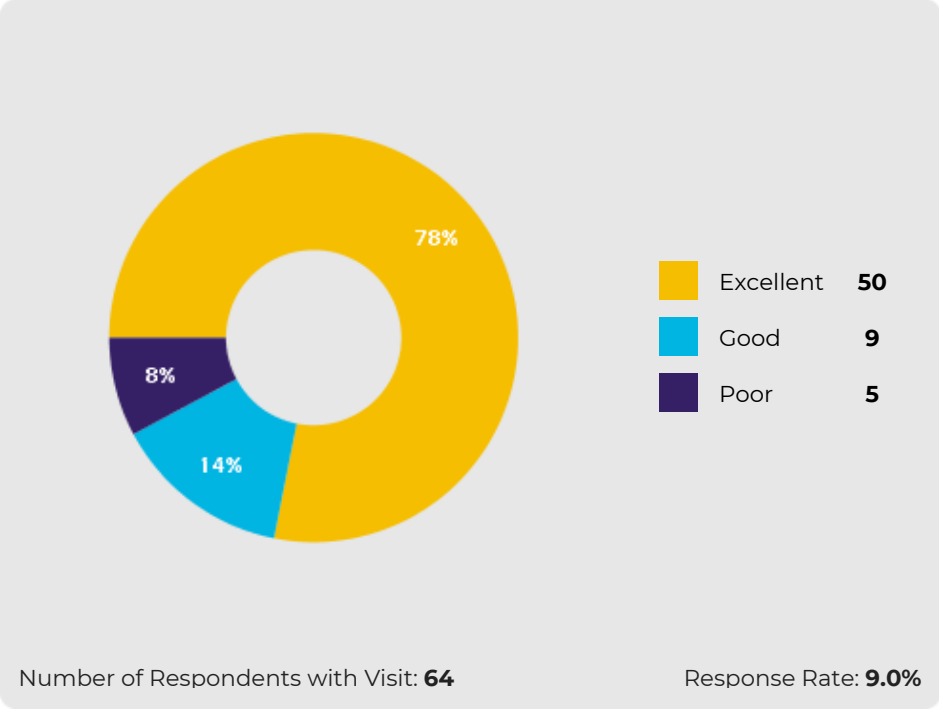
59 min

State	Visits	% Visits
NORTH CAROLINA	1	0.1%

State	Visits	% Visits
CALIFORNIA	684	96.6%
TEXAS	5	0.7%
NEW YORK	4	0.6%
WISCONSIN	4	0.6%
FLORIDA	3	0.4%
UTAH	3	0.4%
HAWAII	1	0.1%
ILLINOIS	1	0.1%
LOUISIANA	1	0.1%
MASSACHUSETTS	1	0.1%

Clinical details YTD

Member satisfaction



Prescriptions by visit

Total Visits:.....**708**

Visits with Rx:.....**546**

Total Rx:.....**1,438**

% Visits with Rx:.....**77%**

Visits without Rx:.....**162**

Average Rx per Visit*.....**2.0**

The icon consists of two parts: the top part shows a stylized head and shoulders of a person with a cross on their chest, representing a healthcare provider. The bottom part shows a rectangular prescription pad with a cross in the top left corner and the letters 'Rx' in the bottom right corner.

Top diagnoses

ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	13%
URINARY TRACT INFECTION, SITE NOT SPECIFIED	7%
ACUTE SINUSITIS, UNSPECIFIED	6%
ACUTE COUGH	4%
ACUTE PHARYNGITIS, UNSPECIFIED	4%
ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	3%
ACUTE CYSTITIS WITHOUT HEMATURIA	3%
OTHER ACUTE SINUSITIS	3%
ACUTE BRONCHITIS, UNSPECIFIED	2%
ACUTE VAGINITIS	2%

Top prescriptions written

AMOXICILLIN-CLAVULANATE 875 MG-125 MG ORAL TABLET	6%
MACROBID MACROCRYSTALS-MONOHYDRATE 100 MG ORAL	6%
TESSALON PERLES 100 MG ORAL CAPSULE	6%
AZITHROMYCIN 5 DAY DOSE PACK 250 MG ORAL TABLET	5%
BENZONATATE 200 MG ORAL CAPSULE	3%
FLONASE 50 MCG/INH NASAL SPRAY	3%
DIFLUCAN 150 MG ORAL TABLET	3%
BACTRIM DS 800 MG-160 MG ORAL TABLET	2%
AMOXICILLIN 875 MG ORAL TABLET	2%
PREDNISONE 20 MG ORAL TABLET	2%

*Average Rx is calculated as Total Rx / Total Visits.
Copyright © 2022 Teladoc Health, Inc. All rights reserved.



Telehealth Utilization Report

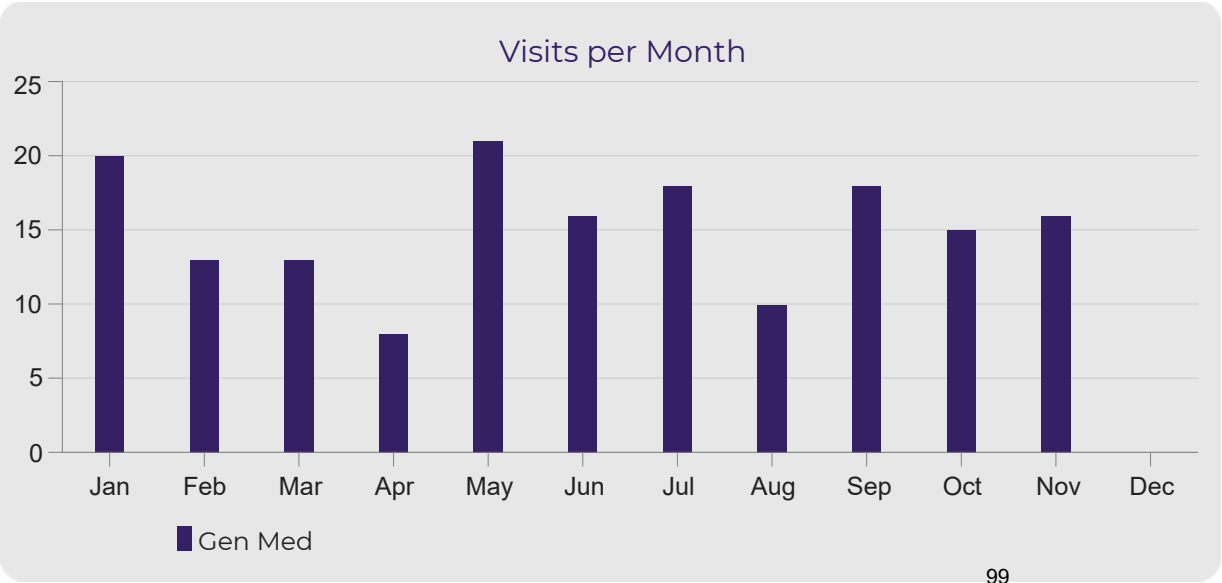
November 2022

Fresno City Trust PPO Low Option

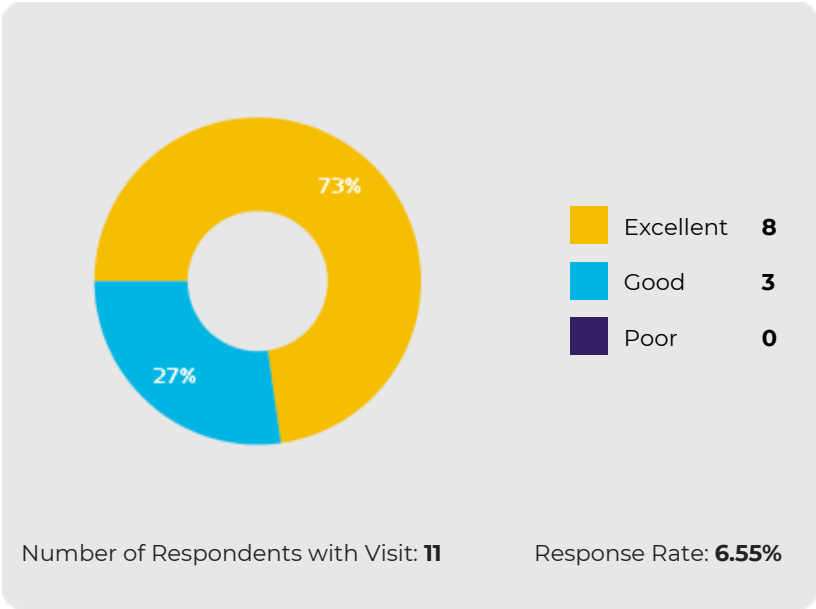
	Visits		Visit Utilization*	Total Net Claim Savings*
	Report Period	YTD	Annualized	YTD
Primary Care	N/A	N/A	N/A	**
General Medical	16	168	16.5%	\$79,126
Mental Health	N/A	N/A	N/A	N/A
Dermatology	N/A	N/A	N/A	N/A
Grand Total				\$79,126

* A definition of visit utilization and claims savings can be found within each product section

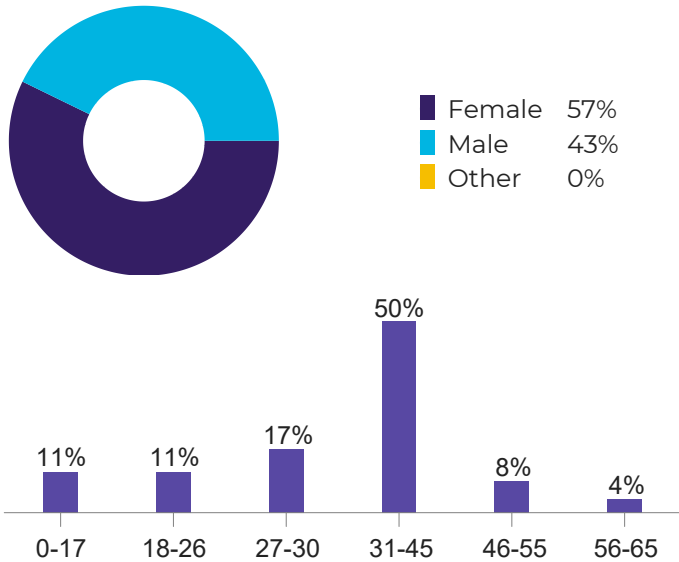
** As literature has shown, primary care savings are derived from longitudinal, effective preventive care. Over time, we will evaluate financial impact and continue to refine our savings projections.



Overall member satisfaction YTD



Age and Gender





General Medical

Annualized Utilization

$$\frac{\text{YTD total consults} \times (12 / \# \text{ months accrued YTD})}{\text{YTD Average Subscribers}}$$

16.5%

Claim Savings Per Episode

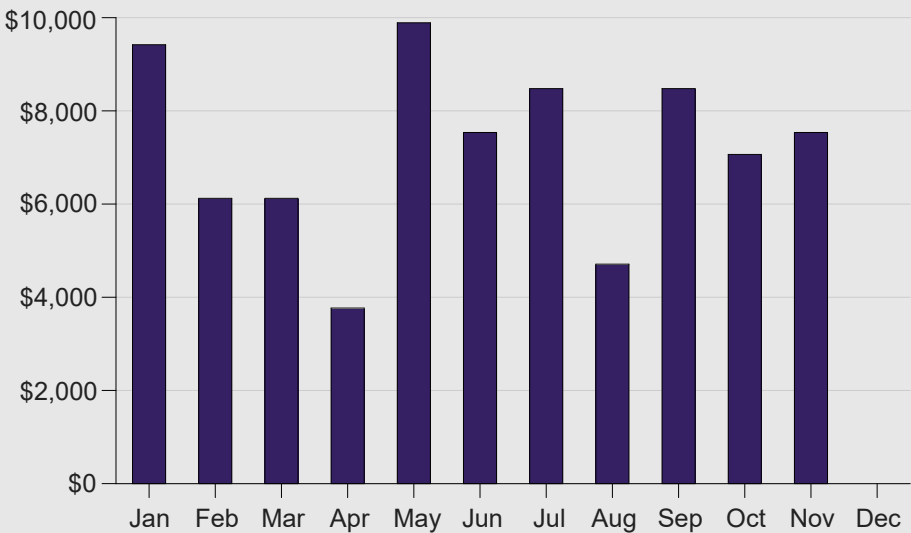
\$471

Total Net Claim Savings YTD

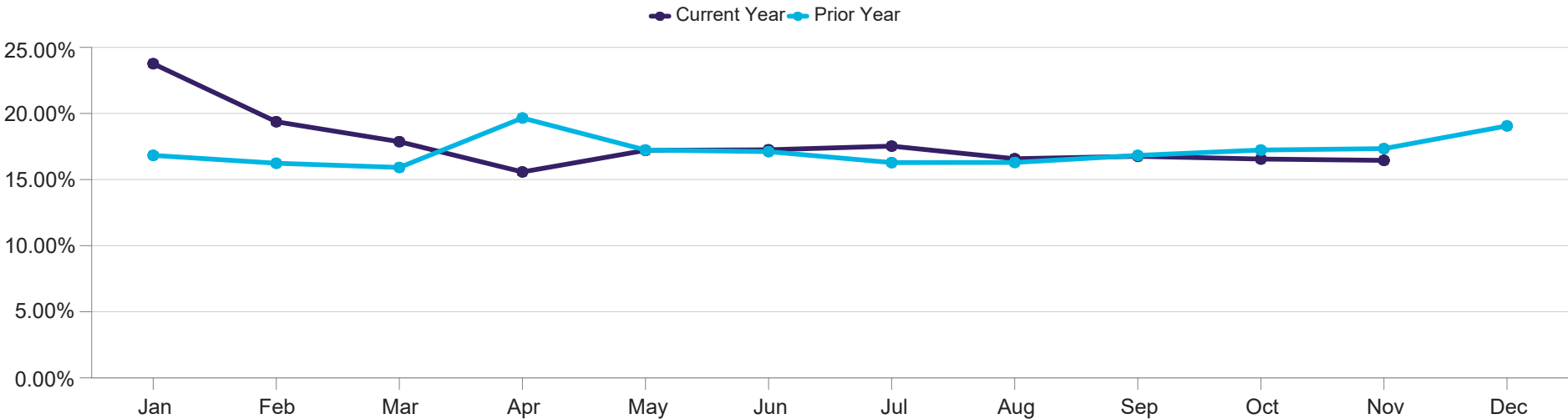
$$\text{Claim Savings Per Episode} \times \text{Number of Visits YTD}$$

\$79,126

Net Claim Savings

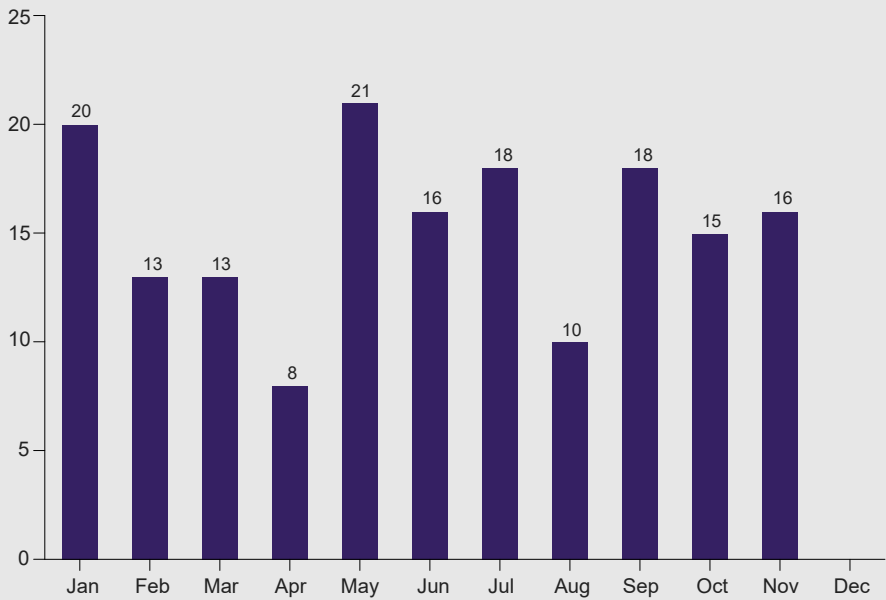


Annualized utilization trend



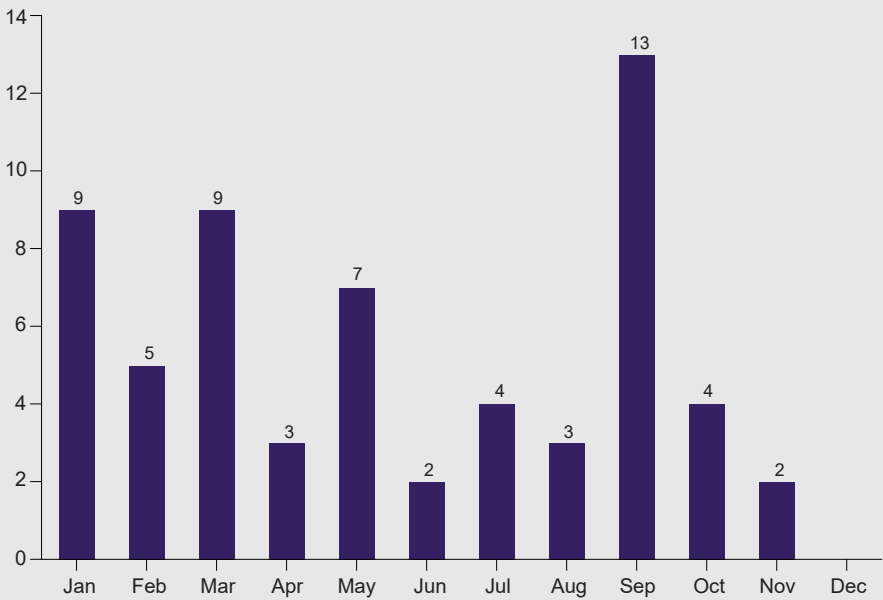
Visits this period **16**

Total Number of Unique Users this period **16**



YTD **168**

Registrations this period **2**



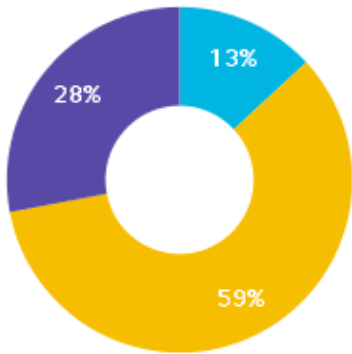
YTD **61**

	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	15	139	1,232	1,114	1	227	1	203
Dependents	1	29	1,616	1,500	1	120	1	112
Eligible Lives	16	168	2,848	2,614	2	347	2	315

* 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).
Copyright © 2022 Teladoc Health, Inc. All rights reserved.

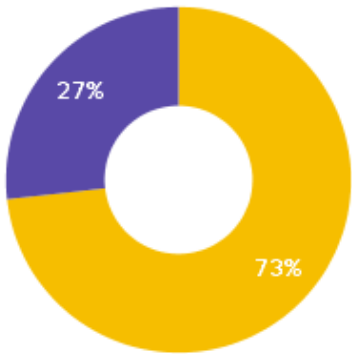
How your members received care YTD

Visit request method



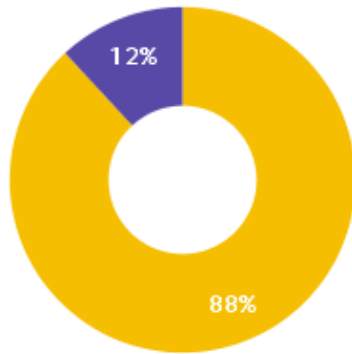
Website Mobile app Call center

Visit method



Phone Visualized

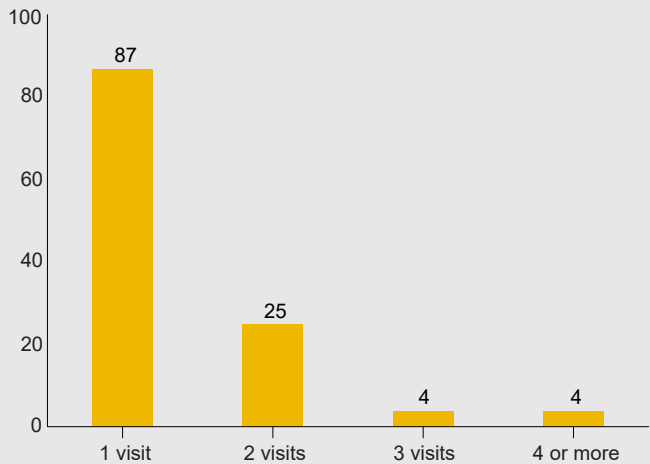
On demand vs scheduled



On demand Scheduled

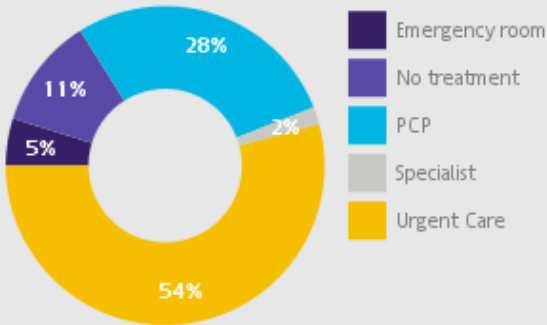
Visit frequency

Total number of unique users: 120



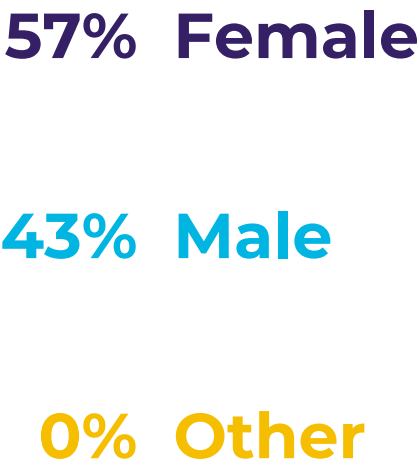
Consults	Percent
1 visit	72%
2 visits	21%
3 visits	3%
4 or more	3%

Where member would have gone if Teladoc were not available

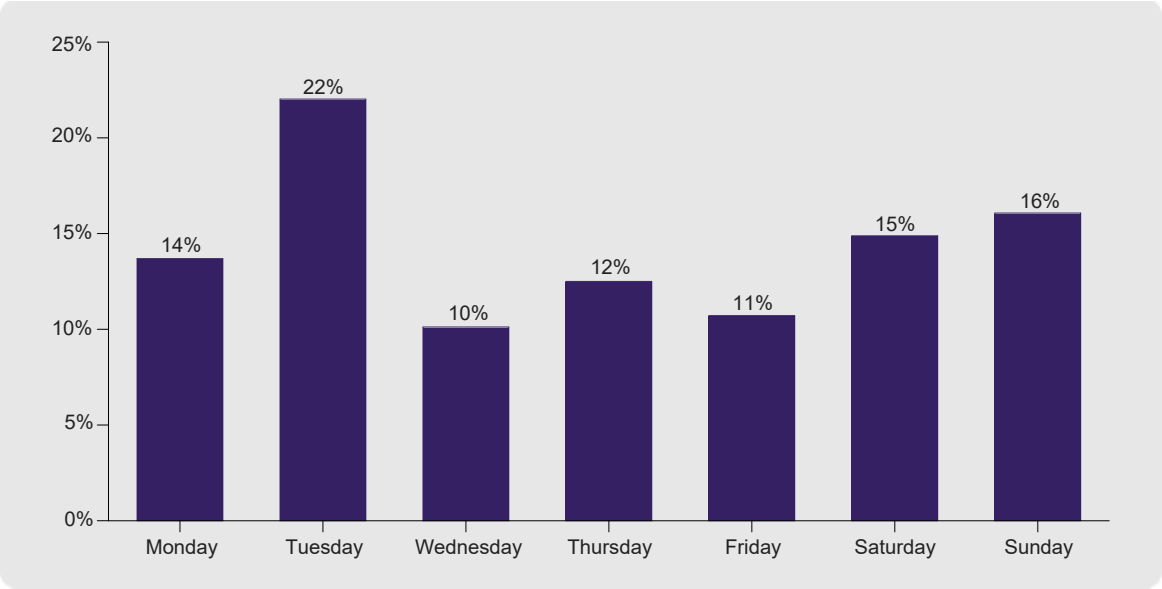


Who received care and when YTD

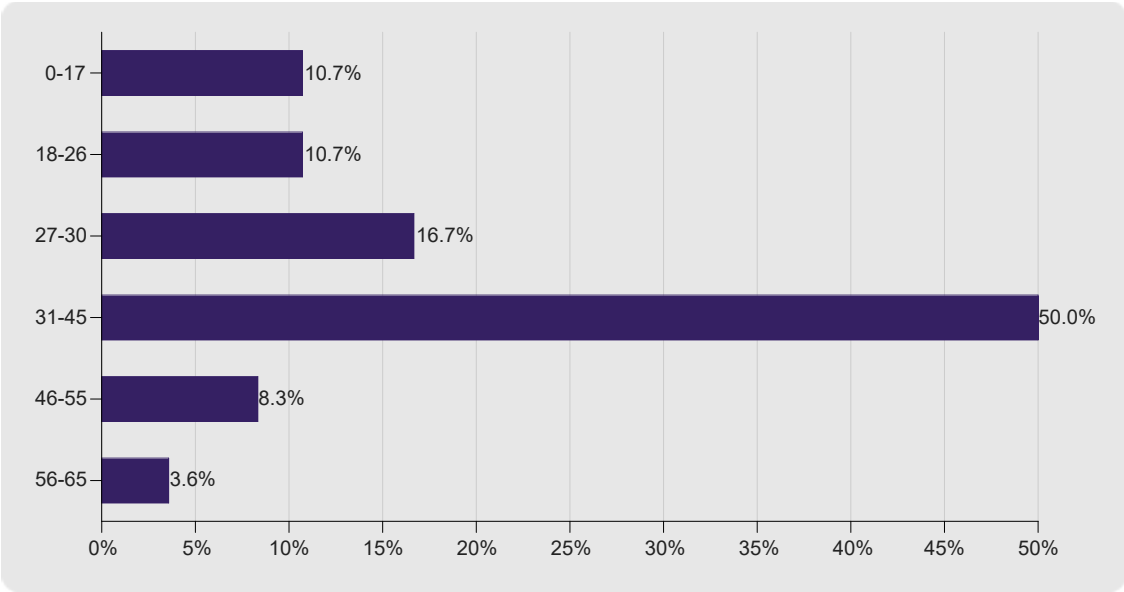
Gender



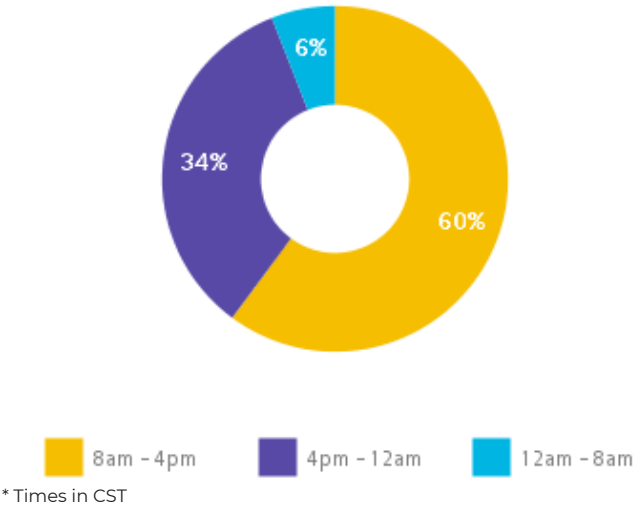
Day of week



Utilization by age



Time of day*





AVERAGE RESPONSE TIME

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

YTD

12 minutes

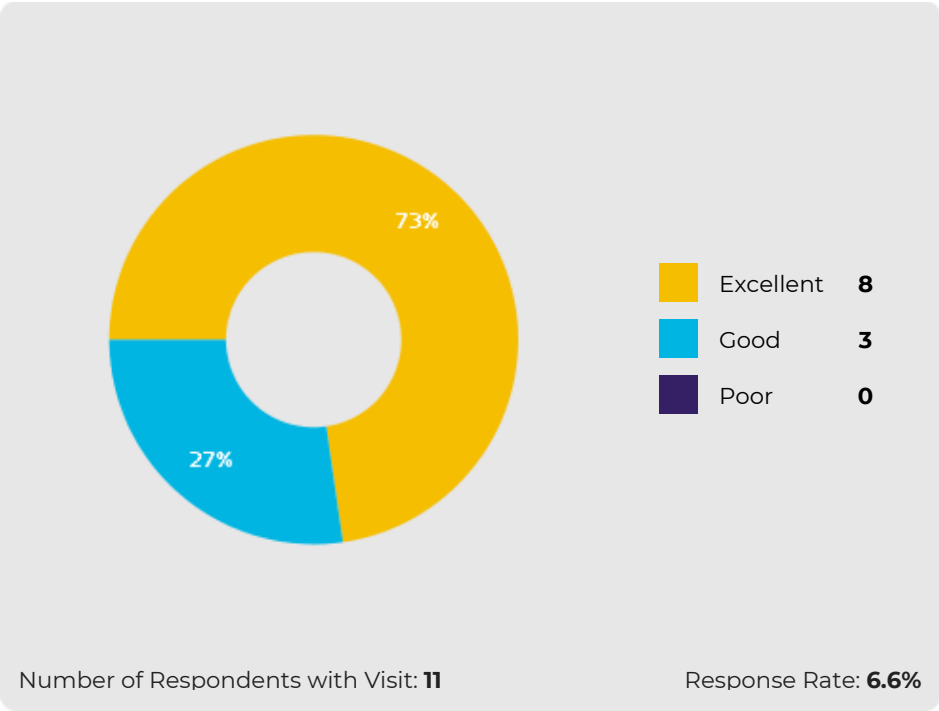
Report Period

30 min

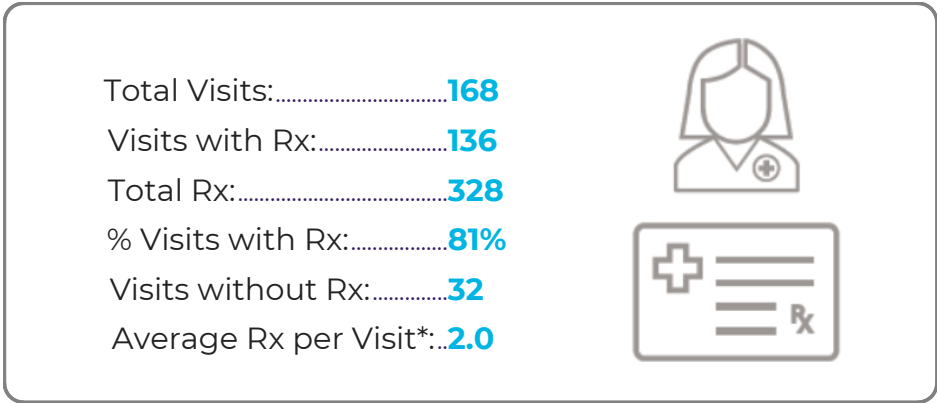
State	Visits	% Visits
CALIFORNIA	166	98.8%
FLORIDA	1	0.6%
NEW MEXICO	1	0.6%

Clinical details YTD

Member satisfaction



Prescriptions by visit



Top diagnoses

ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	13%
URINARY TRACT INFECTION, SITE NOT SPECIFIED	4%
ACUTE BRONCHITIS, UNSPECIFIED	3%
ACUTE COUGH	3%
RASH AND OTHER NONSPECIFIC SKIN ERUPTION	3%
ACUTE PHARYNGITIS, UNSPECIFIED	2%
ACUTE SINUSITIS, UNSPECIFIED	2%
ACUTE VAGINITIS	2%
COUGH, UNSPECIFIED	2%
DIARRHEA, UNSPECIFIED	2%

Top prescriptions written

BENZONATATE 200 MG ORAL CAPSULE	6%
AZITHROMYCIN 5 DAY DOSE PACK 250 MG ORAL TABLET	6%
MACROBID MACROCRYSTALS-MONOHYDRATE 100 MG ORAL	5%
ALBUTEROL (EQV-PROAIR HFA) 90 MCG/INH INHALATION	4%
DIFLUCAN 150 MG ORAL TABLET	4%
VALTREX 1 G ORAL TABLET	4%
ALBUTEROL (EQV-PROVENTIL HFA) 90 MCG/INH INHALATION	3%
AMOXICILLIN-CLAVULANATE 875 MG-125 MG ORAL TABLET	3%
PREDNISONE 20 MG ORAL TABLET	3%
ALBUTEROL SULFATE HFA 90 MCG/INH INHALATION	2%

*Average Rx is calculated as Total Rx / Total Visits.
 Copyright © 2022 Teladoc Health, Inc. All rights reserved.



September 26, 2022

NuWest Insurance Services is a Division of
Marsh & McLennan Insurance Agency LLC
1 Polaris Way, Suite 300
Aliso Viejo, CA 92656
+1 949 900 1780
MarshMMA.com
CA Insurance Lic. 0H18131



Ms. Diana Cavazos, Administrator
Health Comp, LLC
PO Box 45018
Fresno, CA 93718-5018

RE: Fresno City Employees Health & Welfare Trust
Fiduciary Liability Policy #8170-8103
Chubb Insurance Company
Renewal – January 15, 2023

Dear Diana:

The Fiduciary Liability policy covering the Fresno City Employees Health & Welfare Trust comes up for renewal on January 15, 2023. To begin the renewal process, we were able to partially complete the enclosed application. Please review the application, revise any answers that need to be amended, and complete the remaining portions. Once complete and signed, please send back to us with the information requested below so that we can submit to the Underwriter for proposed renewal terms.

- 1. List of current Trustees and Alternates;*
- 2. List of current outside professional staff and length of business relationship;*
- 3. Copies of any amendments to the Trust Agreement and/or Trust Document (if there have been any in the past year); and*
- 4. Most recent Audited Financials or 5500's*

As all Fiduciary Liability Policies are written on a Claims Made basis, you are required to report any claim made during the policy year prior to the end of the term. The policy requires that claims be reported as soon as practical within the policy period or specific period after renewal. We want to avoid the possibility of a coverage denial or coverage obstacles due to late notice of a claim.

We appreciate the opportunity to be of continued service. Should you have any questions or we can be of further assistance, please do not hesitate to call or email Linda Oelschlager or me.

Best regards,

Kelly D Grant, CISR
Senior Client Manager
kelly.grant@marshmma.com



Chubb Group of Insurance Companies
15 Mountain View Rd.
Warren, NJ 07059

**Labor Management Trust
Fiduciary Liability Coverage**

Underwritten in Federal Insurance Company or Vigilant Insurance Company

Labor Management Trust Fiduciary Liability Coverage is written on a claims-made basis. Except as otherwise provided, this policy will cover only claims first made against the Insured during the Policy Period. Please read the policy carefully.

Defense Cost Provision:

Please note that the Defense Cost provision of this policy stipulates that the Limits of Liability may be completely exhausted by the defense costs. Any deductible may be similarly reduced or exhausted by defense costs.

1. GENERAL INFORMATION

Name of trust or plan Fresno City Employees Health & Welfare Trust
Insurance Representative NuWest Insurance Services, A Division of Marsh McLennan Agency, LLC
Address of Insurance Representative 1 Polaris Way, Suite 300, Aliso Viejo, CA 92656
Industries or Trades Represented City Employees

2. MATERIAL CHANGE

Signing of this application does not bind the applicant or the Company. If there is any material change in the answers to the questions prior to the policy inception date the applicant will notify the Company in writing and any outstanding quotation may be modified or withdrawn.

3. UNDERWRITING INFORMATION

As part of this application, please attach the following (where applicable):

- Copy of the most recently filed Form 5500 and all schedules for the trust or plan.
- Audited financial statements for the trust or plan.
- List of all current Trustees and their Employers Name or Local.

4. LIMIT REQUESTED

Coverage	Limit Requested
Labor Management Trust	
Fiduciary Liability	\$ <u>1,000,000</u>

5. POLICY PERIOD REQUESTED

From 1/15/2023 to 1/15/2024 both days at 12:01 am at the principal address of the Insurance Representative.

6. PLAN ADMINISTRATION

	Name	Years Employed
Fund Manager or Contract Administrator (Firm Name)	<u>See attached</u>	<u></u>
Consultant/Actuary	<u></u>	<u></u>
CPA	<u></u>	<u></u>
Legal Counsel	<u></u>	<u></u>
Investment Manager	<u></u>	<u></u>
Custodian of Assets	<u></u>	<u></u>

How are plan benefits provided? By insurance (e.g. annuity, medical, etc.) ☐ Self-insured ☒ Combination ☐
If insured, give the name of the insurance company

If the trust or plan does not retain an independent investment manager, who makes the investment decisions?
The City of Fresno

Who administers the daily operations of the trust or plan? Please give the name of the firm Health Comp LLC

How often are formal trustee meetings held? Monthly



7. SIZE OF PLAN

Year	Total Assets	Annual Contributions	Number of Participants
<u>2021</u>	<u>30,605,322</u>	<u>60,409,131</u>	<u>4,149</u>
<u>2020</u>	<u>31,322,778</u>	<u>59,661,589</u>	<u>3,943</u>
<u>2019</u>	<u>26,462,196</u>	<u>56,045,838</u>	<u>3,988</u>

8. RECENT PLAN CHANGES

Has the name of the trust or plan been changed? ☐ Yes ☒ No

If yes, when _____ and attach details.

Has any other trust or plan been added or merged into the trust or plan? ☐ Yes ☒ No

Have there been any trust or plan terminations in the past 3 years? ☐ Yes ☒ No

If yes, attach details.

Were benefits from terminated plans secured by the purchase of annuities? ☐ Yes ☒ No

If yes, attach details.

Please list annuity carrier _____

9. COMPLIANCE

Do the plans conform to the standards of eligibility, participation, vesting, funding and other provisions of ERISA? ☐ Yes ☒ No

If no, please explain: N/A Non-ERISA Government Plan

Have the plans been reviewed to assure that there are no violations of prohibited transactions and party-in-interest rules? ☒ Yes ☐ No

If no, please explain: _____

If yes, by whom and when? CPA - Annually

Has an actuary certified that the plans are adequately funded? ☐ Yes ☒ No

If no, please explain: Not Applicable

Are there any outstanding delinquent contributions? ☐ Yes ☒ No

If yes, attach details.

Have any plans experienced any event reportable to the PBGC? ☐ Yes ☒ No

If yes, attach details.

Were any plan loans or obligations due the plan in default or classified as uncollectible during the plan year? ☐ Yes ☒ No

If yes, attach details.

10. PAST ACTIVITIES

Has any fiduciary been:

(a) accused, found guilty or held liable for a breach of trust? ☐ Yes ☒ No

If yes, attach details.

(b) convicted of criminal conduct? ☐ Yes ☒ No

If yes, attach details.

(c) refused coverage under a fidelity bond? ☐ Yes ☒ No

If yes, attach details.

Have any claims (other than for benefits) been made during the past 5 years against any trust or plan or any current or past fiduciaries? ☐ Yes ☒ No

If yes, attach details.



11. PRIOR INSURANCE

Does the applicant currently have fiduciary liability Insurance?

☒ Yes ☐ No

If no, skip to Section 13 and answer the warranty statement. If yes, please provide the following:

Insurer	Limits	Deductible	Policy Period
Chubb	1,000,000	0	1/15/2022-23

Has the applicant given written notice under the provisions of any prior or current fiduciary liability policy of specific facts or circumstances which might give rise to a claim being made against any applicant?

☐ Yes ☒ No

If yes, attach details.

Have any loss payments been made on behalf of any Insured under any fiduciary liability policy or similar insurance?

☐ Yes ☒ No

If yes, attach details.

12. CONTINUITY WITH PRIOR COVERAGE

Note: This section applies only if you currently have coverage and request continuity of coverage

Continuity date requested: 1/15/2003

If continuity of coverage is requested:

- (a) attach a copy of the prior application with which continuity of coverage is to be maintained.
- (b) the Company will be relying upon the declarations and statements contained in such prior application and those declarations and statements shall be considered to be incorporated in and form a part of the policy of the Company.

13. PRIOR KNOWLEDGE/WARRANTY

Note: This section applies if you have requested continuity of coverage and your request has not been accepted or granted or if there is no prior coverage.

It is important that you fill in the blank in this paragraph. No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of the proposed coverage, except:(if no exceptions, please state.)

Not needed for renewal

It is agreed that if such facts or circumstance exist, whether or not disclosed, any claim arising from them is excluded from this proposed coverage.



14. FALSE INFORMATION

Any person who, knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

15. DECLARATION AND SIGNATURE

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. Although the signing of this application does not bind the undersigned on behalf of the applicants to the effect insurance, the undersigned agrees that this application and its attachments shall be the basis of the contract should a policy be issued and shall be deemed attached to and shall form a part of the policy. The Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

This section of the application must be signed by a current fiduciary.

11-07-22

Date

Signature

Title

CHAIR

False Information

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree.

Notice to Kentucky Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

Notice to Minnesota and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or their person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Oklahoma Applicants: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of any insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

Diana Cavazos | HealthComp

From: Georgeanne White <Georgeanne.White@fresno.gov>
Sent: Wednesday, November 16, 2022 8:15 PM
To: Diana Cavazos | HealthComp; Toni Machado
Subject: RE: 200/Fresno City -ACTION REQUIRED Fiduciary Policy

Yes, I approve.

From: Diana Cavazos | HealthComp <dcavazos@healthcomp.com>
Sent: Wednesday, November 16, 2022 10:17 AM
To: Toni Machado <Toni.Machado@fresno.gov>; Georgeanne White <Georgeanne.White@fresno.gov>
Subject: FW: 200/Fresno City -ACTION REQUIRED Fiduciary Policy

External Email: Use caution with links and attachments

Hello
Shane Archer has already signed the document. All we need now is Georgeanne's approval (email response indicating "yes I approve")

Please let me know if you have any questions.

Diana Cavazos | Account Management
(o) 559-312-2295 Pacific Time Zone



Your Workforce Is Unique.
Your Benefits Should Be Too.

From: Diana Cavazos | HealthComp
Sent: Friday, October 28, 2022 1:11 PM
To: 'Shane Archer' <shane.archer@fresno.gov>; 'Georgeanne White' (Georgeanne.White@fresno.gov)' <Georgeanne.White@fresno.gov>
Cc: Tom Georgouses | HealthComp <tgeorgouses@healthcomp.com>; 'Toni Machado' <Toni.Machado@fresno.gov>
Subject: RE: 200/Fresno City -ACTION REQUIRED Fiduciary Policy

+toni

Diana Cavazos | Account Management
(o) 559-312-2295 Pacific Time Zone



Your Workforce Is Unique.
Your Benefits Should Be Too.

From: Diana Cavazos | HealthComp
Sent: Friday, October 28, 2022 1:08 PM
To: Shane Archer <shane.archer@fresno.gov>; Georgeanne White (Georgeanne.White@fresno.gov)
<Georgeanne.White@fresno.gov>
Cc: Tom Georgouses | HealthComp <tgeorgouses@healthcomp.com>
Subject: 200/Fresno City -ACTION REQUIRED Fiduciary Policy

Hello Mr. Archer and Ms. White

It's time for renewal of the fiduciary policy. Enclosed is the application and attachments. This has been approved by Andrew and Tom. Please review the application with attachments. It will require approval from both of you however only 1 signature. Either of you can execute.

We will include the completed application in the board meeting packet for ratification at the next board meeting. In addition, we will submit application and hope to have quotes for the next board meeting.

Please let us know if you have any questions.

Diana Cavazos | Account Management
(o) 559-312-2295 Pacific Time Zone



This message and any attached documents are intended for the use of the individual or group to which it is addressed. They may contain information that is privileged or exempt from disclosure under state and/or federal law. Any individual or group which permits the unauthorized duplication, retention, or dissemination of said information may be subject to civil and criminal penalties. If you have received this message in error, please immediately notify the sender by telephone, and either destroy the documents or return them to sender via regular U.S. Mail - postage due...

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

**MONTHLY CLAIMS EXPERIENCE ANALYSIS
MEDICAL AND PRESCRIPTION DRUGS
FIVE MONTHS ENDING NOVEMBER 30, 2022**

		<u>PER ELIGIBLE</u>
ACTIVES	\$ 20,217,304.04	\$ 1,128.58
COBRA	75,876.94	1,806.59
RETIREEES	1,997,114.03	2,371.87
	<u>\$ 22,290,295.01</u>	\$ 1,185.78
 MEDICARE SUPPLEMENT	 \$ 715,136.86	 \$ 840.35
SELF-PAY OVER 65	506,340.41	4,520.90
	<u><u>\$ 23,511,772.28</u></u>	\$ 1,189.81
 AVERAGE MONTHLY COST - YTD	 <u><u>\$ 4,702,354.46</u></u>	 \$ 1,189.81
 PRIOR YEAR AVERAGE MONTHLY COST - YTD FIVE MONTHS ENDING NOVEMBER 30, 2021	 3,719,520.06	 \$ 994.42
 PRIOR PLAN YEAR AVERAGE MONTHLY COST JULY 2021 - JUNE 2022	 \$ 4,345,647.26	 \$ 1,144.14
 TWELVE MONTH ROLLING AVERAGE December 1, 2021 - November 30, 2022	 \$ 5,995,001.61	 \$ 1,167.88

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

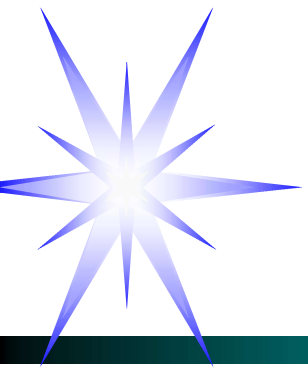
**MONTHLY CLAIMS EXPERIENCE ANALYSIS
DENTAL BENEFIT SECTION
FIVE MONTHS ENDING NOVEMBER 30, 2022**

<u>DELTA DENTAL</u>	<u>PAYMENTS</u>	<u>PER ELIGIBLE</u>
ACTIVES	\$ 937,058.06	\$ 56.97
RETIREEES	143,372.00	\$ 54.62
TOTAL FOR DELTA DENTAL	<u><u>\$ 1,080,430.06</u></u>	\$ 56.64
AVERAGE MONTHLY COST	\$ 216,086.01	\$ 56.64
PUD HMO AVG MONTHLY PREM	14,292.58	\$ 43.18
TOTAL AVG MONTHLY COST - YTD	<u><u>\$ 230,378.59</u></u>	\$ 55.57

**PRIOR YEAR AVERAGE MONTHLY COST: DELTA DENTAL
JULY 2021 - JUNE 2022**

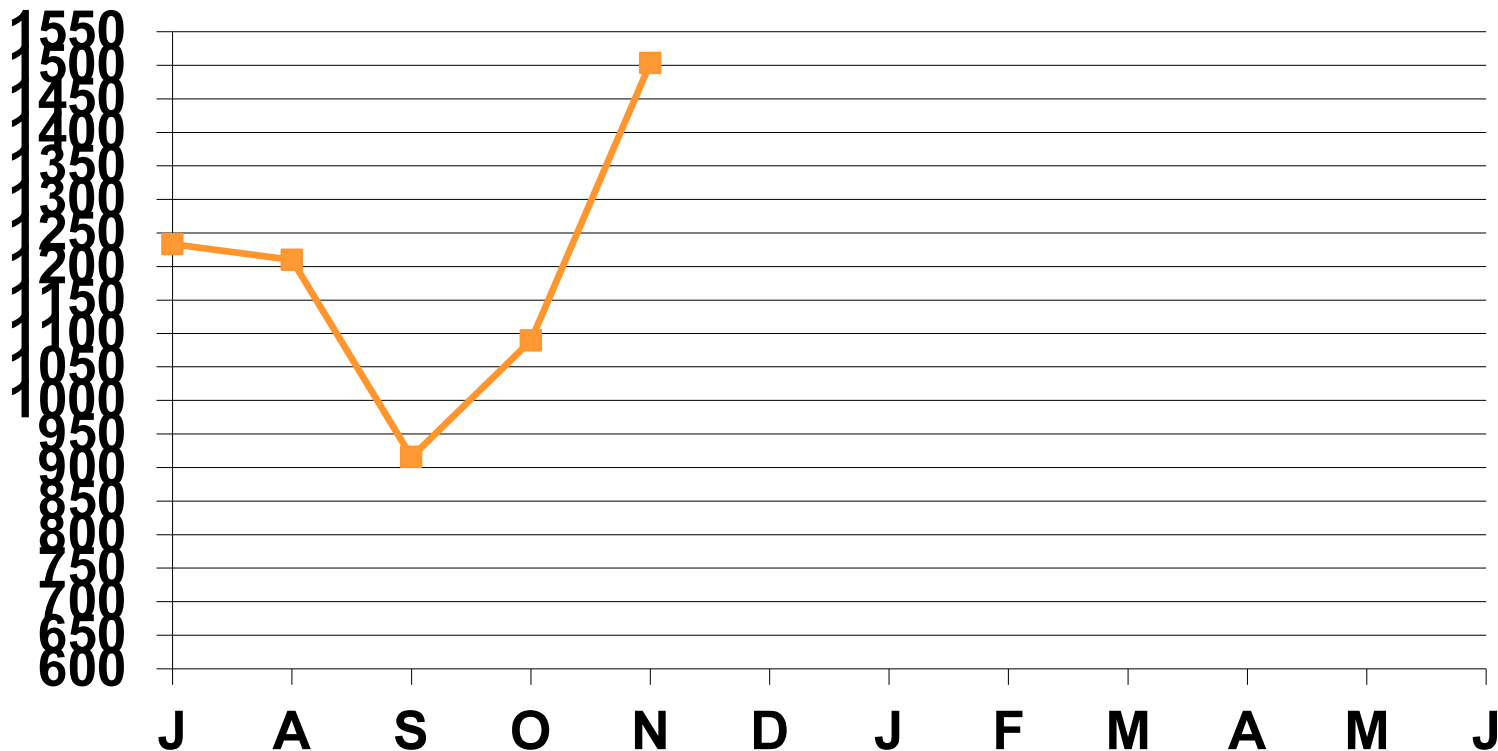
ACTIVES	\$ 64.13
RETIREEES	\$ 64.28
COMBINED	\$ 64.16

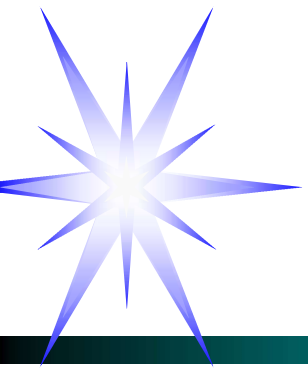
TWELVE MONTH ROLLING AVERAGE DELTA DENTAL December 1, 2021 - November 30, 2022	\$ 60.90
---	-----------------



Average Cost Per Participant Monthly

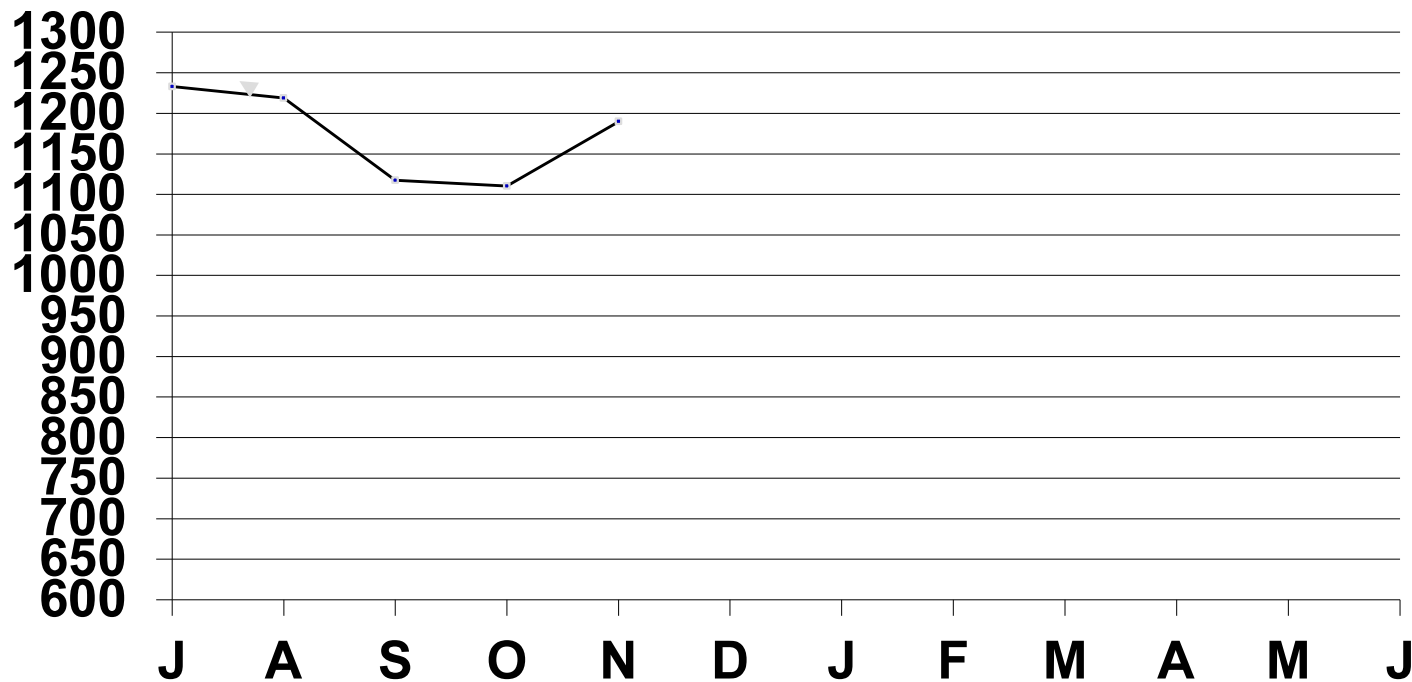
Fresno City Employees H & W Trust
Jul 22 – Jun 23

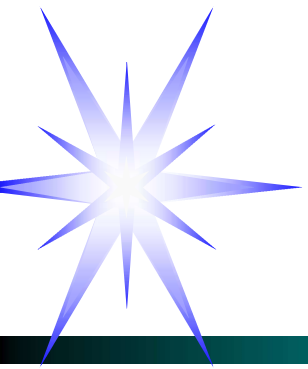




Average Cost Per Participant Year to Date

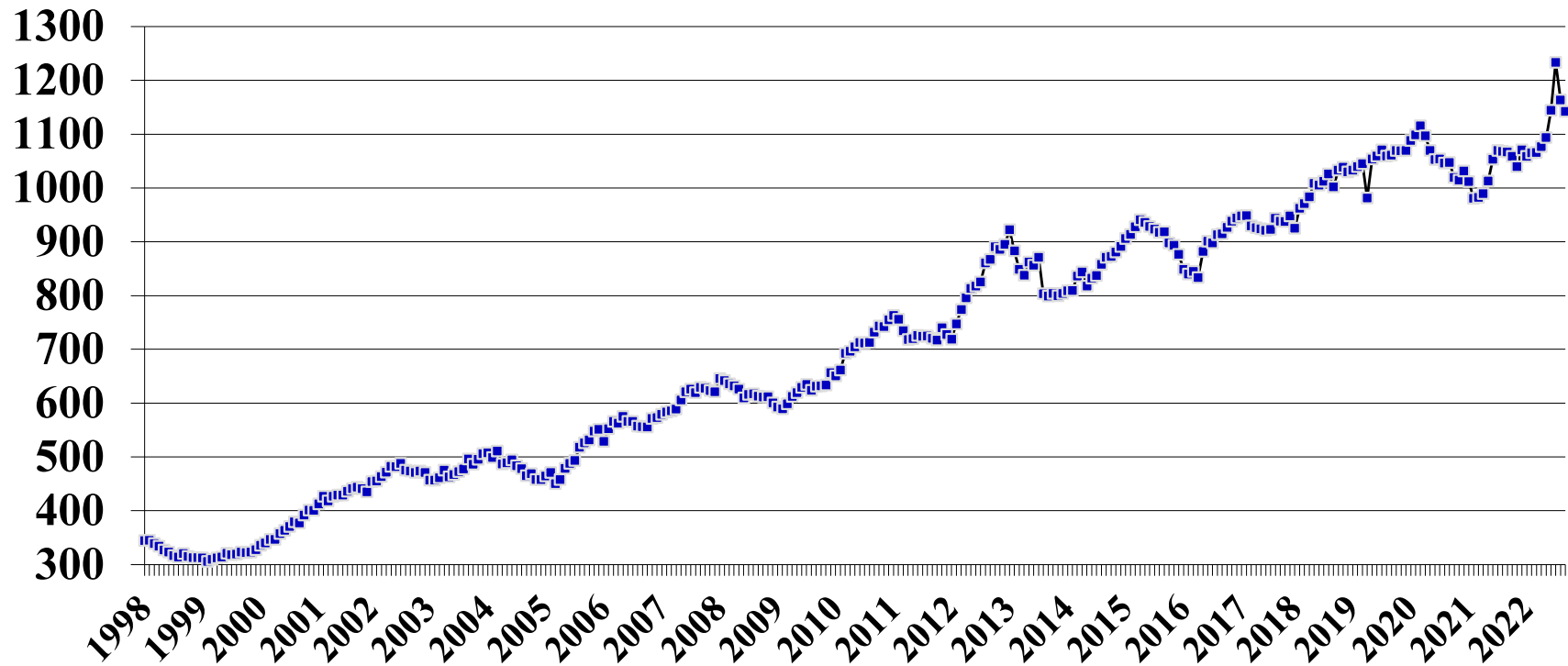
Fresno City Employees H & W Trust
Jul 22 – Jun 23





Average Cost Per Participant 12 Month Rolling Average

Fresno City Employees H & W Trust
Jun 97 – Jul 23



FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST
FINANCIAL ANALYSIS FOR MEDICAL, VISION AND PRESCRIPTION DRUG
FIVE MONTHS ENDING NOVEMBER 30, 2022

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
ACTIVES								
PPO Contributing	2,582	\$ 1,387.48	\$ 116.64	\$ 1,504.12	\$ 1,251.00	\$ 3.64	\$ (249.48)	\$ (3,220,786.80)
PPO Non-Cont 35	983	\$ 468.53	\$ 116.64	\$ 585.17	\$ 847.00	\$ 3.64	\$ 265.47	\$ 1,304,785.05
PPO Non-Cont 25	18	\$ 19.07	\$ 116.64	\$ 135.71	\$ 981.00	\$ 3.64	\$ 848.93	\$ 76,403.70
								\$ -
TOTAL (a)	3583	\$ 1,128.49	\$ 116.64	\$ 1,245.13	\$ 1,138.81	\$ 3.64	\$ (102.68)	\$ (1,839,598.05)
RETIREEES								
PPO Plan	168	\$ 2,371.87	\$ 116.64	\$ 2,488.51	\$ 1,251.00	\$ 3.64	\$ (1,233.87)	\$ (1,038,918.03)
TOTAL	168	2,371.87	\$ 116.64	\$ 2,488.51	\$ 1,251.00	\$ 3.64	\$ (1,233.87)	\$ (1,038,918.03)
COBRA								
PPO Plan	8	\$ 1,806.59	\$ 116.64	\$ 1,923.23	\$ 1,276.02	\$ 3.64	\$ (643.57)	\$ (25,742.80)
TOTAL	8	\$ 1,806.59	\$ 116.64	\$ 1,923.23	\$ 1,276.02	\$ 3.64	\$ (643.57)	\$ (25,742.80)
MEDICARE SUPP								
PPO Plan	170	\$ 840.35	\$ 27.59	\$ 867.94	\$ 688.00	\$ 3.64	\$ (176.30)	\$ (149,855.00)
TOTAL	170	\$ 840.35	\$ 27.59	\$ 867.94	\$ 688.00	\$ 3.64	\$ (176.30)	\$ (149,855.00)
SELF-PAY								
PPO Plan	22	\$ 4,520.90	\$ 116.85	\$ 4,637.75	\$ 1,507.00	\$ 3.64	\$ (3,127.11)	\$ (343,982.10)
TOTAL	22	\$ 4,520.90	\$ 116.85	\$ 4,637.75	\$ 1,507.00	\$ 3.64	\$ (3,127.11)	\$ (343,982.10)
Stop-Loss Reimbursement								\$ 2,003,155.79
Prescription Drug Rebates								\$ 2,056,838.66
TOTAL								\$ 661,898.47

NOTES:

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

Fixed Costs include all plan costs for Blue Shield, Halcyon, PhysMetrics, Optum, HealthComp, Rael & Letson, Moss Law Firm, EyeMed, EPIC and HCC Life 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.

**FINANCIAL ANALYSIS FOR DENTAL
FIVE MONTHS ENDING NOVEMBER 30, 2022**

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
Delta PPO	3815	\$ 56.64	\$ 5.28	\$ 61.92	\$ 99.00		\$ 37.08	\$ 707,301.00
PUD HMO	331	\$ -	\$ 43.18	\$ 43.18	\$ 99.00		\$ 55.82	\$ 92,382.10
TOTAL								\$ 799,683.10

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.

Paid Claims Lag Time Analysis

INCURRED: 01/01/1990 - 11/30/2022 | PAID: 11/01/2022 - 11/30/2022

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	5,530	46.5 %	46.5 %	10,513	88.4 %	88.4 %	11,710	98.5 %	98.5 %	9,251	77.8 %	77.8 %
11 - 14	1,460	12.3 %	58.8 %	370	3.1 %	91.5 %	130	1.1 %	99.6 %	1,037	8.7 %	86.5 %
15 - 21	1,353	11.4 %	70.2 %	411	3.5 %	95.0 %	19	0.2 %	99.7 %	738	6.2 %	92.7 %
22 - 28	799	6.7 %	76.9 %	52	0.4 %	95.4 %	7	0.1 %	99.8 %	274	2.3 %	95.0 %
Over 28	2,749	23.1 %	100.0 %	545	4.6 %	100.0 %	25	0.2 %	100.0 %	591	5.0 %	100.0 %

Total # of claims: 11,891

Average days from incurred to received: 36.9

Average days from received to processed: 7.4

Average days from processed to paid: 4.3

Average days from received to paid: 11.6

FRESNO CITY EMPLOYEES
HEALTH & WELFARE TRUST
SPECIFIC STOP LOSS
THROUGH 11/30/2022

INCURRED: 07/01/21 - 07/31/22
PAID: 07/01/21 THRU: 11/30/22

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

OVER \$500,000.00

MEMBER	NET PAID	CLAIM AMOUNT
5	\$2,287,513.81	\$1,787,513.81
6	\$695,446.12	\$195,446.12
17	\$647,298.33	\$147,298.33
22	\$832,933.91	\$332,933.91
11	\$721,686.04	\$221,686.04
	\$5,184,878.21	\$2,684,878.21

50% OVER \$250,000.00

MEMBER	NET PAID	STILL TO MEET
1	\$413,791.95	\$86,208.05
2	\$484,771.64	\$15,228.36
3	\$303,119.96	\$196,880.04
4	\$382,839.72	\$117,160.28
19	\$448,229.36	\$51,770.64
7	\$462,165.98	\$37,834.02
8	\$383,204.43	\$116,795.57
9	\$186,073.52	\$313,926.48
10	\$454,604.39	\$45,395.61
12	\$235,450.60	\$264,549.40
13	\$292,117.35	\$207,882.65
14	\$213,832.83	\$286,167.17
15	\$241,660.39	\$258,339.61
16	\$388,290.56	\$111,709.44
21	\$297,087.25	\$202,912.75
18	\$270,566.42	\$229,433.58
20	\$258,163.76	\$241,836.24
	\$5,715,970.11	\$2,784,029.89

PREMIUM

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	\$ 135.54	\$ 5,885,417.88	\$ 7,050,848.32	\$ 1,165,430.44
350,000	\$ 49.72	\$ 2,158,941.84	\$ 4,052,776.24	\$ 1,893,834.40
500,000	\$ 29.03	\$ 1,260,540.66	\$ 2,684,878.21	\$ 1,424,337.55

PRIOR YEAR RESULTS

FISCAL YEAR	MEMBERS OVER \$175K	SAVINGS/(LOSS) \$500 DEDUCTIBLE	SAVINGS/(LOSS) \$350 DEDUCTIBLE	SAVINGS/(LOSS) \$175 DEDUCTIBLE
2008/2009	11	\$ 298,037.47	\$ 660,094.16	\$ 696,657.85
2009/2010	7	\$ 571,249.08	\$ 901,645.80	\$ 2,451,452.16
2010/2011	12	\$ 392,141.96	\$ 562,653.55	\$ 1,543,342.62
2011/2012	4	\$ 690,024.10	\$ 1,115,261.30	\$ 3,286,763.75
2012/2013	11	\$ 892,384.76	\$ 1,450,290.57	\$ 3,807,297.67
2013/2014	11	\$ 546,018.60	\$ 941,346.55	\$ 3,782,202.62
2014/2015	13	\$ 324,590.15	\$ 264,268.88	\$ 374,381.62
2015/2016	14	\$ 2,588,355.84	\$ 2,919,146.55	\$ 3,042,900.18
2016/2017	15	\$ (618,495.03)	\$ (1,101,491.19)	\$ (1,626,992.21)
2017/2018	23	\$ (808,434.00)	\$ (1,099,684.13)	\$ (1,999,825.30)
2018/2019	27	\$ (717,892.65)	\$ (696,340.65)	\$ (258,654.91)
2019/2020	29	\$ (403,675.83)	\$ 34,344.25	\$ 231,492.59
2020/2021	23	\$ 3,553.03	\$ 36,225.35	\$ (1,104,531.07)
2021/2022	19	\$ 1,424,337.55	\$ 1,893,834.40	\$ 1,165,430.44
TOTAL	219	\$ 5,182,195.03	\$ 7,881,595.39	\$ 15,391,918.01

Current Outstanding Submission

As of November 30, 2022

\$

659,553.32

FRESNO CITY EMPLOYEES
HEALTH & WELFARE TRUST
SPECIFIC STOP LOSS
THROUGH 12/31/2022

INCURRED: 07/01/21 - 07/31/22
PAID: 07/01/21 THRU: 12/31/22

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

OVER \$500,000.00

MEMBER	NET PAID	CLAIM AMOUNT
5	\$2,549,140.65	\$2,049,140.65
6	\$695,446.12	\$195,446.12
17	\$649,378.33	\$149,378.33
22	\$973,559.77	\$473,559.77
11	\$722,260.79	\$222,260.79
	\$5,589,785.66	\$3,089,785.66

50% OVER \$250,000.00

MEMBER	NET PAID	STILL TO MEET
1	\$413,791.95	\$86,208.05
2	\$484,771.64	\$15,228.36
3	\$303,119.96	\$196,880.04
4	\$382,839.72	\$117,160.28
19	\$482,444.36	\$17,555.64
7	\$462,165.98	\$37,834.02
8	\$383,204.43	\$116,795.57
9	\$186,073.52	\$313,926.48
10	\$464,930.95	\$35,069.05
12	\$235,450.60	\$264,549.40
13	\$292,117.35	\$207,882.65
14	\$213,832.83	\$286,167.17
15	\$241,660.39	\$258,339.61
16	\$388,490.56	\$111,509.44
21	\$316,638.67	\$183,361.33
18	\$311,762.80	\$188,237.20
20	\$258,163.76	\$241,836.24
23	\$365,078.14	\$134,921.86
	\$6,186,537.61	\$2,813,462.39

PREMIUM

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	\$ 135.54	\$ 5,885,417.88	\$ 7,561,245.13	\$ 1,675,827.25
350,000	\$ 49.72	\$ 2,158,941.84	\$ 3,878,865.48	\$ 1,719,923.64
500,000	\$ 29.03	\$ 1,260,540.66	\$ 3,089,785.66	\$ 1,829,245.00

PRIOR YEAR RESULTS

FISCAL YEAR	MEMBERS OVER \$175K	SAVINGS/(LOSS) \$500 DEDUCTIBLE	SAVINGS/(LOSS) \$350 DEDUCTIBLE	SAVINGS/(LOSS) \$175 DEDUCTIBLE
2008/2009	11	\$ 298,037.47	\$ 660,094.16	\$ 696,657.85
2009/2010	7	\$ 571,249.08	\$ 901,645.80	\$ 2,451,452.16
2010/2011	12	\$ 392,141.96	\$ 562,653.55	\$ 1,543,342.62
2011/2012	4	\$ 690,024.10	\$ 1,115,261.30	\$ 3,286,763.75
2012/2013	11	\$ 892,384.76	\$ 1,450,290.57	\$ 3,807,297.67
2013/2014	11	\$ 546,018.60	\$ 941,346.55	\$ 3,782,202.62
2014/2015	13	\$ 324,590.15	\$ 264,268.88	\$ 374,381.62
2015/2016	14	\$ 2,588,355.84	\$ 2,919,146.55	\$ 3,042,900.18
2016/2017	15	\$ (618,495.03)	\$ (1,101,491.19)	\$ (1,626,992.21)
2017/2018	23	\$ (808,434.00)	\$ (1,099,684.13)	\$ (1,999,825.30)
2018/2019	27	\$ (717,892.65)	\$ (696,340.65)	\$ (258,654.91)
2019/2020	29	\$ (403,675.83)	\$ 34,344.25	\$ 231,492.59
2020/2021	23	\$ 3,553.03	\$ 36,225.35	\$ (1,104,531.07)
2021/2022	19	\$ 1,829,245.00	\$ 1,719,923.64	\$ 1,675,827.25
TOTAL	219	\$ 5,587,102.48	\$ 7,707,684.63	\$ 15,902,314.82

Current Outstanding Submission

As of December 31, 2022 \$ 1,063,657.71

SPECIFIC STOP LOSS
THROUGH 11/30/2022

DEDUCTIBLE: \$175k, \$350k & \$550k
CARRIER: HCC Insurance Company

MEMBER	NET PAID	CLAIM AMOUNT
	\$0.00	\$0.00

[illegible]

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	\$ 146.80	\$ 2,777,749.60	-	\$ (2,777,749.60)
350,000	\$ 75.09	\$ 1,420,852.98	-	\$ (1,420,852.98)
550,000	\$ 40.69	\$ 769,936.18	-	\$ (769,936.18)

FISCAL YEAR	MEMBERS OVER \$175K	SAVINGS/(LOSS) \$500 DEDUCTIBLE	SAVINGS/(LOSS) \$350 DEDUCTIBLE	SAVINGS/(LOSS) \$175 DEDUCTIBLE
2008/2009	11	\$ 298,037.47	\$ 660,094.16	\$ 696,657.85
2009/2010	7	\$ 571,249.08	\$ 901,645.80	\$ 2,451,452.16
2010/2011	12	\$ 392,141.96	\$ 562,653.55	\$ 1,543,342.62
2011/2012	4	\$ 690,024.10	\$ 1,115,261.30	\$ 3,286,763.75
2012/2013	11	\$ 892,384.76	\$ 1,450,290.57	\$ 3,807,297.67
2013/2014	11	\$ 546,018.60	\$ 941,346.55	\$ 3,782,202.62
2014/2015	13	\$ 324,590.15	\$ 264,268.88	\$ 374,381.62
2015/2016	14	\$ 2,588,355.84	\$ 2,919,146.55	\$ 3,042,900.18
2016/2017	15	\$ (618,495.03)	\$ (1,101,491.19)	\$ (1,626,992.21)
2017/2018	23	\$ (808,434.00)	\$ (1,099,684.13)	\$ (1,999,825.30)
2018/2019	27	\$ (717,892.65)	\$ (696,340.65)	\$ (258,654.91)
2019/2020	29	\$ (403,675.83)	\$ 34,344.25	\$ 231,492.59
2020/2021	23	\$ 3,553.03	\$ 36,225.35	\$ (1,104,531.07)
2021/2022	19	\$ (769,936.18)	\$ (1,420,852.98)	\$ (2,777,749.60)
TOTAL	219	\$ 2,987,921.30	\$ 4,566,908.01	\$ 11,448,737.97

As of November 30, 2022

\$

1

SPECIFIC STOP LOSS
THROUGH 12/31/2022

DEDUCTIBLE: \$175k, \$350k & \$550k
CARRIER: HCC Insurance Company

MEMBER	NET PAID	CLAIM AMOUNT
	\$0.00	\$0.00

[illegible]

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	\$ 146.80	\$ 3,341,021.20	- \$	(3,341,021.20)
350,000	\$ 75.09	\$ 1,708,973.31	- \$	(1,708,973.31)
550,000	\$ 40.69	\$ 926,063.71	- \$	(926,063.71)

FISCAL YEAR	MEMBERS OVER \$175K	SAVINGS/(LOSS) \$500 DEDUCTIBLE	SAVINGS/(LOSS) \$350 DEDUCTIBLE	SAVINGS/(LOSS) \$175 DEDUCTIBLE
2008/2009	11	\$ 298,037.47	\$ 660,094.16	\$ 696,657.85
2009/2010	7	\$ 571,249.08	\$ 901,645.80	\$ 2,451,452.16
2010/2011	12	\$ 392,141.96	\$ 562,653.55	\$ 1,543,342.62
2011/2012	4	\$ 690,024.10	\$ 1,115,261.30	\$ 3,286,763.75
2012/2013	11	\$ 892,384.76	\$ 1,450,290.57	\$ 3,807,297.67
2013/2014	11	\$ 546,018.60	\$ 941,346.55	\$ 3,782,202.62
2014/2015	13	\$ 324,590.15	\$ 264,268.88	\$ 374,381.62
2015/2016	14	\$ 2,588,355.84	\$ 2,919,146.55	\$ 3,042,900.18
2016/2017	15	\$ (618,495.03)	\$ (1,101,491.19)	\$ (1,626,992.21)
2017/2018	23	\$ (808,434.00)	\$ (1,099,684.13)	\$ (1,999,825.30)
2018/2019	27	\$ (717,892.65)	\$ (696,340.65)	\$ (258,654.91)
2019/2020	29	\$ (403,675.83)	\$ 34,344.25	\$ 231,492.59
2020/2021	23	\$ 3,553.03	\$ 36,225.35	\$ (1,104,531.07)
2021/2022	19	\$ (926,063.71)	\$ (1,708,973.31)	\$ (3,341,021.20)
TOTAL	219	\$ 2,831,793.77	\$ 4,278,787.68	\$ 10,885,466.37

As of December 31 2022

\$

1



**Rael &
Letson**

Rael & Letson
160 Bovet Road, Suite 203
San Mateo, California 94402
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: January 11 2023

Re: Consultant's Report for January 11, 2023 Board of Trustees Meeting -
Elite Wellness Vaccine and Health Screening Event Summary

We have received a summary of the Elite Wellness event that took place October 25, 2022 – November 8, 2022.

1. In addition to influenza vaccines, participants were able to register for influenza high-dose flu shots and COVID-19 vaccines. High-dose flu shots are intended for adults 65 and older as it offers a higher immune response. Health screenings were also offered again this year for the first time in three years. Health screenings were not available in 2020 and 2021 as a result of COVID-19 protocols.
2. The number of services administered was as follows:

Vaccination	2022	2021
Influenza Vaccine	355	300
Pneumonia Vaccine	25	43
High-Dose Influenza Vaccine	16	10
COVID-19 Vaccine	103	0
Health Screening	55	n/a
Total Services Provided	554	353

3. Total cost for the 2022 event was \$23,589. Total costs were \$14,377 in 2021, \$25,400 in 2020, \$38,900 in 2019 and \$42,500 in 2018.
4. Elite Wellness has provided the aggregate screening results for the members who took part in the health screening. That report is attached to this memo for your reference.

This item will be discussed at your January 11, 2023 meeting. If there are any questions before or after that meeting, please let me know.

AD:mw



EMPLOYEES' HEALTH & WELFARE TRUST

Aggregate Health Screenings 2022

Presented by: Elite Medical



CITY OF FRESNO

Agenda

- 2022 Data
- Comparison with 2019
- Health Maintenance and Awareness
- Recommendations
- Pandemic Impact

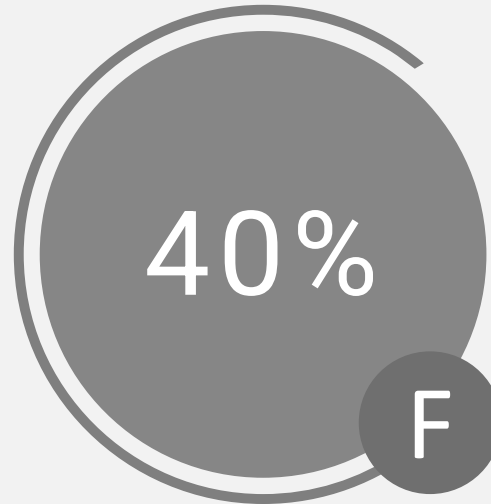


General Demographics



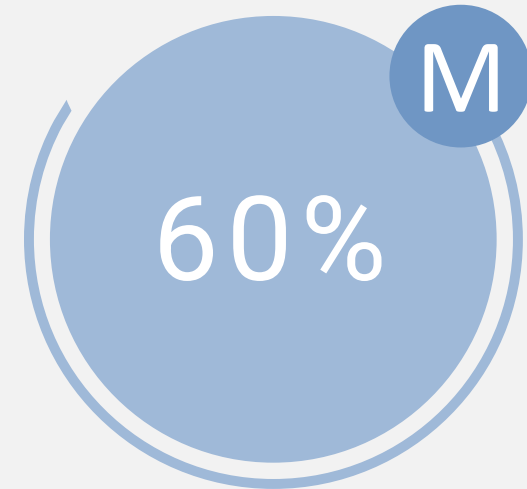
POPULATION

25.45% of participants were fasting
Average participant age: 48



FEMALE

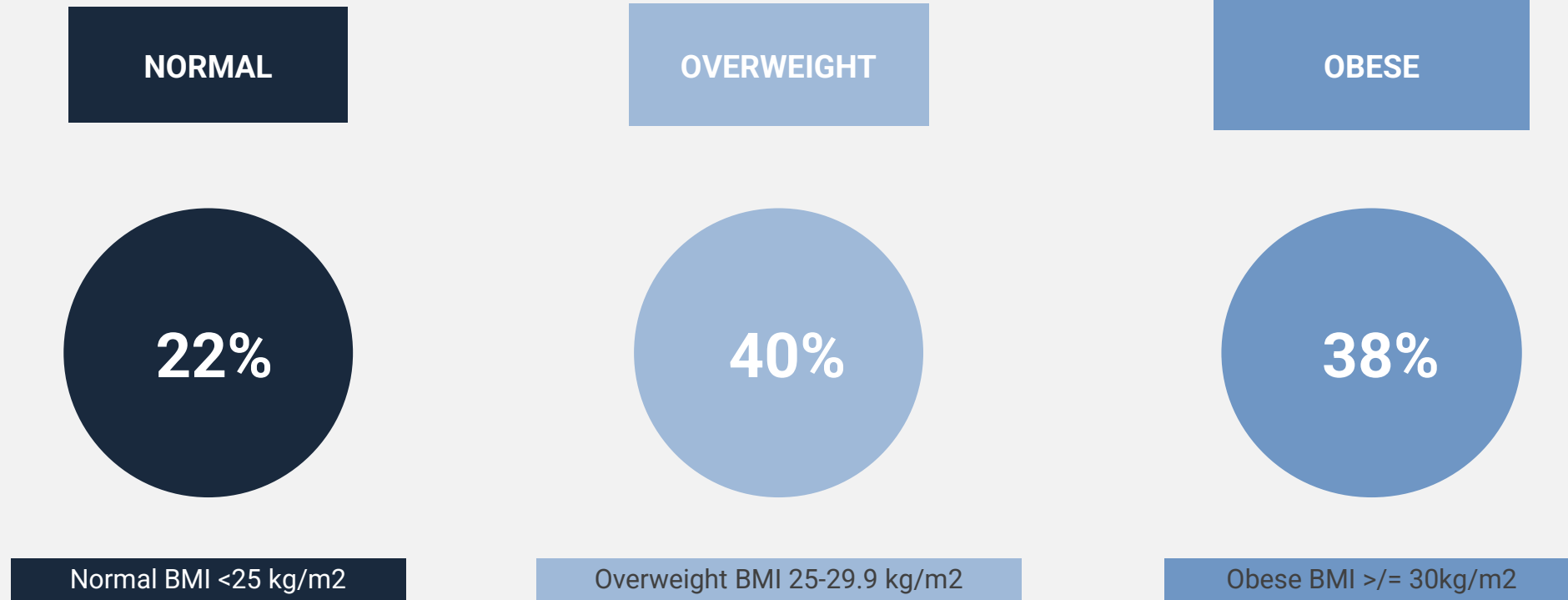
Average age: 47



MALE

Average age: 49

Population-Level Results: BMI



78% of Elevated BMI results represent increased risk of heart attack, stroke, diabetes and several other health risks.

Population-Level Results: Blood Pressure

5%

NORMAL
systolic < 120 AND
diastolic < 80

53%

ELEVATED
systolic 120-139 AND diastolic
80-89

36%

STAGE 1 HYPERTENSION
systolic 140-159 OR diastolic
90-99

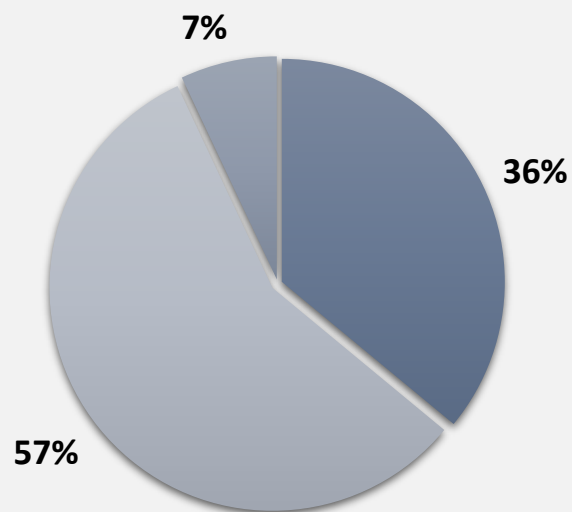
5%

STAGE 2 HYPERTENSION
systolic 160+ OR diastolic
100+

41% had BPs in Stage 1 or 2 HYPERTENSION range which can increase risk of heart attack and stroke.

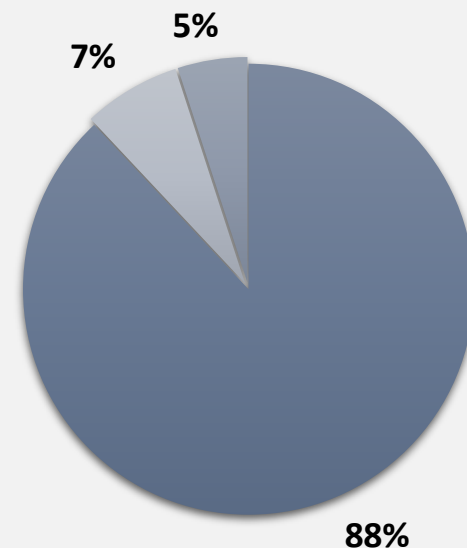
Population-Level Results: Diabetes

Fasting Blood Glucose



■ Normal 70-99 mg/dL ■ Borderline 100-125 mg/dL ■ Diabetes >126mg/dL

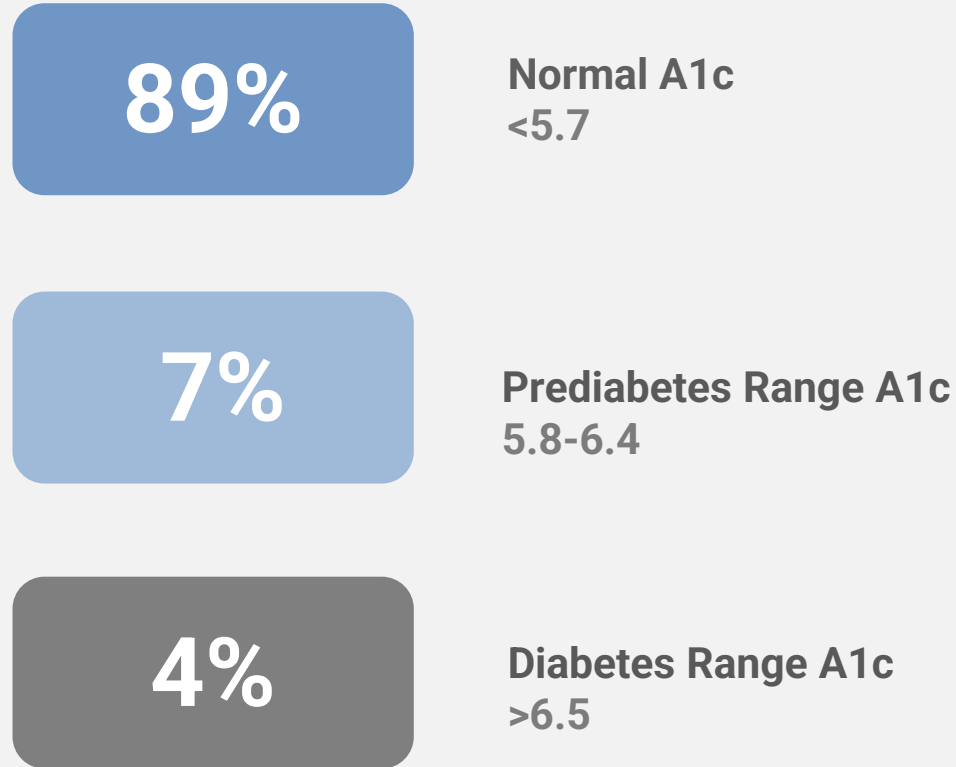
Non-Fasting Blood Glucose



■ Normal <140 mg/dL ■ Borderline 141-200mg/dL ■ Diabetes >201mg/Dl

64% of Elevated Fasting Glucose results can represent Prediabetes or Diabetes.

Population-Level Results: Diabetes



Population-Level Results: Behavioral Health

2%

Do you use tobacco?

Only 3 participants reported active tobacco use (cigarettes or other tobacco)

87%

Do you have a primary care physician?

48 participants responded yes.

49%

When was your last physical?

27 participants have seen their PCP within the last 12 months for a physical.

Screening Population Totals

	2019	2022
# Participants	204	55
Average age	38	48
Male	107	33
Female	97	22

Biometrics Comparison

	2019	2022
Obesity ≥ 30kg/m ²	41%	38%
A1c Pre-Diabetes and Diabetes range	10%	11%
Blood Pressure Stage 1 or 2 Hypertension range	51%	41%

Biometrics Comparison

	2019		2022	
Total Cholesterol >200mg/dL	Male 38.10%	Female 42.10%	Male 54.5%	Female 14%
HDL <40mg/dL	18.70%	20.60%	11.3%	8%

Elevated cholesterol levels can cause obstruction in the arteries and veins which can lead to heart attack or stroke.

The higher the HDL results the better! HDL is the “good” cholesterol and is preventative against plaque buildup in the arteries/veins.

Health Maintenance

COLORECTAL CANCER SCREENING

87% of members are in the recommended age group for this screening.

CERVICAL CANCER SCREENING

100% of women are in the recommended age group for this screening.

BREAST CANCER SCREENING

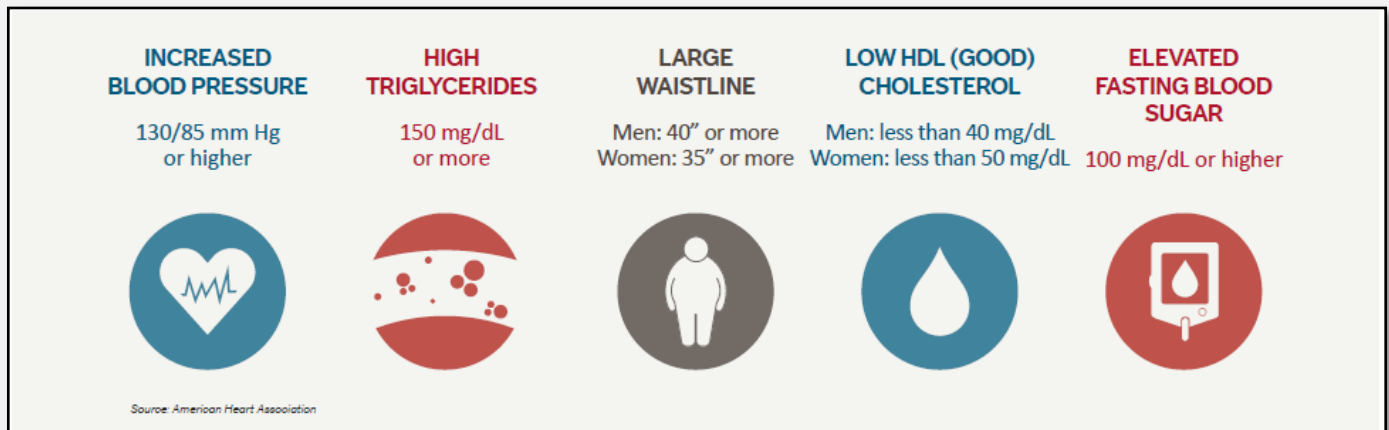
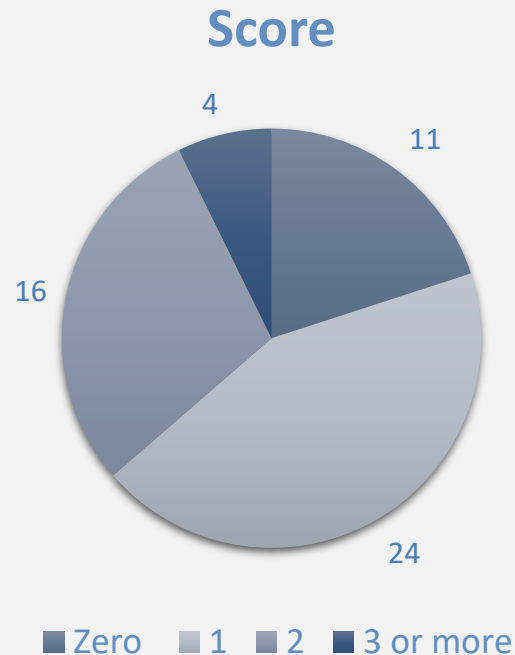
90% of women are in the recommended age group for this screening.



Health Awareness

METABOLIC SYNDROME

Metabolic syndrome includes high blood pressure, high blood sugar, excess body fat around the waist, and abnormal cholesterol levels. The syndrome increases a person's risk of heart attack, stroke, and diabetes.



Greatest Opportunities for Change

01.

INCREASE ENGAGEMENT & HEALTH AWARENESS

- Push participation from 2019
 - Hypertension education
 - Cancer screenings
 - Diabetes education
- Metabolic syndrome education

02.

LIFESTYLE MANAGEMENT

- Better sleep
- Increase physical activity
- Decrease alcohol intake
- Decrease sugar-sweetened beverages

03.

RESOURCE EDUCATION

- Emotional health & well-being
 - 1:1 Coaching
(Offered by Elite Medical)

Recommendations

- ✓ Consider incentive program for participation & repeat screenings & improvements to engage more people at risk of chronic conditions
- ✓ Nutrition and diet counseling
- ✓ On-site bilingual events focusing on health education and lifestyle management
- ✓ On-site Medical Center: Convenient medical care, reduce employee absenteeism, cost saving opportunities.
- ✓ Annual physical exams are essential to ongoing health. Physicals will help identify and treat health issues and track your progress toward your health goals.

HOW THE COVID-19 PANDEMIC IMPACTED OVERALL HEALTH

- ✓ Individuals have avoided seeking help for other health problems due to lockdowns and avoidance of medical settings, leading to reduced diagnosis and treatment despite the problem still being there.
- ✓ Even in diagnosed cases, treatment for diseases and conditions had to be postponed in many cases due to the immediate threat of COVID-19 consuming health systems and their resources.
- ✓ Before the pandemic, the population did not have access to essential healthcare, and this number has been increased by the pandemic. Healthcare systems across the globe need to become more accessible and need to be prepared for future pandemic-like events in a way that will reduce the impact on the management of other diseases.

*Thank you for giving us
the opportunity to
serve you.*





Memorandum

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

From: Andrew Desa, Consulting Actuary

Date: January 11, 2023

Re: Consultant's Report for January 11, 2023 Board of Trustees Meeting -
Delta Dental Renewal effective July 1, 2023

We have received the Delta Dental renewal effective July 1, 2023. Delta Dental provides the self-funded dental PPO (administrative services only) network for approximately 3,983 active and retiree subscribers (10,588 total members). Delta Dental has provided these services for the Trust since July 1, 2008.

1. Delta Dental has proposed a 6.1% fee increase guaranteed for two years through June 30, 2025.
2. A summary of the renewal is as follows:

Delta Dental	Current Rate	7/1/2023 Rate
Administration Fee	\$ 5.28	\$ 5.60
% Increase/(Decrease)		6.1%
Annual Cost ¹	\$252,400	\$267,700
Annual \$ Increase/(Decrease)		\$ 15,300

¹ Annual cost calculated based on 3,983 subscribers.

3. Delta Dental has also provided updated performance guarantees effective July 1, 2023. The proposed performance guarantees put 15% of fees at risk. The performance guarantees currently in effect through June 30, 2023 have 13% of fees at risk.
4. As directed at your last meeting, we have requested estimated cost impact of various dental benefit enhancements. The attached exhibit illustrates the cost impacts provided by Delta Dental.
5. The renewal and performance guarantees are attached to this memo.

This item will be discussed at your January 11, 2023 meeting. If there are any questions before or after that meeting, please let me know.

AD:mw

Enclosures



Exhibit I
Fresno City Employees H&W Trust
Dental PPO Plan Design

Dental PPO Benefits	Current Design	\$2,250 Annual Maximum	\$2,500 Annual Maximum	60% Major	60% Ortho	\$2,000 Ortho Maximum	Implants Coverage
Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Calendar Year Maximum ¹	\$2,000	\$2,250	\$2,500	\$2,000	\$2,000	\$2,000	\$2,000
Benefits							
Diagnostic/Preventive (X-rays, Exams, Cleanings) ²	100%	100%	100%	100%	100%	100%	100%
Basic (Restorative, Sealants, Oral Surgery, Periodontic, Endodontic) ³	80%	80%	80%	80%	80%	80%	80%
Major (Prosthodontic, Crowns)	50%	50%	50%	60%	50%	50%	50%
Orthodontics	50%	50%	50%	50%	60%	50%	50%
Lifetime Ortho Max	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$2,000	\$1,500
Implants Covered	No	No	No	No	No	No	Yes
Estimated Annual Cost ⁴	\$3,590,500	\$3,599,900	\$3,607,400	\$3,711,200	\$3,611,000	\$3,733,800	\$3,749,200
Increase in Annual Cost (\$)		\$9,400	\$16,900	\$120,700	\$20,500	\$143,300	\$158,700
Increase in Annual Cost (%)		0.3%	0.5%	3.4%	0.6%	4.0%	4.4%

¹ \$1,500 Maximum for non-PPO network providers.
² Diagnostic and Preventive services do not accumulate to the calendar year maximum.
³ Basic Services benefit is 65% for non-PPO network providers.
⁴ Annual Cost based on 3,962 subscribers.

November 28, 2022

FRESNO CITY EES HEALTH &
2220 Tulare Street, 6th Floor
Fresno, CA 93721

RE: Contract Renewal for FRESNO CITY EES HEALTH &
Delta Dental PPOSM Group# 00273

We appreciate your business and thank you for choosing Delta Dental of California. Your employees are among the millions nationwide who trust their smiles to Delta Dental.

We are pleased to present you with your dental plan contract renewal information. We are committed to providing you with quality plan designs combined with excellent customer service.

When reviewing your dental plan, we considered cost factors related to your group's dental service utilization and claims experience. We have made every attempt to provide the most competitive renewal possible.

We have calculated your rates based on the employer/employee contribution levels in your contract remaining the same. If the contribution levels and/or enrollment guidelines have changed or will change, please notify us immediately, as such a change may affect your renewal rate.

The following is the renewal information for your Delta Dental PPOSM dental plan:

<i>Effective Date</i>	<i>July 01, 2023</i>	
<i>Contract Term</i>	<i>July 01, 2023 - June 30, 2025</i>	
	<i>Current Fee</i>	<i>Renewal Fee</i>
		<i>7/1/2023 - 6/30/2025</i>
<i>Administration Fee (per enrollee per month)</i>	<i>\$5.28</i>	<i>\$5.60</i>

Delta Dental Insurance Company
Telephone: 800-521-2651

Delta Dental of California
Telephone: 888-335-8227

Delta Dental Mid-Atlantic Region
Delta Dental of Delaware, Inc.
Delta Dental of the District of Columbia
Delta Dental of New York, Inc.
Delta Dental of Pennsylvania (Maryland)
Delta Dental of West Virginia
Telephone: 800-932-0783

As part of our continued commitment to you and your dental program, Delta Dental maintains a high level of service. Delta Dental continues to assure you of our dedication through ongoing review of our performance standards. Please refer to the attached guarantee exhibit for further details.

To renew your dental plan contract, please follow these steps:

- 1) Review this letter for changes to your dental plan for July 01, 2023
- 2) Begin paying the rates outlined in this letter with your new contract term.

Upon your renewal you will receive a formal amendment to your contract. If you would like to review an amendment prior to renewing your plan, please contact your Account Manager and an amendment will be provided.

If you have any questions about your renewal, your Account Manager will be happy to help. We appreciate your continued confidence in Delta Dental. We are proud of our association with you and look forward to a long and mutually successful relationship.

Sincerely,

Delta Dental of California



MohammadReza Navid
Group Vice President, Sales & Marketing

The American Dental Association (ADA) annually updates its standard dental procedure coding system, which is a component of its Code on Dental Procedures and Nomenclature (CDT Code) reference manual. When the ADA changes the codes, carriers must adopt the changes. We process claims according to the current CDT reference manual. Changes made to comply with the CDT Code do not constitute a material change to your dental plan design.

Summary of Contract Amendments to

FRESNO CITY EES HEALTH &

Delta Dental PPOSM

OTHER INFORMATION

Delta Dental's retro-termination policy for enrollees. As a reminder, Delta Dental's policy is that enrollment may be adjusted retroactively to the immediately preceding three months plus the current month billed if no claims have been processed after the requested termination date for the enrollee.

Provider reimbursement. As a reminder, Delta Dental's policy is to reimburse contracted dentists based on the network payment provisions for the geographic area in which the services are provided.



**FRESNO CITY EES HEALTH &
GROUP NUMBER: 00273
DELTA DENTAL OF CALIFORNIA**

July 1, 2023 Renewal

Summary of Group Information	
Group Name:	FRESNO CITY EES HEALTH &
Group Number:	00273
Address:	2220 Tulare Street, 6th Floor Fresno, CA 93721
Original Effective Date:	July 01, 2008
Current Contract Effective Date:	July 01, 2021
Renewal Date:	July 01, 2023
Current Enrollment:	3,962 primary enrollees (Oct-2022)
Prior Enrollment:	3,759 primary enrollees (Oct-2021)
Dual Choice?:	No
Contract Type:	ASC or ASO
Current Commission:	\$0.00
Broker:	RAEL & LETSON
Broker Address:	160 BOVET RD STE 203 SAN MATEO, CA 93721
Account Manager:	Duab Xaochay



FRESNO CITY EES HEALTH &
GROUP NUMBER: 00273
DELTA DENTAL OF CALIFORNIA

Rate History Report

Division #00001,00002,00003,00004,09001

July 1, 2023 - June 30, 2025

<u>Tier</u>	<u>Proposed</u>	<u>Rate Change</u>	<u>Enrollment</u>	<u>% Enrolled</u>
PEPM	\$5.60	6.00%	3,962	100.0%
Total			3,962	100.0%

July 1, 2021 - June 30, 2023

<u>Tier</u>	<u>Rates</u>	<u>Rate Change</u>	<u>Enrollment</u>	<u>% Enrolled</u>
PEPM	\$5.28	-	3,823	100.0%
Total			3,823	100.0%

Delta Dental Performance Guarantees

Client: FRESNO CITY EES HEALTH & / 00273

Effective: 7/1/2023 - 6/30/2025

Delta Dental agrees to provide the following levels of service in the performance of its obligations under this contract. Should any of the following service levels not be met, any payment due will be issued in the form of a check, based on the total administration at the end of each contract period. Measurement, reporting, and payment of each guarantee will be on a global basis and reported annually unless stated otherwise.

Account Management	Amount at Risk
<p>The assigned account manager will partner with the client to meet the dental benefit objectives and work on the client's behalf to optimize service levels. Standards of service include:</p> <ul style="list-style-type: none"> a) Account manager will provide comprehensive assistance for the client in support of top-tier customer service. (Client Satisfaction Survey item #7) b) Account manager will provide timely response and follow-up on phone calls and e-mails from the client. (Client Satisfaction Survey item #8) c) Account manager will meet with the client's benefit staff as needed to meet the client's objectives and oversee the annual open enrollment process, including participation in employee information meetings, if applicable. (Client Satisfaction Survey item #10) d) Account manager will provide ongoing assistance with any issues escalated by designated benefits contacts. (Client Satisfaction Survey item #11) <p>The client will monitor and evaluate Delta Dental's Account Management performance for the effective date noted above and provide feedback via a Delta Dental Client Satisfaction Survey. Pertinent questions for this guarantee are in the Account Management section of the survey. Client satisfaction for each of the criteria above will be deemed as being met given a rating of Good, Very Good or Excellent.</p>	<p>1%</p> <p>1%</p> <p>1%</p> <p>1%</p>

Eligibility	Amount at Risk
<p>95% of electronic eligibility will be loaded within two (2) business days from receipt of data.</p> <p>Guarantee is contingent upon receipt of data in a mutually agreed upon format.</p>	0.5%
<p>Eligibility updates will be guaranteed with 98% accuracy.</p> <p>Guarantee is contingent upon receipt of data in a mutually agreed upon format.</p>	0.5%
Claims Turnaround	Amount at Risk
<p>90% of claims received will be processed within 15 calendar days.</p> <p>Claims turnaround is measured from the date of the initial receipt of the claim with complete information to the date the claim is originally processed.</p>	0.5%
<p>99% of claims received will be processed within 30 calendar days.</p> <p>Claims turnaround is measured from the date of the initial receipt of the claim with complete information to the date the claim is originally processed.</p>	0.5%
Overall Claims Accuracy	Amount at Risk
<p>99% financial (dollar) accuracy.</p> <p>Financial (dollar) accuracy is calculated from a random sample and defined as the total dollar amount paid correctly in the sample divided by the total dollar amount that paid in the sample.</p>	1%
<p>98% payment accuracy.</p> <p>Payment accuracy is calculated from a random sample and defined as the number of claims in the sample without payment errors divided by the total number of claims in the sample.</p>	1%
<p>97% processing accuracy.</p> <p>Processing accuracy is calculated from a random sample and defined as the number of claims in the sample without payment or nonpayment errors divided by the total number of claims in the sample.</p>	1%

Customer Service	Amount at Risk
85% of all customer calls to the Contact Center will be answered within 30 seconds.	1%
95% of Customer Service phone inquiries will be resolved within one (1) business day.	1%
Correspondence will be responded to within an average of five (5) business days of receipt.	1%
Call abandonment rate will be 3% or less.	1%
Enrollee Satisfaction	Amount at Risk
85% of participants that respond to the Enrollee Satisfaction Survey will rate Delta Dental overall as Good, Very Good or Excellent. Overall enrollee satisfaction is measured by a survey distributed to a random sampling of enrollees.	0.5%
Website Availability	Amount at Risk
Deltadentalins.com website (Enrollee portal) will be available on a 24/7 basis with a 99.5% uptime with exceptions for planned outages and acts of nature.	0.5%
Client Reporting	Amount at Risk
Client-specific standard financial reporting package will be provided within 30 days from the close of the established reporting period.	1%
TOTAL ADMINISTRATION AT RISK	15%

Unless specified above, the length of the Performance Guarantee period will follow the term of the sold contract period.

* Performance Guarantees apply to Fee-for-Service Plans only; excludes assessments, taxes and commissions, if applicable. Delta Dental will not incur penalties for its failure to meet the terms of these guarantees if this failure is caused by fires, acts of public enemies, acts of God, epidemics, pandemics, civil disturbances, labor disputes or by any similar act or event beyond the reasonable control of the client or Delta Dental.



Memorandum

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

From: Andrew Desa, Consulting Actuary

Date: January 11, 2023

Re: Consultant's Report for January 11, 2023 Board of Trustees Meeting -
UnitedHealthcare Dental HMO Plan

The UnitedHealthcare ("UHC") DHMO Plan is currently under a rate guarantee through June 30, 2024.

1. UHC has provided an alternative plan design for consideration effective July 1, 2024. The alternative plan design is a richer plan with reduced copays versus the current plan. A comparison of the member copays between the current and alternative plan begins on the next page.
2. A summary of the premium rate and estimated cost impact of moving to the alternative plan is shown below:

UHC DHMO	Current Plan	Alternative Plan
Premium Rate	\$ 43.18	\$ 50.30
% Increase/(Decrease)		16.5%
Annual Cost ¹	\$171,500	\$199,800
Annual \$ Increase/(Decrease)		\$ 28,300

¹ Annual cost calculated using 331 subscribers.

The benefit summary for the alternative plan design provided by UHC is attached to this memo.

This item will be discussed at your January 11, 2023 meeting. If there are any questions before or after that meeting, please let me know.

AD:mw
Enclosure

Exhibit 1
Fresno City Employees H&W Trust
UHC DHMO
Member Copayments

ADA CODE	ADA DESCRIPTION	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
CLINICAL ORAL EVALUATIONS			
D0120	Periodic oral examination - established patient	\$0	\$0
D0140	Limited oral evaluation - problem focused	\$0	\$0
D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver	\$0	\$0
D0150	Comprehensive oral evaluation - new or established patient	\$0	\$0
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0	\$0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0	\$0
D0171	Re-evaluation - post-operative office visit	-	\$0
D0180	Comprehensive periodontal evaluation	\$0	\$0
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)			
D0210	Intraoral - complete series of radiographic images	\$0	\$0
D0220	Intraoral - periapical first radiographic image	\$0	\$0
D0230	Intraoral - periapical each additional radiographic image	\$0	\$0
D0240	Intraoral - occlusal radiographic image	\$0	\$0
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$0	\$0
D0251	Extra-oral posterior dental radiographic image	-	\$0
D0270	Bitewing - single radiographic image	\$0	\$0
D0272	Bitewings - two images radiographic	\$0	\$0
D0273	Bitewings - three radiographic images	\$0	\$0
D0274	Bitewings - four radiographic mages	\$0	\$0
D0277	Vertical bitewings - 7 to 8 radiographic images	\$0	\$0
D0330	Panoramic radiographic image	\$0	\$0
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	\$0	\$0
D0391	Interpretation Of Diagnostic Image	\$5	\$0

Exhibit 1
Fresno City Employees H&W Trust
UHC DHMO
Member Copayments

ADA CODE	ADA DESCRIPTION	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
TESTS AND EXAMINATIONS			
D0415	Collection of microorganisms for culture and sensitivity	\$0	\$0
D0416	Viral culture	\$0	\$0
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	\$0	\$0
D0418	Analysis of saliva sample	\$0	\$0
D0425	Caries susceptibility tests	\$0	\$0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$0	\$0
D0460	Pulp vitality tests	\$0	\$0
D0470	Diagnostic casts	\$0	\$0
ORAL PATHOLOGY LABORATORY			
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$0	\$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0	\$0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0	\$0
D0601	Caries risk assessment and documentation, with a finding of low risk	\$0	\$0
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0	\$0
D0603	Caries risk assessment and documentation, with a finding of high risk	\$0	\$0
DENTAL PROPHYLAXIS			
D1110	Prophylaxis - adult	\$0	\$0
D1120	Prophylaxis - child	\$0	\$0

Exhibit 1
Fresno City Employees H&W Trust
UHC DHMO
Member Copayments

ADA CODE	ADA DESCRIPTION	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
TOPICAL FLUORIDE TREATMENT (office procedure)			
D1206	Topical application of fluoride varnish	\$0	\$0
D1208	Topical application of fluoride - excluding varnish	\$0	\$0
OTHER PREVENTIVE SERVICES			
D1310	Nutritional counseling for control of dental disease	\$0	\$0
D1320	Tobacco counseling for the control and prevention of oral disease	\$0	\$0
D1330	Oral hygiene instructions	\$0	\$0
D1351	Sealant - per tooth	\$5	\$0
D1352	Prev Resin Restoration In Mod High Caries	\$0	\$0
D1353	Sealant repair - per tooth	-	\$0
D1355	Caries preventive medicament application - per tooth	-	\$0
SPACE MAINTENANCE (passive appliances)			
D1516	Space maintainer - fixed - bilateral, maxillary	-	\$0
D1517	Space maintainer - fixed - bilateral, mandibular	-	\$0
D1520	Space maintainer - removable - unilateral - per quadrant	\$0	\$0
D1526	Space maintainer - removable - bilateral, maxillary	-	\$0
D1527	Space maintainer - removable - bilateral, mandibular	-	\$0
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	-	\$0
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	-	\$0
D1553	Re-cement or re-bond bilateral space maintainer - per quadrant	-	\$0
D1556	Removal of fixed unilateral space maintainer - per quadrant	-	\$0
D1557	Removal of fixed unilateral space maintainer - maxillary	-	\$0
D1558	Removal of fixed unilateral space maintainer- mandibular	-	\$0
D1575	Distal shoe space maintainers - fixed-unilateral - per quadrant	-	\$0
AMALGAM RESTORATIONS (including polishing)			
D2140	Amalgam - one surface, primary or permanent	\$0	\$0
D2150	Amalgam - two surfaces, primary or permanent	\$0	\$0
D2160	Amalgam - three surfaces, primary or permanent	\$0	\$0

Exhibit 1
Fresno City Employees H&W Trust
UHC DHMO
Member Copayments

ADA CODE	ADA DESCRIPTION	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
D2161	Amalgam - four or more surfaces, primary or permanent	\$0	\$0
RESIN-BASED COMPOSITE RESTORATIONS - DIRECT			
D2330	Resin-based composite - one surface, anterior	\$0	\$0
D2331	Resin-based composite - two surfaces, anterior	\$0	\$0
D2332	Resin-based composite - three surfaces, anterior	\$0	\$0
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$0	\$0
D2390	Resin-based composite crown, anterior	\$20	\$0
D2391	Resin-based composite - one surface, posterior	\$5	\$0
D2392	Resin-based composite - two surfaces, posterior	\$10	\$0
D2393	Resin-based composite - three surfaces, posterior	\$10	\$0
D2394	Resin-based composite - four or more surfaces, posterior	\$10	\$0
INLAY/ONLAY RESTORATIONS			
D2510	Inlay - metallic - one surface	\$95	\$0
D2520	Inlay - metallic - two surfaces	\$95	\$0
D2530	Inlay - metallic - three or more surfaces	\$95	\$0
D2542	Onlay - metallic - two surfaces	\$95	\$0
D2543	Onlay - metallic - three surfaces	\$95	\$0
D2544	Onlay - metallic - four or more surfaces	\$95	\$0
D2610	Inlay - Porcelain/Ceramic - 1 Surface	\$35	\$0
D2620	Inlay - Porcelain/Ceramic - 2 Surfaces	\$40	\$0
D2630	Inlay - Porcelain/Ceramic - 3/More Surfaces	\$45	\$0
D2642	Onlay - Porcelain/Ceramic - 2 Surfaces	\$95	\$0
D2643	Onlay - Porcelain/Ceramic - 3 Surfaces	\$95	\$0
D2644	Onlay - Porcelain/Ceramic - 4/More Surfaces	\$95	\$0
D2650	Inlay - Resin Based Composite - 1 Surface	\$30	\$0
D2651	Inlay - Resin Based Composite - 2 Surfaces	\$35	\$0
D2652	Inlay - Resin Based Composite - 3 />Surfaces	\$40	\$0
D2662	Onlay - Resin - Based Composite - 2 Surfaces	\$30	\$0

Exhibit 1
Fresno City Employees H&W Trust
UHC DHMO
Member Copayments

ADA CODE	ADA DESCRIPTION	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
D2663	Onlay - Resin - Based Composite - 3 Surfaces	\$40	\$0
D2664	Onlay - Resin - Based Composite - 4/>	\$45	\$0
CROWNS - SINGLE RESTORATIONS ONLY			
D2710	Crown - resin-based composite (indirect)	\$42	\$0
D2712	Crown - 3/4 resin-based composite (indirect)	\$42	\$0
D2720	Crown - resin with high noble metal	\$59	\$0
D2721	Crown - resin with predominantly base metal	\$60	\$0
D2722	Crown - resin with noble metal	\$63	\$0
D2740	Crown - porcelain/ceramic	\$66	\$0
D2750	Crown - porcelain fused to high noble metal	\$73	\$0
D2751	Crown - porcelain fused to predominantly base metal	\$66	\$0
D2752	Crown - porcelain fused to noble metal	\$70	\$0
D2753	Crown - porcelain fused to titanium and titanium alloys	-	\$0
D2780	Crown - 3/4 cast high noble metal	\$73	\$0
D2781	Crown - 3/4 cast predominantly base metal	\$64	\$0
D2782	Crown - 3/4 cast noble metal	\$69	\$0
D2783	Crown - 3/4 porcelain/ceramic	\$66	\$0
D2790	Crown - full cast high noble metal	\$73	\$0
D2791	Crown - full cast predominantly base metal	\$64	\$0
D2792	Crown - full cast noble metal	\$69	\$0
D2794	Crown - titanium and titanium alloys	\$73	\$0
OTHER RESTORATIVE SERVICES			
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$6	\$0
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$6	\$0
D2920	Re-cement or re-bond crown	\$7	\$0
D2921	Reattachment Of Tooth Fragment	\$5	\$0
D2930	Prefabricated stainless steel crown - primary tooth	\$14	\$0
D2931	Prefabricated stainless steel crown - permanent tooth	\$17	\$0

Exhibit 1
Fresno City Employees H&W Trust
UHC DHMO
Member Copayments

ADA CODE	ADA DESCRIPTION	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
D2932	Prefabricated resin crown	\$14	\$0
D2933	Prefabricated stainless steel crown with resin window	\$10	\$0
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$14	\$0
D2940	Protective restoration	\$0	\$0
D2941	Interim Therapeutic Restoration – Primary	\$5	\$0
D2950	Core buildup, including any pins when required	\$14	\$0
D2951	Pin retention - per tooth, in addition to restoration	\$6	\$0
D2952	Post and core in addition to crown, indirectly fabricated	\$22	\$0
D2953	Each additional indirectly fabricated post - same tooth	\$6	\$0
D2954	Prefabricated post and core in addition to crown	\$16	\$0
D2955	Post removal	\$20	\$0
D2957	Each additional prefabricated post - same tooth	\$4	\$0
D2960	Labial Veneer (Resin Laminate) - Direct	\$20	\$0
D2961	Labial Veneer (Resin Laminate) - Indirect	\$40	\$0
D2971	Additional procedures to construct new crown under existing partial denture framework	\$10	\$0
D2975	Coping	\$70	\$0
D2980	Crown repair, necessitated by restorative material failure	\$15	\$0
PULP CAPPING			
D3110	Pulp cap - direct (excluding final restoration)	\$0	\$0
D3120	Pulp cap - indirect (excluding final restoration)	\$0	\$0
PULPOTOMY			
D3220	Therapeutic pulpotomy (excluding final restoration)	\$0	\$0
D3221	Pulpal debridement, primary and permanent teeth	\$0	\$0
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	\$0	\$0
ENDODONTIC THERAPY ON PRIMARY TEETH			
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$0	\$0
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$0	\$0
ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)			

Exhibit 1
Fresno City Employees H&W Trust
UHC DHMO
Member Copayments

ADA CODE	ADA DESCRIPTION	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$0	\$0
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$0	\$0
D3330	Endodontic therapy, molar (excluding final restoration)	\$60	\$0
D3331	Tx Rc Obstruction; Non-Surg Access	\$5	\$0
D3332	Incpl Endo Tx;Inop Unrstr/Fx Tooth	\$0	\$0
D3333	Intrl Root Repair Perforation Defec	\$5	\$0
ENDODONTIC RETREATMENT			
D3346	Retreatment of previous root canal therapy - anterior	\$0	\$0
D3347	Retreatment of previous root canal therapy - premolar	\$0	\$0
D3348	Retreatment of previous root canal therapy - molar	\$60	\$0
APEXIFICATION/RECALCIFICATION PROCEDURES			
D3351	Apexification/recalcification -initial visit (apical closure/ calcific repair of perforations, root resorption, etc.)	\$9	\$0
D3352	Apexification/recalcification -interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulpal space disinfection,etc.)	\$5	\$0
D3353	Apexification/recalcification-final visit (includes completed root canal therapy-apical closure/calcific repair of perforations, root resorption, etc.)	\$10	\$0
D3355	Pulpal regeneration - initial visit	\$5	\$0
D3356	Pulpal regeneration - interim medication replacement	\$5	\$0
D3357	Pulpal regeneration - completion of treatment	\$10	\$0

Exhibit 1
Fresno City Employees H&W Trust
UHC DHMO
Member Copayments

ADA CODE	ADA DESCRIPTION	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
APICOECTOMY/PERIRADICULAR SERVICES			
D3410	Apicoectomy - anterior	\$32	\$0
D3421	Apicoectomy - bicuspid (first root)	\$64	\$0
D3425	Apicoectomy - molar (first root)	\$96	\$0
D3426	Apicoectomy (each additional root)	\$50	\$0
D3430	Retrograde filling - per root	\$50	\$0
D3450	Root amputation - per root	\$23	\$0
D3471	Surgical repair of root resorption - anterior	-	\$0
D3472	Surgical repair of root resorption - premolar	-	\$0
D3473	Surgical repair of root resorption - molar	-	\$0
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	-	\$0
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	-	\$0
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	-	\$0
OTHER ENDODONTIC PROCEDURES			
D3910	Surgical procedure for isolation of tooth with rubber dam	\$5	\$0
D3920	Hemisection (including any root removal), not including root canal therapy	\$21	\$0
D3950	Canal preparation and fitting of preformed dowel or post	\$5	\$0
SURGICAL SERVICES (including usual postoperative care)			
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$0	\$0
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$0	\$0
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$0	\$0
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$0	\$0
D4245	Apically positioned flap	\$10	\$0
D4249	Clinical crown lengthening - hard tissue	\$10	\$0

Exhibit 1
Fresno City Employees H&W Trust
UHC DHMO
Member Copayments

ADA CODE	ADA DESCRIPTION	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$56	\$0
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$37	\$0
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$66	\$0
D4270	Pedicle Soft Tissue Graft Procedure	\$61	\$0
D4274	Mesial/Distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$0	\$0
D4277	Free Soft Tissue Graft Procedure -1St	\$15	\$0
NON-SURGICAL PERIODONTAL SERVICES			
D4320	Provisional Splinting - Intracoronal	\$10	\$0
D4321	Provisional Splinting - Extracoronal	\$10	\$0
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$0	\$0
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$0	\$0
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	-	\$0
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$5	\$0
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	\$5	\$0
OTHER PERIODONTAL SERVICES			
D4910	Periodontal maintenance	\$0	\$0
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$0	\$0
D4921	Gingival irrigation - per quadrant	\$0	\$0
COMPLETE DENTURES (including routine post delivery care)			
D5110	Complete denture - maxillary	\$93	\$0
D5120	Complete denture - mandibular	\$93	\$0
D5130	Immediate denture - maxillary	\$93	\$0
D5140	Immediate denture - mandibular	\$93	\$0

Exhibit 1
Fresno City Employees H&W Trust
UHC DHMO
Member Copayments

ADA CODE	ADA DESCRIPTION	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
PARTIAL DENTURES (including routine post-delivery care)			
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$63	\$0
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$65	\$0
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$80	\$0
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$77	\$0
D5221	Immediate maxillary partial denture - resin based (including any conventional clasps, rests and teeth)	-	\$0
D5222	Immediate mandibular partial denture - resin based (including any conventional clasps, rests and teeth)	-	\$0
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	-	\$0
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	-	\$0
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)	\$63	\$0
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)	\$65	\$0
D5282	Removable unilateral partial dentures - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	-	\$0
D5283	Removable unilateral partial dentures - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	-	\$0
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	-	\$0
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	-	\$0
ADJUSTMENTS TO DENTURES			
D5410	Adjust complete denture - maxillary	\$0	\$0
D5411	Adjust complete denture - mandibular	\$0	\$0
D5421	Adjust partial denture - maxillary	\$10	\$0
D5422	Adjust partial denture - mandibular	\$10	\$0

Exhibit 1
Fresno City Employees H&W Trust
UHC DHMO
Member Copayments

ADA CODE	ADA DESCRIPTION	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
REPAIRS TO COMPLETE DENTURES			
D5511	Repair broken complete denture base, mandibular	-	\$0
D5512	Repair broken complete denture base, maxillary	-	\$0
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$5	\$0
REPAIRS TO PARTIAL DENTURES			
D5611	Repair resin partial denture base, mandibular	-	\$0
D5612	Repair resin partial denture base, maxillary	-	\$0
D5621	Repair cast partial framework, mandibular	-	\$0
D5622	Repair cast framework, maxillary	-	\$0
D5630	Repair or replace broken retentive clasping materials - per tooth	\$11	\$0
D5640	Replace broken teeth - per tooth	\$13	\$0
D5650	Add tooth to existing partial denture	\$8	\$0
D5660	Add clasp to existing partial denture - per tooth	\$17	\$0
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$57	\$0
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$59	\$0
DENTURE REBASE PROCEDURES			
D5710	Rebase complete maxillary denture	\$35	\$0
D5711	Rebase complete mandibular denture	\$35	\$0
D5720	Rebase maxillary partial denture	\$30	\$0
D5721	Rebase mandibular partial denture	\$28	\$0
DENTURE RELINE PROCEDURES			
D5730	Reline complete maxillary denture (direct)	\$16	\$0
D5731	Reline complete mandibular denture (direct)	\$16	\$0
D5740	Reline maxillary partial denture (direct)	\$16	\$0
D5741	Reline mandibular partial denture (direct)	\$16	\$0
D5750	Reline complete maxillary denture (indirect)	\$27	\$0
D5751	Reline complete mandibular denture (indirect)	\$27	\$0
D5760	Reline maxillary partial denture (indirect)	\$28	\$0

Exhibit 1
Fresno City Employees H&W Trust
UHC DHMO
Member Copayments

ADA CODE	ADA DESCRIPTION	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
D5761	Reline mandibular partial denture (indirect)	\$28	\$0
D5810	Interim complete denture (maxillary)	\$40	\$0
D5811	Interim complete denture (mandibular)	\$40	\$0
D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary	\$28	\$0
D5821	Interim partial denture (including retentive/clasping materials, rests and teeth), mandibular	\$27	\$0
OTHER REMOVABLE PROSTHETIC SERVICES			
D5850	Tissue conditioning, maxillary	\$8	\$0
D5851	Tissue conditioning, mandibular	\$8	\$0
D5863	Overdenture - complete maxillary	\$140	\$0
D5864	Overdenture - partial maxillary	\$140	\$0
D5865	Overdenture - complete mandibular	\$140	\$0
D5866	Overdenture - partial mandibular	\$140	\$0
IMPLANT SERVICES			
D6010	Surgical Placement Of Implant Body:	\$1,950	\$1,950
D6013	Surgical Placement Of A Mini-Implant	\$1,950	\$1,950
D6055	Dental Implant Supported Connecting Bar	\$540	\$540
D6056	Prefabricated Abutment - Includes Mod And	\$368	\$368
D6057	Custom Fab Abutment - Includes Placement	\$610	\$610
D6058	Abutment Supported Porcelain/Ceramic	\$1,050	\$1,050
D6059	Abutment Supported Porcelain Fused To	\$915	\$915
D6060	Abutment Supported Porcelain Fused To	\$1,050	\$1,050
D6061	Abutment Supported Porcelain Fused To	\$946	\$946
D6062	Abutment Supported Cast Metal Crown	\$981	\$981
D6063	Abutment Supported Cast Metal Crown	\$854	\$854
D6064	Abutment Supported Cast Metal Crown	\$1,168	\$1,168
D6065	Implant Supported Porcelain/Ceramic	\$1,144	\$1,144
D6066	Implant Supported Crown - Porcelain Fused	\$1,083	\$1,083
D6067	Implant Supported Crown - High Noble	\$962	\$962

Exhibit 1
Fresno City Employees H&W Trust
UHC DHMO
Member Copayments

ADA CODE	ADA DESCRIPTION	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
D6068	Abutment Supported Retainer For	\$1,026	\$1,026
D6069	Abutment Supported Retainer For	\$1,050	\$1,050
D6070	Abutment Supported Retainer For	\$965	\$965
D6071	Abutment Supported Retainer For	\$984	\$984
D6072	Abutment Supported Retainer For Cast	\$997	\$997
D6073	Abutment Supported Retainer For Cast	\$910	\$910
D6074	Abutment Supported Retainer For Cast	\$967	\$967
D6075	Implant Supported Retainer For Ceramic	\$1,018	\$1,018
D6076	Implant Supported Retainer For Fpd -	\$992	\$992
D6077	Implant Supported Retainer For Metal Fpd -	\$962	\$962
D6080	Implant Maintenance Procedures When	\$55	\$55
D6090	Repair Implant Supported Prosthesis, By	\$135	\$135
D6091	Replacemt Of Replaceable Pt Of	\$410	\$410
D6092	Recement Or Re-Bond Implant/Abutment	\$79	\$79
D6093	Recement Or Re-Bond Implant/Abutment	\$124	\$124
D6094	Abutment Supported Crown - Titanium And	\$810	\$810
D6095	Repair Implant Abutment, By Report	\$55	\$55
D6100	Implant Removal, By Report	\$600	\$600
D6101	Debridement Peri Implant Defect Or	\$15	\$0
D6102	Debridement & Osseous Peri Implant Defect	\$50	\$0
D6103	Bone Graft For Repair Of Peri Implant	\$350	\$350
D6190	Radiographic/Surgical Implant Index, By	\$265	\$265
D6194	Abutment Supported Retainer Crown For	\$835	\$835
FIXED PARTIAL DENTURE PONTICS			
D6205	Pontic - indirect resin based composite	\$20	\$0
D6210	Pontic - cast high noble metal	\$67	\$0
D6211	Pontic - cast predominantly base metal	\$58	\$0
D6212	Pontic - cast noble metal	\$64	\$0

Exhibit 1
Fresno City Employees H&W Trust
UHC DHMO
Member Copayments

ADA CODE	ADA DESCRIPTION	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
D6214	Pontic - titanium	\$67	\$0
D6240	Pontic - porcelain fused to high noble metal	\$69	\$0
D6241	Pontic - porcelain fused to predominantly base metal	\$63	\$0
D6242	Pontic - porcelain fused to noble metal	\$66	\$0
D6243	Pontic - porcelain fused to titanium and titanium alloys	-	\$0
D6245	Pontic - porcelain/ceramic	\$66	\$0
D6250	Pontic - resin with high noble metal	\$62	\$0
D6251	Pontic - resin with predominantly base metal	\$58	\$0
D6252	Pontic - resin with noble metal	\$61	\$0
D6253	Provisional Pontic - Further Treatment Or	\$25	\$0

Exhibit 1
Fresno City Employees H&W Trust
UHC DHMO
Member Copayments

ADA CODE	ADA DESCRIPTION	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS			
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$33	\$0
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$33	\$0
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	-	\$0
D6600	Retainer Inlay - Porcelain/Ceramic 2	\$40	\$0
D6601	Retainer Inlay - Porcelain/Ceramic 3/More	\$45	\$0
D6602	Retainer inlay - cast high noble metal, two surfaces	\$40	\$0
D6603	Retainer Inlay - cast high noble metal, three or more surfaces	\$45	\$0
D6604	Retainer Inlay - cast predominantly base metal, two surfaces	\$40	\$0
D6605	Retainer Inlay - cast predominantly base metal, three or more surfaces	\$45	\$0
D6606	Retainer Inlay - cast noble metal, two surfaces	\$40	\$0
D6607	Retainer Inlay - cast noble metal, three or more surfaces	\$45	\$0
D6608	Retainer Onlay - Porcelain/Ceramic 2	\$45	\$0
D6609	Retainer Onlay - Porcelain/Ceramic 3/More	\$50	\$0
D6610	Retainer Onlay - cast high noble metal, two surfaces	\$55	\$0
D6611	Retainer Onlay - cast high noble metal, three or more surfaces	\$60	\$0
D6612	Retainer Onlay - cast predominantly base metal, two surfaces	\$50	\$0
D6613	Retainer Onlay - cast predominantly base metal, three or more surfaces	\$55	\$0
D6614	Retainer Onlay - cast noble metal, two surfaces	\$50	\$0
D6615	Retainer Onlay - cast noble metal, three or more surfaces	\$50	\$0
D6624	Retainer Inlay - titanium	\$45	\$0
D6634	Retainer Onlay - titanium	\$75	\$0
FIXED PARTIAL DENTURE RETAINERS - CROWNS			
D6710	Retainer Crown - indirect resin based composite	\$42	\$0
D6720	Retainer Crown - resin with high noble metal	\$69	\$0
D6721	Retainer Crown - resin with predominantly base metal	\$66	\$0
D6722	Retainer Crown - resin with noble metal	\$62	\$0
D6740	Retainer Crown - porcelain/ceramic	\$66	\$0

Exhibit 1
Fresno City Employees H&W Trust
UHC DHMO
Member Copayments

ADA CODE	ADA DESCRIPTION	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
D6750	Retainer Crown - porcelain fused to high noble metal	\$73	\$0
D6751	Retainer Crown - porcelain fused to predominantly base metal	\$69	\$0
D6752	Retainer Crown - porcelain fused to noble metal	\$72	\$0
D6753	Retainer Crown - porcelain fused to titanium & titanium alloys	-	\$0
D6780	Retainer Crown - 3/4 cast high noble metal	\$72	\$0
D6781	Retainer Crown - 3/4 cast predominantly base metal	\$64	\$0
D6782	Retainer Crown - 3/4 cast noble metal	\$69	\$0
D6783	Retainer Crown - 3/4 cast porcelain/ceramic	\$66	\$0
D6784	Retainer Crown - 3/4 titanium & titanium alloys	-	\$0
D6790	Retainer Crown - full cast high noble metal	\$74	\$0
D6791	Retainer Crown - full cast predominantly base metal	\$69	\$0
D6792	Retainer Crown - full cast noble metal	\$70	\$0
D6794	Retainer Crown - titanium and titanium alloys	\$74	\$0
OTHER FIXED PARTIAL DENTURE SERVICES			
D6930	Re-cement or re-bond fixed partial denture	\$10	\$0
D6940	Stress breaker	\$5	\$0
D6980	Fixed partial denture repair necessitated by restorative material failure	\$20	\$0
EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)			
D7111	Extraction, coronal remnants - primary tooth	\$0	\$0
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0	\$0
SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)			
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperistial flap if indicated	\$0	\$0
D7220	Removal of impacted tooth - soft tissue	\$17	\$0
D7230	Removal of impacted tooth - partially bony	\$23	\$0
D7240	Removal of impacted tooth - completely bony	\$30	\$0
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$31	\$0
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$14	\$0

Exhibit 1
Fresno City Employees H&W Trust
UHC DHMO
Member Copayments

ADA CODE	ADA DESCRIPTION	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
OTHER SURGICAL PROCEDURES			
D7261	Primary Closure Of A Sinus Perforation	\$10	\$0
D7270	Tooth Reimplantation And/Or Stabilization	\$10	\$0
D7280	Exposure of an Unerrupted Tooth	\$10	\$0
D7282	Mobilization Of Erupted Or Malpositioned	\$5	\$0
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$30	\$0
D7286	Incisional biopsy of oral tissue - soft	\$30	\$0
D7287	Extolative Cytological Sample Collection	\$15	\$0
D7288	Brush biopsy - transepithelial sample collection	\$15	\$0
D7290	Surgical Repositioning Of Teeth	\$10	\$0
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$13	\$0
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$9	\$0
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$14	\$0
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$9	\$0
D7340	Vestibuloplasty - Ridge Extension	\$0	\$0
D7350	Vestibuloplasty - Ridge Extension	\$0	\$0
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	\$20	\$0
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm	\$30	\$0
D7460	Removal Of Benign Nonodontogenic Cyst Or	\$20	\$0
D7461	Removal Of Benign Nonodontogenic Cyst Or	\$30	\$0
D7471	Removal of lateral exostosis (maxilla or mandible)	\$15	\$0
D7472	Removal of torus palatinus	\$30	\$0
D7473	Removal of torus mandibularis	\$15	\$0
D7485	Reduction of osseous tuberosity	\$25	\$0
D7510	Incision and drainage of abscess - intraoral soft tissue	\$8	\$0
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$8	\$0
D7520	Incision and drainage of abscess - extraoral soft tissue	\$8	\$0

Exhibit 1
Fresno City Employees H&W Trust
UHC DHMO
Member Copayments

ADA CODE	ADA DESCRIPTION	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$8	\$0
D7530	Removal Of Foreign Body - Skin	\$12	\$0
D7961	Buccal/labial frenectomy (frenulectomy)	-	\$0
D7962	lingual frenectomy (frenulectomy)	-	\$0
D7963	Frenuloplasty	\$16	\$0
D7970	Excision of hyperplastic tissue - per arch	\$10	\$0
D7971	Excision of pericoronal gingival	\$10	\$0
D7972	Surgical Rduc Fibrous Tuberosity	\$20	\$0
COMPREHENSIVE ORTHODONTIC TREATMENT			
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,500	\$750
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,500	\$750
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,500	\$750
OTHER ORTHODONTIC SERVICES			
D8670	Periodic orthodontic treatment visit	-	\$0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$150	\$150
D8999	Orthodontic records fee	\$350	\$350
UNCLASSIFIED TREATMENT			
D9110	Palliative (emergency) treatment of dental pain - minor procedures	\$0	\$0
D9120	Fixed partial denture sectioning	\$20	\$0
ANESTHESIA			
D9210	Local anesthesia(not in conjunction with operative or surgical procedures)	\$0	\$0
D9211	Regional block anesthesia	\$0	\$0
D9212	Trigeminal division block anesthesia	\$0	\$0
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0	\$0
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	-	\$0
D9222	Deep sedation/general anesthesia - first 15 minutes	-	\$0
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	-	\$0

Exhibit 1
Fresno City Employees H&W Trust
UHC DHMO
Member Copayments

ADA CODE	ADA DESCRIPTION	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
D9230	Analgesia Anxiolysis, Inhalation Of Nitrous Oxide	\$5	\$0
D9239	Intravenous moderate (conscious) sedation/analgesia -first 15 minutes	-	\$0
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	-	\$0
D9248	Non-Intravenous (Conscious) Sedation, ThisIncludes Non-Iv Minimal And ModerateSedation	\$5	\$0
PROFESSIONAL CONSULTATION			
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0	\$0
PROFESSIONAL VISITS			
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$0	\$0
D9440	Office visit, after regularly scheduled hours	\$25	\$0
MISCELLANEOUS SERVICES			
D9930	Treatment Of Complications - Post Surg.	\$0	\$0
D9943	Occlusal guard adjustment	-	\$0
D9944	Occlusal guard - hard appliance, full arch	-	\$0
D9946	Occlusal guard - hard appliance, partial arch	-	\$0
D9951	Occlusal adjustment - limited	\$8	\$0
D9952	Occlusal adjustment - complete	\$26	\$0
D9972	External Bleaching - Per Arch Performed In	\$125	\$125

FOOTNOTES

Not a comprehensive list of procedures. Procedures not appearing in the schedule of benefits provided by UHC are noted as "-"

ADA	DESCRIPTION	MEMBER PAYS	ADA	DESCRIPTION	MEMBER PAYS
DIAGNOSTIC SERVICES			D0472	ACCESS TISSUE, GROSS EXAM - PREP & REPORT	\$0
D0120	PERIODIC ORAL EVALUATION EST PT	\$0	D0473	ACCESS TISSUE, GROSS & MICROSCOPIC - PREP/REPORT	\$0
D0140	LTD ORAL EVALUATION - PROBLEM FOCUS	\$0	D0474	ACCESS TISSUE, GROSS & MICROSCOPIC SURG MARG PREP/REPORT	\$0
D0145	ORAL EVAL PT<3 AND COUNSEL	\$0	D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION, LOW	\$0
D0150	COMP ORAL EVALUATION - NEW/EST PT	\$0	D0602	CARIES RISK ASSESSMENT AND DOCUMENTATION, MODERATE	\$0
D0160	DTL & EXT ORAL EVAL - PROBLEM FOCUS REPORT	\$0	D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, HIGH	\$0
D0170	RE-EVALUATION - LTD PROBLEM FOCUSED	\$0	D0701	PANORAMIC RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	\$0	D0702	2-D CEPHALOMETRIC RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0
D0180	COMP PERIODONTAL EVAL - NEW/EST PT	\$0	D0705	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE–IMAGE CAPTURE ONLY	\$0
D0210	INTRAORAL - COMPLETE SERIES RADIOGRAPHIC IMAGES	\$0	D0706	INTRAORAL–OCCLUSAL RADIOGRAPHIC IMAGE–IMAGE CAPTURE ONLY	\$0
D0220	INTRAORAL PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$0	D0707	INTRAORAL–PERIAPICAL RADIOGRAPHIC IMAGE–IMAGE CAPTURE ONLY	\$0
D0230	INTRAORL PERIAPICAL EACH ADD RADIOGRAPHIC IMAGE	\$0	D0708	INTRAORAL–BITEWING RADIOGRAPHIC IMAGE–IMAGE CAPTURE ONLY	\$0
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$0	D0709	INTRAORAL–COMPLETE SERIES OF RADIOGRAPHIC IMAGES–IMAGE CAPTURE ONLY	\$0
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE	\$0	PREVENTIVE SERVICES		
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	\$0	D1110	PROPHYLAXIS - ADULT	\$0
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$0	D1120	PROPHYLAXIS - CHILD	\$0
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$0	D1206	TOPICAL FLUORIDE VARNISH	\$0
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$0	D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$0
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$0	D1310	NUTRIT CNSL CONTROL DENTAL DISEASE	\$0
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	\$0	D1320	TOBACCO CNSL CNTRL&PREVION ORL DZ	\$0
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$0	D1330	ORAL HYGIENE INSTRUCTIONS	\$0
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	\$0	D1351	SEALANT - PER TOOTH	\$0
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW-LESS THAN ONE WHOLE JAW	\$0	D1352	PREV RESIN RESTORATION IN MOD HIGH CARIES RISK PATIENT- PERM TOOTH	\$0
D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW OF ONE FULL DENTAL ARCH-MANDIBLE	\$0	D1353	SEALANT REPAIR – PER TOOTH	\$0
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW OF ONE FULL DENTAL ARCH-MAXILLA	\$0	D1355	CARIES PREVENTIVE MEDICAMENT APPLICATION – PER TOOTH	\$0
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS	\$0	D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	\$0
D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	\$0	D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	\$0
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE	\$0	D1520	SPACE MAINTAINER - REMOVABLE-UNILATERAL/QUAD	\$0
D0393	SIMULATION USING 3D IMAGES	\$0	D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	\$0
D0394	DIGITAL SUBTRACTION OF IMAGES	\$0	D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR	\$0
D0395	FUSION OF TWO OR MORE 3D IMAGES	\$0	D1551	RECEM/REBOND BILATERAL SPACE MAINTAINER – MAXIL	\$0
D0414	LABORATORY PROCESSING OF MICROBIAL SPECIMEN TO INCLUDE CULTURE AND SENSITIVITY STUDIES, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	\$0	D1552	RECEM/REBOND BILATERAL SPACE MAINTAINER – MANDIB	\$0
D0415	COLLECT MICROORGANISMS CULT & SENS	\$0	D1553	RECEM/REBOND UNILATERAL SPACE MAINTAINER/QUAD	\$0
D0416	VIRAL CULTURE	\$0	D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER/QUAD	\$0
D0417	COLLECTION & PREP OF SALIVA SAMPLE	\$0	D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MAXIL	\$0
D0418	ANALYSIS OF SALIVA SAMPLE	\$0	D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MANDIB	\$0
D0425	CARIES SUSCEPTIBILITY TESTS	\$0	D1575	DISTAL SHOE SPACE MAINTAINER – FIXED, UNILATERAL/QUAD	\$0
D0431	ADJUNCT PREDX TST NO CYTOL/BX PROC	\$0			
D0460	PULP VITALITY TESTS	\$0			
D0470	DIAGNOSTIC CASTS	\$0			

ADA	DESCRIPTION	MEMBER PAYS	ADA	DESCRIPTION	MEMBER PAYS
RESTORATIVE SERVICES			D2920	RECEMENT OR RE-BOND CROWN	\$0
D2140	AMALGAM - ONE SURFACE PRIMARY/PERMANENT	\$0	D2921	REATTACHMENT OF TOOTH FRAGMENT	\$0
D2150	AMALGAM - TWO SURFACES PRIMARY/PERMANENT	\$0	D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY	\$0
D2160	AMALGAM - 3 SURFACES PRIMARY/PERMAMENT	\$0	D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT	\$0
D2161	AMALGAM - FOUR/MORE SURFACES PRIMARY/PERMANENT	\$0	D2932	PREFABRICATED RESIN CROWN	\$0
D2330	RESIN COMPOSITE - ONE SURFACE ANTERIOR	\$0	D2933	PREFABRICATED STAINLESS STEEL CROWN RESIN WINDOW	\$0
D2331	RESIN COMPOSITE - 2 SURFACES ANTERIOR	\$0	D2934	PREFABRICATED ESTHTC COATED STNLESS STEEL CROWN - PRIMARY	\$0
D2332	RESIN COMPOSITE - 3 SURFACES ANTERIOR	\$0	D2940	SEDATIVE FILLING	\$0
D2335	RESIN COMPOSITE - 4/> SURF/W/INCISAL ANG	\$0	D2941	INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION	\$0
D2390	RESIN COMPOSITE CROWN ANTERIOR	\$0	D2950	CORE BUILDUP INCLUDING ANY PINS	\$0
D2391	RESIN COMPOSITE - 1 SURFACE POSTERIOR	\$0	D2951	PIN RETENTION - PER TOOTH ADDITION REST	\$0
D2392	RESIN COMPOSITE - 2 SURFACES POSTERIOR	\$0	D2952	POST & CORE ADD CROWN INDIRECT FAB	\$0
D2393	RESIN COMPOSITE - 3 SURFACES POSTERIOR	\$0	D2953	EACH ADD INDIRECT FABRICATED POST SAME TOOTH	\$0
D2394	RESIN COMPOSITE - 4/MORE SURFACES POST	\$0	D2954	PREFABRICATED POST & CORE ADDITION CROWN	\$0
D2510	INLAY - METALLIC - ONE SURFACE	\$0	D2955	POST REMOVAL	\$0
D2520	INLAY - METALLIC - TWO SURFACES	\$0	D2957	EACH ADD PREFABR POST - SAME TOOTH	\$0
D2530	INLAY - METALLIC - 3/MORE SURFACES	\$0	D2960	LABIAL VENEER (RESIN LAMINATE) - DIRECT	\$0
D2542	ONLAY - METALLIC - TWO SURFACES	\$0	D2961	LABIAL VENEER (RESIN LAMINATE) - INDIRECT	\$0
D2543	ONLAY - METALLIC THREE SURFACES	\$0	D2962	LABIAL VENEER (PORCELAIN LAMINATE) - INDIRECT	\$0
D2544	ONLAY - METALLIC FOUR OR MORE SURFACES	\$0	D2971	ADD PROCEDURE NEW CROWN XST PART DENTURE	\$0
D2610	INLAY - PORCELAIN/CERAMIC - 1 SURFACE	\$0	D2975	COPING	\$0
D2620	INLAY - PORCELAIN/CERAMIC - 2 SURFACES	\$0	D2980	CROWN REPAIR	\$0
D2630	INLAY - PORCELAIN/CERAMIC - 3/MORE SURFACES	\$0	ENDODONTIC SERVICES		
D2642	ONLAY - PORCELAIN/CERAMIC - 2 SURFACES	\$0	D3110	PULP CAP - DIRECT	\$0
D2643	ONLAY - PORCELAIN/CERAMIC - 3 SURFACES	\$0	D3120	PULP CAP - INDIRECT	\$0
D2644	ONLAY - PORCELAIN/CERAMIC - 4/MORE SURFACES	\$0	D3220	TX PULPOTOMY - CORONAL DENTNOCEMENTL JUNC	\$0
D2650	INLAY - RESIN BASED COMPOSITE - 1 SURFACE	\$0	D3221	PULPAL DEBRIDEMENT PRIMARY & PERMAMENT TEETH	\$0
D2651	INLAY - RESIN BASED COMPOSITE - 2 SURFACES	\$0	D3222	PARTIAL PULPOTOMY	\$0
D2652	INLAY - RESIN BASED COMPOSITE - 3 />SURFACES	\$0	D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	\$0
D2662	ONLAY - RESIN - BASED COMPOSITE - 2 SURFACES	\$0	D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	\$0
D2663	ONLAY - RESIN - BASED COMPOSITE - 3 SURFACES	\$0	D3310	ANTERIOR	\$0
D2664	ONLAY - RESIN - BASED COMPOSITE - 4/> SURFACES	\$0	D3320	BICUSPID	\$0
D2710	CROWN - RESIN - BASED COMPOSITE INDIRECT	\$0	D3330	MOLAR	\$0
D2712	CROWN - 3/4 RESIN - BASED COMPOSITE INDIRECT	\$0	D3331	TX RC OBSTRUCTION; NON-SURG ACCESS	\$0
D2720*	CROWN - RESIN WITH HIGH NOBLE METAL	\$0*	D3332	INC MPL ENDO TX;INOP UNRSTR/FX TOOTH	\$0
D2721	CROWN - RESIN W/PREDOM BASE METAL	\$0	D3333	INTRL ROOT REPAIR PERFORATION DEFEC	\$0
D2722*	CROWN - RESIN WITH NOBLE METAL	\$0*	D3346	RETX PREVIOUS RC THERAPY - ANTERIOR	\$0
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$0	D3347	RETX PREVIOUS RC THERAPY - BICUSPID	\$0
D2750*	CROWN - PORCELAIN FUSED HI NOBLE METAL	\$0*	D3348	RETX PREVIOUS RC THERAPY - MOLAR	\$0
D2751	CROWN - PORCELAIN FUSED PREDOM BASE METAL	\$0	D3351	APEXIFICATION/RECALCIFICATION - INITIAL VST	\$0
D2752*	CROWN - PORCELAIN FUSED NOBLE METAL	\$0*	D3352	APEXIFICATION/RECALCIFICATION - INTERIM	\$0
D2753	CROWN PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	\$0	D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	\$0
D2780*	CROWN - 3/4 CAST HIGH NOBLE METAL	\$0*	D3355	PULPAL REGENERATION - INITIAL VISIT	\$0
D2781	CROWN - 3/4 CAST PREDOM BASE METAL	\$0	D3356	PULPAL REGENERATION - INTERIM MEDICAMENT REPLACEMENT	\$0
D2782*	CROWN - 3/4 CAST NOBLE METAL	\$0*	D3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	\$0
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$0	D3410	APICOECTOMY SURG - ANT	\$0
D2790*	CROWN - FULL CAST HIGH NOBLE METAL	\$0*	D3421	APICOECTOMY SURG-BICUSPID	\$0
D2791	CROWN - FULL CAST PREDOM BASE METAL	\$0	D3425	APICOECTOMY SURG - MOLAR	\$0
D2792*	CROWN - FULL CAST NOBLE METAL	\$0*	D3426	APICOECTOMY SURGERY	\$0
D2794*	CROWN - TITANIUM AND TITANIUM ALLOYS	\$0*			
D2910	RECEMENT OR RE-BOND INLAY ONLAY VENEER OR PART COV REST	\$0			
D2915	RECEMENT OR RE-BOND INDIRECTLY FABRICATED PREFABRICATED POST & CORE	\$0			

ADA	DESCRIPTION	MEMBER PAYS	ADA	DESCRIPTION	MEMBER PAYS
ENDODONTIC SERVICES			D5214	MAND PART DENTUR- CAST METL W/RSN	\$0
D3430	RETROGRADE FILLING - PER ROOT	\$0	D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$0
D3450	ROOT AMPUTATION - PER ROOT	\$0	D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$0
D3471	SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR	\$0	D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$0
D3472	SURGICAL REPAIR OF ROOT RESORPTION – PREMOLAR	\$0	D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$0
D3473	SURGICAL REPAIR OF ROOT RESORPTION – MOLAR	\$0	D5225	MAXILLARY PARTIAL DENTURE FLEX BASE	\$0
D3501	SURGICAL EXPOSURE ROOT SURFACE W/OUT APICOECTOMY OR REPAIR ROOT RESORPT-ANTERIOR	\$0	D5226	MANDIBULAR PARTIAL DENTURE FLEX BASE	\$0
D3502	SURGICAL EXPOSURE ROOT SURFACE W/OUT APICOECTOMY OR REPAIR OF ROOT RESORPT-PREMOLAR	\$0	D5282	REMOVABLE UNILATERAL PARTIAL DENTURE - MAXILLARY	\$0
D3503	SURGICAL EXPOSURE ROOT SURFACE W/OUT APICOECTOMY OR REPAIR OF ROOT RESORPT-MOLAR	\$0	D5283	REMOVABLE UNILATERAL PARTIAL DENTURE - MANDIBULAR	\$0
D3910	SURG PROC ISOLAT TOOTH W/RUBBER DAM	\$0	D5284	REMOVABLE UNILATERAL PARTIAL DENTURE – FLEX BASE/QUAD	\$0
D3920	HEMISECTION NOT INCL RC THERAPY	\$0	D5286	REMOVABLE UNILATERAL PARTIAL DENTURE-RESIN/QUAD	\$0
D3950	CANAL PREP & FIT PREFORMED DOWEL/POST	\$0	D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$0
PERIODONTIC SERVICES			D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$0
D4210	GINGIVECTOMY/GINGIVOPLASTY 4/>CNTIG TEETH QUAD	\$0	D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$0
D4211	GINGIVECTOMY/GINGIVOPLASTY 1-3 CNTIG TEETH QUAD	\$0	D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$0
D4240	INGL FLP 4/>CNTIG/BOUND TEETH QUAD	\$0	D5511	REPAIR BROKEN COMPLETE DENTURE BASE	\$0
D4241	INGL FLP 1-3 CNTIG/BND TEETH QUAD	\$0	D5512	REPAIR BROKEN COMPLETE DENTURE BASE - MAXILLARY	\$0
D4245	APICALLY POSITIONED FLAP	\$0	D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE	\$0
D4249	CLIN CROWN LEN - HARD TISSUE	\$0	D5611	REPAIR RESIN PARTIAL DENTURE BASE - MANDIBULAR	\$0
D4260	OSSEOUS SURG 4/> CNTIG TEETH QUAD	\$0	D5612	REPAIR RESIN PARTIAL DENTURE BASE - MAXILLARY	\$0
D4261	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	\$0	D5621	REPAIR CAST PARTIAL FRAMEWORK - MANDIBULAR	\$0
D4263	BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH – FIRST SITE IN QUADRANT	\$0	D5622	REPAIR CAST PARTIAL FRAMEWORK - MAXILLARY	\$0
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$0	D5630	REPAIR OR REPLACE BROKEN CLASP - PER TOOTH	\$0
D4274	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)	\$0	D5640	REPLACE BROKEN TEETH - PER TOOTH	\$0
D4277	FREE SOFT TISSUE GRAFT PROCEDURE -1ST TOOTH	\$0	D5650	ADD TOOTH EXISTING PARTIAL DENTURE	\$0
D4320	PROVISIONAL SPLINTING - INTRACORONAL	\$0	D5660	ADD CLASP EXISTING PARTIAL DENTURE - PER TOOTH	\$0
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	\$0	D5670	REPLACE ALL TEETH & ACRYLC FRMEWRK MAXILLARY	\$0
D4341	PERIODONTAL SCAL & ROOT PLAN 4/>TEETH-QUAD	\$0	D5671	REPLACE ALL TEETH & ACRYLC FRMEWRK MANDIBULAR	\$0
D4342	PERIODONTAL SCAL & ROOT PLAN 1-3 TEETH	\$0	D5710	REBASE COMPLETE MAXILLARY DENTURE	\$0
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION – FULL MOUTH, AFTER ORAL EVALUATION	\$0	D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$0
D4355	FULL MOUTH DEBRID COMP ORAL EVAL & DX ON A SUBSEQUENT VISIT	\$0	D5720	REBASE MAXILLARY PARTIAL DENTURE	\$0
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH	\$0	D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$0
D4910	PERIODONTAL MAINTENANCE	\$0	D5730	RELIN CMPL MAXIL DENTURE (DIRECT)	\$0
D4920	UNSCHEDULED DRESSING CHANGE	\$0	D5731	RELIN CMPL MAND DENTURE (DIRECT)	\$0
D4921	GINGIVAL IRRIGATION II PER QUADRANT	\$0	D5740	RELIN MAXIL PART DENTURE (DIRECT)	\$0
REMOVABLE PROSTHODONTIC SERVICES			D5741	RELIN MAND PART DENTURE (DIRECT)	\$0
D5110	COMPLETE DENTURE - MAXILLARY	\$0	D5750	RELIN CMPL MAXIL DENTURE (INDIRECT)	\$0
D5120	COMPLETE DENTURE - MANDIBULAR	\$0	D5751	RELIN CMPL MAND DENTURE (INDIRECT)	\$0
D5130	IMMEDIATE DENTURE - MAXILLARY	\$0	D5760	RELIN MAXIL PART DENTURE (INDIRECT)	\$0
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$0	D5761	RELIN MAND PART DENTURE (INDIRECT)	\$0
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	\$0	D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	\$0
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	\$0	D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	\$0
D5213	MAX PART DENTUR-CAST METL W/RSN	\$0			

ADA	DESCRIPTION	MEMBER PAYS
REMOVABLE PROSTHODONTIC SERVICES		
D5820	INTERIM PARTIAL DENTURE MAXILLARY	\$0
D5821	INTERIM PARTIAL DENTURE MANDIBULAR	\$0
D5850	TISSUE CONDITIONING MAXILLARY	\$0
D5851	TISSUE CONDITIONING MANDIBULAR	\$0
D5863	OVERDENTURE - COMPLETE MAXILLARY	\$0
D5864	OVERDENTURE - COMPLETE MANDIBULAR	\$0
D5865	OVERDENTURE - PARTIAL MAXILLARY	\$0
D5866	OVERDENTURE - PARTIAL MANDIBULAR	\$0
D5876	ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH)	\$0
IMPLANT SERVICES		
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	\$1,950
D6013	SURGICAL PLACEMENT OF A MINI-IMPLANT	\$1,950
D6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR	\$540
D6056	PREFABRICATED ABUTMENT - INCLUDES MOD AND PLACEMENT	\$368
D6057	CUSTOM FAB ABUTMENT - INCLUDES PLACEMENT	\$610
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,050
D6059*	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	\$915*
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINATELY BASE METAL)	\$1,050
D6061*	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	\$946*
D6062*	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	\$981*
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINATELY BASE METAL)	\$854
D6064*	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	\$1,168*
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,144
D6066*	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS	\$1,083*
D6067*	IMPLANT SUPPORTED CROWN - HIGH NOBLE ALLOYS	\$962*
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	\$1,026
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	\$1,050
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINATELY BASE METAL)	\$965
D6071*	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	\$984*
D6072*	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	\$997*
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINATELY BASE METAL)	\$910
D6074*	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	\$967*
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	\$1,018
D6076*	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO HIGH NOBLE ALLOYS	\$992*
D6077*	IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS	\$962*
D6080	IMPLANT MAINTENANCE PROCEDURES WHEN PROSTHESIS ARE REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESES AND ABUTMENTS	\$55

ADA	DESCRIPTION	MEMBER PAYS
D6081	SCALING AND DEBRIDEMENT IN THE PRESENCE OF INFLAMMATION OR MUCOSITIS OF A SINGLE IMPLANT, INCLUDING CLEANING OF THE IMPLANT SURFACES, WITHOUT FLAP ENTRY AND CLOSURE	\$0
D6082	IMPLANT SUPPT CROWN-PORCELAIN FUSED TO PREDOM. BASE ALLOYS	\$1,083
D6083	IMPLANT SUPPT CROWN-PORCELAIN FUSED TO NOBLE ALLOYS	\$1,083
D6084	IMPLANT SUPPT CROWN-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	\$1,083
D6086	IMPLANT SUPPT CROWN-PREDOM. BASE ALLOYS	\$962
D6087	IMPLANT SUPPT CROWN-NOBLE ALLOYS	\$962
D6088	IMPLANT SUPPT CROWN-TITANIUM/TITANIUM ALLOYS	\$962
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT	\$135
D6091	REPLACEMENT OF REPLACEABLE PT OF SEMI-PRECISION/PRECISION ATTACHMENT OF IMPLANT/ABUTMENT SUPPORT PROSTHESIS	\$410
D6092	RECEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN	\$79
D6093	RECEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	\$124
D6094*	ABUTMENT SUPPORTED CROWN - TITANIUM AND TITANIUM ALLOYS	\$810*
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	\$55
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	\$0
D6097	ABUTMENT SUPPT CROWN-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	\$915
D6098	IMPLANT SUPPT RETAINER-PORCELAIN FUSED TO PREDOM. BASE ALLOYS	\$992
D6099	IMPLANT SUPPT RETAINER FOR FPD-PORCELAIN FUSED TO NOBLE ALLOYS	\$992
D6100	IMPLANT REMOVAL, BY REPORT	\$600
D6101	DEBRIDEMENT PERI IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT	\$0
D6102	DEBRIDEMENT & OSSEOUS PERI IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT	\$0
D6103	BONE GRAFT FOR REPAIR OF PERI IMPLANT DEFECT	\$350
D6104	BONE GRAFT IMPLANT REPLACEMENT	\$0
D6110	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MAXILLARY	\$1,840
D6111	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MANDIBULAR	\$1,840
D6112	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH - MAXILLARY	\$1,840
D6113	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH - MANDIBULAR	\$1,840
D6118	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MANDIBULAR	\$0
D6119	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MAXILLARY	\$0
D6120	IMPLANT SUPPT RETAINER-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	\$992
D6121	IMPLANT SUPPT RETAINER FOR METAL FPD-PREDOM. BASE ALLOYS	\$962
D6122	IMPLANT SUPPT RETAINER FOR METAL FPD-NOBLE ALLOYS	\$962
D6123	IMPLANT SUPPT RETAINER FOR METAL FPD-TITANIUM/TITANIUM ALLOYS	\$962
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	\$265
D6191	SEMI-PRECISION ABUTMENT - PLACEMENT	\$368
D6192	SEMI-PRECISION ATTACHMENT - PLACEMENT	\$368
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD - TITANIUM AND TITANIUM ALLOYS	\$835

ADA	DESCRIPTION	MEMBER PAYS
IMPLANT SERVICES		
D6195	ABUTMENT SUPPT RETAINER-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	\$1,050
FIXED PROSTHODONTIC SERVICES		
D6205	PONTIC- INDIRECT RESIN BASED COMPOSITE	\$0
D6210*	PONTIC - CAST HIGH NOBLE METAL	\$0*
D6211	PONTIC - CAST PREDOM BASE METAL	\$0
D6212*	PONTIC - CAST NOBLE METAL	\$0*
D6214*	PONTIC - TITANIUM AND TITANIUM ALLOYS	\$0*
D6240*	PONTIC - PORCELAIN FUSED HI NOBLE METAL	\$0*
D6241	PONTIC - PORCELAIN FUSED PREDOM BASE METAL	\$0
D6242*	PONTIC - PORCELAIN FUSED NOBLE METAL	\$0*
D6243	PONTIC-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	\$0
D6245	PONTIC - PORCELAIN/CERAMIC	\$0
D6250*	PONTIC - RESIN W/HIGH NOBLE METAL	\$0*
D6251	PONTIC RESIN W/PREDOM BASE METAL	\$0
D6252*	PONTIC RESIN W/NOBLE METAL	\$0*
D6253	PROVISIONAL PONTIC - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	\$0
D6545	RETAINER - CASE METAL FOR RESIN FIXED PROSTHESIS	\$0
D6548	RETAINER - PORCELAIN CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	\$0
D6549	RESIN RETAINER – FOR RESIN BONDED FIXED PROSTHESIS	\$0
D6600	RETAINER INLAY - PORCELAIN/CERAMIC 2 SURFACES	\$0
D6601	RETAINER INLAY - PORCELAIN/CERAMIC 3/MORE SURFACES	\$0
D6602*	RETAINER INLAY - CAST HI NOBLE METAL 2 SURFACES	\$0*
D6603*	RETAINER INLAY - CAST HI NOBLE METAL 3/> SURFACES	\$0*
D6604	RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFACES	\$0
D6605	RETAINER INLAY - CAST PREDOM BASE METAL 3/>SURFACES	\$0
D6606*	RETAINER INLAY - CAST NOBLE METAL 2 SURFACES	\$0*
D6607*	RETAINER INLAY - CAST NOBLE METAL 3/MORE SURFACES	\$0*
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC 2 SURFACES	\$0
D6609	RETAINER ONLAY - PORCELAIN/CERAMIC 3/MORE SURFACES	\$0
D6610*	RETAINER ONLAY - CAST HI NOBLE METAL 2 SURFACES	\$0*
D6611*	RETAINER ONLAY - CAST HI NOBLE METAL 3/> SURFACES	\$0*
D6612	RETAINER ONLAY - CAST PREDOM BASE METAL 2 SURFACES	\$0
D6613	RETAINER ONLAY - CAST PREDOM BASE METAL 3/>SURFACES	\$0
D6614*	RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES	\$0*
D6615*	RETAINER ONLAY - CAST NOBLE METAL 3/MORE SURFACES	\$0*
D6624*	RETAINER INLAY - TITANIUM	\$0*
D6634*	RETAINER ONLAY - TITANIUM	\$0*
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	\$0
D6720*	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	\$0*

ADA	DESCRIPTION	MEMBER PAYS
D6721	RETAINER CROWN - RESIN PREDOMINANTLY BASE METAL	\$0
D6722*	RETAINER CROWN - RESIN WITH NOBLE METAL	\$0*
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	\$0
D6750*	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$0*
D6751	RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$0
D6752*	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	\$0*
D6753	RETAINER CROWN-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS	\$0
D6780*	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	\$0*
D6781	RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$0
D6782*	RETAINER CROWN - 3/4 CAST NOBLE METAL	\$0*
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	\$0
D6784	RETAINER CROWN - 3/4 TITANIUM/TITANIUM ALLOYS	\$0
D6790*	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	\$0*
D6791	RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$0
D6792*	RETAINER CROWN - FULL CAST NOBLE METAL	\$0*
D6794*	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS	\$0*
D6930	RECEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$0
D6940	STRESS BREAKER	\$0
D6980	FIXED PARTIAL DENTURE REPAIR, BY REPORT	\$0
ORAL SURGERY SERVICES		
D7111	XTRCT CORONAL REMNANTS PRIMARY TOOTH	\$0
D7140	EXTRAC ERUPTED TOOTH/EXPOSED ROOT	\$0
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$0
D7220	REMOVAL IMPACT TOOTH - SOFT TISSUE	\$0
D7230	REMOVAL IMPACT TOOTH - PARTLY BONY	\$0
D7240	REMOVAL IMPACTED TOOTH - COMPLETELY BONY	\$0
D7241	REMOVAL IMPACTED TOOTH - COMPLETELY BONY W/SURG COMP	\$0
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$0
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$0
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION ACCIDENTLY DISPLACED	\$0
D7280	EXPOSURE OF AN UNERUPTED TOOTH	\$0
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$0
D7285	INCISIONAL BIOPSY OF ORAL TISSUE HARD	\$0
D7286	INCISIONAL BIOPSY OF ORAL TISSUE SOFT	\$0
D7287	EXTOLATIVE CYTOLOGICAL SAMPLE COLLECTION	\$0
D7288	BRUSH BIOPSY	\$0
D7290	SURGICAL REPOSITIONING OF TEETH	\$0
D7310	ALVEOLOPLASTY W/EXT 4/> TEETH/SPACE	\$0
D7311	ALVEOLOPLASTY CONJNC XTRCT 1-3 TEETH	\$0
D7320	ALVEOLOPLASTY NO EXT 4/> TEETH/SPAC	\$0
D7321	ALVEOLOPLASTY NOT W/XTRCT 1-3 TEETH	\$0
D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	\$0
D7350	VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT	\$0

ADA	DESCRIPTION	MEMBER PAYS
ORAL SURGERY SERVICES		
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	\$0
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	\$0
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	\$0
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	\$0
D7471	REMOVAL OF LATERAL EXOSTOSIS	\$0
D7472	REMOVAL OF TORUS PALATINUS	\$0
D7473	REMOVAL OF TORUS MANDIBULARIS	\$0
D7485	REDUCTION OF OSSEOUS TUBEROSITY	\$0
D7510	I & D ABSCESS - INTRAORAL SOFT TISSUE	\$0
D7511	I & D ABSCESS - INTRAORAL SOFT TISS COMPLICATED	\$0
D7520	I & D OF ABSCESS EXTRAORAL SOFT TISSUE	\$0
D7521	I & D OF ABSCESS EXTRAORAL COMPLICATED	\$0
D7530	REMOVAL OF FOREIGN BODY - SKIN SUBCUTANEOUS	\$0
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	\$0
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	\$0
D7963	FRENULOPLASTY	\$0
D7970	EXC HYPERPLASTIC TISSUE-PER ARCH	\$0
D7971	EXCISION OF PERICORONAL GINGIVA	\$0
D7972	SURGICAL RDUC FIBROUS TUBEROSITY	\$0
ADJUNCTIVE GENERAL SERVICES		
D9110	PALLIATIVE TX DENTAL PAIN-MINOR PROC	\$0
D9120	FIXED PARTIAL DENTURE SECTIONING	\$0
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$0
D9211	REGIONAL BLOCK ANESTHESIA	\$0
D9212	TRIGEMINAL DIVISION BLOCK ANES	\$0
D9215	LOCAL ANESTHESIA	\$0
D9219	EVALUATION FOR DEEP SEDATION OR GENERAL ANESTHESIA	\$0
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	\$0
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH 15 MINUTE INCREMENT	\$0
D9230	ANALGESIA ANXIOLYSIS, INHALATION OF NITROUS OXIDE	\$0
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANESTHESIA - FIRST 15 MINUTES	\$0
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH 15 MINUTE INCREMENT	\$0
D9248	NON-INTRAVENOUS (CONSCIOUS) SEDATION, THIS INCLUDES NON-IV MINIMAL AND MODERATE SEDATION	\$0
D9310	CNSLT DX DENT/PHY NOT REQ DENT/PHY	\$0
D9430	OV OBS - NO OTH SERVICES PERFORMED	\$0
D9440	OV-AFTER REGULARLY SCHEDULED HRS	\$0
D9930	TREATMENT OF COMPLICATIONS - POST SURG.	\$0
D9943	OCCLUSAL GUARD ADJUSTMENT	\$0
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	\$0
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	\$0
D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	\$0
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$0
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$0

ADA	DESCRIPTION	MEMBER PAYS
D9972	EXTERNAL BLEACHING - PER ARCH PERFORMED IN OFFICE	\$125
D9995	TELEDENTISTRY - SYNCHRONOUS; REAL TIME ENCOUNTER	\$0
D9996	TELEDENTISTRY - ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW	\$0
ORTHODONTIC SERVICES		
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT TRANSITIONAL DENTITION)	\$750
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT ADOLESCENT DENTITION	\$750
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT ADULT DENTITION	\$750
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	\$0
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINERS)	\$150
D8695	REMOVAL OF FIXED ORTHODONTIC APPLIANCES FOR REASONS OTHER THAN COMPLETION OF TREATMENT	\$75
D8999	a START-UP FEE (INCLUDING EXAM, BEGINNING RECORDS, X-RAYS, TRACING, PHOTOS, AND MODELS)	\$350

ADA	DESCRIPTION	MEMBER PAYS	ADA	DESCRIPTION	MEMBER PAYS
-----	-------------	-------------	-----	-------------	-------------

UnitedHealthcare/Select Managed Care dental exclusions and limitations

LIMITATIONS OF BENEFITS

The following are the limitation of benefits, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

1.	DENTAL PROPHYLAXIS	Limited to 1 time per 6 months
2.	FLUORIDE TREATMENTS	Limited to 1 time per 6 months
3.	INLAYS, ONLAYS, AND VENEERS	Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth.
4.	CROWNS	Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth.
5.	POST AND CORES	Covered only for teeth that have had root canal therapy.
6.	SCALING AND ROOT PLANING	Limited to 4 quadrants per calendar year.
7.	REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS, ONLAYS, AND IMPLANTS, IMPLANT CROWNS, IMPLANT PROTHESIS	Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays, onlays, and implants, implant crowns, implant prosthesis previously submitted for payment under the plan is limited to 1 time per tooth per consecutive 60 months from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances. If damage or breakage was directly related to provider error, this type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement.
8.	INTRAORAL BITEWING RADIOGRAPHS	Limited to 1 series of 4 films in any 6 month period
9.	STAINLESS STEEL CROWNS	Limited to 1 time per tooth per 60 Months. Covered only when a filling cannot restore the tooth. Prefabricated esthetic coated stainless steel crown - primary tooth, are limited to primary anterior teeth.
10.	ADJUSTMENTS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES OR CROWNS	Limited to repairs or adjustments performed more than 6 months after the initial insertion.
11.	INTRAVENOUS SEDATION OR GENERAL ANESTHESIA	Administration of I.V. sedation or general anesthesia is limited to covered oral surgical procedures involving 1 or more impacted teeth (soft tissue, partial bony or complete bony impactions).
12.	ALL SPECIALTY REFERRAL SERVICES MUST BE	(A) Pre-Authorized by us; and (B) Coordinated by a Covered Person's Participating Dentist. Any Covered Person who elects specialist care without prior referral by his or her Participating Dentist and approval by us is responsible for all charges incurred. <ul style="list-style-type: none"> In order for specialty services to be Covered by this plan, the following referral process must be followed: A Covered Person's Participating Dentist must coordinate all Dental Services. When the care of a Network Specialist Dentist is required, the Covered Person's Participating Dentist must contact us and request authorization. If the Participating Dentist request for specialist referral is denied, the Participating Dentist and the Covered Person will be notified of the reason for the denial. If the service in question is a Covered service, and no limitations or exclusions apply, the Participating Dentist may be asked to perform the service. Covered Person who receives authorized specialty services must pay all applicable Copayments associated with the services provided. When we authorize specialty dental care, a Covered Person will be referred to a Network Specialist Dentist for treatment. The Network includes Network Specialist Dentists in: (a) endodontics; (b) oral surgery; (c) pediatric dentistry; and (d) orthodontics; and (e) periodontics, located in the Covered Person's Service Area. If there is no Network Specialist Dentist in the Covered Person's Service Area, we will refer the Covered Person to a Non-Participating Specialist of our choice. Except for Emergency Dental Services, in no event will we cover dental care provided to a Covered Person by a specialist not preauthorized by us to provide such services. Covered Person's financial responsibility is limited to applicable Copayments. Copayments are listed in the Covered Person's Schedule of Covered Dental Services.
13.	PERIODONTAL MAINTENANCE PROCEDURES	Limited to once every 6 months, following active therapy, exclusive of gross debridement
14.	REMOVABLE PROSTHETICS/FIXED PROSTHETICS/CROWNS, INLAYS AND ONLAYS (MINOR RESTORATIVE SERVICES)	Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per 5 years from initial or supplemental placement
15.	CROWNS, FIXED BRIDGES, AND IMPLANTS	The maximum benefit within a 12-month period is any combination of 7 crowns or pontics (artificial teeth that are part of a fixed bridge). If more than 7 crowns and/or pontics are done for a Member within a 12-month period, the dentist's fee for any additional crowns within that period would not be limited to the listed Copayment, but instead can reflect the Dentist's Billed Charges.
16.	ADJUNCTIVE	Pre-Diagnostic Test that aids in detection of mucosal abnormalities including premalignant and malignant lesion, not to include cytology or biopsy procedures - Limited to 1 time per year, to Covered Persons over the age of 30.
17.	INTRAORAL	Complete Series (including bitewings) - Limited to 1 time in any 2-year period
18.	TEMPORARY CROWNS	Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth.
19.	CONE BEAM	Limited to 1 time per consecutive 60 months.

EXCLUSIONS OF BENEFITS

The following procedures and services are excluded and not Covered Services, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

1.	Dental Services that are not Necessary.
2.	Any service done for cosmetic purposes that is not listed as a Covered cosmetic service in the Schedule of Covered Dental Services.
3.	Any Dental Procedure not directly associated with dental disease.

EXCLUSIONS OF BENEFITS

The following procedures and services are excluded and not Covered Services, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

4.	Any implant procedures performed which are not listed as Covered implant procedures in the Schedule of Covered Dental Services.
5.	Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
6.	Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
7.	Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or Congenital Anomalies of hard or soft tissue, including excision.
8.	Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
9.	Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
10.	Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
11.	Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
12.	Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
13.	Any Dental Services or Procedures not listed in the Schedule of Covered Dental Services.
14.	Costs for non-dental services related to the provision of dental services in hospitals, extended care facilities, or Member's home are not covered. When deemed necessary by the Primary Care Dentist, the Member's physician, and authorized by the Plan, covered dental services that are delivered in an inpatient or outpatient hospital setting are covered as indicated in the Schedule of Benefits.
15.	Any endodontic, periodontal, crown or bridge abutment procedure or appliance requested, recommended or performed for a tooth or teeth with a guarded, questionable or poor prognosis.
16.	Replacement of a lost, missing or stolen appliance or prosthesis or the fabrication of a spare appliance or prosthesis.
17.	Any Covered Person request for: (a) specialist services or treatment which can be routinely provided by a Participating Dentist; or (b) treatment by a specialist without referral from a Participating Dentist and our approval.
18.	Any Dental Procedure not performed in a dental setting. This will not apply to Covered Emergency Dental Services.
19.	Fixed or removable prosthodontic restoration procedures or implant services for complete oral rehabilitation or reconstruction.
20.	Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare
21.	Treatment which requires the services of a pediatric specialist, after the Covered Person's 6th birthday.
22.	<p>Orthodontic Exclusions & Limitations</p> <p>If you require the services of an orthodontist, a referral must first be obtained. If a referral is not obtained prior to the commencement of orthodontic treatment, the Covered Person will be responsible for all costs associated with any orthodontic treatment. Orthodontic services Copayments are valid for authorized services rendered. If you terminate Coverage after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.</p> <p>Orthodontic Exclusions:</p> <ul style="list-style-type: none">a) Replacement or repair of lost, stolen or broken appliances or appliances damaged due to the neglect of the Covered Personb) Treatment in progress prior to the effective date of this coveragec) Extractions required for orthodontic purposesd) Surgical orthodontics or jaw repositioninge) Myofunctional therapyf) Cleft palateg) Micrognathiah) Macroglossiai) Hormonal imbalancesj) Orthodontic retreatment when initial treatment was rendered under this plan or for changes in orthodontic treatment necessitated by any kind of treatment of accidentk) Palatal expansion appliancesl) Services performed by outside laboratories <p>Orthodontic Limitations:</p> <ul style="list-style-type: none">1. If a treatment plan is for less than 24 months, then a prorated portion of the full copayment shall apply.2. If Covered Person's dental eligibility ends, for whatever reason, and the Covered Person is receiving orthodontic treatment under the plan, the remaining cost for that treatment will be prorated at the orthodontist's usual fees over the number of months of treatment remaining. The Covered Person will be responsible for the payment of this balance under the terms and conditions pre-arranged with the orthodontist.3. If the Covered Person has the orthodontist perform a "diagnostic work-up" (a consultation and diagnosis) and then decides to forgo the treatment program, the Covered Person will be charged a \$50 consultation fee, plus any lab costs incurred by the orthodontist.4. One orthodontic benefit under this plan is available per lifetime, per Covered Person. A Covered Person may access this Comprehensive Orthodontic Treatment. If comprehensive treatment is necessary, and is completed within a 24 month period, the Copayments listed will apply. If necessary and active treatment extends beyond 24 months, the provider is obligated to accept the plan Copayment only for the first 24 months of active therapy. The provider may charge usual and customary fees for active treatment extending beyond the 24 month benefit period.



Memorandum

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

From: Andrew Desa, Consulting Actuary

Date: January 11, 2023

Re: Consultant's Report for January 11, 2023 Board of Trustees Meeting -
Body Scan International renewal effective January 1, 2024

We have received the Body Scan International (BSI) renewal effective January 1, 2024. BSI currently provides preventive body scans for active members.

1. The current contracted rate per scan is \$1,140. This rate is under guarantee through December 31, 2023. As a reminder, there is a \$200 copay per scan and the Plan deductible/out-of-pocket maximum does not apply.
2. BSI is proposing a contracted rate per scan of \$1,315 effective January 1, 2024. This is a 15.4% increase over the current contracted rate. A summary of the renewal and projected cost impact is shown below:

Body Scan International	Current Rate	1/1/2024 Rate
Contracted Rate Per Scan	\$ 1,140	\$ 1,315
% Increase/(Decrease)		15.4%
Annual Total Cost	\$313,500	\$361,600
\$200 Copay	<u>-\$55,000</u>	<u>-\$55,000</u>
Annual Plan Cost ¹	\$258,500	\$306,600
Annual \$ Increase/(Decrease)		\$ 48,100
Annual % Increase/(Decrease)		18.6%

¹ Annual cost calculated assuming 275 scans per year.

3. The proposal from BSI is attached to this memo.

This item will be discussed at your January 11, 2023 meeting. If there are any questions before or after that meeting, please let me know.

AD:mw
Enclosure

Body Scan International

December 15, 2022

Mr. Andrew Desa
Consulting Actuary
Rael & Letson
160 Bovet Road, Suite 203
San Mateo, CA 94402

Dear Andrew,

On behalf of Dr. Eisenberg and the entire team at Body Scan International, I would like to express our continued gratitude for the opportunity to provide the BSI Body Scan Program to the qualified Active participants in the Fresno City Employees Health and Welfare Trust. Our onsite provision of service is proving to be quite popular, with a patient satisfaction rate of over 99%. Aside from this being the most comprehensive examination available in medicine today, we also attribute these high numbers to our unique approach of quality doctor-patient time during the interactive patient/physician consultation, which provides a maximum return on investment for patients and sponsoring organizations.

The present economic climate and our firm goal of not compromising the quality or integrity of our program led us to perform a deep comprehensive analysis of our cost and pricing structure. Following this analysis, we have determined it is necessary to increase our private pay rate to \$1,995, and our group contract rate to \$1,315. While we will be implementing the updated rate with the majority of our groups as of 1/1/2023, needless to say we will certainly honor our FCEHWT rate lock of \$1,140, which expires on 12/31/2023. Thus, this proposed rate increase will be effective as of January 1, 2024.

Please feel free to reach out to me with any questions; I/we look forward to providing service to FCEHWT for many years to come!

Best regards,



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



Memorandum

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

From: Andrew Desa

Date: January 11, 2023

Re: Consultant's Report for January 11, 2023 Board of Trustees Meeting -
Fiduciary Liability Policy Renewal Effective January 15, 2023

We have received the fiduciary liability policy renewal effective January 15, 2023 from the broker NuWest Insurance Services. This is for a one-year policy.

1. This policy has been in place with Chubb since 2013.
2. Chubb is proposing no change to the annual premium. **The annual premium would remain \$6,715 if renewing with the current policy terms.** In addition to Chubb, a proposal was received from Hudson. However, the Hudson proposal is not as competitive as Chubb.
3. The current policy has a limit of liability of \$1 million. As directed, Chubb was requested to provide alternative renewals with a limit of liability of \$2 million and \$3 million.
4. **The annual premium for a \$2 million liability policy is \$9,511.** This is a \$2,796 increase over the current policy.
5. **The annual premium for a \$3 million liability policy is \$12,492.** This is a \$5,777 increase over the current policy.

The full proposal provided by NuWest is attached to this memo. This item will be discussed at your January 11, 2023 meeting. If there are any questions before or after that meeting, please let me know.

AD:mw
Enclosure



NuWest Insurance Services is a Division of
Marsh & McLennan Insurance Agency LLC
1 Polaris Way, Suite 300
Aliso Viejo, CA 92656
+1 949 900 1780
MarshMMA.com
CA Insurance Lic. 0H18131



December 22, 2022

Mr. Diana Cavazos, Administrator
HealthComp
PO Box 45018
Fresno, CA 93718-5018

RE: **Fresno City Employees Health & Welfare Trust**
Fiduciary Liability Renewal Policy #8170-8103
Chubb Insurance Company
Renewal Date – January 15, 2023

Dear Diana:

We have received the proposed renewal terms from Chubb Insurance Company for the Fiduciary Liability policy covering the Fresno City Employees Health & Welfare Trust for the January 15, 2023-24 term. They are compared to the current coverage on the attached exhibit.

We went to market with this policy and we were able to secure terms from Hudson as well. As you will note, Chubb has proposed the coverages, limits, terms, and conditions remain the same as the expiring policy with no increase in premium. At your request, we also sought increased limits from both Hudson and Chubb. They are indicated at the bottom of the attached proposal. The Chubb premiums remain the most competitive and it is our recommendation that the Trust renew this policy with Chubb at the \$3,000,000 limit, due to rising litigation costs.

After your review, please let us know how you and the Trustees would like to proceed. We will follow up with you prior to January 15, 2023 to see if we may renew this policy.

Best regards,

Kelly D Grant, CISR
Senior Client Manager
kelly.grant@marshmma.com

cc: Andrew Desa
Tom Georgouses

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

Fiduciary Liability Insurance Renewal Proposal

January 15, 2023

Fiduciary Liability	CURRENT 1/15/2022-23	PROPOSED 1/15/2023-24	
Insurer	Chubb	Chubb	Hudson
A.M. Best Rating	'A++' XV	'A++' XV	'A' XV
LIMIT of Liability			
Each Loss	\$1,000,000	\$1,000,000	\$1,000,000
Annual Aggregate	\$1,000,000	\$1,000,000	\$1,000,000
Deductible	\$5,000	\$5,000	\$0
Coverage Type	Claims Made	Claims Made	Claims Made
ERISA Section 502(l) & (i) (20% & 5% Penalties)	250,000	250,000	250,000
ERISA Section 502 (c) Penalties - <i>Sublimit</i>	250,000	250,000	250,000
HIPAA			
Fines and Penalties – <i>Sublimit</i>	1,000,000	1,000,000	1,000,000
Voluntary Settlement (EPCRS)– <i>Sublimit</i>	250,000	250,000	250,000
PPA Penalties – <i>Sublimit</i>	250,000	250,000	250,000
PPACA Penalties – <i>Sublimit</i>	250,000	250,000	1,000,000
Section 4975 Penalties - <i>Sublimit</i>	250,000	250,000	1,000,000
Trustee Claims Expenses- <i>Sublimit</i>	250,000	250,000	250,000
Trustee Non-Fiduciary (Settlor Functions)	250,000	250,000	1,000,000
Interview Coverage	250,000	250,000	1,000,000
Pre-Claim Investigative Fees- <i>Sublimit</i>	250,000	250,000	1,000,000
Other Fines, Taxes, or Penalties- <i>Sublimit</i>	250,000	250,000	250,000
Section 203 of the Bipartisan Budget Act- <i>Sublimit</i>	250,000	250,000	1,000,000
Benefit Overpayment- <i>Sublimit</i>	100,000	100,000	Not Offered
Umbrella Sublimit Endorsement- <i>Sublimit</i>	250,000	250,000	Included
Pre-Approved Fund Counsel Endorsement	Included	Included	Included
'ANNUAL' PREMIUM	\$6,715	\$6,715	\$9,307
Plus "Waiver of Recourse"			
<i>Waiver Premium – (per fiduciary)</i>	25	25	25

Optional Increased Limits:

Increased Limit	Chubb	Hudson
\$2,000,000	\$9,511	\$13,329
\$3,000,000	\$12,492	\$16,586



Disclaimer: This document is for presentation purposes only. The precise coverage afforded is subject to the terms, conditions and exclusions of the policies as issued. NuWest a division of Marsh & McLennan Insurance Agency LLC Company makes no representations, either expressed or implied, as to the adequacy of any limits of protection. Determination of the adequacy of the limits of protection is your responsibility.

Note: This is simply a brief synopsis of exposures, potential applicable insurance and terminology. It is not a complete list and is only for informational purposes. For exact coverage, the insurance policies should be reviewed.



FIDUCIARY LIABILITY GLOSSARY OF TERMS

ENDORSEMENTS/COVERAGES

DESCRIPTION

*‘Waiver of Recourse’ extension to
Fiduciary Liability Insurance:*

ERISA was created to protect benefit plans for working men and women. It allows the purchase of a Fiduciary Liability Policy to protect those benefits from the wrongful acts of the fiduciaries. It does not, however, allow a trust to purchase insurance to protect the fiduciaries. For a minimal cost, the insurer will ‘waive their right of recourse’ against the fiduciaries (*those who pay the premium personally or with funds other than trust monies*).

ERISA Section 502(i)

The DOL can assess a penalty against a fiduciary, not to exceed 5%, for party-in-interest violations or other prohibited transactions.

ERISA Section 502(l)

The DOL will assess a 20% civil penalty on the fiduciaries, up and above any damage award, for their breach of fiduciary duty.

ERISA Section 502(c)

Sarbanes-Oxley added a new subsection requiring administrators of individual account plans (IAP) to provide notice to affected participants and beneficiaries in advance of a black out period which temporarily restricts the ability to direct or diversify assets credited to their accounts or obtain loans or distributions. It established a civil penalty of up to a \$100 a day for such failure.

EPCRS Sanctions
(*Voluntary Compliance*)

The IRS has established compliance sanctions/fees that can be assessed against fiduciaries under the Employee Plans Compliance Resolutions System (EPCRS). This also includes the Self-Correction Program, Voluntary Compliance Program and the Audit Closing Agreement Program.

COBRA

It is important to make sure the definition of ‘wrongful act’ includes violations of COBRA.



FIDUCIARY LIABILITY

GLOSSARY OF TERMS

Continued

ENDORSEMENTS/COVERAGES	DESCRIPTION
'Settlor' Functions	In addition to fiduciary functions performed by Trustees, they also perform ' <i>settlor</i> ' functions. Settlor functions are defined as establishing, modifying and monitoring the plan. It is the administrative operation of the Plan. Fiduciary Liability underwriters agree within their policies to cover breaches of ERISA and some limited administrative functions (enrollment, eligibility and etc.). Fiduciary Liability policies did not, until recently cover ' <i>settlor</i> ' functions.
Trustee Claim Expense	Defense cost coverage for a non-fiduciary claim against a Trustee. This broadens coverage beyond 'fiduciary', 'settlor' and 'administrative' claims.
HIPAA and <i>Civil Penalties</i>	Most Insurance companies have expanded their definition of 'wrongful act' to include violations of HIPAA. What is limited by the policy are <i>civil penalties</i> that can be assessed. We understand the maximum penalty for a violation to be \$ 1,500,000. Therefore, this is the coverage limit generally offered.
PPA Endorsement	The Pension Protection Act establishes various guidelines for Pension Plans. One area of concern is where a Pension Plan holds ' <i>employer securities</i> '. This endorsement adds a 'sublimit' for civil penalties arising out of such violations of the PPA.
PPACA Endorsement	This endorsement provides a specific 'sublimit' amount that can be used to offset <i>civil penalties</i> resulting from alleged violations of the Patient Protection and Affordable Care Act.
Investigation & Settlement (<i>Hammer</i>) Clause Endorsement	A strict Hammer clause requires the Insured to pay all defense and indemnity above what the Insurer can settle a claim for. This clause can sometimes be modified where the Insured participates in expenses above what the insurer can settle for or, in some cases, can be deleted.



FIDUCIARY LIABILITY

GLOSSARY OF TERMS

Continued

ENDORSEMENTS/COVERAGES

DESCRIPTION

Section 4975 Penalties

Addresses prohibited transactions/failure to transmit participant contributions into chosen investment types in a timely manner – 401K/Annuity Plans. *(15% excise tax penalty)*

Section 4976 Penalties

Addresses ‘CIGNA v. Amara’ decision regarding errors or ambiguities in the SPD resulting in denial of benefits. *(15% excise penalty)*

ERISA Section 502 (a)(3)
Equitable Relief

Arising out of CIGNA v. Amara. Provides a sublimit of insurance to cover this provision.

Benefit Overpayment

Provides a sublimit of coverage for miscalculation by insured resulting in overpayment of benefits.

Section 203 Bipartisan Act of 2013

If a fund uses the Death Master List on SSI’s portal, they can be fined for inappropriate use and not following their guidelines for use. (Came about because of a H&W Fund’s use of the site to verify information in order to pay benefits).

Pre- Claim Investigative Fees

Once notified by the DOL or PBGC of an investigation and request for information (prior to an allegation of a 'wrongful act'), this provision allows a notice of claim to be filled. The insurer will then start paying defense costs.

Interview Coverage

A request for interview by an Enforcement Unit (DOJ or SEC) in one’s capacity as a fiduciary of a Plan or a Plan’s business activities.

Other fines, taxes or penalties coverage

Definition of Loss is amended to include other fines, taxes or penalties imposed by the DOL, IRS or similar regulatory body and not uninsurable by law under civil money penalties.



FIDUCIARY LIABILITY

GLOSSARY OF TERMS

Continued

ENDORSEMENTS/COVERAGES	DESCRIPTION
Pre Approved Fund Counsel Endorsement	Allows insured to select legal counsel to defend any claim other than “Mass or Class Action Claim, but requires there be no settlement or defense costs to be incurred without insurer’s consent.
Umbrella Sublimit Endorsement	Endorsement provides an additional excess sublimit to cover over PPACA Penalties, IRS Section 4975 Penalty, Section 502(c) Penalties and PPA Civil Penalties over the policies existing sublimits, but not in excess of the maximum aggregate limit of liability.
Internal Revenue Service Endorsement	The carrier will pay IRS Expenses incurred by an insured resulting from an IRS Notice if, at the Insured’s option, it is reported to the Company in writing during the Policy Period.
Plan Purchasers (Managed Care) Liability	This has been referred to as Trustee Malpractice Coverage as it would cover the Trustees should they be named in a claim by a participant or dependent for Bodily Injury at the hands of a panel doctor or malpractice of a hospital selected by the Trustees.

A.M. BEST RATING CLASSIFICATIONS

ADMITTED VS. NON-ADMITTED INSURER

Non-admitted insurers are not licensed by the State of California. They are not subject to the financial solvency regulation and enforcement which applies to California licensed insurers. They do not participate in any of the insurance guarantee funds created by California law.

SECURE RATINGS:

A++	Superior	FPR 9	Very Strong
A+	Superior	FPR 8 and 7	Strong
A	Excellent	FPR 6 and 5	Good
A-	Excellent	FPR 4	Fair
B++	Very Good	FPR 3	Marginal
B+	Very Good	FPR 2	Weak
B	Fair	FPR 1	Poor
B-	Fair	NR	Not Rated
C++	Marginal	NR-1	Insufficient Data
C+	Marginal	NR-2	Insufficient Size and/or Operating Experience
C	Weak	NR-3	Rating Procedure Inapplicable
C-	Weak	NR-4	Company Request
D	Poor	NR-5	Not Formally Followed
E	Under Regulatory Supervision		
F	In Liquidation		
S	Rating Suspended		

AFFILIATION CODES:

G	Group
P	Pooled
R	Reinstated

RATING MODIFIERS:

U	Under Review
Q	Qualified

In addition, the A.M. Best Company classifies insurers on the basis of financial size categories ranging from I (smallest) to XV (largest). In \$Millions of Reported Policyholders Surplus and Conditional Reserve Funds

Class I	Up to 1	Class IX	250 to 500
Class II	1 to 2	Class X	500 to 750
Class III	2 to 5	Class XI	750 to 1,000
Class IV	5 to 10	Class XII	1,000 to 1,250
Class V	10 to 25	Class XIII	1,250 to 1,500
Class VI	25 to 50	Class XIV	1,500 to 2,000
Class VII	50 to 100	Class XV	2,000 or greater
Class VIII	100 to 250		

Compensation Disclosure

Marsh & McLennan Agency LLC ("MMA") prides itself on being an industry leader in the area of transparency and compensation disclosure. We believe you should understand how we are paid for the services we are providing to you. We are committed to compensation transparency and to disclosing to you information that will assist you in evaluating potential conflicts of interest.

As a professional insurance producer, MMA and its subsidiaries facilitate the placement of insurance coverage on behalf of our clients. As an independent insurance agent, MMA may have authority to obligate an insurance company on behalf of our clients and as a result, we may be required to act within the scope of the authority granted to us under our contract with the insurer. In accordance with industry custom, we are compensated either through commissions that are calculated as a percentage of the insurance premiums charged by insurers, or fees agreed to with our clients.

MMA engages with clients on behalf of itself and in some cases as agent on behalf of its non-US affiliates with respect to the services we may provide. For a list of our non-US affiliates, please visit: <https://mma.marshmma.com/non-us-affiliates>. In those instances, MMA will bill and collect on behalf of the non-US Affiliates amounts payable to them for placements made by them on your behalf and remit to them any such amounts collected on their behalf; MMA receives compensation through one or a combination of the following methods:

- **Retail Commissions** – A retail commission is paid to MMA by the insurer (or wholesale broker) as a percentage of the premium charged to the insured for the policy. The amount of commission may vary depending on several factors, including the type of insurance product sold and the insurer selected by the client.
- **Client Fees** – Some clients may negotiate a fee for MMA's services in lieu of, or in addition to, retail commissions paid by insurance companies. Fee agreements are in writing, typically pursuant to a Client Service Agreement, which sets forth the services to be provided by MMA, the compensation to be paid to MMA, and the terms of MMA's engagement. The fee may be collected in whole, or in part, through the crediting of retail commissions collected by MMA for the client's placements.
- **Contingent Commissions** – Many insurers agree to pay contingent commissions to insurance producers who meet set goals for all or some of the policies the insurance producers place with the insurer during the current year. The set goals may include volume, profitability, retention and/or growth thresholds. Because the amount of contingent commission earned may vary depending on factors relating to an entire book of business over the course of a year, the amount of contingent commission attributable to any given policy typically will not be known at the time of placement.
- **Supplemental Commissions** – Certain insurers and wholesalers agree to pay supplemental commissions, which are based on an insurance producer's performance during the prior year. Supplemental commissions are paid as a percentage of premium that is set at the beginning of the calendar year. This percentage remains fixed for all eligible policies written by the insurer during the ensuing year. Unlike contingent commissions, the amount of supplemental commission is known at the time of insurance placement. Like contingent commissions, they may be based on volume, profitability, retention and/or growth.
- **Wholesale Broking Commissions** – Sometimes MMA acts as a wholesale insurance broker. In these placements, MMA is engaged by a retail agent that has the direct relationship with the insured. As the wholesaler, MMA may have specialized expertise, access to surplus lines markets, or access to specialized insurance facilities that the retail agent does not have. In these transactions, the insurer typically pays a commission that is divided between the retail and wholesale broker pursuant to arrangements made between them.
- **Medallion Program and Sponsorships** – Pursuant to MMA's Medallion Program, participating carriers sponsor educational programs, MMA events and other initiatives. Depending on their sponsorship levels, participating carriers are invited to attend meetings and events with MMA executives, have the opportunity to provide education and training to MMA colleagues and receive data reports from MMA. Insurers may also sponsor other national and regional programs and events.
- **Other Compensation** – From time to time, MMA may be compensated by insurers for providing administrative services to clients on behalf of those insurers. Such amounts are typically calculated as a percentage of premium or are based on the number of insureds. Additionally, insurers may sponsor MMA training programs and events.

We will be pleased to provide you additional information about our compensation and information about alternative quotes upon your request. For more detailed information about the forms of compensation we receive please refer to our Marsh & McLennan Agency Compensation Guide at <https://www.marshmma.com/us/compensation-guide.html>.

MMA's aggregate liability arising out of or relating to any services on your account shall not exceed ten million dollars (\$10,000,000), and in no event shall we be liable for any indirect, special, incidental, consequential or punitive damages or for any lost profits or other economic loss arising out of or relating to such services. In addition, you agree to waive your right to a jury trial in any action or legal proceeding arising out of or relating to such services. The foregoing limitation of liability and jury waiver shall apply to the fullest extent permitted by law.



Memorandum

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

From: Andrew Desa, Consulting Actuary

Date: January 11, 2023

Re: Consultant's Report for January 11, 2023 Board of Trustees Meeting -
HealthComp Fee Proposal Effective July 1, 2023

We have received the HealthComp fee proposal effective July 1, 2023.

1. The current administrative service fee of \$27.60 per member (active/retiree/self-pay/COBRA/Medicare supplement retiree) went into effect on July 1, 2020 and was guaranteed for three years. There is a separate fee of \$1.50 per member for access to HCOOnline and \$1.05 per member for transparency compliance services.
2. HealthComp has provided a three-year fee proposal for July 1, 2023 through June 30, 2026 as follows:

HealthComp	Current Rate	7/1/2023 Rate	7/1/2024 Rate	7/1/2025 Rate
Administrative Services	\$ 27.60	\$ 28.98	\$ 30.14	\$ 31.04
HCOOnline Access	\$ 1.50	\$ 1.50	\$ 1.50	\$ 1.50
Transparency Services	\$ 1.05	\$ 1.05	\$ 1.05	\$ 1.05
Total	\$ 30.15	\$ 31.53	\$ 32.69	\$ 33.59
% Increase		4.6%	3.7%	2.8%
Annual Cost ¹	\$1,429,500	\$1,494,900	\$1,549,900	\$1,592,600
Annual \$ Increase		\$ 65,400	\$ 55,000	\$ 42,700

¹ Annual cost calculated using 3,951 members.

3. The proposal from HealthComp is attached to this memo.

This item will be discussed at your January 11, 2023 meeting. If there are any questions before or after that meeting, please let me know.

AD:mw
Enclosures

From: [Tom Georgouses | HealthComp](#)
To: [Andrew Desa](#)
Cc: [Mike Moss \(mmoss@mossfirm.org\)](#); [Diana Cavazos | HealthComp](#)
Subject: HealthComp Fees
Date: Monday, January 2, 2023 12:55:04 PM
Attachments: [image001.png](#)

CAUTION: This email is from outside of Rael & Letson. Do not click links or open attachments unless you recognize the sender. DO NOT provide your username or password. If the email looks like it originated from an employee within our company, it is probably fake and an attempt at phishing you. Please contact the sender via phone or Endsight to verify the email validity.

Andrew:

The current HealthComp amendment for administration fees went into effect on July 1, 2020. At that time the rate increased to \$27.60 per active/retiree/self-pay/Cobra/Medicare supp member and we guaranteed the rate for 3 years. Separately there is a fee for access to HOnline of \$1.50 PEPm and for the transparency services of \$1.05 PEPm. The current rates continue through June 30, 2023.

With holding our prior rates for 2 years and inflation, we propose the following. Starting July 1, 2023 an administration rate of \$28.98 (5% increase); starting July 1, 2024 an administration rate of \$30.14 (4% increase); and starting July 1, 2025 an administration rate of \$31.04 (3% increase). The rates for HOnline and the current transparency services will stay the same.

Please call me if you would like to discuss.

Thanks

Thomas J. Georgouses | General Counsel

Pacific Time Zone 559-312-2493 tgeorgouses@healthcomp.com



Your Workforce Is Unique.
Your Benefits Should Be Too.

This message and any attached documents are intended for the use of the individual or group to which it is addressed. They may contain information that is privileged or exempt from disclosure under state and/or federal law. Any individual or group which permits the unauthorized duplication, retention, or dissemination of said information may be subject to civil and criminal penalties. If you have received this message in error, please immediately notify the sender by telephone, and either destroy the documents or return them to sender via regular U.S. Mail - postage due...

**TWELFTH ADDENDUM TO
ADMINISTRATIVE SERVICES AGREEMENT**

This Twelfth Addendum to Administrative Services Agreement ("Tenth Addendum") is entered into this 11th day of January of 2023, between the FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST ("Trust") and HEALTHCOMP, LLC ("Administrator").

RECITALS

- A. The parties previously executed an Administrative Services Agreement ("Agreement") dated May 30, 1996, which has been amended thereafter from time to time.
- B. It is the desire of both the Trust and the Administrator to add to the Agreement this Twelfth Addendum to extend the term of said Agreement through June 30, 2026 and to establish Administrator's compensation for the period of July 1, 2023 through June 30, 2026.

TERMS AND CONDITIONS

- 1. The Agreement shall be extended through June 30, 2026.
- 2. The Trust will pay Administrator as compensation for its administrative services rendered during the period of July 1, 2023 and June 30, 2024, a monthly fee of twenty-eight and 98/100 Dollars (\$28.98); during the period of July 1, 2024 and June 30, 2025, a monthly fee of thirty and 14/100 Dollars (\$30.14); and during the period of July 1, 2025 and June 30, 2026, a monthly fee of thirty-one and 04/100 Dollars (\$31.04); with said fees including all postage, for each member (active, retiree, self-pay, COBRA and Medicare supplement retiree) for whom a Welfare contribution is received by the Trust.
- 3. The services, terms and fees for HCOline Enrollment services set forth in the Ninth Addendum to Administrative Services Agreement shall remain the same through June 30, 2026.
- 4. The services, terms and fees for Regulatory Compliance pertaining to The Consolidated Appropriations Act, No Surprise Act and Transparency in Coverage Compliance mandates set forth in the Eleventh Addendum to Administrative Services Agreement shall remain the same through June 30, 2026.
- 5. Except as set forth above, the terms and conditions of the Agreement, as previously amended, shall remain in full force and effect, including all termination provisions contained therein.

IN WITNESS WHEREOF, the parties hereto have duly executed this Tenth Addendum on the day and

year first above written.

HEALTHCOMP, LLC

By _____
Thomas J. Georgouses
General Counsel

FRESNO CITY EMPLOYEES
HEALTH & WELFARE TRUST

By _____
Shane Archer
Chair and Employee Trustee

By _____
Georgeanne White
Vice Chair and Employer
Trustee

From: Michael Moss <mmoss@mossfirm.org>
Sent: Tuesday, January 3, 2023 10:59 AM
To: Tom Georgouses | HealthComp; Andrew Desa (andrewd@rael-letson.com); Diana Cavazos | HealthComp; David Westengard
Subject: Plan Professional Draft Contract Amendments

Everyone- This email confirms that both the Rael & Letson and HealthComp contract amendments (fee increases only) are acceptable from a legal perspective. Of course, while I believe the increases are reasonable, they are subject to review and approval by the Board of Trustees (if not already done). Thank you.

--

The Law Office of Michael E. Moss
Michael E. Moss, Esq.
mmoss@mossfirm.org
Direct Dial: (559) 269-4744
Facsimile: (415) 757-3416
www.mossfirm.org

THE LAW OFFICE OF MICHAEL E. MOSS
201 SPEAR STREET, SUITE 1100
SAN FRANCISCO, CA 94105

Confidentiality Notice

The contents of this email message and any attachments are intended solely for the addressee(s) and may contain confidential and/or privileged information and may be legally protected from disclosure. If you are not the intended recipient of this message or their agent, or if this message has been addressed to you in error, please immediately alert the sender by reply email and then delete this message and any attachments. If you are not the intended recipient, you are hereby notified that any use, dissemination, copying, or storage of this message or its attachments is strictly prohibited.

Thank you.



**Rael &
Letson**

Rael & Letson
160 Bovet Road, Suite 203
San Mateo, California 94402
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: January 11, 2023

Re: Consultant's Report for January 11, 2023 Board of Trustees Meeting -
Rael & Letson Retainer Effective July 1, 2023

Our fee arrangement will be ending June 30, 2023 and we are requesting a new agreement effective July 1, 2023. The challenge that our health care system imposes on us all continues to result in more time on our part in efforts to assist you with your decision-making.

Our current monthly retainer is \$6,700. We are requesting an increase to \$7,000 per month effective July 1, 2023 (4.5% increase) and \$7,200 per month effective July 1, 2024 (2.9% increase). Please note that the direct compensation in the form of the monthly retainer is the sole compensation that Rael & Letson receives. No indirect compensation is received from the Fresno City Employees Health & Welfare Trust or any other source.

I hope you have found our service to be thorough and responsive. I like to think that my reporting provides you with a full understanding of each important issue. It is truly a pleasure working with you and something I enjoy very much. Thank you in hopes of your favorable consideration.

Andrew Desa
Consulting Actuary

AD:mw

**ADDENDUM TO
ACTUARIAL & CONSULTING SERVICES AGREEMENT**

This Addendum to Actuarial & Consulting Services Agreement, hereinafter referred to as "Addendum", is entered into this 11th day of January, 2023, by and between the FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST, hereinafter referred to as "Trust" and RAEL & LETSON, hereinafter referred to as "Consultant."

RECITALS

A. The parties hereto previously entered into an Actuarial & Consulting Services Agreement, hereinafter referred to as "Agreement", effective May 1, 2000, as amended thereafter from time to time.

B. It is the desire of both Trust and Consultant to establish Consultant's compensation for the period of July 1, 2023 through June 30, 2025.

TERMS AND CONDITIONS

1. The Agreement shall continue to be subject to all termination provisions contained in the Agreement.
2. The Trust will pay Consultant as full compensation for its services rendered during the period of July 1, 2023 through June 30, 2024, a monthly fee of Seven Thousand and 00/100 Dollars (\$7,000.00).
3. The Trust will pay Consultant as full compensation for its services rendered during the period of July 1, 2024 through June 30, 2025, a monthly fee of Seven Thousand Two Hundred and 00/100 Dollars (\$7,200.00).
4. Except as set forth hereinabove, the terms and conditions of the Agreement, as previously modified by written Addendum shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have duly executed this Addendum effective on the day and year first above written.

RAEL & LETSON

FRESNO CITY EMPLOYEES
HEALTH & WELFARE TRUST

By _____

By _____
Chair

By _____
Vice Chair

From: Michael Moss <mmoss@mossfirm.org>
Sent: Tuesday, January 3, 2023 10:59 AM
To: Tom Georgouses | HealthComp; Andrew Desa (andrewd@rael-letson.com); Diana Cavazos | HealthComp; David Westengard
Subject: Plan Professional Draft Contract Amendments

Everyone- This email confirms that both the Rael & Letson and HealthComp contract amendments (fee increases only) are acceptable from a legal perspective. Of course, while I believe the increases are reasonable, they are subject to review and approval by the Board of Trustees (if not already done). Thank you.

--

The Law Office of Michael E. Moss
Michael E. Moss, Esq.
mmoss@mossfirm.org
Direct Dial: (559) 269-4744
Facsimile: (415) 757-3416
www.mossfirm.org

THE LAW OFFICE OF MICHAEL E. MOSS
201 SPEAR STREET, SUITE 1100
SAN FRANCISCO, CA 94105

Confidentiality Notice

The contents of this email message and any attachments are intended solely for the addressee(s) and may contain confidential and/or privileged information and may be legally protected from disclosure. If you are not the intended recipient of this message or their agent, or if this message has been addressed to you in error, please immediately alert the sender by reply email and then delete this message and any attachments. If you are not the intended recipient, you are hereby notified that any use, dissemination, copying, or storage of this message or its attachments is strictly prohibited.

Thank you.



Memorandum

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

From: Andrew Desa, Consulting Actuary

Date: January 11, 2023

Re: Consultant's Report for January 11, 2023 Board of Trustees Meeting -
FY23-24 Projections

Included in your meeting packet are the Financial Projections for the 2023/2024 Fiscal Year. The following is a summary of specific action items that still need decisions and other issues or items of attention.

1. **Exhibit A:** The claims experience report takes into account five months of actual claims for the 2022/23 Fiscal Year (claims experience through November 30, 2022) and seven months of projected claims to complete the year. Claims for the 2022/23 Fiscal Year assume that claims continue at current levels. Claims are then projected for the 2023/24 Fiscal Year. Similar to last year, blended claims experience is used for the projection period. Fiscal Year 2023/24 claims are based on FYE21 through FYE23 year-to-date claims experience.
2. **Exhibit B:** During the 2021/22 Fiscal Year (last full year), the Plan had \$60.4M in receipts and \$60.8M in disbursements resulting in a deficit of \$0.4M for the 12 months ending June 30, 2022. **The net fund balance as of June 30, 2022 was \$25.8M.** Using the average expenses for the 12 months ending June 30, 2022, this is equal to **net reserves of 5.1 months.** This amount does not include stop-loss reimbursements received after June 30, 2022 for claims paid during the 2021/22 Fiscal Year.
3. **Exhibit C:** The 2022/23 Fiscal Year (current year) takes into account zero months of actual financial experience and projects financial experience for all twelve months. For the 12 months ending June 30, 2023, the Plan is projected to have \$61.1M in receipts and \$64.7M in disbursements, which would result in a \$3.6M deficit. Under these assumptions, the **net fund balance as of June 30, 2023 is projected to be \$23.0M**, which is equal to **4.3 months of net reserves.**
4. **Exhibit D:** The 2023/24 Fiscal Year (projection year) uses projected claims, latest available enrollment, and latest premium/fee information to project experience for the 12 months ending June 30, 2024. The self-funded claims are based on the projected claims from the Claims tab. As described earlier, this is calculated using a blended experience using claims from July 2020 to November 2022. **Net reserve months as of June 30, 2024 are projected**

to be 3.4 assuming no change to the current contribution rate. Exhibit E shows various scenarios to the contribution rate. Based on the projections, a **5.8% increase is required in order to have 4.0 net reserve months as of June 30, 2024.**

5. It is recommended to revisit the FY23-24 projections at your upcoming March meeting. At that time, I expect to have six more months of financials through December 31, 2022. I will also be able to reflect two additional months of claims experience which will help in projecting claims during this volatile time.
6. As a reminder, the current Active Rate is \$1,350 (\$946 by the City and \$404 by the Employee). The City contribution share is currently 70%. The Plan Document states, "If the Trust Fund receives only the City's contribution, a reduction will be applied to Fund payments for benefits. The reduction will be equal to the percentage of the Trust Fund rate not received, plus an additional 5%." The reduction in benefits is currently 35%. Therefore, for an 80% benefit after the deductible is satisfied, the employee pays 48% until the maximum out of pocket is satisfied.

These items will be discussed at your January 11, 2023 meeting. If there are any questions before or after that meeting, please let me know.

AD:mw
Enclosure

Fresno City Employees Health & Welfare Trust

Financial Projections
Contribution Rates

2023 / 2024 Fiscal Year

(Presented at 1/11/2023 Trust Meeting)

Fresno City Employees Health and Welfare Trust
Projected Enrollment and Claims Costs

Exhibit A
(Presented at 1/11/23 Trust Meeting)

(Projected)				(5 months actual)			(7 months projected)			(Thru Nov 30, 2022)											
Claims				Claims			Claims			Claims			Claims			Claims			Claims		
FY 23-24				Monthly	PMPM	FY 22-23	Monthly	PMPM	FY 21-22	Monthly	PMPM	FY 20-21	Monthly	PMPM	FY 19-20	Monthly	PMPM	FY 18-19	Monthly	PMPM	
Active	Enrollment:	3,591	0.0%	Enrollment:	3,591	4.8%	Enrollment:	3,426	3.3%	Enrollment:	3,316	0.2%	Enrollment:	3,310	1.3%	Enrollment:	3,266	0.7%			
Medical Claims	\$37,222,900	\$3,101,908	\$863.80	\$35,612,105	\$2,967,675	\$826.42	\$32,332,519	\$2,694,377	\$786.45	\$30,290,888	\$2,524,241	\$761.23	\$28,210,769	\$2,350,897	\$710.24	\$30,183,609	\$2,515,301	\$770.15			
Prescription Drug Claims	14,060,755	1,171,730	326.30	13,091,530	1,090,961	303.80	13,199,481	1,099,957	321.06	11,411,754	950,980	286.79	11,067,868	922,322	278.65	10,585,047	882,087	270.08			
Dental Claims (Plans 1 & 2)	2,518,686	209,891	58.45	2,248,939	187,412	52.19	2,400,775	200,065	58.40	2,738,300	228,192	68.82	2,330,625	194,219	58.68	2,587,051	215,588	66.01			
	\$53,802,341	\$4,483,528	\$1,248.55	\$50,952,574	\$4,246,048	\$1,182.41	\$47,932,775	\$3,994,398	\$1,165.91	\$44,440,942	\$3,703,412	\$1,116.83	\$41,609,262	\$3,467,439	\$1,047.56	\$43,355,707	\$3,612,976	\$1,106.24			
Projected Trend:				Trend			Trend			Trend			Trend			Trend					
Medical Claims				5%			5%			3%			7%			-8%			4%		
Prescription Drug Claims				7%			-5%			12%			3%			3%			10%		
Dental Claims (Plans 1 & 2)				12%			-11%			-15%			17%			-11%			6%		
TOTAL				5.6%			1.4%			4.4%			6.6%			-5.3%			5.5%		

Regular Retiree	Enrollment:	168	0.0%	Enrollment:	168	-1.8%	Enrollment:	171	-11.4%	Enrollment:	193	-2.5%	Enrollment:	198	-5.7%	Enrollment:	210	-3.7%																		
Medical Claims	\$2,815,731	\$234,644	\$1,396.69	\$3,478,728	\$289,894	\$1,725.56	\$2,794,245	\$232,854	\$1,361.72	\$1,767,027	\$147,252	\$762.97	\$4,035,776	\$336,315	\$1,698.56	\$2,651,454	\$220,955	\$1,052.16																		
Prescription Drug Claims	1,015,765	84,647	503.85	1,314,346	109,529	651.96	900,866	75,072	439.02	926,655	77,221	400.11	1,135,981	94,665	478.11	1,126,795	93,900	447.14																		
Dental Claims (Plans 1 & 2) *	402,120	33,510	93.08	344,093	28,674	79.65	408,401	34,033	91.49	445,186	37,099	98.93	339,371	28,281	75.22	392,098	32,675	84.21																		
	\$4,233,616	\$352,801	\$1,993.63	\$5,137,166	\$428,097	\$2,548.20	\$4,103,512	\$341,959	\$1,999.76	\$3,138,868	\$261,572	\$1,355.30	\$5,511,128	\$459,261	\$2,319.50	\$4,170,347	\$347,529	\$1,654.90																		
*Dental Claims costs are for all Retirees																																				
	Projected Trend:			Trend			Trend			Trend			Trend			Trend																				
	Medical Claims			-19%			Medical Claims			78%			Medical Claims			61%			Medical Claims			20%														
	Prescription Drug Claims			-23%			Prescription Drug Claims			49%			Prescription Drug Claims			10%			Prescription Drug Claims			-16%			Prescription Drug Claims			7%			Prescription Drug Claims			16%		
	Dental Claims (Plans 1 & 2)			17%			Dental Claims (Plans 1 & 2)			-13%			Dental Claims (Plans 1 & 2)			-8%			Dental Claims (Plans 1 & 2)			32%			Dental Claims (Plans 1 & 2)			-11%			Dental Claims (Plans 1 & 2)			-7%		
	TOTAL			-21.8%			TOTAL			27.4%			TOTAL			47.6%			TOTAL			-41.6%			TOTAL			40.2%			TOTAL			15.5%		

Medicare Supplement	Enrollment:	170	0.0%	Enrollment:	170	-2.9%	Enrollment:	175	15.1%	Enrollment:	152	2.7%	Enrollment:	148	-3.3%	Enrollment:	153	-4.4%
Medical Claims	\$409,276	\$34,106	\$200.63	\$388,872	\$32,406	\$190.62	\$420,391	\$35,033	\$200.19	\$426,397	\$35,533	\$233.77	\$454,587	\$37,882	\$255.96	\$495,097	\$41,258	\$269.66
Prescription Drug Claims	1,375,222	114,602	674.13	1,327,457	110,621	650.71	1,418,069	118,172	675.27	1,270,681	105,890	696.65	1,075,081	89,590	605.34	1,205,023	100,419	656.33
	\$1,784,498	\$148,708	\$874.75	\$1,716,329	\$143,027	\$841.34	\$1,838,460	\$153,205	\$875.46	\$1,697,078	\$141,423	\$930.42	\$1,529,668	\$127,472	\$861.30	\$1,700,120	\$141,677	\$925.99
	Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:		
	Medical Claims		5%	Medical Claims		-5%	Medical Claims		-14%	Medical Claims		-9%	Medical Claims		-5%	Medical Claims		-2%
	Prescription Drug Claims		4%	Prescription Drug Claims		-4%	Prescription Drug Claims		-3%	Prescription Drug Claims		15%	Prescription Drug Claims		-8%	Prescription Drug Claims		60%
	TOTAL		4.0%	TOTAL		-3.9%	TOTAL		-5.9%	TOTAL		8.0%	TOTAL		-7.0%	TOTAL		35.4%

Non-Medicare Retiree	Enrollment:	22		Enrollment:	22		Enrollment:	26		Enrollment:	30		Enrollment:	30		Enrollment:	25		
	Medical Claims	\$1,035,523	\$86,294	\$3,922.44	\$1,215,216	\$101,268	\$4,603.09	\$1,082,197	\$90,183	\$3,468.58	\$583,750	\$48,646	\$1,621.53	\$573,930	\$47,828	\$1,594.25	\$357,301	\$29,775	\$1,191.00
		\$1,035,523	\$86,294	\$3,922.44	\$1,215,216	\$101,268	\$4,603.09	\$1,082,197	\$90,183	\$3,468.58	\$583,750	\$48,646	\$1,621.53	\$573,930	\$47,828	\$1,594.25	\$357,301	\$29,775	\$1,191.00
	*Rx is included in Regular Retirees																		
	Projected Trend:			Trend			Trend			Trend			Trend			Trend			
	Medical Claims	-15%		Medical Claims	33%		Medical Claims	114%		Medical Claims	2%		Medical Claims	34%		Medical Claims	-27%		
	TOTAL	-14.8%		TOTAL	32.7%		TOTAL	113.9%		TOTAL	1.7%		TOTAL	33.9%		TOTAL	-27.2%		

Total Members			Enrollment:	3,951	0.0%	Enrollment:	3,951	4.0%	Enrollment:	3,798	2.9%	Enrollment:	3,691	0.1%	Enrollment:	3,686	0.9%	Enrollment:	3,654	0.2%
Medical Claims	\$41,483,431	\$3,456,953	\$874.96	\$40,694,921	\$3,391,243	\$858.33	\$36,629,352	\$3,052,446	\$803.70	\$33,068,062	\$2,755,672	\$746.59	\$33,275,062	\$2,772,922	\$752.28	\$33,687,461	\$2,807,288	\$768.28		
Prescription Drug Costs	16,451,741	1,370,978	347.00	15,733,332	1,311,111	331.84	15,518,416	1,293,201	340.50	13,609,090	1,134,091	307.26	13,278,930	1,106,578	300.21	12,916,865	1,076,405	294.58		
Dental Claims (Plans 1 & 2)	<u>2,920,806</u>	<u>243,401</u>	<u>61.60</u>	<u>2,593,032</u>	<u>216,086</u>	<u>54.69</u>	<u>2,809,176</u>	<u>234,098</u>	<u>61.64</u>	<u>3,183,486</u>	<u>265,291</u>	<u>71.87</u>	<u>2,669,996</u>	<u>222,500</u>	<u>60.36</u>	<u>2,979,149</u>	<u>248,262</u>	<u>67.94</u>		
	\$60,855,978	\$5,071,332	\$1,283.56	\$59,021,285	\$4,918,440	\$1,244.86	\$54,956,944	\$4,579,745	\$1,205.83	\$49,860,638	\$4,155,053	\$1,125.73	\$49,223,988	\$4,101,999	\$1,112.86	\$49,583,475	\$4,131,956	\$1,130.80		
Projected Trend:			Trend			Trend			Trend			Trend			Trend					
Medical Claims		2%	Medical Claims		7%	Medical Claims		8%	Medical Claims		-1%	Medical Claims		-2%	Medical Claims		4%			
Prescription Drug Costs		5%	Prescription Drug Costs		-3%	Prescription Drug Costs		11%	Prescription Drug Costs		2%	Prescription Drug Costs		2%	Prescription Drug Costs		14%			
Dental Claims (Plans 1 & 2)		13%	Dental Claims (Plans 1 & 2)		-11%	Dental Claims (Plans 1 & 2)		-14%	Dental Claims (Plans 1 & 2)		19%	Dental Claims (Plans 1 & 2)		-11%	Dental Claims (Plans 1 & 2)		4%			
TOTAL		3.1%	TOTAL		3.2%	TOTAL	206	7.1%	TOTAL		1.2%	TOTAL		-1.6%	TOTAL		6.7%			

Fresno City Employees Health and Welfare Trust
Receipts and Disbursements
FY 2021-2022 (Actual)

Exhibit B
(Presented at 1/11/23 Trust Meeting)

Receipts

			2021	2021	2021	2021	2021	2021	2021	2022	2022	2022	2022	2022	2022
	AVERAGE	TOTAL	July	August	September	October	November	December	January	February	March	April	May	June	
Contributions - Actives	\$4,216,195	\$50,594,344	\$4,098,559	\$4,105,876	\$3,692,718	\$4,670,688	\$4,173,385	\$4,194,853	\$4,211,014	\$3,758,652	\$4,264,661	\$4,796,632	\$4,306,579	\$4,320,727	
RDA Employees Contribution	1,350	16,200	1,350	1,350	1,350	1,350	1,350	1,350	1,350	1,350	1,350	1,350	1,350	1,350	
Self Pay - LWOP	503	6,035	862	123	404	606	404	404	808	404	0	1,010	202	808	
Self Pay - COBRA	10,088	121,060	6,255	5,293	5,301	7,704	0	24,201	10,800	18,603	14,553	10,800	8,100	9,450	
Self Pay - FPOA Police Admin Staff	5,625	67,500	5,400	5,400	6,750	6,750	6,750	6,750	5,400	5,400	0	10,800	5,400	2,700	
Retirees - Health	299,122	3,589,467	331,766	328,206	326,319	329,980	326,993	327,762	326,144	328,519	325,367	314,522	323,889	0	
Retirees - HRA	104,612	1,255,342	97,449	104,234	102,092	100,878	104,801	104,339	105,791	946	208,925	108,903	108,508	108,476	
Retirees - Self-Pay	6,760	81,123	404	10,208	17,500	1,616	7,458	6,158	6,158	6,158	6,989	6,158	6,158	6,158	
Refunds	356,298	4,275,580	44,748	107,582	200,077	844,095	70,673	442,025	850,226	15,555	1,020,823	507,114	75,406	97,256	
Interest	33,540	402,479	32,196	31,567	30,196	39,840	34,268	35,462	31,337	28,385	30,135	29,879	37,548	41,666	
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
H & W Trust Cash Receipts	\$5,034,094	\$60,409,130	\$4,618,989	\$4,699,839	\$4,382,707	\$6,003,507	\$4,726,082	\$5,143,304	\$5,549,028	\$4,163,972	\$5,872,803	\$5,787,168	\$4,873,140	\$4,588,591	

Disbursements

Claims Paid	4,383,248	52,598,981	\$4,968,370	\$3,587,493	\$3,936,115	\$3,635,367	\$2,593,311	\$6,255,095	\$3,273,182	\$4,348,755	\$4,236,375	\$5,014,643	\$5,608,884	\$5,141,391	
Claims Paid - Delta Dental	261,132	3,133,587	255,314	270,365	300,472	201,137	0	599,787	\$171,832	\$245,275	\$297,185	\$228,440	\$267,390	\$296,390	
Blue Shield	65,695	788,345	0	69,317	69,375	70,543	70,718	70,620	\$71,932	\$71,399	\$71,924	\$72,449	\$73,053	\$78,015	
Chirometrics	10,632	127,585	0	11,283	11,296	11,482	11,514	11,498	\$11,542	\$11,616	\$11,709	\$11,808	\$11,907	\$11,930	
Delta Dental of California	19,828	237,936	18,822	19,451	19,488	19,758	19,858	19,816	\$19,879	\$19,937	\$20,090	\$20,249	\$20,244	\$20,344	
Refunds	13	150	0	100	0	0	0	0	\$0	\$0	\$50	\$0	\$0	\$0	
Flu Shot Progam	0	0	0	0	0	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	
OptumRx	19,660	235,924	5,874	0	41,901	38,583	13,393	16,284	31,509	18,351	18,094	17,905	16,811	17,219	
Psy Care	14,684	176,210	0	14,926	10,590	24,773	15,746	11,379	10,821	10,890	21,005	27,979	16,917	11,184	
United Dental	8,327	99,919	0	9,586	8,334	18,092	8,895	8,766	9,111	9,025	0	9,154	9,543	9,413	
City Admin Fees	130	1,560	130	130	130	130	130	130	130	130	130	130	130	130	
Consulting	5,958	71,500	0	6,300	6,700	13,000	0	13,000	0	6,500	6,500	6,500	6,500	6,500	
Healthcomp, Inc.	113,963	1,367,554	0	108,827	109,075	171,953	111,007	124,898	117,026	146,919	118,490	119,161	120,002	120,196	
Legal	2,850	34,200	2,850	2,850	2,850	2,850	2,850	2,850	2,850	2,850	2,850	2,850	2,850	2,850	
MES Vision	57,288	687,456	0	0	122,422	62,009	62,462	62,462	62,731	62,614	61,807	63,437	64,462	63,050	
Other (Stop Loss Ins)	105,941	1,271,286	102,853	103,086	102,040	102,592	105,843	104,740	110,875	115,825	104,711	105,379	106,221	107,121	
H & W Cash Disbursements	\$5,069,349	\$60,832,193	\$5,354,213	\$4,203,714	\$4,740,788	\$4,372,269	\$3,015,727	\$7,301,325	\$3,892,420	\$5,070,086	\$4,970,920	\$5,700,084	\$6,324,914	\$5,885,733	
Receipts Over Disbursements	(\$35,255)	(\$423,063)	(\$735,224)	\$496,125	(\$358,081)	\$1,631,238	\$1,710,355	(\$2,158,021)	\$1,656,608	(\$906,114)	\$901,883	\$87,084	(\$1,451,774)	(\$1,297,142)	
Cash Balance (Gross Fund Reserve)			\$30,285,170	\$30,791,954	\$30,438,683	\$32,113,757	\$33,780,318	\$31,957,618	\$33,274,803	\$32,374,635	\$33,277,772	\$33,368,540	\$31,908,308	\$30,605,322	
Beginning Stop Loss Reserve			(\$497,775)	(\$551,445)	(\$605,115)	(\$658,785)	(\$712,455)	(\$766,125)	(\$819,795)	(\$873,465)	(\$927,135)	(\$980,805)	(\$1,034,475)	(\$1,088,145)	
Stop Loss Reserve (\$15 PEPM)			(\$53,670)	(\$53,670)	(\$53,670)	(\$53,670)	(\$53,670)	(\$53,670)	(\$53,670)	(\$53,670)	(\$53,670)	(\$53,670)	(\$53,670)	(\$53,670)	
Stop Loss Claims (Between \$350k and \$500k)														\$473,297	
Estimated Claims IBNR			(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	
Net Fund Balance			\$25,633,725	\$26,086,839	\$25,679,898	\$27,301,302	\$28,914,193	\$27,037,823	\$28,301,338	\$27,347,500	\$28,196,967	\$28,234,065	\$26,720,163	\$25,836,804	
Cash Balance / Total Expenses			6.0	6.1	6.0	6.3	6.7	6.3	6.6	6.4	6.6	6.6	6.3	6.0	
Net Fund Balance / Total Expenses			5.1	5.1	5.1	5.4	5.7	5.3	5.6	5.4	5.6	5.6	5.3	5.1	

One Month of Avg Expenses in 2021/22: \$5,069,349

Net Fund Balance as of 6/30/22: \$25,836,804
Four Months of Avg Expenses in 2021/22: \$20,277,398
Difference: \$5,559,407

Fresno City Employees Health and Welfare Trust
Receipts and Disbursements
FY 2022-2023 (0 Months Actual/12 Months Projected)

Exhibit C
(Presented at 1/1/23 Trust Meeting)

Receipts

	<i>AVERAGE</i>	<i>TOTAL</i>	<i>2022 July</i>	<i>2022 August</i>	<i>2022 September</i>	<i>2022 October</i>	<i>2022 November</i>	<i>2022 December</i>	<i>2023 January</i>	<i>2023 February</i>	<i>2023 March</i>	<i>2023 April</i>	<i>2023 May</i>	<i>2023 June</i>
Contributions - Actives	\$4,276,418	\$51,317,016	\$4,276,418	\$4,276,418	\$4,276,418	\$4,276,418	\$4,276,418	\$4,276,418	\$4,276,418	\$4,276,418	\$4,276,418	\$4,276,418	\$4,276,418	\$4,276,418
RDA Employees Contribution	2,000	24,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Self Pay - LWOP	600	7,200	600	600	600	600	600	600	600	600	600	600	600	600
Self Pay - COBRA	10,000	120,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
Self Pay - FPOA Police Admin Staff	5,000	60,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Retirees - Health	325,000	3,900,000	325,000	325,000	325,000	325,000	325,000	325,000	325,000	325,000	325,000	325,000	325,000	325,000
Retirees - HRA	100,000	1,200,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000
Retirees - Self-Pay	6,500	78,000	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500
Refunds	200,000	2,400,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000
Interest	30,000	360,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000
Stop Loss Reimbursement	141,667	1,700,000	<u>0</u>	<u>0</u>	<u>1,700,000</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
H & W Trust Cash Receipts	\$5,097,185	\$61,166,216	\$4,955,518	\$4,955,518	\$6,655,518	\$4,955,518	\$4,955,518	\$4,955,518	\$4,955,518	\$4,955,518	\$4,955,518	\$4,955,518	\$4,955,518	\$4,955,518

Disbursements

Claims Paid	4,702,354	56,428,253	\$4,702,354	\$4,702,354	\$4,702,354	\$4,702,354	\$4,702,354	\$4,702,354	\$4,702,354	\$4,702,354	\$4,702,354	\$4,702,354	\$4,702,354	\$4,702,354
Claims Paid - Delta Dental	216,086	2,593,032	216,086	216,086	216,086	\$216,086	216,086	216,086	216,086	216,086	216,086	216,086	216,086	216,086
Blue Shield	70,000	840,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000
Chiometrics	12,000	144,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000
Delta Dental of California	19,000	228,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000
Refunds	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Flu Shot Progam	2,000	24,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
OptumRx	16,000	192,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000
Halcyon	12,000	144,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000
United Dental	11,000	132,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000
City Admin Fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consulting	6,700	80,400	6,700	6,700	6,700	6,700	6,700	6,700	6,700	6,700	6,700	6,700	6,700	6,700
Healthcomp, Inc.	120,000	1,440,000	120,000	120,000	120,000	120,000	120,000	120,000	120,000	120,000	120,000	120,000	120,000	120,000
Legal	2,850	34,200	2,850	2,850	2,850	2,850	2,850	2,850	2,850	2,850	2,850	2,850	2,850	2,850
EyeMed	62,000	744,000	62,000	62,000	62,000	62,000	62,000	62,000	62,000	62,000	62,000	62,000	62,000	62,000
Other (Stop Loss Ins)	<u>145,000</u>	<u>1,740,000</u>	<u>145,000</u>	<u>145,000</u>	<u>145,000</u>	<u>145,000</u>	<u>145,000</u>	<u>145,000</u>	<u>145,000</u>	<u>145,000</u>	<u>145,000</u>	<u>145,000</u>	<u>145,000</u>	<u>145,000</u>
H & W Cash Disbursements	\$5,396,990	\$64,763,885	\$5,396,990	\$5,396,990	\$5,396,990	5,396,990	\$5,396,990	\$5,396,990	\$5,396,990	\$5,396,990	\$5,396,990	\$5,396,990	\$5,396,990	\$5,396,990
Receipts Over Disbursements	(\$299,806)	(\$3,597,669)	(\$441,472)	(\$441,472)	\$1,258,528	(\$441,472)	(\$441,472)	(\$441,472)	(\$441,472)	(\$441,472)	(\$441,472)	(\$441,472)	(\$441,472)	(\$441,472)
Cash Balance (Gross Fund Reserve)			\$30,605,322	\$30,163,850	\$31,422,377	\$30,980,905	\$30,539,432	\$30,097,960	\$29,656,488	\$29,215,015	\$28,773,543	\$28,332,070	\$27,890,598	\$27,449,126
Beginning Stop Loss Reserve			(\$668,518)	(\$724,933)	(\$781,348)	(\$837,763)	(\$894,178)	(\$950,593)	(\$1,007,008)	(\$1,063,423)	(\$1,119,838)	(\$1,176,253)	(\$1,232,668)	(\$1,289,083)
Stop Loss Reserve (\$15 PEPM)			(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)
Estimated Stop Loss Claims (Between \$350k and \$500k)			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,000,000
Estimated Claims IBNR			(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)
Net Fund Balance			\$25,780,389	\$25,282,502	\$26,484,614	\$25,986,727	\$25,488,840	\$24,990,952	\$24,493,065	\$23,995,177	\$23,497,290	\$22,999,403	\$22,501,515	\$23,003,628
Cash Balance / Total Expenses			5.7	5.6	5.8	\$6	5.7	5.6	5.5	5.4	5.3	5.2	5.2	5.1
Net Fund Balance / Total Expenses			4.8	4.7	4.9	4.8	4.7	4.6	4.5	4.4	4.4	4.3	4.2	4.3

Estimated One Month of Avg Expenses in 2022/23: \$5,396,990

Estimated Net Fund Balance as of 6/30/23: \$23,003,628
Estimated Four Months of Avg Expenses in 2022/23: \$21,587,962
Difference: \$1,415,666

Exhibit D
(Presented at 1/11/23 Trust Meeting)

209

Fresno City Employees Health and Welfare Trust
 Contribution Rate Calculations
 For Contributions beginning July 1, 2023

		4 Months Reserve <i>Unencumbered</i>		<i>Break Even (Dollars)</i>		<i>Break Even (Reserve)</i>		3 Months Reserve <i>Unencumbered</i>		5 Months Reserve <i>Unencumbered</i>	
	<u>Jul-22 Rate</u>	<u>5.8% Increase</u>	<u>Additional Amount</u>	<u>7.5% Increase</u>	<u>Additional Amount</u>	<u>8.3% Increase</u>	<u>Additional Amount</u>	<u>-3.8% Decrease</u>	<u>Additional Amount</u>	<u>15.3% Increase</u>	<u>Additional Amount</u>
<u>Active</u>											
Health + Dental	\$1,350	\$1,429	\$79	\$1,452	\$102	\$1,463	\$113	\$1,299	(\$51)	\$1,557	\$207
<u>Regular Retiree</u>											
Health + Dental	\$1,350	\$1,429	\$79	\$1,452	\$102	\$1,463	\$113	\$1,299	(\$51)	\$1,557	\$207
Dental Only	\$99	\$105	\$6	\$107	\$8	\$108	\$9	\$96	(\$3)	\$115	\$16
Health	\$1,251	\$1,324	\$73	\$1,345	\$94	\$1,355	\$104	\$1,203	(\$48)	\$1,442	\$191
<u>Medicare Supplement</u>											
Health	\$638	\$676	\$38	\$686	\$48	\$691	\$53	\$614	(\$24)	\$736	\$98
Health + Dental	\$737	\$780	\$43	\$793	\$56	\$799	\$62	\$710	(\$27)	\$851	\$114
<i>(This rate is for the Medicare Supplement retiree only. To add a Spouse, the rate is 2x the above rate)</i>											
<u>Non-Medicare Retiree</u>											
Health	\$1,507	\$1,595	\$88	\$1,621	\$114	\$1,632	\$125	\$1,450	(\$57)	\$1,738	\$231
Health + Dental	\$1,606	\$1,700	\$94	\$1,728	\$122	\$1,740	\$134	\$1,546	(\$60)	\$1,853	\$247

** All Dollar amounts are rounded to the next whole dollar.

Fresno City Employees Health and Welfare Trust
Contribution Rate History

Exhibit F
(Presented at 1/11/23 Trust Meeting)

	1-Jul-22 Contribution Rate	1-Jul-21 Contribution Rate	1-Jul-20 Contribution Rate	1-Jul-19 Contribution Rate	1-Jul-18 Contribution Rate	1-Jul-17 Contribution Rate	1-Jul-16 Contribution Rate	1-Jul-15 Contribution Rate	1-Jul-14 Contribution Rate	1-Jul-13 Contribution Rate	1-Jul-12 Contribution Rate	1-Jul-11 Contribution Rate	1-Jul-10 Contribution Rate
<u>Active</u>													
Health + Dental	\$1,350	\$1,350	\$1,350	\$1,290	\$1,240	\$1,200	\$1,176	\$1,176	\$1,084	\$1,084	\$985	\$985	\$911
(per family)	0.0%	0.0%	4.7%	4.0%	3.3%	2.0%	0.0%	8.5%	0.0%	10.0%	0.0%	8.1%	25.0%
<u>Regular Retiree</u>													
Health + Dental	\$1,350	\$1,350	\$1,350	\$1,290	\$1,240	\$1,200	\$1,176	\$1,176	\$1,084	\$1,084	\$985	\$985	\$911
Dental Only	\$99	\$99	\$99	\$95	\$91	\$88	\$86	\$86	\$79	\$79	\$72	\$72	\$66
Health	\$1,251	\$1,251	\$1,251	\$1,195	\$1,149	\$1,112	\$1,090	\$1,090	\$1,005	\$1,004	\$913	\$913	\$845
(per family)	0.0%	0.0%	4.7%	4.0%	3.3%	2.0%	0.0%	8.5%	0.0%	10.0%	0.0%	8.1%	25.0%
<u>Medicare Supplement</u>													
Health + Dental	\$737 *	\$737 *	\$737 *	\$705 *	\$678 *	\$656 *	\$643 *	\$643 *	\$592 *	\$592 *	\$534 *	\$534 *	\$486
Health	\$638 *	\$638 *	\$638 *	\$610 *	\$587 *	\$568 *	\$557 *	\$557 *	\$513 *	\$513 *	\$462 *	\$462 *	\$420
(per person)	0.0%	0.0%	4.5%	4.0%	3.4%	2.0%	0.0%	8.6%	0.0%	10.9%	0.0%	9.9%	13.3%
* EGWP participation required													
<u>Non-Medicare Retiree</u>													
Health + Dental	\$1,606	\$1,606	\$1,606	\$1,535	\$1,476	\$1,429	\$1,401	\$1,401	\$1,291	\$1,291	\$1,174	\$1,174	\$1,078
Health	\$1,507	\$1,507	\$1,507	\$1,440	\$1,385	\$1,341	\$1,315	\$1,315	\$1,212	\$1,212	\$1,102	\$1,102	\$1,011
(per family)	0.0%	0.0%	4.6%	4.0%	3.3%	2.0%	0.0%	8.5%	0.0%	10.0%	0.0%	8.9%	25.1%



(510) 906-4710
www.sjlawcorp.com

MEMORANDUM

TO: City of Fresno Retirement Boards
FROM: Russ Richeda, Legal Counsel
DATE: October 26, 2022
RE: Legislative Update (AB 2449) (Status of “Virtual” Board Meetings and Teleconferencing)

OVERVIEW OF WHERE WE STAND ON VIRTUAL MEETINGS AND TELECONFERENCING

Point 1: The Boards can continue to do what we have been doing in terms of virtual meetings, but only until February 28, 2023 when the state of emergency ends, assuming that we continue to adopt the necessary AB 361 resolution.

Point 2: Things will change dramatically as of March 1, 2023 (or earlier if social distancing measures are no longer recommended). A new law, known as AB 2449, will then apply. We will be back to a situation where in-person meetings are the norm.

As a reminder, we can always decide to go back to in-person meetings either completely or in a hybrid form at an earlier point if the Boards so decide.

TIMELINE FOR VIRTUAL MEETINGS AND TELECONFERENCING

Calendar year 2022:

We can continue to do what we have been doing under AB 361 as long as the state of emergency is in effect.

Calendar year 2023 through February 28, 2023:

We have three choices. We can continue to do what we have been doing under AB 361 as long as the state of emergency is in effect and as long as social distancing measures continue to be recommended. Or we can comply with the pre-COVID teleconferencing rules. Or we can choose to comply with AB 2449’s significant new restrictions on teleconferencing. We describe those new rules below.

March 1, 2023-2025:

AB 361 is no longer in effect. We have two choices. We can comply with the pre-COVID Brown Act teleconferencing rules. Or we can choose to comply with AB 2449’s new restrictions. We describe those rules below.

Calendar year 2026 and thereafter:

AB 2449 is no longer in effect. The pre-COVID Brown Act teleconferencing rules apply.

REMINDER OF PRE-COVID BROWN ACT TELECONFERENCING RULES

The Boards may recall the pre-COVID rules. Participation in Board meetings by Board members via teleconferencing was permitted, provided

- (1) a quorum is required to participate from locations in the agency’s jurisdiction (which could be teleconferencing),
- (2) votes are to be taken by roll call,
- (3) teleconferencing locations are to be noted on the agenda,
- (4) the agenda is to be posted at teleconferencing locations,
- (5) the teleconferencing location is to be accessible to the public, and
- (6) the public is able to address the agency from the teleconferencing location.

REMINDER OF AB 361 VIRTUAL MEETING RULES (Calendar Year 2022 through February 28, 2023)

The Boards have been meeting virtually without needing to comply with the pre-COVID Brown Act teleconferencing rules as a result initially of emergency orders issued by the Governor and subsequently under AB 361. The Boards can continue to do so through February 28, 2023.

AB 2449 TELECONFERENCING RULES (March 1, 2023 through December 31, 2025)

The Boards have a choice under AB 2449.

The Board can choose between complying with the pre-COVID Brown Act teleconferencing rules or complying with AB 2449’s new teleconferencing rules.

We summarized above the pre-COVID Brown Act teleconferencing rules.

Advantages of choosing the new AB 2449 alternate rules are that the agenda does not need to set forth the teleconferencing location, the teleconferencing location need not be accessible to the public, and the public need not be permitted to address the Boards from the teleconferencing location.

The following are the alternate teleconferencing rules under AB 2449:

- *One major change is that a quorum of Board members must be present in a single, physical location. That is a change from the pre-COVID Brown Act teleconferencing rules.
- *A Board member under the new AB 2449 rules may teleconference only for “just cause” or due to an “emergency circumstance”.
- *The new AB 2449 rules contain a list of what constitutes “just cause”, and it is narrow. It includes caring for a family member or having a physical or mental disability that cannot otherwise be accommodated. A Board member is allowed only two absences a year for just cause.
 - *A member teleconferencing for just cause must notify the Board as early as possible and must describe the general circumstances constituting just cause. There is not any requirement for Board approval.
- *The new AB 2449 rules contain a list of what constitutes an “emergency circumstance”, and it too is narrow. It is limited to a personal or family medical emergency.
 - *The requesting Board member must as soon as possible make the request and must generally describe the circumstances of the emergency. The Board must approve the request.
- *The new AB 2449 rules set forth procedural notice requirements for each of these categories.

*Assuming there is just cause or an emergency circumstance, a Board member who is teleconferencing is required by the new AB 2449 rules to (1) publicly disclose if there are any persons 18 years or older with the Board member, (2) disclose the relationship of the Board member with that person, and (3) make the disclosure before any action is taken at the meeting.

*The new AB 2449 rules also require that the absent Board member participate by both audio and video.

*And, regardless of cause, the new AB 2449 rules prohibit a Board member from teleconferencing for more than three consecutive months nor for more than 20 percent of the regular meetings of the Board.

*The new AB 2449 rules require (1) a two-way audiovisual platform or a two-way phone service with live webcasting, (2) noting on the agenda the options for public participation and comment, and (3) noting on the agenda the procedure for resolving requests for reasonable accommodations for individuals with disabilities.

POST-AB 2449 RULES (Calendar 2026 and thereafter)

Beginning January 1, 2026, we are back to the Pre-COVID Brown Act teleconferencing rules: requirement of roll call votes, identify teleconferencing location in agenda, post agenda at teleconferencing location, provide access to the public at the teleconferencing location.

Unlike AB 2449, a quorum of the Board need not be at the same physical location but need only be at locations within the geographic jurisdiction of the agency. Nor is there a requirement of just cause or an emergency circumstance for teleconferencing.

This office will describe these rules in more detail as we get closer to January 1, 2026.

CONCLUSION

The manner in which the Boards holds meetings changes dramatically on March 1, 2023. This office stands ready to answer any questions the Boards may have.