

**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  
Agenda for the Regular Board Meeting  
January 12, 2022**

**General Meeting 8:00 AM**

**Location: HealthComp 621 Santa Fe, Fresno CA 93721\***

**Employer Trustees-City of Fresno**

Georgeanne White, Trustee  
Michael Lima, Vice Chairperson  
Marissa Gonzales, Trustee

**Administrator**

Thomas J. Georgouses, Esq. Vice President

**Legal Counsel**

Michael E. Moss, Esq.

**Employee Trustees**

Shane Archer, Chairperson  
Jesus Cerda, Trustee  
Monica Chacon, Trustee  
William Dearsan, Trustee  
Sam Frank, Trustee  
Andre Ramos, Trustee  
Kim Jackson, Trustee  
Keola Park, Trustee  
Terri Hauschel, Trustee  
Jo Billings, Trustee  
Raymond Golden, Trustee

**Consultants**

Andrew Desa  
Rael & Letson

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

**Roll Call 8:00 A.M.**

**PUBLIC ADVISORY:**

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

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

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

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

To email public questions prior to the meeting please email:  
[BoardMeetingQuestions@healthcomp.com](mailto:BoardMeetingQuestions@healthcomp.com)

<https://healthcomp.zoom.us/j/89809349180?pwd=cmlUNFBMc1JHNVBpVExtbWdMUDI6dz09>

Passcode: 731673

Telephone: 14086380968

Webinar ID: 88266414338

**1. Approval of Agenda\*\***

*Approve Agenda for January 12, 2022*

*⇒ 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 October 13, 2021
- b. Correspondence
  - i). *Correspondence Dated August 26, 2021 from Fresno City Debt Manager, Phillip Hardcastle, Appointing Andre Ramos as the Trustee for CFPEA Replacing Aaron Anacleto*
- c. Appeals
  - i.) 21-01
- d. HealthComp Administrators
  - i). *Claim and Benefits Reports*
  - ii). *Specific Stop-Loss Reports*
  - iii). *Turnaround Time Reports*
- e. Blue Shield of California
- f. Halcyon
  - i). *Utilization Report*
- g. United HealthCare
- h. OptumRx
  - i). *Executive Summary and Comparative Executive Summary Commercial*
  - ii). *Executive Summary and Comparative Executive Summary EGWP*
  - iii). *Notification of Authorization by FDA for Anti-Viral Medications for High-Risk Individuals with COVID-19*
  - iv). *Notification of Prior Authorization Processing Hierarchy for EGWP Clients*
  - v). *Correspondence Dated November 16, 2021 from Carolyn Martinez with Notice of Robert Kahl's Resignation and Appointment of Carolyn Martinez as the OptumRx Account Manager*
- i. Delta Dental
  - i). *Performance Guarantee Report*
  - ii). *Financial Reporting Package*
- j. PhysMetrics
  - i). *Utilization Report*
- k. MESVision

- I. Teladoc
- m. MedExpert – Mental Health Parity Analysis
  - i). *Ratification of the Chairperson and Vice Chairperson's Approval of MedExpert's Service Agreement*
- n. Fiduciary Liability Policy
  - i). *Ratification of the Chairperson and Vice Chairperson's Approval of Fiduciary Liability Policy*

## 5. General Calendar

- a. OptumRx
  - i). *Aduhelm Formulary Update*  
⇒ Action as required
  - ii). *Medical Review Institute of America (MRIOA) Cyber Security Incident*  
⇒ Action as required
  - iii). *Network System Outage and Connectivity Issue*

## 6. Consultant's Report

- a. Elite Medical - Vaccinations
  - i). *Review and Discuss the Results from 2021 Vaccinations*
- b. COVID-19 Claims Status
  - i). *Review and Discuss Update on COVID-19 Claims*
- c. Vendor Rate Submissions for the 2022-2023 Fiscal Year
  - i). *Blue Shield of California*  
*Review, Discuss and Approve Blue Shield of California's Renewal and Rate Increase Effective July 1, 2022*  
⇒ Action as required
  - ii). *United Healthcare Dental*  
*Review, Discuss and Approve United Healthcare's Renewal and Rate Increase Effective July 1, 2022*  
⇒ Action as required
  - iii). *Stop Loss Renewal*  
*Discuss Stop Loss Renewal Effective July 1, 2022*
  - iv). *Review and Discuss Cost Analysis Report for Requested Benefit Changes for the 2022-2023 Fiscal Year*
- d. Financials Projections for the 2022-2023 Fiscal Year
  - i). *Review of the Financial Projections for the 2022-2023 Fiscal Year*  
⇒ Action as required

- e. Contribution Rates for the 2022-2023 Fiscal Year
  - i). *Consider and Approve Contribution Rates for the 2022-2023 Fiscal Year*  
⇒ Action as required
- f. Submission of Request for Plan Document Changes for the 2022-2023 Fiscal Year
- g. Submission of Benefits Reduction Percentage for Non-Contributory Participants for the 2022-2023 Fiscal Year
  - i). *Consider and Approve the Benefit Reduction Percentage for Non-Contributory Participants for the 2022-2023 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). *Update Regrading Mental Health Parity Analysis*
- c. Return to in-Person Board of Trustee Meetings
  - i). *Review, Discuss and Approve Options for Return to in-Person Board of Trustee Meetings*  
⇒ Action as required
- d. Rescheduling of Trustee Training Session  
⇒ Action as required

## 8. Board Meeting Schedule

⇒ Action as required

## 9. Future Agenda Items

## 10. Adjournment

⇒ Action as required

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

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

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



## **NOTICE APPEALS COMMITTEE**

**Next Meeting:** Monday January 31, 2022 at 4:00 p.m.

**Committee Members to Attend:** Marissa Gonzales, Jo Billings, Kim Jackson

**FRESNO** CITY EMPLOYEES  
HEALTH AND WELFARE TRUST

ADMINISTRATION OFFICE



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**FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST  
MINUTES OF THE REGULAR BOARD MEETING  
October 13, 2021**

**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 Vice Chairperson Michael Lima at 8:20 A.M., Wednesday, October 13, 2021 via a Zoom webinar. A quorum was present including the following:

<b>EMPLOYEE TRUSTEES PRESENT:</b>	Monica Chacon Keola Park Monica Chacon Terri Hauschel	Andre Ramos Kim Jackson Sam Frank William Dearson
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<b>EMPLOYEE TRUSTEES ABSENT:</b>	Shane Archer Raymond Golden	Jesus Cerda Jo Billings
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<b>EMPLOYER TRUSTEES PRESENT:</b>	Michael Lima Marissa Gonzales	Georgeanne White
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**EMPLOYER TRUSTEES ABSENT:**

**OTHERS PRESENT:**

**Body Scan International**  
Bill Penzo

**HealthComp**  
Tom Georgouses  
Diana Cavazos

**MES Vision**  
Joyce Walling

**Blue Shield of CA**  
Linda Patron

**Halcyon**

**Rael & Letson**  
Andrew Desa

**UHC**

**OptumRx**  
Robert Kahl  
Carolyn Jalbert  
Nissa Osuna

**Delta Dental**  
Duab Xaochay

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

**FORCE**  
Cheri Detweiler

**ChiroMetrics/PhysMetrics**  
Sandra Carnahan  
Camin Turner

**Benefit Analyst, COF**  
Dayvonna Youngblood

**Item 1**      **Approval of Agenda - A Motion** was made by Trustee Georgeanne White 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 –** Vice Chairperson Michael Lima pulled Item 4.a.

**Item 4.a. - Approval of the Minutes of August 11, 2021.** Vice Chairperson Michael Lima requested the format of the line spacing of Item 3 be moved to the line below. A **Motion** was made by Trustee Sam Frank and Seconded by Trustee Georgeanne White to approve the Minutes as amended. The **Motion** was **unanimously approved**.

A **Motion** was made by Trustee Sam Frank and Seconded by Trustee Keola Trustee Park to approve the Consent Calendar. The **Motion** was **unanimously approved**.

**Item 5**      **General Calendar – None**

**Item 6**      **Consultant's Report -**

a.)      **Fiduciary Liability Insurance Renewal-** Mr. Andrew Desa referred to his memo and explained the Trust Fiduciary Liability Policy has been with Chubb since 2013. Mr. Desa stated the policy quotes come through the broker NuWest. Mr. Desa explained additional quotes were marketed in 2018 but the decision was to remain with Chubb as the other proposals were not competitive. Mr. Desa stated the annual premium for the current 2021-2022 policy is \$6,245. Mr. Desa explained the policy renews on January 15, 2022 and the renewal quote is pending. A **Motion** was made by Trustee Sam Frank and Seconded by Trustee Keola Park 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**.

Mr. Moss explained to the Trustees they will receive an invoice from the Trust Fiduciary Liability carrier for non-recourse coverage to protect them individually. Mr. Moss urged the Trustees to accept the coverage and explained the Trust cannot pay for their premium but they should consider seeking reimbursement from their employer or bargaining group.

b.)      **Vendor Rates-** Mr. Desa requested all vendors not under guarantee submit requested rate proposals for Fiscal year 2022-2023 by December 15, 2021.

c.)      **Benefit Changes-** Mr. Desa requested all proposed benefit changes be submitted to his attention for the Fiscal Year 2022- 7

2023 by December 15, 2021. Mr. Desa will review and summarize the proposals for presentation at the Board of Trustees meeting in January 2022. Trustee Georgeanne White stated some City Council members are considering a mandatory vaccine policy and suggesting a higher contribution for non-vaccinated members.

- d.) **COVID-19 Claim Status-** Mr. Desa discussed the current COVID-19 statistics. Mr. Desa stated that through October 12, 2021 there had been 8,445 diagnostic tests and 325 antibody tests administered; 736 positive diagnostic tests for COVID-19 with 344 being members; approximately \$1.5 million paid for testing; approximately \$385,000 paid for screening; approximately \$1.3 million paid for treatment.

**Item 7      Attorney's Report –**

- a.) **Transparency and Surprise Billing Requirements -** Mr. Mike Moss provided an overview of the status of the pertinent new provisions from the Transparency Requirements and No Surprise Billing Act. Mr. Moss stated that many of the provisions will not be enforced pending the publishing of guidance provided Plans attempt to comply in good faith and other provisions have been deferred. For the Trust, the earliest compliance date for any of the provisions is July 1, 2022.
- b.) **Mental Health Parity-** Mr. Moss explained the purpose of the Mental Health Parity and the recently issued regulations related to the requirement for a formal assessment and attestation of compliance related to non-quantitative limitations. Mr. Tom Georgouses explained two vendors were interviewed by the Plan Professionals for possible retention and MedExpert is the recommendation. A **Motion** was made by Trustee Sam Frank and Seconded by Trustee Georgeanne White to approve MedExpert for the analysis and report; and to give authority to the Chairperson and Vice Chairperson to execute the contract and take any further action that might be necessary. The **Motion** was **unanimously approved**.
- c.) **Return to in-Person Board of Trustee Meetings-** Mr. Mike Moss began the discussion on a return to in-Person Board of Trustee meetings and options. Vice Chairperson Michael Lima discussed hybrid meetings, the current City of Fresno practices and the present intent for future in person Board Meetings. A **Motion** was made by Sam Frank and seconded by Trustee Georgeanne White to carry this item to the next Board of Trustee meeting. The **Motion** was **unanimously approved**.

**Item 8      Board Meeting Schedule –** A **Motion** was made by Trustee Sam Frank and Seconded by Trustee Andre Ramos to have the next regularly scheduled Board of Trustee meeting on January 12, 2022.

**Item 9      Future Agenda Item-**

1. Return to In-Person Board of Trustee Meetings

**Item 10**      **Adjournment-** A **Motion** was made by Trustee Sam Frank and Seconded by Vice Chairperson Michael Lima to adjourn the meeting in the memory of Martin Hinojosa. The **Motion** was **unanimously approved** and the meeting adjourned at 9:40 AM.

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**Shane Archer, Chairperson**  
Fresno City  
EmployeesHealth &  
Welfare Trust

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**Date**

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**Tom Georgouses, Administrator**  
HealthComp

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**Date**

## Diana Cavazos | HealthComp

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**To:** Tom Georgouses | HealthComp  
**Subject:** RE: H & W TRUST

**From:** Phillip Hardcastle <[Phillip.Hardcastle@fresno.gov](mailto:Phillip.Hardcastle@fresno.gov)>  
**Sent:** Thursday, August 26, 2021 4:58 PM  
**To:** Michael Lima <[Michael.Lima@fresno.gov](mailto:Michael.Lima@fresno.gov)>; TJ Miller <[TJ.Miller@fresno.gov](mailto:TJ.Miller@fresno.gov)>  
**Cc:** Andre Ramos <[Andre.Ramos@fresno.gov](mailto:Andre.Ramos@fresno.gov)>  
**Subject:** H & W TRUST

Good afternoon,

The CFPEA has a new representative for the Health and Welfare Trust. He is Andre Ramos. Our prior representative left City service. Our new representative is having trouble finding out what he needs to do to get registered. We need to know what he needs to do to get set up and start receiving documentation for the meetings that he needs to attend. Would either of you be able to walk him through the process?

We would really appreciate some assistance.

Thanks.



*Phillip Hardcastle  
City of Fresno - Debt Management  
City of Fresno Retirement Systems – Employees Retirement Board Chair  
2600 Fresno Street, Suite 2156  
Fresno, California 93721  
Phone: (559) 621-7029  
FAX: (559) 457-1044 (Please note new FAX number)*

## **Fresno City Employees Health & Welfare Trust Summary of Appeal**

**DATE OF APPEAL: November 01, 2021**

**APPEAL NUMBER: 21-01**

### **APPEAL**

The Participant is appealing the denial of a medication. The medication Zylflo was denied pursuant to the OptumRx Vigilant Drug Program for Clinical Duplicates.

### **PLAN PROVISION**

The Fresno City Employees Health & Welfare Trust Plan added the Vigilant Drug Program (VDP) on July 1, 2018. In particular the Clinical Duplicate program excludes newer, more costly medications that offer no clinical advantage over existing medications with similar chemical composition and possible generic options. Examples include unique dosage forms, combinations of two or more available medications, unique strengths, certain delivery devices and multiple product kits/packages. Further it excludes the top drugs with the lowest clinical and economic value for the price. The drugs on this list have available clinical alternatives that have either identical active ingredient(s), packaged individually or combined, or a similar active ingredient, reformulated without additional clinical benefit.

### **SUMMARY**

On November 1, 2014 and February 11, 2015 the Participant filled a prescription for Zylflo for the treatment of hives. According to the Participant the treatment was successful within 1-2 months. The Participant did not have a reoccurrence of hives until July of 2021. The Participant returned to the Participant's physician who prescribed Zylflo. The request was denied based on the VDP. Two alternative medications were suggested, Zafirlukast and Montelukast (generic for Singulair.) The Participant has tried both alternative medications along with other treatments which have failed.

The description of each medication is as follows:

**Zylflo:** Each tablet contains 600 mg of zileuton and the following inactive ingredients: crospovidone, ferric oxide, glyceryl behenate, hydroxypropyl cellulose, hypromellose, magnesium stearate, mannitol, microcrystalline cellulose, povidone, pregelatinized starch, propylene glycol, sodium starch glycolate, and talc.

**Zafirlukast:** Each white-to-off-white, round, biconvex, film-coated tablet, with surface markings, contains zafirlukast 20 mg. Nonmedicinal ingredients: croscarmellose sodium, hypromellose, lactose monohydrate, magnesium stearate, microcrystalline cellulose, povidone, and titanium dioxide.

**Montelukast:** The active substance is montelukast. Each tablet contains montelukast sodium which corresponds to 10 mg of montelukast. The other ingredients are: Microcrystalline cellulose, lactose monohydrate (89.3 mg), croscarmellose sodium, hypolose (E 463), and magnesium stearate.

(Inactive ingredients will vary by NDC/manufacturer.)

The Participant is requesting a 90 day supply of Zylflo 600mg. Total drug cost is \$10,244.14. Total drug cost for a 90 day supply of Montelukast is \$11.84. Total drug cost for a 90 day supply of Zafirlukast \$266.26.

The Participant's effective date with the Fresno City Employees Health & Welfare Trust was July 1, 1994

APPROVED ☒

DENIED ☐

DELAYED ☐

On the condition that the member have a follow-up consultation with thier physician to review a prescription for either a 90-day supply by mail order of Zlyflo (immediate release) or Generic Zileuton (extended release). The approval of your appeal is limited to a single 90-day supply of the prescription prescribed by your physician.



**FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST**

**MONTHLY CLAIMS EXPERIENCE ANALYSIS  
MEDICAL AND PRESCRIPTION DRUGS  
FOUR MONTHS ENDING OCTOBER 31, 2021**

		<u><b>PER ELIGIBLE</b></u>
<b>ACTIVES</b>	\$ 13,432,292.37	\$ 1,002.86
<b>COBRA</b>	91,248.57	2,851.52
<b>RETIREEES</b>	1,403,334.24	2,075.94
	<hr/>	
	\$ 14,926,875.18	\$ 1,058.49
 <b>MEDICARE SUPPLEMENT</b>	 \$ 579,364.63	 \$ 812.57
<b>SELF-PAY OVER 65</b>	224,649.11	2,080.08
	<hr/>	
	<u>\$ 15,730,888.92</u>	\$ 1,054.14
 <b>AVERAGE MONTHLY COST - YTD</b>	 <u>\$ 3,932,722.23</u>	 \$ 1,054.14
 <b>PRIOR YEAR AVERAGE MONTHLY COST - YTD</b>		
<b>FOUR MONTHS ENDING OCTOBER 31, 2020</b>	\$ 3,613,936.49	\$ 979.65
 <b>PRIOR PLAN YEAR AVERAGE MONTHLY COST</b>		
<b>JULY 2020 - JUNE 2021</b>	\$ 3,889,762.62	\$ 1,053.49
 <b>TWELVE MONTH ROLLING AVERAGE</b>		
<b>November 1, 2020 - October 31, 2021</b>	\$ 4,899,508.66	\$ 1,058.57

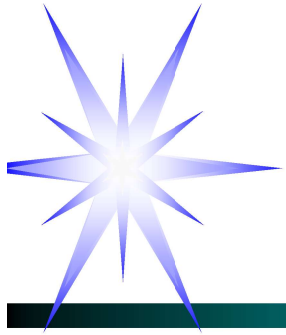
**FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST**

**MONTHLY CLAIMS EXPERIENCE ANALYSIS  
DENTAL BENEFIT SECTION  
FOUR MONTHS ENDING OCTOBER 31, 2021**

<b>DELTA DENTAL</b>	<b>PAYMENTS</b>	<b>PER ELIGIBLE</b>
<b>ACTIVES</b>	\$ 985,281.43	\$ 80.78
<b>RETIREEES</b>	162,961.00	\$ 77.31
<b>TOTAL FOR DELTA DENTAL</b>	<u>\$ 1,148,242.43</u>	\$ 80.27
 <b>AVERAGE MONTHLY COST</b>	 \$ 287,060.61	 \$ 80.27
<b>PUD HMO AVG MONTHLY PREM</b>	14,292.58	\$ 43.18
<b>TOTAL AVG MONTHLY COST - YTD</b>	<u>\$ 301,353.19</u>	\$ 77.13

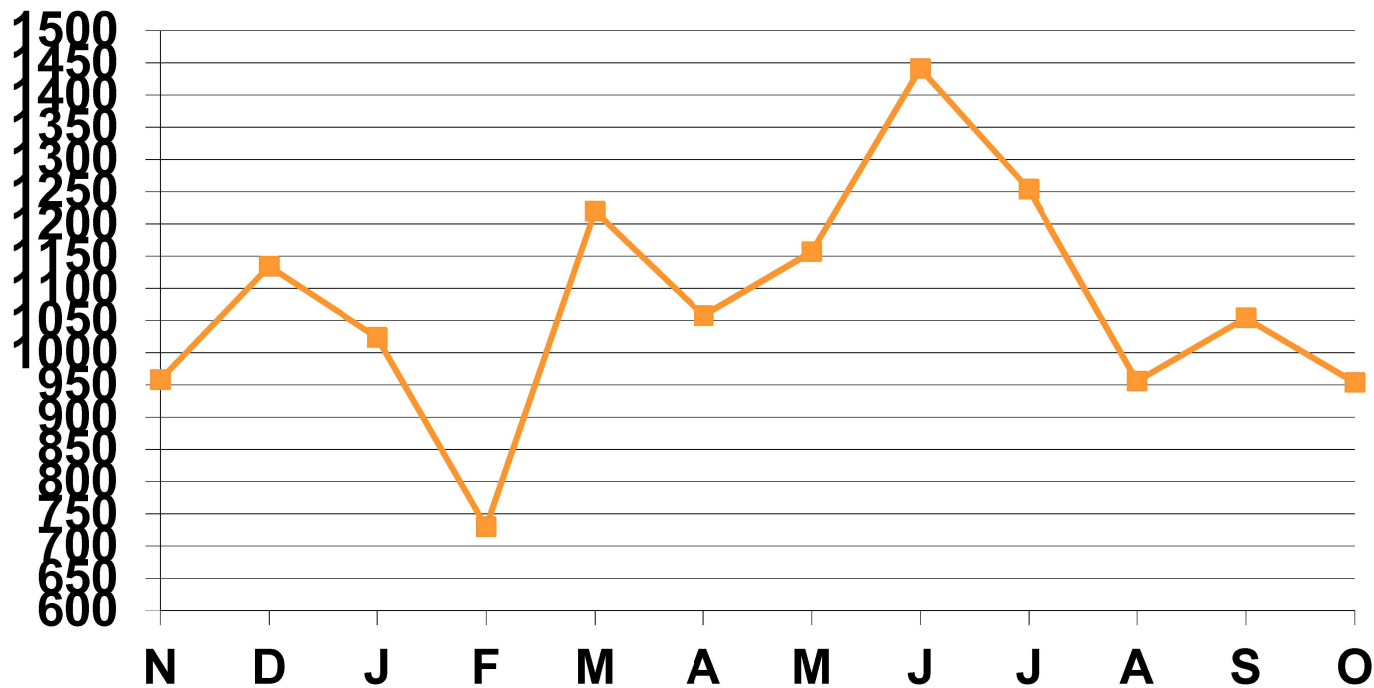
**PRIOR YEAR AVERAGE MONTHLY COST: DELTA DENTAL  
JULY 2019 - JUNE 2020**

<b>ACTIVES</b>	<b>\$ 75.78</b>
<b>RETIREEES</b>	<b>\$ 71.32</b>
<b>COMBINED</b>	<b>\$ 75.12</b>
 <b>TWELVE MONTH ROLLING AVERAGE DELTA DENTAL</b>	
<b>November 1, 2020 - October 31, 2021</b>	<b>\$ 76.63</b>

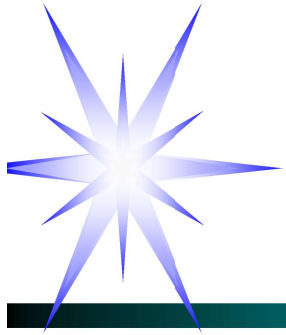


# Average Cost Per Participant Monthly

Fresno City Employees H & W Trust  
Nov 20 – Oct 21

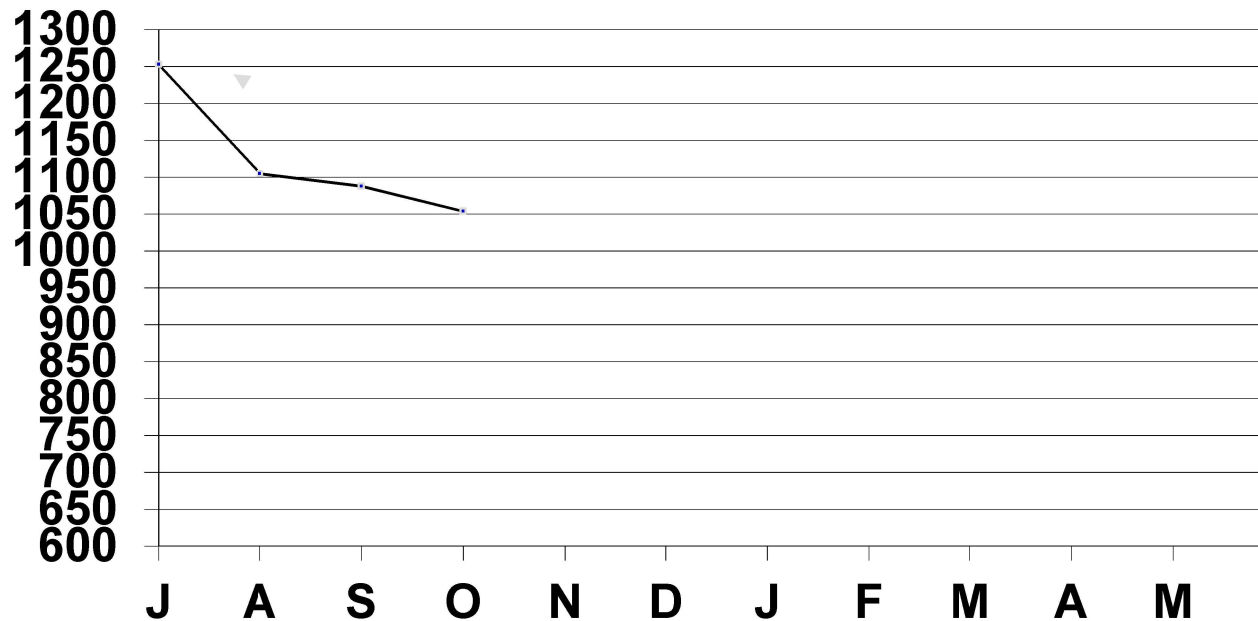


HealthComp Administrators

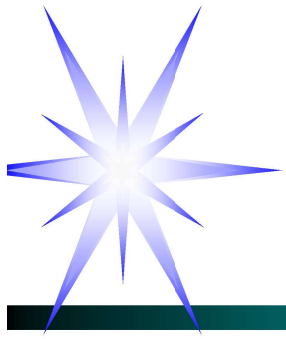


# Average Cost Per Participant Year to Date

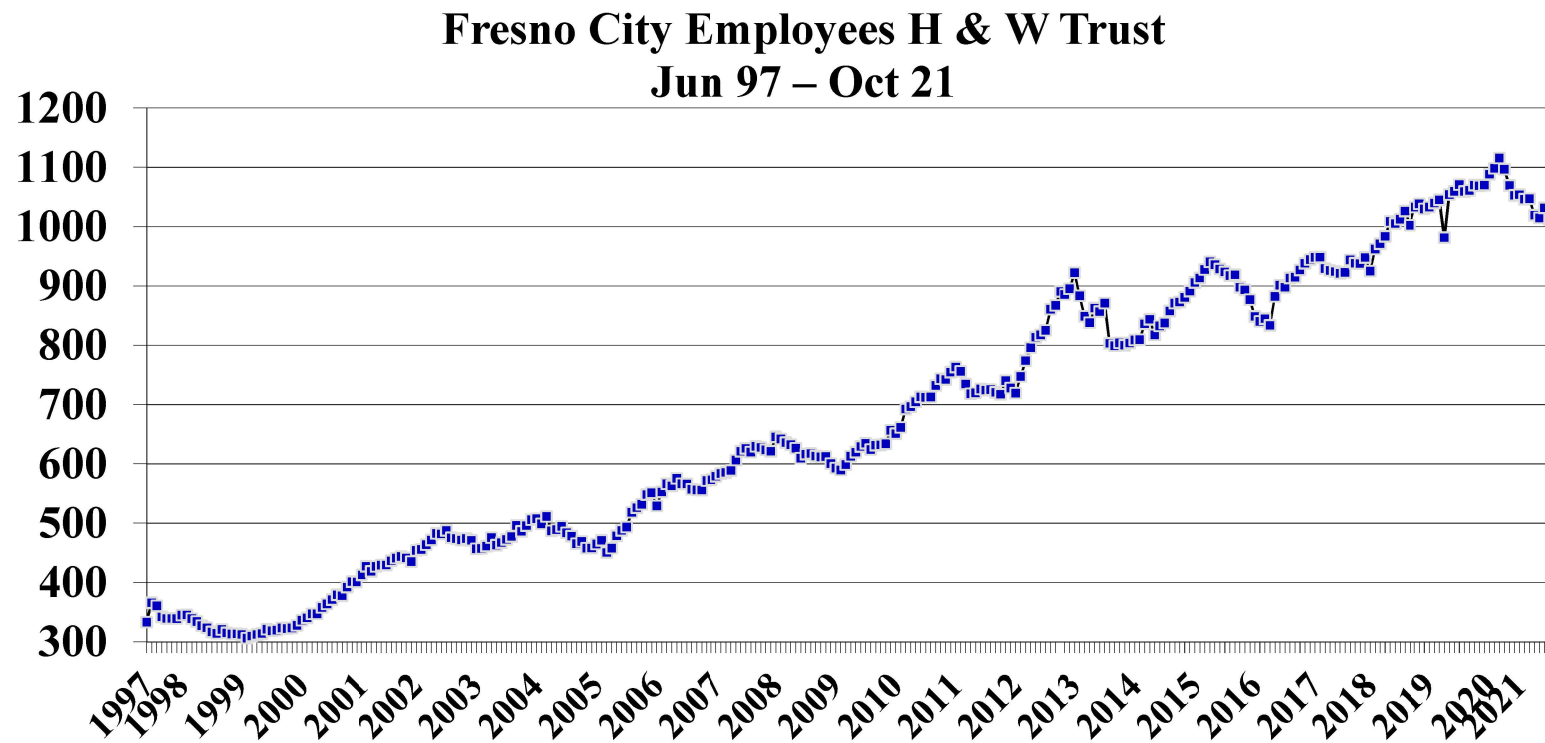
Fresno City Employees H & W Trust  
Jul 21 – Jun 22



HealthComp Administrators



# Average Cost Per Participant 12 Month Rolling Average



HealthComp Administrators

**FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST**  
**FINANCIAL ANALYSIS FOR MEDICAL, VISION AND PRESCRIPTION DRUG**  
**FOUR MONTHS ENDING OCTOBER 31, 2021**

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
<b>ACTIVES</b>								
PPO Contributing	2,560	\$ 1,170.01	\$ 102.35	\$ 1,272.36	\$ 1,251.00	\$ 3.86	\$ (17.50)	\$ (179,200.00)
PPO Non-Cont 35	785	\$ 462.92	\$ 102.35	\$ 565.27	\$ 847.00	\$ 3.86	\$ 285.59	\$ 896,752.60
PPO Non-Cont 25	4	\$ 12.87	\$ 102.35	\$ 115.22	\$ 981.00	\$ 3.86	\$ 869.64	\$ 13,914.24
								\$ -
<b>TOTAL (a)</b>	3349	\$ 1,002.89	\$ 102.35	\$ 1,105.24	\$ 1,155.98	\$ 3.86	\$ 54.60	\$ 731,466.84
<b>RETIREES</b>								
PPO Plan	169	\$ 2,075.94	\$ 102.35	\$ 2,178.29	\$ 1,251.00	\$ 3.86	\$ (923.43)	\$ (624,237.48)
<b>TOTAL</b>	169	2,075.94	\$ 102.35	\$ 2,178.29	\$ 1,251.00	\$ 3.86	\$ (923.43)	\$ (624,237.48)
<b>COBRA</b>								
PPO Plan	8	\$ 2,851.52	\$ 102.35	\$ 2,953.87	\$ 1,276.02	\$ 3.86	\$ (1,673.99)	\$ (53,567.68)
<b>TOTAL</b>	8	\$ 2,851.52	\$ 102.35	\$ 2,953.87	\$ 1,276.02	\$ 3.86	\$ (1,673.99)	\$ (53,567.68)
<b>MEDICARE SUPP</b>								
PPO Plan	178	\$ 812.57	\$ 27.97	\$ 840.54	\$ 688.00	\$ 3.86	\$ (148.68)	\$ (105,860.16)
<b>TOTAL</b>	178	\$ 812.57	\$ 27.97	\$ 840.54	\$ 688.00	\$ 3.86	\$ (148.68)	\$ (105,860.16)
<b>SELF-PAY</b>								
PPO Plan	27	\$ 2,080.08	\$ 102.56	\$ 2,182.64	\$ 1,507.00	\$ 3.86	\$ (671.78)	\$ (72,552.24)
<b>TOTAL</b>	27	\$ 2,080.08	\$ 102.56	\$ 2,182.64	\$ 1,507.00	\$ 3.86	\$ (671.78)	\$ (72,552.24)
<b>Stop-Loss Reimbursement</b>								\$ 176,909.45
<b>Prescription Drug Rebates</b>								\$ 885,556.99
<b>TOTAL</b>								\$ 937,715.72

**NOTES:**

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

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

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

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

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

**FINANCIAL ANALYSIS FOR DENTAL  
FOUR MONTHS ENDING OCTOBER 31, 2021**

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
Delta PPO	3576	\$ 80.27	\$ 5.28	\$ 85.55	\$ 99.00		\$ 13.45	\$ 192,388.80
PUD HMO	331	\$ -	\$ 43.18	\$ 43.18	\$ 99.00		\$ 55.82	\$ 73,905.68
<b>TOTAL</b>								\$ 266,294.48

**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 - 10/31/2021 | PAID: 10/01/2021 - 10/31/2021

FRESNO CITY EMP H&W TRUST Summary												
Range of Days Lagged	Incurred Date to Received Date			Received Date to Processed Date			Processed Date to Paid Date			Received Date to Paid Date		
	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum
0 - 10	4,268	46.0 %	46.0 %	7,071	76.1 %	76.1 %	9,154	98.6 %	98.6 %	6,070	65.4 %	65.4 %
11 - 14	1,227	13.2 %	59.2 %	1,820	19.6 %	95.7 %	91	1.0 %	99.5 %	1,090	11.7 %	77.1 %
15 - 21	1,507	16.2 %	75.4 %	70	0.8 %	96.5 %	39	0.4 %	100.0 %	1,688	18.2 %	95.3 %
22 - 28	611	6.6 %	82.0 %	41	0.4 %	96.9 %	2	0.0 %	100.0 %	110	1.2 %	96.5 %
Over 28	1,674	18.0 %	100.0 %	285	3.1 %	100.0 %	1	0.0 %	100.0 %	329	3.5 %	100.0 %

Total # of claims: 9,287

Average days from incurred to received: 25.7

Average days from received to processed: 4.9

Average days from processed to paid: 4.1

Average days from received to paid: 9



**FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST**

**MONTHLY CLAIMS EXPERIENCE ANALYSIS  
MEDICAL AND PRESCRIPTION DRUGS  
FIVE MONTHS ENDING NOVEMBER 30, 2021**

		<u><b>PER ELIGIBLE</b></u>
<b>ACTIVES</b>	\$ 16,014,278.61	\$ 953.51
<b>COBRA</b>	98,441.04	2,660.57
<b>RETIREEES</b>	1,525,116.01	1,796.37
	<hr/>	
	\$ 17,637,835.66	\$ 997.56
 <b>MEDICARE SUPPLEMENT</b>	 \$ 654,036.21	 \$ 736.53
<b>SELF-PAY OVER 65</b>	305,728.41	2,298.71
	<hr/>	
	<u>\$ 18,597,600.28</u>	\$ 994.42
 <b>AVERAGE MONTHLY COST - YTD</b>	 <u>\$ 3,719,520.06</u>	 \$ 994.42
 <b>PRIOR YEAR AVERAGE MONTHLY COST - YTD</b>		
<b>FIVE MONTHS ENDING NOVEMBER 30, 2020</b>	3,598,053.79	\$ 975.35
 <b>PRIOR PLAN YEAR AVERAGE MONTHLY COST</b>		
<b>JULY 2020 - JUNE 2021</b>	\$ 3,889,762.62	\$ 1,053.49
 <b>TWELVE MONTH ROLLING AVERAGE</b>		
<b>December 1, 2020 - November 30, 2021</b>	\$ 5,139,724.83	\$ 1,039.73

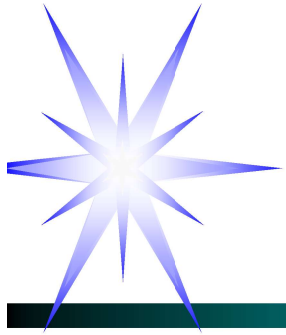
**FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST**

**MONTHLY CLAIMS EXPERIENCE ANALYSIS  
DENTAL BENEFIT SECTION  
FIVE MONTHS ENDING NOVEMBER 30, 2021**

<b>DELTA DENTAL</b>	<b>PAYMENTS</b>	<b>PER ELIGIBLE</b>
<b>ACTIVES</b>	\$ 1,191,978.61	\$ 77.92
<b>RETIREEES</b>	205,447.15	\$ 77.85
<b>TOTAL FOR DELTA DENTAL</b>	<u>\$ 1,397,425.76</u>	\$ 77.91
<b>AVERAGE MONTHLY COST</b>	\$ 279,485.15	\$ 77.91
<b>PUD HMO AVG MONTHLY PREM</b>	14,292.58	\$ 43.18
<b>TOTAL AVG MONTHLY COST - YTD</b>	<u>\$ 293,777.73</u>	\$ 74.98

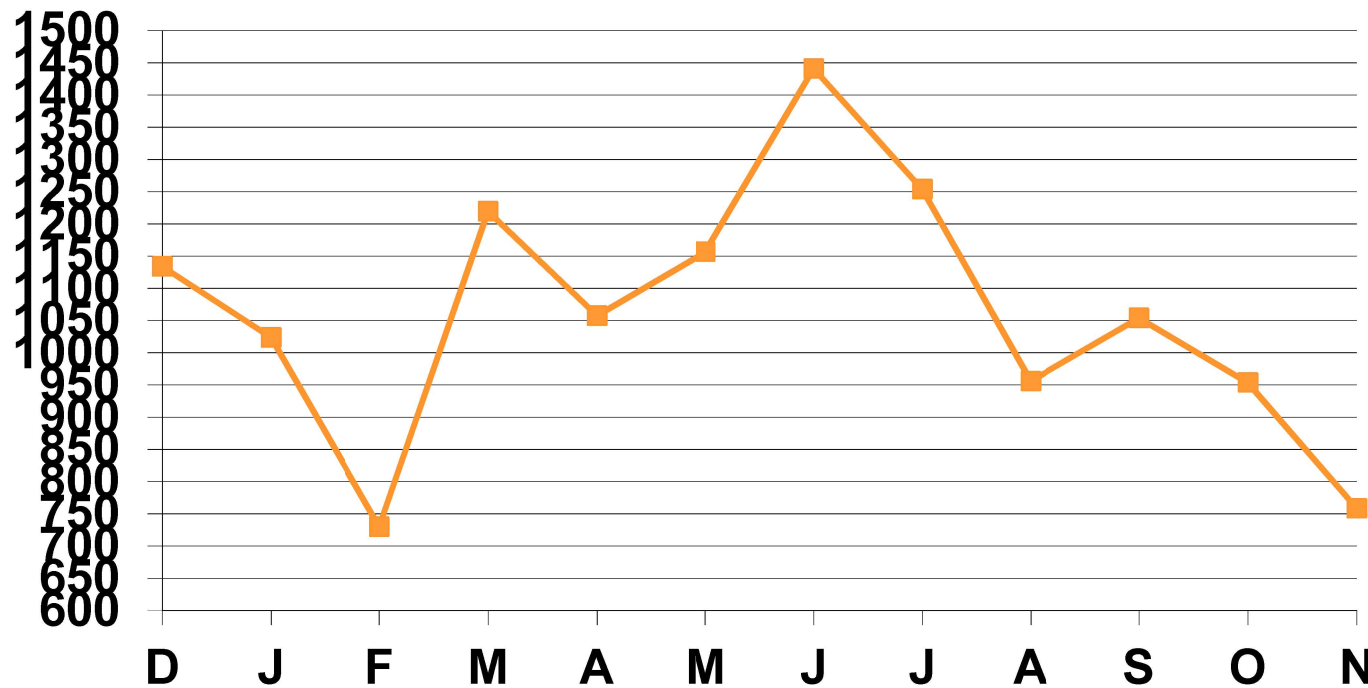
**PRIOR YEAR AVERAGE MONTHLY COST: DELTA DENTAL  
JULY 2019 - JUNE 2020**

<b>ACTIVES</b>	<b>\$ 75.78</b>
<b>RETIREEES</b>	<b>\$ 71.32</b>
<b>COMBINED</b>	<b>\$ 75.12</b>
<b>TWELVE MONTH ROLLING AVERAGE DELTA DENTAL December 1, 2020 - November 30, 2021</b>	<b>\$ 76.07</b>

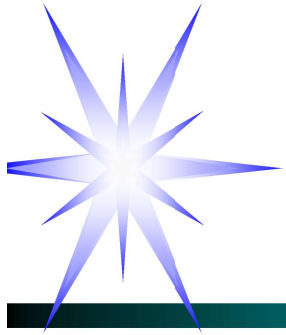


# Average Cost Per Participant Monthly

Fresno City Employees H & W Trust  
Oct 20 – Nov 21

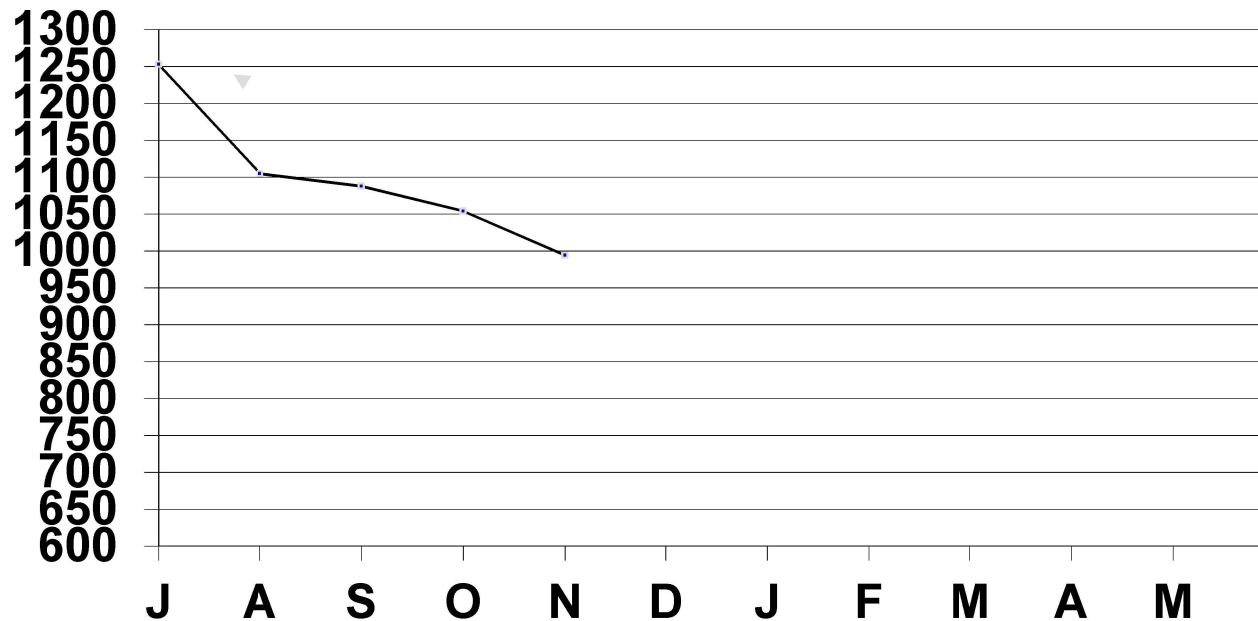


HealthComp Administrators

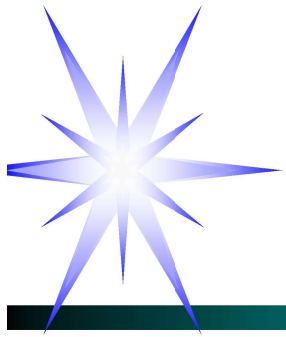


# Average Cost Per Participant Year to Date

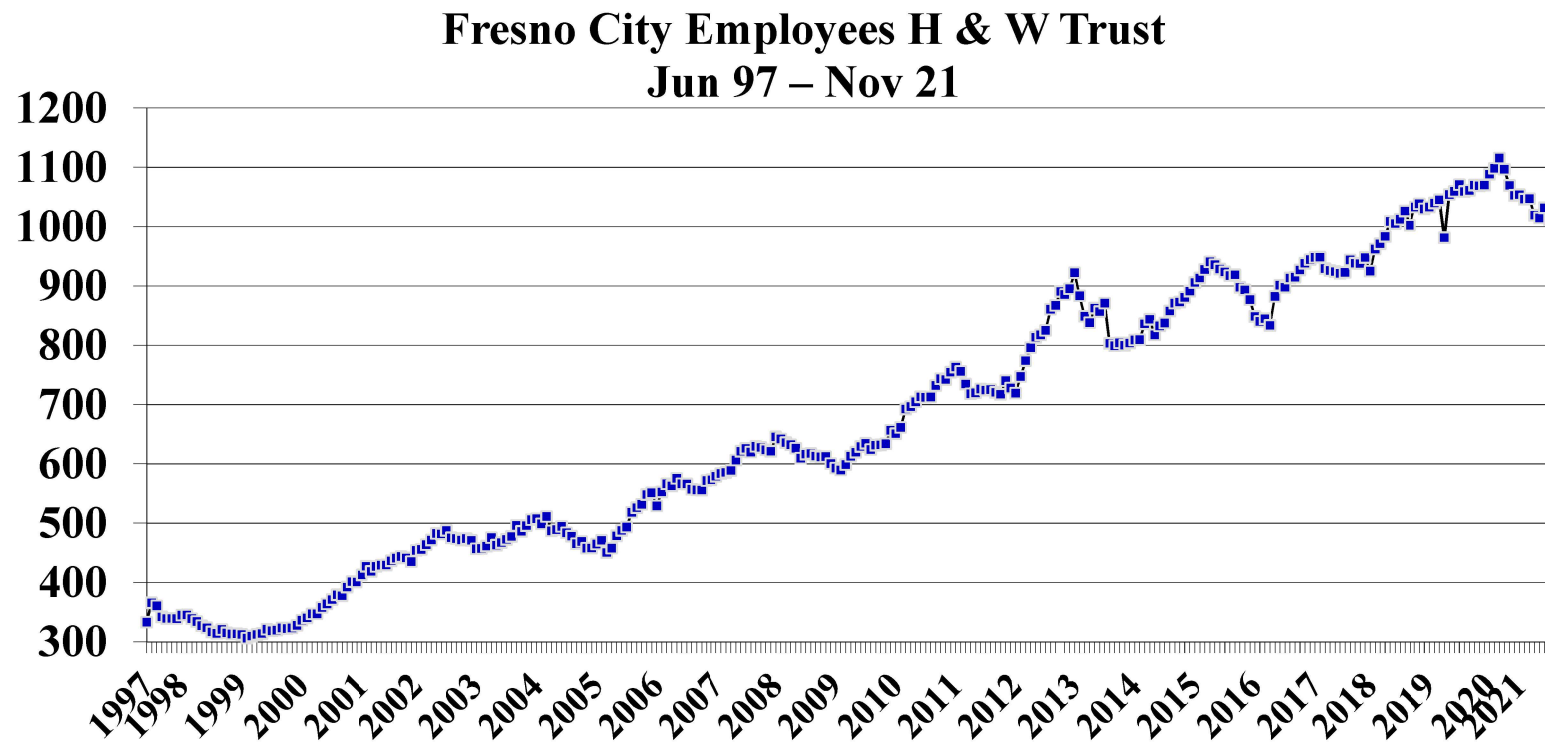
Fresno City Employees H & W Trust  
Jul 21 – Jun 22



HealthComp Administrators



# Average Cost Per Participant 12 Month Rolling Average



HealthComp Administrators

**FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST**  
**FINANCIAL ANALYSIS FOR MEDICAL, VISION AND PRESCRIPTION DRUG**  
**FIVE MONTHS ENDING NOVEMBER 30, 2021**

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
<b>ACTIVES</b>								
PPO Contributing	2,566	\$ 1,111.35	\$ 102.35	\$ 1,213.70	\$ 1,251.00	\$ 3.85	\$ 41.15	\$ 527,954.50
PPO Non-Cont 35	789	\$ 445.30	\$ 102.35	\$ 547.65	\$ 847.00	\$ 3.85	\$ 303.20	\$ 1,196,124.00
PPO Non-Cont 25	4	\$ 15.79	\$ 102.35	\$ 118.14	\$ 981.00	\$ 3.85	\$ 866.71	\$ 17,334.20
								\$ -
<b>TOTAL (a)</b>	3359	\$ 953.60	\$ 102.35	\$ 1,055.95	\$ 1,155.78	\$ 3.85	\$ 103.68	\$ 1,741,412.70
<b>RETIREEES</b>								
PPO Plan	170	\$ 1,796.37	\$ 102.35	\$ 1,898.72	\$ 1,251.00	\$ 3.85	\$ (643.87)	\$ (546,643.51)
<b>TOTAL</b>	170	1,796.37	\$ 102.35	\$ 1,898.72	\$ 1,251.00	\$ 3.85	\$ (643.87)	\$ (546,643.51)
<b>COBRA</b>								
PPO Plan	7	\$ 2,660.57	\$ 102.35	\$ 2,762.92	\$ 1,276.02	\$ 3.85	\$ (1,483.05)	\$ (51,906.75)
<b>TOTAL</b>	7	\$ 2,660.57	\$ 102.35	\$ 2,762.92	\$ 1,276.02	\$ 3.85	\$ (1,483.05)	\$ (51,906.75)
<b>MEDICARE SUPP</b>								
PPO Plan	178	\$ 736.53	\$ 27.97	\$ 764.50	\$ 688.00	\$ 3.85	\$ (72.65)	\$ (64,658.50)
<b>TOTAL</b>	178	\$ 736.53	\$ 27.97	\$ 764.50	\$ 688.00	\$ 3.85	\$ (72.65)	\$ (64,658.50)
<b>SELF-PAY</b>								
PPO Plan	27	\$ 2,298.71	\$ 102.56	\$ 2,401.27	\$ 1,507.00	\$ 3.85	\$ (890.42)	\$ (120,206.70)
<b>TOTAL</b>	27	\$ 2,298.71	\$ 102.56	\$ 2,401.27	\$ 1,507.00	\$ 3.85	\$ (890.42)	\$ (120,206.70)
<b>Stop-Loss Reimbursement</b>								\$ 219,559.31
<b>Prescription Drug Rebates</b>								\$ 897,203.65
<b>TOTAL</b>								\$ 2,074,760.20

**NOTES:**

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

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

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

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

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

**FINANCIAL ANALYSIS FOR DENTAL  
FIVE MONTHS ENDING NOVEMBER 30, 2021**

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
Delta PPO	3587	\$ 77.91	\$ 5.28	\$ 83.19	\$ 99.00		\$ 15.81	\$ 283,552.35
PUD HMO	331	\$ -	\$ 43.18	\$ 43.18	\$ 99.00		\$ 55.82	\$ 92,382.10
<b>TOTAL</b>								\$ 375,934.45

**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 - 11/30/2021 | PAID: 11/01/2021 - 11/30/2021

### FRESNO CITY EMP H&W TRUST Summary

Range of Days Lagged	Incurred Date to Received Date			Received Date to Processed Date			Processed Date to Paid Date			Received Date to Paid Date		
	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum
0 - 10	3,915	43.5 %	43.5 %	6,100	67.8 %	67.8 %	8,870	98.6 %	98.6 %	5,991	66.6 %	66.6 %
11 - 14	1,066	11.8 %	55.4 %	1,556	17.3 %	85.1 %	57	0.6 %	99.2 %	239	2.7 %	69.3 %
15 - 21	1,668	18.5 %	73.9 %	1,176	13.1 %	98.2 %	63	0.7 %	99.9 %	1,629	18.1 %	87.4 %
22 - 28	652	7.2 %	81.2 %	33	0.4 %	98.5 %	6	0.1 %	100.0 %	965	10.7 %	98.1 %
Over 28	1,695	18.8 %	100.0 %	131	1.5 %	100.0 %	0	0.0 %	100.0 %	172	1.9 %	100.0 %

Total # of claims: 8,996

Average days from incurred to received: 28.6

Average days from received to processed: 5.6

Average days from processed to paid: 4.3

Average days from received to paid: 9.9



**FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST**

**MONTHLY CLAIMS EXPERIENCE ANALYSIS  
MEDICAL AND PRESCRIPTION DRUGS  
SIX MONTHS ENDING DECEMBER 31, 2021**

		<u><b>PER ELIGIBLE</b></u>
<b>ACTIVES</b>	\$ 21,222,673.32	\$ 1,050.84
<b>COBRA</b>	117,415.69	2,795.61
<b>RETIREEES</b>	1,971,209.73	1,928.78
	<hr/>	
	\$ 23,311,298.74	\$ 1,096.49
 <b>MEDICARE SUPPLEMENT</b>	 \$ 836,770.82	 \$ 787.18
<b>SELF-PAY OVER 65</b>	417,033.02	2,639.45
	<hr/>	
	<u>\$ 24,565,102.58</u>	\$ 1,092.71
 <b>AVERAGE MONTHLY COST - YTD</b>	 <u>\$ 4,094,183.76</u>	 \$ 1,092.71
 <b>PRIOR YEAR AVERAGE MONTHLY COST - YTD SIX MONTHS ENDING DECEMBER 31, 2020</b>	 3,696,869.43	 \$ 1,001.86
 <b>PRIOR PLAN YEAR AVERAGE MONTHLY COST JULY 2020 - JUNE 2021</b>	 \$ 3,889,762.62	 \$ 1,053.49
 <b>TWELVE MONTH ROLLING AVERAGE January 1, 2020 - December 31, 2021</b>	 \$ 5,628,782.05	 \$ 1,070.48

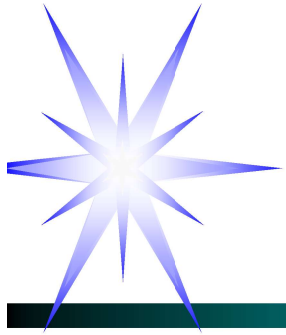
**FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST**

**MONTHLY CLAIMS EXPERIENCE ANALYSIS  
DENTAL BENEFIT SECTION  
SIX MONTHS ENDING DECEMBER 31, 2021**

<b>DELTA DENTAL</b>	<b>PAYMENTS</b>	<b>PER ELIGIBLE</b>
<b>ACTIVES</b>	\$ 1,381,655.43	\$ 75.10
<b>RETIREEES</b>	245,419.95	\$ 77.42
<b>TOTAL FOR DELTA DENTAL</b>	<u><u>\$ 1,627,075.38</u></u>	\$ 75.44
 <b>AVERAGE MONTHLY COST</b>	 \$ 271,179.23	 \$ 75.44
<b>PUD HMO AVG MONTHLY PREM</b>	14,292.58	\$ 43.18
 <b>TOTAL AVG MONTHLY COST - YTD</b>	 <u><u>\$ 285,471.81</u></u>	 \$ 72.72

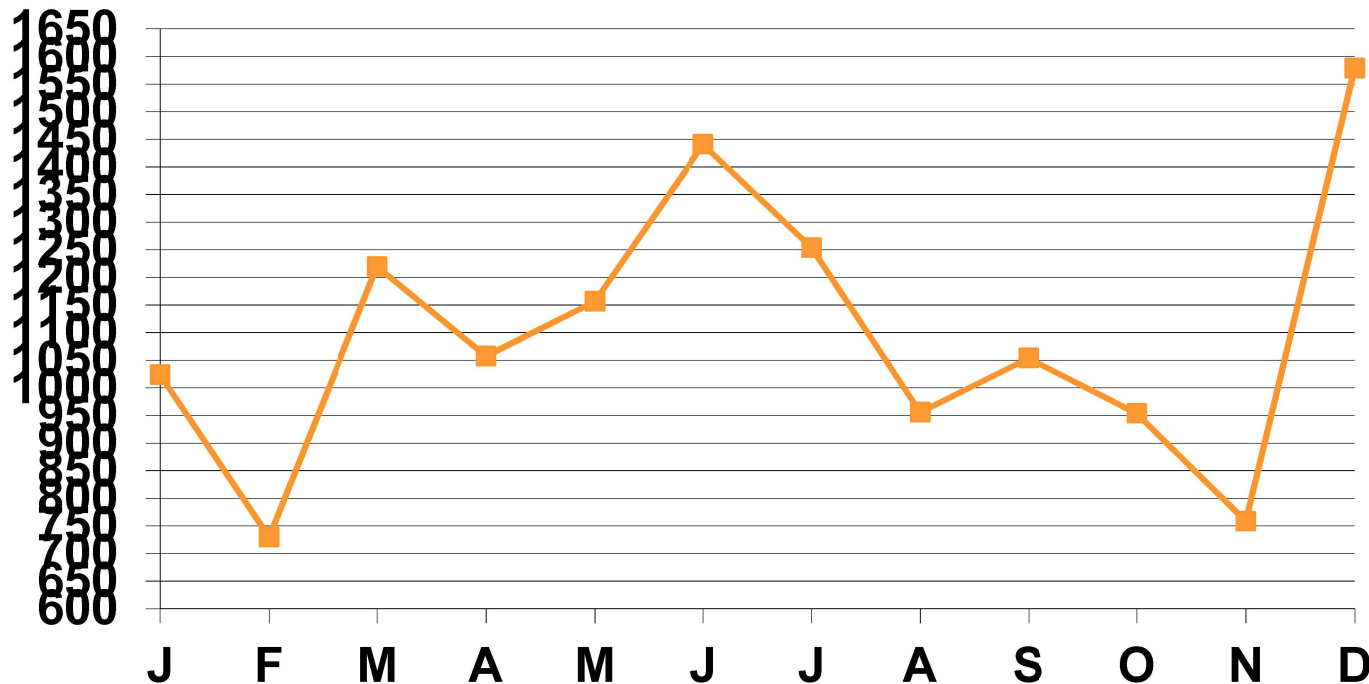
**PRIOR YEAR AVERAGE MONTHLY COST: DELTA DENTAL  
JULY 2019 - JUNE 2020**

<b>ACTIVES</b>	<b>\$ 75.78</b>
<b>RETIREEES</b>	<b>\$ 71.32</b>
<b>COMBINED</b>	<b>\$ 75.12</b>
 <b>TWELVE MONTH ROLLING AVERAGE DELTA DENTAL</b>	
<b>January 1, 2020 - December 31, 2021</b>	<b>\$ 75.27</b>

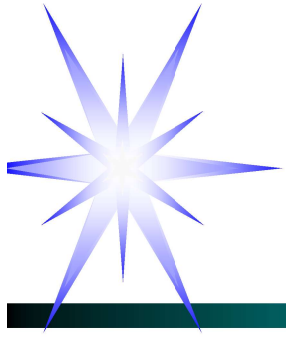


# Average Cost Per Participant Monthly

Fresno City Employees H & W Trust  
Nov 20 – Dec 21

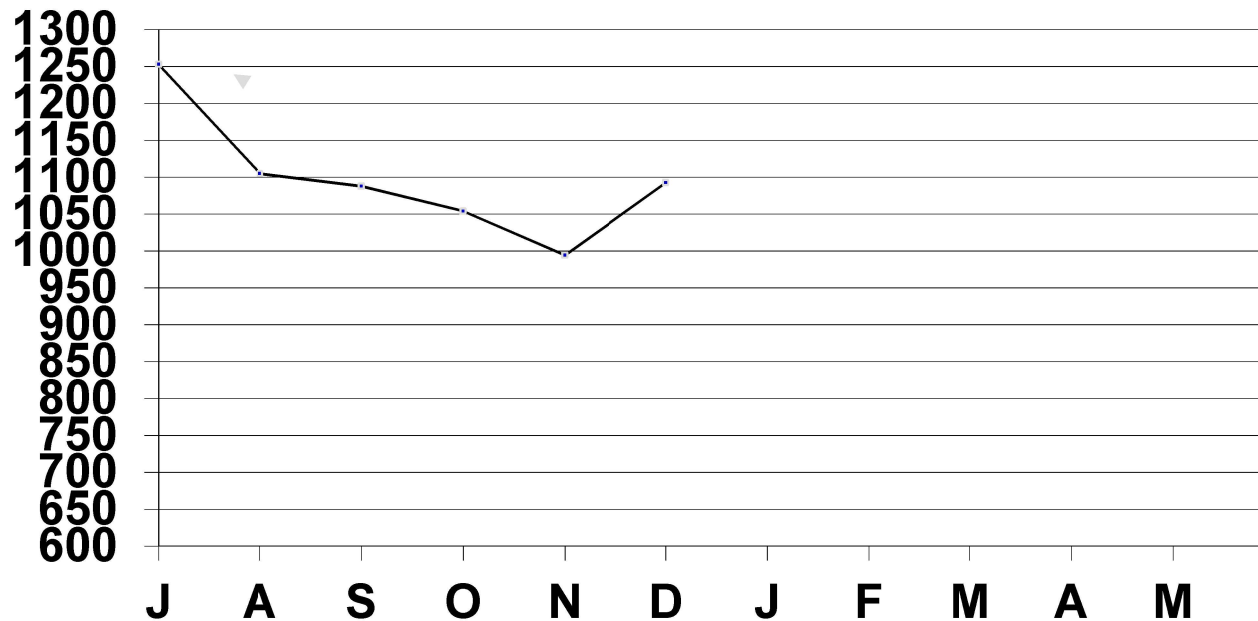


HealthComp Administrators

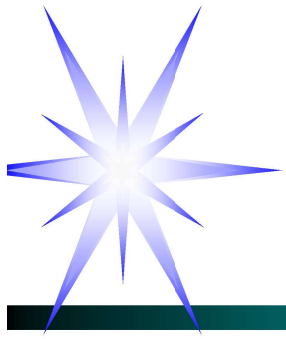


# Average Cost Per Participant Year to Date

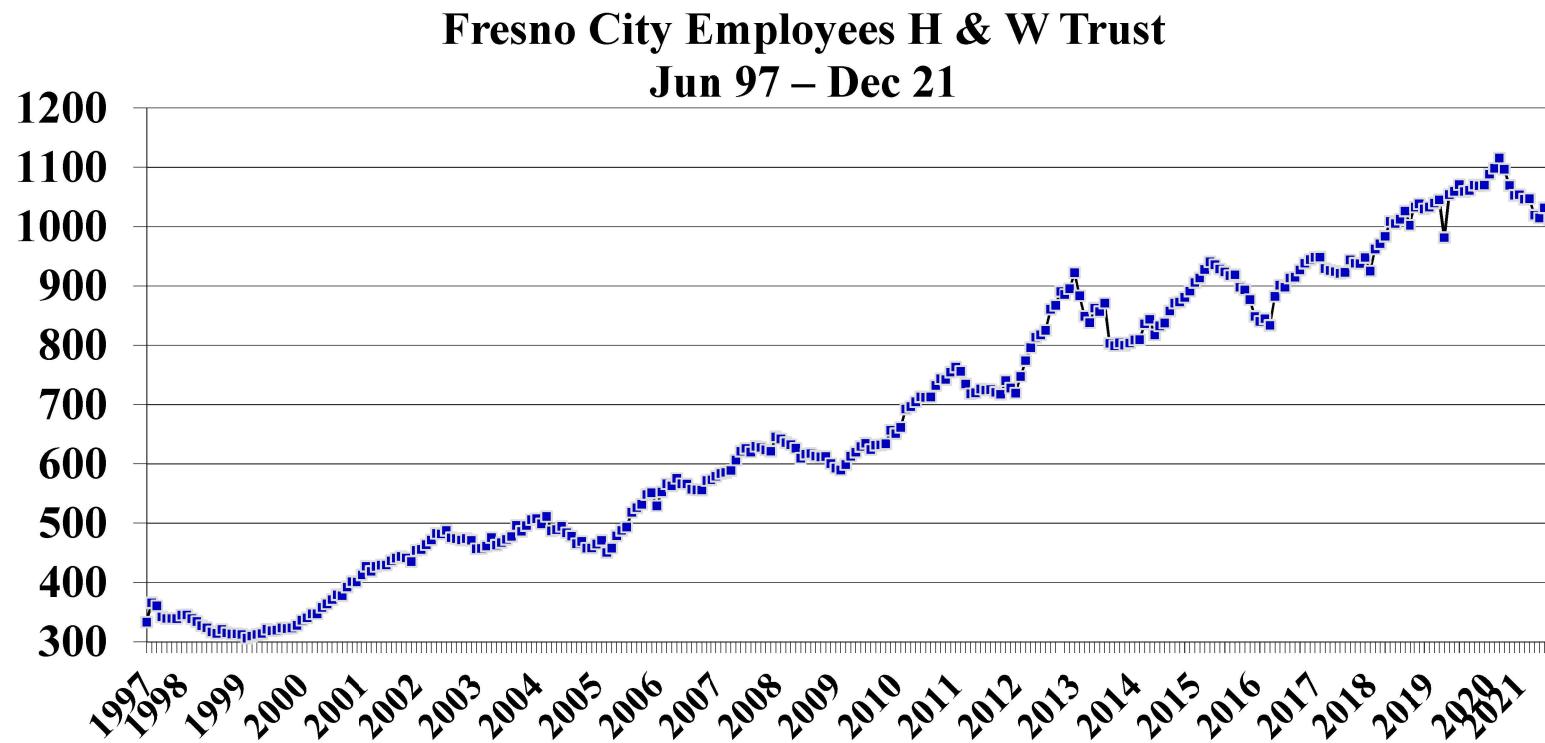
Fresno City Employees H & W Trust  
Jul 21 – Jun 22



HealthComp Administrators



# Average Cost Per Participant 12 Month Rolling Average



HealthComp Administrators

**FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST**  
**FINANCIAL ANALYSIS FOR MEDICAL, VISION AND PRESCRIPTION DRUG**  
**SIX MONTHS ENDING DECEMBER 31, 2021**

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
<b>ACTIVES</b>								
PPO Contributing	2,570	\$ 1,239.00	\$ 102.35	\$ 1,341.35	\$ 1,251.00	\$ 3.84	\$ (86.51)	\$ (1,333,984.20)
PPO Non-Cont 35	792	\$ 445.82	\$ 102.35	\$ 548.17	\$ 847.00	\$ 3.84	\$ 302.67	\$ 1,438,287.84
PPO Non-Cont 25	4	\$ 13.16	\$ 102.35	\$ 115.51	\$ 981.00	\$ 3.84	\$ 869.33	\$ 20,863.92
								\$ -
<b>TOTAL (a)</b>	3366	\$ 1,050.91	\$ 102.35	\$ 1,153.26	\$ 1,155.62	\$ 3.84	\$ 6.20	\$ 125,167.56
<b>RETIREES</b>								
PPO Plan	170	\$ 1,928.78	\$ 102.35	\$ 2,031.13	\$ 1,251.00	\$ 3.84	\$ (776.29)	\$ (793,364.95)
<b>TOTAL</b>	170	1,928.78	\$ 102.35	\$ 2,031.13	\$ 1,251.00	\$ 3.84	\$ (776.29)	\$ (793,364.95)
<b>COBRA</b>								
PPO Plan	7	\$ 2,795.61	\$ 102.35	\$ 2,897.96	\$ 1,276.02	\$ 3.84	\$ (1,618.10)	\$ (67,960.20)
<b>TOTAL</b>	7	\$ 2,795.61	\$ 102.35	\$ 2,897.96	\$ 1,276.02	\$ 3.84	\$ (1,618.10)	\$ (67,960.20)
<b>MEDICARE SUPP</b>								
PPO Plan	177	\$ 787.18	\$ 27.97	\$ 815.15	\$ 688.00	\$ 3.84	\$ (123.31)	\$ (130,955.22)
<b>TOTAL</b>	177	\$ 787.18	\$ 27.97	\$ 815.15	\$ 688.00	\$ 3.84	\$ (123.31)	\$ (130,955.22)
<b>SELF-PAY</b>								
PPO Plan	26	\$ 2,639.45	\$ 102.56	\$ 2,742.01	\$ 1,507.00	\$ 3.84	\$ (1,231.17)	\$ (192,062.52)
<b>TOTAL</b>	26	\$ 2,639.45	\$ 102.56	\$ 2,742.01	\$ 1,507.00	\$ 3.84	\$ (1,231.17)	\$ (192,062.52)
<b>Stop-Loss Reimbursement</b>								\$ 524,919.65
<b>Prescription Drug Rebates</b>								\$ 1,021,448.62
<b>TOTAL</b>								\$ 487,192.94

**NOTES:**

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

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

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

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

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

## FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

### FINANCIAL ANALYSIS FOR DENTAL SIX MONTHS ENDING DECEMBER 31, 2021

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
Delta PPO	3595	\$ 75.44	\$ 5.28	\$ 80.72	\$ 99.00		\$ 18.28	\$ 394,299.60
PUD HMO	331	\$ -	\$ 43.18	\$ 43.18	\$ 99.00		\$ 55.82	\$ 110,858.52
<b>TOTAL</b>								\$ 505,158.12

**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 - 12/31/2021 | PAID: 12/01/2021 - 12/31/2021

### FRESNO CITY EMP H&W TRUST Summary

Range of Days Lagged	Incurred Date to Received Date			Received Date to Processed Date			Processed Date to Paid Date			Received Date to Paid Date		
	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum
0 - 10	4,382	41.1 %	41.1 %	7,106	66.7 %	66.7 %	10,546	99.0 %	99.0 %	7,013	65.8 %	65.8 %
11 - 14	1,268	11.9 %	53.0 %	60	0.6 %	67.2 %	40	0.4 %	99.3 %	38	0.4 %	66.2 %
15 - 21	1,823	17.1 %	70.1 %	3,056	28.7 %	95.9 %	40	0.4 %	99.7 %	971	9.1 %	75.3 %
22 - 28	944	8.9 %	79.0 %	123	1.2 %	97.1 %	21	0.2 %	99.9 %	2,258	21.2 %	96.5 %
Over 28	2,239	21.0 %	100.0 %	311	2.9 %	100.0 %	9	0.1 %	100.0 %	376	3.5 %	100.0 %

Total # of claims: 10,656

Average days from incurred to received: 29.1

Average days from received to processed: 7.2

Average days from processed to paid: 4.2

Average days from received to paid: 11.5



FRESNO CITY EMPLOYEES  
HEALTH & WELFARE TRUST  
SPECIFIC STOP LOSS  
THROUGH 010/31/21

INCURRED: 07/01/20 - 06/30/21  
PAID: 07/01/20 THRU: 10/31/21

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

**OVER \$500,000.00**

MEMBER	NET PAID	CLAIM AMOUNT
3	\$ 602,241.68	\$ 102,241.68
16	\$ 805,098.88	\$ 305,098.88
2	\$ 581,677.94	\$ 81,677.94
15	\$ 541,857.20	\$ 41,857.20
	\$ 2,530,875.70	\$ 530,875.70

**50% OVER \$250,000.00**

MEMBER	NET PAID	STILL TO MEET
5	\$ 454,801.37	\$ 45,198.63
18	\$ 177,872.90	\$ 322,127.10
7	\$ 356,363.39	\$ 143,636.61
8	\$ 281,863.13	\$ 218,136.87
1	\$ 235,096.31	\$ 264,903.69
10	\$ 224,554.22	\$ 275,445.78
11	\$ 320,849.85	\$ 179,150.15
14	\$ 177,205.07	\$ 322,794.93
19	\$ 220,081.44	\$ 279,918.56
17	\$ 194,157.78	\$ 305,842.22
20	\$ 202,075.44	\$ 297,924.56
13	\$ 233,388.11	\$ 266,611.89
12	\$ 372,221.57	\$ 127,778.43
6	\$ 277,776.44	\$ 222,223.56
4	\$ 254,585.01	\$ 245,414.99
9	\$ 341,542.75	\$ 158,457.25
21	\$ 210,727.46	\$ 289,272.54
	\$ 4,535,162.24	\$ 3,964,837.76

**PREMIUM**

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	\$ 135.54	\$ 5,575,437.90	\$ 3,391,037.94	\$ (2,184,399.96)
350,000	\$ 49.72	\$ 2,045,232.20	\$ 1,264,262.03	\$ (780,970.17)
500,000	\$ 29.03	\$ 1,194,149.05	\$ 530,875.70	\$ (663,273.35)

**PRIOR YEAR RESULTS**

FISCAL YEAR	MEMBERS OVER \$175K	SAVINGS/(LOSS) \$500 DEDUCTIBLE	SAVINGS/(LOSS) \$350 DEDUCTIBLE	SAVINGS/(LOSS) \$175 DEDUCTIBLE
2008/2009	5	\$ 275,694.78	\$ 823,731.16	\$ 1,333,752.01
2009/2010	11	\$ 298,037.47	\$ 660,094.16	\$ 696,657.85
2010/2011	7	\$ 571,249.08	\$ 901,645.80	\$ 2,451,452.16
2011/2012	12	\$ 392,141.96	\$ 562,653.55	\$ 1,543,342.62
2012/2013	4	\$ 690,024.10	\$ 1,115,261.30	\$ 3,286,763.75
2013/2014	11	\$ 892,384.76	\$ 1,450,290.57	\$ 3,807,297.67
2014/2015	11	\$ 546,018.60	\$ 941,346.55	\$ 3,782,202.62
2015/2016	13	\$ 324,590.15	\$ 264,268.88	\$ 374,381.62
2016/2017	14	\$ 2,588,355.84	\$ 2,919,146.55	\$ 3,042,900.18
2017/2018	15	\$ (618,495.03)	\$ (1,101,491.19)	\$ (1,626,992.21)
2018/2019	23	\$ (808,434.00)	\$ (1,099,684.13)	\$ (1,999,825.30)
2019/2020	27	\$ (717,892.65)	\$ (696,340.65)	\$ (258,654.91)
2020/2021	29	\$ (403,675.83)	\$ 34,344.25	\$ 231,492.59
<b>TOTAL</b>	<b>182</b>	<b>\$ 4,029,999.23</b>	<b>\$ 6,775,266.80</b>	<b>\$ 16,664,770.65</b>

Current Outstanding Submission

As of October 31, 2021 \$ 353,966.25

INCURRED: 07/01/21 - 10/31/21  
PAID: 07/01/21 THRU: 10/31/21

**OVER \$500,000.00**

**50% OVER \$250,000.00**

**PREMIUM**

### PRIOR YEAR RESULTS

**Current Outstanding Submission**  
As of October 31, 2021

FRESNO CITY EMPLOYEES  
HEALTH & WELFARE TRUST  
SPECIFIC STOP LOSS  
THROUGH 11/30/21

INCURRED: 07/01/20 - 06/30/21  
PAID: 07/01/20 THRU: 11/30/21

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

**OVER \$500,000.00**

MEMBER	NET PAID	CLAIM AMOUNT
3	\$ 602,241.68	\$ 102,241.68
16	\$ 805,360.34	\$ 305,360.34
2	\$ 581,677.94	\$ 81,677.94
15	\$ 541,857.20	\$ 41,857.20
	\$ 2,531,137.16	\$ 531,137.16

**50% OVER \$250,000.00**

MEMBER	NET PAID	STILL TO MEET
5	\$ 454,801.37	\$ 45,198.63
18	\$ 177,872.90	\$ 322,127.10
7	\$ 356,363.39	\$ 143,636.61
8	\$ 281,863.13	\$ 218,136.87
1	\$ 235,096.31	\$ 264,903.69
10	\$ 224,559.73	\$ 275,440.27
11	\$ 320,849.85	\$ 179,150.15
14	\$ 177,205.07	\$ 322,794.93
19	\$ 220,081.44	\$ 279,918.56
17	\$ 194,157.78	\$ 305,842.22
20	\$ 202,075.44	\$ 297,924.56
13	\$ 233,388.11	\$ 266,611.89
12	\$ 372,221.57	\$ 127,778.43
6	\$ 277,776.44	\$ 222,223.56
4	\$ 254,585.01	\$ 245,414.99
9	\$ 341,542.75	\$ 158,457.25
21	\$ 210,727.46	\$ 289,272.54
	\$ 4,535,167.75	\$ 3,964,832.25

**PREMIUM**

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	\$ 135.54	\$ 5,575,437.90	\$ 3,391,304.91	\$ (2,184,132.99)
350,000	\$ 49.72	\$ 2,045,232.20	\$ 1,264,523.49	\$ (780,708.71)
500,000	\$ 29.03	\$ 1,194,149.05	\$ 531,137.16	\$ (663,011.89)

**PRIOR YEAR RESULTS**

FISCAL YEAR	MEMBERS OVER \$175K	SAVINGS/(LOSS) \$500 DEDUCTIBLE	SAVINGS/(LOSS) \$350 DEDUCTIBLE	SAVINGS/(LOSS) \$175 DEDUCTIBLE
2008/2009	5	\$ 275,694.78	\$ 823,731.16	\$ 1,333,752.01
2009/2010	11	\$ 298,037.47	\$ 660,094.16	\$ 696,657.85
2010/2011	7	\$ 571,249.08	\$ 901,645.80	\$ 2,451,452.16
2011/2012	12	\$ 392,141.96	\$ 562,653.55	\$ 1,543,342.62
2012/2013	4	\$ 690,024.10	\$ 1,115,261.30	\$ 3,286,763.75
2013/2014	11	\$ 892,384.76	\$ 1,450,290.57	\$ 3,807,297.67
2014/2015	11	\$ 546,018.60	\$ 941,346.55	\$ 3,782,202.62
2015/2016	13	\$ 324,590.15	\$ 264,268.88	\$ 374,381.62
2016/2017	14	\$ 2,588,355.84	\$ 2,919,146.55	\$ 3,042,900.18
2017/2018	15	\$ (618,495.03)	\$ (1,101,491.19)	\$ (1,626,992.21)
2018/2019	23	\$ (808,434.00)	\$ (1,099,684.13)	\$ (1,999,825.30)
2019/2020	27	\$ (717,892.65)	\$ (696,340.65)	\$ (258,654.91)
2020/2021	29	\$ (403,675.83)	\$ 34,344.25	\$ 231,492.59
<b>TOTAL</b>	<b>182</b>	<b>\$ 4,029,999.23</b>	<b>\$ 6,775,266.80</b>	<b>\$ 16,664,770.65</b>

Current Outstanding Submission

As of November 30, 2021 \$ 311,577.85

SPECIFIC STOP LOSS  
THROUGH 11/30/21

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

MEMBER	NET PAID	CLAIM AMOUNT
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00

[illegible]

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	\$ 135.54	\$ 2,409,765.66	\$ 218,335.66	\$ (2,191,430.00)
350,000	\$ 49.72	\$ 883,971.88	\$ -	\$ (883,971.88)
500,000	\$ 29.03	\$ 516,124.37	\$ -	\$ (516,124.37)

FISCAL YEAR	MEMBERS OVER \$175K	SAVINGS/(LOSS) \$500 DEDUCTIBLE	SAVINGS/(LOSS) \$350 DEDUCTIBLE	SAVINGS/(LOSS) \$175 DEDUCTIBLE
2008/2009	5	\$ 275,694.78	\$ 823,731.16	\$ 1,333,752.01
2009/2010	11	\$ 298,037.47	\$ 660,094.16	\$ 696,657.85
2010/2011	7	\$ 571,249.08	\$ 901,645.80	\$ 2,451,452.16
2011/2012	12	\$ 392,141.96	\$ 562,653.55	\$ 1,543,342.62
2012/2013	4	\$ 690,024.10	\$ 1,115,261.30	\$ 3,286,763.75
2013/2014	11	\$ 892,384.76	\$ 1,450,290.57	\$ 3,807,297.67
2014/2015	11	\$ 546,018.60	\$ 941,346.55	\$ 3,782,202.62
2015/2016	13	\$ 324,590.15	\$ 264,268.88	\$ 374,381.62
2016/2017	14	\$ 2,588,355.84	\$ 2,919,146.55	\$ 3,042,900.18
2017/2018	15	\$ (618,495.03)	\$ (1,101,491.19)	\$ (1,626,992.21)
2018/2019	23	\$ (808,434.00)	\$ (1,099,684.13)	\$ (1,999,825.30)
2019/2020	27	\$ (717,892.65)	\$ (696,340.65)	\$ (258,654.91)
2020/2021	29	\$ (403,675.83)	\$ 34,344.25	\$ 231,492.59
<b>TOTAL</b>	<b>182</b>	<b>\$ 4,029,999.23</b>	<b>\$ 6,775,266.80</b>	<b>\$ 16,664,770.65</b>

\$ -

FRESNO CITY EMPLOYEES  
HEALTH & WELFARE TRUST  
SPECIFIC STOP LOSS  
THROUGH 12/31/21

INCURRED: 07/01/20 - 06/30/21  
PAID: 07/01/20 THRU: 12/31/21

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

**OVER \$500,000.00**

MEMBER	NET PAID	CLAIM AMOUNT
3	\$ 602,241.68	\$ 102,241.68
16	\$ 985,473.56	\$ 485,473.56
2	\$ 581,677.94	\$ 81,677.94
22	\$ 986,451.70	\$ 486,451.70
15	\$ 541,857.20	\$ 41,857.20
	\$ 3,697,702.08	\$ 1,197,702.08

**50% OVER \$250,000.00**

MEMBER	NET PAID	STILL TO MEET
5	\$ 455,170.51	\$ 44,829.49
18	\$ 177,872.90	\$ 322,127.10
7	\$ 356,363.39	\$ 143,636.61
8	\$ 294,159.93	\$ 205,840.07
1	\$ 235,096.31	\$ 264,903.69
10	\$ 224,559.73	\$ 275,440.27
11	\$ 324,938.45	\$ 175,061.55
14	\$ 177,205.07	\$ 322,794.93
19	\$ 282,136.95	\$ 217,863.05
17	\$ 194,157.78	\$ 305,842.22
20	\$ 202,075.44	\$ 297,924.56
13	\$ 233,388.11	\$ 266,611.89
12	\$ 372,221.57	\$ 127,778.43
6	\$ 277,807.50	\$ 222,192.50
4	\$ 254,585.01	\$ 245,414.99
9	\$ 341,542.75	\$ 158,457.25
21	\$ 210,727.46	\$ 289,272.54
23	\$ 184,195.89	\$ 315,804.11
	\$ 4,798,204.75	\$ 4,201,795.25

**PREMIUM**

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	\$ 135.54	\$ 5,575,437.90	\$ 4,470,906.83	\$ (1,104,531.07)
350,000	\$ 49.72	\$ 2,045,232.20	\$ 2,081,457.55	\$ 36,225.35
500,000	\$ 29.03	\$ 1,194,149.05	\$ 1,197,702.08	\$ 3,553.03

**PRIOR YEAR RESULTS**

FISCAL YEAR	MEMBERS OVER \$175K	SAVINGS/(LOSS) \$500 DEDUCTIBLE	SAVINGS/(LOSS) \$350 DEDUCTIBLE	SAVINGS/(LOSS) \$175 DEDUCTIBLE
2008/2009	5	\$ 275,694.78	\$ 823,731.16	\$ 1,333,752.01
2009/2010	11	\$ 298,037.47	\$ 660,094.16	\$ 696,657.85
2010/2011	7	\$ 571,249.08	\$ 901,645.80	\$ 2,451,452.16
2011/2012	12	\$ 392,141.96	\$ 562,653.55	\$ 1,543,342.62
2012/2013	4	\$ 690,024.10	\$ 1,115,261.30	\$ 3,286,763.75
2013/2014	11	\$ 892,384.76	\$ 1,450,290.57	\$ 3,807,297.67
2014/2015	11	\$ 546,018.60	\$ 941,346.55	\$ 3,782,202.62
2015/2016	13	\$ 324,590.15	\$ 264,268.88	\$ 374,381.62
2016/2017	14	\$ 2,588,355.84	\$ 2,919,146.55	\$ 3,042,900.18
2017/2018	15	\$ (618,495.03)	\$ (1,101,491.19)	\$ (1,626,992.21)
2018/2019	23	\$ (808,434.00)	\$ (1,099,684.13)	\$ (1,999,825.30)
2019/2020	27	\$ (717,892.65)	\$ (696,340.65)	\$ (258,654.91)
2020/2021	29	\$ (403,675.83)	\$ 34,344.25	\$ 231,492.59
<b>TOTAL</b>	<b>182</b>	<b>\$ 4,029,999.23</b>	<b>\$ 6,775,266.80</b>	<b>\$ 16,664,770.65</b>

Current Outstanding Submission

As of December 31, 2021

\$

672,782.43

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

**OVER \$500,000.00**

**50% OVER \$250,000.00**

**PREMIUM**

### PRIOR YEAR RESULTS

**Current Outstanding Submission**  
As of December 31, 2021

HEALTH & WELFARE FY22  
PREPARED BY FINANCIAL REPORTING

HEALTH & WELFARE TRUST ACTIVITY REPORT  
SCHEDULE OF RECEIPTS AND DISBURSMENTS  
JULY 1, 2021 THRU SEPTEMBER 30, 2021 Period 3

RECEIPTS:

	JUL	AUG	SEP	TOTALS
CITY AND EMP. CONTRIBUTION FROM PAYROLL	\$4,098,559	\$4,105,876	\$3,692,718	\$11,897,153
RDA SUCCESSOR EMPLOYEES CONTRIBUTION	\$1,350	\$1,350	\$1,350	\$4,050
SELF PAY - LWOP	\$862	\$123	\$404	\$1,389
SELF PAY - COBRA	\$6,255	\$5,293	\$5,301	\$16,849
SELF PAY - FPOA ACTIVE ADM STAFF	\$5,400	\$5,400	\$6,750	\$17,550
RETIREEES	\$331,766	\$328,206	\$326,319	\$986,291
RETIREEES - HRA	\$97,449	\$104,234	\$102,092	\$303,775
RETIREEES - CITY PAID H&W RECEIPTS	\$0	\$0	\$0	\$0
RETIREEES - SELF PAY	\$404	\$10,208	\$17,500	\$28,112
REFUNDS	\$44,748	\$107,582	\$200,077	\$352,407
INTEREST	\$32,196	\$31,567	\$30,196	\$93,958
OTHER	\$0	\$0	\$0	\$0
H & W TRUST CASH RECEIPTS	\$4,618,988	\$4,699,839	\$4,382,707	\$13,701,534

DISBURSEMENTS:

CLAIMS PAID	(\$4,968,370)	(\$3,587,493)	(\$3,936,115)	(\$12,491,978)
CLAIMS PAID - DELTA DENTAL	(\$255,314)	(\$270,365)	(\$300,472)	(\$826,151)
BLUE SHIELD OF CALIFORNIA	\$0	(\$69,317)	(\$69,375)	(\$138,691)
CHIROMETRICS INC	\$0	(\$11,283)	(\$11,296)	(\$22,579)
DELTA DENTAL OF CALIF.	(\$18,822)	(\$19,451)	(\$19,488)	(\$57,762)
REFUNDS	\$0	(\$100)	\$0	(\$100)
ELITE CORP-FLU VACCINE	\$0	\$0	\$0	\$0
NATIONAL MEDICAL HEALTH CARD	\$0	\$0	\$0	\$0
CATAMARAN/OPTUMRX	(\$5,874)	\$0	(\$41,901)	(\$47,775)
PSY CARE/HALCYON BEHAVIORAL	\$0	(\$14,926)	(\$10,590)	(\$25,516)
UNITED HEALTHCARE INSURANCE	\$0	(\$9,586)	(\$8,334)	(\$17,920)
OTHER - CLAIMS				\$0
CITY ADMIN. FEES	(\$130)	(\$130)	(\$130)	(\$390)
ADM - REAL & LETSON	\$0	(\$6,300)	(\$6,700)	(\$13,000)
HEALTHCOMP INC.	\$0	(\$108,827)	(\$109,075)	(\$217,902)
LEGAL - THE MOSS LAW FIRM	(\$2,850)	(\$2,850)	(\$2,850)	(\$8,550)
MES VISION	\$0	\$0	(\$122,422)	(\$122,422)
OTHER - ADMIN FEES	(\$102,853)	(\$103,086)	(\$102,040)	(\$307,979)
H & W CASH DISBURSEMENTS	(\$5,354,213)	(\$4,203,712)	(\$4,740,789)	(\$14,298,715)
RECEIPTS OVER DISBURSMENTS	(\$735,225)	\$496,127	(\$358,082)	(\$597,181)

HEALTH & WELFARE TRUST ACTIVITY REPORT  
CASH BALANCE ANALYSIS  
JULY 1, 2021 THRU SEPTEMBER 30, 2021 Period 3

	JUL	AUG	SEP	
BEGINNING CASH BALANCE	\$31,322,778	\$30,285,170	\$30,791,954	
ADD: TOTAL REVENUE	\$4,618,988	\$4,699,839	\$4,382,707	\$13,701,534
LESS: TOTAL EXPENDITURES	(\$5,354,213)	(\$4,203,712)	(\$4,740,789)	(\$14,298,714)
LESS: CHANGE IN RECEIVABLE	\$3,703	(\$6,309)	(\$9,158)	(\$11,764)
LESS: CHANGE IN VOUCHERS PAYABLE	\$298,680	(\$4,348)	\$4,347	\$298,679
<b>ENDING CASH BALANCE</b>	<b>\$30,285,170</b>	<b>\$30,791,954</b>	<b>\$30,438,683</b>	

	ACCUMULATED RECEIPTS & DISBURSEMENTS			
	JUL	AUG	SEP	
YTD CASH RECEIPTS	\$4,618,988	\$4,699,839	\$4,382,707	
YTD CASH DISBURSEMENTS	(\$5,354,213)	(\$4,203,712)	(\$4,740,789)	
YTD CHANGE IN RECEIVABLE	\$3,703	(\$6,309)	(\$9,158)	
YTD CHANGE IN PAYABLE	\$298,680	(\$4,348)	\$4,347	
YTD NET CHANGE IN CASH	(\$1,037,608)	\$506,784	(\$353,271)	
	CHANGE IN RECEIVABLE			
BEGINNING RECEIVABLE BALANCE	\$168,119	\$171,822	\$165,513	
INCREASE, DEBITS	\$32,196	\$31,567	\$30,196	\$93,958
DECREASE, CREDITS	(\$28,493)	(\$37,876)	(\$39,354)	(\$105,723)
ENDING RECEIVABLE BALANCE	\$171,822	\$165,513	\$156,355	
ENDING RECEIVABLE BALANCE	\$171,822	\$165,513	\$156,355	
BEGINNING RECEIVABLE BALANCE	\$168,119	\$171,822	\$165,513	
CHANGE IN RECEIVABLE	\$3,703	(\$6,309)	(\$9,158)	
	CHANGE IN PAYABLE			
BEG VOUCHERS PAYABLE BAL	(\$277,073)	\$21,607	\$17,259	
DECREASE, DEBITS	\$430,429	\$341,377	\$508,419	\$1,280,226
INCREASE, CREDITS	(\$131,749)	(\$345,725)	(\$504,071)	(\$981,545)
END VOUCHERS PAYABLE BAL	\$21,607	\$17,259	\$21,607	
END VOUCHERS PAYABLE BALANCE	\$21,607	\$17,259	\$21,607	
BEG PAYABLE BALANCE	(\$277,073)	\$21,607	\$17,259	
CHANGE IN VOUCHERS PAYABLE	\$298,680	(\$4,348)	\$4,347	



**Mental Health and Substance Abuse Benefit  
Utilization Report for:**

**Fresno City Employees' Health & Welfare Trust**

**Reporting Period: 10/01/2021 - 12/31/2021**

**Presented by:**



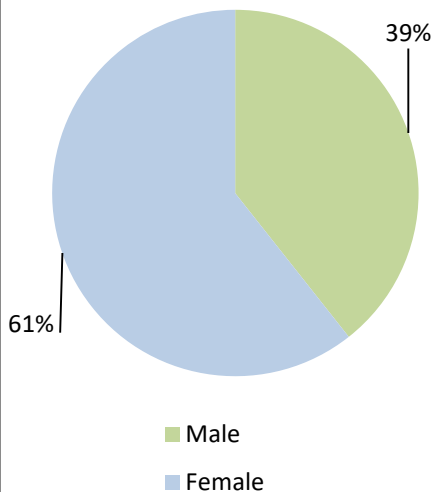
**Halcyon**  
Behavioral

## Overall Mental Health & Substance Abuse Benefit Utilization

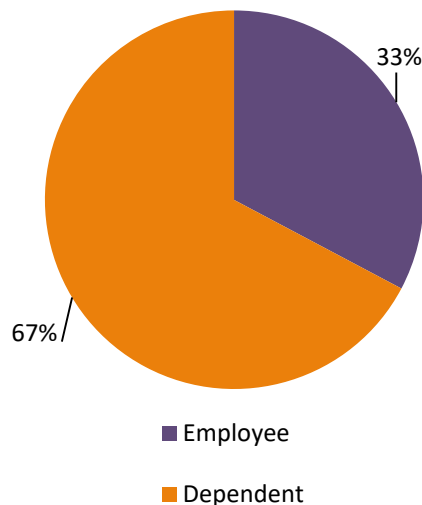
	October 2021	November 2021	December 2021	July 2021 – December 2021
Covered Employees	3,747	3,709	3,671	
Covered Dependents	6,704	6,650	6,574	
Total Covered Members	10,451	10,359	10,245	10,352 (Avg)
Unique Employees Accessing Benefit	85	72	71	150
Unique Dependents Accessing Benefit	169	173	125	326
Total Unique Members Accessing Benefits	254	245	196	476
Access Rate	2.4%	2.4%	1.9%	4.6%
Unique Dates of Service	596	506	361	3,415
Total Plan Pricing	<b>\$71,501.90</b>	<b>\$77,299.60</b>	<b>\$42,019.90</b>	<b>\$566,672.60</b>

## Member Demographics

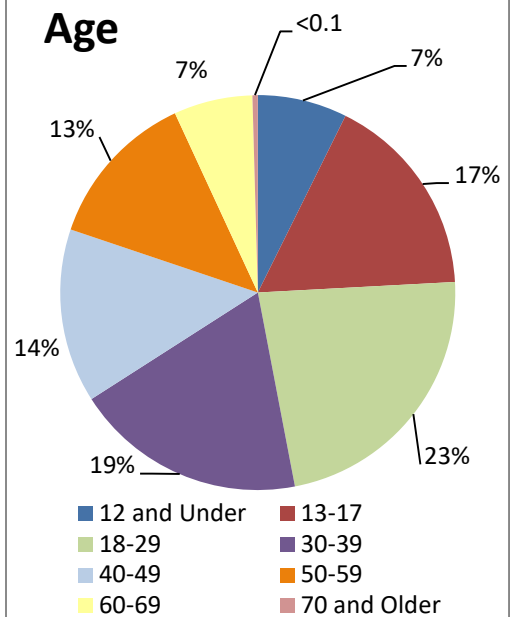
### Gender



### Classification



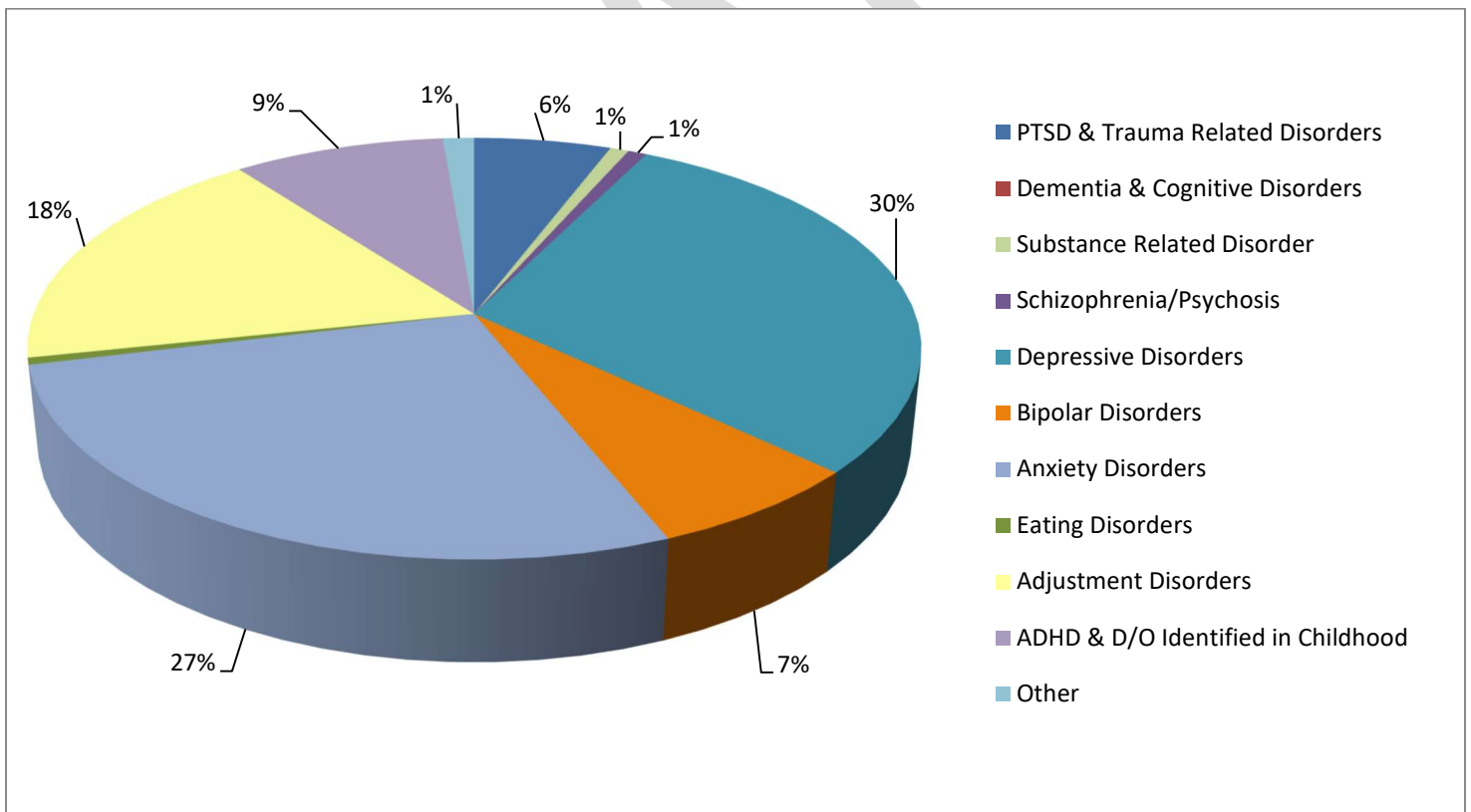
### Age



## Routine Outpatient Treatment Services

	October 2021	November 2021	December 2021
Psychotherapy			
Total Active Cases	188	167	143
Medication Evaluation and Management			
Total Active Cases	75	84	65
Crisis Services			
Total Active Cases	0	0	0

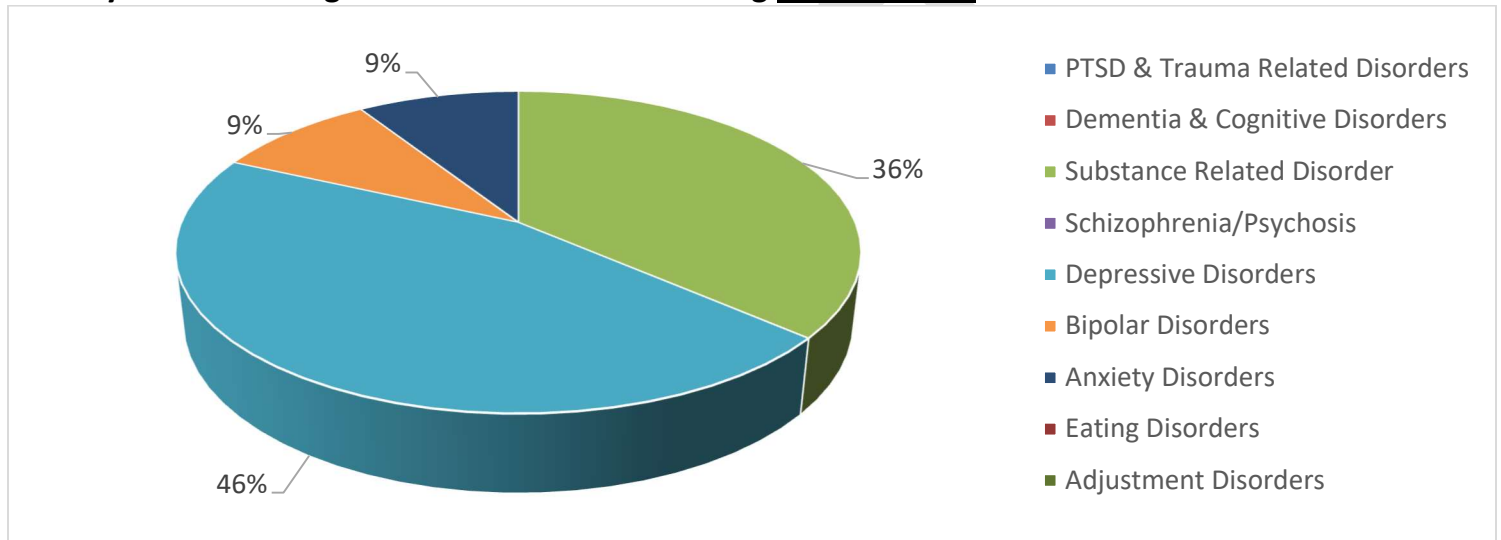
## Conditions Diagnosed for Members Receiving Outpatient Treatment



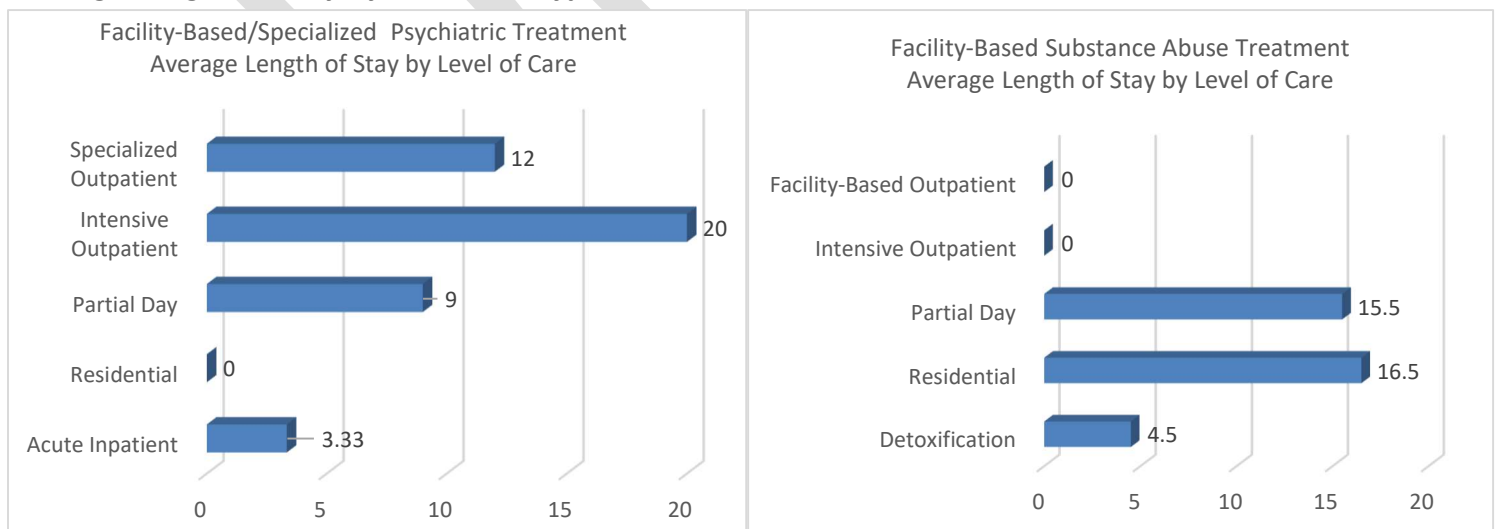
## Intensive Facility-Based Benefit Utilization

All Facility-Based/Intensive Psychiatric Treatment	
	Specific case information removed to preserve member confidentiality
	Throughout the reporting period there were seven (7) cases included in this category
All Facility Based Substance Abuse Treatment	
	Specific case information removed to preserve member confidentiality
	Throughout the reporting period there were four (4) cases included in this category

## Primary Condition Diagnosed for Members Receiving Facility-Based Treatment



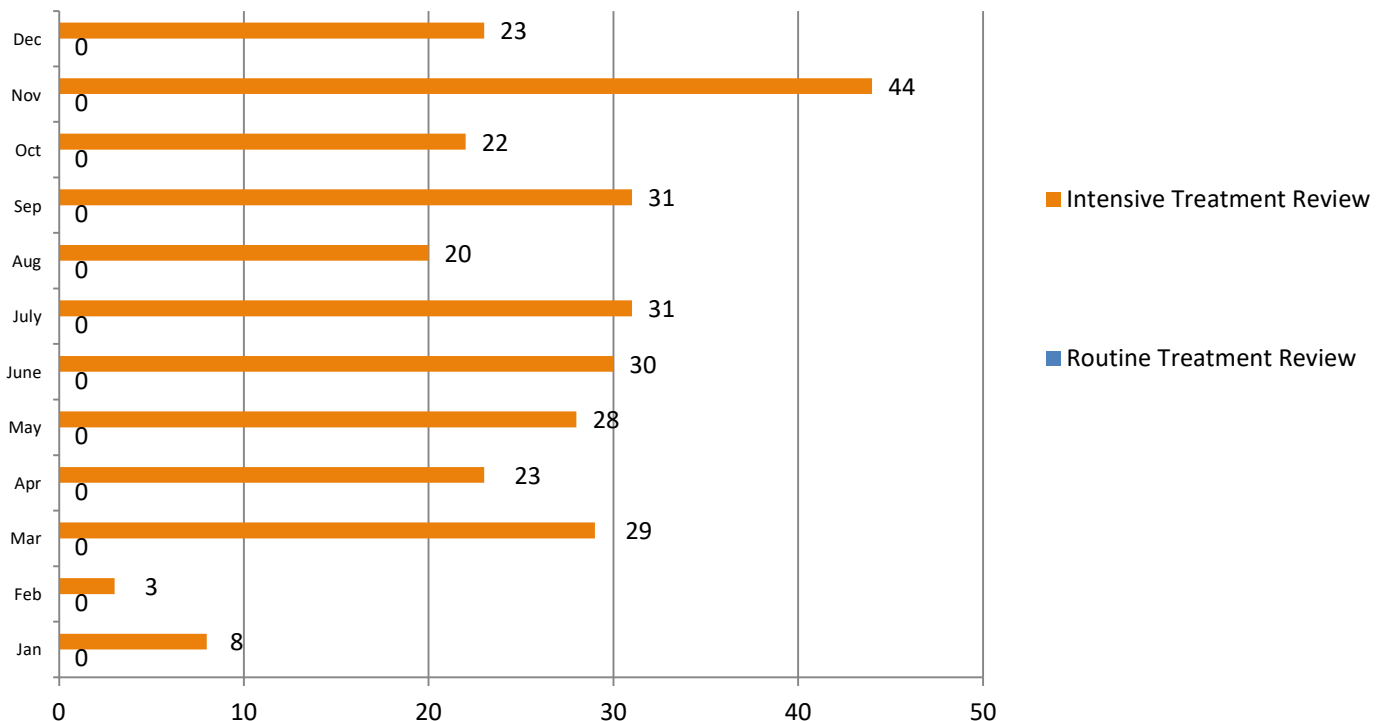
## Average Length of Stay by Level and Type of Care



## Care Management

Routine Treatment Review	
Review Includes	Review of treatment notes submitted by providers for services that extends beyond standard of care based on primary clinical issue(s)
Facility-Based/Intensive Treatment Review	
Review Includes	Admission, concurrent, discharge review for all treatment provided by psychiatric or substance treatment facilities and intensive treatment provided in an outpatient setting

## Clinical Treatment Review





## Claims Experience

Top Facility/Program Provider Activity by Total Pricing for Period: October 2021 – December 2021	Patients	% Total Pricing
Ascend Behavioral Health	4	9.6%
New Leaf Detox and Treatment	1	8.3%
A Mission for Michael	1	1.8%
Aurora Vista del Mar	1	1.6%

Top 10 Outpatient Provider Activity by Total Pricing for Period: October 2021 – December 2021	Patients	% Total Pricing
Dwight Sievert, MD	57	5.0%
Jagmeet Chann, MD	23	2.5%
Thomas Granata, PhD	4	2.1%
Talacey Cox, LMFT	4	2.0%
Trina Maria Rodriguez-Jensen, LMFT	9	2.0%
Nirmal Brar, MD	16	1.7%
Prasad Reddy, MD	1	1.6%
Celeste Penrose, LMFT	5	1.3%
Terri Thomas, LMFT	2	1.3%
Tami Ramage, LMFT	4	1.3%

Fresno City Employees Health and Welfare Trust Commercial Plan

Measures	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	Rolling Total
Membership													
Avg Eligible Members	9,988	9,992	10,007	10,048	10,069	10,089	10,108	10,086	10,160	10,196	10,189	10,224	10,096
Total Utilizing Members	2,572	2,485	2,881	2,999	2,769	2,735	2,788	2,974	2,895	2,849	2,930	3,033	2,826
% Utilizing Members	25.8%	24.9%	28.8%	29.8%	27.5%	27.1%	27.6%	29.5%	28.5%	27.9%	28.8%	29.7%	28.0%
Avg Member Age	32.22	32.23	32.22	32.24	32.22	32.17	32.16	32.10	32.08	32.09	32.07	32.13	32.16
Rx and Cost													
Total Rxs	6,283	5,864	7,088	7,079	6,442	6,562	6,615	7,218	6,804	6,798	6,944	7,337	81,034
Total Drug Cost	\$1,129,220.17	\$1,021,942.31	\$1,145,786.78	\$1,225,752.88	\$1,014,255.47	\$1,240,655.74	\$1,209,870.99	\$1,207,478.95	\$1,135,441.41	\$1,330,714.93	\$1,268,055.41	\$1,336,513.09	\$14,265,688.13
Total Plan Paid	\$1,034,404.55	\$934,935.28	\$1,046,916.90	\$1,129,033.17	\$926,898.39	\$1,147,078.16	\$1,098,101.86	\$1,103,114.48	\$1,039,903.68	\$1,234,684.78	\$1,172,450.07	\$1,233,424.77	\$13,100,946.09
Total Member Paid	\$94,815.62	\$87,007.03	\$98,869.88	\$96,719.71	\$87,357.08	\$93,577.58	\$111,769.13	\$104,364.47	\$95,537.73	\$96,030.15	\$95,605.34	\$103,088.32	\$1,164,742.04
Total Ingredient Cost	\$1,119,927.27	\$1,014,313.74	\$1,129,078.24	\$1,202,471.29	\$989,375.10	\$1,223,930.57	\$1,191,347.32	\$1,177,043.75	\$1,107,201.28	\$1,304,397.19	\$1,235,308.24	\$1,307,285.15	\$14,001,679.14
Total Dispensing Fee	\$9,127.62	\$6,471.52	\$7,279.77	\$5,221.17	\$6,970.47	\$7,053.62	\$8,058.35	\$10,419.00	\$14,157.22	\$16,584.50	\$14,698.84	\$10,374.27	\$116,416.35
Total Sales Tax	\$1.37	\$9.68	\$4.19	\$60.03	\$109.90	\$111.55	\$145.32	\$56.20	\$2.91	\$13.24	\$8.33	\$13.67	\$536.39
Total Incentive Fee	\$163.91	\$1,147.37	\$9,424.58	\$18,000.39	\$17,800.00	\$9,560.00	\$10,320.00	\$19,960.00	\$14,080.00	\$9,720.00	\$18,040.00	\$18,840.00	\$147,056.25
% Plan Paid	91.6%	91.5%	91.4%	92.1%	91.4%	92.5%	90.8%	91.4%	91.6%	92.8%	92.5%	92.3%	91.8%
% Member Paid	8.4%	8.5%	8.6%	7.9%	8.6%	7.5%	9.2%	8.6%	8.4%	7.2%	7.5%	7.7%	8.2%
Avg Drug Cost / Rx	\$179.73	\$174.27	\$161.65	\$173.15	\$157.44	\$189.07	\$182.90	\$167.29	\$166.88	\$195.75	\$182.61	\$182.16	\$176.05
Avg Plan Paid / Rx	\$164.64	\$159.44	\$147.70	\$159.49	\$143.88	\$174.81	\$166.00	\$152.83	\$152.84	\$181.62	\$168.84	\$168.11	\$161.67
Avg Member Paid / Rx	\$15.09	\$14.84	\$13.95	\$13.66	\$13.56	\$14.26	\$16.90	\$14.46	\$14.04	\$14.13	\$13.77	\$14.05	\$14.37
Per Member Per Month													
Avg Rxs PMPM	0.63	0.59	0.71	0.70	0.64	0.65	0.65	0.72	0.67	0.67	0.68	0.72	0.67
Avg Drug Cost PMPM	\$113.06	\$102.28	\$114.50	\$121.99	\$100.73	\$122.97	\$119.69	\$119.72	\$111.76	\$130.51	\$124.45	\$130.72	\$117.75
Avg Plan Paid PMPM	\$103.56	\$93.57	\$104.62	\$112.36	\$92.05	\$113.70	\$108.64	\$109.37	\$102.35	\$121.10	\$115.07	\$120.64	\$108.13
Avg Member Paid PMPM	\$9.49	\$8.71	\$9.88	\$9.63	\$8.68	\$9.28	\$11.06	\$10.35	\$9.40	\$9.42	\$9.38	\$10.08	\$9.61
Drug Type													
% Single-Source Brand Rxs	14.0%	14.8%	19.1%	22.6%	19.0%	16.7%	17.2%	20.4%	20.4%	20.5%	21.3%	19.9%	18.9%
% Multi-Source Brand Rxs	0.4%	0.6%	0.5%	0.5%	0.4%	0.5%	0.6%	0.4%	0.5%	0.6%	0.5%	0.6%	0.5%
% Generic Rxs	85.5%	84.6%	80.4%	76.9%	80.6%	82.8%	82.2%	79.2%	79.2%	78.9%	78.2%	79.5%	80.6%
% Generic Efficiency	99.5%	99.3%	99.4%	99.4%	99.5%	99.4%	99.3%	99.5%	99.4%	99.3%	99.4%	99.2%	99.4%
Drug Channel													
% Retail Rxs	72.8%	72.1%	73.3%	74.4%	74.1%	72.1%	72.9%	74.9%	73.9%	74.2%	75.3%	73.6%	73.7%
% Retail 90 Rxs	20.6%	21.1%	20.9%	19.9%	19.7%	21.9%	21.4%	19.5%	19.5%	19.3%	19.3%	20.4%	20.3%
% Mail Rxs	6.7%	6.8%	5.8%	5.7%	6.2%	6.1%	5.7%	5.6%	6.5%	6.5%	5.4%	6.0%	6.1%
Specialty Drugs													
Total Specialty Rxs	85	80	87	87	71	85	88	90	89	101	94	93	1,050
Total Specialty Drug Cost	\$510,237.07	\$452,488.98	\$497,008.34	\$563,731.98	\$397,792.44	\$592,212.83	\$563,246.58	\$548,580.80	\$499,366.86	\$653,556.08	\$599,411.84	\$626,518.03	\$6,504,151.83
Total Specialty Plan Paid	\$503,577.07	\$446,264.73	\$489,855.54	\$556,965.74	\$392,131.81	\$585,747.01	\$549,711.25	\$541,396.64	\$492,786.10	\$646,158.81	\$591,371.84	\$618,257.57	\$6,414,224.11
Total Specialty Member Paid	\$6,660.00	\$6,224.25	\$7,152.80	\$6,766.24	\$5,660.63	\$6,465.82	\$13,535.33	\$7,184.16	\$6,580.76	\$7,397.27	\$8,040.00	\$8,260.46	\$89,927.72
% Specialty Rxs	1.4%	1.4%	1.2%	1.2%	1.1%	1.3%	1.3%	1.2%	1.3%	1.5%	1.4%	1.3%	1.3%
% Specialty of Total Drug Cost	45.2%	44.3%	43.4%	46.0%	39.2%	47.7%	46.6%	45.4%	44.0%	49.1%	47.3%	46.9%	45.6%
% Specialty of Total Plan Paid	48.7%	47.7%	46.8%	49.3%	42.3%	51.1%	50.1%	49.1%	47.4%	52.3%	50.4%	50.1%	49.0%
% Specialty of Total Member Paid	7.0%	7.2%	7.2%	7.0%	6.5%	6.9%	12.1%	6.9%	6.9%	7.7%	8.4%	8.0%	7.7%
Avg Specialty Rxs PMPM	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
Avg Specialty Drug Cost PMPM	\$51.09	\$45.29	\$49.67	\$56.10	\$39.51	\$58.70	\$55.72	\$54.39	\$49.15	\$64.10	\$58.83	\$61.28	\$53.68
Avg Specialty Plan Paid PMPM	\$50.42	\$44.66	\$48.95	\$55.43	\$38.94	\$58.06	\$54.38	\$53.68	\$48.50	\$63.37	\$58.04	\$60.47	\$52.94
Avg Specialty Member Paid PMPM	\$0.67	\$0.62	\$0.71	\$0.67	\$0.56	\$0.64	\$1.34	\$0.71	\$0.65	\$0.73	\$0.79	\$0.81	\$0.74
Avg Non-Specialty Rxs PMPM	0.62	0.58	0.70	0.70	0.63	0.64	0.65	0.71	0.66	0.66	0.67	0.71	0.66
Avg Non-Specialty Drug Cost PMPM	\$61.97	\$56.99	\$64.83	\$65.89	\$61.22	\$64.27	\$63.97	\$65.33	\$62.61	\$66.41	\$65.62	\$69.44	\$64.06
Avg Non-Specialty Plan Paid PMPM	\$53.15	\$48.91	\$55.67	\$56.93	\$53.11	\$55.64	\$54.25	\$55.69	\$53.85	\$57.72	\$57.03	\$60.17	\$55.19
Avg Non-Specialty Member Paid PMPM	\$8.83	\$8.08	\$9.17	\$8.95	\$8.11	\$8.63	\$9.72	\$9.64	\$8.76	\$8.69	\$8.59	\$9.28	\$8.87

Fresno City Employees Health and Welfare Trust Commercial Plan

Measures	January 2021 - December 2021	January 2020 - December 2020	% Change
<b>Membership</b>			
Avg Eligible Members	10,096	10,309	-2.1%
% Utilizing Members	5.6%	5.1%	9.3%
Total Utilizing Members	6,746	6,301	7.1%
Avg Member Age	32.16	32.16	-0.0%
<b>Rx and Cost</b>			
Total Days Supply	3,208,297	3,248,833	-1.2%
Total Rxs	81,034	79,559	1.9%
Total Drug Cost	\$14,265,688.13	\$13,708,765.99	4.1%
Total Plan Paid	\$13,100,946.09	\$12,513,138.32	4.7%
Total Member Paid	\$1,164,742.04	\$1,195,627.67	-2.6%
Total Ingredient Cost	\$14,001,679.14	\$13,583,541.36	3.1%
Total Dispensing Fee	\$116,416.35	\$125,201.02	-7.0%
Total Sales Tax	\$536.39	\$23.61	2,171.9%
Total Incentive Fee	\$147,056.25	\$0.00	0.0%
% Plan Paid	91.8%	91.3%	0.6%
% Member Paid	8.2%	8.7%	-6.4%
Days Supply / Rx	39.59	40.84	-3.0%
Drug Cost / Rx	\$176.05	\$172.31	2.2%
Plan Paid / Rx	\$161.67	\$157.28	2.8%
Member Paid / Rx	\$14.37	\$15.03	-4.4%
<b>Per Member Per Month</b>			
Days Supply PMPM	26.48	26.26	0.8%
Rxs PMPM	0.67	0.64	4.0%
Drug Cost PMPM	\$117.75	\$110.82	6.3%
Plan Paid PMPM	\$108.13	\$101.15	6.9%
Member Paid PMPM	\$9.61	\$9.66	-0.5%
<b>Drug Type</b>			
% Single-Source Brand Rxs	18.9%	16.0%	18.2%
% Multi-Source Brand Rxs	0.5%	0.6%	-18.1%
% Generic Rxs	80.6%	83.4%	-3.4%
% Generic Efficiency	99.4%	99.3%	0.1%
<b>Drug Channel</b>			
% Retail Rxs	73.7%	73.3%	0.6%
% Retail 90 Rxs	20.3%	20.4%	-0.8%
% Mail Rxs	6.1%	6.3%	-3.9%
<b>Specialty Drugs</b>			
Total Specialty Days Supply	33,783	32,935	2.6%
Total Specialty Rxs	1,050	1,011	3.9%
Total Specialty Drug Cost	\$6,504,151.83	\$6,266,916.52	3.8%
Total Specialty Plan Paid	\$6,414,224.11	\$6,183,529.18	3.7%
Total Specialty Member Paid	\$89,927.72	\$83,387.34	7.8%
% Specialty Rxs	1.3%	1.3%	2.0%
% Specialty of Total Drug Cost	45.6%	45.7%	-0.3%
% Specialty of Total Plan Paid	49.0%	49.4%	-0.9%
% Specialty of Total Member Paid	7.7%	7.0%	10.7%
Specialty Days Supply PMPM	0.28	0.27	4.7%
Specialty Rxs PMPM	0.01	0.01	6.0%
Specialty Drug Cost PMPM	\$53.68	\$50.66	6.0%
Specialty Plan Paid PMPM	\$52.94	\$49.99	5.9%
Specialty Member Paid PMPM	\$0.74	\$0.67	10.1%
Non-Specialty Rxs PMPM	0.66	0.63	4.0%
Non-Specialty Drug Cost PMPM	\$64.06	\$60.16	6.5%
Non-Specialty Plan Paid PMPM	\$55.19	\$51.17	7.9%
Non-Specialty Member Paid PMPM	\$8.87	\$8.99	-1.3%



Fresno City Employees Health and Welfare Trust EGWP

Measures	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	Rolling Total
<b>Membership</b>													
Avg Eligible Members	241	242	240	241	243	244	245	242	238	238	237	238	241
Total Utilizing Members	180	171	176	178	165	179	157	164	178	165	168	160	170
% Utilizing Members	74.7%	70.7%	73.3%	73.9%	67.9%	73.4%	64.1%	67.8%	74.8%	69.3%	70.9%	67.2%	70.6%
Avg Member Age	76.11	75.97	76.03	76.18	76.04	75.94	76.00	75.96	76.00	75.87	75.86	75.92	75.99
<b>Rx and Cost</b>													
Total Rx	575	575	598	606	558	630	570	599	561	596	546	556	6,970
Total Drug Cost	\$87,774.09	\$127,003.82	\$103,468.51	\$137,191.91	\$110,447.81	\$133,395.46	\$94,085.04	\$129,736.19	\$95,308.44	\$103,288.75	\$100,370.44	\$123,231.21	\$1,345,301.67
Total Plan Paid	\$74,686.66	\$110,543.71	\$85,440.01	\$107,014.39	\$86,672.18	\$90,625.12	\$65,188.57	\$97,464.71	\$70,003.53	\$68,105.38	\$72,406.09	\$99,525.19	\$1,027,675.54
Total Member Paid	\$13,087.43	\$16,460.11	\$18,028.50	\$30,177.52	\$23,775.63	\$42,770.34	\$28,896.47	\$32,271.48	\$25,304.91	\$35,183.37	\$27,964.35	\$23,706.02	\$317,626.13
Total Ingredient Cost	\$87,186.58	\$126,520.02	\$102,966.11	\$136,681.21	\$110,010.06	\$132,795.31	\$93,421.74	\$129,188.33	\$94,800.19	\$102,770.10	\$99,982.94	\$122,704.46	\$1,339,027.05
Total Dispensing Fee	\$447.50	\$463.80	\$462.40	\$490.70	\$417.75	\$540.15	\$583.30	\$527.85	\$468.25	\$478.65	\$387.50	\$406.75	\$5,674.60
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	\$140.01	\$20.00	\$40.00	\$20.00	\$20.00	\$60.00	\$80.00	\$20.01	\$40.00	\$40.00	\$0.00	\$120.00	\$600.02
% Plan Paid	85.1%	87.0%	82.6%	78.0%	78.5%	67.9%	69.3%	75.1%	73.4%	65.9%	72.1%	80.8%	76.4%
% Member Paid	14.9%	13.0%	17.4%	22.0%	21.5%	32.1%	30.7%	24.9%	26.6%	34.1%	27.9%	19.2%	23.6%
Avg Drug Cost / Rx	\$152.65	\$220.88	\$173.02	\$226.39	\$197.94	\$211.74	\$165.06	\$216.59	\$169.89	\$173.30	\$183.83	\$221.64	\$193.01
Avg Plan Paid / Rx	\$129.89	\$192.25	\$142.88	\$176.59	\$155.33	\$143.85	\$114.37	\$162.71	\$124.78	\$114.27	\$132.61	\$179.00	\$147.44
Avg Member Paid / Rx	\$22.76	\$28.63	\$30.15	\$49.80	\$42.61	\$67.89	\$50.70	\$53.88	\$45.11	\$59.03	\$51.22	\$42.64	\$45.57
<b>Per Member Per Month</b>													
Avg Rx PMPM	2.39	2.38	2.49	2.51	2.30	2.58	2.33	2.48	2.36	2.50	2.30	2.34	2.41
Avg Drug Cost PMPM	\$364.21	\$524.81	\$431.12	\$569.26	\$454.52	\$546.70	\$384.02	\$536.10	\$400.46	\$433.99	\$423.50	\$517.78	\$465.66
Avg Plan Paid PMPM	\$309.90	\$456.79	\$356.00	\$444.04	\$356.68	\$371.41	\$266.08	\$402.75	\$294.13	\$286.16	\$305.51	\$418.17	\$355.72
Avg Member Paid PMPM	\$54.30	\$68.02	\$75.12	\$125.22	\$97.84	\$175.29	\$117.94	\$133.35	\$106.32	\$147.83	\$117.99	\$99.61	\$109.94
<b>Drug Type</b>													
% Single-Source Brand Rx	12.0%	11.7%	11.9%	13.2%	10.8%	13.8%	12.6%	12.7%	11.8%	14.4%	13.7%	13.7%	12.7%
% Multi-Source Brand Rx	1.2%	1.2%	0.7%	1.2%	0.9%	0.8%	0.9%	1.3%	1.1%	0.5%	1.1%	0.5%	0.9%
% Generic Rx	86.8%	87.1%	87.5%	85.6%	88.4%	85.4%	86.5%	86.0%	87.2%	85.1%	85.2%	85.8%	86.4%
% Generic Efficiency	98.6%	98.6%	99.2%	98.7%	99.0%	99.1%	99.0%	98.5%	98.8%	99.4%	98.7%	99.4%	98.9%
<b>Drug Channel</b>													
% Retail Rx	52.7%	49.6%	47.5%	49.7%	45.9%	48.3%	54.9%	54.9%	52.4%	49.8%	47.8%	46.9%	50.0%
% Retail 90 Rx	28.2%	28.9%	32.1%	25.4%	32.6%	30.5%	28.2%	26.5%	30.3%	30.9%	30.8%	29.5%	29.5%
% Mail Rx	19.1%	21.6%	20.4%	24.9%	21.5%	21.3%	16.8%	18.5%	17.3%	19.3%	21.4%	23.6%	20.5%
<b>Specialty Drugs</b>													
Total Specialty Rx	3	8	6	7	8	6	6	7	4	3	3	9	70
Total Specialty Drug Cost	\$21,363.72	\$44,217.02	\$29,733.42	\$53,783.99	\$34,443.14	\$45,371.15	\$21,274.53	\$53,783.99	\$28,223.36	\$15,171.22	\$21,914.39	\$45,047.18	\$414,327.11
Total Specialty Plan Paid	\$17,226.19	\$39,838.01	\$27,457.33	\$46,091.38	\$32,346.02	\$38,811.18	\$19,377.41	\$49,623.80	\$26,741.57	\$13,884.43	\$21,694.39	\$41,507.40	\$374,599.11
Total Specialty Member Paid	\$4,137.53	\$4,379.01	\$2,276.09	\$7,692.61	\$2,097.12	\$6,559.97	\$1,897.12	\$4,160.19	\$1,481.79	\$1,286.79	\$220.00	\$3,539.78	\$39,728.00
% Specialty Rx	0.5%	1.4%	1.0%	1.2%	1.4%	1.0%	1.1%	1.2%	0.7%	0.5%	0.5%	1.6%	1.0%
% Specialty of Total Drug Cost	24.3%	34.8%	28.7%	39.2%	31.2%	34.0%	22.6%	41.5%	29.6%	14.7%	21.8%	36.6%	30.8%
% Specialty of Total Plan Paid	23.1%	36.0%	32.1%	43.1%	37.3%	42.8%	29.7%	50.9%	38.2%	20.4%	30.0%	41.7%	36.5%
% Specialty of Total Member Paid	31.6%	26.6%	12.6%	25.5%	8.8%	15.3%	6.6%	12.9%	5.9%	3.7%	0.8%	14.9%	12.5%
Avg Specialty Rx PMPM	0.01	0.03	0.03	0.03	0.03	0.02	0.02	0.03	0.02	0.01	0.01	0.04	0.02
Avg Specialty Drug Cost PMPM	\$88.65	\$182.71	\$123.89	\$223.17	\$141.74	\$185.95	\$86.83	\$222.25	\$118.59	\$63.74	\$92.47	\$189.27	\$143.42
Avg Specialty Plan Paid PMPM	\$71.48	\$164.62	\$114.41	\$191.25	\$133.11	\$159.06	\$79.09	\$205.06	\$112.36	\$58.34	\$91.54	\$174.40	\$129.66
Avg Specialty Member Paid PMPM	\$17.17	\$18.10	\$9.48	\$31.92	\$8.63	\$26.89	\$7.74	\$17.19	\$6.23	\$5.41	\$0.93	\$14.87	\$13.75
Avg Non-Specialty Rx PMPM	2.37	2.34	2.47	2.49	2.26	2.56	2.30	2.45	2.34	2.49	2.29	2.30	2.39
Avg Non-Specialty Drug Cost PMPM	\$275.56	\$342.09	\$307.23	\$346.09	\$312.78	\$360.76	\$297.19	\$313.85	\$281.87	\$370.24	\$331.04	\$328.50	\$322.25
Avg Non-Specialty Plan Paid PMPM	\$238.43	\$292.17	\$241.59	\$252.79	\$223.56	\$212.35	\$186.98	\$197.69	\$181.77	\$227.82	\$213.97	\$243.77	\$226.06
Avg Non-Specialty Member Paid PMPM	\$37.14	\$49.92	\$65.64	\$93.30	\$89.21	\$148.40	\$110.20	\$116.16	\$100.10	\$142.42	\$117.06	\$84.73	\$96.19

Fresno City Employees Health and Welfare Trust EGWP

Measures	January 2021 - December 2021	January 2020 - December 2020	% Change
<b>Membership</b>			
Avg Eligible Members	241	248	-3.1%
% Utilizing Members	8.7%	9.2%	-5.5%
Total Utilizing Members	250	273	-8.4%
Avg Member Age	75.99	76.20	-0.3%
<b>Rx and Cost</b>			
Total Days Supply	395,423	403,099	-1.9%
Total Rxs	6,970	7,163	-2.7%
Total Drug Cost	\$1,345,301.67	\$1,215,964.55	10.6%
Total Plan Paid	\$1,027,675.54	\$920,337.20	11.7%
Total Member Paid	\$317,626.13	\$293,735.48	8.1%
Total Ingredient Cost	\$1,339,027.05	\$1,209,139.80	10.7%
Total Dispensing Fee	\$5,674.60	\$5,824.75	-2.6%
Total Sales Tax	\$0.00	\$0.00	0.0%
Total Incentive Fee	\$600.02	\$1,000.00	-40.0%
% Plan Paid	76.4%	75.7%	0.9%
% Member Paid	23.6%	24.2%	-2.3%
Days Supply / Rx	56.73	56.28	0.8%
Drug Cost / Rx	\$193.01	\$169.76	13.7%
Plan Paid / Rx	\$147.44	\$128.48	14.8%
Member Paid / Rx	\$45.57	\$41.01	11.1%
<b>Per Member Per Month</b>			
Days Supply PMPM	136.87	135.27	1.2%
Rxs PMPM	2.41	2.40	0.4%
Drug Cost PMPM	\$465.66	\$408.04	14.1%
Plan Paid PMPM	\$355.72	\$308.84	15.2%
Member Paid PMPM	\$109.94	\$98.57	11.5%
<b>Drug Type</b>			
% Single-Source Brand Rxs	12.7%	11.8%	7.6%
% Multi-Source Brand Rxs	0.9%	1.1%	-15.2%
% Generic Rxs	86.4%	87.1%	-0.8%
% Generic Efficiency	98.9%	98.7%	0.2%
<b>Drug Channel</b>			
% Retail Rxs	50.0%	49.9%	0.3%
% Retail 90 Rxs	29.5%	31.1%	-5.4%
% Mail Rxs	20.5%	19.0%	8.1%
<b>Specialty Drugs</b>			
Total Specialty Days Supply	3,230	3,407	-5.2%
Total Specialty Rxs	70	81	-13.6%
Total Specialty Drug Cost	\$414,327.11	\$383,774.72	8.0%
Total Specialty Plan Paid	\$374,599.11	\$345,317.94	8.5%
Total Specialty Member Paid	\$39,728.00	\$38,456.78	3.3%
% Specialty Rxs	1.0%	1.1%	-11.2%
% Specialty of Total Drug Cost	30.8%	31.6%	-2.4%
% Specialty of Total Plan Paid	36.5%	37.5%	-2.9%
% Specialty of Total Member Paid	12.5%	13.1%	-4.5%
Specialty Days Supply PMPM	1.12	1.14	-2.2%
Specialty Rxs PMPM	0.02	0.03	-10.9%
Specialty Drug Cost PMPM	\$143.42	\$128.78	11.4%
Specialty Plan Paid PMPM	\$129.66	\$115.88	11.9%
Specialty Member Paid PMPM	\$13.75	\$12.90	6.6%
Non-Specialty Rxs PMPM	2.39	2.38	0.5%
Non-Specialty Drug Cost PMPM	\$322.25	\$279.26	15.4%
Non-Specialty Plan Paid PMPM	\$226.06	\$192.96	17.2%
Non-Specialty Member Paid PMPM	\$96.19	\$85.66	12.3%

**From:** Martinez, Carolyn <carolyn.martinez@optum.com>  
**Sent:** Saturday, January 1, 2022 8:38 AM  
**To:** Tom Georgouses | HealthComp; Diana Cavazos | HealthComp  
**Cc:** Andrew Desa; Osuna, Nissa D  
**Subject:** << COVID-19 UPDATE: CLAIMS PROCESSING AND PRICING OF NEW, ORAL ANTIVIRAL TREATMENTS >>

<< COVID-19 UPDATE: CLAIMS PROCESSING AND PRICING OF NEW, ORAL ANTIVIRAL TREATMENTS >>

Good morning,

Last week, the FDA announced the emergency use authorization (EUA) of two oral, antiviral medication: Pfizer's PAXLOVID™ (nirmatrelvir/ritonavir) and Merck's molnupiravir, for the treatment of mild-to-moderate coronavirus disease 2019 (COVID-19). Both drugs are authorized for treatment using a five-day course or therapy, but they are not authorized for pre-exposure or post-exposure prevention of COVID-19. The U.S. Government (USG) has procured doses of these oral antiviral drugs so that they can be available to the applicable patient population free of charge during the COVID-19 pandemic. The USG will begin distributing courses of these medications this week to State Health Authorities. Initial stocks will be limited so we anticipate the drugs will initially be made available at select dispensing sites that will include pharmacies that have provider agreements with the USG to dispense the drug in compliance with the terms and conditions of the authorization. Additional shipments of product are expected to occur to states and territories every 2 weeks.

The authorization by the U.S. Food and Drug Administration permits physicians, advanced practice registered nurses and physician assistants that are licensed or authorized under state law to prescribe these drugs. Careful drug utilization review will be required by prescribers and pharmacists to assure appropriate use.

PAXLOVID and molnupiravir are not necessarily interchangeable and each drug has different limitations that will impact use. Below is an overview of the medications:

### **Paxlovid (Pfizer)**

On December 22, 2021, the U.S. Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for PAXLOVID for the treatment of mild-to-moderate coronavirus disease 2019 (COVID-19) in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death.

PAXLOVID is a combination of two oral drugs, co-packaged in a blister pack, that must be taken together twice daily for five days. One of the components, ritonavir, helps boost the blood levels of the other component, nirmatrelvir which blocks the key enzyme needed for the SARS-CoV-2 virus to reproduce. Treatment should be started as soon as possible after diagnosis and within five days of symptom onset. The PAXLOVID regimen is associated with numerous drug interactions, which may limit use in certain populations.

### **Molnupiravir (Merck)**

On December 23, 2021, the FDA announced the emergency use authorization (EUA) of Merck's molnupiravir, for the treatment of mild-to-moderate coronavirus disease 2019 (COVID-19) in adults with positive results of coronavirus 2 (SARS-CoV-2) viral testing who are at high risk for progressing to severe COVID-19, including hospitalization or death, and for whom alternative COVID-19 treatment options authorized by FDA are not accessible or clinically appropriate.

Molnupiravir is an oral drug taken twice daily for five days. Molnupiravir works differently than PAXLOVID; molnupiravir is actively incorporated into replicating virus and blocks virus reproduction by causing fatal virus errors. Due to safety concerns, molnupiravir is limited to adults only, and also should not be used in women who are pregnant or breastfeeding. Unlike PAXLOVID, molnupiravir is not associated with known drug

interactions. Similar to PAXLOVID, molnupiravir should be started as soon as possible after diagnosis and within five days of symptom onset.

### **OptumRx Claims Processing and Pricing Update for Clients**

Medispan GPIs have been loaded and the drugs have been added to our standard formularies. OptumRx standard UM will limit both Paxlovid and molnupiravir to the indicated 5 day course of therapy per prescription and up to two courses per year. Additionally, both Paxlovid and molnupiravir will have an age limit consistent with the FDA EUA. Pricing is set up at the network level.

The cost of the drugs themselves will be covered by the federal government and allocated at no cost to the dispensing sites, however CMS urges payors to pay an administrative fee that is sufficient to cover the pharmacy administration costs during the Public Health Emergency and when these products are provided at no fee. **Beginning December 30, 2021, OptumRx will be implementing the below fees for the processing of oral, antivirals to treat COVID-19.**

- **Administrative Fee of \$10.50 Paid to the Pharmacy** – OptumRx is implementing the new fee during claims processing as current standard dispensing fees will not adequately cover the cost of pharmacy operations, reporting, etc... and such costs do not have the potential to be supplemented with margin from Cost of Goods Sold (COGS). No additional dispensing fee will be provided beyond this administrative fee.

This process aligns with the NCPDP standard guidelines for the billing of a self-administered free COVID-19 oral antiviral during an emergency. When determining the new fee, OptumRx considered a number of different sources, including the average Medicaid NADAC dispensing fees - which also assume no revenue from COGS. We believe the \$10.50 fee is reasonable and fair during the pandemic Emergency Health Period (EHP). This fee will be the same for all lines of business to allow for quicker implementation and reduce provider confusion.

We also believe this fee to be well-justified in that these oral, antiviral treatments have shown substantial reduction in hospitalizations and death due to COVID-19. Hospitalizations of COVID-19 average ~\$21,400 (Medicare) and ~\$42,200 for private payors<sup>1</sup>.

Also, as communicated in earlier overviews of the EUA for these drugs, claims for these new treatments will be excluded from client financial guarantees. The COVID-19 pandemic and the available treatment options continue to evolve at a rapid pace. All information, including reimbursement amounts, are subject to change.

Please let me know if you have any questions and I wish you a Happy New Year.

Sincerely,

Carolyn

Reference:

<sup>1</sup><https://labblog.uofmhealth.org/industry-dx/patients-hospitalized-for-covid-could-pay-thousands-of-dollars-study-suggests>

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**Carolyn (Jalbert) Martinez | OptumRx**  
Account Manager  
Government and Public Sector Markets

2720 N Tenaya Way  
Las Vegas, NV  
89128, USA  
Phone: (office) 612-428-6104, (mobile) 702-708-1849  
[Carolyn.Martinez@optum.com](mailto:Carolyn.Martinez@optum.com)

**Upcoming PTO Alert:**  
**Office Closure: January 17, 2022**

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**From:** Martinez, Carolyn <carolyn.martinez@optum.com>  
**Sent:** Monday, December 13, 2021 12:05 PM  
**To:** Tom Georgouses | HealthComp; Diana Cavazos | HealthComp; Andrew Desa  
**Cc:** Osuna, Nissa D  
**Subject:** Multiple Prior Authorization Processing Hierarchy Updates EGWP Clients  
**Attachments:** CCINF313\_Multiple Prior Authorization (PA) Processing Hierarchy Updates\_EGWP.pdf

Good afternoon,

Effective January 1, 2022, OptumRx will allow multiple prior authorization processing for our EGWP clients. What this means is that our system will proactively review all active prior authorizations for tier and quantity limit comparison and allow claims to pay off multiple approvals. This is being implemented for all EGWP clients as a best practice to avoid compliance issues.

No action is required from Fresno City Employees Health and Welfare Trust. I am routing this memo for notification purposes only.

Please let me know if you have any questions.

Regards,  
Carolyn

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[Carolyn.Martinez@optum.com](mailto:Carolyn.Martinez@optum.com)

**Upcoming PTO Alert: 12/20/2021 – 12/24/2021**

**Office Closure: December 24<sup>th</sup> and December 31<sup>st</sup> Happy Holidays**

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December 13, 2021

The purpose of this notice is to provide Employer Group Waiver Plan (EGWP) clients with information regarding the implementation of additional functionality for Multiple Prior Authorization (PA) Processing for Contract Year (CY) 2022. Multiple PA Processing was implemented in CY 2021 as a best practice standard. To determine which values should be used during claim adjudication, this functionality will allow claims to process utilizing multiple PAs by comparing each active authorization for that product on a member's profile.

## **OptumRx Actions**

### **Tier Comparison Across Authorizations to RxBuilder Tier:**

Earlier this year, EGWP clients turned on the Formulary Versus PA Tier Comparison, which applies to single PAs. This feature expands that logic to Multiple PA Processing.

OptumRx's standard recommendation has been updated to set the Tier Comparison flag to "L". The Tier Comparison flag will check if any active authorizations for a product have a tier override value populated, and if found, the claim will apply the lowest tier. This functionality not only looks at the tier value itself, but it also looks at the calculated copay/ coinsurance to determine which is lower. This functionality serves two purposes. First, it will ensure that a tier lowering authorization is applied to the claim, even if the claim uses a different authorization as the primary PA. Second, it will ensure that claims do not adjudicate with a tier value higher than the Centers for Medicare & Medicaid Services (CMS) approved formulary tier. This logic only applies to Medicare Part D tiers in the authorizations.

### **Quantity Limit Comparison Between Authorizations:**

The OptumRx standard recommendation has been updated to set the Quantity Limit (QL) flag to "H". The QL flag will check if any active authorizations for a product have a QL override value populated, and if found, the claim will apply the highest quantity limit override value during claim adjudication. The following fields are included in the comparison logic: Maximum Daily Dose, Period-to-Date Quantity Max, Period-to-Date Day Supply Max, and Period-to-Date Fills Max. Additional QL override fields are being assessed for future enhancements.

### **How to Determine if a Claim Used Multiple PA Processing:**

The primary PA number will appear on the claim detail screen, just as it does for single PA processing. Go to Detail, Multiple PA Details. If only a single PA was used, a message will return "No detail record exists." If multiple PAs were used, all additional PAs will be listed. Indicator flags of Y/ N advise which feature of the authorization was applied to the claim during adjudication. An additional screen is available to show Drug Utilization Review (DUR) override details.

While the specific features of the Multiple PA Processing above are ready to be implemented, OptumRx is also creating additional multiple PA processing enhancements. Additional communications will be released in the future when those enhancements are ready for implementation. The Multiple PA Processing



functionality for Tier Comparison and for QL Comparison functionality will be turned on for all clients effective **January 1, 2022** as an OptumRx best practice in order to prevent compliance issues.

For EGWP clients, this is a standard best practice, and no action is required.

Next Steps
<ul style="list-style-type: none"><li>• The Multiple PA Processing functionality for Tier Comparison and for QL Comparison functionality will be turned on for all clients effective <b>January 1, 2022</b> as an OptumRx best practice in order to prevent compliance issues.</li><li>• For EGWP clients, this is a standard best practice, and no action is required.</li></ul>



If you have any questions regarding this notice, please contact your Account Team.

**From:** [Martinez, Carolyn](#)  
**To:** [Tom Georgouses | HealthComp](#); [Diana Cavazos | HealthComp](#); [Andrew Desa](#)  
**Cc:** [Ross, Shannon C](#)  
**Subject:** OptumRx Staff Changes  
**Date:** Tuesday, November 16, 2021 4:11:24 PM

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Good afternoon,

I am writing to inform you that Robert Kahl has decided to leave his position at OptumRx. Moving forward, I will be your primary contact. Please forward all communications that you would normally send Robert to me.

My director Shannon Ross will also be available to support City of Fresno. Shannon's contact information is listed below. I will begin to include Shannon on emails and meetings as needed. Feel free to reach out to her directly for help if I am unavailable or out of office.

OptumRx values our longstanding relationship with City of Fresno. I look forward to expanding my relationship with each of you and provide the same high level quality of service.

Shannon Ross  
Email: [Shannon.ross@optum.com](mailto:Shannon.ross@optum.com)  
Phone: 763-797-2872

Please let me know if you have any questions.

Thank you,  
Carolyn

---

**Carolyn (Jalbert) Martinez | OptumRx**  
Account Manager  
Government and Public Sector Markets  
2720 N Tenaya Way  
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89128, USA  
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[Carolyn.Martinez@optum.com](mailto:Carolyn.Martinez@optum.com)

**Upcoming PTO Alert:** 11/24/2021 – 11/29/2021

**Office Closure:** November 25<sup>th</sup> – 26<sup>th</sup> **Happy Holidays**

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**From:** [Andrew Desa](#)  
**To:** [Andrew Desa](#)  
**Subject:** FW: Fresno City Employees Health & Welfare Trust #00273 - Renewal 7/1/2021  
**Date:** Thursday, January 6, 2022 8:27:19 PM

---

**From:** Duab Xaochay  
**Sent:** Friday, August 27, 2021 2:06 PM  
**To:** 'Andrew Desa' <[andrewd@rael-letson.com](mailto:andrewd@rael-letson.com)>  
**Subject:** RE: Fresno City Employees Health & Welfare Trust #00273 - Renewal 7/1/2021

Hi Andrew,

Happy Friday! Attached is the PG report for the City Trust's plan year through 6/30/2021. The report does reflect a penalty (1%) due for Customer Service (a) 85% of calls answered with 30 seconds. Please let me know if you have any questions or concerns.

Thank you,

**Duab Xaochay** | Account Manager II, Sales | [dxaochay@delta.org](mailto:dxaochay@delta.org)  
Phone: 559-430-4479 | CA Lic #0D61599  
**Delta Dental of California** | 1333 Broadway, Suite 800 | Oakland, CA, 94612  
**We keep you smiling®** | [deltadentalins.com](https://deltadentalins.com)  
pronouns: she / her

**Enrollees on the go can find a dentist, get mobile PPO ID cards, claims and benefits info! Share the [news](#).**

**DELTA DENTAL PERFORMANCE REPORT**  
**Fresno City Ees H&W Trust Fund (#00273)**  
**Contract Period: 7/2020 - 6/2021**

Service Requirement	Guarantees	Annual Performance	Guarantee Met	Percent of Admin at risk
<b>Claims Turnaround</b>	85% of claims processed within 15 calendar days	100%	Y	1%
<b>Claims Accuracy</b>	(a) Financial accuracy will be at least 99%	100%	Y	1%
	(b) Payment accuracy will be at least 97%	100%	Y	1%
	(c) Processing accuracy will be at least 95%	100%	Y	1%
<b>Customer Service</b>	(a) 85% of calls answered within 30 seconds	81%	N	1%
	(b) 90% of telephone inquiries resolved within 1 business day	99%	Y	1%
	(c) Written inquiries responded to within an average of seven days of receipt	4 days	Y	1%
	(d) 95% of calls answered before abandonment	97%	Y	1%
<b>Eligibility</b>	(a) 95% of electronic eligibility will be loaded within three (3) business days from receipt of data	100%	Y	0.5%
	(b) Eligibility updates will be completed within an average of 5 business days from receipt of data	4 days	Y	0.5%
	(c) Updates will be guaranteed with 98% accuracy	100%	Y	0.5%
<b>Enrollee Satisfaction</b>	85% of participants that respond to Delta Dental's Customer Satisfaction Survey will rate Delta Dental overall as Good, Very Good or Excellent. Overall customer satisfaction is measured by a survey distributed to a random sampling of Delta Dental enrollees.	96%	Y	0.5%
<b>Timely Reporting</b>	Delta Dental will provide Income Cost Experience report within 30 days from the close of the established reporting period. Other standard reports will be provided within 60 days from the close of the established reporting period.	Met	Y	1%

## DELTA DENTAL PERFORMANCE REPORT

Fresno City Ees H&W Trust Fund (#00273)

Contract Period: 7/2020 - 6/2021

Service Requirement	Guarantees	Annual Performance	Guarantee Met	Percent of Admin at risk
Account Management	<p>Delta Dental will assign an Account Manager to partner with the client to meet the client's dental benefit objectives, advise the client and work on the client's behalf to optimize Delta Dental's service. Standards of service include:</p> <p>a) Account Manager will provide comprehensive assistance for the client in support of Delta Dental's objective of top- tier customer service. (Client Satisfaction Survey item #8).</p> <p>b) Account Manager will provide timely response and follow-up on phone calls and e-mails from the client. (Client Satisfaction Survey item #8).</p> <p>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 and participation in employee informational meetings. (Client Satisfaction Survey item #10).</p> <p>d) Account Manager will provide ongoing assistance with any issues escalated by designated benefits contacts. (Client Satisfaction Survey item #11).</p> <p>The client will monitor and annually evaluate Delta Dental's Account Management performance and provide feedback via a Delta Dental Client Satisfaction Survey. Pertinent questions for this guarantee are in the Account Management section of the survey, as noted above. Client satisfaction for each of the criteria above will be deemed as being met given a rating of Good, Very Good, or Excellent.</p>			
		Met	Y	0.5%
		Met	Y	0.5%
		Met	Y	0.5%
		Met	Y	0.5%
Total Admin at risk (%)				13%
Total Penalty (\$)				\$2,145.29



## **DELTA DENTAL SELF-FUNDED FINANCIAL REPORT PACKAG**

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

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

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Summary	SUMMARY OF KEY STATISTICS
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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**

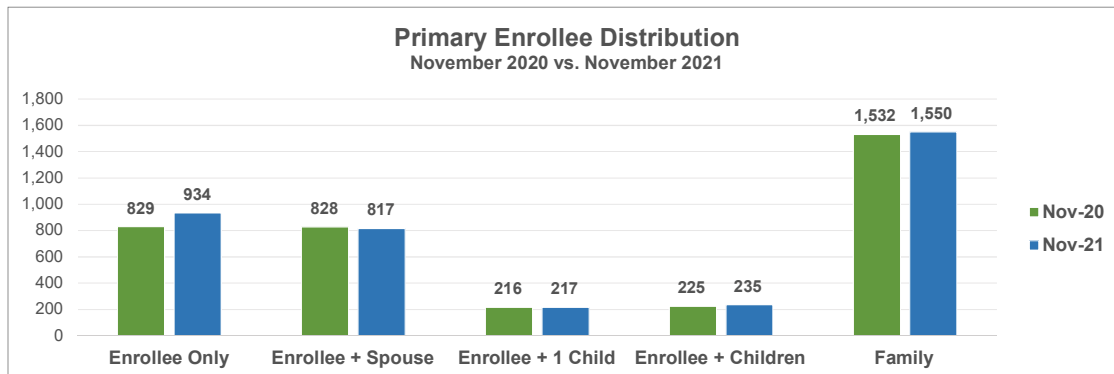
**Paid Period: December 1, 2019 - November 30, 2020 compared to December 1, 2020 - November 30, 2021**

**Financial Summary**

- For paid period ended November 30, 2021, the group had an average exposure of 3,673 primary enrollees. This represents a year / year increase of 0.7% from the previous period's average exposure of 3,645 primary enrollees.
- For the current period, claims paid PEPM was \$73.07, compared to \$61.21 during the previous period; This represents a year / year increase of 19.4%.
- During the current period, 76.0% of primary enrollees had enrolled dependents vs. 77.1% of primary enrollees during the previous period.

	12/1/2019 - 11/30/2020	12/1/2020 - 11/30/2021
<i>Claims Paid</i>	\$2,677,749	\$3,220,338
<i>Exposure**</i>	43,744	44,071
<i>Avg. Exposure</i>	3,645	3,673
<i>Avg. Member Count</i>	10,162	10,159

\*\* 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, 2019 - November 30, 2021**

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-19	1,284	\$212,423	829	859	195	236	1,518	3,637	2,377	4,128	10,142
Jan-20	1,652	\$268,937	831	857	198	232	1,523	3,641	2,380	4,135	10,156
Feb-20	1,510	\$235,703	822	850	200	230	1,522	3,624	2,371	4,135	10,130
Mar-20	1,440	\$222,636	841	849	198	234	1,535	3,657	2,383	4,160	10,200
Apr-20	476	\$82,951	842	849	204	235	1,533	3,663	2,382	4,165	10,210
May-20	378	\$75,238	847	839	210	235	1,530	3,661	2,369	4,144	10,174
Jun-20	1,386	\$219,587	848	828	211	235	1,530	3,652	2,358	4,140	10,150
Jul-20	1,838	\$309,021	844	828	220	228	1,538	3,658	2,366	4,176	10,200
Aug-20	1,435	\$253,994	841	823	217	231	1,538	3,650	2,361	4,174	10,185
Sep-20	1,435	\$248,557	834	824	217	230	1,535	3,640	2,359	4,153	10,152
Oct-20	1,792	\$323,063	828	822	218	227	1,536	3,631	2,358	4,145	10,134
Nov-20	1,229	\$225,640	829	828	216	225	1,532	3,630	2,360	4,124	10,114
Dec-20	1,582	\$282,307	829	822	216	224	1,526	3,617	2,348	4,102	10,067
Jan-21	1,245	\$203,121	849	814	215	223	1,516	3,617	2,330	4,090	10,037
Feb-21	1,575	\$271,641	843	808	217	225	1,512	3,605	2,320	4,093	10,018
Mar-21	1,580	\$258,913	850	815	220	227	1,518	3,630	2,333	4,123	10,086
Apr-21	1,865	\$312,667	863	812	223	227	1,520	3,645	2,332	4,135	10,112
May-21	1,520	\$254,862	877	812	227	225	1,519	3,660	2,331	4,142	10,133
Jun-21	1,462	\$239,402	887	808	226	228	1,521	3,670	2,329	4,147	10,146
Jul-21	1,819	\$317,793	890	815	219	224	1,538	3,686	2,353	4,143	10,182
Aug-21	1,549	\$273,146	890	816	221	227	1,537	3,691	2,353	4,159	10,203
Sep-21	1,694	\$301,426	920	821	222	233	1,542	3,738	2,364	4,180	10,282
Oct-21	1,450	\$255,877	932	824	220	233	1,550	3,759	2,375	4,193	10,327
Nov-21	1,437	\$249,183	934	817	217	235	1,550	3,753	2,368	4,188	10,309
<b>Total</b>	<b>34,633</b>	<b>\$5,898,087</b>	<b>20,600</b>	<b>19,840</b>	<b>5,147</b>	<b>5,509</b>	<b>36,719</b>	<b>87,815</b>	<b>56,560</b>	<b>99,474</b>	<b>243,849</b>

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, 2019 - November 30, 2021**

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-19	1,139	\$188,869	706	548	189	229	1,459	3,131	2,007	4,008	9,146
00273-00001	Jan-20	1,431	\$235,151	696	517	192	225	1,460	3,090	1,977	4,009	9,076
00273-00001	Feb-20	1,293	\$201,810	684	506	195	223	1,457	3,065	1,962	4,005	9,032
00273-00001	Mar-20	1,253	\$198,263	704	504	193	227	1,471	3,099	1,974	4,032	9,105
00273-00001	Apr-20	430	\$76,237	705	503	199	228	1,467	3,102	1,970	4,034	9,106
00273-00001	May-20	326	\$67,324	710	499	205	228	1,465	3,107	1,964	4,018	9,089
00273-00001	Jun-20	1,193	\$189,956	710	494	206	228	1,469	3,107	1,963	4,018	9,088
00273-00001	Jul-20	1,602	\$269,032	706	500	216	219	1,476	3,117	1,976	4,050	9,143
00273-00001	Aug-20	1,224	\$220,572	702	494	213	222	1,474	3,105	1,968	4,043	9,116
00273-00001	Sep-20	1,227	\$214,141	697	492	212	221	1,469	3,091	1,961	4,019	9,071
00273-00001	Oct-20	1,539	\$274,608	692	490	212	218	1,471	3,083	1,961	4,011	9,055
00273-00001	Nov-20	1,068	\$185,512	693	499	210	216	1,468	3,086	1,967	3,992	9,045
00273-00001	Dec-20	1,398	\$246,801	694	488	210	215	1,463	3,070	1,951	3,972	8,993
00273-00001	Jan-21	1,076	\$178,416	715	482	209	214	1,455	3,075	1,937	3,963	8,975
00273-00001	Feb-21	1,357	\$235,641	710	477	210	216	1,450	3,063	1,927	3,966	8,956
00273-00001	Mar-21	1,356	\$225,993	716	482	213	218	1,456	3,085	1,938	3,996	9,019
00273-00001	Apr-21	1,627	\$268,305	730	478	215	218	1,458	3,099	1,936	4,008	9,043
00273-00001	May-21	1,294	\$210,035	745	474	218	217	1,454	3,108	1,928	4,012	9,048
00273-00001	Jun-21	1,264	\$206,174	755	470	217	219	1,457	3,118	1,927	4,013	9,058
00273-00001	Jul-21	1,585	\$275,814	754	479	209	216	1,473	3,131	1,952	4,008	9,091
00273-00001	Aug-21	1,342	\$237,935	752	474	211	220	1,471	3,128	1,945	4,027	9,100
00273-00001	Sep-21	1,415	\$254,386	781	480	211	226	1,476	3,174	1,957	4,046	9,177
00273-00001	Oct-21	1,232	\$215,877	793	481	209	226	1,483	3,192	1,965	4,060	9,217
00273-00001	Nov-21	1,205	\$206,289	795	473	205	228	1,480	3,181	1,954	4,048	9,183
00273-00002	Dec-19	81	\$14,161	42	166	3	7	53	271	219	110	600
00273-00002	Jan-20	126	\$21,134	42	164	3	7	53	269	217	111	597
00273-00002	Feb-20	120	\$17,668	44	164	3	7	55	273	219	116	608
00273-00002	Mar-20	107	\$12,493	44	165	3	7	54	273	219	115	607
00273-00002	Apr-20	26	\$2,107	44	167	3	7	57	278	224	119	621
00273-00002	May-20	27	\$4,177	45	164	3	7	55	274	219	113	606
00273-00002	Jun-20	93	\$13,228	45	162	3	7	51	268	213	109	590
00273-00002	Jul-20	135	\$24,360	44	159	3	7	52	265	211	109	585
00273-00002	Aug-20	102	\$14,177	45	161	3	7	51	267	212	108	587
00273-00002	Sep-20	98	\$18,832	45	159	4	7	53	268	212	111	591
00273-00002	Oct-20	125	\$26,440	44	158	5	7	52	266	210	111	587
00273-00002	Nov-20	81	\$21,622	45	155	5	7	51	263	206	109	578
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	149	7	6	44	254	193	100	547
00273-00003	Dec-19	59	\$8,836	73	130	1	0	2	206	132	3	341
00273-00003	Jan-20	85	\$11,578	86	164	1	0	7	258	171	9	438
00273-00003	Feb-20	78	\$12,918	87	167	1	0	7	262	174	9	445
00273-00003	Mar-20	74	\$9,675	86	167	1	0	7	261	174	8	443
00273-00003	Apr-20	20	\$4,607	86	166	1	0	7	260	173	8	441
00273-00003	May-20	24	\$3,595	86	164	1	0	7	258	171	8	437
00273-00003	Jun-20	94	\$15,938	87	160	1	0	7	255	167	8	430
00273-00003	Jul-20	92	\$13,865	88	158	0	0	8	254	166	8	428
00273-00003	Aug-20	89	\$16,352	88	157	0	0	10	255	167	12	434
00273-00003	Sep-20	105	\$15,083	86	161	0	0	10	257	171	12	440
00273-00003	Oct-20	120	\$20,922	86	162	0	0	10	258	172	12	442
00273-00003	Nov-20	77	\$16,724	85	162	0	0	10	257	172	12	441
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	83	163	2	0	12	260	175	15	450
00273-00004	Dec-19	3	\$229	6	14	1	0	3	24	17	4	45
00273-00004	Jan-20	10	\$1,073	6	11	1	0	2	20	13	3	36
00273-00004	Feb-20	15	\$1,998	6	11	1	0	2	20	13	3	36
00273-00004	Mar-20	5	\$1,754	6	11	1	0	2	20	13	3	36
00273-00004	Apr-20	0	\$0	6	11	1	0	1	19	12	2	33
00273-00004	May-20	1	\$142	5	11	1	0	1	18	12	2	32
00273-00004	Jun-20	4	\$419	5	11	1	0	1	18	12	2	32
00273-00004	Jul-20	7	\$1,338	5	11	1	0	1	18	12	2	32
00273-00004	Aug-20	15	\$2,367	5	11	1	0	1	18	12	2	32
00273-00004	Sep-20	5	\$501	5	11	1	0	1	18	12	2	32
00273-00004	Oct-20	5	\$561	5	11	1	0	1	18	12	2	32
00273-00004	Nov-20	3	\$1,783	5	11	1	0	1	18	12	2	32
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
00273-09001	Dec-19	2	\$327	2	1	1	0	1	5	2	3	10
00273-09001	Jan-20	0	\$0	1	1	1	0	1	4	2	3	9
00273-09001	Feb-20	4	\$1,309	1	2	0	0	1	4	3	2	9
00273-09001	Mar-20	1	\$452	1	2	0	0	1	4	3	2	9

00273-09001	Apr-20	0	\$0	1	2	0	0	1	4	3	2	9
00273-09001	May-20	0	\$0	1	1	0	0	2	4	3	3	10
00273-09001	Jun-20	2	\$46	1	1	0	0	2	4	3	3	10
00273-09001	Jul-20	2	\$426	1	0	0	2	1	4	1	7	12
00273-09001	Aug-20	5	\$526	1	0	0	2	2	5	2	9	16
00273-09001	Sep-20	0	\$0	1	1	0	2	2	6	3	9	18
00273-09001	Oct-20	3	\$532	1	1	0	2	2	6	3	9	18
00273-09001	Nov-20	0	\$0	1	1	0	2	2	6	3	9	18
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	2	1	4	7	4	13	24
00273-09001	Nov-21	8	\$408	0	0	2	1	4	7	4	13	24
<b>Total</b>		<b>34,633</b>	<b>\$5,898,087</b>	<b>20,600</b>	<b>19,840</b>	<b>5,147</b>	<b>5,509</b>	<b>36,719</b>	<b>87,815</b>	<b>56,560</b>	<b>99,474</b>	<b>243,849</b>

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, 2019 - November 30, 2021**

Group	Division	Paid Month/Year	Incurred Month/Year	Paid Amount
00273	All	Dec-19	May-17	\$433
00273	All	Dec-19	Apr-19	\$1,636
00273	All	Dec-19	May-19	\$665
00273	All	Dec-19	Jun-19	\$2,068
00273	All	Dec-19	Jul-19	\$2,475
00273	All	Dec-19	Aug-19	\$1,135
00273	All	Dec-19	Sep-19	\$2,931
00273	All	Dec-19	Oct-19	\$7,932
00273	All	Dec-19	Nov-19	\$77,286
00273	All	Dec-19	Dec-19	\$115,863
00273	All	Jan-20	Mar-19	\$162
00273	All	Jan-20	Apr-19	\$423
00273	All	Jan-20	May-19	\$170
00273	All	Jan-20	Jun-19	\$726
00273	All	Jan-20	Jul-19	\$362
00273	All	Jan-20	Aug-19	\$3,961
00273	All	Jan-20	Sep-19	\$1,221
00273	All	Jan-20	Oct-19	\$3,186
00273	All	Jan-20	Nov-19	\$11,121
00273	All	Jan-20	Dec-19	\$104,210
00273	All	Jan-20	Jan-20	\$143,395
00273	All	Feb-20	Sep-18	-\$96
00273	All	Feb-20	Mar-19	\$756
00273	All	Feb-20	Apr-19	\$74
00273	All	Feb-20	May-19	\$177
00273	All	Feb-20	Jun-19	\$140
00273	All	Feb-20	Jul-19	\$493
00273	All	Feb-20	Aug-19	\$1,137
00273	All	Feb-20	Sep-19	\$1,851
00273	All	Feb-20	Oct-19	\$787
00273	All	Feb-20	Nov-19	\$7,310
00273	All	Feb-20	Dec-19	\$10,317
00273	All	Feb-20	Jan-20	\$80,403
00273	All	Feb-20	Feb-20	\$132,354
00273	All	Mar-20	Mar-19	-\$503
00273	All	Mar-20	May-19	\$1,365
00273	All	Mar-20	Jun-19	\$258

00273	All	Mar-20	Jul-19	\$1,630
00273	All	Mar-20	Aug-19	\$1,722
00273	All	Mar-20	Sep-19	-\$176
00273	All	Mar-20	Oct-19	\$1,826
00273	All	Mar-20	Nov-19	\$1,590
00273	All	Mar-20	Dec-19	\$4,314
00273	All	Mar-20	Jan-20	\$6,090
00273	All	Mar-20	Feb-20	\$94,608
00273	All	Mar-20	Mar-20	\$109,912
00273	All	Apr-20	May-19	\$55
00273	All	Apr-20	Jun-19	\$351
00273	All	Apr-20	Jul-19	\$817
00273	All	Apr-20	Aug-19	\$87
00273	All	Apr-20	Sep-19	\$434
00273	All	Apr-20	Oct-19	\$1,735
00273	All	Apr-20	Nov-19	\$486
00273	All	Apr-20	Dec-19	-\$151
00273	All	Apr-20	Jan-20	\$2,903
00273	All	Apr-20	Feb-20	\$9,056
00273	All	Apr-20	Mar-20	\$34,959
00273	All	Apr-20	Apr-20	\$32,219
00273	All	May-20	Jun-19	\$127
00273	All	May-20	Jul-19	\$103
00273	All	May-20	Sep-19	\$141
00273	All	May-20	Oct-19	\$178
00273	All	May-20	Nov-19	\$203
00273	All	May-20	Dec-19	\$1,046
00273	All	May-20	Jan-20	\$2,719
00273	All	May-20	Feb-20	\$2,799
00273	All	May-20	Mar-20	\$3,901
00273	All	May-20	Apr-20	\$20,233
00273	All	May-20	May-20	\$43,789
00273	All	Jun-20	Apr-19	\$750
00273	All	Jun-20	Jun-19	\$16
00273	All	Jun-20	Aug-19	\$283
00273	All	Jun-20	Oct-19	\$123
00273	All	Jun-20	Dec-19	\$1,051
00273	All	Jun-20	Jan-20	\$512
00273	All	Jun-20	Feb-20	\$654
00273	All	Jun-20	Mar-20	\$2,431
00273	All	Jun-20	Apr-20	\$3,572
00273	All	Jun-20	May-20	\$67,356
00273	All	Jun-20	Jun-20	\$142,840
00273	All	Jul-20	May-19	\$158
00273	All	Jul-20	Jun-19	\$782
00273	All	Jul-20	Aug-19	\$99
00273	All	Jul-20	Sep-19	-\$11
00273	All	Jul-20	Oct-19	\$238
00273	All	Jul-20	Nov-19	\$88

00273	All	Jul-20	Dec-19	\$2,150
00273	All	Jul-20	Jan-20	\$348
00273	All	Jul-20	Feb-20	\$43
00273	All	Jul-20	Mar-20	\$1,024
00273	All	Jul-20	Apr-20	\$1,036
00273	All	Jul-20	May-20	\$4,535
00273	All	Jul-20	Jun-20	\$120,770
00273	All	Jul-20	Jul-20	\$177,760
00273	All	Aug-20	Jan-19	\$323
00273	All	Aug-20	May-19	\$99
00273	All	Aug-20	Dec-19	\$134
00273	All	Aug-20	Jan-20	\$150
00273	All	Aug-20	Feb-20	\$651
00273	All	Aug-20	Mar-20	\$1,940
00273	All	Aug-20	May-20	\$237
00273	All	Aug-20	Jun-20	\$5,798
00273	All	Aug-20	Jul-20	\$98,066
00273	All	Aug-20	Aug-20	\$146,596
00273	All	Sep-20	Sep-19	\$514
00273	All	Sep-20	Nov-19	\$268
00273	All	Sep-20	Dec-19	\$152
00273	All	Sep-20	Jan-20	\$78
00273	All	Sep-20	Feb-20	\$259
00273	All	Sep-20	Mar-20	\$213
00273	All	Sep-20	May-20	\$838
00273	All	Sep-20	Jun-20	\$2,789
00273	All	Sep-20	Jul-20	\$8,882
00273	All	Sep-20	Aug-20	\$119,418
00273	All	Sep-20	Sep-20	\$115,147
00273	All	Oct-20	Sep-18	\$83
00273	All	Oct-20	Oct-19	\$177
00273	All	Oct-20	Nov-19	\$68
00273	All	Oct-20	Jan-20	\$818
00273	All	Oct-20	Feb-20	\$153
00273	All	Oct-20	Mar-20	\$142
00273	All	Oct-20	Apr-20	\$217
00273	All	Oct-20	Jun-20	\$2,733
00273	All	Oct-20	Jul-20	\$2,791
00273	All	Oct-20	Aug-20	\$12,170
00273	All	Oct-20	Sep-20	\$144,309
00273	All	Oct-20	Oct-20	\$159,403
00273	All	Nov-20	Nov-19	\$103
00273	All	Nov-20	Dec-19	\$1,260
00273	All	Nov-20	Jan-20	\$1,486
00273	All	Nov-20	Feb-20	\$321
00273	All	Nov-20	Mar-20	\$758
00273	All	Nov-20	Jun-20	\$651
00273	All	Nov-20	Jul-20	\$3,536
00273	All	Nov-20	Aug-20	\$2,833



00273	All	Nov-20	Sep-20	\$7,491
00273	All	Nov-20	Oct-20	\$80,384
00273	All	Nov-20	Nov-20	\$126,819
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

**Total**

**\$5,898,087**

Group	Division	Paid Month/Year	Incurred Month/Year	Paid Amount
00273	00001	Dec-19	May-17	\$433
00273	00001	Dec-19	Apr-19	\$1,636
00273	00001	Dec-19	May-19	\$665
00273	00001	Dec-19	Jun-19	\$568
00273	00001	Dec-19	Jul-19	\$2,475
00273	00001	Dec-19	Aug-19	\$1,135
00273	00001	Dec-19	Sep-19	\$2,931
00273	00001	Dec-19	Oct-19	\$7,659
00273	00001	Dec-19	Nov-19	\$69,538
00273	00001	Dec-19	Dec-19	\$101,830
00273	00001	Jan-20	Mar-19	\$162
00273	00001	Jan-20	Apr-19	\$423
00273	00001	Jan-20	May-19	\$170
00273	00001	Jan-20	Jun-19	\$726
00273	00001	Jan-20	Jul-19	\$362
00273	00001	Jan-20	Aug-19	\$3,591
00273	00001	Jan-20	Sep-19	\$834
00273	00001	Jan-20	Oct-19	\$2,824
00273	00001	Jan-20	Nov-19	\$9,458
00273	00001	Jan-20	Dec-19	\$91,750
00273	00001	Jan-20	Jan-20	\$124,852
00273	00001	Feb-20	Sep-18	-\$96
00273	00001	Feb-20	Mar-19	\$756
00273	00001	Feb-20	Apr-19	\$74
00273	00001	Feb-20	May-19	\$177
00273	00001	Feb-20	Jun-19	\$140
00273	00001	Feb-20	Jul-19	\$369
00273	00001	Feb-20	Aug-19	\$1,051
00273	00001	Feb-20	Sep-19	\$1,781
00273	00001	Feb-20	Oct-19	\$787
00273	00001	Feb-20	Nov-19	\$5,905
00273	00001	Feb-20	Dec-19	\$9,377
00273	00001	Feb-20	Jan-20	\$70,730
00273	00001	Feb-20	Feb-20	\$110,759
00273	00001	Mar-20	Mar-19	-\$503
00273	00001	Mar-20	May-19	\$1,365
00273	00001	Mar-20	Jun-19	\$258
00273	00001	Mar-20	Jul-19	\$1,630
00273	00001	Mar-20	Aug-19	\$1,722
00273	00001	Mar-20	Sep-19	-\$176
00273	00001	Mar-20	Oct-19	\$1,826
00273	00001	Mar-20	Nov-19	\$1,498
00273	00001	Mar-20	Dec-19	\$4,088
00273	00001	Mar-20	Jan-20	\$6,067
00273	00001	Mar-20	Feb-20	\$84,027
00273	00001	Mar-20	Mar-20	\$96,460
00273	00001	Apr-20	May-19	\$55

00273	00001	Apr-20	Jun-19	\$351
00273	00001	Apr-20	Jul-19	\$817
00273	00001	Apr-20	Aug-19	\$87
00273	00001	Apr-20	Sep-19	\$253
00273	00001	Apr-20	Oct-19	\$1,735
00273	00001	Apr-20	Nov-19	\$486
00273	00001	Apr-20	Dec-19	-\$151
00273	00001	Apr-20	Jan-20	\$2,793
00273	00001	Apr-20	Feb-20	\$8,706
00273	00001	Apr-20	Mar-20	\$32,361
00273	00001	Apr-20	Apr-20	\$28,745
00273	00001	May-20	Jul-19	\$103
00273	00001	May-20	Sep-19	\$141
00273	00001	May-20	Oct-19	\$178
00273	00001	May-20	Nov-19	\$203
00273	00001	May-20	Dec-19	\$1,046
00273	00001	May-20	Jan-20	\$2,300
00273	00001	May-20	Feb-20	\$2,799
00273	00001	May-20	Mar-20	\$3,613
00273	00001	May-20	Apr-20	\$18,422
00273	00001	May-20	May-20	\$38,519
00273	00001	Jun-20	Jun-19	\$16
00273	00001	Jun-20	Aug-19	\$283
00273	00001	Jun-20	Oct-19	\$123
00273	00001	Jun-20	Dec-19	\$1,051
00273	00001	Jun-20	Jan-20	\$512
00273	00001	Jun-20	Feb-20	\$573
00273	00001	Jun-20	Mar-20	\$2,431
00273	00001	Jun-20	Apr-20	\$3,336
00273	00001	Jun-20	May-20	\$59,673
00273	00001	Jun-20	Jun-20	\$121,959
00273	00001	Jul-20	May-19	\$158
00273	00001	Jul-20	Jun-19	\$782
00273	00001	Jul-20	Aug-19	\$53
00273	00001	Jul-20	Sep-19	-\$11
00273	00001	Jul-20	Oct-19	\$238
00273	00001	Jul-20	Nov-19	\$88
00273	00001	Jul-20	Dec-19	\$2,150
00273	00001	Jul-20	Jan-20	\$348
00273	00001	Jul-20	Feb-20	\$43
00273	00001	Jul-20	Mar-20	\$1,024
00273	00001	Jul-20	Apr-20	\$1,036
00273	00001	Jul-20	May-20	\$3,280
00273	00001	Jul-20	Jun-20	\$100,873
00273	00001	Jul-20	Jul-20	\$158,970
00273	00001	Aug-20	Jan-19	\$323
00273	00001	Aug-20	May-19	\$99
00273	00001	Aug-20	Dec-19	\$134
00273	00001	Aug-20	Jan-20	\$150

00273	00001	Aug-20	Feb-20	\$651
00273	00001	Aug-20	Mar-20	\$1,940
00273	00001	Aug-20	May-20	\$237
00273	00001	Aug-20	Jun-20	\$4,965
00273	00001	Aug-20	Jul-20	\$87,845
00273	00001	Aug-20	Aug-20	\$124,228
00273	00001	Sep-20	Sep-19	\$514
00273	00001	Sep-20	Nov-19	\$268
00273	00001	Sep-20	Dec-19	\$152
00273	00001	Sep-20	Jan-20	\$78
00273	00001	Sep-20	Feb-20	\$259
00273	00001	Sep-20	Mar-20	\$213
00273	00001	Sep-20	May-20	\$750
00273	00001	Sep-20	Jun-20	\$2,437
00273	00001	Sep-20	Jul-20	\$8,653
00273	00001	Sep-20	Aug-20	\$100,191
00273	00001	Sep-20	Sep-20	\$100,627
00273	00001	Oct-20	Sep-18	\$83
00273	00001	Oct-20	Oct-19	\$177
00273	00001	Oct-20	Nov-19	\$68
00273	00001	Oct-20	Jan-20	\$621
00273	00001	Oct-20	Feb-20	\$153
00273	00001	Oct-20	Mar-20	\$142
00273	00001	Oct-20	Apr-20	\$217
00273	00001	Oct-20	Jun-20	\$2,481
00273	00001	Oct-20	Jul-20	\$2,656
00273	00001	Oct-20	Aug-20	\$9,564
00273	00001	Oct-20	Sep-20	\$124,549
00273	00001	Oct-20	Oct-20	\$133,897
00273	00001	Nov-20	Nov-19	\$103
00273	00001	Nov-20	Dec-19	\$551
00273	00001	Nov-20	Jan-20	\$194
00273	00001	Nov-20	Feb-20	\$321
00273	00001	Nov-20	Mar-20	\$758
00273	00001	Nov-20	Jun-20	\$350
00273	00001	Nov-20	Jul-20	\$3,528
00273	00001	Nov-20	Aug-20	\$1,276
00273	00001	Nov-20	Sep-20	\$7,297
00273	00001	Nov-20	Oct-20	\$64,273
00273	00001	Nov-20	Nov-20	\$106,863
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	00002	Dec-19	Jun-19	\$1,500
00273	00002	Dec-19	Oct-19	\$200
00273	00002	Dec-19	Nov-19	\$4,169
00273	00002	Dec-19	Dec-19	\$8,292
00273	00002	Jan-20	Aug-19	\$109
00273	00002	Jan-20	Sep-19	\$387
00273	00002	Jan-20	Oct-19	\$208
00273	00002	Jan-20	Nov-19	\$1,312
00273	00002	Jan-20	Dec-19	\$8,259
00273	00002	Jan-20	Jan-20	\$10,859
00273	00002	Feb-20	Aug-19	\$86
00273	00002	Feb-20	Sep-19	\$70
00273	00002	Feb-20	Nov-19	\$1,404
00273	00002	Feb-20	Dec-19	\$787
00273	00002	Feb-20	Jan-20	\$4,033
00273	00002	Feb-20	Feb-20	\$11,288
00273	00002	Mar-20	Nov-19	\$91
00273	00002	Mar-20	Dec-19	\$226
00273	00002	Mar-20	Jan-20	\$23
00273	00002	Mar-20	Feb-20	\$5,216
00273	00002	Mar-20	Mar-20	\$6,937

00273	00002	Apr-20	Sep-19	\$181
00273	00002	Apr-20	Jan-20	\$110
00273	00002	Apr-20	Feb-20	\$176
00273	00002	Apr-20	Mar-20	\$1,055
00273	00002	Apr-20	Apr-20	\$585
00273	00002	May-20	Jun-19	\$127
00273	00002	May-20	Mar-20	\$177
00273	00002	May-20	Apr-20	\$552
00273	00002	May-20	May-20	\$3,321
00273	00002	Jun-20	Apr-19	\$750
00273	00002	Jun-20	Apr-20	\$217
00273	00002	Jun-20	May-20	\$2,859
00273	00002	Jun-20	Jun-20	\$9,402
00273	00002	Jul-20	May-20	\$1,105
00273	00002	Jul-20	Jun-20	\$11,530
00273	00002	Jul-20	Jul-20	\$11,726
00273	00002	Aug-20	Jun-20	\$556
00273	00002	Aug-20	Jul-20	\$5,294
00273	00002	Aug-20	Aug-20	\$8,327
00273	00002	Sep-20	May-20	\$88
00273	00002	Sep-20	Aug-20	\$11,824
00273	00002	Sep-20	Sep-20	\$6,920
00273	00002	Oct-20	Jun-20	\$253
00273	00002	Oct-20	Aug-20	\$1,665
00273	00002	Oct-20	Sep-20	\$11,484
00273	00002	Oct-20	Oct-20	\$13,039
00273	00002	Nov-20	Jun-20	\$232
00273	00002	Nov-20	Aug-20	\$1,444
00273	00002	Nov-20	Sep-20	\$25
00273	00002	Nov-20	Oct-20	\$6,742
00273	00002	Nov-20	Nov-20	\$13,180
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	00003	Dec-19	Oct-19	\$73
00273	00003	Dec-19	Nov-19	\$3,447
00273	00003	Dec-19	Dec-19	\$5,316
00273	00003	Jan-20	Aug-19	\$261
00273	00003	Jan-20	Oct-19	\$154
00273	00003	Jan-20	Nov-19	\$254
00273	00003	Jan-20	Dec-19	\$3,719
00273	00003	Jan-20	Jan-20	\$7,191
00273	00003	Feb-20	Jul-19	\$124
00273	00003	Feb-20	Dec-19	\$153
00273	00003	Feb-20	Jan-20	\$3,948
00273	00003	Feb-20	Feb-20	\$8,694
00273	00003	Mar-20	Feb-20	\$3,788
00273	00003	Mar-20	Mar-20	\$5,887
00273	00003	Apr-20	Feb-20	\$174
00273	00003	Apr-20	Mar-20	\$1,543
00273	00003	Apr-20	Apr-20	\$2,889

00273	00003	May-20	Jan-20	\$419
00273	00003	May-20	Mar-20	\$111
00273	00003	May-20	Apr-20	\$1,259
00273	00003	May-20	May-20	\$1,806
00273	00003	Jun-20	Feb-20	\$82
00273	00003	Jun-20	Apr-20	\$19
00273	00003	Jun-20	May-20	\$4,511
00273	00003	Jun-20	Jun-20	\$11,327
00273	00003	Jul-20	Aug-19	\$46
00273	00003	Jul-20	May-20	\$151
00273	00003	Jul-20	Jun-20	\$7,821
00273	00003	Jul-20	Jul-20	\$5,846
00273	00003	Aug-20	Jul-20	\$4,279
00273	00003	Aug-20	Aug-20	\$12,073
00273	00003	Sep-20	Jun-20	\$351
00273	00003	Sep-20	Jul-20	\$230
00273	00003	Sep-20	Aug-20	\$7,100
00273	00003	Sep-20	Sep-20	\$7,402
00273	00003	Oct-20	Jan-20	\$196
00273	00003	Oct-20	Jul-20	\$134
00273	00003	Oct-20	Aug-20	\$722
00273	00003	Oct-20	Sep-20	\$8,044
00273	00003	Oct-20	Oct-20	\$11,825
00273	00003	Nov-20	Dec-19	\$709
00273	00003	Nov-20	Jan-20	\$1,292
00273	00003	Nov-20	Jun-20	\$69
00273	00003	Nov-20	Jul-20	\$8
00273	00003	Nov-20	Oct-20	\$7,870
00273	00003	Nov-20	Nov-20	\$6,776
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
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00273	00003	Jul-21	Apr-21	\$410
00273	00003	Jul-21	Jun-21	\$6,169
00273	00003	Jul-21	Jul-21	\$10,118
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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
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00273	00004	Dec-19	Nov-19	\$26
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00273	00004	Jan-20	Nov-19	\$98
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00273	00004	Feb-20	Jan-20	\$384
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00273	00004	Mar-20	Feb-20	\$1,577
00273	00004	Mar-20	Mar-20	\$177
00273	00004	May-20	May-20	\$142
00273	00004	Jun-20	May-20	\$312
00273	00004	Jun-20	Jun-20	\$107
00273	00004	Jul-20	Jun-20	\$287
00273	00004	Jul-20	Jul-20	\$1,051

00273	00004	Aug-20	Jun-20	\$277
00273	00004	Aug-20	Jul-20	\$306
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00273	00004	Oct-20	Oct-20	\$329
00273	00004	Nov-20	Aug-20	\$114
00273	00004	Nov-20	Sep-20	\$169
00273	00004	Nov-20	Oct-20	\$1,500
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	09001	Dec-19	Nov-19	\$106
00273	09001	Dec-19	Dec-19	\$222
00273	09001	Feb-20	Jan-20	\$1,309
00273	09001	Mar-20	Mar-20	\$452
00273	09001	Jun-20	Jun-20	\$46
00273	09001	Jul-20	Jun-20	\$260
00273	09001	Jul-20	Jul-20	\$166
00273	09001	Aug-20	Jul-20	\$342
00273	09001	Aug-20	Aug-20	\$184
00273	09001	Oct-20	Aug-20	\$218
00273	09001	Oct-20	Oct-20	\$314
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
<b>Total</b>				<b>\$5,898,087</b>

**Physical Medicine  
Utilization Report for:**

**Fresno City Employees' Health & Welfare Trust**

**Reporting Period: 10/01/2021 - 12/31/2021**

**Presented by:**



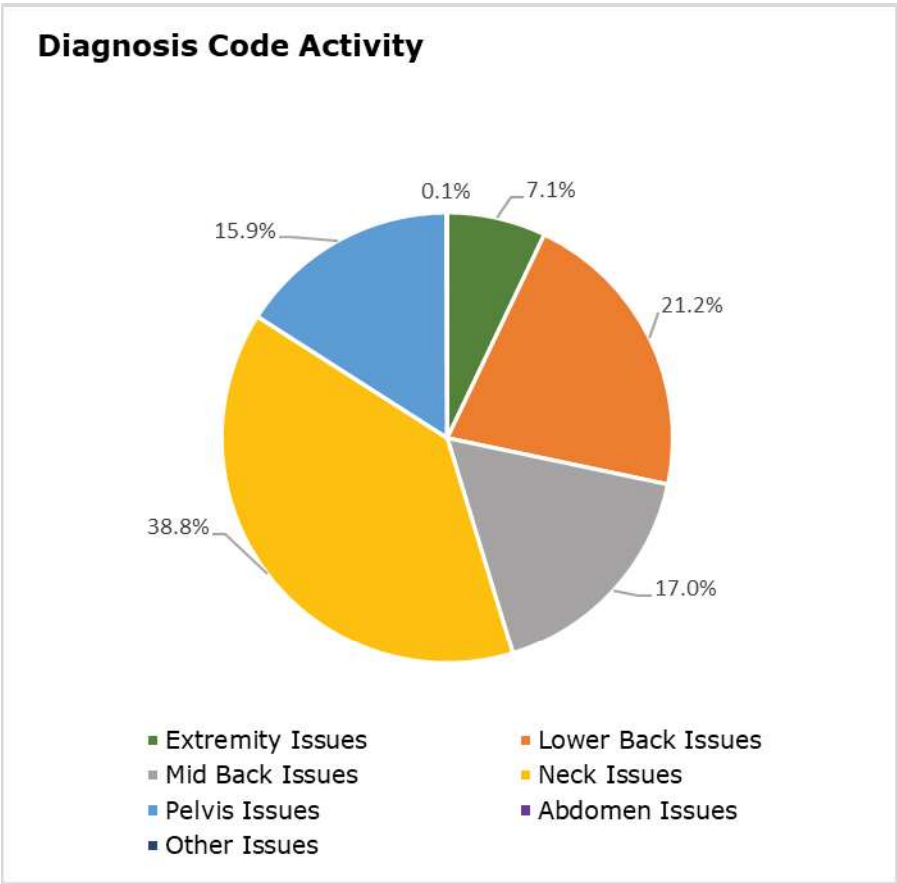




## Fresno City Employees' Health and Welfare Trust

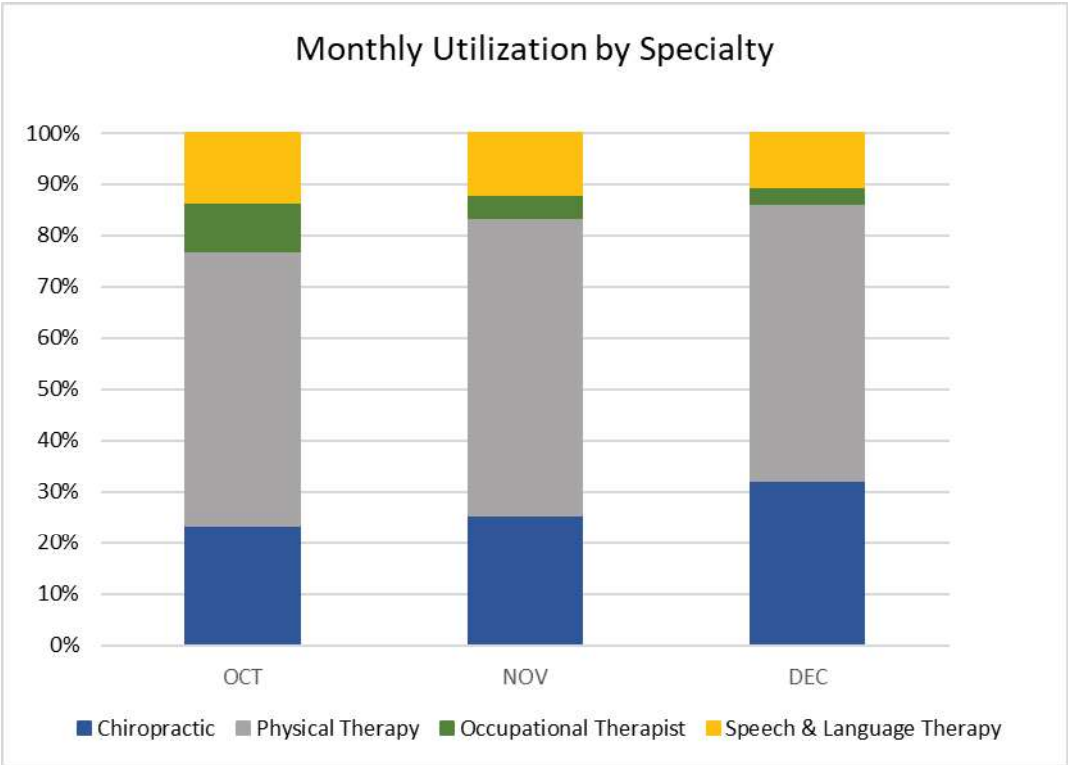
				Benefit Year
	October 2021	November 2021	December 2021	July 2021 To December 2021
<b>Benefit Utilization</b>				
Covered Employees	3,765	3,726	3,690	
Covered Dependents	6,713	6,652	6,588	
Total Covered Members	10,478	10,378	10,278	
Unique Employees Accessing Benefit	220	189	234	521
Unique Dependents Accessing Benefit	225	191	223	527
Total Unique Members Accessing Benefit	445	380	457	1,048
Unique Dates of Service Paid	1,163	1,020	1,289	6,294
<b>Total Plan Pricing</b>	<b>\$102,090.78</b>	<b>\$84,719.84</b>	<b>\$103,648.00</b>	<b>\$531,916.24</b>
<b>Utilization Management</b>				
	<b>October 2021</b>	<b>November 2021</b>	<b>December 2021</b>	
Pre-Treatment Requests Reviewed for Medical Necessity:				
<ul style="list-style-type: none"> <li>After 12<sup>th</sup> Visit</li> <li>Massage</li> <li>Minor (Under Age 18)</li> </ul>				
Chiropractic	11	18	32	
Pre-Treatment Requests Reviewed for Medical Necessity:				
<ul style="list-style-type: none"> <li>After 10<sup>th</sup> Visit</li> </ul>				
Physical Therapy	27	24	22	
Occupational Therapy	2	1	2	
Speech and Language Therapy	9	7	6	

Total Physical Medicine Requests Reviewed	40	50	62
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Issues	Percent (%)*
Extremity Issues	7.1
Lower Back Issues	21.2
Mid Back Issues	17.0
Neck Issues	38.8
Pelvis Issues	15.9
Abdomen	0.1
Other	0

\*Average over three (3) months (October-December 2021)



<b>Top 10 Procedure Code Activity by Total Pricing for Month of: October 2021</b>	<b>Patients</b>	<b>Total Pricing</b>
97110-THERAPEUTIC EXERCISES	152	\$21,809.66
97140-MANUAL THERAPY 1/> REGIONS	100	\$11,078.40
92507-SPEECH/HEARING THERAPY	18	\$8,800.00
98941-CHIROPRACT MANJ 3-4 REGIONS	185	\$6,860.00
98940-CHIROPRACT MANJ 1-2 REGIONS	127	\$4,727.32
97112-NEUROMUSCULAR REEDUCATION	31	\$4,303.00
97530-THERAPEUTIC ACTIVITIES	18	\$2,455.00
97161-PT EVAL LOW COMPLEX 20 MIN	26	\$1,825.00
97014-ELECTRIC STIMULATION THERAPY	64	\$1,475.00
92523-SPEECH SOUND LANG COMPREHEN	4	\$1,200.00

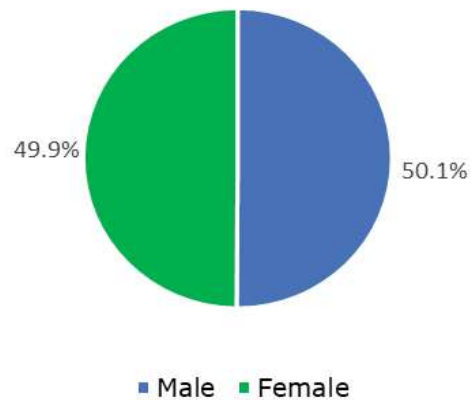
<b>Top 10 Procedure Code Activity by Total Pricing for Month of: November 2021</b>	<b>Patients</b>	<b>Total Pricing</b>
97110-THERAPEUTIC EXERCISES	127	\$15,769.20
97140-MANUAL THERAPY 1/> REGIONS	94	\$9,273.84
98941-CHIROPRACT MANJ 3-4 REGIONS	178	\$6,665.00
92507-SPEECH/HEARING THERAPY	16	\$5,900.00
98940-CHIROPRACT MANJ 1-2 REGIONS	82	\$3,715.00
97112-NEUROMUSCULAR REEDUCATION	29	\$3,364.00
97530-THERAPEUTIC ACTIVITIES	16	\$2,320.00
97014-ELECTRIC STIMULATION THERAPY	58	\$1,240.00
97161-PT EVAL LOW COMPLEX 20 MIN	20	\$1,190.00
98943-CHIROPRACT MANJ XTRSPINL 1/>	66	\$970.00

<b>Top 10 Procedure Code Activity by Total Pricing for Month of: December 2021</b>	<b>Patients</b>	<b>Total Pricing</b>
97110-THERAPEUTIC EXERCISES	154	\$16,760.00
98941-CHIROPRACT MANJ 3-4 REGIONS	184	\$9,340.00
97140-MANUAL THERAPY 1/> REGIONS	96	\$8,797.00
92507-SPEECH/HEARING THERAPY	18	\$6,600.00
98940-CHIROPRACT MANJ 1-2 REGIONS	142	\$5,710.00
97112-NEUROMUSCULAR REEDUCATION	38	\$4,345.80
97530-THERAPEUTIC ACTIVITIES	25	\$2,970.20
97161-PT EVAL LOW COMPLEX 20 MIN	37	\$1,610.00
97014-ELECTRIC STIMULATION THERAPY	66	\$1,495.00

98943-CHIROPRACT MANJ XTRSPINL 1/>	53	\$1,275.00
<b>Top 10 Provider Activity by Total Pricing for Month of: October 2021</b>	<b>Patients</b>	<b>Total Pricing</b>
Courtney Gebhart SLP	7	\$6,200.00
Joshua Ritter DC	63	\$3,394.00
Michael Martines PT	5	\$2,140.00
San Joaquin Valley Rehab	3	\$2,101.00
Ryan Thompson PT	4	\$1,967.00
Michael Gambero	5	\$1,930.00
Elizabeth Schenkel OT	4	\$1,900.00
Bethany Fitzgerald OT	1	\$1,800.00
Eric Little PT	3	\$1,489.00
Jason Bowen DC	22	\$1,390.00
<b>Top 10 Provider Activity by Total Pricing for Month of: November 2021</b>	<b>Patients</b>	<b>Total Pricing</b>
Courtney Gebhart SLP	6	\$3,600.00
Joshua Ritter DC	74	\$3,215.00
Michael Martines PT	6	\$2,240.00
Eric Hoshiko PT	5	\$2,022.00
Christopher Mason PT	3	\$1,951.00
Dennis Spitzer PT	2	\$1,770.00
San Joaquin Valley Rehab	2	\$1,490.00
Matthew Vinson DC	17	\$1,380.00
Torrey Schroeder DC	19	\$1,155.00
Theodore Mello PT	2	\$1,144.00
<b>Top 10 Provider Activity by Total Pricing for Month of: December 2021</b>	<b>Patients</b>	<b>Total Pricing</b>
Courtney Gebhart SLP	7	\$3,700.00
Joshua Ritter DC	62	\$3,260.00
Matthew Vinson DC	17	\$1,880.00
Christopher Mason PT	3	\$1,703.00
Eric Little PT	4	\$1,650.00
Torrey Schroeder DC	26	\$1,505.00
San Joaquin Valley Rehab	3	\$1,266.00
Eric Hoshiko PT	4	\$1,235.00
Andrew Alvarez PT	2	\$1,227.00

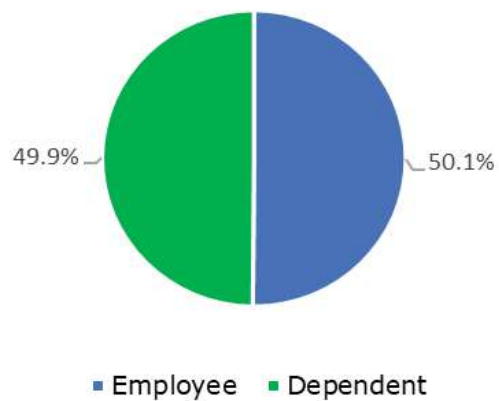
Jason Bowen DC	18	\$1,220.00
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Gender



Gender	Percent (%)*
Male	50.1
Female	49.9
<b>Total</b>	

Classification



Classification	Percent (%)*
Employee	50.1
Dependent	49.9
<b>Total</b>	

Age Group

Age Group	Percent (%)*
12 and Under	8.4
13-17	7.0
18-29	11.7
30-39	17.6
40-49	19.9
50-59	21.3
60-69	12.9
70 and Older	1.2
<b>Total</b>	

\*Average over three (3) months (October - December 2021)

**From:** [Andrew Desa](#)  
**To:** [Michael Lima](#); [Shane Archer](#)  
**Cc:** [Tom Georgouses | HealthComp](#); [Diana Cavazos | HealthComp](#); [Michael Moss](#)  
**Subject:** Action Required: Fresno City Employees Health and Welfare Trust - MedExpert Documents for signature  
**Date:** Monday, December 6, 2021 11:01:37 AM  
**Attachments:** [image002.png](#)  
[2652.Fresno City Employees Health and Welfare Trust.MedExpert Services Agreement 2021.NOTL.15.d.pdf](#)  
[2640.Fresno City Employees Health & Welfare Trust.MedExpert BUSINESS ASSOCIATE AGREEMENT.12.signedmi.pdf](#)  
**Importance:** High

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Mike/Shane –

As discussed at your October 13<sup>th</sup> 2021 meeting, the Consolidated Appropriations Act imposed a requirement to analyze non-quantitative treatment limitations (NQTLs) with regards to Mental Health Parity.

As a reminder, at that same meeting we discussed a firm, MedExpert, who performs that required service and it was approved for you both to take any necessary action with regards to executing an agreement with MedExpert.

Mike, Tom, and I have finished working with MedExpert on the service agreement and BAA an they are now ready for signature.

Please sign the following documents – three signatures each:

- Service Agreement (page 7 AND page 8)
- BAA (bottom of page 10)

Let me know if you have any questions.

Thanks,

**Andrew Desa**  
ASA, MAAA  
Consulting Actuary

2929 Campus Drive, Suite 400  
San Mateo, CA 94403  
650-356-2327 Tel  
[andrewd@rael-letson.com](mailto:andrewd@rael-letson.com)  
[www.rael-letson.com](http://www.rael-letson.com)



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## MEDEXPERT SERVICES AGREEMENT

THIS SERVICES AGREEMENT (this “**Agreement**”) is entered into on December 1, 2021 (the “**Effective Date**”) between MedExpert International, Inc., (“**MedExpert**”) and Fresno City Employees Health and Welfare Trust, (“**Customer**”).

### 1. SERVICES.

**1.1 Program Services.** MedExpert shall provide (a) to Customer certain medical information, data management, compliance and/or other related services (the “**Customer Services**”), and (b) to Customer-designated employees and retirees (the “**Employees**”) and their eligible spouses and dependents participating in the Customer (collectively, “**Users**”), certain medical and pharmaceutical informational assistance (the “**User Services**”) and together with Customer Services, the “**Services**”). The Services shall be provided pursuant to specific MedExpert service programs (collectively the “**Programs**”) as described in Schedule A. The Customer shall receive the Programs by completion of the Program Services Request Addendum form attached hereto as Exhibit 1. Programs shall not be provided, except as agreed to in writing by both parties pursuant to a Programs Services Request Addendum.

**1.2 Additional Services.** MedExpert may provide services in addition to those provided through the Programs (the “**Additional Services**”). The Additional Services which may be provided by MedExpert are described in Schedule B. The Customer may, from time to time, receive Additional Services by completion of the Additional Service Request Addendum form attached hereto as Exhibit 2. Additional Services shall not be provided, except as agreed to in writing by both parties pursuant to a completed Additional Services Request Addendum.

**1.3 Terms and Conditions.** All Services and Additional Services provided to Customer shall be provided by MedExpert pursuant to the terms and conditions set forth in this Agreement.

**1.4 MedExpert Performance.** At all times during the term of this Agreement, MedExpert shall assign employees and/or independent contractors as necessary to provide the Services and Additional Services in a manner consistent with the terms of this Agreement. MedExpert may, in its sole discretion, replace or change such employees or independent contractors at any time during the term of this Agreement.

### 2. CUSTOMER DATA ENTRY.

**2.1 Customer Data.** Prior to the date on which Services or Additional Services are commenced (the “**Services Commencement Date**”), Customer shall provide MedExpert with all services-specific data, including, but not limited to, the information listed under each Service set forth in Schedule A and each Additional Service set forth in Schedule B and any other information requested by MedExpert related to Services or Additional Services (collectively, the “**Customer Data**”). Following receipt of all required Customer Data, MedExpert will enter the Customer Data into its proprietary internal database (the “**MedExpert System**”).

**2.2 Updated Customer Data.** Customer shall furnish MedExpert, at regular intervals, a complete list of any changes to the Customer Data as needed to perform the Services or Additional Services, which MedExpert shall enter into the MedExpert System. In the event that any change in the Customer Data involves a material change in the number of Users or the types of plans or benefits offered by Customer, Customer shall provide MedExpert with at least thirty (30) days' written notice before such change in Customer Data is to take effect.

### 3. FEES AND EXPENSES.

**3.1 Fees Description.** The fees for Services (“**Recurrent Fees**”) and the fees for Additional Services (“**Non-Recurrent Fees**”) (collectively “**Fees**”) shall be set forth in Schedule C.

**3.2 Payment of Recurrent and Non-Recurrent Fees.** MedExpert shall invoice Customer on or before the first (1st) of each month for Recurrent Services provided for the current month and MedExpert shall invoice Customer on or before the first (1st) for Additional Services provided in the previous month. Payment shall be due on or before the date which is ten (10) days from the date the invoice was issued to Customer.

**3.3 Additional Payments.** Customer shall pay MedExpert: (i) all applicable shipping charges with respect to materials shipped by MedExpert to Customer; and (ii) all other reasonable out-of-pocket expenses of MedExpert incurred hereunder, including but not limited to, reasonable costs of travel, benefit fair attendance, the distribution of print materials or information (including requests by Customer for customized individual marketing materials such as direct mailings), and other direct expenses incurred in connection with MedExpert’s performance of its obligations hereunder (such expenses and charges collectively referred to hereinafter as “**Expenses**”); provided, however, that all such Expenses must be approved in writing in advance by Customer in each instance. MedExpert shall invoice Customer by the tenth (10<sup>th</sup>) day of each month (or as soon as practicable thereafter) for any approved Expenses from the immediately preceding month. Customer shall pay to MedExpert the amount of any such approved and invoiced Expenses on or before the date which is fifteen (15) days from the date the invoice was issued to Customer.

**3.4 Late Fees.** Past due invoices for Fees and Expenses owing from Customer shall bear a late payment fee at the rate of one percent (1.0%) per month or the maximum interest rate permitted by law, whichever is lesser, from the date payment is due until payment is made.

**4. TERM AND TERMINATION.** The term of this Agreement shall commence on the Effective Date and continue for one (1) year from the Services Commencement Date unless terminated earlier as provided herein or renewed as hereinafter provided. The term of this Agreement shall be deemed automatically renewed by the parties for an additional one (1) year periods, with no additional writing, unless either party gives notice to the other in writing no earlier than ninety (90) days and no later than sixty (60) days prior to termination of the initial one (1) year term, or prior to termination of any additional one (1) year renewal term thereafter. In addition, either party may terminate this Agreement for any reason upon thirty (30) days’ prior written notice. Termination shall not affect the rights and obligations of the parties accruing prior to the effective date of such termination or obligations which survive termination. Upon termination of this Agreement for any reason, (a) Customer shall remit any unpaid balances owed to MedExpert, and (b) MedExpert shall, at Customer’s option, either destroy or return to Customer all copies of any Customer Data and any other Customer information and materials received by MedExpert under this Agreement, including but not limited to, Employee census information, and (c) MedExpert shall, at Customer’s option, retain or return to Customer all Customer related information generated by MedExpert on behalf of Customer. Each reference to “term” in this Agreement means the initial one-year period of time and any renewal thereof.

## **5. WARRANTIES AND DISCLAIMERS.**

**5.1 Provision of Services by MedExpert.** MedExpert represents and warrants to Customer that: (i) it has obtained information and data made available to the Users only from generally accepted sources, such as peer reviewed medical journals and publications, State and Federal Occupational Safety and Health Administrations, Centers for Disease Control and Prevention, U.S. Preventative Services Task Force; (ii) the Services and Additional Services will be performed in a professional manner and with the diligence and skill generally used in the industry for similar services, and in accordance with applicable law; and (iii) throughout the term of this Agreement, it shall own or have the right to use, as contemplated by this Agreement, all software, databases and other intellectual property provided by or through MedExpert and

used in connection with rendering the Services and Additional Services hereunder, and such software, databases and intellectual property, and information provided by MedExpert shall not infringe the copyright, patent, trademark or other intellectual property, privacy or publicity rights of any third party.

**5.2 Receipt of Services by Customer.** Customer acknowledges and agrees that all information and data made available to Customer through the Services or Additional Services is provided for convenience and informational purposes only.

**5.3 Customer Data Representations and Warranties.** Customer hereby represents and warrants that: (i) the Customer Data and related materials and information provided to MedExpert shall be complete and accurate; (ii) with respect to any Customer Data and other information disclosed by Customer to MedExpert: (a) Customer has the full and unrestricted right to disclose the same to MedExpert and such disclosure is in compliance with all laws, including HIPAA, as hereinafter defined, and (b) Customer has obtained any and all necessary authorizations to enable MedExpert to use such information as contemplated under this Agreement. MedExpert shall not be responsible for or assume the risk of any liabilities, injuries, claims, damages, costs or expenses resulting from incomplete or inaccurate Customer Data or other related materials, or information supplied to MedExpert by Customer or Customer's unauthorized or unlawful release of Customer Data to MedExpert or Customer's breach of any of Customer's warranties set forth in this Agreement.

**5.4 DISCLAIMER OF WARRANTY.** OTHER THAN AS EXPRESSLY PROVIDED FOR IN THIS AGREEMENT OR THE SCHEDULES ATTACHED HERETO, THE SERVICES AND ADDITIONAL SERVICES, DATA AND ANY RELATED INFORMATION, REPORTS OR MATERIALS ARE PROVIDED TO CUSTOMER WITHOUT WARRANTY, EITHER EXPRESS OR IMPLIED, OF ANY KIND. MEDEXPERT MAKES NO PROMISES, REPRESENTATIONS OR WARRANTIES, WHETHER EXPRESS, IMPLIED, STATUTORY, OR OTHERWISE, WITH RESPECT TO THE SERVICES OR ADDITIONAL SERVICES, INCLUDING BUT NOT LIMITED TO CONFORMITY OF THE SERVICES OR ADDITIONAL SERVICES TO ANY REPRESENTATION, DESCRIPTION, PERFORMANCE STANDARD OR RESULT. MEDEXPERT SPECIFICALLY DISCLAIMS ALL IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE AND ALL OTHER IMPLIED OR STATUTORY WARRANTIES.

**6.0 INDEMNIFICATION.** The Parties shall each indemnify, defend and hold harmless the other Party, and its directors, officers, employees, agents and affiliates, from and against any and all losses, claims, damages, liabilities, costs and expenses (including without limitation, reasonable attorneys' fees and costs) which the Party is required to pay, by settlement or judgment, or which are otherwise incurred by the Party arising from the indemnifying Party's or its subcontractor's gross negligence or willful misconduct in the performance of the obligations under this Agreement, and/or the indemnifying Party's failure to provide information required under this Agreement or otherwise required by law that results in a sanction or penalty being assessed against the other Party. The obligation to provide indemnification under this Agreement shall be contingent upon the Party seeking indemnification: (i) providing the indemnifying Party with prompt written notice of any claim for which indemnification is sought, (ii) allowing the indemnifying Party to control the defense and settlement of such claim; provided, however, that the indemnifying Party agrees not to enter into any settlement or compromise of any claim or action in a manner that admits fault or imposes any restrictions or obligations on an indemnified Party without that indemnified Party's prior written consent, which will not be unreasonably withheld; and, (iii) cooperating fully with the indemnifying Party in connection with such defense and settlement.

**7. CONFIDENTIALITY.** For purposes of this Agreement, “**Confidential Information**” shall mean: (i) the terms of this Agreement including the Fees; (ii) any budgetary or proprietary business information; (iii) Customer Data; (iv) targeted marketing data; (v) demand profile data; (vi) income, marketing or sales data

or projections; (vii) customer lists and information; (viii) business plans and operations; (ix) policies, procedures and techniques; (x) advertising summaries; (xi) tracking reports or other reports, estimates, forecasts or other documents or information generated in accordance with this Agreement; and (xii) any other information disclosed by either party (the **“Disclosing Party”**) to the other party (the **“Receiving Party”**) in connection with this Agreement, whether in writing, orally, via electronic media, or by inspection, that is information that reasonably may be considered by the Disclosing Party to be confidential or proprietary. In compliance with the Consolidated Appropriations Act, 2021, “gag clauses” consumers and plan sponsors have access to provider-specific price, cost or quality data. Without limiting the foregoing, the Confidential Information of MedExpert shall include the MedExpert System and the MedExpert Programs and all Intellectual Property of MedExpert, as hereinafter defined. The Receiving Party will only disclose Confidential Information to those of its employees and subcontractors who have a need to know such Confidential Information for the purpose of performing its obligations under this Agreement. The Receiving Party will protect the confidentiality of Confidential Information of the Disclosing Party with the same degree of care, but no less than reasonable care, as the Receiving Party uses to protect its own confidential or proprietary information. “Confidential Information” does not include information that: (i) was independently developed by the Receiving Party (or its employees, subcontractors or other agents) without any use of the Confidential Information of the Disclosing Party; (ii) becomes known to the Receiving Party, without restriction, from a third party who had a right to disclose it; (iii) was in the public domain at the time it was disclosed or becomes in the public domain through no act or omission of the Receiving Party or any violation of any confidentiality obligations; or (iv) was rightfully known to the Receiving Party, without restriction, at the time of disclosure. Furthermore, any information used or disclosed by either party that satisfies the definition of “protected health information” in 45 C.F.R. § 160.103 has been addressed by the parties in, and shall be subject to, the Business Associate Agreement entered into by the parties in the form attached hereto as Exhibit 3. In the event that any Confidential Information is required to be disclosed by a party under the terms of a valid and effective subpoena or order issued by a court of competent jurisdiction, by demand or information request from an executive or administrative agency or other governmental authority, or as otherwise necessary for the purpose of complying with any applicable laws, government regulations or legal process, the party requested or required to disclose such Confidential Information (i) will promptly notify the other party of the existence, terms and circumstances surrounding such demand or request, (ii) will consult with the other party on the advisability of taking legally available steps to resist or narrow such demand or request, and (iii) if disclosure of such Confidential Information is required, will exercise its reasonable best efforts to narrow the scope of disclosure and obtain an order or other reliable assurance that confidential treatment will be accorded to such Confidential Information. Each party acknowledges and agrees that the unauthorized disclosure or use of Confidential Information of the other party may cause immediate and irreparable injury to such other party, its Representatives or affiliates that would not be adequately compensated by monetary damages. Consequently, the parties hereby agree that the aggrieved party shall have the right to seek any temporary or permanent injunctive relief necessary to prevent such unauthorized disclosure or use, or threat of disclosure or use. Such remedy shall be cumulative and in addition to any other relief available to each such party.

**8. COMPLIANCE WITH HIPAA.** The parties acknowledge that Customer is a “covered entity” for purposes of the Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder (collectively, **“HIPAA”**), by virtue of the benefits it provides to its Employees. The parties further acknowledge that Customer has certain obligations under HIPAA regarding its disclosure of certain information to MedExpert under this Agreement. Accordingly, the parties have entered into a separate Business Associate Agreement in the form attached hereto as Exhibit 3. This agreement also acknowledges that Customer may have directed MedExpert to exchange certain information with Customer business associates for the purposes recited in herein and further specified in separate service agreements Customer has entered or may enter with MedExpert and other business associates from time to time (collectively the **“Permitted Purposes”**). Currently contemplated information exchanges (the **“Information Exchanges”**) are summarized in Schedule A and Schedule B and shall be updated from time to time as may be agreed by the parties.

**9. INSURANCE.** During the term of this Agreement, MedExpert shall procure and maintain the following minimum insurance coverage: (i) Commercial General Liability insurance (including cyber insurance), which shall include blanket, broad form, contractual liability coverage, with limits of not less than three million dollars (\$3,000,000) per occurrence for bodily injury and property damage, combined single limit; (ii) Employer's Liability insurance with limits of not less than one million dollars (\$1,000,000) per occurrence; (iii) Professional Liability insurance (Errors & Omissions) with a limit of not less than one million dollars (\$1,000,000) annual aggregate; and (iv) Workers' Compensation insurance as required by law.

**10. LIMITATIONS OF LIABILITY.** MEDEXPERT'S AND ITS REPRESENTATIVES' AGGREGATE MONETARY LIABILITY TO CUSTOMER AND ITS REPRESENTATIVES WITH RESPECT TO ANY AND ALL SERVICES AND ADDITIONAL SERVICES PERFORMED PURSUANT TO THIS AGREEMENT FOR ANY ACTION OR CLAIM UNDER THIS AGREEMENT WHETHER ARISING IN TORT OR IN CONTRACT, OR FOR ANY CLAIM OR CLAIMS AS DEFINED IN SECTION 6.1 ABOVE, IS LIMITED, TO THE FULLEST EXTENT PERMITTED BY LAW, TO THE GREATER OF: (i) \$25,000.00; OR (ii) THE TOTAL SUM PAID ON BEHALF OF OR TO MEDEXPERT BY ITS INSURERS IN SETTLEMENT OR SATISFACTION OF CUSTOMER CLAIMS UNDER MEDEXPERT'S INSURANCE POLICIES APPLICABLE TO SUCH CLAIMS. SUCH LIMITATION APPLIES TO ALL CLAIMS, INCLUDING FIRST AND THIRD PARTY CLAIMS, ARISING FROM MEDEXPERT'S ALLEGED NEGLIGENCE, ERRORS, OMISSIONS, TORTIOUS CONDUCT, BREACH OF CONTRACT, BREACH OF WARRANTY OR THOSE CLAIMS ARISING OUT OF ANY INDEMNITY OBLIGATION. MEDEXPERT'S PRICE FOR THE SERVICES AND ADDITIONAL SERVICES AND MEDEXPERT'S OBLIGATIONS UNDER THIS AGREEMENT ARE CONSIDERATION FOR LIMITING MEDEXPERT'S LIABILITY TO CUSTOMER.

FURTHERMORE, IN ADDITION TO THE LIMITATION ON LIABILITY SET FORTH ABOVE, NEITHER PARTY NOR THEIR RESPECTIVE REPRESENTATIVES WILL BE LIABLE TO THE OTHER PARTY AND ITS REPRESENTATIVES FOR ANY INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH OR ARISING OUT OF THIS AGREEMENT, INCLUDING BUT NOT LIMITED TO, LOSS OF PROFITS, USE, DATA OR OTHER ECONOMIC ADVANTAGE, NOTWITHSTANDING THE FAILURE OF ESSENTIAL PURPOSE OF ANY LIMITED REMEDY STATED OR AVAILABLE HEREIN.

**11. LIMITATION OF ACTIONS AND SUITS.** Neither party may commence any action, suit, or proceeding against the other party, whether in contract, tort, or otherwise, unless the action, suit, or proceeding is commenced within four years after the cause of action accrues.

**12. GENERAL.**

**12.1 Independent Contractors.** The parties hereto are independent contractors, and nothing contained in this Agreement shall be construed to infer or indicate that either MedExpert or Customer is a partner or joint venturer of or with the other. Each party retains the right to subcontract to one or more persons or businesses some of its respective duties and responsibilities under this Agreement. Notwithstanding the foregoing, no subcontract will relieve either party of its obligations to the other party hereunder, and each party will be responsible to the other party for all acts and omissions of persons directly or indirectly employed or retained by such party, including its subcontractors.

**12.2 Assignment.** This Agreement may not be assigned by either party without the prior written consent of the other party; provided, however, that either party may assign this Agreement without consent to an affiliate or subsidiary controlled by such party.

**12.3 Entire Agreement.** This Agreement, together with the Schedules and Exhibits attached hereto, and the Business Associate Agreement entered into by the parties, attached hereto as Exhibit 3,

constitutes the entire agreement of the parties and supersedes all previous and contemporaneous communications, representations, understandings or agreements with respect to the subject matter hereof.

**12.4 Amendment.** This Agreement may be modified only in a writing signed by both parties.

**12.5 Severability.** The invalidity or unenforceability of any terms or conditions herein will in no way affect the validity or enforceability of any other term or provision, which shall remain enforceable to the maximum extent permitted by law.

**12.6 Force Majeure.** Neither party shall have any obligation hereunder or shall be liable to the other party hereto for failure or delay of performance due to fire, natural disaster, shortage of materials or transportation, government acts, or any other cause beyond its reasonable control (each a “**Force Majeure Event**”). If any obligation hereunder is prevented, restricted, or interfered with by reason of any Force Majeure Event, the obligations of the party so affected, upon giving notice to the other party, shall be suspended during the period of such prevention, restriction, or interference; provided, however, that the affected party shall take all commercially reasonable measures to remove the disability and resume operations at the earliest possible date, and further provided that if a Force Majeure Event prevents a party's performance for more than thirty (30) days, the other party shall have the right to terminate this Agreement upon written notice to the party affected by the Force Majeure Event. Notice of the occurrence of a Force Majeure Event shall be promptly given by the party whose performance is affected to the other party, which notice shall indicate the extent to which such performance is affected. Such notice shall be updated as changes in prospects of performance occur.

**12.7 Notices.** Except as otherwise provided herein, all notices relating to this Agreement shall be in writing and will be deemed to have been received: (i) on the same business day, when delivered personally or sent by facsimile (receipt confirmed); (ii) on the next business day, when sent by overnight courier; or (iii) on the fifth (5<sup>th</sup>) day, when sent certified mail; and in all instances directed to the person listed and the address of such party specified below (in the case of MedExpert, with a copy to the AccountsManager). The parties may designate another addressee for receipt of notice at any time by written notice to the other party in accordance with this provision. Business day shall mean Pacific Time between the hours of 9 a.m. until 5 p.m., Monday through Friday, excluding any holidays observed by the federal government.

TO: MedExpert International, Inc.	TO: Fresno City Employees Health & Welfare Trust
Account Manager	% HealthComp, LLC
P.O. Box 7550	621 Santa Fe
Menlo Park, CA 94026-7550	Fresno, CA 93721
Fax: 650-326-6700	Attn: Plan Manager

**12.8 Choice of Law; Jurisdiction; Venue.** The rights and obligations of MedExpert and Customer shall be governed by the laws of the State of California, except as preempted by applicable Federal law, notwithstanding any other interpretation according to its conflict of laws rules. Jurisdiction for any dispute arising under or related to this Agreement shall be in the state or federal courts in the State of California with venue in Fresno County.

**12.9 Attorney Fees.** If a party to this Agreement retains an attorney for the purpose of enforcing or interpreting the rights or obligations of the parties, the prevailing party in any action shall be entitled to recover its reasonable attorneys' fees and expenses and costs of court (or other costs or proceedings) incurred in connection therewith.

**12.10 Waiver.** No waiver will be binding on a party unless it is in writing and signed by the party making the waiver. A party's waiver of a breach of a provision of this Agreement will not be a waiver of any other provision or a waiver of a subsequent breach of the same provision.

**12.11 No Third-Party Beneficiaries.** The parties do not intend to confer any right or remedy on any third party.

**12.12 Survival.** This provision of this Agreement dealing with warranties, limitations of liability or of actions and suits, indemnification, confidentiality, Intellectual Property and the applicable provisions of this Article 13 shall survive termination of this Agreement.

**12.13 Signatures.** This Agreement may be signed in counterparts. A fax transmission of a signature page will be considered an original signature page. At the request of a party, the other party will confirm a fax-transmitted signature page by delivering an original signature page to the requesting party.

IN WITNESS WHEREOF, the authorized representatives of the parties have executed this Agreement.

**MedExpert International, Inc.**

**Customer**

BY:

BY:

(Sign)



(Sign)



NAME: Mary R. Hiller

NAME: Shane D. Archer

TITLE: Executive Director, Knowledge Eng.

TITLE

Chair

DATE: December 1, 2021

DATE: 12-06-2024



**12.10 Waiver.** No waiver will be binding on a party unless it is in writing and signed by the party making the waiver. A party's waiver of a breach of a provision of this Agreement will not be a waiver of any other provision or a waiver of a subsequent breach of the same provision.

**12.11 No Third-Party Beneficiaries.** The parties do not intend to confer any right or remedy on any third party.

**12.12 Survival.** This provision of this Agreement dealing with warranties, limitations of liability or of actions and suits, indemnification, confidentiality, Intellectual Property and the applicable provisions of this Article 13 shall survive termination of this Agreement.

**12.13 Signatures.** This Agreement may be signed in counterparts. A fax transmission of a signature page will be considered an original signature page. At the request of a party, the other party will confirm a fax-transmitted signature page by delivering an original signature page to the requesting party.

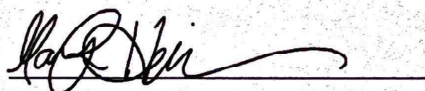
IN WITNESS WHEREOF, the authorized representatives of the parties have executed this Agreement.

**MedExpert International, Inc.**

**Customer**

BY:

(Sign)



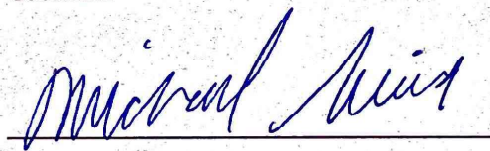
NAME: Mary R. Hiller

TITLE: Executive Director, Knowledge Eng.

DATE: December 1, 2021

BY:

(Sign)



NAME: Michael Lima

TITLE: Vice - Chair person

DATE: 12/7/2021

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**Exhibit 1**

**PROGRAM SERVICES REQUEST ADDENDUM**

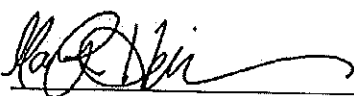
Customer Requests and MedExpert agrees to provide the Services from the Program Services listed in Schedule A as set forth below. This Addendum is made as part of and according to the terms of the MedExpert Services Agreement.

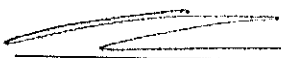
**REQUESTED SERVICES:**

- ☐ Individual Medical Decision Systems (IMDS)
- ☐ ReconHealth (Patient Protection & Integrity Program)
- ☐ Informed Navigation
- ☐ No Surprises Act Management
- ☒ MHPAEA NQTL Report & Management

**MedExpert International, Inc.**

**Customer**

BY:   
(Sign) \_\_\_\_\_

BY:   
(Sign) \_\_\_\_\_

NAME: Mary R. Hiller

NAME: Shane D. Archer

TITLE: Executive Director Knowledge Eng

TITLE: Chair

DATE: December 1, 2021

DATE: 12-06-2021

**Exhibit 1**

**PROGRAM SERVICES REQUEST ADDENDUM**

Customer Requests and MedExpert agrees to provide the Services from the Program Services listed in Schedule A as set forth below. This Addendum is made as part of and according to the terms of the MedExpert Services Agreement.

**REQUESTED SERVICES:**

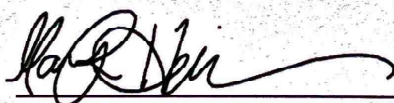
- ☐ Individual Medical Decision Systems (IMDS)
- ☐ ReconHealth (Patient Protection & Integrity Program)
- ☐ Informed Navigation
- ☐ No Surprises Act Management
- ☒ MHPAEA NQTL Report & Management

**MedExpert International, Inc.**

**Customer**

BY:

(Sign)



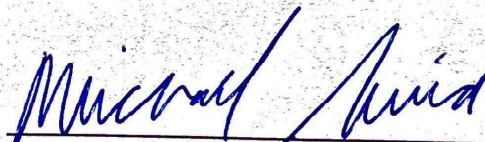
NAME: Mary R. Hiller

TITLE: Executive Director Knowledge Eng

DATE: December 1, 2021

BY:

(Sign)



NAME: Michael Lima

TITLE: Vice - Chairperson

DATE: 12 / 7 / 2021

**Exhibit 2**

**ADDITIONAL SERVICES REQUEST ADDENDUM**

Customer requests and MedExpert agrees to provide the Additional Services from the Additional Services listed in Schedule B as set forth below. This Addendum is made as part of and according to the terms of the MedExpert Services Agreement.

**REQUESTED ADDITIONAL SERVICES:**

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Description of identified additional services:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

**MedExpert International, Inc.**

**Customer**

BY:

BY:

(Sign)

(Sign)

NAME:

NAME:

TITLE:

TITLE

DATE:

\_\_\_\_\_, 2021

DATE:

\_\_\_\_\_

**Exhibit 3**

**BUSINESS ASSOCIATE AGREEMENT**

## Schedule A

### PROGRAM SERVICES

#### **5. MENTAL HEALTH PARITY AND ADDICTION EQUALITY ACT/ NON-QUANTITATIVE TREATMENT LIMITATIONS (MHPAEA NQTL) SOLUTION:**

**5.1 MHPAEA NQTL.** The following is a description of the Services provided with the MHPAEA NQTL Solution. MedExpert shall:

**(a) Data Management and Transmission**

- Customer will provide MedExpert claims data starting one year prior to the ratification of the current SPD. Should plans carve out mental health or other services, Customer will provide MedExpert mental health and substance abuse claim data.
- Customer will provide MedExpert current SPD documents
- Customer will provide MedExpert with access to individuals and organizations that maintain information relevant to the completion of the MHPAEA NQTL. MedExpert and Customer will coordinate efforts to procure additional information, if needed to complete the NQTL process, such as: UR determinations, provider type exclusion, provider certifications, adjudicator review, adjudicator coding edits, formulary design or experimental determinants. MedExpert will provide Customer with written guidance and requests to secure required information from vendors and associates.

**(b) Report Content** MedExpert will deliver to Customer a MHPAEA NQTL report in adherence with Health and Human Service (HHS) and Department of Labor (DOL) assessment criteria. MedExpert will draft a MHPAEA NQTL report and include:

- A description of what defined factors the plan uses to determine how NQTLs will apply to mental health and substance use disorder benefits and medical or surgical benefits.
- Documentation and comparative analysis of the processes, evidentiary standards the plan uses in applying NQTLs to both mental health or substance use disorder benefits and medical or surgical benefits.
- A written description of each plan option's terms of coverage by benefits classification including relevant NQTL information.
- Analyses and discussion of primary elements will include:
  - A clear description of the specific NQTL, plan terms, and policies at issue.
  - Identification of the specific MH/SUD and medical/surgical benefits to which the NQTL apply within each benefit classification, and a clear statement as to which benefits identified are treated as MH/SUD and which are treated as medical/surgical.
  - Identification of any factors, evidentiary standards or sources, or strategies or processes considered in the design or application of the NQTL and in determining which benefits, including both MH/SUD benefits and medical/surgical benefits, are subject to the NQTL. Analyses to explain whether any factors were given more weight than others and the reason(s) for doing so, including an evaluation of any specific data used in the determination.

- To the extent the plan defines any of the factors, evidentiary standards, strategies, or processes in a quantitative manner, the report will include the precise definitions used and any supporting sources.
- The analyses to explain whether there is any variation in the application of a guideline or standard used by the plan or issuer between MH/SUD and medical/surgical benefits and, if so, a description of the process and factors used for establishing that variation.
- If the application of the NQTL turns on specific decisions in administration of the benefits, identification of the nature of the decisions, the decision maker(s), the timing of the decisions, and the qualifications of the decision maker(s).
- If the plan's analyses rely upon any experts, the report will include an assessment of each expert's qualifications and the extent to which the plan or issuer ultimately relied upon each expert's evaluations in setting recommendations regarding both MH/SUD and medical/surgical benefits.
- A discussion of findings and conclusions as to the comparability of the processes, strategies, evidentiary standards, factors, and sources identified above within each affected classification, and their relative stringency, both as applied and as written.

(c) **Submission of Report** MedExpert will submit a completed report to Customer and can also provide the necessary attestation to the federal authorities if requested by Customer.

(d) **Appeals & Audits** MedExpert will address and manage MHPAEA NQTL appeals and DOL audits and will utilize Customer's specific medical data to support strategic NQTL positions. Appeals and DOL NQTL audits will be managed on a timely basis by MedExpert.

**Schedule B**

ADDITIONAL SERVICES

## **Schedule C**

### **FEES**

#### **FEES FOR MHPAEA NQTL**

Fees to draft and submit an MHPAEA NQTL report demonstrating that a health plan covers mental health and substance use disorders (MH/SUD) fairly and in parity with medical management; and fees to report and defend report in compliance with HHS and DOL assessment criteria. The Customer shall pay to MedExpert, a one-time fee of \$20,000 for the first three self-funded plans. For additional self-funded plans above the first three (3), customer will pay MedExpert \$3,550 for drafting and submitting an MHPAEH NQTL for each self-funded plan.

#### **Payment Terms:**

A payment of fifty percent (50%) of the total cost will be provided to MedExpert upon execution of contract and fifty percent (50%) will be provided to MedExpert within ten days of delivery of the NQTL document from MedExpert to Customer.

Payment can be made by ACH and MedExpert will supply Customer routing and account numbers of MedExpert account. Payment may also be made by sending a check to: MedExpert Accounting Drawer, P.O. Box 7550, Menlo Park, CA 94063.

In year two, should there be no SPD or plan changes in year 2, then in year 2 Customer will pay MedExpert a fee of \$1,800 for the first three plans and \$500 for each additional plan to verify and generate “no change” documentation and to submit an attestation of such. To manage appeals, Customer will pay MedExpert at a rate of \$165/hour. Customer will pay MedExpert the year two fee within 10 days of receiving an invoice from MedExpert for year two payments. Customer will be invoiced hourly rates on a monthly basis and Customer will pay MedExpert within 10 days of receiving invoice.



## **Exhibit 2**

### **BUSINESS ASSOCIATE AGREEMENT**

This Business Associate Agreement (the "Agreement") is effective November 10, 2021 ("Effective Date"), between Fresno City Employees Health & Welfare Trust. ("Covered Entity") and MedExpert ("Business Associate"). The Covered Entity or the Business Associate may be referred to herein as a "party" or as the "parties."

The parties anticipate that due to the nature of their business relationship Covered Entity may make available or transfer to Business Associate information that includes or constitutes Protected Health Information ("PHI") (as defined below).

The parties desire to protect the privacy and security of all such PHI in compliance with all Applicable Laws, as hereinafter defined, including the Health Insurance Portability and Accountability Act of 1996, as supplemented and amended, and all the rules and regulations promulgated, or in the future promulgated, thereunder (collectively, "HIPAA"), and the purpose of this Agreement is to ensure compliance with HIPAA as may be amended from time to time, including all associated existing and future rules and regulations, when and as each is effective.

The parties desire that this Agreement set forth the (1) permitted and required uses and disclosures of PHI by the Business Associate; (2) required safeguards to prevent unauthorized disclosure of the PHI; (3) reporting requirements in the event of any unauthorized use or disclosure of the PHI; (4) requirements regarding any subcontractors or agents of the Business Associate; (5) provisions for the termination of this Agreement and the requirements regarding the handling of the PHI upon termination of the Agreement; and (6) such other terms and conditions as set forth in this Agreement; all with the purpose of ensuring compliance with HIPAA.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are acknowledged, the parties agree as follows:

#### **1. DEFINITIONS**

1.1 All capitalized terms used in this Agreement not otherwise defined in this Agreement have the meanings established for purposes of HIPAA.

1.2 "Applicable Laws" or "Applicable Law" shall mean HIPAA and all other federal, state and local laws, regulations and rules to the extent such other laws are not preempted by HIPAA, all as such laws are amended, or as may be amended from time to time.

1.3 "Breach" as defined in 45 C.F.R. 164.402 means the acquisition, access, use or disclosure of PHI in a manner not permitted by the HIPAA Rules which compromises the security or privacy of the PHI as defined in 45 C.F.R. 164.402.

1.4 "Business Associate" shall generally have the same meaning as the term "business associate" at 45 C.F.R. 160.103, and in reference to the party to this Agreement, shall mean the Business Associate set forth above in this Agreement.

1.5 "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 C.F.R. 160.103, and in reference to the party to this Agreement, shall mean the Covered Entity set forth above in this Agreement.

1.6 "Designated Record Set" shall be as defined in 45 C.F.R. 164.501 and means a group of records maintained by or for Covered Entity that is: (i) the medical records and billing records about Individuals maintained by or for a covered health care provider; (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (iii) used, in whole or in part, by or for

Covered Entity to make decisions about Individuals. For purposes of this paragraph, the term record means any item, collection, or grouping of information that includes PHI and is maintained, collected, used, or disseminated by or for Covered Entity.

1.7 "Electronic Protected Health Information" ("ePHI") is defined in 45 C.F.R. 160.103 and means PHI that is transmitted by, or maintained in, electronic media.

1.8 "Health Care Operations" shall be as defined in 45 C.F.R. 164.501 and means any of the following activities of Covered Entity to the extent that the activities are related to covered functions: (i) conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; patient safety activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment; (ii) reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities; (iii) except as prohibited under 45 C.F.R. 164.502(a)(5)(i), underwriting, enrollment, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance), provided that the requirements of 45 C.F.R. §164.514(g) relating to uses and disclosures of PHI for underwriting and related purposes are met, if applicable; (iv) conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs; (v) business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the Covered Entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and (vi) business management and general administrative activities of Covered Entity, including, but not limited to: (A) management activities relating to implementation of and compliance with the requirements of the HIPAA Rules; (B) customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that PHI is not disclosed to such policyholder, plan sponsor, or customer; (C) resolution of internal grievances; (D) the sale, transfer, merger, or consolidation of all or part of Covered Entity with another covered entity, or an entity that following such activity will become a covered entity and due diligence related to such activity; and (E) consistent with the applicable requirements and limitations of 45 C.F.R. §164.514, creating de-identified health information or a limited data set, or fundraising and fundraising communications for the benefit of Covered Entity.

1.9 "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as supplemented and amended by HITECH and other Applicable Laws, and any and all references in this Agreement to HIPAA shall also be deemed to include all associated existing and future rules and regulations, when and as each is effective, including the rules enacted as a result of HITECH and the Omnibus Rule, effective March 26, 2013 (the "Omnibus Rule"). HIPAA is hereby incorporated into this Agreement by this reference.

1.10 "HIPAA Rules" shall include the Privacy, Security, Breach Notification, and Enforcement Rules and the administrative requirements generally set forth at 45 C.F.R. Parts 160, 162 and 164 and any other rules in effect or adopted in the future under HIPAA including, without limitation, the rules enacted as a result of HITECH and the Omnibus Rule. All such HIPAA Rules and the applicable and related standards, requirements and implementation specifications, rules and regulations are hereby incorporated by this reference into this Agreement.

1.11 "HITECH" means the Health Information Technology for Economic and Clinical Health Act of 2009, enacted as part of the American Recovery and Reinvestment Act of 2009, Public Law 111-5, Title XIII of Division A and Title IV of Division B as codified at 42 U.S.C. §§17901-17953, and any and all references in this Agreement to HITECH shall be deemed to include all associated existing and future rules and regulations, when and as each is effective. HITECH is hereby incorporated by this reference into this Agreement.

1.12 "Individual" as defined in 45 C.F.R. 160.103 means a person (as defined in 45 C.F.R.

160.103) who is the subject of the PHI, or that person's personal representative to the extent set forth in 45 C.F.R. 164.502(g).

1.13 "Individually Identifiable Health Information" is as defined in 45 C.F.R. 160.103.

1.14 "PHI" means Protected Health Information, as defined in 45 C.F.R. § 160.103, which means any Individually Identifiable Health Information, whether oral or recorded in any form or medium, that is transmitted or maintained in electronic media or any other form or medium, except as specifically excluded under paragraph 2 of the PHI definition in 45 C.F.R. 160.103.

1.15 "Privacy Rule" is a part of the HIPAA Rules and means the federal privacy regulations codified at 45 C.F.R. Parts 160, 162 and 164 (Subparts A, C & E), as such may be amended from time to time.

1.16 "Required By Law" as defined in 45 C.F.R. 164.103, means a mandate contained in law that compels Covered Entity or Business Associate to make a use or disclosure of PHI and that is enforceable in a court of law. This may include, but is not limited to, court orders and court-ordered warrants; subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information; a civil or an authorized investigative demand; Medicare conditions of participation with respect to health care providers participating in the program; and statutes or regulations that require the production of information, including statutes or regulations that require such information if payment is sought under a government program providing public benefits.

1.17 "Security Rule" is a part of the HIPAA Rules and means the federal security regulations codified at 45 C.F.R. Parts 160, 162 and 164 (Subparts A & C), as such may be amended from time to time.

## **2. RESPONSIBILITIES OF BUSINESS ASSOCIATE**

2.1 Permitted Uses and Prohibited Uses. Business Associate agrees to use or disclose PHI only as permitted or required pursuant to this Agreement and in compliance with HIPAA and the HIPAA Rules or as otherwise Required by Law.

Furthermore, Business Associate shall not use or disclose PHI in any manner that would constitute a violation of HIPAA or the HIPAA Rules including the applicable portions of 45 C.F.R. Parts 162 and 164 (such as Subpart E of Part 164) if so used or disclosed by Covered Entity, except that Business Associate may use PHI: (i) for the proper management and administration of Business Associate; or (ii) to carry out the legal responsibilities of Business Associate provided the disclosures are Required by Law. Business Associate may use and disclose to a subcontractor or agent the PHI in its possession for the purposes described in the first part of this paragraph, provided that any subcontractor or agent to which Business Associate discloses PHI for those purposes provides satisfactory, reasonable written assurances in advance that: (i) the information will be held confidentially and used or further disclosed only as Required by Law; (ii) the information will be used only for the purpose for which it was disclosed to the subcontractor or agent; (iii) the subcontractor or agent agrees to the same restrictions and conditions that apply to the Business Associate with respect to the PHI; and (iv) the subcontractor or agent promptly will notify Business Associate of any instances of which it becomes aware in which the confidentiality of the information has been breached.

To the extent Business Associate is to carry out one or more of Covered Entity's obligations under Subpart E of 45 C.F.R. Part 164, Business Associate shall comply with the requirements of such obligations that apply to the Covered Entity in the performance of such obligation.

2.2 Appropriate Safeguards. Business Associate represents that it has in place, and agrees to use, appropriate policies, procedures and safeguards that adequately safeguard any PHI (including ePHI) from use or disclosure other than as provided for by this Agreement, and Business Associate specifically agrees, on behalf of itself, its subcontractors and agents, to safeguard and protect the confidentiality of PHI consistent with Applicable Law, including currently effective provisions of HIPAA and the HIPAA Rules. Business Associate shall implement and maintain a comprehensive information privacy and security program that includes (i) administrative, technical and physical safeguards, (ii) policies and procedures, and (iii) documentation in the same manner as required for Covered Entity and other covered entities ("Privacy and Security Program"). Business Associate shall implement and use its appropriate Privacy and Security Program to: (i) prevent use or

disclosure of PHI other than as permitted by this Agreement and in compliance with all Applicable Laws; (ii) reasonably and appropriately protect the confidentiality, integrity, and availability of the PHI and ePHI that Business Associate creates, receives, maintains, or transmits; and (iii) comply with the Security Rule requirements including those set forth in 45 C.F.R. §§ 164.304, 164.306, 164.308, 164.310, 164.312, 164.314, and 164.316.

2.3 Safeguarding Electronic PHI. With respect to PHI, the Business Associate shall comply with the applicable standards, implementation specifications and requirements of Subpart C of 45 C.F.R. 164 with respect to ePHI that Business Associate creates, receives, maintains, or transmits electronically. Furthermore, Business Associate shall implement administrative, technical, and physical safeguards as described in the Security Rule, which reasonably and appropriately protect the confidentiality, integrity, and availability of such electronic PHI. Without limiting the foregoing, Business Associate shall: (i) ensure that any agent, including any subcontractor, to whom Business Associate provides ePHI agrees to implement reasonable and appropriate safeguards to protect such ePHI; (ii) report to the Covered Entity any "Security Incident" as defined by the Security Rule (including the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in your information system containing the Covered Entity's PHI) of which Business Associate becomes aware; and (iii) make its policies, procedures, practices, records, compliance reports and documentation available to the Secretary to determine compliance with the Security Rules and the applicable administrative simplification provisions of HIPAA and the HIPAA rules, and otherwise as Required by Law.

2.4 Notification of Unauthorized Use or Disclosure, or Other Breach. During the term of this Agreement, Business Associate shall notify Covered Entity without unreasonable delay, and in any event within twenty-four (24) hours of its discovery (as defined by 45 C.F.R. 164.410(a)(2)) by Business Associate, of (i) any suspected or actual Breach of security, intrusion or unauthorized use or disclosure of PHI or electronic PHI, or any other actual or suspected use or disclosure of PHI, electronic PHI or other data in violation of this Agreement or any Applicable Law; (ii) any use or disclosure of PHI not provided for by this Agreement of which it becomes aware, including any Breaches of Unsecured PHI, in accordance with 45 C.F.R. 164.410 or 45 C.F.R. § 164.504(e)(2)(ii)(C) or any other HIPAA Rule; (iii) any Security Incident of which Business Associate becomes aware in accordance with 45 C.F.R. § 164.314(a)(2)(C); or (iv) any incident that involves an unauthorized acquisition, access, use, or disclosure of PHI, even if Business Associate believes the incident will not rise to the level of a Breach.

The notification shall include, to the extent possible, and shall be supplemented on an ongoing basis with: (i) the identification of all individuals whose Unsecured PHI was or is reasonably believed to have been accessed, acquired, used, disclosed or involved; (ii) all other information reasonably requested by Covered Entity to enable Covered Entity and Business Associate to perform and document Risk Assessments in accordance with 45 C.F.R. Part 164 subparts C, D and E including 45 C.F.R. 164.308 with respect to the incident to determine whether a Breach of Unsecured PHI occurred; (iii) the incident, including the date of the Breach and the date of the discovery of the Breach, if known; (iv) who made the unauthorized use or received the unauthorized disclosure; (v) the types of Unsecured PHI involved in the Breach; (vi) any specific steps the Individual should take to protect him or herself from potential harm related to the Breach; (vii) what the Business Associate is doing to investigate the Breach, to mitigate harm to Individuals and to protect against further Breaches; (viii) contact procedures for how the Individual can obtain further information from the Business Associate; (ix) such other information, including the Risk Assessment analysis prepared by the Business Associate, as Required by Law or as reasonably requested by the Covered Entity or the Privacy Official, and (x) all other available information reasonably necessary or required to provide notice to Covered Entity, any other applicable covered entities, Individuals, HHS or the media, all in accordance with the data breach notification requirements set forth in 45 C.F.R. Parts 160 & 164. Notwithstanding the foregoing, in Covered Entity's sole discretion and in accordance with its directions, Business Associate shall conduct, or pay the costs of conducting, an investigation of any incident required to be reported under this Section

2.4. If in the opinion of the Covered Entity the incident qualifies as a Breach, the Business Associate shall carry out the appropriate notification responsibilities, at its sole cost and expense, if so directed by Covered Entity, after receiving the Covered Entity's approval of the Business Associate's plan of proposed notifications and the specific content of such notifications or shall reimburse Covered Entity for the cost and expense of such notifications if Covered Entity chooses to make them. Business Associate shall require all of its subcontractors and agents who experience these events related to the Covered Entity to report the event to the Business

Associate in such a time so that the Business Associate shall comply with the notification requirements described in this section.

2.5 Corrective Action. Business Associate shall take: (i) prompt corrective action to cure any deficiencies which led or could lead to a Breach or a Security Incident; and (ii) any action pertaining to such unauthorized disclosure required by Applicable Laws and with Covered Entity's approval as to the actions to be taken, which shall not be unreasonably withheld. Business Associate shall conduct a Risk Assessment to determine whether a Breach occurred and inform the Covered Entity of its assessment.

2.6 Business Associate's Subcontractors and Agents. To the extent that Business Associate uses one or more subcontractors or agents, including any person to whom the Business Associate delegates a function, activity or service, or who may create, receive, maintain, transmit or have access to PHI, then each such subcontractor or agent shall sign an agreement with Business Associate containing the same provisions, restrictions and conditions on the use or disclosure of PHI that apply to Business Associate as this Agreement, including all terms and conditions mandated by the Privacy Rule and the Security Rule, including but not limited to, 45 C.F.R. 164.502(e)(1), 164.504(e)(2)(ii)(D), 164.308(b)(2) and 164.314(a)(2)(iii) (the "Subcontractor Agreement"). The Business Associate shall obtain satisfactory assurances that its subcontractor or agent will appropriately safeguard the PHI. To the extent that Business Associate provides PHI or ePHI to a subcontractor or agent, it shall require the subcontractor or agent to implement reasonable and appropriate safeguards to protect PHI and the ePHI consistent with the requirements of this Agreement, and further identifying Covered Entity as a third party beneficiary with rights of enforcement and indemnification from such subcontractors or agents in the event of any violation of the Subcontractor Agreement. Business Associate shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation and shall be responsible for any costs and liabilities therefrom. Business Associate shall be liable to Covered Entity for any acts, failures or omissions of the agent or subcontractor in providing the services as if they were Business Associate's own acts, failures or omissions, to the extent permitted by Applicable Law. Business Associate further expressly warrants that its agents or subcontractors will be specifically advised of, and will comply in all respects with, the terms of this Agreement.

2.7 Governmental Access to Records. Unless otherwise prohibited by Applicable Law, Business Associate shall make its internal practices, books and records relating to the use and disclosure of PHI available to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining compliance with HIPAA and HIPAA Rules. Business Associate shall immediately notify Covered Entity upon receipt by Business Associate of any such requests for access by the Secretary of HHS, and shall provide Covered Entity with a copy thereof as well as a copy of all materials disclosed pursuant thereto. Business Associate shall provide to Covered Entity a copy of any PHI that Business Associate provides to the Secretary concurrently with providing such PHI to the Secretary.

2.8 Documentation of Disclosures. Business Associate agrees to document any requests for disclosures of PHI and provide information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. 164.528. In the event that the request for an accounting is delivered directly to Business Associate or its subcontractors or agents, Business Associate shall within five (5) business days of a request forward it to Covered Entity in writing. Upon receipt of such a request directly from an Individual or forwarded from the Business Associate, Covered Entity shall request that Business Associate shall document and make available to Covered Entity the information necessary for Covered Entity (or its applicable Covered Entity customer) to make an accounting of disclosures of PHI about an Individual to the requesting Individual. Business Associate shall comply with such request within ten (10) business days after receiving a written request from Covered Entity and shall provide such information to the Covered Entity or, when and as directed by Covered Entity, make that information available directly to an Individual, all in accordance with the requirements for accounting for disclosures in the HIPAA Rules, including 45 C.F.R. § 164.528.

Business Associate agrees to implement a process that allows for an accounting of disclosures to be collected and maintained by Business Associate and its subcontractors and agents for at least six (6) years prior to the request for the accounting in accordance with 45 C.F.R. 164.528 and all Applicable Law. At a minimum,

such information shall include: (A) the date of disclosure; (B) the name of the entity or person who received PHI and, if known, the address of the entity or person; (C) a brief description of PHI disclosed; and (D) a brief statement of purpose of the disclosure that reasonably informs the Individual of the basis for the disclosure, or a copy of the Individual's authorization, or a copy of the written request for disclosure. It shall be Covered Entity's responsibility to prepare and deliver any such accounting of disclosures requested to the Individual. Business Associate shall not disclose any PHI except as permitted by this Agreement.

2.9 Access to PHI. Business Associate shall make PHI maintained by Business Associate or its or subcontractors or agents in Designated Record Sets about an Individual available (i) to Covered Entity for inspection and copying within five (5) business days of a request by Covered Entity (whether an original request or a request from Covered Entity which was forwarded to it per below) to enable Covered Entity to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524, or (ii) when and as directed by Covered Entity, Business Associate shall provide that access directly to an Individual, all in accordance with the requirements of 45 C.F.R. § 164.524. In the event that the request for access to PHI is delivered directly to Business Associate or its agents or subcontractors, Business Associate shall within five (5) business days of a request, forward it to Covered Entity in writing. It shall be Covered Entity's responsibility to respond to any such request for access to PHI. Business Associate shall not disclose any PHI except as permitted by this Agreement.

2.10 Electronic Copies. Notwithstanding Section 2.9, in the event that Business Associate uses or maintains an electronic health record of PHI of or about an Individual, then Business Associate shall provide an electronic copy (at the request of Covered Entity, and in the reasonable time and manner requested by Covered Entity but in no event more than five (5) business days after the request) of the PHI, to Covered Entity or, when and as directed by Covered Entity, directly to an Individual.

2.11 Amendment of PHI. To the extent that Business Associate maintains Designated Record Sets, within ten (10) business days of receipt of a request from Covered Entity for an amendment of PHI or a record about an Individual contained in a Designated Record Set, Business Associate or its agents or subcontractors shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If any Individual requests an amendment of PHI directly from Business Associate or its agents or subcontractors, Business Associate must notify Covered Entity in writing within five (5) business days of the request as it shall be Covered Entity's responsibility to determine whether any such amendment should be made and to make any such amendments. Any denial of amendment of PHI maintained by Business Associate or its agents or subcontractors shall be the responsibility of Covered Entity. Business Associate shall not disclose any PHI except as permitted by this Agreement.

2.12 Communication on Requests. Business Associate shall accommodate requests for confidential communications in accordance with 45 C.F.R. § 164.522, as directed by Covered Entity or, if applicable, as directed by the Individual to whom the PHI relates, with the consent of Covered Entity. Business Associate shall also notify Covered Entity in writing within five (5) business days after Business Associate's receipt directly from an Individual of any request for an accounting of disclosures, access to, or amendment of PHI or for confidential communications as contemplated in Sections 2.8-2.11.

2.13 Minimum PHI Necessary. Business Associate (and its agents or subcontractors) shall request, use or disclose only the minimum amount of PHI necessary to accomplish the purpose of the request, use or disclosure as per 45 C.F.R. 164.502(b). Business Associate shall maintain a written policy delineating the standards it will use in determining the minimum necessary information for its uses and disclosures of PHI in accordance with standards set forth in the Privacy Rule.

2.14 Prohibited Payments. Business Associate shall not directly or indirectly receive remuneration or payment in exchange for any PHI and shall not sell any PHI. Business Associate shall not receive direct or indirect remuneration or payment for marketing or marketing communications which include PHI relating to Covered Entity or its Individuals.

2.15 Prohibited Communications. Business Associate shall not make or cause to be made any communication about a product or service that is not considered a Health Care Operation. Business Associate shall not make or cause to be made any written fundraising or marketing communication.

2.16 Mitigation. Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate that is not permitted by this Agreement.

2.17 Compliance with Law. Business Associate shall comply with all Applicable Laws.

2.18 Domestic Use. Business Associate shall not use, transfer, transmit, or otherwise send or make available, any PHI outside of the geographic confines of the United States of America without Covered Entity's advance written consent.

2.19 Government Program Requirements. To the extent that Business Associate receives, uses or discloses PHI pertaining to Individuals enrolled in managed care plans through which Covered Entity participates in government funded health care programs, receipt use and disclosure of the PHI pertaining to those Individuals shall comply with the applicable program requirements.

2.20 Data Ownership. Business Associate acknowledges that Business Associate has no ownership rights with respect to the PHI.

2.21 Retention of PHI. Business Associate and its subcontractors or agents shall retain all PHI throughout the term of the Agreement and shall continue to maintain such information for a period of no less than six (6) years after termination of the Agreement.

### 3. INDEMNITY AND INSURANCE

3.1 Indemnity. Each party shall indemnify, defend and hold harmless (the "Indemnifying Party") the other party and its agents, officers, directors, employees, successors and assigns, and each of them (the "Indemnified Parties"), from and against any and all claims, suits, actions and proceedings, liabilities, judgments, losses, damages, costs, charges, and expenses of whatever nature or character, including first party and third party claims, and including without limitation, attorney's and expert witness fees and costs, resulting from, arising out of or in connection with: (i) any breach of this Business Associate Agreement; (ii) any Breach of PHI as defined in 45 C.F.R. section 164.402; or (iii) the failure in the performance of this Business Associate Agreement by the Indemnifying Party ("Claim").

If any third party shall notify any Indemnified Party of any matter which may give rise to a third party claim for indemnification ("Third Party Claim"), the Indemnified Party shall promptly notify the Indemnifying Party thereof provided, however, that no delay on the part of the Indemnified Party in notifying the Indemnifying Party shall relieve the Indemnified Party from any obligation hereunder, unless (and then solely to the extent) the Indemnifying Party is thereby prejudiced.

The Indemnifying Party will have the right to defend the Indemnified Party against the Third Party Claim with the counsel of the Indemnifying Party's choice so long as the Indemnifying Party notifies the Indemnified Party within thirty (30) days after the Indemnified Party has given notice of the Third Party Claim that the Indemnifying Party will indemnify the Indemnified Party to the fullest extent provided by the provisions of this paragraph. In the event of a first party Claim, the Indemnified Party shall be entitled to attorney's fees as provided in Article 5.

For purposes of this indemnity, in the event a subcontractor or agent of the Business Associate breaches its agreement with the Business Associate, or acts or omits to act in such a way that it would be a breach of this Agreement if Business Associate had taken or omitted such act, or otherwise acts in a way which harms Covered Entity, Business Associate shall be required to indemnify Covered Entity as if the actions or omissions of the subcontractor or agent were those of the Business Associate.

3.2 Insurance. During the Term of this Agreement, Business Associate shall procure and maintain, at a minimum, the following insurance coverage: (i) commercial general liability insurance, which shall include blanket, broad form, contractual liability coverage, with limits of not less than one million dollars

\$1,000,000 per occurrence for bodily injury and property damage, combined single limit; (ii) employer's liability insurance with limits of not less than one million dollars (\$1,000,000) per occurrence; and (iii) professional liability insurance (errors & omissions) with a limit of not less than one million dollars (\$1,000,000) annual aggregate.

#### 4. TERMINATION AND COOPERATION

##### 4.1 Termination.

(a) Termination By Covered Entity. Notwithstanding any other provision of this Agreement, Covered Entity may immediately terminate this Agreement in the event: (i) Business Associate or any of its subcontractors or agents discloses PHI in a manner that is not authorized by Covered Entity, HIPAA or by Applicable Law; (ii) Business Associate breaches any of the provisions of this Agreement; or (iii) Business Associate or any of its subcontractors or agents engages in any other act or omission that is contrary to the obligations of a "business associate" under any currently effective provisions of HIPAA, the Privacy Rule, the Security Rule or the HIPAA Rules, or that otherwise prevents either party from meeting the requirements of HIPAA, the Privacy Rule, the Security Rule, the HIPAA Rules or other Applicable Law concerning the security or confidentiality of PHI or ePHI.

(b) Reasonable Steps to Cure Breach. If Covered Entity knows of a pattern of activity or practice of Business Associate that constitutes a breach or violation of the Business Associate's obligations under the provisions of this Agreement and does not immediately terminate this Agreement pursuant to Section 4.1(a), then Covered Entity shall require Business Associate to cure such breach or end such violation, as applicable. If the efforts to cure such breach or end such violation are unsuccessful within ten (10) days, Covered Entity shall terminate this Agreement.

4.2 Effect of Termination or Expiration. Within ten (10) days after the expiration or termination for any reason (or to any extent) of this Agreement, Business Associate shall return or destroy all applicable PHI and ePHI, including all applicable PHI and ePHI in possession of Business Associate's agents or subcontractors and shall retain no copies of such PHI in any form or media. If Business Associate elects to destroy such PHI, Business Associate shall certify in writing to Covered Entity that such PHI has been destroyed. To the extent return or destruction of the PHI is not feasible, Business Associate shall notify Covered Entity in writing of the reasons return or destruction is not feasible and, if Covered Entity agrees, may retain the PHI subject to this Section 4.2 and the terms of this Agreement. Under any circumstances, Business Associate shall extend any and all protections, limitations and restrictions contained in this Agreement to Business Associate's use or disclosure of any applicable PHI retained after the expiration or termination (to any extent) of this Agreement, and shall limit any further uses or disclosures solely to the purposes that make return or destruction of the PHI infeasible and in compliance with all Applicable Law.

4.3 Cooperation. Each party shall cooperate in good faith in all respects with the other party in connection with any request by a federal or state governmental authority for additional information and documents or any governmental investigation, complaint, action or other inquiry.

#### 5. MISCELLANEOUS

5.1 Amendment to Comply with Law. The parties acknowledge that Applicable Laws relating to data security and privacy are rapidly evolving and that amendment of this Agreement may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA and all other Applicable Laws relating to the security, privacy and confidentiality of PHI. The parties understand and agree that Covered Entity must receive satisfactory written assurance from Business Associate that Business Associate will adequately safeguard all PHI. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Agreement embodying written assurances consistent with the standards and requirements of HIPAA or other Applicable Laws. Covered Entity may terminate this Agreement upon ten (10) days written notice in the event: (i) Business Associate does not promptly enter into negotiations to amend this Agreement when requested by Covered Entity pursuant to this Section; or (ii) Business Associate



does not enter into an amendment to this Agreement providing assurances regarding the safeguarding of PHI that Covered Entity, in its sole discretion, deems sufficient to satisfy the standards and requirements of HIPAA and the HIPAA Rules and Applicable Law, as then in existence.

5.2 Contradictory Terms; Construction of Terms. This Agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA and the HIPAA Rules. The parties agree that any ambiguity in this Agreement shall be resolved in favor of a meaning that complies and is consistent with HIPAA and the HIPAA Rules. To the extent any provision of this Agreement appears contradictory to, or ambiguous with, another term of this Agreement (“Contradictory Terms”), the Contradictory Terms shall be interpreted for the purpose of the Covered Entity’s and Business Associate’s compliance with HIPAA and the HIPAA Rules, and shall be superseded to the extent and only to the extent necessary to resolve such contradiction or ambiguity provided that the terms of this Agreement shall be construed to allow for compliance by the Covered Entity and the Business Associate with HIPAA and the HIPAA Rules.

5.3 Survival. The provisions of this Agreement regarding indemnification, Article 4, Article 5 and protection of PHI shall survive the expiration or termination for any reason of this Agreement.

5.4 No Third Party Beneficiaries. Nothing in this Agreement shall confer upon any person other than the Parties and their respective permitted successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.

5.5 Independent Contractor. Business Associate is and shall remain an independent contractor of Covered Entity throughout the term. Nothing in this Agreement or otherwise shall be construed to constitute Business Associate and Covered Entity as partners, joint venturers, agents of the other party or anything other than Business Associate as an independent contractor of Covered Entity.

5.6 Governing Law. This Agreement shall be governed in all respects, whether as to validity, construction, capacity, performance or otherwise, by the laws of the State of California and specifically applicable federal laws.

5.7 Jurisdiction and Venue. Jurisdiction for any dispute arising under or related to this Agreement, whether in contract or in tort, and whether legal or equitable remedies are sought, shall be in the state or federal courts in the State of California with venue in San Mateo County or, with respect to federal court jurisdiction, the United States District Court located in San Francisco, California.

5.8 Attorneys' Fees. In the event of any controversy, claim, or dispute between the parties hereto, arising out of or relating to this Agreement or breach thereof, whether arising in contract or in tort, and whether legal or equitable remedies are sought, the prevailing party shall be entitled to recover from the losing party all costs and expenses, including, but not limited to, reasonable attorneys' fees and expert witness fees.

5.9 Notices. Except as otherwise provided herein, all notices relating to this Agreement shall be in writing and will be deemed to have been received: (i) on the same business day, when delivered personally or sent by facsimile (receipt confirmed); (ii) on the next business day, when sent by overnight courier; or (iii) on the fifth (5<sup>th</sup>) day, when sent certified mail; and in all instances directed to the person listed and the address of such party specified below. The parties may designate another addressee for receipt of notice at any time by written notice to the other party in accordance with this provision. Business day for purposes of this Agreement shall mean Pacific Time between the hours of 9 a.m. until 5 p.m., Monday through Friday, excluding any holidays observed by the federal government.

**Business Associate Agreement**

TO:

TO:

**MedExpert International, Inc.**

Business Development Department

P.O. Box 7550

Menlo Park, CA 94026

Fax: 650-326-6700

5.10 Signatures. This Agreement may be signed in counterparts. A fax transmission of a signature page will be considered an original signature page. At the request of a party, the other party will confirm a fax- transmitted signature page by delivering an original signature page to the requesting party.

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement as of the Effective Date.

**MedExpert International, Inc.**

BY: MedExpert International, Inc.

(sign)



NAME:

Mary R. Hiller

TITLE:

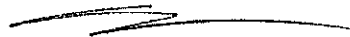
Executive Director, Knowledge Eng.

DATE:

November 10, 2021

BY:

(sign)



NAME:

Shane D. Archer

TITLE:

Chair

DATE:

12-06-2021

## Business Associate Agreement

TO:

TO:

**MedExpert International, Inc.**

Business Development Department

P.O. Box 7550

Menlo Park, CA 94026

Fax: 650-326-6700

5.10 Signatures. This Agreement may be signed in counterparts. A fax transmission of a signature page will be considered an original signature page. At the request of a party, the other party will confirm a fax-transmitted signature page by delivering an original signature page to the requesting party.

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement as of the Effective Date.

**MedExpert International, Inc.**

BY: MedExpert International, Inc.

(sign)



NAME:

Mary R. Hiller

TITLE:

Executive Director, Knowledge Eng.

DATE:

November 10, 2021

BY:

(sign)



NAME:

Michael Lima

TITLE:

Vice - Chairperson

DATE:

12/7/2021

## Diana Cavazos | HealthComp

---

**From:** Andrew Desa <andrewd@rael-letson.com>  
**Sent:** Monday, November 1, 2021 9:47 PM  
**To:** Michael Lima; Shane Archer  
**Cc:** Tom Georgouses | HealthComp; Diana Cavazos | HealthComp; Michael Moss  
**Subject:** RE: Action Required: Fresno City Employees H&W Trust - Fiduciary Liability Renewal

Thank you Shane and Mike!

**Andrew Desa**  
ASA, MAAA  
Consulting Actuary

2929 Campus Drive, Suite 400  
San Mateo, CA 94403  
650-356-2327 Tel  
[andrewd@rael-letson.com](mailto:andrewd@rael-letson.com)  
[www.rael-letson.com](http://www.rael-letson.com)



*We understand your plans.®*

---

**From:** Michael Lima <Michael.Lima@fresno.gov>  
**Sent:** Monday, November 1, 2021 8:58 PM  
**To:** Shane Archer <Shane.Archer@fresno.gov>; Andrew Desa <andrewd@rael-letson.com>  
**Cc:** Tom Georgouses <tgeorgouses@healthcomp.com>; Diana Cavazos HealthComp <dcavazos@healthcomp.com>; Michael Moss <mmoss@mossfirm.org>  
**Subject:** RE: Action Required: Fresno City Employees H&W Trust - Fiduciary Liability Renewal

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.

I, too, approve the renewal. Thanks!

Mike Lima

---

**From:** Shane Archer <[Shane.Archer@fresno.gov](mailto:Shane.Archer@fresno.gov)>  
**Sent:** Monday, November 1, 2021 8:40 PM  
**To:** Andrew Desa <[andrewd@rael-letson.com](mailto:andrewd@rael-letson.com)>; Michael Lima <[Michael.Lima@fresno.gov](mailto:Michael.Lima@fresno.gov)>  
**Cc:** Tom Georgouses <[tgeorgouses@healthcomp.com](mailto:tgeorgouses@healthcomp.com)>; Diana Cavazos HealthComp <[dcavazos@healthcomp.com](mailto:dcavazos@healthcomp.com)>; Michael Moss <[mmoss@mossfirm.org](mailto:mmoss@mossfirm.org)>  
**Subject:** Re: Action Required: Fresno City Employees H&W Trust - Fiduciary Liability Renewal

I approve the renewal.

Thank you

---

**From:** Andrew Desa <[andrewd@rael-letson.com](mailto:andrewd@rael-letson.com)>

**Sent:** Monday, November 1, 2021 3:03:21 PM

**To:** Michael Lima; Shane Archer

**Cc:** Tom Georgouses; Diana Cavazos HealthComp; Michael Moss

**Subject:** Action Required: Fresno City Employees H&W Trust - Fiduciary Liability Renewal

**External Email: Use caution with links and attachments**

Mike/Shane –

As discussed at your last meeting, we were awaiting the Fiduciary Liability Renewal from the broker NuWest. We have now received the renewal.

I am attaching a memo with the details and full proposal. The summary is:

- The annual premium increase is from \$6,245 in the current policy to \$6,715 for the renewal (\$470 annual increase).
- No other terms of the policy are changing.

Authority was granted at your last meeting to review and take any necessary action on the renewal in between meetings.

As such, please let me know if you approve of the proposal and to renew with Chubb effective January 15, 2022.

Thanks,

**Andrew Desa**

ASA, MAAA

Consulting Actuary

2929 Campus Drive, Suite 400

San Mateo, CA 94403

650-356-2327 Tel

[andrewd@rael-letson.com](mailto:andrewd@rael-letson.com)

[www.rael-letson.com](http://www.rael-letson.com)



*We understand your plans.®*

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NOTICE: This email transmission, and any attachment, is intended only for the use of the individual or entity to which it is addressed. It may contain information that is confidential, including patient health information protected by federal and state privacy laws. If you are not the intended recipient, any review, use, disclosure or copying of this message or attachments is prohibited. If you have received this message in error, please notify the sender immediately by return email and permanently delete this message, along with any attachments, and delete all copies from your computer. Thank you for your cooperation.

# FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

## Fiduciary Liability Insurance Renewal Proposal

January 15, 2022

<b>Fiduciary Liability</b>	<b>CURRENT 1/15/2021-22</b>	<b>PROPOSED 1/15/2022-23</b>
Insurer	Chubb	Chubb
A.M. Best Rating	'A++' XV	'A++' XV
LIMIT of Liability		
Each Loss	\$1,000,000	\$1,000,000
Annual Aggregate	\$1,000,000	\$1,000,000
Deductible	\$5,000	\$5,000
Coverage Type	Claims Made	Claims Made
ERISA Section 502(l) & (i) (20% & 5% Penalties)	250,000	250,000
ERISA Section 502 (c) Penalties - <i>Sublimit</i>	250,000	250,000
HIPAA Fines and Penalties – <i>Sublimit</i>	1,000,000	1,000,000
Voluntary Settlement (EPCRS)– <i>Sublimit</i>	250,000	250,000
PPA Penalties – <i>Sublimit</i>	250,000	250,000
PPACA Penalties – <i>Sublimit</i>	250,000	250,000
Section 4975 Penalties - <i>Sublimit</i>	250,000	250,000
Trustee Claims Expenses- <i>Sublimit</i>	250,000	250,000
Trustee Non-Fiduciary (Settlor Functions)	250,000	250,000
Interview Coverage	250,000	250,000
Pre-Claim Investigative Fees- <i>Sublimit</i>	250,000	250,000
Other Fines, Taxes, or Penalties- <i>Sublimit</i>	250,000	250,000
Section 203 of the Bipartisan Budget Act- <i>Sublimit</i>	250,000	250,000
Benefit Overpayment- <i>Sublimit</i>	100,000	100,000
Umbrella Sublimit Endorsement- <i>Sublimit</i>	250,000	250,000
Pre-Approved Fund Counsel Endorsement	Included	Included
<b>'ANNUAL' PREMIUM</b>	<b>\$6,245</b>	<b>\$6,715</b>
Plus "Waiver of Recourse"		
<i>Waiver Premium – (per fiduciary)</i>	25	25



*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

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#### DESCRIPTION

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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 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.
- **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/or 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/resource/compensation-guide-for-client.pdf>

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.

We appreciate your business!

**From:** Martinez, Carolyn <carolyn.martinez@optum.com>  
**Sent:** Tuesday, November 16, 2021 4:18 PM  
**To:** Andrew Desa; Tom Georgouses | HealthComp; Diana Cavazos | HealthComp  
**Subject:** Action Required - Aduhelm Formulary Update/OptumRx

## Aduhelm Formulary Update/OptumRx

Dear Andrew, Tom and Diana,

I am writing to inform you that effective December 14<sup>th</sup>, 2021, Aduhelm will be removed from the “New Drug to Market” program and will be covered on the Select Formulary unless City of Fresno requests to maintain the product exclusion. The deadline for exclusion requests is **December 3, 2021**.

On June 7, 2021, the [FDA announced](#) the approval of Biogen’s [Aduhelm \(aducanumab\)](#), for the treatment of Alzheimer’s disease. Since Aduhelm is an infused therapy with additional administration and diagnostic testing needs, it is unlikely that associated claims would be submitted to the pharmacy benefit. OptumRx recommends that clients consult with their medical benefit carrier to determine coverage.

This change impacts City of Fresno’s commercial plan only. Aduhelm is not being added to our Medicare D formularies.

Please let me know if you have any questions or if you would like to jump on a quick call to discuss.

Sincerely,

Carolyn

---

**Carolyn (Jalbert) Martinez | OptumRx**  
Account Manager  
Government and Public Sector Markets  
2720 N Tenaya Way  
Las Vegas, NV  
89128, USA  
Phone: (office) 612-428-6104, (mobile) 702-708-1849  
[Carolyn.Martinez@optum.com](mailto:Carolyn.Martinez@optum.com)

**Upcoming PTO Alert: 11/24/2021 – 11/29/2021**

**Office Closure: November 25<sup>th</sup> – 26<sup>th</sup> Happy Holidays**

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## Diana Cavazos | HealthComp

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**From:** Martinez, Carolyn <carolyn.martinez@optum.com>  
**Sent:** Friday, December 17, 2021 9:13 AM  
**To:** Diana Cavazos | HealthComp; Tom Georgouses | HealthComp  
**Cc:** Osuna, Nissa D; Andrew Desa  
**Subject:** Medical Review Institute of America (MRIOA) Cyber Security Incident  
**Attachments:** OptumRx Customer Report Form - MRloA.pdf

<< MEDICAL REVIEW INSTITUTE OF AMERICA (MRIOA) CYBER SECURITY INCIDENT >>



Dear Tom & Diana,

Medical Review Institute of America (MRloA), a third-party vendor that performs physician reviews for certain prescription prior authorization/appeals requests and medical claim appeals, recently notified us that they were the target of a cyber security incident, which may have impacted health information belonging to some of your members.

Protecting members' information is a top priority for us and we are working diligently to provide you with more details.

According to MRloA, the incident was contained on the same day of the unauthorized access. They also indicated that they immediately engaged with a cyber security firm to assist with the investigation, as well as reported the incident to the FBI.

Please note, no UHG, UHC or Optum related IT systems were involved in or affected by this incident.

The attached Customer Report Form contains additional important details. Please reach out if you have any further questions, and I will be happy to assist.

Sincerely,

Carolyn

---

**Carolyn (Jalbert) Martinez | OptumRx**  
Account Manager  
Government and Public Sector Markets  
2720 N Tenaya Way  
Las Vegas, NV  
89128, USA  
Phone: (office) 612-428-6104, (mobile) 702-708-1849  
[Carolyn.Martinez@optum.com](mailto:Carolyn.Martinez@optum.com)

**Upcoming PTO Alert: 12/20/2021 – 12/24/2021**

**Office Closure: December 24<sup>th</sup> and December 31<sup>st</sup> Happy Holidays**

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## Diana Cavazos | HealthComp

---

**From:** Martinez, Carolyn <carolyn.martinez@optum.com>  
**Sent:** Tuesday, December 28, 2021 8:30 AM  
**To:** Tom Georgouses | HealthComp; Diana Cavazos | HealthComp  
**Cc:** Osuna, Nissa D; Andrew Desa  
**Subject:** <<RR DONNELLEY (RRD) SYSTEMS OUTAGE – PA NOTIFICATION UPDATE 12/27/21>>

<<RR DONNELLEY (RRD) SYSTEMS OUTAGE – PA NOTIFICATION UPDATE 12/27/21>>

Good morning,

On December 23<sup>rd</sup>, OptumRx reported a vendor system outage impacting production of letters for the prior authorization (PA) and appeals (coverage determination and redetermination) processes for our members. Below, we have summarized the current status of the system outage and address questions you may have.

- Data in OptumRx systems remains safe and secure and is not impacted by this vendor system outage. Processes outside this printing activity are functioning normally.
- Members supported by OptumRx are not impacted as a result of the system outage and do not have any access to care issues. Decisions and case effectuations are proceeding normally.
- Calls and emails (if member preference is set to allow) to members along with faxes to providers to communicate PA determinations continue and are not impacted by the system outage.
- To further support print production on an interim basis, another contracted OptumRx vendor, Shutterfly Business Solutions, has been engaged since December 25, 2021, to print generated prior authorization and appeal letters. Shutterfly Business Solutions' process for printing and mailing letters is fully automated and has aided us in completing both Medicare and commercial letter backlogs.
- Reporting and data analysis continues to support prioritizing work efforts to ensure PA timeliness along with Shutterfly Business Solutions.
- Processes typically used to process Medicare coverage determination and redetermination cases remain in place and comply with the published requirements. Effectuations of approved cases are being completed in RxClaim upon case review completion. Outbound calls are being made to communicate decisions to requesters. Prescribers are being notified of case decisions via fax communication. The only element of the process that has been adjusted is the final written communication of the case decision to the requester. The process adjustments made to accommodate this outage are using established letter generation processes and routing the print-ready letter to an alternative print location. Processes are otherwise identical to standard OptumRx process and aligned with the combined CMS manual chapter for handling coverage determinations and redeterminations.
- OptumRx is in the process of reviewing process data at this time. We recognize the urgency in having this reporting and the reporting will be provided as soon as it is available.
- As a plan sponsor, OptumRx proactively notified CMS of the vendor outage situation on December 24<sup>th</sup>, 2021, relative to its own plan and advised of the interim actions being taken to maintain the flow of PA and appeal letters.

The follow language was used to notify CMS of the POTENTIAL Issue and was sent 12/24/21 at 8:30pm ET:

*(The Plan) was notified by its PBM, OptumRx, of a system outage reported by a downstream print fulfillment vendor. This vendor creates and prints notification letters produced by prior authorization (PA) activities for the Plan..... During this outage, OptumRx is taking steps internally*

*to ensure members are notified of PA decisions timely while engaging the vendor in discussions on their recovery plans. The underlying decision-making and effectuation processes conducted by OptumRx have not been impacted.*

*At the present time, OptumRx is evaluating member notification timeliness. Based on an initial review of case activity since the vendor's system outage on December 23, 2021, OptumRx has indicated that untimely notifications may have occurred. Therefore, this vendor outage is being reported to you due to the potential for untimely PA notifications and IRE submissions to C2C.*

- OptumRx will provide a high-level update to CMS today that is consistent with the information included in this communication.
- RRD continues to work on the restoration process.

We sincerely appreciate your patience as we work diligently to service our members and prepare impact analysis. Please reach out if you have any further questions.

Sincerely,

Carolyn

---

**Carolyn (Jalbert) Martinez | OptumRx**  
Account Manager  
Government and Public Sector Markets  
2720 N Tenaya Way  
Las Vegas, NV  
89128, USA  
Phone: (office) 612-428-6104, (mobile) 702-708-1849  
[Carolyn.Martinez@optum.com](mailto:Carolyn.Martinez@optum.com)

**Upcoming PTO Alert:**

**Office Closure:** December 31<sup>st</sup> **Happy New Year !!!**

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## Memorandum

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

**From:** Andrew Desa, Consulting Actuary

**Date:** January 7, 2022

**Re:** Consultant's Report for January 12, 2022 Board of Trustees Meeting -  
Elite Wellness Vaccine Event Summary

---

We have received a summary of the Elite Wellness event that took place October 22, 2021 – November 3, 2021.

1. Similar to last year, health screenings were not offered this year due to limitations imposed by COVID-19.
2. In addition to flu and pneumonia vaccinations, this year's event allowed participants to register for high-dose flu shots and COVID-19 vaccines (Moderna). High-dose flu shots are intended for adults 65 and older as it offers a higher immune response. Ten eligible participants registered for high-dose flu shots and ten doses were administered. No COVID vaccines were registered for or administered.
3. The number of vaccinations administered was as follows:

Vaccination	Quantity
Influenza	300
Pneumonia	43
High-Dose Influenza	10
<b>Total</b>	<b>353</b>

4. As a point of reference, the 2020 event had 637 influenza vaccinations and 62 pneumonia vaccinations.
5. Total cost for the 2021 event was \$14,377. Total costs were \$25,400 in 2020, \$38,900 in 2019 and \$42,500 in 2018.

This item will be discussed at your January 12, 2022 meeting. If there are any questions before or after that meeting, please let me know.

AD:tl



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## Memorandum

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

**From:** Andrew Desa, Consulting Actuary

**Date:** January 7, 2022

**Re:** Consultant's Report for January 12, 2022 Board of Trustees Meeting -  
Blue Shield of California Renewal effective July 1, 2022

---

We have received the Blue Shield of California ('Blue Shield') renewal effective July 1, 2022. Blue Shield is the medical PPO provider for the Trust.

1. Blue Shield is proposing a three-year renewal effective July 1, 2022 through June 30, 2025. A summary of the renewal is as follows:

Product	Current Rate	7/1/2022 Rate	7/1/2023 Rate	7/1/2024 Rate
Shared Advantage Base Fee	\$ 14.83	\$ 15.27	\$ 15.73	\$ 16.21
Shield Support	\$ 4.37	\$ 4.50	\$ 4.64	\$ 4.77
Teladoc	<u>\$ 0.85</u>	<u>\$ 0.88</u>	<u>\$ 0.91</u>	<u>\$ 0.93</u>
<b>Total</b>	<b>\$ 20.05</b>	<b>\$ 20.65</b>	<b>\$ 21.27</b>	<b>\$ 21.91</b>
% Increase/(Decrease)		3.0%	3.0%	3.0%
\$ Annual Increase/(Decrease)		\$25,900	\$26,800	\$27,600

*Note: Annual Increase/(Decrease) in costs based on current headcount of 3,599 subscribers.*

2. The full renewal from Blue Shield is attached to this memo.

This item will be discussed at your January 12, 2022 meeting. If there are any questions before or after that meeting, please let me know.

AD:tl  
Enclosures



**RELENTLESSLY**  
Rebuilding Health Care

# 2022 Fresno City Health and Welfare Trust Shared Advantage Plus renewal

July 1, 2022



November 8, 2021

Andrew Desa  
Rael & Letson  
378 Vintage Park Drive  
Foster City, CA 94404

Dear Andrew:

Blue Shield of California (Blue Shield) is pleased to present this Shared Advantage Plus renewal offer to Rael & Letson on behalf of Fresno City Health and Welfare Trust (Fresno City). We are proud of the successful partnership we have established with Fresno City over the last years and remain committed to continuing to service their account in 2022 and beyond. We believe our proposal demonstrates this commitment through competitive pricing and access to innovative, cost-effective healthcare products and services.

We understand the importance of balancing cost considerations with accessibility to high-quality health care. In the attached renewal, we have provided detailed information and data to support the 2022 renewal action. We have also provided an overview of Blue Shield's suite of value-added programs and services to facilitate discussions around possible plan modifications for 2022.

Blue Shield is excited about our continued partnership with Fresno City, and we look forward to reviewing our 2022 renewal with you in more detail. I will be contacting you in the next few days to schedule a meeting for us to review this information and answer any questions you may have.

Sincerely,

A handwritten signature in cursive script that reads "Linda Patron".

Linda Patron  
Major Account Manager OD00062  
Premier Accounts  
Blue Shield of California

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# Executive summary

Blue Shield of California (Blue Shield) is pleased to present this 2022 Shared Advantage Plus renewal offer for health plan coverage to Fresno City Health and Welfare Trust (Fresno City)

The information provided in this executive summary will demonstrate why Blue Shield is still the optimal choice as Fresno City's healthcare partner in 2022 and beyond.

## Best of Blue



As a mission-driven, nonprofit organization for more than 80 years, we are committed to providing access to affordable care worthy of our own family and friends. We put our members first, not profits or shareholders. We acknowledge, respect, and support the real-life challenges and diversity of our more than 4.5 million plan members. We stand with them in their quest for happiness, good health, and well-being. Through personalized care management and wellness solutions, we are constantly exploring opportunities to set higher standards for the quality of care delivered to our members. This is what makes us a different shade of Blue.

- In addition, we are setting high standards for diversity and inclusion, which are strategic imperatives to fulfilling our mission. We know that the more diverse thinking and representation we embody at all levels of our organization, the more effective and innovative we will be in serving our members. We actively seek a diverse group of candidates when recruiting talent, and we leverage seven vibrant employee resource groups to create an inclusive culture and improve employee experience. Our commitment to diversity, equality, and inclusion has led to several notable recognitions, including: "Top 10 Regional Company for Diversity" by Diversity, Inc.
- "Best Companies for Women to Advance" by Parity.org
- "Best Place to Work for Disability Inclusion" by the Disability Equality Index
- "One of the Best Places to Work for LGBTQ Equality" by the Human Rights Campaign

## **National reach, local roots**

Blue Shield is part of the trusted Blue brand that already serves a third of Americans in every ZIP code in the country. With the Blues, you get the industry's largest PPO provider network – BlueCard® – which includes more than 1.7 million providers. BlueCard's wide reach enables us to get the best discounts from providers and ensures that network rates are applied to more than 97% of claims, which is 3% more than our competitors. That translates into a lot of saved dollars.

BlueCard also delivers the widest access and best-in-class unit prices, and it is the foundation of our portfolio of network solutions. BlueCard delivers an average savings advantage of \$24 per member per month, which translates to a 5–9% lower total cost of care compared to national competitors.

We also offer a portfolio of national value-based programs that is far and away the strongest in the industry, unmatched in both scale and performance. In every major market and in most midsize markets, we are using our insights and influence to transition providers from fee-for-service to value-based contracts that reward value, not volume.

## **Value-based care through Total Care**

The BlueCross BlueShield Association's Total Care program offers the largest national ecosystem of value-based care programs, including accountable care organizations (ACOs) and similar programs, designed to lower cost trend through better coordinated care and performance-based payment.

Available in 96 of the top 100 metropolitan service areas, including 44 states and Washington, D.C., Total Care is unmatched in depth and breadth by our competitors. Each regional value-based program is distinctively local and has been tailored to address the unique needs of Blue members and providers in that community. Blue Shield leverages local ACOs and other value-based care programs to place members with local physicians who coordinate care.

Nationally, the Total Care program is delivering measurable improvements overall, driven largely by better coordination of care. Its success spans measurement categories such as utilization, appropriateness, chronic disease management, and preventive care.

## **National Blue Distinction Centers**

Blue Shield offers the national Blue Distinction® Specialty Care to deliver better care at a lower cost for complex conditions and procedures. Available in the top 100 MSAs, 48 states, and Washington D.C., Blue Distinction Specialty Care offers members access to providers that have demonstrated treatment

expertise and best practices across 11 high-cost specialty care areas. Facilities and providers are recognized at two levels:

- Blue Distinction Center for providers that demonstrate quality care, treatment expertise, and better overall results
- Blue Distinction Center+ for providers that, in addition to Blue Distinction Center criteria, demonstrate more affordable care

The goal of Blue Distinction Specialty Care is to provide a center of excellence program that delivers both quality and affordability while setting higher standards of care. Fresno City benefits as members select more efficient Blue Distinction providers who are delivering savings of more than 20% per episode. Members benefit by being able to choose best-in-class providers, before they arrive at the doctor's office or hospital, who are focused on delivering the highest level of specialty care.

## **National Blue High-Performance Network**

Blue Shield provides access to the Blue High-Performance Network<sup>SM</sup> (BlueHPN<sup>SM</sup>), a national network designed from Blue companies' local market expertise, deep data, and strong provider relationships. BlueHPN providers are selected in each market by local experts based on their ability to enhance quality today and in the future, rather than a one-size-fits-all approach.

BlueHPN offers seamless access to quality care through an innovative national network that offers 10%+ total cost-of-care savings compared to our industry-leading broad PPO. BlueHPN delivers these results through deeper contracted savings, a focus on performance-based payment, redirecting care to higher-efficiency providers, and network-only (i.e., exclusive provider organization) coverage. In addition, BlueHPN features many Total Care providers.

BlueHPN is available in 55+ major U.S. markets and is the only HPN with presence in all top 10 U.S. cities. That means 185 million Americans reside in a BlueHPN service area. And portability of coverage means members can access network coverage from any BlueHPN provider nationwide, as well as urgent and emergent care with non-network providers.

## **Tandem**

Tandem is Blue Shield's narrow network solution in California, providing a lower priced PPO option designed to better manage healthcare costs while preserving choice, quality, and flexibility. The network includes many of our successful ACO partnerships and provides statewide coverage with approximately 68% of physicians 93% of hospitals from our full PPO network. Depending on geography, groups can save up to 12% over our full California PPO network.

## On-the-go care-delivery options

We understand that every member's healthcare situation is different. Therefore, we offer a variety of alternative care-delivery options for easy access, including:

- 24/7/365 access to care via secure telephone and video telehealth visits
- 24/7 access to registered nurses – anytime, anywhere
- Around-the-clock assistance with personal and legal issues

## Your trusted advisor

We will continue to designate significant resources to provide responsive and consultative service to Fresno City and your members. Our specialized team is dedicated to meeting the evolving needs of our largest and most complex customers. Unlike other health plans, Blue Shield provides major accounts with a designated account team with access to executive leadership.

Linda Patron will continue to serve as Fresno City's primary contact, applying a nuanced understanding of Fresno City and your member population to ensure the group's specific goals and objectives are always at the forefront. Linda Patron remains committed to responding to Fresno City's concerns as soon as they arise, quickly evaluating emerging utilization and demographic trends and strategically pinpointing areas that provide the most meaningful plan, product, or funding design alternatives for you to consider.

Your designated team, led by Linda Patron, will continue to work collaboratively with you and will include representation from Customer Care, Medical Management, Underwriting, Data Analytics and Insight, and Marketing Communications.

### **Stop-loss coverage**

When Blue Shield stop-loss coverage is integrated with our ASO product, Fresno City will get the protection needed against catastrophic claims or excess utilization. Our seamless integration delivers tangible advantages, with no gaps in coverage, improved cash flow, and the administrative convenience of a single point of contact.

## Value-added services for 2022

In addition to the programs and services included in your core fee, Fresno City may want to consider the following optional programs designed to help ensure your members get the right care, at the right time, and at the right place.

- **Maternity Program.** Blue Shield is partnering with Maven for our maternity solution. Maven is the leading digital global women's and family health company with a mission to change the health of the world -- one woman and one family at a time. Blue Shield works hand-in-hand with Maven to deliver a holistic experience for members all pathways to parenthood. Additional programs (Fertility and Parenting) are available through buy-up opportunities.
- **CareTips.** This clinical messaging program alerts members of potential gaps in care, inappropriate medication usage, and recommended preventive screenings. Messages are based on nationally recognized clinical practice guidelines and are intended to support improvement in treatment outcomes and encourage preventive care.
- **Wellvolution®.** Wellvolution is our personalized lifestyle medicine program that delivers proven results through a curated network of best-in-class digital therapeutics and evidence-based therapies. The platform is tailored to help members with whatever health challenges they are facing through three levels of programs: general well-being programs, disease prevention programs, and condition-reversal programs. Wellvolution is built for success because it is easy to use, clinically based, and there is never any charge to the members for participating. When members address their health needs using a simplified and personalized lifestyle medicine approach, they opt for a far less costly route to better health.
- **Advanced Imaging Utilization Management.** This program provides radiology benefit management for non-emergent, advanced, outpatient radiology services, including computed tomography, magnetic resonance imaging, magnetic resonance angiogram, and positron emission tomography scans and cardiac nuclear medicine.
- **Spine and Pain Utilization Management.** This program helps ensure key spine procedures and outpatient interventional pain management are delivered according to national clinical guidelines.
- **NurseHelp 24/7<sup>SM</sup>.** This program offers members access to a team of registered nurses any time – day or night – seven days a week by phone or online. Experienced nurses provide support for everyday health issues and answer questions that may otherwise lead to unnecessary (and costly) doctor or emergency-room visits.
- **LifeReferrals 24/7<sup>SM</sup>.** This program offers members access to in-person and telephonic support for all areas of their lives, from relationships and child and elder care to financial and legal issues. The program includes three

face-to-face counseling sessions with licensed therapists in each six-month period at no extra charge.

- **Shield Savings Program.** Our Shield Savings Program can help Fresno City reduce non-network costs and protect members from being balance billed without changing the level of benefits in the medical plan. The program includes three main components: Level 1- negotiation, Level 2 - vendor secondary wrap network, and Level 3 - a proprietary fee schedule based on maximum reimbursable charge. Blue Shield will retain a 35% cost containment fee if savings are achieved. With all levels, the member's cost share is based upon the discounted maximum payable amount. Our portion of any savings is capped and limited to \$50,000 per claim, leaving large savings for Fresno City and your members on high-dollar claims.



# Financial proposal

Overall, your rates were impacted by several factors. Some are specific to your group, such as demographic changes and specific utilization of services. Others affect us all, including rising physician, pharmaceutical, and hospital unit costs; availability of new medical technologies; an aging population; legislative mandates; and provider cost-shifting due to caring for uninsured people.

## Medical renewal rate review

See attached renewal workbook for 3-year proposed rates – Shared Advantage core fees and Value-Added Services.

Following is a summary of our medical financial review for Fresno City:

## Renewal fees and assumptions

Details on renewal rates and assumptions have been included with our proposal.



(All rates are Per Contract per Month)			
	<u>7/1/2022</u>	<u>7/1/2023</u>	<u>7/1/2024</u>
Shared Advantage Core Fees (Immature)	\$15.27	\$15.73	\$16.21
<u>Value Added Services</u>			
Shield Support	\$4.50	\$4.64	\$4.77
Teladoc	\$0.88	\$0.91	\$0.93
Total ( Core Fee + Value Added Services)	\$20.65	\$21.27	\$21.91
<u>Optional Services</u>			
Shield Advocate*	\$2.94	\$3.03	\$3.12
Prenatal Program	\$1.06	\$1.09	\$1.12
LifeReferrals 24/7	\$1.51	\$1.56	\$1.60
NurseHelp 24/7	\$0.84	\$0.87	\$0.89
CareTips	\$0.64	\$0.66	\$0.68
Teladoc Behavioral Health**	\$0.25	\$0.26	\$0.27
Advanced Imaging	\$1.06	\$1.09	\$1.12
Spine and Pain Management	\$1.04	\$1.07	\$1.10
Wellvolution	\$0.25	\$0.26	\$0.27

Note: BSCs three year fee proposal for the Shared Advantage Plus product for CA based membership and out of state membership (inclusive of BlueCard; excludes Access fees).

\*Purchase of Shield Support is required in order to purchase Shield Advocate. \*\*Teladoc Behavioral Health requires the purchase of Teladoc General Medicine. \*\*\*If Autism/Applied Behavioral Analysis is a covered benefit the additional cost for ABA UM is included in the core fee.

#### General Information

Case Name: Fresno City H&W Trust

TPA: HealthComp

Broker: Rael and Letson Ins Svcs

#### Assumptions

- Fees are effective 07/01/2022. A change to the effective date may require fees to be re-evaluated.
- Fees are subject to an annual increase (as shown above) effective the first day of each July of the Agreement.
- Fees are based on 3,599 total subscribers and 10,068 total members. If subscribers, members or average contract size change by +/- 10% from the anticipated enrollment, BSC may re-evaluate the fees based on the final enrollment.
- Core fee includes costs for out-of-state claims processing, all administrative fees for the use of the BlueCard network. Access fees are billed separately and are excluded in the pricing provided above.
- Proposed core fee rates reflect Immature fees and do not include claims run-out.
- Blue Shield's Accountable Care Organization (ACO) Value Based Program is an innovative program designed to improve care coordination and facilitate better health care outcomes. Blue Shield's ACOs utilize a team approach across the continuum of care to support the healthcare needs of attributed members. Blue Shield pays ACO providers a care coordination fee for its members attributed to a Value Based Program as an incentive for providing better and more efficient care. In addition, Blue Shield will also pay providers a shared savings amount if total ACO cost of healthcare emerges below a preset target. Payable shared savings are subject to quality improvement targets. Blue Shield will pass these provider payments directly through to Client on a Per Attributed Member Per Attributed Month (PaMPaM) basis. These provider payments are not included in the Shared Advantage fees contained in this proposal. The calculation will be provided upon notification the group is interested in participating.
- Advance Notification and Right of Approval/Refusal for Third Party Stop Loss Vendor: If Blue Shield Life and Health is not selected as the stop loss carrier and a third-party stop loss vendor is selected, Blue Shield of California reserves the right to approve or reject any Third Party Stop Loss vendor. Blue Shield of California must receive a minimum of 60-day advance notification of the selected Third-Party Stop Loss vendor prior the Third-Party Stop-Loss effective date. Failure to appropriately notify Blue Shield of California may result in unavailability of reporting and/or limited and/or delayed reporting impacting the reimbursement of stop loss claims.



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

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## Memorandum

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

**From:** Andrew Desa, Consulting Actuary

**Date:** January 7, 2022

**Re:** Consultant's Report for January 12, 2022 Board of Trustees Meeting -  
UHC Dental Renewal Effective July 1, 2022

---

We recently received the proposed UHC renewal effective July 1, 2022. UHC provides the fully-insured DHMO dental plan used by actives. UHC initially provided a rate pass for one year. Following discussions, UHC is now offering a rate pass which will be guaranteed for two years through June 30, 2024.

A summary of the renewal is shown below:

UHC	Subscribers	Current Rate	Renewal Rate	% Change	Estimated Change in Annual Cost
Employee Only	73	\$43.18	\$43.18	0.0%	\$0
Employee + Spouse	54	\$43.18	\$43.18	0.0%	\$0
Employee + Dependents	29	\$43.18	\$43.18	0.0%	\$0
Employee + Family	50	\$43.18	\$43.18	0.0%	\$0
<b>Total</b>	<b>206</b>	<b>\$43.18</b>	<b>\$43.18</b>	<b>0.0%</b>	<b>\$0</b>

*Note: Total estimated annual cost of \$106,800 based on latest enrollment as provided by UHC.*

The renewal letter and benefit summary from UHC is attached to this memo.

This item will be discussed at your January 12, 2022 meeting. If there are any questions before or after that meeting, please let me know.

AD:tl  
Enclosure



## Dental Renewal offer for Fresno City Employees Health & Welfare Trust

December 8, 2021

### Andrew Desa, Consultant

Rael & Letson  
Consultants and Actuaries  
2800 Campus Drive, Suite 150  
San Mateo, CA 94403

Via Email

Dear Andrew:

On behalf of UnitedHealthcare, I appreciate the opportunity to present renewal information for **Fresno City Employees Health & Welfare Trust**, for the period **07/01/2022 – 06/30/2024**.

UnitedHealthcare Insurance Company has created plans that offer our members quality dental health services at significant savings. We have contracted with quality local dental professionals to provide services at no cost or for low fixed copayments. In addition to substantial savings, there are many other advantages such as no claim forms to complete, no deductibles to be met and no yearly maximum.

UHC Dental Direct Compensation is unique for a DHMO dental plan, the member is not required to select a provider as long as they go in the network, and the providers are directly compensated (a reimbursement system exclusive to UnitedHealthcare) which provides an economic incentive for network Dentists to provide necessary dental care. An approach that's different from traditional DHMO capitated plans.

We understand the importance of maintaining the highest quality dental care at the most competitive price possible especially in today's economy. Upon review of the plan design, we are pleased to offer a **rate pass for 24 months rate guarantee**. We appreciate the opportunity to partner with **Fresno City Employees Health & Welfare Trust** and are hopeful this favorable increase will secure the dental renewal.

Please note that a few modifications to the filed DHMO Plan have been negotiated with your Plan Professionals. These modifications are as following:

1. The Contract remains subject to a ninety (90) day written notice right to terminate by either party.
2. No Rate Increases will be permitted unless one hundred twenty (120) days written notice has been provided and will only be effective at the beginning of each Plan Year (July 1).

3. The current Rate is guaranteed for the period of July 1, 2022, through June 30, 2024
4. There is no minimum participation required to continue the current Rate.
5. California Law applies to the Agreement, but may be preempted by Federal Law.
6. Venue for adjudication or arbitration of any dispute between the parties will occur in Fresno, California.
7. Any revision to the terms of the DHMO Plan will require the written approval of both parties, excepting only those Plan changes mandated by State or Federal Law.

To accept this renewal and let it serve as our agreement to continue to provide coverage, please confirm acceptance by notifying me within the next several weeks. The proposed renewal rates may automatically change on the above listed renewal date.

Thank you for the opportunity to serve you and your customers. We look forward to continuing our relationship for many years to come.

Sincerely,



Carlos Guzman  
Strategic Account Executive  
UnitedHealthcare  
(925) 602-2843

*UnitedHealthcare Life and Disability products are provided by or through Unimerica Insurance Company, United HealthCare Insurance Company or their affiliates. UnitedHealthcare Dental and Vision coverage provided by or through United HealthCare Insurance Company or its affiliates.*

## Renewal for Fresno City Employees Health & Welfare Trust

### Dental Plan Overview

- Easier Access to Care
- Freedom of choice and movement within statewide general dental network at any time
- Fixed Co-payment Schedule
- No deductibles, No waiting period
- Orthodontic benefits embedded (network provider only)

Dental HMO Direct Compensation - D1085 Actives		
Effective Date: July 1, 2022 - Rate Guarantee 24 months		
Tier	Current Rates D1085	Renewal Rates D1085
Employee Only	\$43.18	\$43.18
Employee + Spouse	\$43.18	\$43.18
Employee + Dependents	\$43.18	\$43.18
Employee + Family	\$43.18	\$43.18

### Rate impact – Rate pass for 24 months

### Acceptance of Renewal

I accept this renewal on behalf of **Fresno City Employees Health & Welfare Trust:**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Chair**

Printed Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Co-Chair**

Printed Name: \_\_\_\_\_

UnitedHealthcare

Authorized Signature:



Date: 12/08/2021



# Renewal for

FRESNO CITY EMPLOYEES HEALTH & WELFARE  
TRUST

Issued on: December 8, 2021



United  
Healthcare

# UnitedHealthcare

## Dental Renewal for FRESNO CITY HEALTH & WELFARE

Effective Date: 07/01/2022 | Policy Number: 00712001

Dental Services	DMO D1085	
Legal Entity	Dental Benefit Providers of California, Inc	
	Primary Plan	
	In Network	Out of Network
<b>Diagnostic Service</b>		
Periodic Oral Evaluation	See Copay Schedule	
Radiographs		
Lab and Other Diagnostic Tests		
<b>Preventive Services</b>		
Dental Prophylaxis (Cleaning)	See Copay Schedule	
Fluoride Treatment		
Sealants		
Space Maintainers		
<b>Basic Services</b>		
Restorations (Amalgams or Composite)*	See Copay Schedule	
Emergency Treatment/General Services		
Simple Extractions		
Oral Surgery (incl. surgical extractions)		
Periodontics		
Endodontics		
<b>Major Services</b>		
Inlays/Onlays/Crowns	See Copay Schedule	
Dentures and Removable Prosthetics		
Fixed Partial Dentures (Bridges)		
<b>Orthodontic Services</b>		
Orthodontia	See Copay Schedule	
Orthodontia Eligibility		
<b>Deductible</b>		
Deductible applies to Prev. & Diag.	See Copay Schedule	
Annual Max		
Waiting Period		
Out of Network Basis		
CMM-Annual Roll-Over	No	
<b>Assumed Enrollment and Rates</b>	<b>Current</b>	<b>Renewal</b>
Employee	73 \$43.18	\$43.18
Employee + Spouse	54 \$43.18	\$43.18
Employee + Child(ren)	29 \$43.18	\$43.18
Employee + Family	50 \$43.18	\$43.18
	206	
<b>Monthly Premium</b>	<b>\$8,895.08</b>	<b>\$8,895.08</b>
<b>Annual Premium</b>	<b>\$106,740.96</b>	<b>\$106,740.96</b>
<b>Renewal Action</b>	0.0%	
<b>Employer Contribution</b>	Contributory	
<b>Participation Requirements</b>	75% of Eligible Employees	
<b>Dependent Children Coverage</b>	To Age 26	
<b>Contract Basis</b>	Fully Insured	
<b>Exclusions and Limitations</b>	Standard	
<b>Broker Commissions</b>	0%	
<b>Rate Guarantee</b>	12 Months	



# UnitedHealthcare

## Assumptions for FRESNO CITY HEALTH & WELFARE

Effective Date: 07/01/2022 | Policy Number: 00712001

### General Assumptions

- We reserve the right to change rates and/or plan provisions if the number of lives or volume of insurance change by more than 10% before, on, or after the effective date listed above or if factors used to generate this quote such as group demographics or effective date are changed, found to be incomplete or incorrect.
- Rates assume no changes in legislation or regulation that affects the benefits payable, eligibility or contract.
- Rates assume standard administrative services including Claims & Data processing, Enrollment & Billing, Customer Service, Case Management, Provider Relations, and Reporting.
- Assumed contract situs is California.
- Employees must be U.S. citizens or residents regularly working and living in the U.S. Coverage for U.S. citizens working outside of the U.S. must be approved in writing by us. Approval depends on locale and length of assignment.
- Employer's assumed primary business is classified as 6730.
- Rates may increase on renewal in accordance with the terms of the policy.

### Dental Assumptions

This premium may include state and federal taxes and fees.

Rates listed above assume the plan designs quoted. Rates may change, if plan design changes.

Our contract covers only those procedures performed in the United States.

The managed care plans contained in this quote are available to members residing within the approved zip codes. Please contact your sales representative to confirm product availability.

The In- and Out-of-Network Plan Deductibles, Maximums and Lifetime Ortho Maximums are combined.

Participation in qualifying dental and vision plans must be 75 percent or greater of eligible medical employees for Packaged Savings to be activated.

\* Please contact your sales representative to confirm specific plan Restorations (Amalgams or Composite) coverage.

Quote is based on total group Average Contract Size (ACS) of 2.43

United Healthcare reserves the right to adjust the above rates should enrollment or ACS fluctuate by +/- 10%.

Digital ID cards will be available on-line, upon initial enrollment, for employees enrolled in PPO, INO and Indemnity plans. Plastic ID cards will be issued, upon initial enrollment, for employees enrolled in Direct Compensation, Select Managed Care and DHMO plans.

**Please note that the summary of benefits in this document provides a brief description of coverage. State mandates may preclude certain benefit plan design features. This is not a policy, certificate of insurance or coverage document. For complete details on coverage, exclusions, limitations and the terms under which coverage may continue, please contact your sales representative.**

# UnitedHealthcare

## Disclaimers for FRESNO CITY HEALTH & WELFARE

Effective Date: 07/01/2022 | Policy Number: 00712001

This proposal is valid for 90 days from the issued date, unless otherwise noted within this document.

Brokers and agents may receive commissions, bonuses and other compensation for selling the products presented in this proposal. The cost of this compensation may be directly or indirectly reflected in the premium or fees for those products. Contact your broker and/or agent if you have questions regarding their compensation relating to products in this proposal.

This proposal is subject to negotiation and execution of a written agreement, which will supersede the proposal contents. This proposal does not constitute an agreement, and is based on assumptions made from the written information in our possession and provided by you. We retain the right to modify our proposal if the information upon which this proposal is based is changed or is supplemented.

We consider much of the information contained in the proposal to be proprietary or otherwise confidential, and are releasing this proposal to you on the understanding that you and your representatives will only use it, and any data included in the proposal, for the specific purpose of evaluating its content. If this is not consistent with your understanding, please notify us before reviewing the proposal.

In addition, by accepting and reviewing the contents of this proposal, you and your agents or other designees agree, to the extent permitted by law, that certain information contained herein, or other information provided to you in connection with this proposal response or associated request for proposal (RFP), is proprietary and/or confidential to UnitedHealthcare and its related entities, and may not be copied, used, distributed or disclosed without prior written consent from an authorized representative of UnitedHealthcare, other than is necessary to evaluate this proposal.





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## Memorandum

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

**From:** Andrew Desa, Consulting Actuary

**Date:** January 7, 2022

**Re:** Consultant's Report for January 12, 2022 Board of Trustees Meeting -  
FY22-23 Projections

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Included in your meeting packet are the Financial Projections for the 2022/2023 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 six months of actual claims for the 2021/22 Fiscal Year (claims experience through December 31, 2021) and six months of projected claims to complete the year. Claims for the 2021/22 Fiscal Year assume that claims continue at current levels. Claims are then projected for the 2022/23 Fiscal Year. Similar to last year, blended claims experience is used for the projection period. Fiscal Year 2022/23 claims are based on FY19 through FY22 year-to-date claims experience.
2. **Exhibit B:** During the 2020/21 Fiscal Year (last full year), the Plan had \$59.7M in receipts and \$54.8M in disbursements resulting in a surplus of \$4.8M for the 12 months ending June 30, 2021. The net fund balance as of June 30, 2021 was \$26.7M. Using the average expenses for the 12 months ending June 30, 2021, this is equal to net reserves of 5.8 months.
3. **Exhibit C:** The 2021/22 Fiscal Year (current year) takes into account three months of financial experience (through September 30, 2021) and projects financial experience for the remaining nine months. For the 12 months ending June 30, 2022, the Plan is projected to have \$57.0M in receipts and \$57.1M in disbursements, which would result in a \$184k deficit. Under these assumptions, the net fund balance as of June 30, 2022 is projected to be \$26.1M, which is equal to 5.5 months of net reserves.
4. **Exhibit D:** The 2022/23 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, 2023. 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 2019 to December 2021. Net reserve months as of June 30, 2023 are projected to be 5.2 with no change to the current contribution rate.

5. It is recommended to revisit the FY22-23 projections at your upcoming March meeting. At that time, I expect to have three more months of financials through December 31, 2021. I will also be able to reflect two additional months of claims experience which will help in projecting claims during this volatile time.

These items will be discussed at your January 12, 2022 meeting. If there are any questions before or after that meeting, please let me know.

AD:tl

Enclosure

# Fresno City Employees Health & Welfare Trust

Financial Projections  
Contribution Rates

2022 / 2023 Fiscal Year

(Presented at 1/12/22 Trust Meeting)

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

Exhibit A  
(Presented at 1/12/22 Trust Meeting)

(Projected) Claims FY 22-23				(6 months actual) (6 months projected) Claims FY 21-22				(Thru Dec 31, 2021) Claims FY 20-21				Claims FY 19-20				Claims FY 18-19				Claims FY 17-18			
	Monthly	PMPM		Monthly	PMPM		Monthly	PMPM		Monthly	PMPM		Monthly	PMPM		Monthly	PMPM		Monthly	PMPM		Monthly	PMPM
Active	Enrollment:	3,373	0.0%	Enrollment:	3,373	1.7%	Enrollment:	3,316	0.2%	Enrollment:	3,310	1.3%	Enrollment:	3,266	0.7%	Enrollment:	3,243	6.0%					
Medical Claims	\$30,693,745	\$2,557,812	\$758.32	\$29,930,700	\$2,494,225	\$739.47	\$30,290,888	\$2,524,241	\$761.23	\$28,210,769	\$2,350,897	\$710.24	\$30,183,609	\$2,515,301	\$770.15	\$28,852,859	\$2,404,405	\$741.41					
Prescription Drug Claims	13,398,945	1,116,579	331.03	12,749,478	1,062,457	314.99	11,411,754	950,980	286.79	11,067,868	922,322	278.65	10,585,047	882,087	270.08	9,535,162	794,597	245.02					
Dental Claims (Plans 1 & 2)	2,850,181	237,515	70.42	2,763,310	230,276	68.27	2,738,300	228,192	68.82	2,330,625	194,219	58.68	2,587,051	215,588	66.01	2,423,120	201,927	62.27					
	\$46,942,871	\$3,911,906	\$1,159.77	\$45,443,488	\$3,786,957	\$1,122.73	\$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	\$40,811,141	\$3,400,928	\$1,048.70					
	Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:							
Medical Claims		3%		Medical Claims		-3%	Medical Claims		7%	Medical Claims		-8%	Medical Claims		4%	Medical Claims		22%					
Prescription Drug Claims		5%		Prescription Drug Claims		10%	Prescription Drug Claims		3%	Prescription Drug Claims		3%	Prescription Drug Claims		10%	Prescription Drug Claims		-17%					
Dental Claims (Plans 1 & 2)		3%		Dental Claims (Plans 1 & 2)		-1%	Dental Claims (Plans 1 & 2)		17%	Dental Claims (Plans 1 & 2)		-11%	Dental Claims (Plans 1 & 2)		6%	Dental Claims (Plans 1 & 2)		-2%					
TOTAL		3.3%		TOTAL		0.5%	TOTAL		6.6%	TOTAL		-5.3%	TOTAL		5.5%	TOTAL		8.3%					

Regular Retiree	Enrollment:	170	0.0%	Enrollment:	170	-11.9%	Enrollment:	193	-2.5%	Enrollment:	198	-5.7%	Enrollment:	210	-3.7%	Enrollment:	218	-2.7%
Medical Claims	\$2,721,832	\$226,819	\$1,334.23	\$3,048,488	\$254,041	\$1,494.36	\$1,767,027	\$147,252	\$762.97	\$4,035,776	\$336,315	\$1,698.56	\$2,651,454	\$220,955	\$1,052.16	\$2,303,013	\$191,918	\$880.36
Prescription Drug Claims	942,008	78,501	461.77	893,932	74,494	438.20	926,655	77,221	400.11	1,135,981	94,665	478.11	1,126,795	93,900	447.14	1,005,111	83,759	384.22
Dental Claims (Plans 1 & 2) *	473,177	39,431	105.71	490,840	40,903	109.66	445,186	37,099	98.93	339,371	28,281	75.22	392,098	32,675	84.21	439,350	36,613	90.63
	\$4,137,017	\$344,751	\$1,901.71	\$4,433,260	\$369,438	\$2,173.17	\$3,138,868	\$261,572	\$1,355.30	\$5,511,128	\$459,261	\$2,319.50	\$4,170,347	\$347,529	\$1,654.90	\$3,747,474	\$312,290	\$1,432.52
*Dental Claims costs are for all Retirees	Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:		
Medical Claims		-11%		Medical Claims		96%	Medical Claims		-55%	Medical Claims		61%	Medical Claims		20%	Medical Claims		3%
Prescription Drug Claims		5%		Prescription Drug Claims		10%	Prescription Drug Claims		-16%	Prescription Drug Claims		7%	Prescription Drug Claims		16%	Prescription Drug Claims		18%
Dental Claims (Plans 1 & 2)		-4%		Dental Claims (Plans 1 & 2)		11%	Dental Claims (Plans 1 & 2)		32%	Dental Claims (Plans 1 & 2)		-11%	Dental Claims (Plans 1 & 2)		-7%	Dental Claims (Plans 1 & 2)		15%
TOTAL		-12.5%		TOTAL		60.3%	TOTAL		-41.6%	TOTAL		40.2%	TOTAL		15.5%	TOTAL		8.4%

Medicare Supplement	Enrollment:	177	0.0%	Enrollment:	177	16.4%	Enrollment:	152	2.7%	Enrollment:	148	-3.3%	Enrollment:	153	-4.4%	Enrollment:	160	-1.8%
Medical Claims	\$525,693	\$43,808	\$247.50	\$440,022	\$36,669	\$207.17	\$426,397	\$35,533	\$233.77	\$454,587	\$37,882	\$255.96	\$495,097	\$41,258	\$269.66	\$526,877	\$43,906	\$274.42
Prescription Drug Claims	1,431,743	119,312	674.08	1,233,520	102,793	580.75	1,270,681	105,890	696.65	1,075,081	89,590	605.34	1,205,023	100,419	656.33	786,261	65,522	409.51
	\$1,957,436	\$163,120	\$921.58	\$1,673,542	\$139,462	\$787.92	\$1,697,078	\$141,423	\$930.42	\$1,529,668	\$127,472	\$861.30	\$1,700,120	\$141,677	\$925.99	\$1,313,138	\$109,428	\$683.93
	Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:		
Medical Claims		19%		Medical Claims		-11%	Medical Claims		-9%	Medical Claims		-5%	Medical Claims		-2%	Medical Claims		-4%
Prescription Drug Claims		16%		Prescription Drug Claims		-17%	Prescription Drug Claims		15%	Prescription Drug Claims		-8%	Prescription Drug Claims		60%	Prescription Drug Claims		-17%
TOTAL		17.0%		TOTAL		-15.3%	TOTAL		8.0%	TOTAL		-7.0%	TOTAL		35.4%	TOTAL		-12.4%

Non-Medicare Retiree	Enrollment:	26		Enrollment:	26		Enrollment:	30		Enrollment:	30		Enrollment:	25		Enrollment:	26	
Medical Claims	\$669,581	\$55,798	\$2,146.09	\$834,066	\$69,506	\$2,673.29	\$583,750	\$48,646	\$1,621.53	\$573,930	\$47,828	\$1,594.25	\$357,301	\$29,775	\$1,191.00	\$510,775	\$42,565	\$1,637.10
	\$669,581	\$55,798	\$2,146.09	\$834,066	\$69,506	\$2,673.29	\$583,750	\$48,646	\$1,621.53	\$573,930	\$47,828	\$1,594.25	\$357,301	\$29,775	\$1,191.00	\$510,775	\$42,565	\$1,637.10
*Rx is included in Regular Retirees	Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:		
Medical Claims		-20%		Medical Claims		65%	Medical Claims		2%	Medical Claims		34%	Medical Claims		-27%	Medical Claims		54%
TOTAL		-19.7%		TOTAL		64.9%	TOTAL		1.7%	TOTAL		33.9%	TOTAL		-27.2%	TOTAL		53.6%

Total Members	Enrollment:	3,746	0.0%	Enrollment:	3,746	1.5%	Enrollment:	3,691	0.1%	Enrollment:	3,686	0.9%	Enrollment:	3,654	0.2%	Enrollment:	3,647	5.1%
Medical Claims	\$34,610,852	\$2,884,238	\$769.95	\$34,253,276	\$2,854,440	\$762.00	\$33,068,062	\$2,755,672	\$746.59	\$33,275,062	\$2,772,922	\$752.28	\$33,687,461	\$2,807,288	\$768.28	\$32,193,524	\$2,682,794	\$735.62
Prescription Drug Costs	15,772,696	1,314,391	350.88	14,876,930	1,239,744	330.95	13,609,090	1,134,091	307.26	13,278,930	1,106,578	300.21	12,916,865	1,076,405	294.58	11,326,534	943,878	258.81
Dental Claims (Plans 1 & 2)	3,323,358	276,946	73.93	3,254,150	271,179	72.39	3,183,486	265,291	71.87	2,669,996	222,500	60.36	2,979,149	248,262	67.94	2,862,470	238,539	65.41
	\$53,706,905	\$4,475,575	\$1,194.76	\$52,384,356	\$4,365,363	\$1,165.34	\$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	\$46,382,528	\$3,865,211	\$1,059.83
	Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:		
Medical Claims		1%		Medical Claims		2%	Medical Claims		-1%	Medical Claims		-2%	Medical Claims		4%	Medical Claims		20%
Prescription Drug Costs		6%		Prescription Drug Costs		8%	Prescription Drug Costs		2%	Prescription Drug Costs		2%	Prescription Drug Costs		14%	Prescription Drug Costs		-15%
Dental Claims (Plans 1 & 2)		2%		Dental Claims (Plans 1 & 2)		1%	Dental Claims (Plans 1 & 2)		19%	Dental Claims (Plans 1 & 2)		-11%	Dental Claims (Plans 1 & 2)		4%	Dental Claims (Plans 1 & 2)		0%
TOTAL		2.5%		TOTAL		3.5%	TOTAL		1.2%	TOTAL		-1.6%	TOTAL		6.7%	TOTAL		7.8%

Fresno City Employees Health and Welfare Trust  
Receipts and Disbursements  
FY 2020-2021 (Actual)

Exhibit B  
(Presented at 1/12/22 Trust Meeting)

Receipts

	<u>AVERAGE</u>	<u>TOTAL</u>	<u>2020</u> <u>July</u>	<u>2020</u> <u>August</u>	<u>2020</u> <u>September</u>	<u>2020</u> <u>October</u>	<u>2020</u> <u>November</u>	<u>2020</u> <u>December</u>	<u>2021</u> <u>January</u>	<u>2021</u> <u>February</u>	<u>2021</u> <u>March</u>	<u>2021</u> <u>April</u>	<u>2021</u> <u>May</u>	<u>2021</u> <u>June</u>
Contributions - Actives	\$4,080,202	\$48,962,418	\$4,078,273	\$4,112,683	\$3,616,654	\$4,548,799	\$4,070,486	\$4,057,504	\$4,086,297	\$3,565,764	\$4,060,669	\$4,553,941	\$4,098,939	\$4,112,409
RDA Employees Contribution	1,350	16,200	0	2,700	1,350	1,350	0	2,700	1,350	1,350	1,350	0	2,700	1,350
Self Pay - LWOP	615	7,382	674	1,901	2,895	0	0	404	(404)	0	1,104	0	404	404
Self Pay - COBRA	8,202	98,424	3,931	9,252	6,651	9,351	6,651	9,351	9,351	9,252	2,700	10,701	5,301	15,932
Self Pay - FPOA Police Admin Staff	5,400	64,800	0	10,800	5,400	5,400	0	10,800	5,400	5,400	5,400	0	10,800	5,400
Retirees - Health	350,710	4,208,519	354,255	356,919	361,413	360,662	361,195	351,360	348,268	343,978	343,105	343,494	342,473	341,397
Retirees - HRA	86,659	1,039,903	(946)	161,698	80,355	85,745	83,083	87,183	88,234	88,114	87,330	89,150	95,120	94,837
Retirees - Self-Pay	7,062	84,743	1,290	12,524	7,139	5,754	0	19,733	0	8,025	10,637	0	13,546	6,095
Refunds	394,596	4,735,152	679,752	129,285	641,955	298,258	59,273	688,328	109,231	97,320	1,014,557	53,955	105,926	857,312
Interest	37,004	444,047	36,297	36,712	36,046	37,942	38,105	47,631	38,054	33,021	44,145	33,956	32,276	29,862
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
H & W Trust Cash Receipts	\$4,971,799	\$59,661,588	\$5,153,526	\$4,834,474	\$4,759,858	\$5,353,261	\$4,618,793	\$5,274,994	\$4,685,781	\$4,152,224	\$5,570,997	\$5,085,197	\$4,707,485	\$5,464,998

Disbursements

Claims Paid	3,877,702	46,532,426	\$3,928,250	\$3,284,329	\$3,493,591	\$3,824,511	\$3,544,735	\$4,188,606	\$3,805,547	\$2,683,787	\$4,316,231	\$4,125,310	\$4,279,957	\$5,057,572
Claims Paid - Delta Dental	271,085	3,253,022	304,617	268,158	308,632	266,226	236,036	295,065	170,444	273,221	323,692	249,940	251,374	305,617
Blue Shield	68,662	823,947	0	66,466	69,336	69,044	68,733	68,752	68,460	68,597	68,227	68,674	68,869	138,789
Chiometrics	11,167	134,008	0	11,421	10,605	11,232	11,184	11,178	11,139	11,165	11,104	11,178	11,210	22,592
Delta Dental of California	17,870	214,436	18,730	18,771	14,057	13,955	18,601	0	18,586	0	55,845	0	0	55,891
Refunds	360	4,314	0	350	100	100	200	0	512	0	150	0	300	2,602
Flu Shot Program	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OptumRx	16,050	192,597	12,250	23,367	12,450	12,765	41,912	0	0	0	30,788	0	59,065	0
Psy Care	11,108	133,296	0	10,993	10,180	10,811	10,764	10,758	10,721	10,467	13,890	10,479	10,509	23,724
United Dental	9,053	108,641	0	5,095	9,284	9,759	9,586	9,543	9,543	9,413	9,068	9,197	9,413	18,740
City Admin Fees	130	1,560	130	130	130	130	130	130	130	130	130	130	130	130
Consulting	7,350	88,200	0	6,300	6,300	25,200	6,300	6,300	6,300	6,300	6,300	6,300	6,300	6,300
Healthcomp, Inc.	113,130	1,357,559	0	27,673	111,884	219,524	122,759	111,064	107,557	116,221	107,198	107,806	108,109	217,764
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	0	5,700
MES Vision	60,809	729,707	0	61,370	61,370	61,001	60,967	59,623	60,161	61,286	60,598	60,715	61,606	121,010
Other (Stop Loss Ins)	101,515	1,218,178	103,202	103,202	93,290	92,913	116,746	101,024	101,344	100,705	101,518	100,183	102,069	101,982
H & W Cash Disbursements	\$4,568,841	\$54,826,091	\$4,370,029	\$3,890,475	\$4,204,059	\$4,620,021	\$4,251,503	\$4,864,893	\$4,373,294	\$3,344,142	\$5,107,589	\$4,752,762	\$4,968,911	\$6,078,413
Receipts Over Disbursements	\$402,958	\$4,835,497	\$783,497	\$943,999	\$555,799	\$733,240	\$367,290	\$410,101	\$312,487	\$808,082	\$463,408	\$332,435	(\$261,426)	(\$613,415)

Cash Balance (Gross Fund Reserve)	\$26,965,287	\$27,912,592	\$28,487,598	\$29,236,426	\$29,563,708	\$29,963,991	\$30,276,164	\$31,086,730	\$31,564,317	\$31,905,804	\$31,637,811	\$31,322,778
Beginning Stop Loss Reserve	\$0	(\$52,620)	(\$105,240)	(\$157,860)	(\$210,480)	(\$263,115)	(\$315,735)	(\$368,355)	(\$420,975)	(\$473,595)	(\$526,260)	(\$578,910)
Stop Loss Reserve (\$15 PEPM)	(\$52,620)	(\$52,620)	(\$52,620)	(\$52,620)	(\$52,635)	(\$52,620)	(\$52,620)	(\$52,620)	(\$52,620)	(\$52,665)	(\$52,650)	(\$52,620)
Stop Loss Claims (Between \$350k and \$500k)												\$133,755
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	\$22,812,667	\$23,707,352	\$24,229,738	\$24,925,946	\$25,200,593	\$25,548,256	\$25,807,809	\$26,565,755	\$26,990,722	\$27,279,544	\$26,958,901	\$26,725,003
Cash Balance / Total Expenses	5.9	6.1	6.2	6.4	6.5	6.6	6.6	6.8	6.9	7.0	6.9	6.9
Net Fund Balance / Total Expenses	5.0	5.2	5.3	5.5	5.5	5.6	5.6	5.8	5.9	6.0	5.9	5.8

One Month of Avg Expenses in 2020/21: \$4,568,841

Net Fund Balance as of 6/30/21: \$26,725,003

Four Months of Avg Expenses in 2020/21: \$18,275,364

Difference: \$8,449,640

Fresno City Employees Health and Welfare Trust  
Receipts and Disbursements  
FY 2021-2022 (3 Months Actual/9 Months Projected)

Exhibit C  
(Presented at 1/12/22 Trust Meeting)

Projections:														
Receipts	AVERAGE	TOTAL	2021	2021	2021	2021	2021	2021	2021	2022	2022	2022	2022	2022
			July	August	September	October	November	December	January	February	March	April	May	June
Contributions - Actives	\$4,066,429	\$48,797,153	\$4,098,559	\$4,105,876	\$3,692,718	\$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
RDA Employees Contribution	1,838	22,050	1,350	1,350	1,350	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Self Pay - LWOP	566	6,789	862	123	404	600	600	600	600	600	600	600	600	600
Self Pay - COBRA	5,904	70,849	6,255	5,293	5,301	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000
Self Pay - FPOA Police Admin Staff	5,213	62,550	5,400	5,400	6,750	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Retirees - Health	344,691	4,136,291	331,766	328,206	326,319	350,000	350,000	350,000	350,000	350,000	350,000	350,000	350,000	350,000
Retirees - HRA	100,315	1,203,775	97,449	104,234	102,092	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000
Retirees - Self-Pay	7,593	91,112	404	10,208	17,500	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000
Refunds	179,367	2,152,407	44,748	107,582	200,077	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000
Interest	34,830	417,959	32,196	31,567	30,196	36,000	36,000	36,000	36,000	36,000	36,000	36,000	36,000	36,000
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
H & W Trust Cash Receipts	\$4,746,745	\$56,960,935	\$4,618,989	\$4,699,839	\$4,382,707	\$4,806,600	\$4,806,600	\$4,806,600	\$4,806,600	\$4,806,600	\$4,806,600	\$4,806,600	\$4,806,600	\$4,806,600
Disbursements														
Claims Paid	4,094,184	49,130,206	\$4,968,370	\$3,587,493	\$3,936,115	\$4,070,914	\$4,070,914	\$4,070,914	\$4,070,914	\$4,070,914	\$4,070,914	\$4,070,914	\$4,070,914	\$4,070,914
Claims Paid - Delta Dental	271,179	3,254,150	255,314	270,365	300,472	269,778	269,778	269,778	269,778	269,778	269,778	269,778	269,778	269,778
Blue Shield	64,058	768,692	0	69,317	69,375	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000
Chiometrics	10,882	130,579	0	11,283	11,296	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000
Delta Dental of California	19,063	228,761	18,822	19,451	19,488	19,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000
Refunds	8	100	0	100	0	0	0	0	0	0	0	0	0	0
Flu Shot Progam	1,500	18,000	0	0	0	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
OptumRx	15,981	191,775	5,874	0	41,901	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000
Psy Care / Halcyon	9,626	115,516	0	14,926	10,590	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
United Dental	9,743	116,920	0	9,586	8,334	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000
City Admin Fees	33	390	130	130	130	0	0	0	0	0	0	0	0	0
Consulting	5,958	71,500	0	6,300	6,700	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500
Healthcomp, Inc.	98,409	1,180,902	0	108,827	109,075	107,000	107,000	107,000	107,000	107,000	107,000	107,000	107,000	107,000
Legal	2,588	31,050	2,850	2,850	2,850	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500
MES Vision	56,702	680,422	0	0	122,422	62,000	62,000	62,000	62,000	62,000	62,000	62,000	62,000	62,000
Other (Stop Loss Ins)	102,165	1,225,979	102,853	103,086	102,040	102,000	102,000	102,000	102,000	102,000	102,000	102,000	102,000	102,000
H & W Cash Disbursements	\$4,762,079	\$57,144,942	\$5,354,213	\$4,203,714	\$4,740,788	\$4,760,692	\$4,760,692	\$4,760,692	\$4,760,692	\$4,760,692	\$4,760,692	\$4,760,692	\$4,760,692	\$4,760,692
Receipts Over Disbursements	(\$15,334)	(\$184,007)	(\$735,224)	\$496,125	(\$358,081)	\$45,908	\$45,908	\$45,908	\$45,908	\$45,908	\$45,908	\$45,908	\$45,908	\$45,908
Cash Balance (Gross Fund Reserve)			\$30,285,170	\$30,791,954	\$30,438,683	\$30,484,591	\$30,530,499	\$30,576,407	\$30,622,315	\$30,668,224	\$30,714,132	\$30,760,040	\$30,805,948	\$30,851,856
Beginning Stop Loss Reserve			(\$497,775)	(\$551,460)	(\$605,145)	(\$658,830)	(\$712,515)	(\$766,200)	(\$819,885)	(\$873,570)	(\$927,255)	(\$980,940)	(\$1,034,625)	(\$1,088,310)
Stop Loss Reserve (\$15 PEPM)			(\$53,685)	(\$53,685)	(\$53,685)	(\$53,685)	(\$53,685)	(\$53,685)	(\$53,685)	(\$53,685)	(\$53,685)	(\$53,685)	(\$53,685)	(\$53,685)
Estimated Stop Loss Claims (Between \$350k and \$500k)			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$500,000
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			\$25,633,710	\$26,086,809	\$25,679,853	\$25,672,077	\$25,664,300	\$25,656,523	\$25,648,746	\$25,640,969	\$25,633,192	\$25,625,415	\$25,617,638	\$26,109,861
Cash Balance / Total Expenses			6.4	6.5	6.4	6.4	6.4	6.4	6.4	6.4	6.4	6.5	6.5	6.5
Net Fund Balance / Total Expenses			5.4	5.5	5.4	5.4	5.4	5.4	5.4	5.4	5.4	5.4	5.4	5.5

Estimated One Month of Avg Expenses in 2021/22: \$4,762,079

Estimated Net Fund Balance as of 6/30/22: \$26,109,861

Estimated Four Months of Avg Expenses in 2021/22: \$19,048,314

Difference: \$7,061,547



Fresno City Employees Health and Welfare Trust  
Receipts and Disbursements  
FY 2022-2023 (Projected)

Exhibit D  
(Presented at 1/12/22 Trust Meeting)

		<u>Increase</u> 0.0%												
Receipts		2022	2022	2022	2022	2022	2022	2022	2023	2023	2023	2023	2023	2023
	<u>AVERAGE</u>	<u>TOTAL</u>	<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>
Contributions - Actives	\$4,223,052	\$50,676,624	\$4,223,052	\$4,223,052	\$4,223,052	\$4,223,052	\$4,223,052	\$4,223,052	\$4,223,052	\$4,223,052	\$4,223,052	\$4,223,052	\$4,223,052	\$4,223,052
Retirees - Health	402,114	4,825,368	402,114	402,114	402,114	402,114	402,114	402,114	402,114	402,114	402,114	402,114	402,114	402,114
Retirees - Dental	42,570	510,840	42,570	42,570	42,570	42,570	42,570	42,570	42,570	42,570	42,570	42,570	42,570	42,570
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	35,000	420,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
H & W Trust Cash Receipts	\$4,902,736	\$58,832,832	\$4,902,736	\$4,902,736	\$4,902,736	\$4,902,736	\$4,902,736	\$4,902,736	\$4,902,736	\$4,902,736	\$4,902,736	\$4,902,736	\$4,902,736	\$4,902,736
Disbursements														
Claims Paid	4,198,629	50,383,547	\$4,198,629	\$4,198,629	\$4,198,629	\$4,198,629	\$4,198,629	\$4,198,629	\$4,198,629	\$4,198,629	\$4,198,629	\$4,198,629	\$4,198,629	\$4,198,629
Claims Paid - Delta Dental	276,946	3,323,358	276,946	276,946	276,946	276,946	276,946	276,946	276,946	276,946	276,946	276,946	276,946	276,946
Blue Shield	74,000	888,000	74,000	74,000	74,000	74,000	74,000	74,000	74,000	74,000	74,000	74,000	74,000	74,000
Phys and Chirometrics	12,093	145,114	12,093	12,093	12,093	12,093	12,093	12,093	12,093	12,093	12,093	12,093	12,093	12,093
Delta Dental of California	19,172	230,060	19,172	19,172	19,172	19,172	19,172	19,172	19,172	19,172	19,172	19,172	19,172	19,172
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	11,979	143,753	11,979	11,979	11,979	11,979	11,979	11,979	11,979	11,979	11,979	11,979	11,979	11,979
United Dental	14,293	171,511	14,293	14,293	14,293	14,293	14,293	14,293	14,293	14,293	14,293	14,293	14,293	14,293
City Admin Fees	130	1,560	130	130	130	130	130	130	130	130	130	130	130	130
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.	109,351	1,312,214	109,351	109,351	109,351	109,351	109,351	109,351	109,351	109,351	109,351	109,351	109,351	109,351
Legal	2,500	30,000	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500
MES Vision	63,487	761,846	63,487	\$63,487	\$63,487	\$63,487	\$63,487	\$63,487	\$63,487	\$63,487	\$63,487	\$63,487	\$63,487	\$63,487
Other (Stop Loss Ins)	115,087	1,381,038	115,087	115,087	115,087	115,087	115,087	115,087	115,087	115,087	115,087	115,087	115,087	115,087
H & W Cash Disbursements	\$4,922,367	\$59,068,402	\$4,922,367	\$4,922,367	\$4,922,367	\$4,922,367	\$4,922,367	\$4,922,367	\$4,922,367	\$4,922,367	\$4,922,367	\$4,922,367	\$4,922,367	\$4,922,367
Receipts Over Disbursements	(\$19,631)	(\$235,570)	(\$19,631)	(\$19,631)	(\$19,631)	(\$19,631)	(\$19,631)	(\$19,631)	(\$19,631)	(\$19,631)	(\$19,631)	(\$19,631)	(\$19,631)	(\$19,631)
Cash Balance (Gross Fund Reserve)			\$30,832,225	\$30,812,594	\$30,792,963	\$30,773,333	\$30,753,702	\$30,734,071	\$30,714,440	\$30,694,809	\$30,675,178	\$30,655,547	\$30,635,917	\$30,616,286
Beginning Stop Loss Reserve			(\$641,995)	(\$698,680)	(\$755,365)	(\$812,050)	(\$868,735)	(\$925,420)	(\$982,105)	(\$1,038,790)	(\$1,095,475)	(\$1,152,160)	(\$1,208,845)	(\$1,265,530)
Stop Loss Reserve (\$15 PEPM)			(\$56,685)	(\$56,685)	(\$56,685)	(\$56,685)	(\$56,685)	(\$56,685)	(\$56,685)	(\$56,685)	(\$56,685)	(\$56,685)	(\$56,685)	(\$56,685)
Estimated Stop Loss Claims (Between \$350k and \$500k)														\$500,000
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			\$26,033,546	\$25,957,230	\$25,880,914	\$25,804,598	\$25,728,282	\$25,651,966	\$25,575,651	\$25,499,335	\$25,423,019	\$25,346,703	\$25,270,387	\$25,694,071
Cash Balance / Total Expenses			6.3	6.3	6.3	6.3	6.2	6.2	6.2	6.2	6.2	6.2	6.2	6.2
Net Fund Balance / Total Expenses			5.3	5.3	5.3	5.2	5.2	5.2	5.2	5.2	5.2	5.1	5.1	5.2

Estimated One Month of Avg Expenses in 2022/23: \$4,922,367

Estimated Net Fund Balance as of 6/30/23: \$25,694,071  
Estimated Four Months of Avg Expenses in 2022/23: \$19,689,467  
Difference: \$6,004,604

Fresno City Employees Health and Welfare Trust  
Contribution Rate Calculations  
For Contributions beginning July 1, 2022

Exhibit E  
(Presented at 1/12/22 Trust Meeting)

	4 Months Reserve			Break Even (Dollars)		Break Even (Reserve)		3 Months Reserve		5 Months Reserve	
	Jul-21 Rate	-10.4% Decrease	Additional Amount	0.4% Decrease	Additional Amount	0.6% Increase	Additional Amount	-19.2% Decrease	Additional Amount	-1.6% Decrease	Additional Amount
<u>Active</u>											
Health + Dental	\$1,350	\$1,210	(\$140)	\$1,356	\$6	\$1,359	\$9	\$1,091	(\$259)	\$1,329	(\$21)
<u>Regular Retiree</u>											
Health + Dental	\$1,350	\$1,210	(\$140)	\$1,356	\$6	\$1,359	\$9	\$1,091	(\$259)	\$1,329	(\$21)
Dental Only	\$99	\$89	(\$10)	\$100	\$1	\$100	\$1	\$80	(\$19)	\$98	(\$1)
Health	\$1,251	\$1,121	(\$130)	\$1,256	\$5	\$1,259	\$8	\$1,011	(\$240)	\$1,231	(\$20)
<u>Medicare Supplement</u>											
Health	\$638	\$572	(\$66)	\$641	\$3	\$642	\$4	\$516	(\$122)	\$628	(\$10)
Health + Dental	\$737	\$661	(\$76)	\$741	\$4	\$742	\$5	\$596	(\$141)	\$726	(\$11)
(This rate is for the Medicare Supplement retiree only. To add a Spouse, the rate is 2x the above rate)											
<u>Non-Medicare Retiree</u>											
Health	\$1,507	\$1,351	(\$156)	\$1,514	\$7	\$1,516	\$9	\$1,218	(\$289)	\$1,483	(\$24)
Health + Dental	\$1,606	\$1,440	(\$166)	\$1,614	\$8	\$1,616	\$10	\$1,298	(\$308)	\$1,581	(\$25)

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

Fresno City Employees Health and Welfare Trust  
Contribution Rate

Exhibit F  
(Presented at 1/12/22 Trust Meeting)

	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	1-Mar-09 Contribution Rate	1-Jul-08 Contribution Rate	1-Jul-07 Contribution Rate
<u>Active</u>															
Health + Dental	\$1,350	\$1,350	\$1,290	\$1,240	\$1,200	\$1,176	\$1,176	\$1,084	\$1,084	\$985	\$985	\$911	\$729	\$824	\$822
(per family)	0.0%	4.7%	4.0%	3.3%	2.0%	0.0%	8.5%	0.0%	10.0%	0.0%	8.1%	25.0%	-11.5%	0.2%	0.4%
<u>Regular Retiree</u>															
Health + Dental	\$1,350	\$1,350	\$1,290	\$1,240	\$1,200	\$1,176	\$1,176	\$1,084	\$1,084	\$985	\$985	\$911	\$729	\$824	\$822
Dental Only	\$99	\$99	\$95	\$91	\$88	\$86	\$86	\$79	\$79	\$72	\$72	\$66	\$53	\$60	\$60
Health	\$1,251	\$1,251	\$1,195	\$1,149	\$1,112	\$1,090	\$1,090	\$1,005	\$1,004	\$913	\$913	\$845	\$676	\$764	\$762
(per family)	0.0%	4.7%	4.0%	3.3%	2.0%	0.0%	8.5%	0.0%	10.0%	0.0%	8.1%	25.0%	-11.5%	0.2%	0.4%
<u>Medicare Supplement</u>															
Health + Dental	\$737 *	\$737 *	\$705 *	\$678 *	\$656 *	\$643 *	\$643 *	\$592 *	\$592 *	\$534 *	\$534 *	\$486 *	\$429	\$485	\$483
Health	\$638 *	\$638 *	\$610 *	\$587 *	\$568 *	\$557 *	\$557 *	\$513 *	\$513 *	\$462 *	\$462 *	\$420 *	\$376	\$425	\$423
(per person)	0.0%	4.5%	4.0%	3.4%	2.0%	0.0%	8.6%	0.0%	10.9%	0.0%	9.9%	13.3%	-11.5%	0.4%	0.6%
* EGWP participation required															
<u>Non-Medicare Retiree</u>															
Health + Dental	\$1,606	\$1,606	\$1,535	\$1,476	\$1,429	\$1,401	\$1,401	\$1,291	\$1,291	\$1,174	\$1,174	\$1,078	\$862	\$974	\$972
Health	\$1,507	\$1,507	\$1,440	\$1,385	\$1,341	\$1,315	\$1,315	\$1,212	\$1,212	\$1,102	\$1,102	\$1,011	\$809	\$914	\$912
(per family)	0.0%	4.6%	4.0%	3.3%	2.0%	0.0%	8.5%	0.0%	10.0%	0.0%	8.9%	25.1%	-11.5%	0.2%	0.3%