

ADMINISTRATION OFFICE

HealthComp

621 Santa Fe Fresno, CA 93721 TELEPHONE (559) 499-2450 FAX (559) 499-2460 P.O. BOX 45018 FRESNO, CA 93718-5018

Fresno City Employees Health & Welfare Trust Agenda for the Regular Board Meeting March 8, 2023

General Meeting 8:30 AM

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

Employer Trustees-City of Fresno	Employee Trustees	
Georgeanne White, Vice Chairperson	Shane Archer, Chairperson	FFA
Jennifer Misner, Trustee	Jeff LaBlue, Trustee	FPOA
TJ Miller, Trustee	Sam Hernandez, Trustee	ATU
	William Dearsan, Trustee	IBEW
	Sam Frank, Trustee	FCEA
Administrator	Jesse Gonzalez, Trustee	CFPEA
Thomas J. Georgouses, Esq. General Counsel	Kim Jackson, Trustee	CFMEA
	Keola Park, Trustee	FFA
	Terri Hauschel, Trustee	Local 39
	Anna Pine, Trustee	FPOA
	Vacant, Trustee	FAPSS
Legal Counsel	Consultants	
Michael E. Moss, Esq.	Andrew Desa	
	Rael & Letson	

Roll Call 8:30 A.M.

1. Approval of Agenda**

Approve Agenda for March 8, 2023

⇒ Action as required

- 2. Executive Session
- 3. Public Discussion***
- 4. Consent Calendar

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

- a. Approval of the Minutes of January 11, 2023
- b. Correspondence
 - i). Correspondence Dated January 31, 2023 from FCEA President Sam Frank Reappointing Himself as Trustee
 - ii). Correspondence Dated February 3, 2023 from IBEW Business Manager/Financial Secretary Ronny Jungk Reappointing William Dearson as Trustee
 - iii). Correspondence Dated March 3, 2023 from Local 202 Union President Dean Sanders Reappointing Keola Park as Trustee
 - iv). Correspondence Dated March 3, 2023 from Local 202 Union President Dean Sanders Reappointing Shane Archer as Trustee

- c. Blue Shield of California
- d. Halcyon
- e. United HealthCare
- f. OptumRx
 - i). Executive Summary and Comparative Executive Summary Commercial
 - ii). Executive Summary and Comparative Executive Summary EGWP
 - iii). Correspondence Dated January 17, 2023 Regarding COVID-19 Antivirals Commercialization Model and Utilization Reports
 - iv). Correspondence Dated January 19, 2023 Regarding Opioid Safety Edit Reminders and Recommendations
 - v). Correspondence Dated February 2, 2023 Announcing Amgen Launched Humira Biosimilar
 - vi). Correspondence Dated March 2, 2023 Announcing State of Emergency Declared in California Severe Winter Storm
 - vii). Flyer Materials and Announcements to Include with Open Enrollment Mailed Materials
- g. Delta Dental
 - i). Financial Reporting Package
 - ii). Flyer Materials and Announcements to Include with Open Enrollment Mailed Materials Correspondence
- h. PhysMetrics
- i. EyeMed
- j. Teladoc
 - i). Utilization Reports
 - ii). Flyer Materials and Announcements to Include with Open Enrollment Mailed Materials
- k. EPIC
- I. Body Scan International
 - i). Utilization Report
 - ii). Approval by the Chairperson and Vice Chairperson of the Body Scan International Upcoming Events and Announcement Letter
- m. Fiduciary Policy
 - i). Ratification by the Chairperson and Vice Chairperson of Execution of Increased Limits Warranty

5. General Calendar

- a. HealthComp Administrators
 - i). Claim and Benefits Reports
 - ii). Specific Stop-Loss Reports
 - iii). Turnaround Time Reports
 - iv). HealthComp HCOnline Complaint Form

Discuss and Approve HCOnline Complaint Form

- v). IT Presentation and Security Incident Report
- vi). HCOnline Open Enrollment Review

⇒ Action as required

- vii). Open Enrollment
 - Review, Discuss and Approve Open Enrollment Materials for Plan Year 2023-2024

⇒Action as required

- b. Appeals
- c. Annual Employee Benefits Conference

Review, Discuss and Approve Attendance at Annual Employee Benefits Conference Scheduled for October 1, 2023 – October 4, 2023 in Boston, MA

⇒ Action as required

d. City of Fresno Investment Policy

Review and Discuss Report on City of Fresno Investments Policy

6. Consultant's Report

- a. COVID-19 Claims Status
 - i). Review and Discuss COVID-19 Claims Status
- b. Body Scan International
 - i). Review and Discuss Body Scan International
- c. UHC Alternative Plan Design
 - i). Review, Discuss and Approve UHC Proposal Effective July 1, 2023

⇒ Action as required

- d. Ambulance Coverage and Rates
 - i). Review and Discuss Information on Ambulance Coverage and Rates
- e. Financial Projections for the 2023-2024 Fiscal Year
 - i). Review and Discuss Financial Projections
- f. Contribution Rates for the 2023-2024 Fiscal Year
 - i). Review, Discuss, and Approve Contribution Rates for the 2023-2024 Fiscal Year

 ⇒ Action as required
- g. Submission of Benefits Reduction Percentage for Non-Contributory Participants for the 2023-2024 Fiscal Year
 - i). Review, Discuss, and Approve Benefit Reduction Percentage for Non-Contributory
 Participants for the 2023-2024 Fiscal Year

⇒Action as required

7. Attorney's Report

- a. Consolidated Appropriation Act
 - i). Review and Discuss Consolidated Appropriation Act, Rx Reporting
 - ii). Review and Discuss Consolidated Appropriation Act, Air Ambulance Reporting
 - iii). Review and Discuss Consolidated Appropriation, Prohibition on Gag Clauses
- b. City Council Workshop
 - i). Review and Discuss City Council Workshop Scheduled for March 9, 2023
- c. Appeals
 - i). Review and Discuss Appeal Process
- d. End of Public/National Emergency
 - i). Review and Discuss End of Public/National Emergency

⇒Action as required

8. Board Meeting Schedule

⇒Action as required

9. Future Agenda Items

10. Adjournment

⇒Action as required

NOTICE APPEALS COMMITTEE

Next Meeting: Monday, April 4, 2023 at 4:00 p.m.

Committee Members to Attend: Anna Pine, Jesse Gonzalez, Georgeanne

White

^{*} The meeting room is accessible to the physical disabled. If you require a disability related modification or accommodation to participate in the meeting, notify HealthComp at (559) 499-2450.

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

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



ADMINISTRATION OFFICE



621 Santa Fe Fresno, CA 93721 TELEPHONE (559) 499-2450 FAX (559) 499-2460 MAILING ADDRESS P.O. BOX 45018 FRESNO, CA 93718-5018

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST MINUTES OF THE REGULAR BOARD MEETING January 11, 2023

CALL TO ORDER: The regular monthly meeting of the Board of Trustees for the Fresno City Employees Health & Welfare Trust was called to order by Chairperson Shane Archer at 8:40 A.M., Wednesday, January 11, 2023 via a Zoom webinar and in person at 2600 Fresno Street, Fresno, CA, Room 4017. A quorum was present including the following:

EMPLOYEE TRUSTEES

PRESENT:

Shane Archer
William Dearson
Kim Jackson
Sam Frank
Jesse Gonzalez

Jeff LaBlue Terri Hauschel Sam Hernandez Keola Park

Anna Pine

EMPLOYEE TRUSTEES ABSENT:

EMPLOYER TRUSTEES PRESENT:

Jennifer Misner Georgeanne White TJ Miller

EMPLOYER TRUSTEES ABSENT:

OTHERS PRESENT:

Body Scan International

Bill Penzo

HealthComp Tom Georgouses Diana Cavazos **UHC**Carlos Guzman
Jacqueline Fuegos

OptumRx Carolyn Martinez Anna Yang

HalcyonCamin Turner

Rael & Letson
Andrew Desa

EPICTaylor LeMay

ChiroMetrics/PhysMetrics

Delta DentalDuab Xoachay

Law Office of Michael E. Moss Mike Moss FORCE

Cheri Detweiler

Blue Shield of CA Linda Patron Benefits, COF Phillip Carbajal

- Item 1 Approval of Agenda A Motion was made by Trustee Sam Frank and Seconded by Vice Chairperson Georgeanne White to approve the Agenda. The Motion was unanimously approved.
- Item 2 Executive Session None
- Item 3 Public Discussion None
- Item 4 Consent Calendar –A Motion was made by Trustee Sam Frank and Seconded by Trustee Terri Hauschel to approve the Consent Calendar. The Motion was unanimously approved.

Item 5 General Calendar

- a.) **HealthComp Administrators**
 - Claim and Benefits Reports- Mr. Tom Georgouses reviewed the reports on Claims and Benefits ending December 31, 2022.
 - ii. Specific Stop-Loss Reports Mr. Tom Georgouses reviewed the reports on Specific Stop-Loss for the policy ending December 31, 2022 and the policy ending December 31, 2023.
 - iii. **Turnaround Time Reports** Mr. Tom Georgouses reviewed the reports related to claim processing turnaround time.
 - iv. HealthComp HCOnline Complaint Form-Mr. Tom Georgouses informed the Trustees HealthComp will be working on implementing a complaint form through HCOnline during Q1 of 2023. Additional information and proposed complaint form will be provided at future Board Meetings. Direction was made by Sam Frank to have appeal committee review the complaints and the unresolved complaints be presented to the Board.

Item 6 Consultant's Report -

- a.) Elite Medical Mr. Andrew Desa referred to his memo on the Elite Wellness vaccination and screening event. Mr. Desa stated the total cost for the event was \$23,589.
- b.) COVID-19 Claim Status Mr. Andrew Desa discussed the current COVID-19 statistics. Mr. Desa stated that through December 31, 2022, there had been 21,967 diagnostic tests and 511 antibody tests administered; 1,893 individuals

with a positive diagnostic test for COVID-19 with 810 being members; approximately \$3.3 million paid for testing; approximately \$550,000 paid for screening; and approximately \$2.9 million paid for treatment. Trustee TJ miller requested reporting on over-the-counter testing provided through OptumRx be included in the next board meeting.

c.) Vendor Rate Submissions for the 2023-2024 Fiscal Year

- i) Stop Loss Renewal - Mr. Andrew Desa stated stop loss coverage has been with HCC since July 2018 and the current policy is effective through June 30, 2023. A Motion was made bγ Vice Chairperson Georgeanne White and Seconded by Trustee Keola Park to give authority to the Chairperson and Vice Chairperson to approve the proposal and to take any further action necessary for the Stop Loss Renewal. The Motion was unanimously approved.
- ii) **Delta Dental Renewal – Mr. Andrew Desa** referred to his memo regarding the renewal for Delta Dental. Mr. Desa stated Delta Dental presented a 6.1% rate increase with a two year guarantee and a performance guarantee with 15% of the fees at risk. Mr. Desa further presented alternate plan design options for consideration as had been requested at the prior meeting. Upon further discussion a **Motion** was made by Trustee Sam Frank and Seconded by Trustee William Dearson to skip to item D under the Consultant's Report before having further discussion on Items 6 c. i-vii. The **Motion** was **unanimously approved**.
- d) Financials Projections for the 2022- 2023 Fiscal Year - Mr. Andrew Desa referred to his memo for the financial projections for Fiscal Year 2023- 2024. Mr. Desa stated the projections include claims experience through November 30, 2022 and noted that financial statements beyond June 30, 2022 were not yet available. The 2023-2024 Fiscal Year projected claims are based on a blended experience from the past three years of data. The projected net reserve months as of June 30, 2023 are 4.3. Mr. Desa stated that 3.4 months of net reserves are projected as of June 30, 2024 assuming no change to the current contribution rate. Mr. Desa stated the projection includes the

renewal rates for vendors. Mr. Desa stated that based on current information the contribution amount will need to increase 5.8% for Fiscal Year 2023-2024 to maintain 4 months of net reserves at the end of Fiscal Year which would be an increase in the contribution rate from \$1,350 to \$1,429. Mr. recommended Desa revisiting projections at the next meeting at which time he hopes to have 6 additional months of financial experience and an additional 2 months of claim data which will assist in his projection for Fiscal Year 2023-2024. Mr. Mike Moss then explained the history, purpose and procedure to establish the required projected net reserve of 4 months.

c). Vendor Rate Submissions for the 2023-2024 Fiscal Year

- ii) Delta Dental Renewal Mr. Andrew Desa referred to his memo regarding the renewal for Delta Dental Renewal. A Motion was made by Vice Chairperson Georgeanne White and Seconded by Trustee Sam Frank to renew with Delta Dental at the two-year rate guarantee, increase the annual maximum benefit to \$2,500 and to give authority to the Chairperson and Vice Chairperson to take any further action necessary to execute the contract. The Motion was unanimously approved.
- **UHC Renewal –** Mr. Andrew Desa referred iii) to his memo regarding the proposal for UHC effective July 1, 2023 with an enhanced benefit offering for an increase in cost of \$28,300. Carlos Guzman a UHC representative from provided information on how the HMO plan functions and that UHC can perform outreaches to providers as necessary regarding the referral process. Mr. Andrew Desa explained the difference between the current plan and the proposed alternative plan. Direction was given to provide a utilization report for the current plan year to be reviewed at the next meeting.
- iv) Body Scan International Renewal Mr. Andrew Desa referred to his memo regarding the renewal proposal for Body Scan International effective January 1, 2024 with an 18.6% increase. Mr. Desa recommended revisiting the proposal at the

next meeting. Direction was given to provide utilization report for the next meeting. Mr. Desa also discussed the scheduling of further scanning event dates. A **Motion** was made by Trustee Sam Frank and Seconded by Trustee William Dearson to give authority to the Chairperson and Vice Chairperson to approve the notice prepared by the plan professionals with dates and locations. The **Motion** was **unanimously** approved.

- Fiduciary Liability Renewal Mr. Andrew v) 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 reporting the current policy limit is one million dollars and that the proposal including premium for policy limits of one million, two million and three million dollars. A Motion was made by Trustee Sam Frank and Seconded by Trustee Kim Jackson to renew the policy with a three million dollar limit and to give authority to the Chairperson and Vice Chairperson to execute all necessary documents. The Motion was unanimously approved.
- vi) HealthComp Renewal— Mr. Andrew Desa referred to his memo regarding the HealthComp Renewal three-year rate proposal. A Motion was made by Vice Chairperson Georgeanne White and Seconded by Trustee Kim Jackson to approve the renewal with HealthComp and to give authority to the Chairperson and Vice Chairperson to take any further action necessary to execute the contract. The Motion was unanimously approved.
- vii) Rael & Letson Renewal Mr. Andrew Desa referred to his memo regarding the Rael & Letson Renewal two-year rate proposal. A Motion was made by Vice Chairperson Georgeanne White and Seconded by Trustee Sam Frank to approve the renewal with Rael & Letson and to give authority to the Chairperson and Vice Chairperson to take any further action necessary to execute the contract. The Motion was unanimously approved.
- e). Contribution Rates for the 2023-2024 Fiscal Year This item was discussed above under item d. 9

- f). Submission of Request for Plan Document Changes for the 2023-2024 Fiscal Year Vice Chairperson Georgeanne White requested a review of the ambulance coverage. Linda Patron a representative from Blue Shield stated she will provide additional information for the next Board meeting.
- g). Submission of Benefits Reduction
 Percentage for Non-Contributory
 Participants for the 2023-2024 Fiscal Year –
 Deferred to the next meeting.

Item 7 Attorney's Report -

- Surprise a.) Transparency and Billing **Requirement-** Mr. Mike Moss provided an overview of the status of the pertinent provisions from the Transparency Requirements and No Surprise Billing Act. Mr. Moss stated he will discuss the topic further as necessary at future meetings. Mr. Tom Georgouses provided an update on required prescription drug reporting and stated the deadline was extended from December 27, 2023, to January 31, 2024. Mr. Georgouses stated HealthComp and Optum will submit the required reporting.
- b.) Mental Health Parity Mr. Moss explained that MedExpert completed its analysis of the plan and provided an Attestation of Compliance. Mr. Moss explained the plan has not yet selected for a Department of Labor audit.
- c.) Appeals –Mr. Mike Moss explained that Appeals have been moved from the Consent Calendar to the General Calendar. Mr. Moss will research and report at the next meeting the time limits for providing a response to an Appeal.
- d.) Brown Act Update for Trustee Meetings Mr. Mike Moss referred to his memo regarding the Brown Act for Trustee Meetings. A Motion was made Trustee Sam Frank and Seconded by Trustee Keola Park to return to pre-COVID Brown Act rules, that vendors may continue to join via Zoom and that Board meetings will continue to be held at Fresno City Hall, 2600 Fresno Street, Fresno CA 93721, Room 4017. The Motion was unanimously approved.
- e.) **Trustee Term Limits –** Mr. Mike Moss explained all trustees bargaining units will be required to renew the trustee term after two years.

Item 8	Board Meeting Schedule – A Motion was made Trustee Keola Park and Seconded by Trustee Kim Jackson to have the next Board meeting on March 8, 2023 at 8:30am. The Motion was unanimously approved.				
Item 9	Future Agenda Iten	1.	Cyber Security Presentation		
		2.	OptumRx Over the Counter COVID-19 Testing Reports		
		3.	UHC Utilization Reports		
		4.	BSI Utilization Reports		
		5.	Employee Benefit Conference		
Item 10	Frank and Seconded	d by Tru	adjourn was made by Trustee Sam istee Keola Park. The Motion was If the meeting adjourned at 11:55 AM.		
Shane Archer, Chai Fresno City Employe Welfare Trust	•		Date		
Tom Georgouses, A	Administrator		Date		

Fresno City Employees Association, Inc.

1913 Gateway Blvd Ste 101
FRESNO, CALIFORNIA 93727 • (559) 268-7767
Office@fceamail.com • www.fcea.net



January 31, 2023

Fresno City Employee's Health & Welfare Trust 621 Santa Fe St Fresno CA 93721

To Whom It May Concern,

FCEA President Sam Frank has been re-appointed as FCEA Trustee to the Health & Welfare Trust Board of Trustees. He's a good guy. You all should like him. Really.

Thank you.

Sam Frank FCEA President

International Brotherhood of Electrical Workers Local 100

5410 East Home Avenue Fresno, California 93727

Telephone (559) 251-8241 • Fax (559) 251-0543

February 3, 2023

RE: Fresno City Employees H&W Trust

To Whom It May Concern,

This letter is to inform you that IBEW Local 100 is reappointing Brother William A. Dearsan as the Trustee for the Fresno City Employees H&W Trust. Feel free to contact me if you have any questions or concerns.

Kindest Regards,

Ronny Jungk

IBEW Local 100

Business Manager/Financial Secretary



FRESNO CITY FIREFIGHTERS • IAFF LOCAL 202 —

Trust.

To Whom it Concerns,
Keola Park is one of our appointed Trustees to the Fresno City Employees Health and Welfar

Thank you,

Dean Sanders

February 3, 2023

President

Fresno City Firefighters

IAFF Local #202



FRESNO CITY FIREFIGHTERS • IAFF LOCAL 202 —

February 3, 2023

To Whom it Concerns,

Shane Archer is one of our appointed Trustees to the Fresno City Employees Health and Welfare Trust.

Thank you,

Dean Sanders

President

Fresno City Firefighters

IAFF Local #202

RxTrack®

CONFIDENTIAL RXT1020DM - Executive Summary by Time Period

Date Filled From March 2022 Through January 2023

Client: Fresno City Employees Health and Welfare Trust Commercial Plan

Managera	March 2022	Amel 2022	May 2022	luma 2022	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	January 2022	Rolling Total
Measures	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	Rolling Total
Membership												
Avg Eligible Members	10,283	10,322	10,302	10,340	10,448	10,480	10,574	10,540	10,568	10,612	10,708	10,471
Total Utilizing Members	2,863	2,705	2,796	2,726	2,586	2,649	2,682	2,792	2,813	2,875	2,832	2,756 26.3%
% Utilizing Members	27.8%	26.2%	27.1%	26.4%	24.8%	25.3%	25.4%	26.5%	26.6%	27.1%	26.4%	26.3%
Avg Member Age	32.06	32.09	32.12	32.08	31.81	31.78	31.68	31.79	31.77	31.73	31.64	31.87
Rx and Cost												
Total Rxs	7,033	6,467	6,806	6,662	6,144	6,583	6,520	6,631	6,788	7,018	6,910	73,562
Total Drug Cost	\$1,385,366.13	\$1,229,315.57	\$1,279,235.51	\$1,421,668.64	\$1,148,455.62	\$1,423,782.59	\$1,325,361.09	\$1,272,275.50	\$1,333,594.04	\$1,237,715.61	\$1,439,791.74	\$14,496,562.04
Total Plan Paid	\$1,280,633.16	\$1,132,387.91	\$1,178,553.72	\$1,328,237.17	\$1,032,116.51	\$1,310,046.57	\$1,221,776.92	\$1,123,580.67	\$1,196,157.36	\$1,102,142.57	\$1,281,523.60	\$13,187,156.16
Total Member Paid	\$104,732.97	\$96,927.66	\$100,681.79	\$93,431.47	\$116,339.11	\$113,736.02	\$103,584.17	\$148,694.83	\$137,436.68	\$135,573.04	\$158,268.14	\$1,309,405.88
Total Ingredient Cost	\$1,375,024.05	\$1,216,625.42	\$1,266,294.84	\$1,411,068.98	\$1,137,119.81	\$1,410,964.19	\$1,305,374.52	\$1,246,449.93	\$1,312,501.86	\$1,224,302.92	\$1,430,258.47	\$14,335,984.99
Total Dispensing Fee	\$6,756.10	\$8,481.29	\$7,548.12	\$7,471.29	\$8,002.17	\$10,574.05	\$15,040.75	\$18,877.87	\$16,217.53	\$10,054.14	\$7,734.89	\$116,758.20
Total Sales Tax	\$25.97	\$48.86	\$45.55	\$57.26	\$43.64	\$82.84	\$53.32	\$86.70	\$75.15	\$106.53	\$152.38	\$778.20
Total Incentive Fee	\$3,560.01	\$4,160.00	\$5,347.00	\$3,071.11	\$3,290.00	\$2,161.51	\$4,892.50	\$6,861.00	\$4,799.50	\$3,252.02	\$1,646.00	\$43,040.65
% Plan Paid	92.4%	92.1%	92.1%	93.4%	89.9%	92.0%	92.2%	88.3%	89.7%	89.0%	89.0%	91.0%
% Member Paid	7.6%	7.9%	7.9%	6.6%	10.1%	8.0%	7.8%	11.7%	10.3%	11.0%	11.0%	9.0%
Avg Drug Cost / Rx	\$196.98	\$190.09	\$187.96	\$213.40	\$186.92	\$216.28	\$203.28	\$191.87	\$196.46	\$176.36	\$208.36	\$197.07
Avg Plan Paid / Rx	\$182.09	\$175.10	\$173.16	\$199.38	\$167.99	\$199.00	\$187.39	\$169.44	\$176.22	\$157.05	\$185.46	\$179.27
Avg Member Paid / Rx	\$14.89	\$14.99	\$14.79	\$14.02	\$18.94	\$17.28	\$15.89	\$22.42	\$20.25	\$19.32	\$22.90	\$17.80
Per Member Per Month												
Avg Rxs PMPM	0.68	0.63	0.66	0.64	0.59	0.63	0.62	0.63	0.64	0.66	0.65	0.64
Avg Drug Cost PMPM	\$134.72	\$119.10	\$124.17	\$137.49	\$109.92	\$135.86	\$125.34	\$120.71	\$126.19	\$116.63	\$134.46	\$125.86
Avg Plan Paid PMPM	\$124.54	\$109.71	\$114.40	\$128.46	\$98.79	\$125.00	\$115.55	\$106.60	\$113.19	\$103.86	\$119.68	\$114.49
Avg Member Paid PMPM	\$10.19	\$9.39	\$9.77	\$9.04	\$11.14	\$10.85	\$9.80	\$14.11	\$13.00	\$12.78	\$14.78	\$11.37
Drug Type												
% Single-Source Brand Rxs	14.7%	15.3%	15.4%	15.3%	15.7%	16.5%	18.8%	20.0%	17.1%	17.4%	15.2%	16.5%
% Multi-Source Brand Rxs	0.7%	0.5%	0.6%	0.5%	0.5%	0.6%	0.5%	0.4%	0.5%	0.5%	0.6%	0.5%
% Generic Rxs	84.6%	84.2%	84.0%	84.2%	83.9%	82.9%	80.6%	79.6%	82.4%	82.1%	84.2%	83.0%
% Generic Efficiency	99.2%	99.4%	99.3%	99.5%	99.5%	99.3%	99.4%	99.5%	99.4%	99.4%	99.3%	99.4%
Drug Channel												
% Retail Rxs	72.1%	72.7%	74.3%	71.6%	71.2%	73.1%	73.0%	73.7%	74.7%	74.6%	73.5%	73.2%
% Retail 90 Rxs	21.0%	20.6%	19.8%	21.4%	21.8%	20.3%	20.4%	20.2%	19.2%	19.1%	21.1%	20.4%
% Mail Rxs	6.9%	6.7%	5.9%	7.0%	6.9%	6.5%	6.6%	6.1%	6.1%	6.3%	5.4%	6.4%
Specialty Drugs												
Total Specialty Rxs	109	91	102	110	86	116	102	105	117	105	113	1,156
Total Specialty Drug Cost	\$668.332.26	\$545,696,99	\$594,351,52	\$719.640.23	\$499.131.01	\$750.563.75	\$614,766,63	\$572,739.85	\$702,631.74	\$501,110.80	\$693,981,73	\$6,862,946,51
Total Specialty Plan Paid	\$659,465.39	\$536,617.00	\$583,068,28	\$708,941.58	\$477.041.77	\$734,596.26	\$603,166.98	\$515,007.43	\$650,934,79	\$464,292,98	\$641,515.75	\$6,574,648,21
Total Specialty Member Paid	\$8,866.87	\$9,079.99	\$11,283.24	\$10,698.65	\$22,089.24	\$15,967.49	\$11,599.65	\$57,732.42	\$51,696.95	\$36,817.82	\$52,465.98	\$288,298.30
% Specialty Rxs	1.5%	1.4%	1.5%	1.7%	1.4%	1.8%	1.6%	1.6%	1.7%	1.5%	1.6%	1.6%
% Specialty of Total Drug Cost	48.2%	44.4%	46.5%	50.6%	43.5%	52.7%	46.4%	45.0%	52.7%	40.5%	48.2%	47.3%
% Specialty of Total Plan Paid	51.5%	47.4%	49.5%	53.4%	46.2%	56.1%	49.4%	45.8%	54.4%	42.1%	50.1%	49.9%
% Specialty of Total Member Paid	8.5%	9.4%	11.2%	11.5%	19.0%	14.0%	11.2%	38.8%	37.6%	27.2%	33.2%	22.0%
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
Avg Specialty Drug Cost PMPM	\$64.99	\$52.87	\$57.69	\$69.60	\$47.77	\$71.62	\$58.14	\$54.34	\$66.49	\$47.22	\$64.81	\$59.59
Avg Specialty Plan Paid PMPM	\$64.13	\$51.99	\$56.60	\$68.56	\$45.66	\$70.10	\$58.14 \$57.04	\$48.86	\$61.59	\$43.75	\$59.91	\$57.08
Avg Specialty Flatt Fald Floren Avg Specialty Member Paid PMPM	\$0.86	\$0.88	\$1.10	\$1.03	\$2.11	\$1.52	\$1.10	\$5.48	\$4.89	\$3.47	\$4.90	\$2.50
Avg Non-Specialty Rxs PMPM	0.67	0.62	0.65	0.63	0.58	0.62	0.61	0.62	0.63	0.65	0.63	0.63
Avg Non-Specialty Rxs PMPM Avg Non-Specialty Drug Cost PMPM	\$69.73	\$66.23	\$66.48	\$67.89	\$62.15	\$64.24	\$67.20	\$66.37	\$59.70	\$69.41	\$69.65	\$66.28
Avg Non-Specialty Plan Paid PMPM	\$60.41	\$66.23 \$57.72	\$57.80	\$59.89	\$53.13	\$64.24 \$54.91	\$57.20 \$58.50	\$57.74	\$59.70 \$51.59	\$69.41	\$59.05	\$57.41
Avg Non-Specialty Plan Paid PMPM Avg Non-Specialty Member Paid PMPM	\$9.32	\$8.51	\$57.60	\$59.69	\$9.02	\$54.91	\$8.70	\$57.74	\$51.59	\$9.31	\$59.77	\$8.87
, rig rior opecially Member Laid FMFM	ψ9.32	Ψ0.51	φ3.08	ψ3.00	ψ9.02	φ9.55	\$6.70	φ0.03	\$0.11	φ9.31	ψ9.00	\$0.01

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

RxTrack®

CONFIDENTIAL

RXT1025DM - Comparative Executive Summary

Current Period: Date Filled From March 2022 Through January 2023

Previous Period: Date Filled From March 2021 Through January 2022

Client: Fresno City Employees Health and Welfare Trust Commercial Plan

Measures	Current Period	Previous Period	% Change
Membership			
Avg Eligible Members	10,471	10,125	3.4%
% Utilizing Members	5.7%	6.1%	-5.4%
Total Utilizing Members	6,615	6,759	-2.1%
Avg Member Age	31.87	32.15	-0.9%
Rx and Cost			
Total Days Supply	2,952,026	2,963,715	-0.4%
Total Rxs	73,562	75,814	-3.0%
Total Drug Cost	\$14,496,562.04	\$13,449,303.11	7.8%
Total Plan Paid	\$13,187,156.16	\$12,361,168.32	6.7%
Total Member Paid	\$1,309,405.88	\$1,088,134.79	20.3%
Total Ingredient Cost	\$14,335,984.99	\$13,179,067.64	8.8%
Total Dispensing Fee	\$116,758.20	\$109,897.62	6.2%
Total Sales Tax	\$778.20	\$535.94	45.2%
Total Incentive Fee	\$43,040.65	\$159,801.91	-73.1%
% Plan Paid	91.0%	91.9%	-1.0%
% Member Paid	9.0%	8.1%	11.6%
Days Supply / Rx	40.13	39.09	2.7%
Drug Cost / Rx	\$197.07	\$177.40	11.1%
Plan Paid / Rx	\$179.27	\$163.05	9.9%
Member Paid / Rx	\$17.80	\$14.35	24.0%
	\$17.80	\$14.55	24.0%
Per Member Per Month Days Supply PMPM	25.63	26.61	-3.7%
, ,,,			
Rxs PMPM	0.64	0.68	-6.2%
Drug Cost PMPM	\$125.86	\$120.76	4.2%
Plan Paid PMPM	\$114.49	\$110.99	3.2%
Member Paid PMPM	\$11.37	\$9.77	16.4%
Drug Type	10.701		10.00
% Single-Source Brand Rxs	16.5%	19.6%	-16.0%
% Multi-Source Brand Rxs	0.5%	0.5%	2.5%
% Generic Rxs	83.0%	79.9%	3.9%
% Generic Efficiency	99.4%	99.4%	0.0%
Drug Channel			
% Retail Rxs	73.2%	74.0%	-1.1%
% Retail 90 Rxs	20.4%	20.0%	2.1%
% Mail Rxs	6.4%	6.0%	6.3%
Specialty Drugs			
Total Specialty Days Supply	37,977	31,464	20.7%
Total Specialty Rxs	1,156	988	17.0%
Total Specialty Drug Cost	\$6,862,946.51	\$6,177,126.38	11.1%
Total Specialty Plan Paid	\$6,574,648.21	\$6,087,178.12	8.0%
Total Specialty Member Paid	\$288,298.30	\$89,948.26	220.5%
% Specialty Rxs	1.6%	1.3%	20.6%
% Specialty of Total Drug Cost	47.3%	45.9%	3.1%
% Specialty of Total Plan Paid	49.9%	49.2%	1.2%
% Specialty of Total Member Paid	22.0%	8.3%	166.4%
Specialty Days Supply PMPM	0.33	0.28	16.7%
Specialty Rxs PMPM	0.01	0.01	13.1%
Specialty Drug Cost PMPM	\$59.59	\$55.46	7.4%
Specialty Plan Paid PMPM	\$57.08	\$54.66	4.4%
Specialty Member Paid PMPM	\$2.50	\$0.81	209.9%
Non-Specialty Rxs PMPM	0.63	0.67	-6.4%
Non-Specialty Drug Cost PMPM	\$66.28	\$65.30	1.5%
Non-Specialty Plan Paid PMPM	\$57.41	\$56.33	1.9%
Non-Specialty Member Paid PMPM	\$8.87	\$8.96	-1.1%

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

RxTrack®

CONFIDENTIAL

RXT1020DM - Executive Summary by Time Period

Date Filled From March 2022 Through January 2023

Client: Fresno City Employees Health and Welfare Trust EGWP

Measures	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	Rolling Total
Membership			,		,						,	
Avg Eligible Members	226	223	221	225	225	224	225	221	222	223	220	223
Total Utilizing Members	170	166	163	164	161	170	162	169	167	167	160	165
% Utilizing Members	75.2%	74.4%	73.8%	72.9%	71.6%	75.9%	72.0%	76.5%	75.2%	74.9%	72.7%	74.1%
Avg Member Age	76.36	76.59	76.49	76.36	76.06	76.04		76.50	76.42	76.39	76.43	76.34
Rx and Cost	70.00	70.00	10.10	7 0.00	70.00	10.01	70.00	70.00	70.12	70.00	70.10	
Total Rxs	629	589	543	583	506	605	552	555	538	576	590	6,266
Total Drug Cost	\$136,777,21	\$151,481,69	\$141,162,06	\$148.067.23	\$114.546.70	\$111,526,32	\$163,850,88	\$103,927.01	\$112,538.53	\$147,900.55	\$121.594.85	\$1,453,373,03
Total Plan Paid	\$119,930.89	\$117,799.00	\$117,053.33	\$122,978.85	\$83,900.70	\$77,497.11	\$121,380.64	\$71,067.00	\$84,565.86	\$112,004.71	\$108,438.67	\$1,136,616.76
Total Member Paid	\$16.846.32	\$33,682,69	\$24,108,73	\$25.088.38	\$30,646,00	\$34,029,21	\$42,470,24	\$32.860.01	\$27.972.67	\$35.895.84	\$13,156,18	\$316,756,27
Total Ingredient Cost	\$136,362.11	\$150,883.19	\$140,731.11	\$147,633.59	\$114,125.60	\$111,101.97	\$163,328.43	\$103,499.66	\$112,180.43	\$147,533.10	\$121,222.89	\$1,448,602.08
Total Dispensing Fee	\$415.10	\$478.50	\$369.95	\$407.55	\$350.60	\$373.85	\$442.45	\$375.85	\$338.10	\$326.45	\$341.45	\$4,219.85
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
Total Incentive Fee	\$0.00	\$120.00	\$61.00	\$26.09	\$70.50	\$50.50	\$80.00	\$51.50	\$20.00	\$41.00	\$30.51	\$551.10
% Plan Paid	87.7%	77.8%	82.9%	83.1%	73.2%	69.5%	74.1%	68.4%	75.1%	75.7%	89.2%	78.2%
% Member Paid	12.3%	22.2%	17.1%	16.9%	26.8%	30.5%	25.9%	31.6%	24.9%	24.3%	10.8%	21.8%
Avg Drug Cost / Rx	\$217.45	\$257.18	\$259.97	\$253.97	\$226.38	\$184.34	\$296.83	\$187.26	\$209.18	\$256.77	\$206.09	\$231.95
Avg Plan Paid / Rx	\$190.67	\$200.00	\$215.57	\$210.94	\$165.81	\$128.09	\$219.89	\$128.05	\$157.19	\$194.45	\$183.79	\$181.39
Avg Member Paid / Rx	\$26.78	\$57.19	\$44.40	\$43.03	\$60.57	\$56.25		\$59.21	\$51.99	\$62.32	\$22.30	\$50.55
Per Member Per Month	ψ20.70	ψ57.10	ψ 11.10	\$40.00	\$00.51	\$50.25	ψ/0.3 1	\$35.21	\$31.33	\$02.0Z	ΨΣΣ.30]	,,,,,
Avg Rxs PMPM	2.78	2.64	2.46	2.59	2.25	2.70	2.45	2.51	2.42	2.58	2.68	2.55
Avg Drug Cost PMPM	\$605.21	\$679.29	\$638.74	\$658.08	\$509.10	\$497.89	\$728.23	\$470.26	\$506.93	\$663.23	\$552.70	\$592.01
Avg Plan Paid PMPM	\$530.67	\$528.25	\$529.65	\$546.57	\$372.89	\$345.97	\$539.47	\$321.57	\$380.93	\$502.26	\$492.90	\$462.98
Avg Member Paid PMPM	\$74.54	\$151.04	\$109.09	\$111.50	\$136.20	\$151.92			\$126.00	\$160.97	\$59.80	\$129.02
Drug Type	\$74.54	\$101.04	\$109.09	\$111.50	\$130.20	\$131.32	\$100.70	\$140.09	\$120.00	\$100.97	\$39.80 <u>1</u>	*
% Single-Source Brand Rxs	10.5%	14.6%	12.9%	12.0%	12.1%	12.6%	13.2%	13.3%	11.9%	12.0%	12.7%	12.5%
% Multi-Source Brand Rxs	0.8%	0.7%	1.3%	1.2%	1.2%	1.3%	1.3%	1.3%	1.3%	0.9%	1.4%	1.1%
% Generic Rxs	88.7%	84.7%	85.8%	86.8%	86.8%	86.1%	85.5%	85.4%	86.8%	87.2%	85.9%	86.4%
% Generic Efficiency	99.1%	99.2%	98.5%	98.6%	98.7%	98.5%	98.5%	98.5%	98.5%	99.0%	98.4%	98.7%
Drug Channel	00.170	00.270	00.070	00.070	00.770	00.070	00.070	55.570	00.070	00.070	55.170	
% Retail Rxs	50.4%	50.3%	48.4%	51.8%	46.8%	47.9%	52.2%	48.6%	43.1%	50.7%	50.8%	49.3%
% Retail 90 Rxs	28.8%	32.6%	31.1%	29.8%	36.0%	31.6%	31.2%	33.0%	36.2%	30.4%	30.0%	31.8%
% Mail Rxs	20.8%	17.1%	20.4%	18.4%	17.2%	20.5%	16.7%	18.4%	20.6%	18.9%	19.2%	19.0%
Specialty Drugs												
Total Specialty Rxs	10	7	5	10	5	11	8	5	8	7	6	82
Total Specialty Drug Cost	\$71,695,61	\$62,811.37	\$73,476.55	\$81,358,70	\$39,498,87	\$38,989,82	\$66,092,18	\$19,070.85	\$37,295,46	\$62,497,28	\$35.990.34	\$588,777.03
Total Specialty Plan Paid	\$65,418.87	\$57,753.14	\$68,493.27	\$78,909.79	\$39,113.44	\$34,487.32	\$64,949.59	\$17,978.87	\$35,559.83	\$59,387.54	\$30,916.85	\$552,968.51
Total Specialty Member Paid	\$6,276.74	\$5.058.23	\$4,983,28	\$2,448,91	\$385.43	\$4,502.50	\$1,142.59	\$1,091.98	\$1,735.63	\$3,109.74	\$5,073.49	\$35,808.52
% Specialty Rxs	1.6%	1.2%	0.9%	1.7%	1.0%	1.8%	1.4%	0.9%	1.5%	1.2%	1.0%	1.3%
% Specialty of Total Drug Cost	52.4%	41.5%	52.1%	54.9%	34.5%	35.0%	40.3%	18.4%	33.1%	42.3%	29.6%	40.5%
% Specialty of Total Plan Paid	54.5%	49.0%	58.5%	64.2%	46.6%	44.5%	53.5%	25.3%	42.0%	53.0%	28.5%	48.7%
% Specialty of Total Member Paid	37.3%	15.0%	20.7%	9.8%	1.3%	13.2%	2.7%	3.3%	6.2%	8.7%	38.6%	11.3%
Avg Specialty Rxs PMPM	0.04	0.03	0.02	0.04	0.02	0.05	0.04	0.02	0.04	0.03	0.03	0.03
Avg Specialty Drug Cost PMPM	\$317.24	\$281.67	\$332.47	\$361.59	\$175.55	\$174.06	\$293.74	\$86.29	\$168.00	\$280.26	\$163.59	\$239.83
Avg Specialty Plan Paid PMPM	\$289.46	\$258.98	\$309.92	\$350.71	\$173.84	\$153.96	\$288.66	\$81.35	\$160.18	\$266.31	\$140.53	\$225.24
Avg Specialty Member Paid PMPM	\$27.77	\$22.68	\$22.55	\$10.88	\$1.71	\$20.10	\$5.08	\$4.94	\$7.82	\$13.95	\$23.06	\$14.59
Avg Non-Specialty Rxs PMPM	2.74	2.61	2.43	2.55	2.23	2.65	2.42	2.49	2.39	2.55	2.65	2.52
Avg Non-Specialty Drug Cost PMPM	\$287.97	\$397.62	\$306.27	\$296.48	\$333.55	\$323.82	\$434.48	\$383.96	\$338.93	\$382.97	\$389.11	\$352.18
Avg Non-Specialty Plan Paid PMPM	\$241.20	\$269.26	\$219.73	\$195.86	\$199.05	\$192.01	\$250.80	\$240.22	\$220.75	\$235.95	\$352.37	\$237.74
												\$114.44
Avg Non-Specialty Member Paid PMPM	\$46.77	\$128.36	\$86.54	\$100.62	\$134.49	\$131.82	\$183.68	\$143.75	\$118.18	\$147.02	\$36.74	

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



CONFIDENTIAL RXT1025DM - Comparative Executive Summary

Current Period: Date Filled From March 2022 Through January 2023 Previous Period: Date Filled From March 2021 Through January 2022 Client: Fresno City Employees Health and Welfare Trust EGWP

Measures	Current Period	Previous Period	% Change
Membership			
Avg Eligible Members	223	240	-6.9%
% Utilizing Members	9.2%	9.4%	-1.7%
Total Utilizing Members	227	248	-8.5%
Avg Member Age	76.34	75.99	0.5%
Rx and Cost			
Total Days Supply	358,450	360,790	-0.6%
Total Rxs	6,266	6,322	-0.9%
Total Drug Cost	\$1,453,373.03	\$1,252,327.06	16.1%
Total Plan Paid	\$1,136,616.76	\$952,329.78	19.4%
Total Member Paid	\$316,756.27	\$299,997.28	5.6%
Total Ingredient Cost	\$1,448,602.08	\$1,246,839.70	16.2%
Total Dispensing Fee	\$4,219.85	\$5,027.35	-16.1%
Total Sales Tax	\$0.00	\$0.00	0.0%
Total Incentive Fee	\$551.10	\$460.01	19.8%
% Plan Paid	78.2%	76.0%	2.8%
% Member Paid	21.8%	24.0%	-9.0%
Days Supply / Rx	57.21	57.07	0.2%
Drug Cost / Rx	\$231.95	\$198.09	17.1%
Plan Paid / Rx	\$181.39	\$150.64	20.4%
Member Paid / Rx	\$50.55	\$47.45	6.5%
Per Member Per Month	\$50.55	ψ47.43	0.370
	146.01	136.87	6.7%
Days Supply PMPM			
Rxs PMPM	2.55	2.40 \$475.09	6.4%
Drug Cost PMPM	\$592.01		24.6%
Plan Paid PMPM	\$462.98	\$361.28	28.2%
Member Paid PMPM	\$129.02	\$113.81	13.4%
Drug Type			
% Single-Source Brand Rxs	12.5%	13.0%	-3.5%
% Multi-Source Brand Rxs	1.1%	0.9%	25.7%
% Generic Rxs	86.4%	86.1%	0.3%
% Generic Efficiency	98.7%	99.0%	-0.3%
Drug Channel			
% Retail Rxs	49.3%	49.5%	-0.5%
% Retail 90 Rxs	31.8%	30.1%	5.6%
% Mail Rxs	19.0%	20.4%	-7.0%
Specialty Drugs			
Total Specialty Days Supply	4,026	2,878	39.9%
Total Specialty Rxs	82	63	30.2%
Total Specialty Drug Cost	\$588,777.03	\$393,787.26	49.5%
Total Specialty Plan Paid	\$552,968.51	\$357,517.35	54.7%
Total Specialty Member Paid	\$35,808.52	\$36,269.91	-1.3%
% Specialty Rxs	1.3%	1.0%	31.3%
% Specialty of Total Drug Cost	40.5%	31.4%	28.8%
% Specialty of Total Plan Paid	48.7%	37.5%	29.6%
% Specialty of Total Member Paid	11.3%	12.1%	-6.5%
Specialty Days Supply PMPM	1.64	1.09	50.2%
Specialty Rxs PMPM	0.03	0.02	39.8%
Specialty Drug Cost PMPM	\$239.83	\$149.39	60.5%
Specialty Plan Paid PMPM	\$225.24	\$135.63	66.1%
Specialty Member Paid PMPM	\$14.59	\$13.76	6.0%
Non-Specialty Rxs PMPM	2.52	2.37	6.1%
Non-Specialty Drug Cost PMPM	\$352.18	\$325.70	8.1%
Non-Specialty Plan Paid PMPM	\$237.74	\$225.65	5.4%
	=···	Ţ <u></u> 5.00	2.170

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

Diana Cavazos | HealthComp

From: Martinez, Carolyn <carolyn.martinez@optum.com>

Sent: Tuesday, January 17, 2023 3:41 PM

To: Tom Georgouses | HealthComp; Diana Cavazos | HealthComp; Andrew Desa; Michael

Moss

Cc: Yang, Anna S; Ross, Shannon C; Osuna, Nissa D

Subject: COVID-19 Oral Antivirals Commercialization Model Now Available **Attachments:** FCEHWT COVID-19 Antivirals Utilization and Impact Report.pdf



COVID-19 Oral Antivirals Commercialization Model Now Available

Dear Fresno City Employees Health and Welfare Trust Team,

The latest U.S. Department of Health and Human Services (HHS) COVID-19 Public Health Emergency (PHE) extension is expected to expire in early April 2023. The PHE has been in place since January 2020 and renewed throughout the pandemic.

Optum Rx has built out a financial model to estimate the financial impact to our clients in anticipation of the end of the PHE in April 2023. Assumptions were made based on a conversation with Pfizer on potential pricing for Paxlovid. We have not been provided estimated pricing from Merck on Lagevrio.

Model Assumptions:

- Low-end cost (\$1,300) and high-end cost (\$1,500)
- No additional Incentive Fee or Professional Service Fee of \$10.50 will be applicable. Contracted dispensing fees will be applied.
- Member cost share assumed to stay at \$0
- Variable pricing is not taken into consideration

- Any potential rebates are not taken into consideration
- Future behavior of members may differ significantly from prior years

CMS has committed to providing 60 days notification regarding discontinuation of funding. We will continue to monitor COVID-19 updates and keep you informed. I look forward to discussing this new reporting model in an upcoming meeting.

Sincerely,

Carolyn

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

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

Optum

Upcoming PTO Alert:

Business Travel: 1/27 & 2/21 - 2/22

Office Closure:

© 2022 Optum, Inc. All rights reserved.

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

COVID-19 Test Kit Utilization Report

Plan: Fresno City Employees Health and Welfare Trust (Commercial plan)

Date Submitted Between 01/28/2022 - 12/31/2022

Drug Name	Utilizers	Rxs	Drug Cost	Member Paid	Plan Paid	Avg Plan Paid / Rx	Qty/Rx
BINAXNOW COVID-19 AG CARD HOME TEST	306	408	\$31,834	\$0	\$31,834	\$78.02	6.8
FLOWFLEX COVID-19 ANTIGEN HOME TEST	116	164	\$10,524	\$0	\$10,524	\$64.17	6.4
ON/GO COVID-19 ANTIGEN SELF-TEST	62	109	\$10,110	\$0	\$10,110	\$92.75	7.6
COVID-19 AT-HOME TEST KIT	17	23	\$2,082	\$0	\$2,082	\$90.53	7.5
QUICKVUE AT-HOME COVID-19 TEST	13	13	\$1,084	\$0	\$1,084	\$83.39	6.5
PILOT COVID-19 AT-HOME TEST	16	17	\$1,006	\$0	\$1,006	\$59.20	5.9
IHEALTH COVID-19 ANTIGEN RAPID TEST	5	11	\$271	\$0	\$271	\$24.61	2.6

COVID-19 Test Kit Utilization Report

Plan: Fresno City Employees Health and Welfare Trust (EGWP)

Date Submitted Between 02/21/2022 - 12/30/2022

Drug Name	Utilizers	Rxs	Drug Cost	Member Paid	Plan Paid	Avg Plan Paid / Rx	Qty/Rx
BINAXNOW COVID-19 AG CARD HOME TEST	5	6	\$389	\$0	\$389	\$64.80	8.0
FLOWFLEX COVID-19 ANTIGEN HOME TEST	5	7	\$347	\$0	\$347	\$49.55	6.6
CLINITEST RAPID COVID-19 ANTIGEN SELF-TEST	1	1	\$96	\$0	\$96	\$95.99	8.0

COVID-19 Vaccine Utilization Report

Plan: Fresno City Employees Health and Welfare Trust (Commercial plan)

Date Submitted Between 202201 - 202212

Drug Name	Utilizing Members	Total Rxs	Total Plan Paid	Plan Paid PMPM
PFIZER-BIONTECH COVID-19 VACCINE/ADULT RTU	420	464	\$18,560	\$0.15
PFIZER-BIONTECH COVID-19 VACCINE/BIVALENT/BA.4/BA.5	330	330	\$13,200	\$0.11
MODERNA COVID-19 VACCINE	260	280	\$11,137	\$0.09
PFIZER-BIONTECH COVID-19 VACCINE	160	181	\$7,205	\$0.06
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	124	124	\$4,960	\$0.04
PFIZER-BIONTECH COVID-19 VACCINE/5-11Y	59	84	\$3,360	\$0.03
JANSSEN COVID-19 VACCINE	13	13	\$520	\$0.00
PFIZER-BIONTECH COVID-19 VACCINE/BIVALENT/5-11Y	11	11	\$440	\$0.00
PFIZER-BIONTECH COVID-19 VACCINE/6MO-4Y	2	5	\$200	\$0.00

COVID-19 Antivirals Utilization Report

Plan: Fresno City Employees Health and Welfare Trust (Combined)

Date Submitted Between 202201 - 202212

Plan	Drug Name	Utilizing Members	Total Rxs	Total Plan Paid	Plan Paid PMPM
COMMERCIAL	PAXLOVID 150-100MG	125	126	\$1,260	\$0.01
COMMERCIAL	LAGEVRIO	9	10	\$95	\$0.00
EGWP	PAXLOVID 150-100MG	7	7	\$69	\$0.03
EGWP	LAGEVRIO	2	2	\$21	\$0.01
EGWP	PAXLOVID 300-100MG	1	1	\$11	\$0.00

COVID-19 Antivirals Utilization and Impact Report

Carrier ID: PCN, EGWPS003

Account ID: 00494

Time Period: Year to Date - Closed Months Date Submitted Between 202201 - 202212

	COVID-19 Antivirals
Eligible Member Count	127,590
Utilizing Members	143
Total Rxs	146
Total Plan Paid	\$1,455
Plan Paid PMPM	\$0.01
Estimated Cost (Low)	
Estimated Drug Cost	\$189,800
Estimated Plan Paid	\$189,800
Estimated Plan Paid PMPM	\$1.49
Estimated Cost (High)	
Estimated Drug Cost	\$219,000
Estimated Plan Paid	\$219,000
Estimated Plan Paid PMPM	\$1.72

Creating a Low end cost (\$1,300) and high end cost (\$1,500)

No additional Incentive Fee or Professional Service Fee will be applicable. Contracted dispensing fees will be applied.

Member cost share assumed to stay at \$0

Variable pricing is not taken into consideration

Any potential rebates not taken into consideration

Future behavior of members may differ significantly from prior years

COVID-19 Antivirals Utilization and Impact Report

Carrier ID: PCN, EGWPS003

Account ID: 00494

Plan: Fresno City Employees Health and Welfare Trust (Combined)

Date Submitted Between 202201 - 202212

Plan	Drug Name	Utilizing Members	Total Rxs	Total Plan Paid	Plan Paid PMPM	Estimated Drug Cost (Low)	Estimated Plan Paid (Low)	Estimated Plan Paid PMPM (Low)	Estimated Drug Cost (High)	Estimated Plan Paid (High)	Estimated Plan Paid PMPM (High)
COMMERCIAL	PAXLOVID 150-100MG	125	126	\$1,260	\$0.01	\$163,800	\$163,800	\$1.31	\$189,000	\$189,000	\$1.51
COMMERCIAL	LAGEVRIO	9	10	\$95	\$0.00	\$13,000	\$13,000	\$0.10	\$15,000	\$15,000	\$0.12
EGWP	PAXLOVID 150-100MG	7	7	\$69	\$0.03	\$9,100	\$9,100	\$3.38	\$10,500	\$10,500	\$3.90
EGWP	LAGEVRIO	2	2	\$21	\$0.01	\$2,600	\$2,600	\$0.96	\$3,000	\$3,000	\$1.11
EGWP	PAXLOVID 300-100MG	1	1	\$11	\$0.00	\$1,300	\$1,300	\$0.48	\$1,500	\$1,500	\$0.56

COVID-19 Vaccine Utilization and Impact Report

Carrier ID: PCN, Account ID: 00494 Report Run Date: 01/17/2023

Time Period: Year to Date - Closed Months Date Submitted Between 202201 - 202212

	COVID-19 Vaccines
Eligible Member Count	124,895
Utilizing Members	1,204
Total Rxs	1,492
Total Plan Paid	\$59,582
Plan Paid PMPM	\$0.48
Estimated Cost (Low)	
Estimated Drug Cost	\$204,618
Estimated Administrative Fee	\$59,680
Estimated Plan Paid	\$144,938
Estimated Plan Paid PMPM	\$1.16
Estimated Cost (High)	
Estimated Drug Cost	\$241,130
Estimated Administrative Fee	\$59,680
Estimated Plan Paid	\$181,450
Estimated Plan Paid PMPM	\$1.45

Creating a Low end cost (Pfizer \$110, All others \$64) and high end cost (Pfizer \$130, All others \$100)

Vaccine Administrative Fee is currently \$40 (During the PHE, we will continue to reimburse consistent with CMS guidance. After the PHE, this fee is subject to change.) Dispensing fee assumed to be \$0

Member cost share assumed to stay at \$0

Variable pricing is not taken into consideration

Future behavior of members may differ significantly from prior years

COVID-19 Vaccine Utilization and Impact Report

Carrier ID: PCN, Account ID: 00494

Report Run Date: 01/17/2023

Time Period: Year to Date - Closed Months Date Submitted Between 202201 - 202212

Plan	Drug Name	Utilizing Members	Total Rxs	Total Plan Paid	Plan Paid PMPM	Estimated Drug Cost (Low)	Estimated Administrative Fee (Low)	Estimated Plan Paid (Low)	Estimated Plan Paid PMPM (Low)	Estimated Drug Cost (High)	Estimated Administrative Fee (High)	Estimated Plan Paid (High)	Estimated Plan Paid PMPM (High)
Commercial	PFIZER-BIONTECH COVID-19 VACCINE/ADULT RTU	420	464	\$18,560	\$0.15	\$69,600	\$18,560	\$51,040	\$0.41	\$78,880	\$18,560	\$60,320	\$0.48
Commercial	PFIZER-BIONTECH COVID-19 VACCINE/BIVALENT/BA.4/BA.5	330	330	\$13,200	\$0.11	\$49,500	\$13,200	\$36,300	\$0.29	\$56,100	\$13,200	\$42,900	\$0.34
Commercial	MODERNA COVID-19 VACCINE	260	280	\$11,137	\$0.09	\$29,120	\$11,200	\$17,920	\$0.14	\$39,200	\$11,200	\$28,000	\$0.22
Commercial	PFIZER-BIONTECH COVID-19 VACCINE	160	181	\$7,205	\$0.06	\$27,150	\$7,240	\$19,910	\$0.16	\$30,770	\$7,240	\$23,530	\$0.19
Commercial	MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	124	124	\$4,960	\$0.04	\$12,896	\$4,960	\$7,936	\$0.06	\$17,360	\$4,960	\$12,400	\$0.10
Commercial	PFIZER-BIONTECH COVID-19 VACCINE/5-11Y	59	84	\$3,360	\$0.03	\$12,600	\$3,360	\$9,240	\$0.07	\$14,280	\$3,360	\$10,920	\$0.09
Commercial	JANSSEN COVID-19 VACCINE	13	13	\$520	\$0.00	\$1,352	\$520	\$832	\$0.01	\$1,820	\$520	\$1,300	\$0.01
Commercial	PFIZER-BIONTECH COVID-19 VACCINE/BIVALENT/5-11Y	11	11	\$440	\$0.00	\$1,650	\$440	\$1,210	\$0.01	\$1,870	\$440	\$1,430	\$0.01
Commercial	PFIZER-BIONTECH COVID-19 VACCINE/6MO-4Y	2	5	\$200	\$0.00	\$750	\$200	\$550	\$0.00	\$850	\$200	\$650	\$0.01

Diana Cavazos | HealthComp

From: Martinez, Carolyn <carolyn.martinez@optum.com>

Sent: Thursday, January 19, 2023 7:58 AM

To: Diana Cavazos | HealthComp; Tom Georgouses | HealthComp; Andrew Desa

Cc: Osuna, Nissa D; Ross, Shannon C; Yang, Anna S

Subject: CY 2023 Opioid Safety Edit Reminders and Recommendations

Attachments: CMS Memo_CY2023 Opioid Safety Edit Reminders and Recommendations.pdf

Good morning,

The below notification applies to Fresno City Employees Health and Welfare Trust's EGWP. No action is required. I am routing for informational purposes only.

In the CY 2023 Opioid Safety Edit Reminders and Recommendations memorandum, CMS outlined concurrent Drug Utilization Review (DUR) opioid safety edits that should be used at point of sale (POS) to help prevent and address opioid overuse in order to fulfill 42 CFR 423.153(c)(2):

- Care coordination edit at 90 Morphine Milligram Equivalents (MME) per day
- Hard edit at 200 MME per day or more (optional)
- Hard edit for 7-day supply limit for initial opioid fills (opioid naïve)
- · Soft edit for concurrent opioid and benzodiazepine use
- Soft edit for duplicative Long-Acting (LA) opioid therapy

The recommendations stated within the memorandum are as follows:

- Monitor the override rates for soft edits by pharmacy to identify outliers or educational opportunities.
- Review the volume of claims that are rejected at POS and override rates for the care coordination edit. If the vast majority of rejections are being overridden, consider adding a prescriber and/ or pharmacy count.
- Assess coverage determination request volume and approval rates (e.g., attestation from the prescriber) for the hard MME edit. For example, sponsors who implemented edit specifications with a minimum of one prescriber may experience a higher number of rejections and/or approvals. The single prescriber will likely attest that the opioid dosage was medically necessary, potentially delaying beneficiary access.
- Conversely, identify low rejection rates based on contract enrollment which may be indicative of ineffective opioid safety controls at POS and reassess the edit specifications as needed.
- Reinforce to pharmacists and customer service representatives that the plan may not have opioid claims history for new enrollees, especially at the start of a new contract year, and they may experience a claim rejection due to the opioid naïve edit with their first opioid prescription over 7 days supply. Pharmacists often have existing knowledge or information that a beneficiary is not opioid naïve and may submit an override code to the plan to avoid an interruption in treatment.
- Instruct pharmacists on how to communicate to the plan when an enrollee should be excluded from any of the opioid safety edits.

Optum Rx Actions

In response to this CMS memorandum, Optum Rx has developed Opioid Safety Edit Summary Reports (CMS Regional Officer Opioid Reports) which will be available for all Medicare clients the first week of **April 2023**. These reports will be generated on a quarterly basis and can be accessed by your account team.

Optum Rx has also sent a network pharmacy fax blast on **January 4, 2023** reminding pharmacies of the opioid safety edits beneficiaries may encounter at point of sale and providing information for how to triage and resolve.

If you have any questions, please don't hesitate to reach out.

Sincerely, Carolyn

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

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

Optum

Upcoming PTO Alert:

Business Travel: 1/27 & 2/21 - 2/22

Office Closure:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, Maryland 21244-1850



CENTER FOR MEDICARE

DATE: December 19, 2022

TO: All Prescription Drug Plans, Medicare Advantage-Prescription Drug Plans,

Section 1876 Cost Plans, Medicare-Medicaid Plans, and PACE Organizations

FROM: Amy Larrick Chavez-Valdez

Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: Medicare Part D Opioid Safety Edit Reminders and Recommendations and

Frequently Asked Questions (FAQs)

This memorandum provides helpful reminders and recommendations related to Medicare Part D opioid point-of-sale (POS) safety edit(s). Updated educational materials are available on the CMS Part D Overutilization website at <a href="https://www.cms.gov/Medicare/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Prescription-Drug-Coverage/Pres

Background

Medicare Part D sponsors must have concurrent drug utilization review (DUR) systems, policies, and procedures designed to ensure that a review of the prescribed drug therapy is performed before each prescription is dispensed to an enrollee in a sponsor's Part D plan, typically at the point-of-sale (POS) or point of distribution as described in 42 CFR § 423.153(c)(2). To help prevent and address prescription opioid overuse through improved concurrent DUR, sponsors can fulfill 42 CFR § 423.153(c)(2) by implementing opioid safety edits at the POS, including:

- Care coordination edit at 90 morphine milligram equivalents (MME) per day,
- Hard edit at 200 MME per day or more (optional),
- Hard edit for 7 day supply limit for initial opioid fills (opioid naïve),
- Soft edit for concurrent opioid and benzodiazepine use, and
- Soft edit for duplicative long-acting (LA) opioid therapy.

¹ Refer to the <u>2019 Final Call Letter</u> and <u>2020 Final Call Letter</u>, as well as the October 23, 2018 HPMS memorandum: *Additional Guidance on Contract Year 2019 Formulary-Level Opioid Point-of-Sale Safety Edits*, Frequently Asked Questions (FAQs) about Formulary-Level Opioid Point-of-Sale (POS) Safety Edits document, and the May 22, 2020 memorandum: *Information Related to Coronavirus Disease 2019 – COVID-19* available on the CMS Part D Overutilization website: https://www.cms.gov/Medicare/Prescription-Drug-CovContra/RxUtilization.html.

Important Reminders

- The purpose of the opioid safety edits is to prompt prescribers and pharmacists to conduct additional safety review to determine if the enrollee's opioid use is appropriate and medically necessary. Plan sponsors are expected to implement the edits in a manner that minimizes any additional burden on prescribers, pharmacists, and beneficiaries.
- The opioid safety edits should not be implemented as prescribing limits or as a substitute for clinical judgment. Rather, the opioid safety edits aim to strike a better balance between identifying potential opioid overuse without a negative impact on the patient-doctor relationship, preserving access to medically necessary drug regimens, and reducing the potential for unintended consequences.
- Decisions by clinicians to taper opioid dosages should be carefully considered and individualized, if appropriate. Opioids should not be tapered rapidly or discontinued suddenly due to the significant risks of opioid withdrawal, unless there is a life-threatening issue confronting the individual patient. Tapering is most likely to be effective when there is patient buy-in and collaboration, tapering is gradual, and clinicians provide support.^{2,3}
- Part D sponsors are expected to develop opioid safety edit specifications that exempt beneficiaries who are residents of a long-term care facility, are in hospice care or receiving palliative or end-of-life care, have sickle cell disease, or are being treated for active cancer-related pain. Sponsors are encouraged to work with their P&T committees to identify other vulnerable patient populations for exemption from the opioid safety edits.
- CMS expects all Part D plan sponsors to have a mechanism in place which allows <u>all</u> opioid safety alerts, including hard edits, to be overridden at point of sale based on information from the prescriber or otherwise known to the pharmacist that an enrollee is exempt.
- The care coordination and hard MME edits may also include prescriber counts, pharmacy counts, or both. We recommend including a minimum threshold ("count") of 2 or more opioid prescribers in these edit specifications.
- Coordinated, repetitive, and well-timed outreach to prescribers, pharmacies, and enrollees is strongly recommended ahead of the new contract year to reinforce the opioid safety edit policies. As noted above, educational resources are available on the CMS Part D Overutilization website. Throughout the year, Part D sponsors should repeat their education and outreach efforts to ensure that clinicians are aware of the policies, pharmacists are aware of the options to resolve rejected claims at POS if appropriate, and beneficiaries are aware of their right to request a coverage determination when a prescription cannot be filled at the pharmacy as written.

² More information on the risks of rapid tapering and guidance for gradual, individualized tapering can be found with the HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics.

³ CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022; https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm

Recommendations for Part D Sponsors

Based on program experience and feedback from stakeholders, CMS recommends that Part D sponsors do the following:

- Monitor the override rates for soft edits by pharmacy to identify outliers or educational opportunities.
- Review the volume of claims that are rejected at POS and override rates for the care coordination edit. If the vast majority of rejections are being overridden, consider adding a prescriber and/or pharmacy count.
- Assess coverage determination request volume and approval rates (e.g., attestation from the
 prescriber) for the hard MME edit. For example, sponsors that implemented edit
 specifications with a minimum of one prescriber may experience a higher number of
 rejections and/or approvals. The single prescriber will likely attest that the opioid dosage was
 medically necessary, potentially delaying beneficiary access.
- Conversely, identify low rejection rates based on contract enrollment which may be indicative of ineffective opioid safety controls at POS and reassess the edit specifications as needed.
- Reinforce to pharmacists and customer service representatives that the plan may not have opioid claims history for new enrollees, especially at the start of a new contract year, and they may experience a claim rejection due to the opioid naïve edit with their first opioid prescription over 7 days supply. Pharmacists often have existing knowledge or information that a beneficiary is not opioid naïve and may submit an override code to the plan to avoid an interruption in treatment.
- Instruct pharmacists on how to communicate to the plan when an enrollee should be exempt from any of the opioid safety edits.

Summary

CMS will continue to monitor current literature, clinical guidelines, and the impact of these strategies on Medicare Part D prescription opioid overuse to evaluate the need for potential modifications or development of alternative or additional approaches in the future.

For questions related to Medicare Part D opioid safety edits, please email Part D OM@cms.hhs.gov.

Diana Cavazos | HealthComp

From: Yang, Anna S <anna_yang@optum.com>
Sent: Friday, February 3, 2023 10:54 AM

To: Diana Cavazos | HealthComp; Tom Georgouses | HealthComp; Andrew Desa

Cc: Martinez, Carolyn; Ross, Shannon C; Osuna, Nissa D

Subject: Amgen launched Humira biosimilar Feb. 1



Amgen launched Humira biosimilar Feb. 1

Dear Fresno City Employees Health and Welfare Trust Team,

As previously communicated, and as a part of Optum Rx's commitment to affordable access to needed medications, Optum Rx is making AbbVie's Humira and up to three biosimilars available at parity this year, starting with Amgen's Amjevita. Optum Rx's biosimilars decision is aimed at decreasing cost and upholding patient choice.

On Feb. 1, Amgen launched Amjevita. According to their <u>Jan. 31 press release</u>, both high and low Wholesale Acquisition Cost (WAC) Amjevita options are available as separate NDCs.

- Depending on plan details, Amjevita high WAC is likely to be the lower net ingredient cost option for your plans.
- Depending on plan details, Amjevita low WAC provides members with lower outof-pocket costs if they have High-Deductible Health Plans or co-insurance plans, but has a higher net ingredient cost.

You can include both Amjevita list price options on formulary. This approach delivers choice while encouraging increased competition, which results in lower costs in this important and high-spend drug class.

Optum Rx plans to initiate the following strategy for you:

• Select Formulary: Optum Rx will include Amjevita high WAC on Tier 2 with a Prior Authorization (PA) upon launch. Amjevita low WAC will be placed on Tier 3 with a PA, including an embedded step through the high WAC product and Humira. If your plan would like to add coverage of Amjevita low WAC at parity with the high WAC product on Tier 2, please let me know so I can initiate a benefit change request on your behalf. A Quantity Limit (QL) will be added July 1, 2023.

Member experience

Amjevita will offer a copay assistance program with member cost-share expected to be \$0 per fill across all NDCs, applying to both Amjevita high WAC and low WAC. Amgen doesn't publish copay card limits, but the new cards can be issued to members annually.

Optum Rx will continue to support the advancement of the biosimilar market by offering choice. The potential for additional savings will only continue to grow amid greater competition. As more biosimilars become available, we expect even greater savings across the health system.

I am happy to discuss the Optum Rx Amjevita strategy further with you in an upcoming meeting and please let me know if you would like to would like to add coverage of Amjevita low WAC.

Sincerely,

Anna Yang, PharmD (she/her) Clinical Consultant, Public Sector and Government Markets | OptumRx T: +1 763-348-1053 anna_yang@optum.com

Remote location: California



© 2022 Optum, Inc. All rights reserved.

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

Diana Cavazos | HealthComp

From: Martinez, Carolyn <carolyn.martinez@optum.com>

Sent: Thursday, March 2, 2023 9:18 AM

To: Tom Georgouses | HealthComp; Diana Cavazos | HealthComp; Andrew Desa

Cc: Duarte, Nissa; Ross, Shannon C; Yang, Anna S

Subject: State of Emergency Declared in California – Severe Winter Storm



State of Emergency Declared in California – Severe Win Storm

Dear FCEHWT Team.

On March 1, 2023 Governor Gavin Newsom declared a state of emergency for California counties impacted by the severe wir The counties included in the state of emergency are Amador, Kern, Los Angeles, Madera, Mariposa, Mono, Nevada, San Ber San Luis Obispo, Santa Barbara, Sierra, Sonoma, and Tulare counties. The declaration has been made to increase accessible emergency resources.

OptumRx is committed to providing a full spectrum of pharmacy care, especially in times of emergency. Our primary concern sure your members have access to their prescriptions in a way that best meets their needs during public emergency events.

You have the option to proactively lift Refill too Soon and/or Drug Utilization Review (DUR) restrictions for your members. Gov Newsom has recommended early refills be implemented for impacted counties from March 2, 2023 through March 16, 2023. Delivery orders will continue to be processed for distribution. Shipping carriers may hold orders until impacted ZIP codes are a shipping. If a member needs their prescription urgently, they can obtain an override to fill their prescription at a retail pharmace.

Please let me know if you would like to implement exception based early refills for your members, and the duration of which you like to do so. If you have additional questions, please do not hesitate to reach out.

Sincerely,

Carolyn

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

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

Optum

Upcoming PTO Alert: Business Travel: 3/13 – 3/14 Office Closure:

© 2022 Optum, Inc. All rights reserved.

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



Welcome to your specialty pharmacy

Optum Rx offers specialty medication support through Optum Specialty Pharmacy so that you can get specialty prescriptions and personalized support the way you want it.

What is a specialty medication?

A specialty medication may be injected, infused, taken by mouth or inhaled. It's different from other medication because it:

- May need ongoing clinical oversight and extra education
- May have unique storage or shipping needs
- · May not be filled at retail pharmacies
- · May need infusion or home nursing

What services does the specialty pharmacy provide?

You'll get access to these helpful resources.

Easy prescriptions

- Get medications delivered on time, accurately, and affordably
- · Order refills by phone or online*
- · Receive support through virtual visits, calls, live chat, or text

Expert guidance

- · Connect with a clinician to help manage your medications
- · Find out about financial help for your medication
- · Learn more about your condition and treatment through videos

We're here for you 24/7

1-855-427-4682 (TTY **711**) specialty.optumrx.com

Sign in or register today



Guiding your health journey

Managing and living with a complex health condition is challenging. We're here for you when you need us.



Getting started

Call 1-855-427-4682 to switch.

Pharmacists and patient care coordinators are ready 24/7 to help you:

- · Transfer your prescription
- Find affordable ways to get your medication
- Explain how to use the specialty pharmacy



Personalized support

We're always ready by phone to answer questions about your medication, side effects and more. You can also use the tools below:

Virtual visits – Set up a video chat with an expert in your condition. Ask questions from the privacy of your home. You can even record your session to review later or to share with your caregivers.

Video series - Watch videos from other patients with specialty conditions. Hear about their treatment and how they are doing.



Working with your pharmacist or nurse

- Tell us how your therapy is going, if you're having trouble keeping up, having side effects or forgetting to take your medication.
- We can help you find wellness programs to help you stay on track.
- If you're part of a clinical management program, follow your care plan and tell us about any new medications you're taking.



Staying on track

A few days before your next fill, we'll send you a refill reminder by email, phone or text. Call us to sign up for text messages.

Optum® Specialty Pharmacy can only fill specialty medications. Use your home delivery or retail pharmacy for your nonspecialty prescriptions. You may pay less with home delivery and lower-cost options.

Optum

Optum Rx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company – a leading provider of integrated health services. Learn more at optum.com.

All Optum® trademarks are owned by Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are trademarks or registered marks of their respective owners.

Optum Specialty Pharmacy is affiliated with Optum Rx, a pharmacy benefits manager. You may not be required to use Optum Specialty Pharmacy for your specialty medication. There may other pharmacies available in your network. Call the customer service number on your member ID card or visit your plan website and use the pharmacy locator to view listings. Your receipt of this communication is acknowledgment of the information provided. You may contact the customer service number on your member ID card for any questions or concerns.

© 2022 Optum, Inc. All rights reserved. WF7269337 05/22

^{*}Some medications for more complex conditions do not qualify for online ordering. Call 1-855-427-4682 and speak with a patient care coordinator to order those refills.



Skip the pharmacy. We deliver to you.

If you take a medication regularly, you could save time and money with Optum Home Delivery.

- Order up to a 3-month supply.
- Get your medications delivered right to your mailbox with free standard shipping.
- Talk to a pharmacist 24/7.

Submit your order one of three ways:



optumrx.com





Via the Optum Rx app



Call the phone number on your member ID card

Will my current prescriptions transfer?

Yes, most will transfer to Optum Home Delivery. But prescriptions for some medications such as controlled substances will not transfer. In these cases, you'll need a new prescription from your doctor.



Learn more at optumrx.com.

Optum Home Delivery is a service of OptumRx.

All Optum trademarks and logos are owned by Optum, Inc. in the U.S. and other jurisdictions. All other trademarks are the property of their respective owners.

© 2022 Optum, Inc. All rights reserved. WF7198106



Prior Authorization

What is a prior authorization?

Prior authorization (PA) requires your doctor to tell us why you are taking a medication to determine if it will be covered under your pharmacy benefit. Some medications must be reviewed because they may:

- Only be approved or effective for safely treating specific conditions
- · Cost more than other medications used to treat the same or similar conditions

How can I find out if my medication requires PA?



At the pharmacy

When you fill a new prescription, your pharmacist will tell you if a PA is required.



Online

Look online to see if your medication has a PA.

- Log into optumrx.com > Member tools
- · Click on Drug pricing and information
- Enter the drug name and dose
- If the drug/dose you entered needs a prior authorization, you will see an alert below the drug name.



Coverage alert

This drug requires a prior authorization from your provider. Please contact your provider to complete. If the prior authorization is approved, the actual price you pay may be different than the price listed.



On the phone

Call Optum Rx at the toll-free phone number on your member ID card.

What do I do if my medication needs a PA?

To begin the PA process, you can:

- · Let your doctor know that a PA is needed for your medication.
- · Call Optum Rx at the toll-free number on your member ID card.

How long does it take for a PA to be approved or denied?

Once your PA has been submitted and received, it usually takes up to 24 hours to process. If your PA request needs additional review, it may take longer. If your doctor submits a PA request electronically, they may receive approval within minutes of submitting the request.

How do I know if my medication has been approved for coverage?

Once we review the information from your doctor, we will send a letter to you and your doctor letting you know if your medication coverage is approved or denied.

- Check the status of your PA by signing into **optumrx.com** > Benefits and claims > Prior authorization or exception request. You will see the status of any active PAs in process.
- If your medication is **approved**, the PA is entered and coverage will be provided under your benefit. You can continue to fill your prescription at the pharmacy as usual during the approved PA period. Depending on your benefit plan and medication, you may be able to save money by using home delivery from Optum.
- If your medication is **denied**, we'll send a letter telling you why and provide information about the appeal process.

Why is Optum Rx questioning my doctor's choice of medication for me?

We want to make sure that coverage and costs align with the effectiveness of the medication you have been prescribed. If your medication needs a PA, that means we need more information from your doctor before deciding if your plan should cover the medication. If we don't get this information from your doctor or your PA is not approved, we may not cover the medication.



Optum Rx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company – a leading provider of integrated health services. Learn more at **optum.com**.

All Optum trademarks and logos are owned by Optum, Inc., in the U.S. and other jurisdictions. All other trademarks are the property of their respective owners.

@ 2022 Optum, Inc. All rights reserved. WF7311454 $\,$ 05/22 $\,$



Get smart about prescriptions

Our online tools make it easy



My prescriptions – See your current prescriptions along with information about how to use them and possible side effects.



Price a drug – Search your current or new medications to see costs at pharmacies near you. If you're taking a brand-name drug, you can also see prices for generic options.



View my claims – See which prescriptions you've filled and how much you paid.



Pharmacy locator – Search for network pharmacies near you – or find a pharmacy when you're traveling.

Getting Started

Visit **optumrx.com** to register your account. You'll need information from your member ID card to sign up. Then access your account details and prescriptions.



To learn more now about Optum Rx and your drug plan, scan this code

Get the app. Download the Optum Rx app to manage your medications on the go.

All Optum trademarks and logos are owned by Optum, Inc. in the U.S. and other jurisdictions. All other trademarks are the property of their respective owners.

© 2022 Optum, Inc. All rights reserved. WF7198106



DELTA DENTAL SELF-FUNDED FINANCIAL REPORT PACKAG

FRESNO CITY EES HEALTH & Group Number: 00273



TABLE OF CONTENTS

FRESNO CITY EES HEALTH & Group Number: 00273

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



DELTA DENTAL OF CALIFORNIA SUMMARY OF KEY STATISTICS FRESNO CITY EES HEALTH &

Group Number: 00273

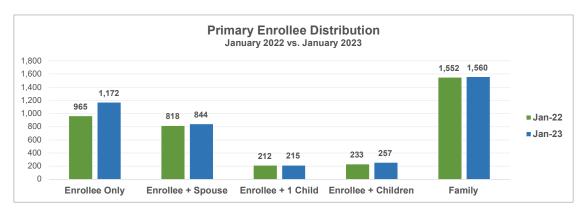
Paid Period: February 1, 2021 - January 31, 2022 compared to February 1, 2022 - January 31, 2023

Financial Summary

- For paid period ended January 31, 2023, the group had an average exposure of 3,918 primary enrollees. This represents a year / year increase of 5.9% from the previous period's average exposure of 3,700 primary enrollees.
- For the current period, claims paid PEPM was \$66.83, compared to \$72.18 during the previous period; This represents a year / year decrease of 7.4%.
- During the current period, 72.3% of primary enrollees had enrolled dependents vs. 75.7% of primary enrollees during the previous period.

	02/1/2021 - 01/31/2022	02/1/2022 - 01/31/2023
Claims Paid	\$3,204,589	\$3,142,259
Exposure**	44,400	47,020
Avg. Exposure	3,700	3,918
Avg. Member Count	10,208	10,512

^{**} Exposure = Total primary enrollee months during the period.



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

Δ DELTA DENTAL

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

Paid Period: February 1, 2021 - January 31, 2023

	Number of			Enrollee +	Enrollee + 1	Enrollee +		Total Primary	Adult	Child	Total
Date	Claims	Paid Amount	Enrollee Only	Spouse	Child	Children	Family	Enrollees	Dependents	Dependents	Members
Feb-21	1,575	\$271,641	843	809	217	225	1,512	3,606	2,321	4,093	10,020
Mar-21	1,580	\$258,913	850	816	220	227	1,518	3,631	2,334	4,123	10,088
Apr-21	1,865	\$312,667	863	813	223	227	1,520	3,646	2,333	4,135	10,114
May-21	1,520	\$254,862	877	813	227	225	1,519	3,661	2,332	4,142	10,135
Jun-21	1,462	\$239,402	887	809	226	228	1,521	3,671	2,330	4,147	10,148
Jul-21	1,819	\$317,793	890	816	219	224	1,538	3,687	2,354	4,144	10,185
Aug-21	1,549	\$273,146	890	817	221	227	1,537	3,692	2,354	4,160	10,206
Sep-21	1,694	\$301,426	920	822	223	232	1,542	3,739	2,365	4,181	10,285
Oct-21	1,450	\$255,877	932	824	218	233	1,552	3,759	2,377	4,194	10,330
Nov-21	1,437	\$249,183	931	817	216	236	1,553	3,753	2,371	4,200	10,324
Dec-21	1,638	\$273,242	958	815	214	232	1,556	3,775	2,372	4,177	10,324
Jan-22	1,223	\$196,436	965	818	212	233	1,552	3,780	2,373	4,179	10,332
Feb-22	1,471	\$229,950	985	821	212	234	1,549	3,801	2,372	4,179	10,352
Mar-22	1,786	\$293,816	1,015	827	210	235	1,548	3,835	2,376	4,180	10,391
Apr-22	1,438	\$235,910	1,037	825	208	236	1,547	3,853	2,373	4,170	10,396
May-22	1,651	\$283,029	1,042	826	215	236	1,540	3,859	2,367	4,164	10,390
Jun-22	1,862	\$279,061	1,064	826	216	234	1,538	3,878	2,365	4,175	10,418
Jul-22	1,419	\$269,909	1,071	836	219	248	1,531	3,905	2,369	4,222	10,496
Aug-22	1,583	\$277,857	1,094	829	217	251	1,529	3,920	2,360	4,208	10,488
Sep-22	1,718	\$290,129	1,112	838	217	255	1,543	3,965	2,383	4,262	10,610
Oct-22	1,525	\$261,683	1,122	837	214	253	1,535	3,961	2,374	4,231	10,566
Nov-22	1,460	\$238,555	1,140	843	209	254	1,540	3,986	2,383	4,245	10,614
Dec-22	1,704	\$286,379	1,148	848	212	254	1,547	4,009	2,395	4,263	10,667
Jan-23	1,179	\$195,980	1,172	844	215	257	1,560	4,048	2,404	4,306	10,758
Total	37,608	\$6,346,848	23,808	19,789	5,200	5,696	36,927	91,420	56,737	100,480	248,637

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 Pariod: Fabruary 1 2021 | January 21 2022

Group-)21 - January 3 Number of			Enrollee +	Enrollee + 1	Enrollee +		Total Primary	Adult	Child	Total
Division	Date	Claims	Paid Amount	Enrollee Only	Spouse	Child	Children	Family	Enrollees	Dependents	Dependents	Members
00273-00001	Feb-21	1,357	\$235,641	710	478	210	216	1,450	3,064	1,928	3,966	8,958
00273-00001	Mar-21	1,356	\$225,993	716	483	213	218	1,456	3,086	1,939	3,996	9,021
00273-00001	Apr-21	1,627	\$268,305	730	479	215	218	1,458	3,100	1,937	4,008	9,045
00273-00001	May-21	1,294	\$210,035	745	475	218	217	1,454	3,109	1,929	4,012	9,050
00273-00001	Jun-21	1,264	\$206,174	755	471	217	219	1,457	3,119	1,928	4,013	9,060
00273-00001	Jul-21	1,585	\$275,814	754	480	209	216	1,473	3,132	1,953	4,009	9,094
00273-00001	Aug-21	1,342	\$237,935	752	475	211	220	1,471	3,129	1,946	4,028	9,103
00273-00001	Sep-21	1,415	\$254,386	781	481	212	225	1,476	3,175	1,958	4,047	9,180
00273-00001	Oct-21	1,232	\$215,877	793	481	209	226	1,485	3,194	1,967	4,064	9,225
00273-00001	Nov-21	1,205	\$206,289	793	474	206	228	1,483	3,184	1,958	4,061	9,203
00273-00001	Dec-21	1,368	\$228,098	818	472	204	224	1,483	3,201	1,956	4,037	9,194
00273-00001	Jan-22	1,065	\$174,565	824	475	202	226	1,482	3,209	1,960	4,045	9,214
00273-00001	Feb-22	1,251	\$191,964	846	475	202	227	1,478	3,228	1,955	4,041	9,224
00273-00001	Mar-22	1,530	\$251,944	879	480	200	228	1,478	3,265	1,959	4,044	9,268
00273-00001	Apr-22	1,260	\$210,166	901	481	198	229	1,478	3,287	1,960	4,038	9,285
00273-00001	May-22	1,426	\$241,611	905	480	205	228	1,472	3,290	1,953	4,031	9,274
00273-00001	Jun-22	1,594	\$238,532	927	478	206	226	1,469	3,306	1,948	4,041	9,295
00273-00001	Jul-22	1,191	\$225,239	932	491	210	239	1,467	3,339	1,960	4,091	9,390
00273-00001	Aug-22	1,359	\$237,506	954	481	208	243	1,465	3,351	1,948	4,079	9,378
00273-00001	Sep-22	1,483	\$256,316	974	490	207	247	1,478	3,396	1,970	4,129	9,495
00273-00001	Oct-22	1,329	\$229,814	980 996	491	204	246	1,468	3,389	1,961	4,095	9,445
00273-00001	Nov-22	1,255	\$203,683		492	201	247	1,473	3,409	1,965	4,110	9,484
00273-00001	Dec-22	1,444	\$240,966	1,004 1,029	491 489	204 207	247 250	1,482 1,495	3,428 3,470	1,973	4,131 4,172	9,532 9,626
00273-00001 00273-00002	Jan-23	1,024	\$170,569							1,984		9,626 573
00273-00002	Feb-21 Mar-21	115 102	\$19,805 \$13,886	44 45	159 161	5 5	7 7	48 48	263 266	207 209	103 103	573 578
00273-00002	Apr-21	112	\$19,152	45	162	5	7	48	267	210	103	580
00273-00002	May-21	114	\$24,655	45	165	6	6	49	271	214	104	589
00273-00002	Jun-21	105	\$18,920	45	164	6	6	49	270	213	104	587
00273-00002	Jul-21	117	\$21,265	43	137	6	6	41	233	178	94	505
00273-00002	Aug-21	96	\$19,079	46	142	6	6	40	240	182	93	515
00273-00002	Sep-21	118	\$21,632	46	143	6	6	41	242	184	95	521
00273-00002	Oct-21	98	\$16,823	46	147	6	6	41	246	188	92	526
00273-00002	Nov-21	122	\$22,780	48	148	7	6	44	253	192	100	545
00273-00002	Dec-21	134	\$21,528	50	147	7	6	43	253	190	96	539
00273-00002	Jan-22	74	\$10,552	51	148	7	6	41	253	189	94	536
00273-00002	Feb-22	105	\$15,920	50	151	7	6	42	256	193	95	544
00273-00002	Mar-22	104	\$16,044	48	151	7	6	41	253	192	93	538
00273-00002	Apr-22	76	\$8,902	48	150	7	6	41	252	191	93	536
00273-00002	Мау-22	82	\$15,385	48	152	7	6	42	255	194	96	545
00273-00002	Jun-22	144	\$21,941	48	155	7	6	42	258	197	95	550
00273-00002	Jul-22	121	\$27,282	48	148	6	7	36	245	184	87	516
00273-00002	Aug-22	91	\$17,739	50	149	6	7	37	249	186	88	523
00273-00002	Sep-22	117	\$15,577	49	148	6	7	39	249	187	92	528

1						_	_					1
00273-00002	Oct-22	91	\$15,171	49	147	5	7	39	247	186	91	524
00273-00002	Nov-22	105	\$17,387	51	148	4	7	40	250	188	91	529
00273-00002	Dec-22	134	\$20,801	50	150	4	6	42	252	192	89	533
00273-00002	Jan-23	71	\$12,155	51	149	4	6	45	255	194	95	544
		93		82		1	0	11		172		
00273-00003	Feb-21		\$14,768		161	=	-		255		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		77			166	2	0	12	261	178		454
	Aug-21		\$11,224	81			-				15	
00273-00003	Sep-21	121	\$18,096	82	164	2	0	12	260	176	15	451
00273-00003	Oct-21	98	\$18,155	84	163	2	0	12	261	175	15	451
00273-00003	Nov-21	88	\$16,613	82	163	2	0	12	259	175	15	449
00273-00003	Dec-21	113	\$20,250	80	164	2	0	12	258	176	15	449
00273-00003	Jan-22	57	\$8,038	80	162	2	0	12	256	174	15	445
00273-00003	Feb-22	84	\$16,532	79	162	2	0	12	255	174	15	444
						2	0	12		175		
00273-00003	Mar-22	127	\$20,679	78	163		-		255		15	445
00273-00003	Apr-22	76	\$12,582	78	161	2	0	12	253	173	15	441
00273-00003	May-22	113	\$20,111	79	162	2	1	11	255	173	16	444
00273-00003	Jun-22	96	\$13,700	79	161	2	1	12	255	173	18	446
00273-00003	Jul-22	74	\$12,794	79	160	1	1	11	252	171	19	442
00273-00003	Aug-22	102	\$16,881	78	160	1	1	10	250	170	18	438
00273-00003	Sep-22	88	\$13,803	77	161	1	1	10	250	171	18	439
	•					2	0					
00273-00003	Oct-22	83	\$13,870	80	157		-	10	249	167	17	433
00273-00003	Nov-22	79	\$13,767	80	157	2	0	9	248	166	16	430
00273-00003	Dec-22	98	\$18,704	80	158	2	0	8	248	166	15	429
00273-00003	Jan-23	65	\$10,697	78	157	2	0	8	245	165	15	425
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
		14		4	11	1	0	•	17		2	31
00273-00004	May-21		\$2,961				-	1		12		
00273-00004	Jun-21	7	\$673	4	11	1	0	1	17	12	2	31
00273-00004	Jul-21	13	\$3,692	9	34	1	0	10	54	44	13	111
00273-00004	Aug-21	32	\$4,158	9	34	1	0	10	54	44	13	111
00273-00004	Sep-21	39	\$7,162	9	34	1	0	10	54	44	13	111
00273-00004	Oct-21	18	\$4,741	9	33	1	0	10	53	43	13	109
00273-00004	Nov-21	14	\$3,093	8	32	1	0	10	51	42	12	105
00273-00004			\$2,717	9	32	1	0	10	52	42	12	106
	Dec-21	16					-					
00273-00004	Jan-22	24	\$2,866	9	32	1	0	10	52	42	12	106
00273-00004	Feb-22	24	\$3,407	9	32	1	0	10	52	42	12	106
00273-00004	Mar-22	17	\$2,917	9	32	1	0	10	52	42	12	106
00273-00004	Apr-22	21	\$3,417	9	32	1	0	10	52	42	12	106
00273-00004	May-22	23	\$5,359	9	31	1	0	10	51	41	12	104
00273-00004	Jun-22	25	\$4,449	9	31	1	0	10	51	41	12	104
00273-00004	Jul-22	24	\$3,316	11	36	2	0	12	61	48	16	125
							· ·					
00273-00004	Aug-22	23	\$4,679	11	37	2	0	12	62	49	16	127
00273-00004	Sep-22	25	\$3,928	11	36	2	0	12	61	48	16	125
00273-00004	Oct-22	21	\$2,810	12	39	2	0	13	66	52	19	137
00273-00004	Nov-22	20	\$3,540	12	43	2	0	12	69	55	18	142
00273-00004	Dec-22	24	\$5,069	12	46	2	1	11	72	57	22	151
00273-00004	Jan-23	15	\$2,224	12	46	2	1	10	71	56	21	148
00273-00004	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

Pelta Dental Actuarial 2/7/2023

Total		37,608	\$6,346,848	23,808	19,789	5,200	5,696	36,927	91,420	56,737	100,480	248,637
00273-09001	Jan-23	4	\$334	2	3	0	0	2	7	5	3	15
00273-09001	Dec-22	4	\$840	2	3	0	0	4	9	7	6	22
00273-09001	Nov-22	1	\$177	1	3	0	0	6	10	9	10	29
00273-09001	Oct-22	1	\$18	1	3	1	0	5	10	8	9	27
00273-09001	Sep-22	5	\$506	1	3	1	0	4	9	7	7	23
00273-09001	Aug-22	8	\$1,052	1	2	0	0	5	8	7	7	22
00273-09001	Jul-22	9	\$1,278	1	1	0	1	5	8	6	9	23
00273-09001	Jun-22	3	\$440	1	1	0	1	5	8	6	9	23
00273-09001	May-22	7	\$564	1	1	0	1	5	8	6	9	23
00273-09001	Apr-22	5	\$844	1	1	0	1	6	9	7	12	28
00273-09001	Mar-22	8	\$2,233	1	1	0	1	7	10	8	16	34
00273-09001	Feb-22	7	\$2,127	1	1	0	1	7	10	8	16	34
00273-09001	Jan-22	3	\$415	1	1	0	1	7	10	8	13	31
00273-09001	Dec-21	7	\$649	1	0	0	2	8	11	8	17	36
00273-09001	Nov-21	8	\$408	0	0	0	2	4	6	4	12	22
00273-09001	Oct-21	4	\$281	0	0	0	1	4	5	4	10	19
00273-09001	Sep-21	1	\$151	2	0	2	1	3	8	3	11	22
00273-09001	Aug-21	2	\$750	2	0	1	1	4	8	4	11	23
00273-09001	Jul-21	1	\$88	2	0	1	2	3	8	3	14	25
00273-09001	Jun-21	3	\$399	2	0	1	3	3	9	3	15	27

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: February 1, 2021 - January 31, 2023

Tala Ferioa.	i coludiy i, z	Paid	Incurred	
Group	Division	Month/Year	Month/Year	Paid Amount
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

١	00273	All	Sep-21	May-19	\$68
	00273	All	Sep-21	Jun-19	\$294
	00273	All	Sep-21	Jul-19	\$88
	00273	All	Sep-21	Aug-19	\$486
	00273	All	Sep-21	Feb-20	\$1,124
	00273	All	Sep-21	Jun-20	\$1,763
	00273	All	Sep-21	Oct-20	\$187
	00273	All	Sep-21	Nov-20	\$86
	00273	All	Sep-21	Dec-20	\$142
	00273	All	Sep-21	Jan-21	\$156
	00273	All	Sep-21	Feb-21	\$354
	00273	All	Sep-21	Mar-21	\$1,239
	00273	All	Sep-21	Apr-21	\$5,436
	00273	All	Sep-21	May-21	\$686
	00273	All	Sep-21	Jun-21	\$6,365
	00273	All	Sep-21	Jul-21	\$14,015
	00273	All	Sep-21	Aug-21	\$110,578
	00273	All	Sep-21	Sep-21	\$157,811
	00273	All	Oct-21	Sep-20	\$145
	00273	All	Oct-21	Mar-21	\$1,833
	00273	All	Oct-21	Apr-21	\$3,264
	00273	All	Oct-21	May-21	\$275
	00273	All	Oct-21	Jun-21	\$320
	00273	All	Oct-21	Jul-21	\$4,725
	00273	All	Oct-21	Aug-21	\$9,688
	00273	All	Oct-21	Sep-21	\$87,535
	00273	All	Oct-21	Oct-21	\$148,092
	00273	All	Nov-21	Feb-20	\$87
	00273	All	Nov-21	Oct-20	\$418
	00273	All	Nov-21	Jan-21	\$24
	00273	All	Nov-21	Feb-21	\$245
	00273	All	Nov-21	Mar-21	\$103
	00273	All	Nov-21	Apr-21	\$290
	00273	All	Nov-21	Jul-21	\$727
	00273	All	Nov-21	Aug-21	\$2,981
	00273	All	Nov-21	Sep-21	\$11,027
	00273	All	Nov-21	Oct-21	\$97,007
	00273	All	Nov-21	Nov-21	\$136,275
	00273	All	Dec-21	Aug-19	\$401
	00273	All	Dec-21	Apr-20	\$1,025
	00273	All	Dec-21	May-20	\$1,373
	00273	All	Dec-21	Oct-20	\$842
	00273	All	Dec-21	Feb-21	\$576
١	00273	All	Dec-21	Apr-21	\$415
١	00273	All	Dec-21	May-21	\$336
	00273	All	Dec-21	Jun-21	\$6
	00273	All	Dec-21	Jul-21	\$3,935
	00273	All	Dec-21	Aug-21	\$2,150
	00273	All	Dec-21	Sep-21	\$590

00273	All	Dec-21	Oct-21	\$9,333
00273	All	Dec-21	Nov-21	\$103,910
00273	All	Dec-21	Dec-21	\$148,351
00273	All	Jan-22	Mar-19	\$108
00273	All	Jan-22	Apr-19	\$513
00273	All	Jan-22	May-19	\$2,501
00273	All	Jan-22	Jul-19	\$168
00273	All	Jan-22	Aug-19	\$696
00273	All	Jan-22	Sep-19	\$954
00273	All	Jan-22	Oct-19	\$1,093
00273	All	Jan-22	Nov-19	\$108
00273	All	Jan-22	Dec-19	\$522
00273	All	Jan-22	Jan-20	\$1,038
00273	All	Jan-22	Feb-20	\$460
00273	All	Jan-22	May-20	\$353
00273	All	Jan-22	Jun-20	\$264
00273	All	Jan-22	Jul-20	\$459
00273	All	Jan-22	Aug-20	\$130
00273	All	Jan-22	Oct-20	\$209
00273	All	Jan-22	Nov-20	\$48
00273	All	Jan-22	Jan-21	\$76
00273	All	Jan-22	Feb-21	\$323
00273	All	Jan-22	Mar-21	\$17
00273	All	Jan-22	Apr-21	\$626
00273	All	Jan-22	May-21	\$98
00273	All	Jan-22	Jun-21	\$1,326
00273	All	Jan-22	Jul-21	\$17
00273	All	Jan-22	Aug-21	\$2,047
00273	All	Jan-22	Sep-21	\$3,291
00273	All	Jan-22	Oct-21	\$4,667
00273	All	Jan-22	Nov-21	\$5,273
00273	All	Jan-22	Dec-21	\$66,160
00273	All	Jan-22	Jan-22	\$102,892
00273	All	Feb-22	Sep-19	\$86
00273	All	Feb-22	Jan-21	\$176
00273	All	Feb-22	Mar-21	\$178
00273	All	Feb-22	Aug-21	\$2,122
00273	All	Feb-22	Sep-21	\$203
00273	All	Feb-22	Oct-21	\$603
00273	All	Feb-22	Nov-21	\$7,999
00273	All	Feb-22	Dec-21	\$8,082
00273	All	Feb-22	Jan-22	\$89,900
00273	All	Feb-22	Feb-22	\$120,601
00273	All	Mar-22	Apr-19	\$93
00273	All	Mar-22	May-19	\$35
00273	All	Mar-22	Jun-19	\$111
00273	All	Mar-22	Sep-20	\$137
00273	All	Mar-22	Nov-20	\$182
00273	All	Mar-22	Mar-21	\$646

١	00273	All	Mar-22	Apr-21	\$88
ı	00273	All	Mar-22	Jul-21	\$76
ı	00273	All	Mar-22	Aug-21	\$241
ı	00273	All	Mar-22	Sep-21	\$309
ı	00273	All	Mar-22	Oct-21	\$472
ı	00273	All	Mar-22	Nov-21	\$1,592
ı	00273	All	Mar-22	Dec-21	\$4,765
ı	00273	All	Mar-22	Jan-22	\$7,058
ı	00273	All	Mar-22	Feb-22	\$109,894
ı	00273	All	Mar-22	Mar-22	\$168,117
ı	00273	All	Apr-22	Feb-21	\$283
ı	00273	All	Apr-22	Mar-21	\$73
ı	00273	All	Apr-22	Jun-21	\$100
ı	00273	All	Apr-22	Jul-21	-\$389
ı	00273	All	Apr-22	Aug-21	\$1,182
ı	00273	All	Apr-22	Sep-21	\$129
ı	00273	All	Apr-22	Oct-21	\$1,012
ı	00273	All	Apr-22	Nov-21	\$1,529
ı	00273	All	Apr-22	Dec-21	\$1,912
ı	00273	All	Apr-22	Jan-22	\$4,062
ı	00273	All	Apr-22	Feb-22	\$7,969
ı	00273	All	Apr-22	Mar-22	\$93,071
ı	00273	All	Apr-22	Apr-22	\$124,976
ı	00273	All	May-22	Jul-19	\$62
ı	00273	All	May-22	Aug-19	\$263
ı	00273	All	May-22	Sep-19	\$8
ı	00273	All	May-22	Oct-19	\$263
ı	00273	All	May-22	Nov-19	\$48
ı	00273	All	May-22	Jan-20	\$47
ı	00273	All	May-22	Feb-20	\$144
ı	00273	All	May-22	Jul-20	\$55
ı	00273	All	May-22	Aug-20	\$62
ı	00273	All	May-22	Sep-20	\$539
ı	00273	All	May-22	Oct-20	\$87
ı	00273	All	May-22	Apr-21	\$86
ı	00273	All	May-22	Jul-21	\$275
ı	00273	All	May-22	Aug-21	\$94
ı	00273	All	May-22	Sep-21	\$1,511
ı	00273	All	May-22	Oct-21	\$792
ı	00273	All	May-22	Nov-21	\$541
ı	00273	All	May-22	Dec-21	\$3,069
ı	00273	All	May-22	Jan-22	\$2,723
	00273	All	May-22	Feb-22	\$6,798
	00273	All	May-22	Mar-22	\$7,176
	00273	All	May-22	Apr-22	\$111,066
	00273	All	May-22	May-22	\$147,320
	00273	All	Jun-22	Jul-19	\$276
	00273	All	Jun-22	Aug-19	\$383
	00273	All	Jun-22	Sep-19	\$434

I	00273	All	Jun-22	Oct-19	\$127
ı	00273	All	Jun-22	Nov-19	\$88
ı	00273	All	Jun-22	Dec-19	\$145
ı	00273	All	Jun-22	Jan-20	\$245
ı	00273	All	Jun-22	Feb-20	\$672
ı	00273	All	Jun-22	Mar-20	\$291
ı	00273	All	Jun-22	Jun-20	\$483
ı	00273	All	Jun-22	Jul-20	\$156
ı	00273	All	Jun-22	Aug-20	\$116
ı	00273	All	Jun-22	Sep-20	\$265
ı	00273	All	Jun-22	Oct-20	\$499
ı	00273	All	Jun-22	Nov-20	\$417
ı	00273	All	Jun-22	Dec-20	\$207
ı	00273	All	Jun-22	Mar-21	\$335
ı	00273	All	Jun-22	Jun-21	\$228
ı	00273	All	Jun-22	Jul-21	\$1,617
ı	00273	All	Jun-22	Aug-21	\$297
ı	00273	All	Jun-22	Sep-21	\$304
ı	00273	All	Jun-22	Oct-21	\$45
ı	00273	All	Jun-22	Nov-21	\$2,039
ı	00273	All	Jun-22	Dec-21	\$2,222
ı	00273	All	Jun-22	Jan-22	\$939
ı	00273	All	Jun-22	Feb-22	\$2,911
ı	00273	All	Jun-22	Mar-22	\$2,886
ı	00273	All	Jun-22	Apr-22	\$6,697
ı	00273	All	Jun-22	May-22	\$109,294
ı	00273	All	Jun-22	Jun-22	\$144,445
ı	00273	All	Jul-22	Nov-20	\$364
ı	00273	All	Jul-22	Sep-21	\$329
ı	00273	All	Jul-22	Oct-21	\$240
ı	00273	All	Jul-22	Nov-21	\$171
ı	00273	All	Jul-22	Dec-21	\$244
ı	00273	All	Jul-22	Jan-22	\$1,210
ı	00273	All	Jul-22	Feb-22	\$147
ı	00273	All	Jul-22	Mar-22	\$1,273
ı	00273	All	Jul-22	Apr-22	\$5,229
ı	00273	All	Jul-22	May-22	\$10,015
ı	00273	All	Jul-22	Jun-22	\$92,830
ı	00273	All	Jul-22	Jul-22	\$157,857
ı	00273	All	Aug-22	Jan-20	\$39
ı	00273	All	Aug-22	Feb-21	\$152
ı	00273	All	Aug-22	Oct-21	\$336
	00273	All	Aug-22	Nov-21	\$68
	00273	All	Aug-22	Dec-21	\$116
	00273	All	Aug-22	Jan-22	\$321
	00273	All	Aug-22	Feb-22	-\$62
	00273	All	Aug-22	Mar-22	\$748
	00273	All	Aug-22	Apr-22	\$273
	00273	All	Aug-22	May-22	\$1,851

١	00273	All	Aug-22	Jun-22	\$7,212
l	00273	All	Aug-22	Jul-22	\$100,919
l	00273	All	Aug-22	Aug-22	\$165,884
l	00273	All	Sep-22	Jan-20	\$55
l	00273	All	Sep-22	Dec-20	\$12
l	00273	All	Sep-22	Sep-21	\$44
l	00273	All	Sep-22	Oct-21	\$26
l	00273	All	Sep-22	Nov-21	\$182
l	00273	All	Sep-22	Jan-22	\$205
l	00273	All	Sep-22	Feb-22	\$104
l	00273	All	Sep-22	Mar-22	\$1,684
l	00273	All	Sep-22	Apr-22	\$769
l	00273	All	Sep-22	May-22	\$3,161
l	00273	All	Sep-22	Jun-22	\$1,270
l	00273	All	Sep-22	Jul-22	\$9,752
l	00273	All	Sep-22	Aug-22	\$130,925
l	00273	All	Sep-22	Sep-22	\$141,940
l	00273	All	Oct-22	Jun-21	\$72
l	00273	All	Oct-22	Feb-22	\$182
l	00273	All	Oct-22	Mar-22	\$255
l	00273	All	Oct-22	Apr-22	\$357
l	00273	All	Oct-22	May-22	\$1,310
l	00273	All	Oct-22	Jun-22	\$3,122
l	00273	All	Oct-22	Jul-22	\$2,363
l	00273	All	Oct-22	Aug-22	\$5,913
l	00273	All	Oct-22	Sep-22	\$106,151
l	00273	All	Oct-22	Oct-22	\$141,958
l	00273	All	Nov-22	Jan-21	\$1,494
l	00273	All	Nov-22	Nov-21	\$216
l	00273	All	Nov-22	Jan-22	\$324
l	00273	All	Nov-22	Feb-22	\$59
l	00273	All	Nov-22	Mar-22	\$84
l	00273	All	Nov-22	Apr-22	\$162
l	00273	All	Nov-22	May-22	-\$218
l	00273	All	Nov-22	Jun-22	\$1,108
l	00273	All	Nov-22	Jul-22	\$2,815
l	00273	All	Nov-22	Aug-22	\$3,796
l	00273	All	Nov-22	Sep-22	\$5,491
l	00273	All	Nov-22	Oct-22	\$96,576
l	00273	All	Nov-22	Nov-22	\$126,648
l	00273	All	Dec-22	Jun-20	\$13
	00273	All	Dec-22	Jan-21	\$13
١	00273	All	Dec-22	Feb-21	\$226
١	00273	All	Dec-22	Jul-21	\$254
	00273	All	Dec-22	Aug-21	\$336
	00273	All	Dec-22	Oct-21	\$385
١	00273	All	Dec-22	Dec-21	\$292
	00273	All	Dec-22	Feb-22	\$332
	00273	All	Dec-22	Apr-22	\$184

00273	All	Dec-22	May-22	\$994
00273	All	Dec-22	Jun-22	\$1,571
00273	All	Dec-22	Jul-22	\$2,784
00273	All	Dec-22	Aug-22	\$842
00273	All	Dec-22	Sep-22	\$6,316
00273	All	Dec-22	Oct-22	\$14,428
00273	All	Dec-22	Nov-22	\$109,227
00273	All	Dec-22	Dec-22	\$148,184
00273	All	Jan-23	Mar-22	\$839
00273	All	Jan-23	Apr-22	\$177
00273	All	Jan-23	May-22	\$167
00273	All	Jan-23	Jun-22	\$831
00273	All	Jan-23	Jul-22	\$1,564
00273	All	Jan-23	Aug-22	\$340
00273	All	Jan-23	Sep-22	\$2,487
00273	All	Jan-23	Oct-22	\$4,525
00273	All	Jan-23	Nov-22	\$6,781
00273	All	Jan-23	Dec-22	\$77,474
00273	All	Jan-23	Jan-23	\$100,795
Total				\$6,346,848

		Paid	Incurred	
Group	Division	Month/Year	Month/Year	Paid Amount
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

١	00273	00001	Apr-21	Nov-20	\$1,255
ı	00273	00001	Apr-21	Dec-20	\$2,361
ı	00273	00001	Apr-21	Jan-21	\$2,282
ı	00273	00001	Apr-21	Feb-21	\$8,505
ı	00273	00001	Apr-21	Mar-21	\$112,559
ı	00273	00001	Apr-21	Apr-21	\$140,624
ı	00273	00001	May-21	Jul-20	\$698
ı	00273	00001	May-21	Aug-20	\$29
ı	00273	00001	May-21	Oct-20	\$137
ı	00273	00001	May-21	Nov-20	\$274
ı	00273	00001	May-21	Dec-20	\$429
ı	00273	00001	May-21	Jan-21	\$3,159
ı	00273	00001	May-21	Feb-21	\$1,669
ı	00273	00001	May-21	Mar-21	\$6,295
ı	00273	00001	May-21	Apr-21	\$82,925
ı	00273	00001	May-21	May-21	\$114,419
ı	00273	00001	Jun-21	Nov-20	\$1,244
ı	00273	00001	Jun-21	Dec-20	\$546
ı	00273	00001	Jun-21	Jan-21	\$1,045
ı	00273	00001	Jun-21	Feb-21	\$1,857
ı	00273	00001	Jun-21	Mar-21	\$3,092
ı	00273	00001	Jun-21	Apr-21	\$4,086
ı	00273	00001	Jun-21	May-21	\$78,010
ı	00273	00001	Jun-21	Jun-21	\$116,295
ı	00273	00001	Jul-21	Jul-18	\$147
ı	00273	00001	Jul-21	Sep-18	\$227
ı	00273	00001	Jul-21	Apr-19	\$93
ı	00273	00001	Jul-21	Jun-19	\$225
ı	00273	00001	Jul-21	Jul-19	\$176
ı	00273	00001	Jul-21	Oct-19	\$131
ı	00273	00001	Jul-21	Jun-20	\$155
ı	00273	00001	Jul-21	Aug-20	\$128
ı	00273	00001	Jul-21	Sep-20	\$282
ı	00273	00001	Jul-21	Oct-20	\$1,037
ı	00273	00001	Jul-21	Dec-20	\$143
ı	00273	00001	Jul-21	Jan-21	\$510
ı	00273	00001	Jul-21	Feb-21	\$902
ı	00273	00001	Jul-21	Mar-21	\$3,393
ı	00273	00001	Jul-21	Apr-21	\$2,764
ı	00273	00001	Jul-21	May-21	\$8,859
ı	00273	00001	Jul-21	Jun-21	\$109,352
ı	00273	00001	Jul-21	Jul-21	\$147,290
ı	00273	00001	Aug-21	Jul-20	\$42
	00273	00001	Aug-21	Sep-20	\$64
	00273	00001	Aug-21	Nov-20	\$26
	00273	00001	Aug-21	Jan-21	\$220
	00273	00001	Aug-21	Feb-21	\$1,309
	00273	00001	Aug-21	Mar-21	\$302
	00273	00001	Aug-21	Apr-21	\$505

00273	00001	Aug-21	May-21	\$3,126
00273	00001	Aug-21	Jun-21	\$7,599
00273	00001	Aug-21	Jul-21	\$96,406
00273	00001	Aug-21	Aug-21	\$128,336
00273	00001	Sep-21	Mar-19	\$433
00273	00001	Sep-21	Apr-19	\$114
00273	00001	Sep-21	May-19	\$68
00273	00001	Sep-21	Jun-19	\$187
00273	00001	Sep-21	Jul-19	\$88
00273	00001	Sep-21	Aug-19	\$486
00273	00001	Sep-21	Feb-20	\$1,124
00273	00001	Sep-21	Jun-20	\$1,763
00273	00001	Sep-21	Oct-20	\$187
00273	00001	Sep-21	Dec-20	\$142
00273	00001	Sep-21	Jan-21	\$68
00273	00001	Sep-21	Feb-21	\$68
00273	00001	Sep-21	Mar-21	\$1,239
00273	00001	Sep-21	Apr-21	\$5,436
00273	00001	Sep-21	May-21	\$686
00273	00001	Sep-21	Jun-21	\$6,118
00273	00001	Sep-21	Jul-21	\$11,596
00273	00001	Sep-21	Aug-21	\$93,807
00273	00001	Sep-21	Sep-21	\$130,774
00273	00001	Oct-21	Sep-20	\$145
00273	00001	Oct-21	Mar-21	\$1,824
00273	00001	Oct-21	Apr-21	\$3,264
00273	00001	Oct-21	May-21	\$275
00273	00001	Oct-21	Jun-21	\$320
00273	00001	Oct-21	Jul-21	\$3,703
00273	00001	Oct-21	Aug-21	\$9,034
00273	00001	Oct-21	Sep-21	\$75,106
00273	00001	Oct-21	Oct-21	\$122,206
00273	00001	Nov-21	Feb-20	\$87
00273	00001	Nov-21	Oct-20	\$418
00273	00001	Nov-21	Jan-21	\$24
00273	00001	Nov-21	Feb-21	\$245
00273	00001	Nov-21	Mar-21	\$103
00273	00001	Nov-21	Apr-21	\$290
00273	00001	Nov-21	Jul-21	\$727
00273	00001	Nov-21	Aug-21	\$2,981
00273	00001	Nov-21	Sep-21	\$9,792
00273	00001	Nov-21	Oct-21	\$79,428
00273	00001	Nov-21	Nov-21	\$112,194
00273	00001	Dec-21	Aug-19	\$401
00273	00001	Dec-21	Apr-20	\$1,025
00273	00001	Dec-21	May-20	\$974
00273	00001	Dec-21	Oct-20	\$842
00273	00001	Dec-21	Feb-21	\$576
00273	00001	Dec-21	Apr-21	\$348

١	00273	00001	Dec-21	May-21	\$336
	00273	00001	Dec-21	Jun-21	\$6
	00273	00001	Dec-21	Jul-21	\$3,825
	00273	00001	Dec-21	Aug-21	\$1,837
	00273	00001	Dec-21	Sep-21	\$590
	00273	00001	Dec-21	Oct-21	\$7,187
	00273	00001	Dec-21	Nov-21	\$87,608
	00273	00001	Dec-21	Dec-21	\$122,543
	00273	00001	Jan-22	Mar-19	\$108
	00273	00001	Jan-22	Apr-19	\$393
	00273	00001	Jan-22	May-19	\$2,501
	00273	00001	Jan-22	Jul-19	\$168
	00273	00001	Jan-22	Aug-19	\$696
	00273	00001	Jan-22	Sep-19	\$954
	00273	00001	Jan-22	Oct-19	\$1,093
	00273	00001	Jan-22	Nov-19	\$108
	00273	00001	Jan-22	Dec-19	\$522
	00273	00001	Jan-22	Jan-20	\$1,038
	00273	00001	Jan-22	Feb-20	\$460
	00273	00001	Jan-22	May-20	\$353
	00273	00001	Jan-22	Jun-20	\$264
	00273	00001	Jan-22	Jul-20	\$459
	00273	00001	Jan-22	Aug-20	\$130
	00273	00001	Jan-22	Oct-20	\$209
	00273	00001	Jan-22	Nov-20	\$48
	00273	00001	Jan-22	Jan-21	\$76
	00273	00001	Jan-22	Feb-21	\$323
	00273	00001	Jan-22	Mar-21	\$17
	00273	00001	Jan-22	Apr-21	\$626
	00273	00001	Jan-22	May-21	\$98
	00273	00001	Jan-22	Jun-21	\$1,128
	00273	00001	Jan-22	Jul-21	\$17
	00273	00001	Jan-22	Aug-21	\$1,747
	00273	00001	Jan-22	Sep-21	\$3,291
	00273	00001	Jan-22	Oct-21	\$4,667
	00273	00001	Jan-22	Nov-21	\$5,078
	00273	00001	Jan-22	Dec-21	\$58,255
	00273	00001	Jan-22	Jan-22	\$89,739
	00273	00001	Feb-22	Sep-19	\$86
	00273	00001	Feb-22	Jan-21	\$64
	00273	00001	Feb-22	Mar-21	\$178
	00273	00001	Feb-22	Aug-21	\$2,122
	00273	00001	Feb-22	Sep-21	\$203
	00273	00001	Feb-22	Oct-21	\$603
١	00273	00001	Feb-22	Nov-21	\$7,778
	00273	00001	Feb-22	Dec-21	\$7,598
	00273	00001	Feb-22	Jan-22	\$78,293
	00273	00001	Feb-22	Feb-22	\$95,038
	00273	00001	Mar-22	Apr-19	\$93

١	00273	00001	Mar-22	Jun-19	\$111
ı	00273	00001	Mar-22	Nov-20	\$182
ı	00273	00001	Mar-22	Mar-21	\$646
ı	00273	00001	Mar-22	Apr-21	\$88
ı	00273	00001	Mar-22	Jul-21	\$76
ı	00273	00001	Mar-22	Aug-21	\$64
ı	00273	00001	Mar-22	Sep-21	\$309
ı	00273	00001	Mar-22	Oct-21	\$421
ı	00273	00001	Mar-22	Nov-21	\$1,572
ı	00273	00001	Mar-22	Dec-21	\$4,118
ı	00273	00001	Mar-22	Jan-22	\$5,803
ı	00273	00001	Mar-22	Feb-22	\$96,537
ı	00273	00001	Mar-22	Mar-22	\$141,924
ı	00273	00001	Apr-22	Feb-21	\$283
ı	00273	00001	Apr-22	Mar-21	\$73
ı	00273	00001	Apr-22	Jun-21	\$100
ı	00273	00001	Apr-22	Jul-21	-\$389
ı	00273	00001	Apr-22	Aug-21	\$1,182
ı	00273	00001	Apr-22	Sep-21	\$129
ı	00273	00001	Apr-22	Oct-21	\$1,012
ı	00273	00001	Apr-22	Nov-21	\$1,529
ı	00273	00001	Apr-22	Dec-21	\$1,912
ı	00273	00001	Apr-22	Jan-22	\$3,990
ı	00273	00001	Apr-22	Feb-22	\$7,870
ı	00273	00001	Apr-22	Mar-22	\$83,562
ı	00273	00001	Apr-22	Apr-22	\$108,912
ı	00273	00001	May-22	Jul-19	\$62
ı	00273	00001	May-22	Aug-19	\$263
ı	00273	00001	May-22	Sep-19	\$8
ı	00273	00001	May-22	Oct-19	\$263
ı	00273	00001	May-22	Nov-19	\$48
ı	00273	00001	May-22	Jan-20	\$47
ı	00273	00001	May-22	Feb-20	\$144
ı	00273	00001	May-22	Jul-20	\$55
ı	00273	00001	May-22	Aug-20	\$62
ı	00273	00001	May-22	Sep-20	\$539
ı	00273	00001	May-22	Oct-20	\$87
ı	00273	00001	May-22	Apr-21	\$86
ı	00273	00001	May-22	Jul-21	\$275
ı	00273	00001	May-22	Aug-21	\$94
ı	00273	00001	May-22	Sep-21	\$1,511
ı	00273	00001	May-22	Oct-21	\$792
ı	00273	00001	May-22	Nov-21	\$267
	00273	00001	May-22	Dec-21	\$3,069
	00273	00001	May-22	Jan-22	\$2,555
	00273	00001	May-22	Feb-22	\$6,647
	00273	00001	May-22	Mar-22	\$6,378
	00273	00001	May-22	Apr-22	\$92,698
	00273	00001	May-22	May-22	\$125,660

١	00273	00001	Jun-22	Jul-19	\$276
l	00273	00001	Jun-22	Aug-19	\$320
l	00273	00001	Jun-22	Sep-19	\$434
l	00273	00001	Jun-22	Oct-19	\$115
l	00273	00001	Jun-22	Nov-19	\$88
l	00273	00001	Jun-22	Dec-19	\$145
l	00273	00001	Jun-22	Jan-20	\$166
l	00273	00001	Jun-22	Feb-20	\$672
l	00273	00001	Jun-22	Mar-20	\$291
l	00273	00001	Jun-22	Jun-20	\$483
l	00273	00001	Jun-22	Jul-20	\$156
l	00273	00001	Jun-22	Aug-20	\$116
l	00273	00001	Jun-22	Sep-20	\$265
l	00273	00001	Jun-22	Oct-20	\$499
l	00273	00001	Jun-22	Nov-20	\$417
l	00273	00001	Jun-22	Dec-20	\$207
l	00273	00001	Jun-22	Mar-21	\$335
l	00273	00001	Jun-22	Jun-21	\$228
l	00273	00001	Jun-22	Jul-21	\$1,617
l	00273	00001	Jun-22	Aug-21	\$297
l	00273	00001	Jun-22	Sep-21	\$304
l	00273	00001	Jun-22	Oct-21	\$45
l	00273	00001	Jun-22	Nov-21	\$2,039
l	00273	00001	Jun-22	Dec-21	\$2,005
l	00273	00001	Jun-22	Jan-22	\$939
l	00273	00001	Jun-22	Feb-22	\$2,696
l	00273	00001	Jun-22	Mar-22	\$2,297
l	00273	00001	Jun-22	Apr-22	\$6,360
l	00273	00001	Jun-22	May-22	\$94,615
l	00273	00001	Jun-22	Jun-22	\$120,107
l	00273	00001	Jul-22	Sep-21	\$137
l	00273	00001	Jul-22	Oct-21	\$240
l	00273	00001	Jul-22	Nov-21	\$65
l	00273	00001	Jul-22	Dec-21	\$24
l	00273	00001	Jul-22	Jan-22	\$739
l	00273	00001	Jul-22	Feb-22	\$147
l	00273	00001	Jul-22	Mar-22	\$1,122
l	00273	00001	Jul-22	Apr-22	\$4,778
l	00273	00001	Jul-22	May-22	\$9,289
l	00273	00001	Jul-22	Jun-22	\$79,702
l	00273	00001	Jul-22	Jul-22	\$128,995
l	00273	00001	Aug-22	Jan-20	\$39
l	00273	00001	Aug-22	Feb-21	\$152
	00273	00001	Aug-22	Oct-21	\$336
	00273	00001	Aug-22	Nov-21	\$68
	00273	00001	Aug-22	Dec-21	\$116
	00273	00001	Aug-22	Jan-22	\$211
	00273	00001	Aug-22	Feb-22	-\$62
	00273	00001	Aug-22	Mar-22	\$659

١	00273	00001	Aug-22	Apr-22	\$273
l	00273	00001	Aug-22	May-22	\$1,506
l	00273	00001	Aug-22	Jun-22	\$5,437
l	00273	00001	Aug-22	Jul-22	\$87,614
l	00273	00001	Aug-22	Aug-22	\$141,156
l	00273	00001	Sep-22	Jan-20	\$55
l	00273	00001	Sep-22	Dec-20	\$12
l	00273	00001	Sep-22	Sep-21	\$44
l	00273	00001	Sep-22	Oct-21	\$26
l	00273	00001	Sep-22	Nov-21	\$182
l	00273	00001	Sep-22	Jan-22	\$88
l	00273	00001	Sep-22	Feb-22	\$104
l	00273	00001	Sep-22	Mar-22	\$1,684
l	00273	00001	Sep-22	Apr-22	\$769
l	00273	00001	Sep-22	May-22	\$1,955
l	00273	00001	Sep-22	Jun-22	\$1,209
l	00273	00001	Sep-22	Jul-22	\$9,473
l	00273	00001	Sep-22	Aug-22	\$114,910
l	00273	00001	Sep-22	Sep-22	\$125,803
l	00273	00001	Oct-22	Jun-21	\$72
l	00273	00001	Oct-22	Feb-22	\$182
l	00273	00001	Oct-22	Mar-22	\$255
l	00273	00001	Oct-22	Apr-22	\$357
l	00273	00001	Oct-22	May-22	\$1,142
l	00273	00001	Oct-22	Jun-22	\$2,515
l	00273	00001	Oct-22	Jul-22	\$1,930
l	00273	00001	Oct-22	Aug-22	\$4,988
l	00273	00001	Oct-22	Sep-22	\$95,083
l	00273	00001	Oct-22	Oct-22	\$123,290
l	00273	00001	Nov-22	Jan-21	\$1,494
l	00273	00001	Nov-22	Nov-21	\$216
l	00273	00001	Nov-22	Jan-22	\$324
l	00273	00001	Nov-22	Feb-22	\$59
l	00273	00001	Nov-22	Mar-22	\$84
l	00273	00001	Nov-22	Apr-22	\$162
l	00273	00001	Nov-22	May-22	-\$218
l	00273	00001	Nov-22	Jun-22	\$1,108
l	00273	00001	Nov-22	Jul-22	\$2,815
l	00273	00001	Nov-22	Aug-22	\$3,375
l	00273	00001	Nov-22	Sep-22	\$4,540
l	00273	00001	Nov-22	Oct-22	\$83,282
l	00273	00001	Nov-22	Nov-22	\$106,442
l	00273	00001	Dec-22	Jun-20	\$13
	00273	00001	Dec-22	Jan-21	\$13
	00273	00001	Dec-22	Feb-21	\$226
	00273	00001	Dec-22	Jul-21	\$254
	00273	00001	Dec-22	Aug-21	\$336
	00273	00001	Dec-22	Oct-21	\$385
	00273	00001	Dec-22	Dec-21	\$292

00273	00001	Dec-22	Feb-22	\$332
00273	00001	Dec-22	Apr-22	\$184
00273	00001	Dec-22	May-22	\$994
00273	00001	Dec-22	Jun-22	\$1,571
00273	00001	Dec-22	Jul-22	\$2,725
00273	00001	Dec-22	Aug-22	\$842
00273	00001	Dec-22	Sep-22	\$3,915
00273	00001	Dec-22	Oct-22	\$11,727
00273	00001	Dec-22	Nov-22	\$92,660
00273	00001	Dec-22	Dec-22	\$124,497
00273	00001	Jan-23	Mar-22	\$839
00273	00001	Jan-23	Apr-22	\$177
00273	00001	Jan-23	May-22	\$167
00273	00001	Jan-23	Jun-22	\$831
00273	00001	Jan-23	Jul-22	\$1,308
00273	00001	Jan-23	Aug-22	\$340
00273	00001	Jan-23	Sep-22	\$1,757
00273	00001	Jan-23	Oct-22	\$4,339
00273	00001	Jan-23	Nov-22	\$6,097
00273	00001	Jan-23	Dec-22	\$69,465
00273	00001	Jan-23	Jan-23	\$85,249
00273	00002	Feb-21	Dec-20	\$330
00273	00002	Feb-21	Jan-21	\$8,830
00273	00002	Feb-21	Feb-21	\$10,646
00273	00002	Mar-21	Oct-20	\$1,080
00273	00002	Mar-21	Nov-20	\$152
00273	00002	Mar-21	Jan-21	\$404
00273	00002	Mar-21	Feb-21	\$5,495
00273	00002	Mar-21	Mar-21	\$6,754
00273	00002	Apr-21	Nov-20	\$64
00273	00002	Apr-21	Mar-21	\$9,111
00273	00002	Apr-21	Apr-21	\$9,978
00273	00002	May-21	Feb-21	-\$181
00273	00002	May-21	Mar-21	\$1,462
00273	00002	May-21	Apr-21	\$9,533
00273	00002	May-21	May-21	\$13,841
00273	00002	Jun-21	Mar-20	\$323
00273	00002	Jun-21	Nov-20	\$86
00273	00002	Jun-21	Mar-21	\$157
00273	00002	Jun-21	Apr-21	\$64
00273	00002	Jun-21	May-21	\$5,265
00273	00002	Jun-21	Jun-21	\$13,025
00273	00002	Jul-21	May-19	\$35
00273	00002	Jul-21	Apr-21	\$1,304
00273	00002	Jul-21	May-21	\$1,318
00273	00002	Jul-21	Jun-21	\$9,015
00273	00002	Jul-21	Jul-21	\$9,592
00273	00002	Aug-21	Feb-21	\$467
00273	00002	Aug-21	May-21	\$64

	00273	00002	Aug-21	Jun-21	\$54
	00273	00002	Aug-21	Jul-21	\$6,174
	00273	00002	Aug-21	Aug-21	\$12,320
	00273	00002	Sep-21	Feb-21	\$215
	00273	00002	Sep-21	Jun-21	\$110
	00273	00002	Sep-21	Jul-21	\$1,178
	00273	00002	Sep-21	Aug-21	\$8,973
	00273	00002	Sep-21	Sep-21	\$11,156
	00273	00002	Oct-21	Aug-21	\$636
	00273	00002	Oct-21	Sep-21	\$4,874
	00273	00002	Oct-21	Oct-21	\$11,312
	00273	00002	Nov-21	Sep-21	\$374
	00273	00002	Nov-21	Oct-21	\$9,929
	00273	00002	Nov-21	Nov-21	\$12,477
	00273	00002	Dec-21	Oct-21	\$73
	00273	00002	Dec-21	Nov-21	\$6,790
	00273	00002	Dec-21	Dec-21	\$14,665
	00273	00002	Jan-22	Apr-19	\$120
	00273	00002	Jan-22	Aug-21	\$300
	00273	00002	Jan-22	Nov-21	\$195
	00273	00002	Jan-22	Dec-21	\$5,113
	00273	00002	Jan-22	Jan-22	\$4,824
	00273	00002	Feb-22	Nov-21	\$220
	00273	00002	Feb-22	Jan-22	\$4,532
	00273	00002	Feb-22	Feb-22	\$11,168
	00273	00002	Mar-22	May-19	\$35
	00273	00002	Mar-22	Sep-20	\$137
	00273	00002	Mar-22	Aug-21	\$177
	00273	00002	Mar-22	Jan-22	\$911
	00273	00002	Mar-22	Feb-22	\$3,459
	00273	00002	Mar-22	Mar-22	\$11,324
	00273	00002	Apr-22	Feb-22	\$99
	00273	00002	Apr-22	Mar-22	\$2,494
	00273	00002	Apr-22	Apr-22	\$6,308
	00273	00002	May-22	Nov-21	\$274
	00273	00002	May-22	Apr-22	\$8,287
	00273	00002	May-22	May-22	\$6,823
	00273	00002	Jun-22	Aug-19	\$63
	00273	00002	Jun-22	Oct-19	\$12
	00273	00002	Jun-22	Jan-20	\$79
	00273	00002	Jun-22	Feb-22	\$215
	00273	00002	Jun-22	Mar-22	\$589
	00273	00002	Jun-22	Apr-22	\$120
	00273	00002	Jun-22	May-22	\$6,787
	00273	00002	Jun-22	Jun-22	\$14,075
	00273	00002	Jul-22	Nov-20	\$364
	00273	00002	Jul-22	Sep-21	\$192 \$106
	00273	00002	Jul-22	Nov-21	\$106
1	00273	00002	Jul-22	Dec-21	\$220

00273	00002	Jul-22	Jan-22	\$471
00273	00002	Jul-22	Mar-22	\$151
00273	00002	Jul-22	Apr-22	\$89
00273	00002	Jul-22	May-22	\$597
00273	00002	Jul-22	Jun-22	\$9,659
00273	00002	Jul-22	Jul-22	\$15,434
00273	00002	Aug-22	Mar-22	\$88
00273	00002	Aug-22	Jun-22	\$1,775
00273	00002	Aug-22	Jul-22	\$7,476
00273	00002	Aug-22	Aug-22	\$8,400
00273	00002	Sep-22	Jan-22	\$117
00273	00002	Sep-22	May-22	\$115
00273	00002	Sep-22	Jul-22	\$30
00273	00002	Sep-22	Aug-22	\$6,164
00273	00002	Sep-22	Sep-22	\$9,151
00273	00002	Oct-22	May-22	\$168
00273	00002	Oct-22	Jun-22	\$607
00273	00002	Oct-22	Jul-22	\$110
00273	00002	Oct-22	Aug-22	\$342
00273	00002	Oct-22	Sep-22	\$5,004
00273	00002	Oct-22	Oct-22	\$8,940
00273	00002	Nov-22	Aug-22	\$309
00273	00002	Nov-22	Sep-22	\$711
00273	00002	Nov-22	Oct-22	\$6,479
00273	00002	Nov-22	Nov-22	\$9,889
00273	00002	Dec-22	Jul-22	\$59
00273	00002	Dec-22	Sep-22	\$242
00273	00002	Dec-22	Oct-22	\$89
00273	00002	Dec-22	Nov-22	\$8,813
00273	00002	Dec-22	Dec-22	\$11,598
00273	00002	Jan-23	Jul-22	\$256
00273	00002	Jan-23	Sep-22	\$710
00273	00002	Jan-23	Oct-22	\$186
00273	00002	Jan-23	Nov-22	\$87
00273	00002	Jan-23	Dec-22	\$4,556
00273	00002	Jan-23	Jan-23	\$6,360
00273	00003	Feb-21	Aug-20	\$76
00273	00003	Feb-21	Sep-20	\$64
00273	00003	Feb-21	Dec-20	\$83
00273	00003	Feb-21	Jan-21	\$3,742
00273	00003	Feb-21	Feb-21	\$10,804
00273	00003	Mar-21	Sep-20	\$118
00273	00003	Mar-21	Jan-21	\$24
00273	00003	Mar-21	Feb-21	\$5,810
00273	00003	Mar-21	Mar-21	\$12,066
00273	00003	Apr-21	Jan-21	\$382
00273	00003	Apr-21	Feb-21	\$110 \$2.510
00273	00003	Apr-21	Mar-21	\$9,519
00273	00003	Apr-21	Apr-21	\$12,056

١	00273	00003	May-21	Jan-21	\$243
ı	00273	00003	May-21	Mar-21	\$499
ı	00273	00003	May-21	Apr-21	\$6,499
ı	00273	00003	May-21	May-21	\$9,970
ı	00273	00003	Jun-21	Jan-21	\$29
ı	00273	00003	Jun-21	Apr-21	\$125
ı	00273	00003	Jun-21	May-21	\$5,591
ı	00273	00003	Jun-21	Jun-21	\$7,492
ı	00273	00003	Jul-21	Mar-20	\$109
ı	00273	00003	Jul-21	Nov-20	\$109
ı	00273	00003	Jul-21	Mar-21	\$19
ı	00273	00003	Jul-21	Apr-21	\$410
ı	00273	00003	Jul-21	Jun-21	\$6,169
ı	00273	00003	Jul-21	Jul-21	\$10,118
ı	00273	00003	Aug-21	Aug-20	-\$194
ı	00273	00003	Aug-21	Jun-21	\$650
ı	00273	00003	Aug-21	Jul-21	\$4,600
ı	00273	00003	Aug-21	Aug-21	\$6,168
ı	00273	00003	Sep-21	Jun-19	\$107
ı	00273	00003	Sep-21	Nov-20	\$86
ı	00273	00003	Sep-21	Jan-21	\$88
ı	00273	00003	Sep-21	Feb-21	\$71
ı	00273	00003	Sep-21	Jun-21	\$137
ı	00273	00003	Sep-21	Jul-21	\$1,058
ı	00273	00003	Sep-21	Aug-21	\$3,842
ı	00273	00003	Sep-21	Sep-21	\$12,707
ı	00273	00003	Oct-21	Mar-21	\$9
ı	00273	00003	Oct-21	Jul-21	\$377
ı	00273	00003	Oct-21	Aug-21	\$18
ı	00273	00003	Oct-21	Sep-21	\$6,317
ı	00273	00003	Oct-21	Oct-21	\$11,435
ı	00273	00003	Nov-21	Sep-21	\$860
ı	00273	00003	Nov-21	Oct-21	\$6,672
ı	00273	00003	Nov-21	Nov-21	\$9,081
ı	00273	00003	Dec-21	May-20	\$399
ı	00273	00003	Dec-21	Apr-21	\$67
ı	00273	00003	Dec-21	Jul-21	\$110
ı	00273	00003	Dec-21	Aug-21	\$314
ı	00273	00003	Dec-21	Oct-21	\$1,915
ı	00273	00003	Dec-21	Nov-21	\$8,700
ı	00273	00003	Dec-21	Dec-21	\$8,747
ı	00273	00003	Jan-22	Jun-21	\$198
	00273	00003	Jan-22	Dec-21	\$1,554
	00273	00003	Jan-22	Jan-22	\$6,287
	00273	00003	Feb-22	Jan-21	\$112
	00273	00003	Feb-22	Dec-21	\$262
	00273	00003	Feb-22	Jan-22	\$5,855
	00273	00003	Feb-22	Feb-22	\$10,304
	00273	00003	Mar-22	Oct-21	\$51

١	00273	00003	Mar-22	Nov-21	\$20
	00273	00003	Mar-22	Dec-21	\$647
	00273	00003	Mar-22	Jan-22	\$344
	00273	00003	Mar-22	Feb-22	\$7,400
	00273	00003	Mar-22	Mar-22	\$12,217
	00273	00003	Apr-22	Jan-22	\$72
	00273	00003	Apr-22	Mar-22	\$5,132
	00273	00003	Apr-22	Apr-22	\$7,377
	00273	00003	May-22	Feb-22	\$117
	00273	00003	May-22	Mar-22	\$399
	00273	00003	May-22	Apr-22	\$7,666
	00273	00003	May-22	May-22	\$11,929
	00273	00003	Jun-22	Apr-22	\$112
	00273	00003	Jun-22	May-22	\$6,551
	00273	00003	Jun-22	Jun-22	\$7,036
	00273	00003	Jul-22	Apr-22	\$362
	00273	00003	Jul-22	May-22	\$129
	00273	00003	Jul-22	Jun-22	\$3,180
	00273	00003	Jul-22	Jul-22	\$9,123
	00273	00003	Aug-22	Jan-22	\$110
	00273	00003	Aug-22	May-22	\$344
	00273	00003	Aug-22	Jul-22	\$4,055
	00273	00003	Aug-22	Aug-22	\$12,372
	00273	00003	Sep-22	May-22	\$1,091
	00273	00003	Sep-22	Jun-22	\$61
	00273	00003	Sep-22	Jul-22	\$248
	00273	00003	Sep-22	Aug-22	\$7,065
	00273	00003	Sep-22	Sep-22	\$5,338
	00273	00003	Oct-22	Jul-22	\$323
	00273	00003	Oct-22	Aug-22	\$583
	00273	00003	Oct-22	Sep-22	\$5,197
	00273	00003	Oct-22	Oct-22	\$7,768
	00273	00003	Nov-22	Aug-22	\$112
	00273	00003	Nov-22	Sep-22	\$241
	00273	00003	Nov-22	Oct-22	\$4,735
	00273	00003	Nov-22	Nov-22	\$8,680
	00273	00003	Dec-22	Sep-22	\$1,336
	00273	00003	Dec-22	Oct-22	\$2,178
	00273	00003	Dec-22	Nov-22	\$7,440
	00273	00003	Dec-22	Dec-22	\$7,751
	00273	00003	Jan-23	Sep-22	\$20
	00273	00003	Jan-23	Nov-22	\$440
	00273	00003	Jan-23	Dec-22	\$2,572
١	00273	00003	Jan-23	Jan-23	\$7,666
١	00273	00004	Feb-21	Jan-21	\$190
	00273	00004	Feb-21	Feb-21	\$782
	00273	00004	Mar-21	Feb-21	\$201
١	00273	00004	Mar-21	Mar-21	\$382
	00273	00004	Apr-21	Mar-21	\$2,445

١	00273	00004	Apr-21	Apr-21	\$697
ı	00273	00004	May-21	Apr-21	\$1,143
ı	00273	00004	May-21	May-21	\$1,818
ı	00273	00004	Jun-21	May-21	\$212
ı	00273	00004	Jun-21	Jun-21	\$461
ı	00273	00004	Jul-21	Jun-21	\$455
ı	00273	00004	Jul-21	Jul-21	\$3,237
ı	00273	00004	Aug-21	Jul-21	\$1,241
ı	00273	00004	Aug-21	Aug-21	\$2,917
ı	00273	00004	Sep-21	Jul-21	\$183
ı	00273	00004	Sep-21	Aug-21	\$3,957
ı	00273	00004	Sep-21	Sep-21	\$3,022
ı	00273	00004	Oct-21	Jul-21	\$646
ı	00273	00004	Oct-21	Sep-21	\$1,238
ı	00273	00004	Oct-21	Oct-21	\$2,858
ı	00273	00004	Nov-21	Oct-21	\$693
ı	00273	00004	Nov-21	Nov-21	\$2,400
ı	00273	00004	Dec-21	Oct-21	\$76
ı	00273	00004	Dec-21	Nov-21	\$812
ı	00273	00004	Dec-21	Dec-21	\$1,829
ı	00273	00004	Jan-22	Dec-21	\$972
ı	00273	00004	Jan-22	Jan-22	\$1,894
ı	00273	00004	Feb-22	Jan-22	\$1,117
ı	00273	00004	Feb-22	Feb-22	\$2,289
ı	00273	00004	Mar-22	Feb-22	\$731
ı	00273	00004	Mar-22	Mar-22	\$2,186
ı	00273	00004	Apr-22	Mar-22	\$1,132
ı	00273	00004	Apr-22	Apr-22	\$2,285
ı	00273	00004	May-22	Mar-22	\$399
ı	00273	00004	May-22	Apr-22	\$2,182
ı	00273	00004	May-22	May-22	\$2,778
ı	00273	00004	Jun-22	Dec-21	\$217
ı	00273	00004	Jun-22	Apr-22	\$105
ı	00273	00004	Jun-22	May-22	\$1,341
ı	00273	00004	Jun-22	Jun-22	\$2,787
ı	00273	00004	Jul-22	Jun-22	\$290
ı	00273	00004	Jul-22	Jul-22	\$3,026
ı	00273	00004	Aug-22	Jul-22	\$1,025
ı	00273	00004	Aug-22	Aug-22	\$3,654
ı	00273	00004	Sep-22	Aug-22	\$2,722
ı	00273	00004	Sep-22	Sep-22	\$1,206
ı	00273	00004	Oct-22	Sep-22	\$868
ı	00273	00004	Oct-22	Oct-22	\$1,942
	00273	00004	Nov-22	Oct-22	\$1,903
	00273	00004	Nov-22	Nov-22	\$1,637
	00273	00004	Dec-22	Sep-22	\$823
	00273	00004	Dec-22	Oct-22	\$435
	00273	00004	Dec-22	Nov-22	\$314
	00273	00004	Dec-22	Dec-22	\$3,497

00273 00273	09001 09001	Jan-23 Jan-23	Dec-22 Jan-23	\$295 \$39
00273	09001	Dec-22	Dec-22	\$177 \$840
00273 00273	09001 09001	Oct-22 Nov-22	Oct-22 Oct-22	\$18 \$177
00273	09001	Sep-22	Sep-22	\$442
00273	09001	Sep-22	Aug-22	\$64
00273	09001	Aug-22	Aug-22	\$302
00273	09001	Aug-22	Jul-22	\$750
00273	09001	Jul-22	Jul-22	\$1,278
00273	09001	Jun-22	Jun-22	\$440
00273	09001	May-22	May-22	\$129
00273	09001	May-22	Apr-22	\$233
00273	09001	May-22	Feb-22	\$34
00273	09001	May-22	Jan-22	\$168
00273	09001	Apr-22	Apr-22	\$94
00273	09001	Apr-22	Mar-22	\$750
00273	09001	Mar-22	Mar-22	\$466
00273	09001	Mar-22	Feb-22	\$1,767
00273	09001	Feb-22	Feb-22	\$1,802
00273	09001		Jan-22	\$103
		Feb-22 Feb-22		•
00273	09001	Feb-22	Dec-21	\$223
00273	09001	Jan-22	Jan-22	\$200 \$149
00273	09001	Jan-22	Dec-21	\$266
00273	09001	Dec-21	Dec-21	\$567
00273	09001	Dec-21	Oct-21	\$124 \$82
00273	09001	Nov-21	Nov-21	\$124
00273	09001	Nov-21	Oct-21	\$284
00273	09001	Oct-21	Oct-21	\$281
00273	09001	Sep-21	Sep-21	\$151
00273	09001	Aug-21	Aug-21	\$750
00273	09001	Jul-21	May-21	\$88
00273	09001	Jun-21	Jun-21	\$179
00273	09001	Jun-21	May-21	\$220
00273	09001	Mar-21	Mar-21	\$64
00273	09001	Mar-21	Nov-20	\$177 \$191
00273	09001	Mar-21	Oct-20	\$177
00273	09001	Feb-21	Feb-21	\$93
00273	09001	Feb-21	Jan-21	\$361
00273	00004	Jan-23	Jan-23	\$1,481
00273	00004	Jan-23	Dec-22	\$586
00273	00004	Jan-23	Nov-22	\$158

Keep Smiling Delta Dental PPO™



Save with PPO

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at **deltadentalins.com**.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at **deltadentalins.com**.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.⁴ Log in to your online account to find this date.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care⁵, you can save as much as 50% on LASIK procedures and more than 60% on hearing aids. To take advantage of these discounts, call QualSight at 855-248-2020 and Amplifon at 888-779-1429.

Save with a PPO dentist





¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

West Virginia: Learn about our commitment to providing access to a quality dentist network at deltadentalins.com/about/legal/index-enrollee.html.

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

⁵ Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

Plan Benefit Highlights for: Fresno City Employees Health & Welfare Trust

Effective Date: 7/1/2023 Group No: 00273

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).					
Deductibles	None	None				
Maximums	Delta Dental PPO dentists: \$2,500 per person each calendar year		ear			
	Non-Delta Dental PPO dentists: \$1,500 per person each calendar year					
D & P counts toward maximum?	No					
Waiting Period(s)	Basic Services	Major Services	Prosthodontics	Orthodontics		
	None	None	None	None		

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100%	80%
Basic Services Fillings, sealants and posterior composites	80%	65%
Endodontics (root canals) Covered Under Basic Services	80%	65%
Periodontics (gum treatment) Covered Under Basic Services	80%	65%
Oral Surgery Covered Under Basic Services	80%	65%
Major Services Crowns, inlays, onlays and cast restorations	50%	50%
Prosthodontics Bridges and dentures	50%	50%
Orthodontic Benefits Adults and dependent children	50%	50%
Orthodontic Maximums Dental Accident Benefits	\$1,500 Lifetime 100%	\$1,500 Lifetime 100%

^{*} Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

^{**} Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California	Customer Service	Claims Address
560 Mission St., Suite 1300	888-335-8227	P.O. Box 997330
San Francisco, CA 94105		Sacramento, CA 95899-7330

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

> 72 Revised 1/24/2023



Telehealth Utilization Report

January 2023 Fresno City Trust PPO High Option

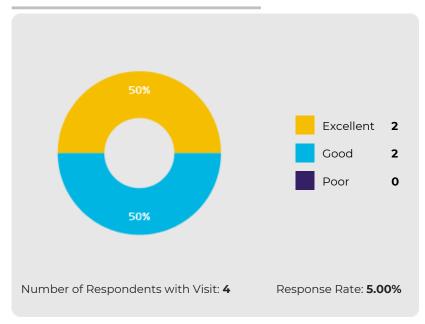


Visit **Total Net Claim Visits Utilization*** Savings* Report Annualized YTD YTD Period Primary Care N/A N/A N/A General Medical 80 80 36.0% \$37,239 Mental Health N/A N/A N/A N/A Dermatology N/A N/A N/A N/A **Grand Total** \$37,239

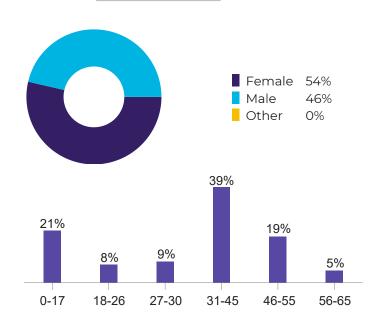
^{**} As literature has shown, primary care savings are derived from longitudinal, effective preventive care. Over time, we will evaluate financial impact and continue to refine our savings projections.



Overall member satisfaction YTD



Age and Gender



Copyright © 2023 Teladoc Health, Inc. All rights reserved.

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



General Medical

General Medical Claim Savings & Utilization



January 2023



36.0%

Claim Savings Per Episode

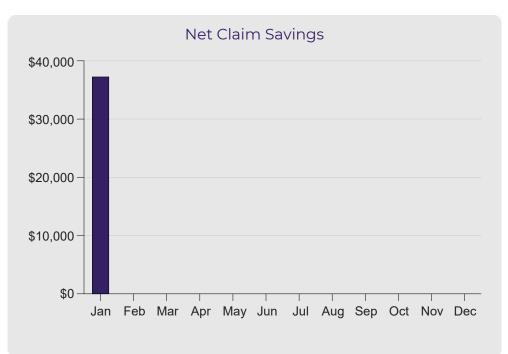
\$465

Total Net Claim Savings YTD

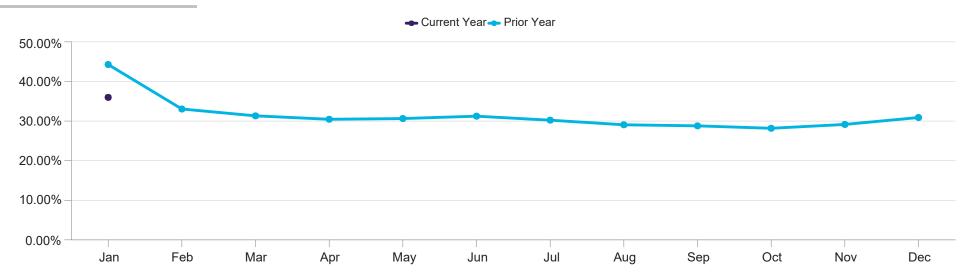
Claim Savings Per Episode X

Number of Visits YTD

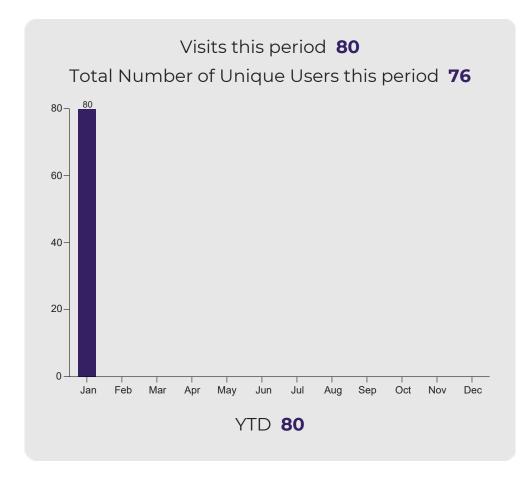
\$37,239



Annualized utilization trend









	VIS	ITS	MEMBE	ERSHIP	REGISTE	RATIONS	MEDICAL COMPL	HISTORY ETIONS
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	46	46	2,668	2,668	15	1,031	14	792
Dependents	34	34	4,991	4,991	9	911	7	762
Eligible Lives	80	80	7,659	7,659	24	1,942	21	1,554

^{*} YTD Average: Sum of each month's eligible lives divided by the number of calendar months the account is eff ve. Eligible Lives: All members with access to the service (primaries & dependents). Copyright © 2023 Teladoc Health, Inc. All rights reserved.

How your members received care YTD

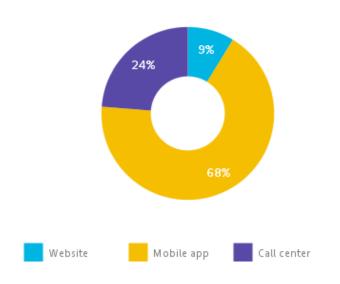


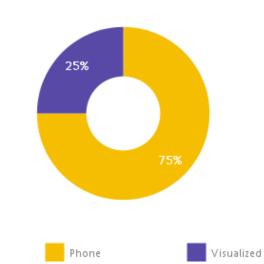
January 2023

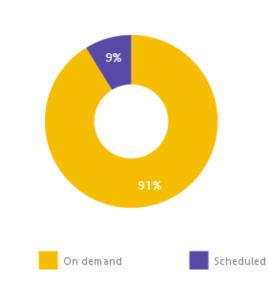
Visit request method

Visit method

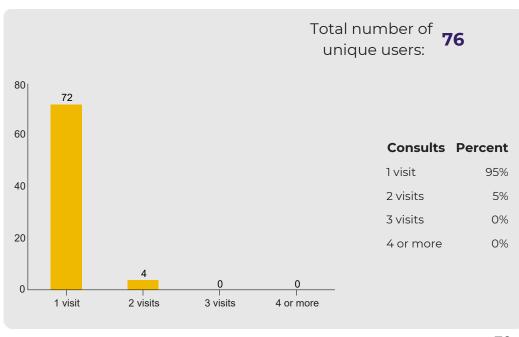
On demand vs scheduled

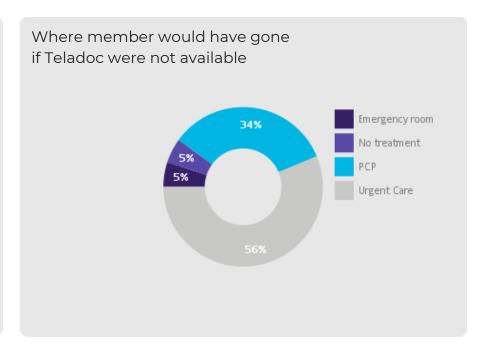






Visit frequency







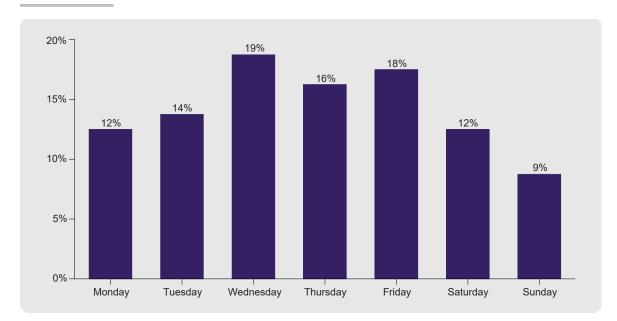
Gender

Day of week

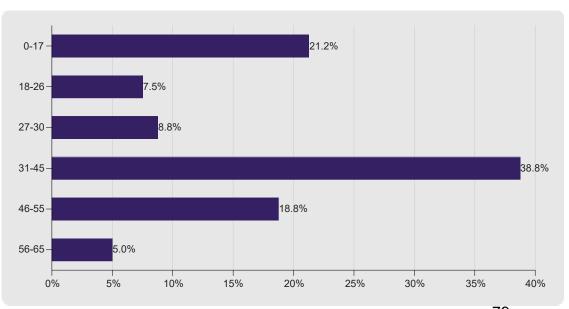
54% Female

46% Male

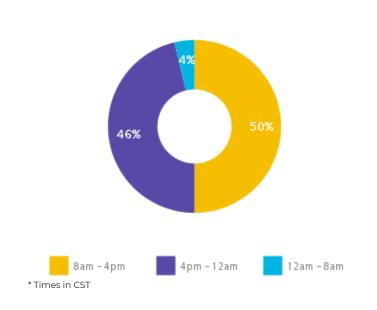
0% Other



Utilization by age



Time of day*



<u>79</u>





AVERAGE RESPONSE TIME

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

YTD

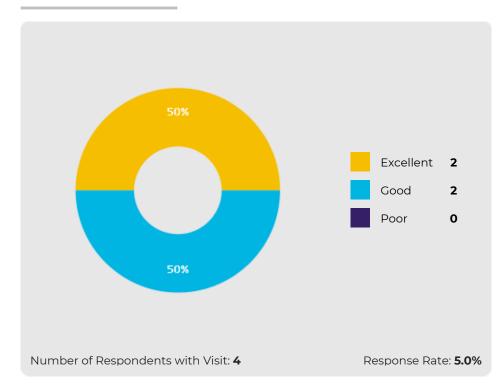
16 minutes

Report Period

16 min

State	Visits	% Visits
CALIFORNIA	79	98.8%
IDAHO	1	1.2%

Member satisfaction



Prescriptions by visit

Total Visits:	80	
Visits with Rx:	58	
Total Rx:	131	
% Visits with Rx:	72 %	
Visits without Rx:	22	
Average Rx per Visi	t*: 1.6	

Top diagnoses

ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	16%
ACUTE PHARYNGITIS, UNSPECIFIED	8%
ACUTE SINUSITIS, UNSPECIFIED	8%
ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	6 %
ACUTE BRONCHITIS, UNSPECIFIED	2%
ACUTE COUGH	2%
ACUTE NASOPHARYNGITIS [COMMON COLD]	2%
FEVER, UNSPECIFIED	2%
HERPESVIRAL INFECTION, UNSPECIFIED	2%
OTALGIA, LEFT EAR	2%

Top prescriptions written

BENZONATATE 200 MG ORAL CAPSULE	7 %
AZITHROMYCIN 5 DAY DOSE PACK 250 MG ORAL TABLET	5%
TESSALON PERLES 100 MG ORAL CAPSULE	5%
AMOXICILLIN-CLAVULANATE 875 MG-125 MG ORAL TABLET	4 %
AMOXICILLIN 875 MG ORAL TABLET	3%
AZELASTINE HYDROCHLORIDE NASAL 137 MCG/INH NASAL	3%
DOXYCYCLINE MONOHYDRATE MONOHYDRATE 100 MG	3%
MACROBID MACROCRYSTALS-MONOHYDRATE 100 MG ORAL	3%
TAMIFLU 75 MG ORAL CAPSULE	3%
ALBUTEROL (EQV-PROAIR HFA) 90 MCG/INH INHALATION	2%



Telehealth Utilization Report

January 2023 Fresno City Trust PPO Low Option



	Visits		Visit Utilization*	Total Net Claim Savings*
	Report Period	YTD	Annualized	YTD
Primary Care	N/A	N/A	N/A	**
General Medical	18	18	17.0%	\$8,379
Mental Health	N/A	N/A	N/A	N/A
Dermatology	N/A	N/A	N/A	N/A
Grand Total				\$8,379

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

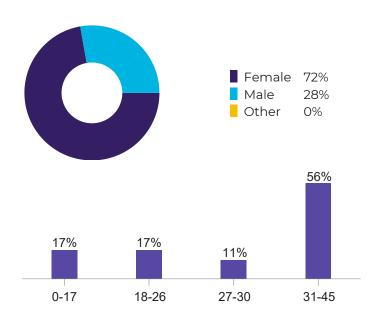
^{**} As literature has shown, primary care savings are derived from longitudinal, effective preventive care. Over time, we will evaluate financial impact and continue to refine our savings projections.



Overall member satisfaction YTD



Age and Gender



Copyright © 2023 Teladoc Health, Inc. All rights reserved.



General Medical

General Medical Claim Savings & Utilization



January 2023

Annualized Utilization

YTD total consults x (12 / # months accrued YTD)

YTD Average Subscribers

17.0%

Claim Savings Per Episode

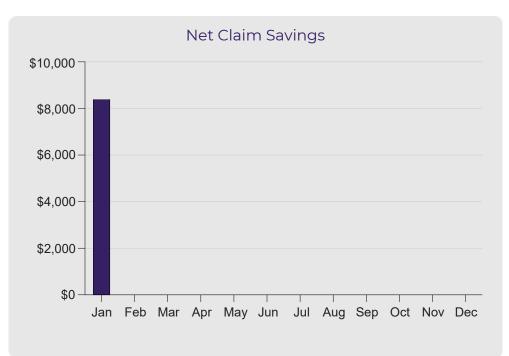
\$465

Total Net Claim Savings YTD

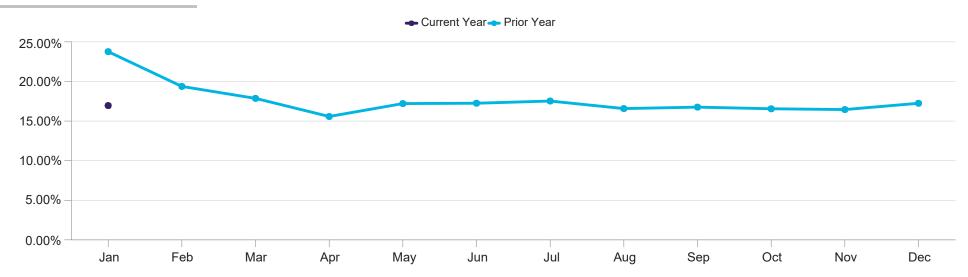
Claim Savings Per Episode X

Number of Visits YTD

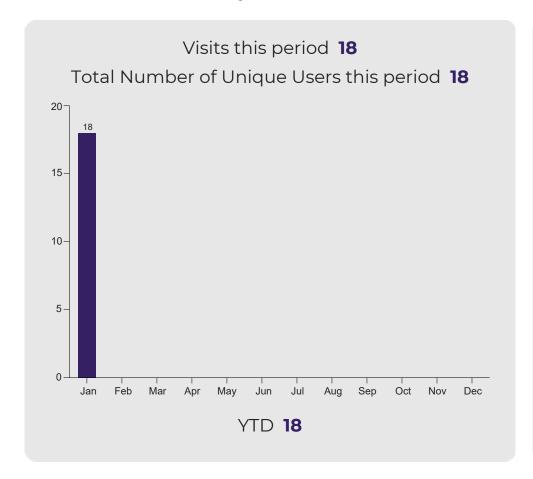
\$8,379



Annualized utilization trend









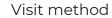
	VIS	ITS	MEMBE	ERSHIP	REGISTE	RATIONS	MEDICAL COMPL	HISTORY ETIONS
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	11	11	1,274	1,274	6	244	6	215
Dependents	7	7	1,680	1,680	8	136	3	123
Eligible Lives	18	18	2,954	2,954	14	380	9	338

^{*} YTD Average: Sum of each month's eligible lives divided by the number of calendar months the account is effgeve. Eligible Lives: All members with access to the service (primaries & dependents). Copyright © 2023 Teladoc Health, Inc. All rights reserved.

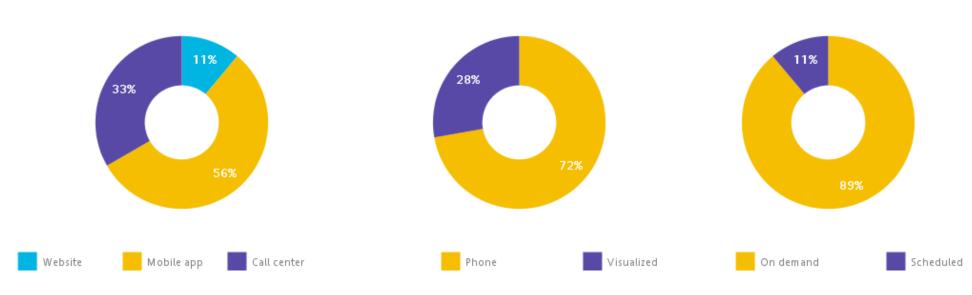
How your members received care YTD



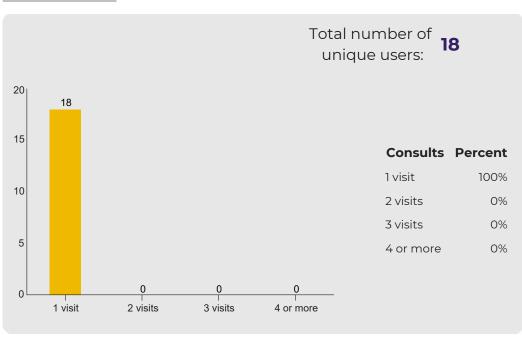


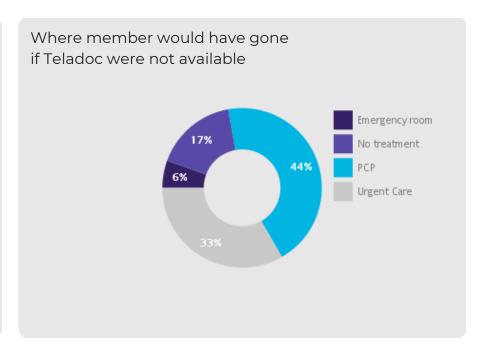


On demand vs scheduled



Visit frequency







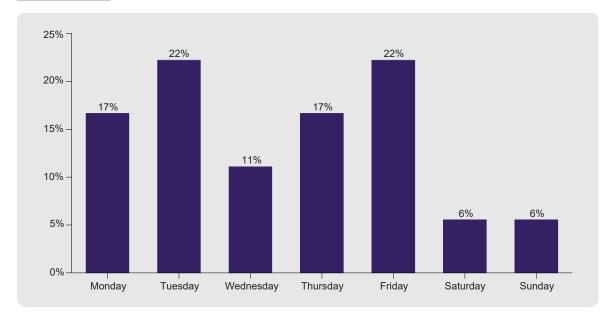
Gender

Day of week

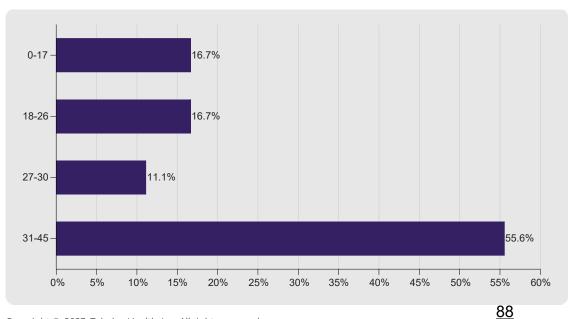
72% Female

28% Male

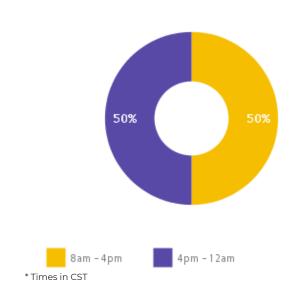
0% Other



Utilization by age



Time of day*







AVERAGE RESPONSE TIME

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

YTD

13 minutes

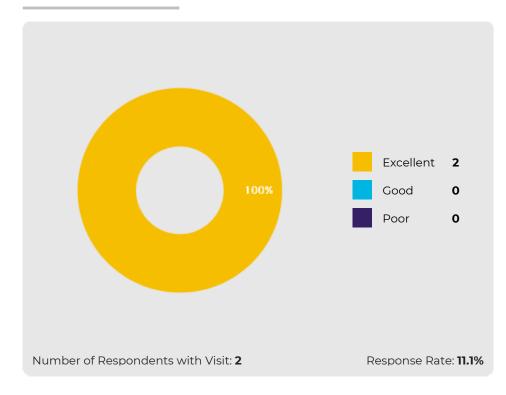
Report Period

13 min

State	Visits	% Visits
CALIFORNIA	18	100.0%

Teladoc.

Member satisfaction



Prescriptions by visit

Total Visits: 18	PS
Visits with Rx:14	
Total Rx: 23	
% Visits with Rx:78%	
Visits without Rx:4	\frac{1}{2} = \frac{1}{2}
Average Rx per Visit*:1.3	

Top diagnoses

URINARY TRACT INFECTION, SITE NOT SPECIFIED	11%
ACUTE COUGH	6 %
ACUTE CYSTITIS WITH HEMATURIA	6 %
ACUTE LARYNGITIS	6 %
ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	6 %
ACUTE PHARYNGITIS DUE TO OTHER SPECIFIED ORGANISMS	6 %
ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	6 %
ALLERGIC CONTACT DERMATITIS DUE TO PLANTS, EXCEPT	6 %
COUGH VARIANT ASTHMA	6 %
FREQUENCY OF MICTURITION	6 %

Top prescriptions written

AZITHROMYCIN 5 DAY DOSE PACK 250 MG ORAL TABLET	10%
BENZONATATE 200 MG ORAL CAPSULE	10%
MACROBID MACROCRYSTALS-MONOHYDRATE 100 MG ORAL	10%
PREDNISONE 20 MG ORAL TABLET	10%
ALBUTEROL (EQV-PROAIR HFA) 90 MCG/INH INHALATION	5%
ALBUTEROL (EQV-PROVENTIL HFA) 90 MCG/INH INHALATION	5%
CEFDINIR 300 MG ORAL CAPSULE	5%
ERYTHROMYCIN, OPHTHALMIC 0.5% OPHTHALMIC	5%
GOOD SENSE ALLERGY RELIEF 25 MG ORAL CAPSULE	5%
HYDROCORTISONE/NEOMYCIN/POLYMYXIN B, OTIC	5%





Blue Shield of California offers Teladoc:

Access to licensed doctors 24/7 by phone or video

Get care when and where you need it through your Blue Shield health plan. As a Blue Shield member, you have access to Teladoc's national network of U.S. board-certified physicians. Whenever you need care, Teladoc® doctors are available 24/7 by phone or video.



Use Teladoc

- If you're considering the ER or urgent care center for a non-emergency
- When on vacation, a business trip, or away from home
- For short-term prescription refills

Get the care you need

Teladoc doctors can treat many medical conditions including:

- Cold and flu symptoms
- Allergies
- Bronchitis
- Respiratory infection
- Sinus problems
- And more

Meet the doctors

All Teladoc doctors:

- Are practicing primary care physicians, pediatricians, and family physicians
- Have an average of 20 years of experience
- Are board certified and licensed
- Are credentialed every three years

Get started with Teladoc

Set up account

Visit www.teladoc.com/bsc, complete the required information, and click on Set up account. You can also call Teladoc at 1-800-Teladoc (835-2362) for help.

Provide medical history

Complete your medical history by clicking on *Medical Information*. Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

Teladoc can help you complete your medical history over the phone. Call **1-800-Teladoc** (835-2362).

Request a consult

Once your account is set up, request a consult anytime you need care.

©2022 Teladoc, Inc. All rights reserved. Teladoc and related marks are trademarks of Teladoc Health, Inc. and are used by Blue Shield of California with permission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulations and may not be available in certain states. Teladoc does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services.

Blue Shield and the Shield symbol are registered trademarks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.

Talk to a doctor anytime for a copay of \$10.00

FCEHWT Body Scan Utilization Report Datasource: BSI Report Date: 07/01/2022			
Report Date	κεροιι <i>Date</i> , 07/01/2022		
20	21		
Number of Body			
Trumber of Body			
	Body Scans		
Month/Year	Performed		
Jan-21	0		
Feb-21	1		
Mar-21	0		
Apr-21	0		
May-21	154		
Jun-21	107		
Jul-21	1		
Aug-21	0		
Sep-21	131		
Oct-21	76		
Nov-21	0		
Dec-21	0		
2021	470		
20			
Number of Body	Scans Performed		
	Body Scans		
Month/Year	Performed		
Jan-22	0		
Feb-22	1		
Mar-22	0		
Apr-22	0		
May-22	120		
Jun-22	0		
Jul-22			
Aug-22			
Sep-22			
Oct-22			
Nov-22			
Dec-22			
2022	121		

Diana Cavazos | HealthComp

From: Shane Archer <Shane.Archer@fresno.gov>

Sent: Tuesday, January 31, 2023 4:37 PM To: Georgeanne White; Andrew Desa

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

Re: Action Required: Fresno City Employees H&W Trust - BSI Event Announcement

(March 2023)

Approved

From: Georgeanne White

Sent: Tuesday, January 31, 2023 3:06:08 PM

To: Andrew Desa; Shane Archer

Cc: Tom Georgouses; Diana Cavazos HealthComp; Michael Moss

Subject: RE: Action Required: Fresno City Employees H&W Trust - BSI Event Announcement (March 2023)

Approved.

From: Andrew Desa <andrewd@rael-letson.com>

Sent: Tuesday, January 31, 2023 2:46 PM

To: Georgeanne White <Georgeanne.White@fresno.gov>; Shane Archer <Shane.Archer@fresno.gov>

Cc: Tom Georgouses <tgeorgouses@healthcomp.com>; Diana Cavazos HealthComp <dcavazos@healthcomp.com>;

Michael Moss <mmoss@mossfirm.org>

Subject: Action Required: Fresno City Employees H&W Trust - BSI Event Announcement (March 2023)

External Email: Use caution with links and attachments

Georgeanne/Shane -

Body Scan International (BSI) is planning on doing two scan events in Fresno this calendar year. One is to take place in the Spring and one in the Fall.

BSI has informed us that the dates that work for the Spring visit are March 13th – March 24th and the Fresno Public Safety Wellness Center will be the location.

I have drafted the attached announcement letter for the event. This letter is the same version approved for the last event with minor changes for the dates.

As a reminder, BSI covers the cost for these mailings.

Please reply back if you approve of the mailing or if you have any suggested changes.

Thanks,

Andrew Desa

ASA. MAAA Consulting Actuary 2929 Campus Drive, Suite 400 San Mateo, CA 94403 650-356-2327 Tel andrewd@rael-letson.com www.rael-letson.com



We understand your plans.®

Fresno City Employees Health and Welfare Trust

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



(559) 499-2450 (800) 442-7247 FAX (559) 499-2464

February 10, 2023

Dear Trust Participant:

As previously announced, the Trust has contracted with Body Scan International (BSI) to provide Preventive Medicine Body Scans to active employees. BSI's mobile unit will visit Fresno periodically in order for eligible members to participate in BSI's Body Scan Program at a convenient location. **The Trust has scheduled for BSI to visit Fresno March 13**th **through March 24**th.

To learn more about the Body Scan Program or to make an appointment, please call the BSI center at (877) 274-5577 or go to http://bodyscanintl.com/fcehwt (provide your contact information and a BSI representative will reach out to you for more information). Walk-in appointments are not available. A priority waitlist is maintained for those who are unable to secure an appointment. You must provide your contact information to BSI to be added to the waitlist. BSI will prioritize the waitlist for subsequent Fresno visits in chronological order according to when they receive a participant's contact information. It is anticipated, but not assured, that BSI's next visit will occur in the Fall.

Place	Date	Scan Hours
Fresno Public Safety Wellness Center 1617 S Cedar Fresno CA, 93702	March 13 th – March 24 th	Monday - Friday 6:30 am – 1:30 pm

WHAT TO EXPECT

The Body Scan Program consists of two main components: the detailed scan and the comprehensive physician (radiologist) consultation/scan review. Participants are required to fast (solids for eight hours and liquids for six hours) prior to their scan. The scan will take place in the BSI Mobile Telemedicine Van. The onsite time will be approximately 30 minutes. The physician consultation will take place virtually through video conferencing at a location of your choosing and typically lasts 45-60 minutes. The virtual consultation is scheduled based on participant availability and is typically scheduled for the same day.

There is a \$200 copay for the Body Scan Program. This copay must be made at the time of service. Please note that this copay does not apply to your Plan deductible or Plan out-of-pocket maximum.

WHAT YOU WILL NEED TO BRING WITH YOU

You will each need to bring **TWO** forms of identification with you so that your eligibility for health benefits can be verified: **HealthComp Identification Card AND either a Drivers License**, or a **CA Identification Card**. If you have lost or misplaced your ID card, contact **HealthComp** at **(559) 499-2450** to obtain a replacement. You **will not be allowed** to participate in the Body Scan Program without the above forms of identification.

WHO IS ELIGIBLE FOR THE BODY SCAN PROGRAM

Only active employees that are enrolled in the Plan's medical benefit on the date of service are eligible. Spouses and dependents are <u>not</u> eligible for this benefit. **There is a frequency limit of one scan every three Plan Years**. The Plan Year is July 1st through June 30th.

IN RESPONSE TO COVID-19

If you or anyone in your family is feeling ill, please do not participate in this event. All participants will have their temperature checked upon arrival. Anyone with a temperature of 100.4 or greater will be turned away. All medical personnel will be wearing personal protective equipment (PPE). Participants are required to wear masks and gloves (provided by BSI) at the time of their service and social distancing markers will be implemented. Hand sanitizer will be available and stations will be sanitized after each participant.

Sincerely.

Board of Trustees.



INCREASED/EXCESS LIMITS WARRANTY¹

Re: Policy # 8170-8103 ("Policy")
Increased/Excess Limits Warranty

This warranty, effective January 15, 2023, is submitted on behalf of all applicants who are applying to Chubb Insurance Company ("Company") for Fiduciary Liability ("Proposed Insureds"), with a limit of liability of \$3,000,000 excess of \$1,000,000 (the "Increased/Excess Limit Amount").

The undersigned, acting as an authorized representative for the Proposed Insureds, represents and warrants, after reasonable inquiry, that no Proposed Insured, as of the effective date of this warranty, has knowledge or information of any claim or loss, or any fact, circumstance, or situation that could reasonably be expected to give rise to a claim or loss to which the Increased/Excess Limit Amount would apply, except ("Disclosed Event"):

NONE		 	

If none, please write "None" in the space provided: NONE.

It is understood that the Company has relied on the knowledge or information herein as being true and accurate and the undersigned, acting as an authorized representative for the Proposed Insureds, acknowledges and agrees that: (i) no Proposed Insured shall have coverage under the Increased/Excess Limit Amount for any claim or action based upon, arising from or in consequence of any Disclosed Event; and (ii) if any Proposed Insured has knowledge of any claim or loss, or fact, circumstance, or situation that could reasonably be expected to give rise to any claim or loss; or such claim or loss, or such fact, circumstance or situation has not been accurately or truthfully disclosed to the Company herein, the Company shall not be liable under the Increased/Excess Limit Amount for any claim or action that arises from such claim or loss, or fact, circumstance, or situation

Signature	
Shane D. Archer Print Name	
Fresno City Employee's H&W Trust Name of Company	
<u>Chair</u> Title	

¹ For Alaska, Arizona, Florida, Georgia, Kansas, Kentucky, Maine, Nebraska, New Hampshire, North Carolina, Oklahoma, Oregon, Virginia, Washington and West Virginia Residents **ONLY**: the title of this section and any other reference to "Warranty" is deleted and replaced with "Applicant Representation".



INCREASED/EXCESS LIMITS WARRANTY¹

Re: Policy # 8170-8103 ("Policy")

Increased/Excess Limits Warranty

This warranty, effective January 15, 2023, is submitted on behalf of all applicants who are applying to Chubb Insurance Company ("Company") for Fiduciary Liability ("Proposed Insureds"), with a limit of liability of \$3,000,000 excess of \$1,000,000(the "Increased/Excess Limit Amount").

The undersigned, acting as an authorized representative for the Proposed Insureds, represents and warrants, after reasonable inquiry, that no Proposed Insured, as of the effective date of this warranty, has knowledge or information of any claim or loss, or any fact, circumstance, or situation that could reasonably be expected to give rise to a claim or loss to which the Increased/Excess Limit Amount would apply, except ("Disclosed Event"):

NONE		

If none, please write "None" in the space provided: NONE.

It is understood that the Company has relied on the knowledge or information herein as being true and accurate and the undersigned, acting as an authorized representative for the Proposed Insureds, acknowledges and agrees that: (i) no Proposed Insured shall have coverage under the Increased/Excess Limit Amount for any claim or action based upon, arising from or in consequence of any Disclosed Event; and (ii) if any Proposed Insured has knowledge of any claim or loss, or fact, circumstance, or situation that could reasonably be expected to give rise to any claim or loss; or such claim or loss, or such fact, circumstance or situation has not been accurately or truthfully disclosed to the Company herein, the Company shall not be liable under the Increased/Excess Limit Amount for any claim or action that arises from such claim or loss, or fact, circumstance, or situation

Vice Chairperson Title

¹ For Alaska, Arizona, Florida, Georgia, Kansas, Kentucky, Maine, Nebraska, New Hampshire, North Carolina, Oklahoma, Oregon, Virginia, Washington and West Virginia Residents ONLY: the title of this section and any other reference to "Warranty" is deleted and replaced with "Applicant Representation".

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

MONTHLY CLAIMS EXPERIENCE ANALYSIS MEDICAL AND PRESCRIPTION DRUGS SEVEN MONTHS ENDING JANUARY 31, 2023

		PEF	R ELIGIBLE
ACTIVES COBRA RETIREES	\$ 28,841,126.27 220,445.98 2,920,037.63	\$	1,144.13 3,613.87 2,460.01
	\$ 31,981,609.88	\$	1,208.86
MEDICARE SUPPLEMENT SELF-PAY OVER 65	\$ 1,049,482.53 789,707.88	\$	882.66 5,062.23
	\$ 33,820,800.29	\$	1,216.53
AVERAGE MONTHLY COST - YTD	\$ 4,831,542.90	\$	1,216.53
PRIOR YEAR AVERAGE MONTHLY COST - YTD SEVEN MONTHS ENDING JANUARY 31, 2022	3,980,061.56	\$	1,060.54
PRIOR PLAN YEAR AVERAGE MONTHLY COST JULY 2021 - JUNE 2022	\$ 4,345,647.26	\$	1,144.14
TWELVE MONTH ROLLING AVERAGE February 1, 2022 - January 31, 2023	\$ 4,842,344.71	\$	1,233.48

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

MONTHLY CLAIMS EXPERIENCE ANALYSIS DENTAL BENEFIT SECTION SEVEN MONTHS ENDING JANUARY 31, 2023

DELTA DENTAL	PAYMENTS	PER ELIC	
ACTIVES RETIREES	\$ 1,303,485.40 211,646.80	\$ \$	56.28 57.39
TOTAL FOR DELTA DENTAL	\$ 1,515,132.20	\$	56.43
AVERAGE MONTHLY COST	\$ 216,447.46	\$	56.43
PUD HMO AVG MONTHLY PREM	14,292.58	\$	43.18
TOTAL AVG MONTHLY COST - YTD	\$ 230,740.04	\$	55.38
PRIOR YEAR AVERAGE MONTHLY COST: DELTA JULY 2021 - JUNE 2022	DENTAL		
ACTIVES		\$	64.13
RETIREES		\$	64.28
COMBINED		\$	64.16
TWELVE MONTH ROLLING AVERAGE DELTA DENTAL			
February 1, 2022 - January 31, 2023		\$	60.71



Average Cost Per Participant Monthly

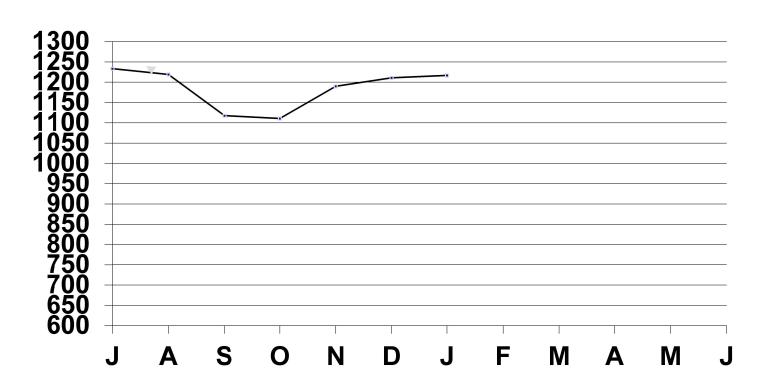
Fresno City Employees H & W Trust Jul 22 – Jun 23





Average Cost Per Participant Year to Date

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





Average Cost Per Participant 12 Month Rolling Average

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



FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

FINANCIAL ANALYSIS FOR MEDICAL, VISION AND PRESCRIPTION DRUG SEVEN MONTHS ENDING JANUARY 31, 2023

	CENSUS		CLAIMS		FIXED		TOTAL						NET		YTD
CATEGORY	COUNT		COSTS		COSTS		COSTS		RATE	IN	TEREST	G	AIN(LOSS)		GAIN(LOSS)
ACTIVES															
PPO Contributing	2,584	\$	1,369.96	\$	116.64	\$	1,486.60	\$	1,251.00	\$	3.63	\$	(231.97)	\$	(4,195,873.36)
PPO Non-Cont 35	996	\$	581.83	\$	116.64	\$	698.47	\$	847.00	\$	3.63	\$	152.16	\$	1,060,859.52
PPO Non-Cont 25	21	\$	13.69	\$	116.64	\$	130.33	\$	981.00	\$	3.63	\$	854.30	\$	125,582.10
TOTAL (a)	3601	\$	1,144.06	\$	116.64	\$	1,260.70	\$	1,137.68	\$	3.63	\$	(119.39)	\$	(3,009,431.74)
101712 (4)	0001	Ψ	1,111.00	Ψ_	110.01	Ψ	1,200.70	Ť	1,107.00	۲	0.00	۳	(110.00)	Ψ	(0,000,101.71)
RETIREES															
PPO Plan	170		2,460.01			\$	2,576.65	_	,	\$	3.63		(1,322.02)		(1,569,243.50)
TOTAL	170		2,460.01	\$	116.64	\$	2,576.65	\$	1,251.00	\$	3.63	\$	(1,322.02)	\$	(1,569,243.50)
COBRA															
PPO Plan	9	\$	3,613.87	\$	116.64	\$	3,730.51	8	1,276.02	\$	3.63	\$	(2,450.86)	\$	(154,404.18)
TOTAL			3,613.87	\$	116.64	\$	3,730.51		1,276.02	\$	3.63	\$	(2,450.86)		(154,404.18)
								Ė	,	Ė			, ,		, ,
MEDICARE SUPP															
PPO Plan	170	\$	882.66	\$	27.59	\$	910.25	\$	688.00	\$	3.63	\$	(218.62)	\$	(260,157.80)
TOTAL	170	\$	882.66	\$	27.59	\$	910.25	\$	688.00	\$	3.63	\$	(218.62)	\$	(260,157.80)
SELF-PAY															
PPO Plan	22	\$	5,062.23	\$	116.85	\$	5,179.08	\$	1,507.00	\$	3.63	\$	(3,668.45)	\$	(564,941.30)
TOTAL	22		5,062.23	_	116.85	\$	5,179.08	_	1,507.00	\$	3.63	_	(3,668.45)	_	(564,941.30)
Stop-Loss Reimbursement										_				\$	2,269,933.13
Prescription Drug Rebates														\$	2,126,010.35
										t				Ť	_,,
TOTAL														\$	(1,162,235.04)

NOTES:

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

Fixed Costs include all plan costs for Blue Shield, Halcyon, PhysMetrics, Optum, HealthComp, Rael & Letson,

Moss Law Firm, EyeMed, EPIC and HCC Life Insurance.

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

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

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

FINANCIAL ANALYSIS FOR DENTAL SEVEN MONTHS ENDING JANUARY 31, 2023

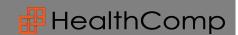
CATEGORY	CENSUS	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
Delta PPO	3835	\$ 56.43	\$ 5.28	\$ 61.71	\$ 99.00		\$ 37.29	\$ 1,001,050.05
PUD HMO	331	\$ -	\$ 43.18	\$ 43.18	\$ 99.00		\$ 55.82	\$ 129,334.94
TOTAL								\$ 1,130,384.99

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 - 01/31/2023 | PAID: 01/01/2023 - 01/31/2023

	FRESNO CITY EMP H&W TRUST Summary											
Range of Days Lagged		Incurred Date to Received Date			ceived Da ocessed [cessed Da Paid Date			ceived Da Paid Date	
	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum
0 - 10	5,141	49.9 %	49.9 %	8,125	78.8 %	78.8 %	10,182	98.8 %	98.8 %	7,639	74.1 %	74.1 %
11 - 14	1,149	11.1 %	61.0 %	883	8.6 %	87.4 %	24	0.2 %	99.0 %	370	3.6 %	77.7 %
15 - 21	1,308	12.7 %	73.7 %	870	8.4 %	95.8 %	13	0.1 %	99.1 %	1,381	13.4 %	91.1 %
22 - 28	693	6.7 %	80.4 %	121	1.2 %	97.0 %	11	0.1 %	99.3 %	487	4.7 %	95.8 %
Over 28	2,016	19.6 %	100.0 %	308	3.0 %	100.0 %	77	0.7 %	100.0 %	430	4.2 %	100.0 %

Total # of claims: 10,307

Average days from incurred to received: 24.7 Average days from received to processed: 5.9 Average days from processed to paid: 4.6 Average days from received to paid: 10.5

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

MONTHLY CLAIMS EXPERIENCE ANALYSIS MEDICAL AND PRESCRIPTION DRUGS EIGHT MONTHS ENDING FEBRUARY 28, 2023

		PER ELIGIBLE	Ξ
ACTIVES COBRA RETIREES	\$ 33,337,181.53 249,795.79 3,274,758.76 \$ 36,861,736.08	\$ 1,153.10 3,673.47 2,400.85 \$ 1,214.83	
MEDICARE SUPPLEMENT SELF-PAY OVER 65	\$ 1,191,975.06 897,955.98 \$ 38,951,667.12	\$ 880.99 5,044.70 \$ 1,222.05	
AVERAGE MONTHLY COST - YTD	\$ 4,868,958.39	\$ 1,222.05	
PRIOR YEAR AVERAGE MONTHLY COST - YTD EIGHT MONTHS ENDING FEBRUARY 28, 2022	4,025,865.90	\$ 1,070.67	
PRIOR PLAN YEAR AVERAGE MONTHLY COST JULY 2021 - JUNE 2022	\$ 4,345,647.26	\$ 1,144.14	
TWELVE MONTH ROLLING AVERAGE March 1, 2022 - February 28, 2023	\$ 4,907,708.92	\$ 1,243.22	

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

MONTHLY CLAIMS EXPERIENCE ANALYSIS DENTAL BENEFIT SECTION EIGHT MONTHS ENDING FEBRUARY 28, 2023

DELTA DENTAL	PAYMENTS	PER ELIGIBLE	
ACTIVES RETIREES	\$ 1,456,967.95 244,157.90	\$ \$	54.84 57.84
TOTAL FOR DELTA DENTAL	\$ 1,701,125.85	\$	55.25
AVERAGE MONTHLY COST	\$ 212,640.73	\$	55.25
PUD HMO AVG MONTHLY PREM	14,292.58	\$	43.18
TOTAL AVG MONTHLY COST - YTD	\$ 226,933.31	\$	54.30
PRIOR YEAR AVERAGE MONTHLY COST: DELTA JULY 2021 - JUNE 2022	DENTAL		
ACTIVES		\$	64.13
RETIREES		\$	64.28
COMBINED		\$	64.16
TWELVE MONTH ROLLING AVERAGE DELTA DENTAL			
March 1, 2022 - February 28, 2023		\$	60.10



Average Cost Per Participant Monthly

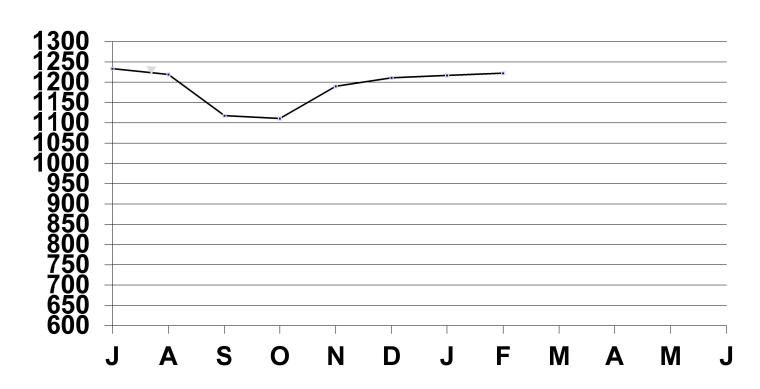
Fresno City Employees H & W Trust Jul 22 – Jun 23





Average Cost Per Participant Year to Date

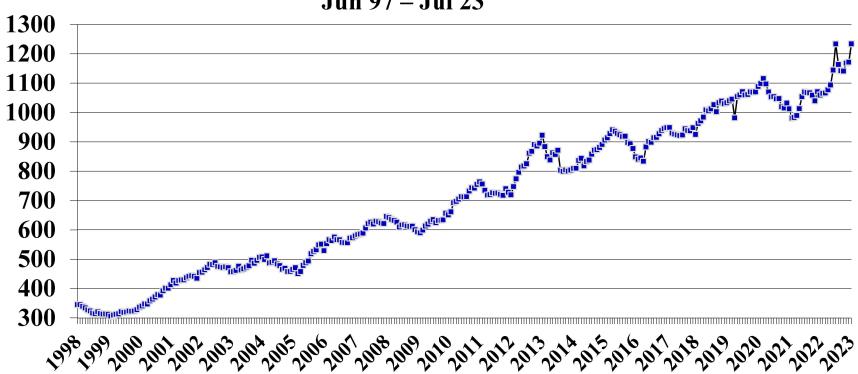
Fresno City Employees H & W Trust Jul 22 – Jun 23





Average Cost Per Participant 12 Month Rolling Average

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



FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

FINANCIAL ANALYSIS FOR MEDICAL, VISION AND PRESCRIPTION DRUG EIGHT MONTHS ENDING FEBRUARY 28, 2023

	CENSUS		CLAIMS		FIXED		TOTAL						NET		YTD
CATEGORY	COUNT		COSTS		COSTS		COSTS		RATE	IN	ITEREST	G	SAIN(LOSS)		GAIN(LOSS)
ACTIVES															
PPO Contributing	2,588	\$	1,384.91	\$	116.64	\$	1,501.55		1,251.00	\$	3.61	\$	(246.94)	\$	(5,112,645.76)
PPO Non-Cont 35	1,004	\$	580.46	\$	116.64	\$	697.10	\$	847.00	\$		\$	153.51	\$	1,232,992.32
PPO Non-Cont 25	22	\$	24.05	\$	116.64	\$	140.69	\$	981.00	\$	3.61	\$	843.92	\$	148,529.92
	0044	_	4.450.44	_	110.01	_	4 000 70	_	4 407 40	_	0.04	_	(400.05)	\$	- (0.704.400.50)
TOTAL (a)	3614	\$	1,153.14	\$	116.64	\$	1,269.78	\$	1,137.12	\$	3.61	\$	(129.05)	\$	(3,731,123.52)
RETIREES															
PPO Plan	171	\$	2,400.85	\$	116.64	\$	2,517.49	\$	1,251.00	\$	3.61	\$	(1,262.88)	\$	(1,722,567.68)
TOTAL	171		2,400.85	\$	116.64	\$	2,517.49	\$	1,251.00	\$	3.61	\$	(1,262.88)	\$	(1,722,567.68)
COBRA				١.		١.		١.		١.		١.		١.	
PPO Plan	9	\$	3,673.47	-	116.64	\$	3,790.11		1,276.02	-		\$	(2,510.48)		(180,754.56)
TOTAL	9	\$	3,673.47	\$	116.64	\$	3,790.11	\$	1,276.02	\$	3.61	\$	(2,510.48)	\$	(180,754.56)
MEDICARE SUPP															
PPO Plan	169	\$	880.99	\$	27.59	\$	908.58	\$	688.00	\$	3.61	\$	(216.97)	\$	(293,343.44)
TOTAL	169	_	880.99	\$	27.59	\$	908.58	\$	688.00	\$	3.61	\$	(216.97)	-	(293,343.44)
													,		,
SELF-PAY															
PPO Plan	22	\$		\$	116.85	\$		_	1,507.00	\$		\$	(3,650.94)	\$	(642,565.44)
TOTAL	22	\$	5,044.70	\$	116.85	\$	5,161.55	\$	1,507.00	\$	3.61	\$	(3,650.94)	\$	(642,565.44)
Stop-Loss Reimbursement														\$	2,597,716.21
Otop-2003 Remibursement										H				۳	2,007,710.21
Prescription Drug Rebates														\$	2,126,010.35
TOTAL														\$	(1,846,628.08)

NOTES:

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

Fixed Costs include all plan costs for Blue Shield, Halcyon, PhysMetrics, Optum, HealthComp, Rael & Letson,

Moss Law Firm, EyeMed, EPIC and HCC Life Insurance.

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

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

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

FINANCIAL ANALYSIS FOR DENTAL EIGHT MONTHS ENDING FEBRUARY 28, 2023

CATEGORY	CENSUS		FIXED	TOTAL	DATE	INITEDEST	NET	YTD
CATEGORY	COUNT	COSTS	COSTS	COSTS	RATE	INTEREST	GAIN(LOSS)	GAIN(LOSS)
Delta PPO	3849	\$ 55.25	\$ 5.28	\$ 60.53	\$ 99.00		\$ 38.47	\$ 1,184,568.24
PUD HMO	331	\$ -	\$ 43.18	\$ 43.18	\$ 99.00		\$ 55.82	\$ 147,811.36
TOTAL								\$ 1,332,379.60

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 - 02/28/2023 | PAID: 02/01/2023 - 02/28/2023

	FRESNO CITY EMP H&W TRUST Summary												
Range of Days Lagged		Incurred Date to Received Date			Received Date to Processed Date			Processed Date to Paid Date			Received Date to Paid Date		
	Claims	% Total	% Cum	Claims % Total % Cum			Claims	% Total	% Cum	Claims	% Total	% Cum	
0 - 10	5,826	53.9 %	53.9 %	9,598	88.9 %	88.9 %	10,790	99.9 %	99.9 %	8,298	76.8 %	76.8 %	
11 - 14	995	9.2 %	63.2 %	323	3.0 %	91.9 %	8	0.1 %	100.0 %	1,219	11.3 %	88.1 %	
15 - 21	1,087	10.1 %	73.2 %	565	5.2 %	97.1 %	3	0.0 %	100.0 %	758	7.0 %	95.1 %	
22 - 28	616	5.7 %	78.9 %	93	0.9 %	97.9 %	0	0.0 %	100.0 %	276	2.6 %	97.7 %	
Over 28	2,277	21.1 %	100.0 %	222	2.1 %	100.0 %	0	0.0 %	100.0 %	250	2.3 %	100.0 %	

Total # of claims: 10,801

Average days from incurred to received: 28.9
Average days from received to processed: 5.5
Average days from processed to paid: 3.6
Average days from received to paid: 9.1

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

SPECIFIC STOP LOSS THROUGH 1/31/2023

INCURRED: 07/01/22 - 1/31/2023 PAID: 07/01/22 THRU: 1/31/2023 OVER \$550,000.00

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

MEMBER	NET PAID	CLAIM AMOUNT
	\$0.00	\$0.00

50% OVER \$250,000.00

MEMBER	NET PAID	STILL TO MEET
1	\$314,189.89	\$235,810.11
2	\$258,450.62	\$291,549.38
3	\$226,593.99	\$323,406.01
4	\$192,843.36	\$357,156.64
5	\$378,951.87	\$171,048.13
3	\$236,038.86	\$313,961.14
7	\$263,131.49	\$286,868.51
8	\$315,801.26	\$234,198.74
	\$2,186,001.34	\$2,213,998.66

PREMIUM

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	\$ 146.80	\$ 3,907,375.60	\$ 786,001.34	\$ (3,121,374.26)
350,000	\$ 75.09	\$ 1,998,670.53	\$ 28,951.87	\$ (1,969,718.66)
550,000	\$ 40.69	\$ 1,083,045.73	-	\$ (1,083,045.73)

PRIOR YEAR RESULTS

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

Current Outstanding Submission
As of January 31, 2023 \$

801,109.79

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

SPECIFIC STOP LOSS THROUGH 2/28/2023

INCURRED: 07/01/22 - 2/28/2023 PAID: 07/01/22 THRU: 2/28/2023 OVER \$550,000.00

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

MEMBER	NET PAID	CLAIM AMOUNT
	\$0.00	\$0.00

50% OVER \$250,000.00

MEMBER	NET PAID	STILL TO MEET
1	\$333,104.86	\$216,895.14
2	\$274,756.58	\$275,243.42
3	\$233,495.87	\$316,504.13
4	\$192,843.36	\$357,156.64
5	\$398,989.52	\$151,010.48
6	\$269,359.86	\$280,640.14
7	\$397,096.58	\$152,903.42
8	\$322,936.51	\$227,063.49
9	\$212,118.94	\$337,881.06
10	\$216,806.43	\$333,193.57
11	\$298,145.88	\$251,854.12
12	\$199,458.25	\$350,541.75
13	\$272,088.00	\$277,912.00
	\$3,621,200.64	\$3,528,799.36

PREMIUM

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	\$ 146.80	\$ 4,480,482.80	\$ 1,346,200.64	\$ (3,134,282.16)
350,000	\$ 75.09	\$ 2,291,821.89	\$ 96,086.10	\$ (2,195,735.79)
550,000	\$ 40.69	\$ 1,241,899.49	\$ -	\$ (1,241,899.49)

PRIOR YEAR RESULTS

FISCAL YEAR	MEMBERS OVER \$175K	SAVINGS/(LOSS) \$500 DEDUCTIBLE	SAVINGS/(LOSS) \$350 DEDUCTIBLE	SAVINGS/(LOSS) \$175 DEDUCTIBLE
2008/2009	11	\$ 298,037.47	\$ 660,094.16	\$ 696,657.85
2009/2010	7	\$ 571,249.08	\$ 901,645.80	\$ 2,451,452.16
2010/2011	12	\$ 392,141.96	\$ 562,653.55	
2011/2012	4	\$ 690,024.10	\$ 1,115,261.30	
2012/2013	11	\$ 892,384.76	\$ 1,450,290.57	\$ 3,807,297.67
2013/2014	11	\$ 546,018.60	\$	
2014/2015	13	\$ 324,590.15	\$ 264,268.88	\$ 374,381.62
2015/2016	14	\$ 2,588,355.84	\$ 2,919,146.55	\$ 3,042,900.18
2016/2017	15	\$ (618,495.03)	\$ (1,101,491.19)	\$ (1,626,992.21)
2017/2018	23	\$ (808,434.00)	\$ (1,099,684.13)	\$ (1,999,825.30)
2018/2019	27	\$ (717,892.65)	\$ (696,340.65)	\$ (258,654.91)
2019/2020	29	\$ (403,675.83)	\$ 34,344.25	\$ 231,492.59
2020/2021	23	\$ 3,553.03	\$ 36,225.35	\$ (1,104,531.07)
2021/2022	23	\$ 1,829,245.00	\$ 1,719,923.64	\$ 1,675,827.25
TOTAL	223	\$ 5,587,102.48	\$ 7,707,684.63	\$ 15,902,314.82

Current Outstanding Submission
As of February 28, 2023 \$

473,326.71





Formal Complaint Form

As a part of our ongoing effort to improve our services please fill out the form below. This form is for complaints, comments or suggestions pertaining to the service offering. THIS IS NOT AN APPEAL FORM.

Name:	ID:
Choose to remain announamous	
Please check box(s) that apply:	
Customer Service Claims Processing	Blue Shield Halcyon/PhysMetics
FLEX	EyeMed
Appeals	OptumRx
Other:	EPIC -
How can we improve our service:	
Please share any additional comments	you may have:

You may print and mail this form to:

Attn: Account Management PO BOX 45018 Fresno, CA 93718-5018

You may submit this form electronically by completing the PDF fillable and sending as an attachment to: COFOE@HealthComp.com

P.O. BOX45018 FRESNO, CA 93718-5018



(559) 499-2450 (800)-442-7247

June 1, 2023

«FirstName» «LastName» «Addressl » «Address2» «City» «State» «Zip»

Dear Plan Participant:

The annual open enrollment for the Fresno City Employees Health & Welfare Trust Plan was recently conducted. The elections made during this open enrollment will go into effect on July 1,2023, You were mailed an open enrollment packet at the end of April 2023. To date, we have either not received your response or have received only a partial response. The completion and return of the forms contained in the packet is required.

In an effort to accommodate all circumstances which may have prevented participants from returning their open enrollment information, the Board of Trustees has provided a <u>grace</u> <u>period through June 30, 2023.</u> You are strongly encouraged to complete your open Enrollment forms and return them to HealthComp Administrators by the grace period deadline.

Certain information requested on the Open Enrollment forms is necessary for the accurate processing and payment of your health claims. It will therefore be necessary for us to hold payment of all claims submitted on your behalf for dates of service after June 30, 2023, until such time as we receive the completed Open Enrollment forms from you.

If you need another open enrollment packet, or assistance in completing your open enrollment forms, please contact HealthComp Administrators at (800) 442-7247.

We look forward to your reply,

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



(559) 499-2450 (800)-442-7247

June 1, 2023

«FirstName» «LastName» «Address1» «Address2» «City» «State» «Zip»

Dear Plan Participant:

The annual open enrollment for the Fresno City Employees Health & Welfare Trust Plan was recently conducted. The elections made during this open enrollment will go into effect on July 1, 2023. You were mailed an announcement for the online open enrollment at the end of April 2023. To date, you have not completed the enrollment.

In an effort to accommodate all circumstances which may have prevented participants from completing their open enrollment, the Board of Trustees has provided a <u>grace period</u> <u>through June 30, 2023.</u> You are strongly encouraged to complete your open enrollment bythe grace period deadline.

Certain information during Open Enrollment process is necessary for the accurate processing and payment of your health claims. It will therefore be necessary for us to hold payment of all claims submitted on your behalf for dates of service after June 30, 2023, until such time as you complete your Open Enrollment process.

If you need assistance in completing your open enrollment, please contact HealthComp Administrators at (800) 442-7247.

We look forward to your reply,



P.O. BOX 45018 FRESNO, CA 93718 -5018 (559) 499-2450 (800)-442-7247

June 1, 2023

«FirstName» «LastName» «Address1» «Address2» «City» «State» «Zip»

Dear Plan Participant:

The Fresno City Employees Health & Welfare Trust recently conducted an open enrollment for an effective date of July 1, 2023. An open enrollment announcement regarding the online open enrollment was sent to you at the end of April 2023. On June X, 2023, a letter was mailed to you providing a grace period extension to June 30, 2023 for the completion of your open enrollment process.

To date you have not completed the online open enrollment.

Certain information requested during Open Enrollment is necessary for the accurate processing and payment of your health claims. It will therefore be necessary for us todeny payment of all claims submitted on your behalf for dates of service after June 30, 2023, until such time as you complete the Open Enrollment process.

You have the right to appeal this decision. You may appeal this decision by filing a writtenrequest for appeal to the Board of Trustees within (180) days of receipt of this notice.

Should you have any questions, please feel free to contact HealthComp Administrators at (800) 442-7247.

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



(559) 499-2450 (800)-442-7247

May 1, 2023

«FirstName» «LastName» «Address1» «Address2» «City» «State» «Zip»

Dear Plan Participant:

The Fresno City Employees Health & Welfare Trust recently conducted an open enrollment for an effective date of July 1, 2023. Open enrollment materials were sent toyou at the end of April 2023. On June X, 2023, a letter was mailed to you providing a grace period extension to June 30, 2023 for the return of your open enrollment forms.

To date, we have either not received your open enrollment materials or have received only a partial response.

Certain information requested on the Open Enrollment forms is necessary for the accurate processing and payment of your health claims. It will therefore be necessary for us to deny payment of all claims submitted on your behalf for dates of service after June 30, 2023, until such time as we receive the completed Open Enrollment forms from you subject to all plan provisions.

You have the right to appeal this decision. You may appeal this decision by filing a writtenrequest for appeal to the Board of Trustees within (180) days of receipt of this notice.

Should you have any questions, please feel free to contact HealthComp Administrators at (800) 442-7247.

Fresno City Employees Health and Welfare Trust

Open Enrollment Verification/Change Form for the Fiscal Year July '23 – June '24

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



(559) 499-2450 FAX (559) 499-2464

April X, 2023

«hfname» «hlname»
«addr1» «addr2»
«city», «state» «zip»

Member ID #: Bargaining Unit: XEL «cert» «dept»

You need to Complete Open Enrollment on HCOnline by May 31, 2023.

INSTRUCTIONS: In order to be certain that we have the most current and accurate information for your insurance coverage, please take a moment to verify the information above and below. If any of the information is inaccurate or if you wish to make a change, please **update the information on HCOnline. The step by step guide will provide the HCOnline information.**

U . I	•			
EMPLOYEE & DEPENDENT INFORMATION				
RELATIONSHIP	NAME	DATE OF BIRTH		
«L1REL»	«L1FTNAME» «L1LNAME»	«L1DOB»		
«L2REL»	«L2FTNAME» «L2LNAME»	«L2DOB»		
«L3REL»	«L3FTNAME» «L3LNAME»	«L3DOB»		
«L4REL»	«L4FTNAME» «L4LNAME»	«L4DOB»		
«L5REL»	«L5FTNAME» «L5LNAME»	«L5DOB»		
«L6REL»	«L6FTNAME» «L6LNAME»	«L6DOB»		
«L7REL»	«L7FTNAME» «L7LNAME»	«L7DOB»		
«L8REL»	«L8FTNAME» «L8LNAME»	«L8DOB»		
«L9REL»	«L9FTNAME» «L9LNAME»	«L9DOB»		

April X, 2023

«hfname» «hlname»
«addr1» «addr2»
«city», «state» «zip»

Member ID #: XEL T Bargaining Unit:

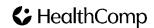
You MUST RETURN this form to HealthComp by May 31, 2023.

INSTRUCTIONS: In order to be certain that we have the most current and accurate information for your insurance coverage, please take a moment to verify the information above and below. If any of the information is inaccurate or if you wish to make a change, please **write down the change next to the item(s) being changed.**

EMPLOYEE &	DEPENDENT INFORMATION		
RELATIONSHIP	NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER REQUIRED FOR ALL PLAN PARTICIPANTS
SELF			ALREADY ON FILE
MEDICAL PLA	AN ELECTION		
You are currently			
_	NGE MY MEDICAL PLAN ELECTION TO: (II PO PLAN WITH FULL BENEFITS	F YOU CHECK THIS E	BOX, THE REQUIRED FORMS MUST BE COMPLETED)
DENTAL PLA	N ELECTION		
Below) Delta Dental P OR I WANT TO DEC	nrolled in: NGE MY DENTAL PLAN TO: (Check Box PO Plan UHC Dental HMO Plan* CLINE DENTAL COVERAGE (IF YOU CHECK RED FORMS MUST BE COMPLETED)	*When electing the provider within thei Non-Participating P	UHC Dental HMO Plan you must pick a participating r network. No benefits will be paid for services rendered by roviders.
	NDER PENALTY OF PERJURY, I DECLARE TI EDGE AND BELIEF, IS TRUE, CORRECT AND		ATION PRESENTED ON THIS FORM, TO THE Date

Fresno City Employees Health and Welfare Trust

Fiscal Year July '23 - June '24



P.O. BOX 45018 FRESNO, CA 93718-5018 (559) 499-2450 (800) 442-7247 FAX (559) 499-2464

IMPORTANT ANNOUNCEMENT

May 1, 2023

TO: RETIRED FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

PARTICIPANTS

RE: OPEN ENROLLMENT MAY 1 – MAY 31

The annual open enrollment period will be from May 1 to May 31, 2023. During open enrollment you have the opportunity to change your dental plan selection and/or verify or update any information we have about you or your dependents.

EVEN IF YOU ARE NOT MAKING ANY CHANGES, YOU MUST COMPLETE THE ONLINE OPEN ENROLLMENT BY MAY 31, 2023. ANY CHANGES YOU MAKE WILL BE EFFECTIVE JULY 1, 2023.

PLEASE NOTE: The Affordable Care Act requires Social Security numbers be provided for all plan participants. To comply with this requirement, you must provide Social Security numbers for all plan participants

The monthly rates for Medical and Dental benefits will remain the same for the new plan year beginning July 1, 2023:

<u>Rate</u>
\$1,251 \$ 99 \$1,350
\$ 688
\$ 99
\$ 787
\$1,574
\$1,507
\$ 99
\$1,606

When you enroll in the Optum Rx Medicare Prescription Drug Plan your monthly premium for your health benefits will be reduced by \$50. You will receive a \$50 reduction in your health premium beginning the first of the month following your approval from Medicare.

A full description of your benefits may be found in the July 1, 2023 Fresno City Employees Health and Welfare Trust Plan Booklet, which will be posted on the Fresno City website when finalized. Up-to-date links to provider directories from Blue Shield, EyeMed, United HealthCare Dental, and Delta Dental will also be posted on the Fresno City website when made available:

www.fresno.gov/Government/DepartmentDirectory/Personnel/EmployeeBenefits/default.htm

<u>Checklist for Open Enrollment Completion</u>

- Verify/Change Personal and Dependent Information
- Add Dependent Social Security Number
- Verify/Change Medical Plan Election
- Verify/Change Dental Plan Election
- Verify/Change Other Insurance Information
- Verify All Information and Submit

If you have any questions regarding your open enrollment selection or would like to receive a printed version of the July 1, 2023 Plan Booklet, please contact HealthComp at (559) 499-2450.

The Board of Trustees

Fresno City Employees Health and Welfare Trust

Fiscal Year July '23 - June '24

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



(559) 499-2450 (800) 442-7247 FAX (559) 499-2464

IMPORTANT ANNOUNCEMENT

May 1, 2023

TO: RETIRED FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

PARTICIPANTS

RE: OPEN ENROLLMENT MAY 1 - MAY 31

The annual open enrollment period will be from May 1 to May 31, 2023. During open enrollment you have the opportunity to change your dental plan selection and/or verify or update any information we have about you or your dependents.

EVEN IF YOU ARE NOT MAKING ANY CHANGES, YOU <u>MUST</u> COMPLETE AND RETURN THE ENCLOSED FORMS TO HEALTHCOMP BY MAY 31, 2023. ANY CHANGES YOU MAKE WILL BE EFFECTIVE JULY 1, 2023.

PLEASE NOTE: The Affordable Care Act requires Social Security numbers be provided for all plan participants. To comply with this requirement, you must provide Social Security numbers for all plan participants on the Open Enrollment Verification/Change Form.

The monthly rates for Medical and Dental benefits will remain the same for the new plan year beginning July 1, 2023:

, , , , , , , , , , , , , , , , , , ,	<u>Rate</u>
Retirees under 65: Health only Dental only Health and Dental	\$1,251 \$ 99 \$1,350
Over 65 (with Medicare): Health only (per individual) Dental only (per family) Health and Dental: One Person Two Person	\$ 688 \$ 99 \$ 787 \$1,574
Over 65 (without Medicare): Health only Dental only Health and Dental	\$1,507 \$ 99 \$1,606
	Dogg 1

When you enroll in the Optum Rx Medicare Prescription Drug Plan your monthly premium for your health benefits will be reduced by \$50. You will receive a \$50 reduction in your health premium beginning the first of the month following your approval from Medicare.

A full description of your benefits may be found in the July 1, 2023 Fresno City Employees Health and Welfare Trust Plan Booklet, which will be posted on the Fresno City website when finalized. Up-to-date links to provider directories from Blue Shield, EyeMed, United HealthCare Dental, and Delta Dental will also be posted on the Fresno City website when made available:

www.fresno.gov/Government/DepartmentDirectory/Personnel/EmployeeBenefits/default.htm

Checklist for Open Enrollment Completion

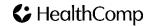
- □ Complete Open Enrollment Verification/Change Form (REQUIRED)
 - □ Verify/Change Personal and Dependent Information
 - Add Dependent Social Security Number
 - Verify/Change Medical Plan Election
 - Verify/Change Dental Plan Election
 - Sign and Date
- □ Complete Other Insurance Information Questionnaire Form (REQUIRED)
- □ A stamped self-addressed envelope has been enclosed for your convenience.

If you have any questions regarding your open enrollment selection or would like to receive a printed version of the July 1, 2023 Plan Booklet, please contact HealthComp at (559) 499-2450.

The Board of Trustees

Fresno City Employees Health and Welfare Trust

Fiscal Year July '23 - June '24



P.O. BOX 45018 FRESNO, CA 93718-5018 (559) 499-2450 (800) 442-7247 FAX (559) 499-2464

IMPORTANT ANNOUNCEMENT

May 1, 2023

TO: FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST ACTIVE PARTICIPANTS

RE: OPEN ENROLLMENT MAY 1 – MAY 31

The annual open enrollment period will be from May 1 to May 31, 2023. During open enrollment you have the opportunity to change your dental/vision plan selection, your contribution election and verify or update any information we have about you or your dependents.

EVEN IF YOU ARE NOT MAKING ANY CHANGES, YOU <u>MUST</u> COMPLETE THE ONLINE OPEN ENROLLMENT BY MAY 31, 2023. ANY CHANGES YOU MAKE WILL BE EFFECTIVE JULY 1, 2023.

PLEASE NOTE: The Affordable Care Act requires Social Security numbers be provided for all plan participants. To comply with this requirement, you must provide Social Security numbers for all plan participants.

The contribution election you made on your most recent Premium Conversion Plan/Payroll Deduction Authorization will remain in effect for the 2023/2024 plan year and require no action on your part unless you change your election.

The rate for medical, dental and vision benefits will remain the same for the new plan year beginning July 1, 2023. A contribution equal to 70% of the Trust rate of \$1,350 or \$946 will be made by the City on behalf of eligible employees defined under the MOU. The contribution from the City of Fresno into the Trust Fund is not enough to cover the full rate. In order to receive full benefits, active employees will be required to contribute by payroll deduction, the difference between the \$1,350 Trust Fund rate and the City contribution. In order to receive full benefits, the employee's 30% contribution will be \$404.00 per month.

IF YOU MAKE THE CONTRIBUTION OF \$404.00, FOR MEDICAL AND MENTAL HEATH CARE SERVICES, A DEDUCTIBLE OF \$200 PER INDIVIDUAL AND \$600 PER FAMILY WILL APPLY; AND AFTER MEETING THE DEDUCTIBLE, A MEMBER CO-INSURANCE RESPONSIBILITY OF 20% FOR IN-NETWORK SERVICES WILL APPLY UNTIL THE OUT-OF-POCKET IN-NETWORK LIMIT OF \$3,200 PER INDIVIDUAL AND \$6,400 PER FAMILY IS REACHED. (A SEPARATE OUT-OF-POCKET LIMIT OF \$3,400 PER INDIVIDUAL AND \$6,800 PER FAMILY WILL APPLY FOR PRESCRIPTION DRUG EXPENSES.)

IF YOU <u>DO NOT</u> MAKE THE CONTRIBUTION OF \$404.00 AND THE TRUST FUND RECEIVES ONLY A \$946.00 CONTRIBUTION FROM THE CITY, FOR MEDICAL AND MENTAL HEALTH CARE SERVICES, A DEDUCTIBLE OF \$1,300 PER INDIVIDUAL AND \$2,600 PER FAMILY WILL APPLY; AND AFTER MEETING THE DEDUCTIBLE, A MEMBER CO-INSURANCE RESPONSIBILITY OF 48% FOR IN-NETWORK SERVICES WILL APPLY UNTIL THE OUT-OF-POCKET INNETWORK LIMIT OF \$4,600 PER INDIVIDUAL AND \$9,200 PER FAMILY IS REACHED. (SIMILAR REDUCTIONS WILL APPLY FOR PRESCRIPTION DRUG EXPENSES INCLUDING A SEPARATE OUT-OF-POCKET LIMIT OF \$2,000 PER INDIVIDUAL AND \$4,000 PER FAMILY.)

If you do not elect to make the necessary Monthly Employee contribution, this may result in a substantial patient liability for medical and walk-in prescription drug services. In the following example, Employee A is paying his/her monthly employee contribution. Employee B elected to not make the payroll deduction. The following chart shows how their benefits would be calculated for a \$5,000 in-network charge, assuming the respective deductibles have not previously been satisfied.

	Employee A*	Employee B**
City Contribution	\$ 946.00	\$946.00
Employee Contribution	\$ 404.00	<u>\$ 0.00</u>
Total Monthly Contribution	\$1,350.00	\$946.00
In-Network Medical Charge	\$ 5,000	\$ 5,000
Employee Deductible	\$ 200	\$ 1,300
Employee Co-Insurance	<u>\$ 960</u>	\$ 1,776
Employee Pays	\$ 1,160	\$ 3,076
Plan Pays	\$ 3,840	\$ 1,924

^{*} After the first \$200 was applied to the deductible, Employee A pays 20% of the next \$4,800 in charges or \$960 for a total employee payment of \$1,160.

A full description of your benefits may be found in the July 1, 2023 Fresno City Employees Health and Welfare Trust Plan Booklet, which will be posted on the Fresno City website when finalized. Up-to-date links to provider directories from Blue Shield, EyeMed, United HealthCare Dental, and Delta Dental will also be posted on the Fresno City website when made available:

www.fresno.gov/Government/DepartmentDirectory/Personnel/EmployeeBenefits/default.htm.

Checklist for Open Enrollment Completion

- □ Verify/Change Personal and Dependent Information
- □ Add Dependent Social Security Numbers
- □ Verify/Change Medical Plan Election
- □ Verify/Change Dental Plan Election
- Verify/Change Vision Plan Election
- □ Verify/Change Other Insurance Information
- Verify All Information and Submit

Other Insurance Information Questionnaire Form (<u>REQUIRED</u>)

If you have any questions regarding your open enrollment selection or would like to receive a printed version of the July 1, 2023 Plan Booklet, please contact HealthComp at (559) 499-2450.

The Board of Trustees

^{**}After the first \$1,300 was applied to the deductible, Employee B pays 48% of the next \$3,700 in charges or \$1,776 for a total employee payment of \$3,076.

Fresno City Employees Health and Welfare Trust

Fiscal Year July '23 - June '24



P.O. BOX 45018 FRESNO, CA 93718-5018 (559) 499-2450 (800) 442-7247 FAX (559) 499-2464

IMPORTANT ANNOUNCEMENT

May 1, 2023

TO: FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST ACTIVE PARTICIPANTS

RE: OPEN ENROLLMENT MAY 1 – MAY 31

The annual open enrollment period will be from May 1 to May 31. During open enrollment you have the opportunity to change your dental/vision plan selection, your contribution election and verify or update any information we have about you or your dependents.

EVEN IF YOU ARE NOT MAKING ANY CHANGES, YOU <u>MUST</u> COMPLETE THE ONLINE OPEN ENROLLMENT BY MAY 31, 2023. ANY CHANGES YOU MAKE WILL BE EFFECTIVE JULY 1, 2023.

PLEASE NOTE: The Affordable Care Act requires Social Security numbers be provided for all plan participants. To comply with this requirement, you must provide Social Security numbers for all plan participants.

The contribution election you made on your most recent Premium Conversion Plan/Payroll Deduction Authorization will remain in effect for the 2023/2024 plan year and require no action on your part unless you change your election.

The rate for medical, dental and vision benefits will remain the same for the new plan year beginning July 1, 2023. A contribution equal to 80% of the Trust rate of \$1,350 or \$1,080 will be made by the City on behalf of eligible employees defined under the MOU. The contribution from the City of Fresno into the Trust Fund is not enough to cover the full rate. In order to receive full benefits, active employees will be required to contribute by payroll deduction, the difference between the \$1,350 Trust Fund rate and the City contribution. In order to receive full benefits, the employee's 20% contribution will be \$270.00 per month.

IF YOU MAKE THE CONTRIBUTION OF \$270.00, FOR MEDICAL AND MENTAL HEATH CARE SERVICES, A DEDUCTIBLE OF \$200 PER INDIVIDUAL AND \$600 PER FAMILY WILL APPLY; AND AFTER MEETING THE DEDUCTIBLE, A MEMBER CO-INSURANCE RESPONSIBILITY OF 20% FOR IN-NETWORK SERVICES WILL APPLY UNTIL THE OUT-OF-POCKET IN-NETWORK LIMIT OF \$3,200 PER INDIVIDUAL AND \$6,400 PER FAMILY IS REACHED. (A SEPARATE OUT-OF-POCKET LIMIT OF \$3,400 PER INDIVIDUAL AND \$6,800 PER FAMILY WILL APPLY FOR PRESCRIPTION DRUG EXPENSES.)

IF YOU <u>DO NOT</u> MAKE THE CONTRIBUTION OF \$270.00 AND THE TRUST FUND RECEIVES ONLY A \$1,080.00 CONTRIBUTION FROM THE CITY, FOR MEDICAL AND MENTAL HEALTH CARE SERVICES, A DEDUCTIBLE OF \$1,300 PER INDIVIDUAL AND \$2,600 PER FAMILY WILL APPLY; AND AFTER MEETING THE DEDUCTIBLE, A MEMBER CO-INSURANCE RESPONSIBILITY OF 40% FOR IN-NETWORK SERVICES WILL APPLY UNTIL THE OUT-OF-POCKET IN-NETWORK LIMIT OF \$4,600 PER INDIVIDUAL AND \$9,200 PER FAMILY IS REACHED. (SIMILAR REDUCTIONS WILL APPLY FOR PRESCRIPTION DRUG EXPENSES INCLUDING A SEPARATE OUT-OF-POCKET LIMIT OF \$2,000 PER INDIVIDUAL AND \$4,000 PER FAMILY.)

If you do not elect to make the necessary Monthly Employee contribution, this may result in a substantial patient liability for medical and walk-in prescription drug services. In the following example, Employee A is paying his/her monthly employee contribution. Employee B elected to not make the payroll deduction. The following chart shows how their benefits would be calculated for a \$5,000 in-network charge, assuming the respective deductibles have not previously been satisfied.

	Employee A*	Employee B**
City Contribution	\$1,080.00	\$1,080.00
Employee Contribution	\$ 270.00	\$ 0.00
Total Monthly Contribution	\$1,350.00	\$1,080.00
In-Network Medical Charge	\$ 5,000	\$ 5,000
Employee Deductible	\$ 200	\$ 1,300
Employee Co-Insurance	<u>\$ 960</u>	<u>\$ 1,480</u>
Employee Pays	\$ 1,160	\$ 2,780
Plan Pays	\$ 3,840	\$ 2,200

^{*} After the first \$200 was applied to the deductible, Employee A pays 20% of the next \$4,800 in charges or \$960 for a total employee payment of \$1,160.

A full description of your benefits may be found in the July 1, 2023 Fresno City Employees Health and Welfare Trust Plan Booklet, which will be posted on the Fresno City website when finalized. Up-to-date links to provider directories from Blue Shield, EyeMed, United HealthCare Dental, and Delta Dental will also be posted on the Fresno City website when made available:

www.fresno.gov/Government/DepartmentDirectory/Personnel/EmployeeBenefits/default.htm.

Checklist for Open Enrollment Completion

- □ Verify/Change Personal and Dependent Information
- Add Dependent Social Security Numbers
- □ Verify/Change Medical Plan Election
- □ Verify/Change Dental Plan Election
- □ Verify/Change Vision Plan Election
- Verify/Change Other Insurance Questionaire
- Verify All Information and Submit

If you have any questions regarding your open enrollment selection or would like to receive a printed version of the July 1, 2023 Plan Booklet, please contact HealthComp at (559) 499-2450.

The Board of Trustees

^{**}After the first \$1,300 was applied to the deductible, Employee B pays 40% of the next \$3,700 in charges or \$1,480 for a total employee payment of \$2,780.

Fresno City Employees Health and Welfare Trust

Other Insurance Information Questionnaire Form for the Fiscal Year July 22 – June 23



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

Signature of Employee:_

(559) 499-2450 (800) 442-7247 FAX (559) 499-2464

In order to fully document our system regarding other Employee Name Do you or any of your covered dependents have NO – Please sign and date at the bottom and re		Member ID # _	-
Do you or any of your covered dependents have			
■ NO – Please sign and date at the bottom and re	e other existing health	coverage?	
•		· ·	
I IVES Diagon provide relevant information for an	eturn this form to HealthC	Comp.	
LO - Ficase provide relevant information for ea	nch additional Carrier/Pla	n providing other health insura	nce coverage for your family below.
ls your spouse also an employee of the City of F	Fresno? □Yes □No	If yes, Name & ID#	
#1: Carrier/Plan Name:	Policyholde	r Name:	DOB:
Plan Type (check one):	Part: A B C D (circle all that apply)	Medicaid 🗖 Individual 🗖 R	etiree 🗖 Other
Coverage type: ☐ Medical ☐ Dental ☐ Vision 0	Rx Effective Date:		
(check all that apply)		(if app	licable)
#2: Carrier/Plan Name	Policyholda	or Namo:	D DOD:
Plan Type (check one): Employer Medicare F			etiree Other
		individual 10	etilee Otilei
	Rx Effective Date:		nation Date:
(check all that apply) USING THE ABOVE CARRIER NUMBERS, I	DI EASE EILL OUT THE E	,	OD FACH COVERED DEPENDENT
Carrier	Relationship to	Is coverage	Person with whom child primarily
# Covered dependent	policyholder	court-ordered?	resides & their relationship to child
(see above)		(if yes, attach relevant pages)	(If applicable)
		Yes No	
Please list the Name and Date of Birth for all cover	red dependents who do	not have other health insurance	e coverage:
Dependent name:	OOB:	Dependent name:	DOB:
Dopondont nume.			
Soporadin name.			

Date: ___

The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, contact HealthComp at 1-800-442-7247. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary or call 1-800-442-7247 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$200/individual or \$600/family	Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Preventive care services are covered before you meet your deductible.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket</u> <u>limit</u> for this <u>plan</u> ?	For <u>network providers</u> \$3,200 individual / \$6,400 family; for prescriptions \$3,400 individual / \$6,800 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover and non-network charges	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.blueshieldca.com or call 1-800-219-0030 for a list of network providers.	This <u>plan</u> uses a provider <u>network</u> . You will pay less if you use a <u>provider</u> in the plan's <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the provider's charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.

Do you need a r	eferral to
see a specialist	?

No.

You can see the <u>specialist</u> you choose without <u>referral</u>.



All $\underline{\textbf{copayment}}$ and $\underline{\textbf{coinsurance}}$ costs shown in this chart are after your $\underline{\textbf{deductible}}$ has been met, if a $\underline{\textbf{deductible}}$ applies.

Common Medical Event	Services You May Need	Network Provider	ou Will Pay Out-of-Network Provider	Limitations, Exceptions, & Other Important Information
inounour Evolit	Primary care visit to treat an injury or illness	(You will pay the least) 20% coinsurance	(You will pay the most) 50% coinsurance	None
If you visit a health care provider's office	Specialist visit	20% coinsurance	50% coinsurance	None
or clinic	Preventive care/screening/ immunization	No charge	50% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	50% coinsurance	Additional \$25 copayment for services
	Imaging (CT/PET scans, MRIs)	20% coinsurance	50% coinsurance	performed at a hospital-based lab.
If you need drugs to	Generic drugs (Tier 1)	10% coinsurance/ prescription (retail) \$5 copay/prescription (mail order)	Not covered	
treat your illness or condition More information about prescription drug coverage is available at www.optumrx.com	Preferred brand drugs (Tier 2)	20% coinsurance/ prescription (retail) \$20 copay/prescription (mail order)	Not covered	Covers up to a 34-day supply (retail prescription); 90 day supply (mail order prescription).
	Non-preferred brand drugs (Tier 3)	40% coinsurance/ prescription (retail) \$50 copay/prescription (mail order)	Not covered	
	Specialty drugs (Tier 4)	\$100 copay/prescription (retail or mail order)	Not covered	

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy document at <u>www.healthcomp.com</u>.

Common	Common What You Will Pay		Limitations, Exceptions, & Other Important	
Medical Event	Services You May Need	Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Information
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$250/ <u>copay</u> /surgery & 20% <u>coinsurance</u>	\$250/ <u>copay</u> /surgery & 50% <u>coinsurance</u>	Copay does not apply to free-standing ambulatory surgery center. Precertification is required. If you don't get precertification, benefits could be reduced. Certain non-emergency services & ancillary services received by out-of-network providers at ambulatory surgery centers cannot be billed more than the plan's network contract rate. However, there are certain other non-emergency services and post-stabilization services at network facilities that you can give written consent to be balance billed. Contact HealthComp for more information.
	Physician/surgeon fees	20% coinsurance	50% coinsurance	None
If you need immediate medical attention	Emergency room care	\$200/ <u>copay</u> visit & 20% <u>coinsurance</u>	\$200/ <u>copay</u> visit & 20% <u>coinsurance</u>	None
	Emergency medical transportation	20% coinsurance	20% coinsurance	For covered air ambulance, any cost-sharing will count towards any Plan applicable deductible or out-of-pocket limit with no balance billing.
	<u>Urgent care</u>	20% coinsurance	50% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250/ copay/admission & 20% coinsurance	\$250/ copay/admission & 50% coinsurance	Precertification is required. If you don't get precertification, benefits could be reduced by 50% of the total cost of the service.
	Physician/surgeon fees	20% coinsurance	50% coinsurance	None

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy <u>49</u>cument at <u>www.healthcomp.com</u>.

Common			ou Will Pay	Limitations, Exceptions, & Other Important	
Medical Event	Services You May Need	Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Information	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% coinsurance/office visit and 20% coinsurance for other outpatient services	50% coinsurance	Precertification is required for inpatient services. If you don't get precertification,	
	Inpatient services	\$250/ copay/admission & 20% coinsurance	\$250/ copay/admission & 50% coinsurance	benefits could be reduced by 50% of the total cost of the service.	
	Office visits	20% coinsurance	50% coinsurance	Cost sharing does not apply to certain	
If you are pregnant	Childbirth/delivery professional services	20% coinsurance	50% coinsurance	preventive services. Depending on the type of services, coinsurance may apply. Maternity care may include tests and services described	
	Childbirth/delivery facility services	\$250/ copay/admission & 20% coinsurance	\$250/ copay/admission & 50% coinsurance	elsewhere in the SBC (i.e. ultrasound).	
	Home health care	20% coinsurance	50% coinsurance	Precertification is required. If you don't get precertification, benefits could be reduced by 50% of the total cost of the service.	
	Rehabilitation services	20% coinsurance	50% coinsurance	Includes physical therapy, speech therapy, and	
If you need help recovering or have other special health	Habilitation services	20% coinsurance	50% coinsurance	occupational therapy. Habilitation services must be authorized by Physmetrics.	
needs	Skilled nursing care	\$250/ copay/admission & 20% coinsurance	\$250/ copay/admission & 50% coinsurance	Precertification is required. If you don't get precertification, benefits could be reduced by 50% of the total cost of the service.	
	Durable medical equipment	20% coinsurance	50% coinsurance	Precertification is required if over \$1,000. If you don't get precertification, benefits could be reduced by 50% of the total cost of the service.	
	Hospice services	20% coinsurance	50% coinsurance	Precertification is required. If you don't get precertification, benefits could be reduced by 50% of the total cost of the service.	

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy decument at <u>www.healthcomp.com</u>.

Common Medical Event	Services You May Need	Network Provider Out-of-Network Provider Informati		Limitations, Exceptions, & Other Important Information	
modiodi Event		(You will pay the least)	(You will pay the most)	mormation	
	Children's eye exam				
If your child needs dental or eye care	Children's glasses	See https://www.fresno.gov/personnel/human-resources-support/#tab-1			
	Children's dental check-up				

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic Surgery
- Infertility Treatment (except services to diagnose infertility)
- Long Term Care

- Non-emergency care when traveling outside the U.S.
- Private Duty Nursing
- Routine Foot Care

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)

• Acupuncture (if medically necessary)

• Chiropractic Care

Hearing Aids

Bariatric Surgery

• Dental care (Adult)

Routine eye care (Adult)

Weight Loss Programs

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.healthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>grievance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>plan</u> documents also provide complete information to submit a <u>claim</u>, <u>appeal</u>, or a <u>grievance</u> for any reason to your <u>plan</u>. For more information about your rights, this notice, or assistance, contact: HealthComp Administrators at 1-800-442-7247.

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy decument at <u>www.healthcomp.com</u>.

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-442-7247.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-442-7247.

Chinese (中文): 如果需要中文的帮助,请拨打这个号码1-800-442-7247.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-442-7247.

—To see examples of how this plan might cover costs for a sample medical situation, see the next section.—

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

^{*} For more information about limitations and exceptions, see the plan or policy decument at www.healthcomp.com.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this <u>plan</u> might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your <u>providers</u> charge, and many other factors. Focus on the <u>cost sharing</u> amounts (<u>deductibles</u>, <u>copayments</u> and <u>coinsurance</u>) and <u>excluded services</u> under the <u>plan</u>. Use this information to compare the portion of costs you might pay under different health <u>plans</u>. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$200
■ Specialist copayment	\$0
■ Hospital (facility) coinsurance	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

Total Example Cost

In this example, Peg would pay:		
Cost Sharing		
Deductibles	\$200	
Copayments	\$300	
Coinsurance	\$2,500	
What isn't covered		
Limits or exclusions	\$60	
The total Peg would pay is	\$3,060	

\$12,700

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$200
■ Specialist copayment	\$0
■ Hospital (facility) coinsurance	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (alucose meter)

Total Example Cost	\$5,600

In this example, Joe would pay:

1 / 1		
Cost Sharing		
Deductibles	\$200	
Copayments	\$30	
Coinsurance	\$1,000	
What isn't covered		
Limits or exclusions	\$20	
The total Joe would pay is	\$1,250	

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$200
■ Specialist copayment	\$0
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$2,800

In this example, Mia would pay:

ili tilis exalliple, illia would pay.		
Cost Sharing		
Deductibles \$200		
Copayments	\$200	
Coinsurance	\$500	
What isn't covered		
Limits or exclusions \$0		
The total Mia would pay is \$90		

The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, contact HealthComp at 1-800-442-7247. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary or call 1-800-442-7247 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$1,300/individual or \$2,600/family (if dual coverage applies: \$200/individual or \$600/family – examples not provided)	Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Preventive care services are covered before you meet your deductible.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the <u>out-of-pocket</u> <u>limit</u> for this <u>plan</u> ?	For network providers \$4,600 individual / \$9,200 family; for prescriptions \$2,000 individual / \$4,000 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billing charges, and health care this plan doesn't cover and non-network charges.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.blueshieldca.com or call 1-800-219-0030 for a list of network providers.	This <u>plan</u> uses a provider <u>network</u> . You will pay less if you use a <u>provider</u> in the plan's <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the provider's charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without <u>referral</u> .

All $\underline{\text{copayment}}$ and $\underline{\text{coinsurance}}$ costs shown in this chart are after your $\underline{\text{deductible}}$ has been met, if a $\underline{\text{deductible}}$ applies.

Common		What Y	Limitations, Exceptions, & Other Important	
Medical Event	Services You May Need	Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Information
	Primary care visit to treat an injury or illness	40% coinsurance	62% coinsurance	None
If you visit a health	Specialist visit	40% coinsurance	62% coinsurance	None
care <u>provider's</u> office or clinic	Preventive care/screening/ immunization	No charge	62% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	40% coinsurance	62% coinsurance	Additional \$25 <u>copayment</u> for services performed at a hospital-based lab.
ii you nave a test	Imaging (CT/PET scans, MRIs)	40% coinsurance	62% coinsurance	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.optumrx.com	Generic drugs (Tier 1)	32% coinsurance/ prescription (retail) \$5 copay/prescription (mail order)	Not covered	Covers up to a 34-day supply (retail prescription); 90 day supply (mail order prescription).
	Preferred brand drugs (Tier 2)	40% coinsurance/ prescription (retail) \$20 copay/prescription (mail order)	Not covered	
	Non-preferred brand drugs (Tier 3)	55% coinsurance/ prescription (retail) \$50 copay/prescription (mail order)	Not covered	
	Specialty drugs (Tier 4)	\$100 <u>copay</u> /prescription (retail or mail order)	Not covered	

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy 40 cument at <u>www.healthcomp.com</u>.

Common		What You Will Pay		Limitations, Exceptions, & Other Important
Medical Event	Services You May Need	Network Provider	Out-of-Network Provider	Information
		(You will pay the least)	(You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$250/ <u>copay</u> /surgery & 40% <u>coinsurance</u>	\$250/ <u>copay</u> /surgery & 62% <u>coinsurance</u>	Copay does not apply to free-standing ambulatory surgery center. Precertification is required. If you don't get precertification, benefits could be reduced. Certain non-emergency services & ancillary services received by out-of-network providers at ambulatory surgery centers cannot be billed more than the plan's network contract rate. However, there are certain other non-emergency services and post-stabilization services at network facilities that you can give written consent to be balance billed. Contact HealthComp for more information.
	Physician/surgeon fees	40% coinsurance	62% coinsurance	None
If you need immediate medical attention	Emergency room care	\$200/ <u>copay</u> visit & 40% <u>coinsurance</u>	\$200/ <u>copay</u> visit & 40% <u>coinsurance</u>	None
	Emergency medical transportation	40% coinsurance	40% coinsurance	For covered air ambulance, any <u>cost-sharing</u> will count towards any <u>Plan</u> applicable <u>deductible</u> or <u>out-of-pocket limit</u> with no <u>balance billing</u> .
	Urgent care	40% coinsurance	62% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250/ copay/admission & 40% coinsurance	\$250/ copay/admission & 62% coinsurance	Precertification is required. If you don't get precertification, benefits could be reduced by 50% of the total cost of the service.
	Physician/surgeon fees	40% coinsurance	62% coinsurance	None

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy 49 cument at <u>www.healthcomp.com</u>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Information
If you need mental health, behavioral health, or substance abuse services	Outpatient services	40% coinsurance/office visit and 40% coinsurance for other outpatient services	62% coinsurance	Precertification is required for inpatient services. If you don't get precertification, benefits could be reduced by 50% of the total cost of the service.
	Inpatient services	\$250/ copay/admission & 40% coinsurance	\$250/ copay/admission & 62% coinsurance	
If you are pregnant	Office visits	40% coinsurance	62% coinsurance	Cost sharing does not apply to certain preventive services. Depending on the type of services, coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	40% coinsurance	62% coinsurance	
	Childbirth/delivery facility services	\$250/ copay/admission & 40% coinsurance	\$250/ copay/admission & 62% coinsurance	
If you need help recovering or have other special health needs	Home health care	40% coinsurance	62% coinsurance	Precertification is required. If you don't get precertification, benefits could be reduced by 50% of the total cost of the service.
	Rehabilitation services	40% coinsurance	62% coinsurance	Includes physical therapy, speech therapy, and occupational therapy. Habilitation services must be authorized by Physmetrics.
	Habilitation services	40% coinsurance	62% coinsurance	

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy 42cument at <u>www.healthcomp.com</u>.

Common	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important	
Medical Event		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Information	
If you need help recovering or have other special health needs	Skilled nursing care	\$250/ copay/admission & 40% coinsurance	\$250/ copay/admission & 62% coinsurance	Precertification is required. If you don't get precertification, benefits could be reduced by 50% of the total cost of the service.	
	Durable medical equipment	40% coinsurance	62% coinsurance	Precertification is required if over \$1,000. If you don't get precertification, benefits could be reduced by 50% of the total cost of the service.	
	Hospice services	40% coinsurance	62% coinsurance	Precertification is required. If you don't get precertification, benefits could be reduced by 50% of the total cost of the service.	
If your child needs dental or eye care	Children's eye exam	See https://www.fresno.gov/personnel/human-resources-support/#tab-1			
	Children's glasses				
	Children's dental check-up				

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic Surgery
- Infertility Treatment (except services to diagnose infertility)
- Long Term Care

- Non-emergency care when traveling outside the U.S.
- Private Duty Nursing
- Routine Foot Care

• Weight Loss Programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture (if medically necessary)
- Chiropractic Care
 Deptal care (Adult)

Hearing Aids

Bariatric Surgery

• Dental care (Adult)

Routine eye care (Adult)

^{*} For more information about limitations and exceptions, see the $\underline{\text{plan}}$ or policy $\underline{\text{des}}$ cument at $\underline{\text{www.healthcomp.com}}$.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>grievance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>plan</u> documents also provide complete information to submit a <u>claim</u>, <u>appeal</u>, or a <u>grievance</u> for any reason to your <u>plan</u>. For more information about your rights, this notice, or assistance, contact: HealthComp Administrators at 1-800-442-7247.

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-442-7247.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-442-7247.

Chinese (中文): 如果需要中文的帮助,请拨打这个号码1-800-442-7247.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-442-7247.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy <u>document</u> at <u>www.healthcomp.com</u>.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this <u>plan</u> might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your <u>providers</u> charge, and many other factors. Focus on the <u>cost sharing</u> amounts (<u>deductibles</u>, <u>copayments</u> and <u>coinsurance</u>) and <u>excluded services</u> under the <u>plan</u>. Use this information to compare the portion of costs you might pay under different health <u>plans</u>. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$130
■ Specialist copayment	\$0
■ Hospital (facility) coinsurance	40%
■ Other <u>coinsurance</u>	40%

This EXAMPLE event includes services like:

Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

Total Example Cost

In this example, Peg would pay:			
Cost Sharing			
Deductibles	\$1,300		
Copayments	\$300		
Coinsurance	\$3,300		
What isn't covered			
Limits or exclusions \$60			
The total Peg would pay is	\$4,660		

\$12,700

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$1300
■ Specialist copayment	\$0
■ Hospital (facility) coinsurance	40%
■ Other <u>coinsurance</u>	40%

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (alucose meter)

Total Example Cost	\$5,600

In this example, Joe would pay:

1 / 1 /			
Cost Sharing			
Deductibles \$1,30			
Copayments	\$30		
Coinsurance	\$900		
What isn't covered			
Limits or exclusions \$			
The total Joe would pay is	\$2,250		

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$1300	
■ Specialist copayment	\$0	
■ Hospital (facility) coinsurance	40%	
■ Other coinsurance	40%	

This EXAMPLE event includes services like:

Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$2,800

In this example, Mia would pay:

Cost Sharing		
Deductibles	\$1,300	
Copayments	\$200	
Coinsurance \$600		
What isn't covered		
Limits or exclusions \$0		
The total Mia would pay is \$2,100		

The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, contact HealthComp at 1-800-442-7247. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary or call 1-800-442-7247 to request a copy.

Important Questions	Answers	Why This Matters:		
What is the overall deductible?	\$1,300/individual or \$2,600/family (if dual coverage applies: \$200/individual or \$600/family – examples not provided)	Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .		
Are there services covered before you meet your deductible?	Yes. Preventive care services are covered before you meet your deductible.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .		
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.		
What is the <u>out-of-pocket</u> <u>limit</u> for this <u>plan</u> ?	For network providers \$4,600 individual / \$9,200 family; for prescriptions \$2,000 individual / \$4,000 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.		
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billing charges, and health care this plan doesn't cover and non-network charges.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.		
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.blueshieldca.com or call 1-800-219-0030 for a list of network providers	This <u>plan</u> uses a provider <u>network</u> . You will pay less if you use a <u>provider</u> in the plan's <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the provider's charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.		

Do you need a r	eferral to
see a specialist	?

No.

You can see the $\underline{\text{specialist}}$ you choose without $\underline{\text{referral}}.$



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What Y Network Provider (You will pay the least)	ou Will Pay Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
	Primary care visit to treat an injury or illness	48% coinsurance	67% coinsurance	None
If you visit a health care provider's office	Specialist visit	48% coinsurance	67% coinsurance	None
or clinic	Preventive care/screening/ immunization	No charge	67% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
	Diagnostic test (x-ray, blood work)	48% coinsurance	67% coinsurance	Additional \$25 consument for convices
If you have a test	Imaging (CT/PET scans, MRIs)	48% coinsurance	67% coinsurance	Additional \$25 <u>copayment</u> for services performed at a hospital-based lab.
	Generic drugs (Tier 1)	41% coinsurance/ prescription (retail) \$5 copay/prescription (mail order)	Not covered	Covers up to a 34-day supply (retail prescription); 90 day supply (mail order
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.optumrx.com	Preferred brand drugs (Tier 2)	48% coinsurance/ prescription (retail) \$20 copay/prescription (mail order)	Not covered	prescription).
	Non-preferred brand drugs (Tier 3)	61% coinsurance/ prescription (retail) \$50 copay/prescription (mail order)	Not covered	
	Specialty drugs (Tier 4)	\$100 copay/prescription (retail or mail order)	Not covered	

^{*} For more information about limitations and exceptions, see the $\underline{\text{plan}}$ or policy decument at $\underline{\text{www.healthcomp.com}}$.

Common	Comisso Voy May Nood	What You Will Pay		Limitations, Exceptions, & Other Important
Medical Event	Services You May Need	Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Information
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$250/ <u>copay</u> /surgery & 48% <u>coinsurance</u>	\$250/ <u>copay</u> /surgery & 67% <u>coinsurance</u>	Copay does not apply to free-standing ambulatory surgery center. Precertification is required. If you don't get precertification, benefits could be reduced. Certain non-emergency services & ancillary services received by out-of-network providers at ambulatory surgery centers cannot be billed more than the plan's network contract rate. However, there are certain other non-emergency services and post-stabilization services at network facilities that you can give written consent to be balance billed. Contact HealthComp for more information.
	Physician/surgeon fees	48% coinsurance	67% coinsurance	None
If you need immediate medical attention	Emergency room care	\$200/ <u>copay</u> visit & 48% <u>coinsurance</u>	\$200/ <u>copay</u> visit & 48% <u>coinsurance</u>	None
	Emergency medical transportation	48% coinsurance	48% coinsurance	For covered air ambulance, any <u>cost-sharing</u> will count towards any <u>Plan</u> applicable <u>deductible</u> or <u>out-of-pocket limit</u> with no <u>balance billing</u> .
	Urgent care	48% coinsurance	67% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250/ copay/admission & 48% coinsurance	\$250/ copay/admission & 67% coinsurance	Precertification is required. If you don't get precertification, benefits could be reduced by 50% of the total cost of the service.
	Physician/surgeon fees	48% <u>coinsurance</u>	67% coinsurance	None

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy 48 cument at <u>www.healthcomp.com</u>.

Common Medical Event	Services You May Need	What Y Network Provider (You will pay the least)	ou Will Pay Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information			
If you need mental health, behavioral	Outpatient services	48% coinsurance	67% coinsurance	Precertification is required for inpatient services. If you don't get precertification,			
health, or substance abuse services	Inpatient services	benefits could be reduced by 50% of the total cost of the service.					
	Office visits	48% <u>coinsurance</u>	67% coinsurance				
If you are pregnant	Childbirth/delivery professional services	48% coinsurance	67% coinsurance	Cost sharing does not apply to certain preventive services. Depending on the type of services, coinsurance may apply. Maternity care may include tests and services described			
	Childbirth/delivery facility services	\$250/ copay/admission & 48% coinsurance	\$250/ copay/admission & 67% coinsurance	elsewhere in the SBC (i.e. ultrasound).			
	Home health care	48% coinsurance	67% coinsurance	Precertification is required. If you don't get precertification, benefits could be reduced by 50% of the total cost of the service.			
If you need help	Rehabilitation services	48% coinsurance	67% coinsurance	Includes physical therapy, speech therapy, and occupational therapy. Habilitation services			
recovering or have other special health	Habilitation services	48% <u>coinsurance</u>	67% coinsurance	must be authorized by Physmetrics.			
needs	Skilled nursing care	\$250/ copay/admission & 48% coinsurance	\$250/ copay/admission & 67% coinsurance	Precertification is required. If you don't get precertification, benefits could be reduced by 50% of the total cost of the service.			
	Durable medical equipment	48% coinsurance	67% coinsurance	Precertification is required if over \$1,000. If you don't get precertification, benefits could be reduced by 50% of the total cost of the service.			
	Hospice services	48% coinsurance	67% coinsurance	Precertification is required. If you don't get precertification, benefits could be reduced by 50% of the total cost of the service.			

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy 49 cument at <u>www.healthcomp.com</u>.

Common Medical Event	Services You May Need	What You Network Provider (You will pay the least)	ou Will Pay Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information			
	Children's eye exam						
If your child needs dental or eye care	Children's glasses	See https://www.fresno.gov/personnel/human-resources-support/#tab-1					
	Children's dental check-up						

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic Surgery
- Infertility Treatment (except services to diagnose infertility)
- Long Term Care

- Non-emergency care when traveling outside the U.S.
- Private Duty Nursing
- Routine Foot Care

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)

- Acupuncture (if medically necessary)
- Chiropractic Care

Hearing Aids

• Bariatric Surgery

Dental care (Adult)

Routine eye care (Adult)

Weight Loss Programs

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy document at <u>www.healthcomp.com</u>.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>grievance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>plan</u> documents also provide complete information to submit a <u>claim</u>, <u>appeal</u>, or a <u>grievance</u> for any reason to your <u>plan</u>. For more information about your rights, this notice, or assistance, contact: HealthComp Administrators at 1-800-442-7247.

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-442-7247.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-442-7247.

Chinese (中文): 如果需要中文的帮助,请拨打这个号码1-800-442-7247.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-442-7247.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.—

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

^{*} For more information about limitations and exceptions, see the <u>plan</u> or policy gocument at <u>www.healthcomp.com</u>.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this <u>plan</u> might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your <u>providers</u> charge, and many other factors. Focus on the <u>cost sharing</u> amounts (<u>deductibles</u>, <u>copayments</u> and <u>coinsurance</u>) and <u>excluded services</u> under the <u>plan</u>. Use this information to compare the portion of costs you might pay under different health <u>plans</u>. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$1300
■ Specialist copayment	\$0
■ Hospital (facility) coinsurance	48%
■ Other <u>coinsurance</u>	48%

This EXAMPLE event includes services like:

Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

Total Example Cost

Limits or exclusions

The total Peg would pay is

In this example, Peg would pay:					
Cost Sharing					
Deductibles	\$1,300				
Copayments	\$300				
Coinsurance	\$3,300				
What isn't covered					

\$12,700

\$60

\$4.660

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$1300
■ Specialist copayment	\$0
■ Hospital (facility) coinsurance	48%
■ Other <u>coinsurance</u>	48%

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (alucose meter)

Total Example Cost	\$5,600
Total Example Cost	ψ0,000

In this example, Joe would pay:

Cost Sharing							
Deductibles	\$1,300						
Copayments	\$400						
Coinsurance	\$300						
What isn't covered							
Limits or exclusions	\$20						
The total Joe would pay is	\$2,020						

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$1300
■ Specialist copayment	\$0
■ Hospital (facility) coinsurance	48%
■ Other coinsurance	48%

This EXAMPLE event includes services like:

Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$2,800

In this example, Mia would pay:

<u> </u>							
Cost Sharing							
Deductibles	\$1,300						
Copayments	\$200						
Coinsurance	\$800						
What isn't covered							
Limits or exclusions	\$0						
The total Mia would pay is	\$2,300						

City of Fresno Investment Policy Highlights

This Policy applies to all monies under the control of the Treasurer of the City of Fresno, except for bond proceeds. All such monies entrusted to the Treasurer will be pooled in a diversified portfolio (Investment Pool or the Portfolio). The City Treasurer and staff will monitor economic and other conditions and manage the Portfolio on an active basis.

The City of Fresno's Investment Policy conforms to the State of California's GC Section 53601 which establishes:

- > Types of investments allowed
- ➤ Maximum allowable percentage limits for each investment type

- Acceptable maturities
- > Quality of ratings allowed
- > Maximum allowable percentage by issuer

It is the Policy of the City of Fresno to purchase only those obligations specified in the State's Government Code.

City of Fresno Policy and State law require that a trustee investing public funds must have the following objectives with regard to investment activities in the priority listed below:

- 1. Safety
- 2. Liquidity
- 3. Yield

Following is a chart summarizing the City and State's allowable investments which demonstrates that the City's Investment Policy is more conservative in limiting otherwise higher levels of potential risk.

	City of Fre	sno Policy	CA Govern	ıment Code	Both		
Authorized Investments	Maximum Maturity	Quality Rating	Maximum % Limit Of Portfolio	Maximum % Limit Of Portfolio Per Single Issuer	Maximum % Limit Of Portfolio	Maximum % Limit Of Portfolio Per Single Issuer	Maximum % of Single Issuer's Debt
U.S. Treasuries	5 Years	N/A	100%	100%	100%	100%	100%
California Debt	5 Years	N/A	100%	100%	100%	100%	100%
Other 49 States Debt	5 Years	N/A	100%	100%	100%	100%	100%
Cal Local Agency Debt	5 Years	N/A	100%	100%	100%	100%	100%
GSE Agencies	5 Years	N/A	70%	50%	100%	100%	100%
Banker's Acceptances	180 Days	N/A	40%	30%	40%	30%	100%
Commercial Paper	270 Days	A-1/P-1	25%	25%	25%	25%	10%
Certificates of Deposit	5 Years	Insured	30%	30%	30%	30%	Shareholders Equity
Negotiable CDs	5 Years	N/A	30%	30%	30%	30%	Shareholders Equity
Time Deposits	5 Years	Collateral	100%	100%	100%	100%	Shareholders Equity
Shares of Section 6509.7 JPAs	N/A	N/A	100%	100%	100%	100%	100%
GC 53601.8 CDs	5 Years	Insured	30%	30%	30%	30%	Shareholders Equity
Repurchase Agmnts	1 Year	Collateral	100%	100%	100%	100%	100%
Reverse Repurchase Agmnts	92 Days	N/A	20%	N/A	20%	N/A	100%
Securities Lending Agmnts	92 Days	N/A	20%	N/A	20%	N/A	100%
Medium-Term Notes	5 Years	A	30%	20%	30%	30%	100%
Mutual Funds	N/A	AAA	20%	10%	20%	10%	100%
Money Market Funds	N/A	AAA	20%	20%	20%	20%	100%
Mortgage/Asset Backed Debt	5 Years	AA	20%	20%	20%	20%	100%
LAIF	N/A	N/A	100%	100%	100%	100%	100%
International Bank Recon & Dev	5 Years	AA	30%	30%	30%	30%	100%
International Finance Corp	5 Years	AA	30%	30%	30%	30%	100%
Inter-American Development Bank	5 Years	AA	30%	30%	30%	30%	100%

City of Fresno Office of the City Treasurer

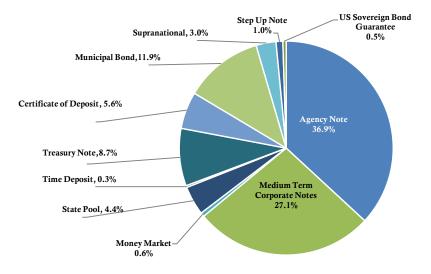


Current Investment at June 30, 2022 - Maturity Distribution

Current Par Value	0 to 3 Mos	3 to 6 Mos	6 to 9 Mos	9 to 12 Mos	1 to 2 Yrs	2 to 3 Yrs	3 to 4 Yrs	4 to 5 Yrs	Total	2021/22 Annualized Yield	% of Portfolio
Agency Note	\$ -	\$ 10,000,000	\$ 15,000,000	\$ 10,000,000	\$60,000,000	\$70,000,000	\$135,550,000	\$60,400,000	\$ 360,950,000	1.0041%	36.9%
Medium Term Corporate Notes	13,000,000	5,000,000	8,510,000	20,000,000	75,507,000	67,500,000	30,970,000	45,000,000	\$ 265,487,000	1.8522%	27.1%
Money Market	6,000,000	-	-	-	-	-	-	-	\$ 6,000,000	0.2729%	0.6%
State Pool	42,847,382	-	-	-	-	-	-	-	\$ 42,847,382	0.3553%	4.4%
Time Deposit	-	1,400,000	1,400,000		-	-	-	-	\$ 2,800,000	0.2626%	0.3%
Treasury Note	15,000,000	10,000,000	-	-	15,000,000	20,000,000	20,000,000	5,000,000	\$ 85,000,000	1.2102%	8.7%
Certificate of Deposit	-	-	5,000,000		15,000,000	15,000,000	10,000,000	10,000,000	\$ 55,000,000	2.0179%	5.6%
Municipal Bond	-	-	7,250,000	10,500,000	15,000,000	33,745,000	12,960,000	36,800,000	\$ 116,255,000	1.6022%	11.9%
Supranational	-	-		5,000,000	5,000,000	5,000,000	5,000,000	9,600,000	\$ 29,600,000	1.1458%	3.0%
Step Up Note						10,000,000			\$ 10,000,000	0.4583%	1.0%
US Sovereign Bond Guarantee	-	-	-	-	4,815,000	-	-	-	\$ 4,815,000	2.5770%	0.5%
Totals	\$76,847,382	\$26,400,000	\$37,160,000	\$45,500,000	\$190,322,000	\$221,245,000	\$214,480,000	\$166,800,000	\$978,754,382	1.0375%	100%
% of Portfolio	7.85%	2.70%	3.80%	4.65%	19.45%	22.60%	21.91%	17.04%	100.00%		

Maturity Distribution June 30, 2022 \$250,000,000 \$200,000,000 \$150,000,000 \$50,000,000 \$0 0 to 3 Mos 3 to 6 Mos 6 to 9 Mos 9 to 12 Mos 1 to 2 Yrs 2 to 3 Yrs 3 to 4 Yrs 4 to 5 Yrs

% of Portfolio





Rael & Letson

160 Bovet Road, Suite 203 San Mateo, California 94402 650-341-3311 Tel 206-445-1840 Fax www.rael-letson.com

Memorandum

To: Board of Trustees

Fresno City Employees Health & Welfare Trust

From: Andrew Desa, Consulting Actuary

Date: March 8, 2023

Re: Consultant's Report for March 8, 2023 Board of Trustees Meeting -

UnitedHealthcare Dental HMO Plan

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

- 1. UHC has provided an alternative plan design for consideration effective July 1, 2023. The alternative plan design is a richer plan with reduced copays versus the current plan. A comparison of the member copays between the current and alternative plan is attached to this memo.
- 2. A summary of the premium rate and estimated cost impact of moving to the alternative plan is shown below:

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

¹ Annual cost calculated using 331 subscribers.

At your last meeting it was requested to provide utilization information. We received utilization by procedure code for all members between January 1, 2022 and December 31, 2022. Those counts are now included in the copay comparison chart. The benefit summary for the alternative plan design provided by UHC is also attached to this memo.

This item will be discussed at your March 8, 2023 meeting. If there are any questions before or after that meeting, please let me know.

AD:tl Enclosure



Member Copayments

		Number of Procedures Paid 1/1/2022 -	Current Plan CA240	Alternative Plan CA250
ADA CODE	ADA DESCRIPTION	12/31/2022	Member Pays	Member Pays
CLINICAL ORA	AL EVALUATIONS			
D0120	Periodic oral examination - established patient	124	\$0	\$0
D0140	Limited oral evaluation - problem focused	36	\$0	\$0
D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver		\$0	\$0
D0150	Comprehensive oral evaluation - new or established patient	36	\$0	\$0
D0160	Detailed and extensive oral evaluation - problem focused, by report		\$0	\$0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)		\$0	\$0
D0171	Re-evaluation - post-operative office visit		-	\$0
D0180	Comprehensive periodontal evaluation	1	\$0	\$0
RADIOGRAPH	S/DIAGNOSTIC IMAGING (including interpretation)			
D0210	Intraoral - complete series of radiographic images	23	\$0	\$0
D0220	Intraoral - periapical first radiographic image	94	\$0	\$0
D0230	Intraoral - periapical each additional radiographic image	433	\$0	\$0
D0240	Intraoral - occlusal radiographic image		\$0	\$0
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector		\$0	\$0
D0251	Extra-oral posterior dental rediographic image		-	\$0
D0270	Bitewing - single radiographic image	17	\$0	\$0
D0272	Bitewings - two images radiographic	21	\$0	\$0
D0273	Bitewings - three radiographic images		\$0	\$0
D0274	Bitewings - four radiographic mages	77	\$0	\$0
D0277	Vertical bitewings - 7 to 8 radiographic images		\$0	\$0
D0330	Panoramic radiographic image	9	\$0	\$0
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis		\$0	\$0
D0391	Interpretation Of Diagnostic Image		\$5	\$0

<u>156</u> Page 1



Member Copayments

ADA CODE	ADA DESCRIPTION	Number of Procedures Paid 1/1/2022 - 12/31/2022	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
	XAMINATIONS	12/3/1/2022		
D0415	Collection of microorganisms for culture and sensitivity		\$0	\$0
D0416	Viral culture		\$0	\$0
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing		\$0	\$0
D0418	Analysis of saliva sample		\$0	\$0
D0425	Caries susceptibility tests		\$0	\$0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	1	\$0	\$0
D0460	Pulp vitality tests		\$0	\$0
D0470	Diagnostic casts		\$0	\$0
ORAL PATHO	LOGY LABORATORY			
D0472	Accession of tissue, gross examination, preparation and transmission of written report		\$0	\$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report		\$0	\$0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report		\$0	\$0
D0601	Caries risk assessment and documentation, with a finding of low risk		\$0	\$0
D0602	Caries risk assessment and documentation, with a finding of moderate risk		\$0	\$0
D0603	Caries risk assessment and documentation, with a finding of high risk		\$0	\$0
DENTAL PRO	PHYLAXIS			
D1110	Prophylaxis - adult	90	\$0	\$0
D1120	Prophylaxis - child	32	\$0	\$0
TOPICAL FLU	ORIDE TREATMENT (office procedure)			
D1206	Topical application of fluoride varnish	17	\$0	\$0
D1208	Topical application of fluoride - excluding varnish		\$0	\$0

<u>157</u> Page 2



Member Copayments

		Number of Procedures Paid 1/1/2022 -	Current Plan CA240	Alternative Plan CA250
ADA CODE	ADA DESCRIPTION	12/31/2022	Member Pays	Member Pays
OTHER PREV	ENTIVE SERVICES			
D1310	Nutritional counseling for control of dental disease		\$0	\$0
D1320	Tobacco counseling for the control and prevention of oral disease		\$0	\$0
D1330	Oral hygiene instructions		\$0	\$0
D1351	Sealant - per tooth	15	\$5	\$0
D1352	Prev Resin Restoration In Mod High Caries		\$0	\$0
D1353	Sealant repair - per tooth		-	\$0
D1355	Caries preventive medicament application - per tooth		-	\$0
SPACE MAIN	TENANCE (passive appliances)			
D1516	Space maintainer - fixed - bilateral, maxillary		-	\$0
D1517	Space maintainer - fixed - bilateral, mandibular		-	\$0
D1520	Space maintainer - removable - unilateral - per quadrant		\$0	\$0
D1526	Space maintainer - removable - bilateral, maxillary		-	\$0
D1527	Space maintainer - removable - bilateral, mandibular		-	\$0
D1551	Re-cement or re-bond bilateral space maintainer - maxillary		-	\$0
D1552	Re-cement or re-bond bilateral space maintainer - mandilbular		-	\$0
D1553	Re-cement or re-bond bilateral space maintainer - per quadrant		-	\$0
D1556	Removal of fixed unilateral space maintainer - per quadrant		-	\$0
D1557	Removal of fixed unilateral space maintainer - maxillary		-	\$0
D1558	Removal of fixed unilateral space maintainer- mandibular		-	\$0
D1575	Distal shoe space maintainers - fixed-unilateral - per quadrant		-	\$0
AMALGAM RE	STORATIONS (including polishing)			
D2140	Amalgam - one surface, primary or permanent		\$0	\$0
D2150	Amalgam - two surfaces, primary or permanent	2	\$0	\$0
D2160	Amalgam - three surfaces, primary or permanent	1	\$0	\$0
D2161	Amalgam - four or more surfaces, primary or permanent		\$0	\$0

<u>158</u> Page 3



Member Copayments

		Number of Procedures Paid	Current Plan CA240	Alternative Plan CA250
		1/1/2022 -		
ADA CODE	ADA DESCRIPTION	12/31/2022	Member Pays	Member Pays
RESIN-BASED	COMPOSITE RESTORATIONS - DIRECT			
D2330	Resin-based composite - one surface, anterior		\$0	\$0
D2331	Resin-based composite - two surfaces, anterior	5	\$0	\$0
D2332	Resin-based composite - three surfaces, anterior	4	\$0	\$0
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	3	\$0	\$0
D2390	Resin-based composite crown, anterior		\$20	\$0
D2391	Resin-based composite - one surface, posterior	30	\$5	\$0
D2392	Resin-based composite - two surfaces, posterior	39	\$10	\$0
D2393	Resin-based composite - three surfaces, posterior	17	\$10	\$0
D2394	Resin-based composite - four or more surfaces, posterior		\$10	\$0
INLAY/ONLAY	RESTORATIONS			
D2510	Inlay - metallic - one surface		\$95	\$0
D2520	Inlay - metallic - two surfaces		\$95	\$0
D2530	Inlay - metallic - three or more surfaces		\$95	\$0
D2542	Onlay - metallic - two surfaces		\$95	\$0
D2543	Onlas - metallic - three surfaces		\$95	\$0
D2544	Onlay - metallic - four or more surfaces		\$95	\$0
D2610	Inlay - Porcelain/Ceramic - 1 Surface		\$35	\$0
D2620	Inlay - Porcelain/Ceramic - 2 Surfaces		\$40	\$0
D2630	Inlay - Porcelain/Ceramic - 3/More Surfaces		\$45	\$0
D2642	Onlay - Porcelain/Ceramic - 2 Surfaces		\$95	\$0
D2643	Onlay - Porcelain/Ceramic - 3 Surfaces	1	\$95	\$0
D2644	Onlay - Porcelain/Ceramic - 4/More Surfaces		\$95	\$0
D2650	Inlay - Resin Based Composite - 1 Surface		\$30	\$0
D2651	Inlay - Resin Based Composite - 2 Surfaces		\$35	\$0
D2652	Inlay - Resin Based Composite - 3 />Surfaces		\$40	\$0
D2662	Onlay - Resin - Based Composite - 2 Surfaces		\$30	\$0
D2663	Onlay - Resin - Based Composite - 3 Surfaces		\$40	\$0
D2664	Onlay - Resin - Based Composite - 4/>		\$45	\$0

<u>159</u> Page 4



Member Copayments

		Number of Procedures Paid	Current Plan CA240	Alternative Plan CA250
ADA CODE	ADA DESCRIPTION	1/1/2022 - 12/31/2022	Member Pays	Member Pays
	IGLE RESTORATIONS ONLY	12/31/2022	member : aye	monibor r uyo
D2710	Crown - resin-based composite (indirect)		\$42	\$0
D2712	Crown - 3/4 resin-based composite (indirect)		\$42	\$0
D2720	Crown - resin with high noble metal		\$59	\$0
D2721	Crown - resin with predominantly base metal		\$60	\$0
D2722	Crown - resin with noble metal		\$63	\$0
D2740	Crown - porcelain/ceramic	10	\$66	\$0
D2750	Crown - porcelain fused to high noble metal	4	\$73	\$0
D2751	Crown - porcelain fused to predominantly base metal	2	\$66	\$0
D2752	Crown - porcelain fused to noble metal		\$70	\$0
D2753	Crown - porcelain fused to titanium and titanium alloys		-	\$0
D2780	Crown - 3/4 cast high noble metal		\$73	\$0
D2781	Crown - 3/4 cast predominantly base metal		\$64	\$0
D2782	Crown - 3/4 cast noble metal		\$69	\$0
D2783	Crown - 3/4 porcelain/ceramic		\$66	\$0
D2790	Crown - full cast high noble metal		\$73	\$0
D2791	Crown - full cast predominantly base metal	1	\$64	\$0
D2792	Crown - full cast noble metal		\$69	\$0
D2794	Crown - titanium and titanium alloys		\$73	\$0

<u>160</u> Page 5



Member Copayments

		Number of Procedures Paid 1/1/2022 -	Current Plan CA240	Alternative Plan CA250
ADA CODE	ADA DESCRIPTION	12/31/2022	Member Pays	Member Pays
OTHER RESTO	PRATIVE SERVICES			
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		\$6	\$0
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		\$6	\$0
D2920	Re-cement or re-bond crown	6	\$7	\$0
D2921	Reattachment Of Tooth Fragment		\$5	\$0
D2930	Prefabricated stainless steel crown - primary tooth	3	\$14	\$0
D2931	Prefabricated stainless steel crown - permanent tooth		\$17	\$0
D2932	Prefabricated resin crown		\$14	\$0
D2933	Prefabricated stainless steel crown with resin window		\$10	\$0
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth		\$14	\$0
D2940	Protective restoration		\$0	\$0
D2941	Interim Therapeutic Restoration – Primary		\$5	\$0
D2950	Core buildup, including any pins when required	18	\$14	\$0
D2951	Pin retention - per tooth, in addition to restoration		\$6	\$0
D2952	Post and core in addition to crown, indirectly fabricated		\$22	\$0
D2953	Each additional indirectly fabricated post - same tooth		\$6	\$0
D2954	Prefabricated post and core in addition to crown	4	\$16	\$0
D2955	Post removal		\$20	\$0
D2957	Each additional prefabricated post - same tooth		\$4	\$0
D2960	Labial Veneer (Resin Laminate) - Direct		\$20	\$0
D2961	Labial Veneer (Resin Laminate) - Indirect		\$40	\$0
D2971	Additional procedures to construct new crown under existing partial denture framework		\$10	\$0
D2975	Coping		\$70	\$0
D2980	Crown repair, necessitated by restorative material failure		\$15	\$0
PULP CAPPIN				
D3110	Pulp cap - direct (excluding final restoration)		\$0	\$0
D3120	Pulp cap - indirect (excluding final restoration)		\$0	\$0

<u>161</u> Page 6



Member Copayments

		Number of Procedures Paid	Current Plan CA240	Alternative Plan CA250
ADA CODE	ADA DESCRIPTION	1/1/2022 - 12/31/2022	Member Pays	Member Pays
PULPOTOMY		12/01/2022		
D3220	Therapeutic pulpotomy (excluding final restoration)	2	\$0	\$0
D3221	Pulpal debridement, primary and permanent teeth		\$0	\$0
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development		\$0	\$0
ENDODONTIO	THERAPY ON PRIMARY TEETH			
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)		\$0	\$0
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)		\$0	\$0
ENDODONTIO	THERAPY (including treatment plan, clinical procedures and follow-up care)			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	1	\$0	\$0
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	4	\$0	\$0
D3330	Endodontic therapy, molar (excluding final restoration)	5	\$60	\$0
D3331	Tx Rc Obstruction; Non-Surg Access	1	\$5	\$0
D3332	Incmpl Endo Tx;Inop Unrstr/Fx Tooth		\$0	\$0
D3333	Intrl Root Repair Perforation Defec		\$5	\$0
ENDODONTIO	RETREATMENT			
D3346	Retreatment of previous root canal therapy - anterior		\$0	\$0
D3347	Retreatment of previous root canal therapy - premolar		\$0	\$0
D3348	Retreatment of previous root canal therapy - molar		\$60	\$0
APEXIFICATION	ON/RECALCIFICATION PROCEDURES			
D3351	Apexification/recalcification -initial visit (apical closure/ calcific repair of perforations, root resorption, etc.)		\$9	\$0
D3352	Apexification/recalcification -interim medication replacement (apical closure/calcific repair of perforations,		\$5	\$0
	root resorption, pulpal space disinfection,etc.)			
D3353	Apexification/recalcification-final visit (includes completed root canal therapy-apical closure/calcific repair		\$10	\$0
Doore	of perforations, root resorption, etc.)		Φ.Ε.	40
D3355	Pulpal regeneration - initial visit		\$5	\$0
D3356	Pulpal regeneration - interim medication replacement		\$5	\$0
D3357	Pulpal regeneration - completion of treatment		\$10	\$0

<u>162</u> Page 7



Member Copayments

ADA CODE	ADA DESCRIPTION	Number of Procedures Paid 1/1/2022 - 12/31/2022	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
APICOECTO	IY/PERIRADICULAR SERVICES			
D3410	Apicoectomy - anterior		\$32	\$0
D3421	Apicoectomy - bicuspid (first root)		\$64	\$0
D3425	Apicoectomy - molar (first root)		\$96	\$0
D3426	Apicoectomy (each additional root)		\$50	\$0
D3430	Retrograde filling - per root		\$50	\$0
D3450	Root amputation - per root		\$23	\$0
D3471	Surgical repair of root resorption - anterior		-	\$0
D3472	Surgical repair of root resorption - premolar		-	\$0
D3473	Surgical repair of root resorption - molar		-	\$0
D3501	Surgical exposure of root surface without apicoectomy or repair of root resoption - anterior		-	\$0
D3502	Surgical exposure of root surface without apicoectomy or repair of root resoption - premolar		-	\$0
D3503	Surgical exposure of root surface without apicoectomy or repair of root resoption - molar		-	\$0
OTHER END	DONTIC PROCEDURES			
D3910	Surgical procedure for isolation of tooth with rubber dam		\$5	\$0
D3920	Hemisection (including any root removal), not including root canal therapy		\$21	\$0
D3950	Canal preparation and fitting of preformed dowel or post		\$5	\$0

<u>163</u> Page 8



Member Copayments

		Number of Procedures Paid 1/1/2022 -	Current Plan CA240	Alternative Plan CA250
ADA CODE	ADA DESCRIPTION	12/31/2022	Member Pays	Member Pays
SURGICAL SE	RVICES (including usual postoperative care)			
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant		\$0	\$0
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant		\$0	\$0
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant		\$0	\$0
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant		\$0	\$0
D4245	Apically positioned flap		\$10	\$0
D4249	Clinical crown lengthening - hard tissue		\$10	\$0
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant		\$56	\$0
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contguous teeth or tooth bounded spaces per quadrant		\$37	\$0
D4263	Bone replacement graft - retained natural tooth - first site in quadrant		\$66	\$0
D4270	Pedicle Soft Tissue Graft Procedure		\$61	\$0
D4274	Mesial/Distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)		\$0	\$0
D4277	Free Soft Tissue Graft Procedure -1St		\$15	\$0
NON-SURGICA	AL PERIODONTAL SERVICES			
D4320	Provisional Splinting - Intracoronal		\$10	\$0
D4321	Provisional Splinting - Extracoronal		\$10	\$0
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	30	\$0	\$0
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	16	\$0	\$0
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation		-	\$0
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit		\$5	\$0
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth		\$5	\$0

<u>164</u> Page 9



Member Copayments

		Number of Procedures Paid 1/1/2022 -	Current Plan CA240	Alternative Plan CA250
ADA CODE	ADA DESCRIPTION	12/31/2022	Member Pays	Member Pays
OTHER PERIO	DONTAL SERVICES			
D4910	Periodontal maintenance	39	\$0	\$0
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)		\$0	\$0
D4921	Ginigival irrigation - per quadriant		\$0	\$0
COMPLETE DE	ENTURES (including routine post delivery care)			
D5110	Complete denture - maxillary	1	\$93	\$0
D5120	Complete denture - mandibular		\$93	\$0
D5130	Immediate denture - maxillary	1	\$93	\$0
D5140	Immediate denture - mandibular	1	\$93	\$0
PARTIAL DEN	TURES (including routine post-delivery care)			
D5211	Maxillary partial denture - resin base (including retentive/clasping materils, rests and teeth)	2	\$63	\$0
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		\$65	\$0
D5213	Maxillary partial denture - cast metal framework with resin denture bases (incuding. any conventional clasps, rests and teeth)		\$80	\$0
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		\$77	\$0
D5221	Immediate maxillary partial denture - resin based (including any conventional clasps, rests and teeth)		-	\$0
D5222	Immediate mandibular partial denture - resin based (including any conventional clasps, rests and teeth)		-	\$0
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)		-	\$0
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)		-	\$0
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)		\$63	\$0
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)		\$65	\$0
D5282	Removable unilateral partial dentures - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		-	\$0
D5283	Removable unilateral partial dentures - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular		-	\$0
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant		-	\$0
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant		-	0



Member Copayments

121 002		Number of Procedures Paid 1/1/2022 -	Current Plan CA240	Alternative Plan CA250
ADA CODE	ADA DESCRIPTION	12/31/2022	Member Pays	Member Pays
	TS TO DENTURES			•
D5410	Adjust complete denture - maxillary		\$0	\$0
D5411	Adjust complete denture - mandibular		\$0	\$0
D5421	Adjust partial denture - maxillary	1	\$10	\$0
D5422	Adjust partial denture - mandibular	1	\$10	\$0
REPAIRS TO	COMPLETE DENTURES			
D5511	Repair broken complete denture base, mandibular		-	\$0
D5512	Repair broken complete denture base, maxillary		-	\$0
D5520	Replace missing or broken teeth - complete denture (each tooth)		\$5	\$0
REPAIRS TO	PARTIAL DENTURES			
D5611	Repair resin partial denture base, mandibular		-	\$0
D5612	Repair resin partialdenture base, maxillary		-	\$0
D5621	Repair cast partial framework, mandibular		-	\$0
D5622	Repair cast framework, maxillary		-	\$0
D5630	Repair or replace broken fretentive clasping materials - per tooth		\$11	\$0
D5640	Replace broken teeth - per tooth		\$13	\$0
D5650	Add tooth to existing partial denture		\$8	\$0
D5660	Add clasp to existing partial denture - per tooth	1	\$17	\$0
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		\$57	\$0
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		\$59	\$0
DENTURE RE	BASE PROCEDURES			
D5710	Rebase complete maxillary denture		\$35	\$0
D5711	Rebase complete mandibular denture		\$35	\$0
D5720	Rebase maxillary partial denture		\$30	\$0
D5721	Rebase mandibular partial denture		\$28	\$0

<u>166</u> Page 11



Member Copayments

ADA CODE	ADA DESCRIPTION	Number of Procedures Paid 1/1/2022 - 12/31/2022	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
DENTURE REL	INE PROCEDURES			
D5730	Reline complete maxillary denture (direct)		\$16	\$0
D5731	Reline complete mandibular denture (direct)		\$16	\$0
D5740	Reline maxillary partial denture (direct)		\$16	\$0
D5741	Reline mandibular partial denture (direct)		\$16	\$0
D5750	Reline complete maxillary denture (indirect)		\$27	\$0
D5751	Reline complete mandibular denture (indirect)		\$27	\$0
D5760	Reline maxillary partial denture (indirect)		\$28	\$0
D5761	Reline mandibular partial denture (indirect)		\$28	\$0
D5810	Interim complete denture (maxillary)		\$40	\$0
D5811	Interim complete denture (mandibular)		\$40	\$0
D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary		\$28	\$0
D5821	Interim partial denture (including retentive/clasping materials, rests and teeth), mandibular		\$27	\$0
OTHER REMOV	/ABLE PROSTHETIC SERVICES			
D5850	Tissue conditioning, maxillary		\$8	\$0
D5851	Tissue conditioning, mandibular		\$8	\$0
D5863	Overdenture - complete maxillary		\$140	\$0
D5864	Overdenture - partial maxillary		\$140	\$0
D5865	Overdenture - complete mandibular		\$140	\$0
D5866	Overdenture - partial mandibular		\$140	\$0

<u>167</u> Page 12



Member Copayments

ADA CODE	ADA DESCRIPTION	Number of Procedures Paid 1/1/2022 - 12/31/2022	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
IMPLANT SER	VICES	,		
D6010	Surgical Placement Of Implant Body:		\$1,950	\$1,950
D6013	Surgical Placement Of A Mini-Implant		\$1,950	\$1,950
D6055	Dental Implant Supported Connecting Bar		\$540	\$540
D6056	Prefabricated Abutment - Includes Mod And		\$368	\$368
D6057	Custom Fab Abutment - Includes Placement		\$610	\$610
D6058	Abutment Supported Porcelain/Ceramic		\$1,050	\$1,050
D6059	Abutment Supported Porcelain Fused To		\$915	\$915
D6060	Abutment Supported Porcelain Fused To		\$1,050	\$1,050
D6061	Abutment Supported Porcelain Fused To		\$946	\$946
D6062	Abutment Supported Cast Metal Crown		\$981	\$981
D6063	Abutment Supported Cast Metal Crown		\$854	\$854
D6064	Abutment Supported Cast Metal Crown		\$1,168	\$1,168
D6065	Implant Supported Porcelain/Ceramic		\$1,144	\$1,144
D6066	Implant Supported Crown - Porcelain Fused		\$1,083	\$1,083
D6067	Implant Supported Crown - High Noble		\$962	\$962
D6068	Abutment Supported Retainer For		\$1,026	\$1,026
D6069	Abutment Supported Retainer For		\$1,050	\$1,050
D6070	Abutment Supported Retainer For		\$965	\$965
D6071	Abutment Supported Retainer For		\$984	\$984
D6072	Abutment Supported Retainer For Cast		\$997	\$997
D6073	Abutment Supported Retainer For Cast		\$910	\$910
D6074	Abutment Supported Retainer For Cast		\$967	\$967
D6075	Implant Supported Retainer For Ceramic		\$1,018	\$1,018
D6076	Implant Supported Retainer For Fpd -		\$992	\$992
D6077	Implant Supported Retainer For Metal Fpd -		\$962	\$962
D6080	Implant Maintenance Procedures When		\$55	\$55
D6090	Repair Implant Supported Prosthesis, By		\$135	\$135
D6091	Replacemt Of Replaceable Pt Of		\$410	\$410
D6092	Recement Or Re-Bond Implant/Abutment		\$79	\$79
D6093	Recement Or Re-Bond Implant/Abutment		\$124	\$124
D6094	Abutment Supported Crown - Titanium And		\$810	\$810

168



Member Copayments

ADA CODE	ADA DESCRIPTION	Number of Procedures Paid 1/1/2022 - 12/31/2022	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
D6095	Repair Implant Abutment, By Report	12/31/2022	\$55	\$55
D6100	Implant Removal, By Report		\$600	\$600
D6101	Debridement Peri Implant Defect Or		\$15	\$0
D6102	Debridement & Osseous Peri Implant Defect		\$50	\$0
D6103	Bone Graft For Repair Of Peri Implant		\$350	\$350
D6190	Radiographic/Surgical Implant Index, By		\$265	\$265
D6194	Abutment Supported Retainer Crown For		\$835	\$835
FIXED PARTIA	L DENTURE PONTICS			
D6205	Pontic - indirect resin based composite		\$20	\$0
D6210	Pontic - cast high noble metal		\$67	\$0
D6211	Pontic - cast predominantly base metal		\$58	\$0
D6212	Pontic - cast noble metal		\$64	\$0
D6214	Pontic - titanium		\$67	\$0
D6240	Pontic - porcelain fused to high noble metal	1	\$69	\$0
D6241	Pontic - porcelain fused to predominantly base metal		\$63	\$0
D6242	Pontic - porcelain fused to noble metal		\$66	\$0
D6243	Pontic - porcelain fused to titanium and titanium alloys		-	\$0
D6245	Pontic - porcelain/ceramic	1	\$66	\$0
D6250	Pontic - resin with high noble metal		\$62	\$0
D6251	Pontic - resin with predominantly base metal		\$58	\$0
D6252	Pontic - resin with noble metal		\$61	\$0
D6253	Provisional Pontic - Further Treatment Or		\$25	\$0

<u>169</u> Page 14



Member Copayments

ADA CODE	ADA DESCRIPTION	Number of Procedures Paid 1/1/2022 - 12/31/2022	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
FIXED PARTIA	L DENTURE RETAINTERS - INLAYS/ONLAYS			
D6545	Retainer - cast metal for resin bonded fixed prosthesis		\$33	\$0
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis		\$33	\$0
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis		-	\$0
D6600	Retainer Inlay - Porcelain/Ceramic 2		\$40	\$0
D6601	Retainer Inlay - Porcelain/Ceramic 3/More		\$45	\$0
D6602	Retainer inlay - cast high noble metal, two surfaces		\$40	\$0
D6603	Retainer Inlay - cast high noble metal, three or more surfaces		\$45	\$0
D6604	Retainer Inlay - cast predominantly base metal, two surfaces		\$40	\$0
D6605	Retainer Inlay - cast predominantly base metal, three or more surfaces		\$45	\$0
D6606	Retainer Inlay - cast noble metal, two surfaces		\$40	\$0
D6607	Retainer Inlay - cast noble metal, three or more surfaces		\$45	\$0
D6608	Retainer Onlay - Porcelain/Ceramic 2		\$45	\$0
D6609	Retainer Onlay - Porcelain/Ceramic 3/More		\$50	\$0
D6610	Retainer Onlay - cast high noble metal, two surfaces		\$55	\$0
D6611	Retainer Onlay - cast high noble metal, three or more surfaces		\$60	\$0
D6612	Retainer Onlay - cast predominantly base metal, two surfaces		\$50	\$0
D6613	Retainer Onlay - cast predominantly base metal, three or more surfaces		\$55	\$0
D6614	Retainer Onlay - cast noble metal, two surfaces		\$50	\$0
D6615	Retainer Onlay - cast noble metal, three or more surfaces		\$50	\$0
D6624	Retainer Inlay - titanium		\$45	\$0
D6634	Retainer Onlay - titanium		\$75	\$0

<u>170</u> Page 15



Member Copayments

		Number of Procedures Paid 1/1/2022 -	Current Plan CA240	Alternative Plan CA250
ADA CODE	ADA DESCRIPTION	12/31/2022	Member Pays	Member Pays
FIXED PARTI	AL DENTURE RETAINERS - CROWNS			
D6710	Retainer Crown - indirect resin based composite		\$42	\$0
D6720	Retainer Crown - resin with high noble metal		\$69	\$0
D6721	Retainer Crown - resin with predominantly base metal		\$66	\$0
D6722	Retainer Crown - resin with noble metal		\$62	\$0
D6740	Retainer Crown - porcelain/ceramic	2	\$66	\$0
D6750	Retainer Crown - porcelain fused to high noble metal	2	\$73	\$0
D6751	Retainer Crown - porcelain fused to predominantly base metal		\$69	\$0
D6752	Retainer Crown - porcelain fused to noble metal		\$72	\$0
D6753	Retainer Crown - porcelain fused to titanium & titanium alloys		-	\$0
D6780	Retainer Crown - 3/4 cast high noble metal		\$72	\$0
D6781	Retainer Crown - 3/4 cast predominantly base metal		\$64	\$0
D6782	Retainer Crown - 3/4 cast noble metal		\$69	\$0
D6783	Retainer Crown - 3/4 cast porcelain/ceramic		\$66	\$0
D6784	Retainer Crown - 3/4 titianium & titanium alloys		-	\$0
D6790	Retainer Crown - full cast high noble metal		\$74	\$0
D6791	Retainer Crown - full cast predominantly base metal		\$69	\$0
D6792	Retainer Crown - full cast noble metal		\$70	\$0
D6794	Retainer Crown - titanium and titanium alloys		\$74	\$0
OTHER FIXE	PARTIAL DENTURE SERVICES			
D6930	Re-cement or re-bond fixed partial denture		\$10	\$0
D6940	Stress breaker		\$5	\$0
D6980	Fixed partial denture repair necessitated by restorative material failure		\$20	\$0
EXTRACTION	S (includes local anesthesia, suturing, if needed, and routine postoperative care)			
D7111	Extraction, coronal remnants - primary tooth		\$0	\$0
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	3	\$0	\$0

<u>171</u> Page 16



Member Copayments

		Number of Procedures Paid 1/1/2022 -	Current Plan CA240	Alternative Plan CA250
ADA CODE	ADA DESCRIPTION	12/31/2022	Member Pays	Member Pays
SURGICAL EX	TRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)			
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperisteal flap if indicated	37	\$0	\$0
D7220	Removal of impacted tooth - soft tissue		\$17	\$0
D7230	Removal of impacted tooth - partially bony	2	\$23	\$0
D7240	Removal of impacted tooth - completely bony	2	\$30	\$0
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		\$31	\$0
D7250	Surgical removal of residual tooth roots (cutting procedure)	1	\$14	\$0
OTHER SURG	ICAL PROCEDURES			
D7261	Primary Closure Of A Sinus Perforation		\$10	\$0
D7270	Tooth Reimplantation And/Or Stabilization		\$10	\$0
D7280	Exposure of an Unerupted Tooth		\$10	\$0
D7282	Mobilization Of Erupted Or Malpositioned		\$5	\$0
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)		\$30	\$0
D7286	Incisional biopsy of oral tissue - soft		\$30	\$0
D7287	Extoliative Cytological Sample Collection		\$15	\$0
D7288	Brush biopsy - transepithelial sample collection		\$15	\$0
D7290	Surgical Repositioning Of Teeth		\$10	\$0
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		\$13	\$0
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	3	\$9	\$0
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		\$14	\$0
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		\$9	\$0
D7340	Vestibuloplasty - Ridge Extension		\$0	\$0
D7350	Vestibuloplasty - Ridge Extension		\$0	\$0
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm		\$20	\$0
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm		\$30	\$0
D7460	Removal Of Benign Nonodontogenic Cyst Or		\$20	\$0
D7461	Removal Of Benign Nonodontogenic Cyst Or		\$30	\$0
D7471	Removal of lateral exostosis (maxilla or mandible)		\$15	\$0
D7472	Removal of torus palatinus		\$30	\$0
D7473	Removal of torus mandibularis		\$15	\$0
D7485	Reduction of osseous tuberosity		\$25	\$0

<u>172</u>

Page 17



Member Copayments

		Number of Procedures Paid	Current Plan CA240	Alternative Plan CA250
ADA CODE	ADA DESCRIPTION	1/1/2022 - 12/31/2022	Member Pays	Member Pays
D7510	Incision and drainage of abscess - intraoral soft tissue		\$8	\$0
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)		\$8	\$0
D7520	Incision and drainage of abscess - extraoral soft tissue		\$8	\$0
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)		\$8	\$0
D7530	Removal Of Foreign Body - Skin		\$12	\$0
D7961	Buccal/labial frenectomy (frenulectomy)		-	\$0
D7962	lingual frenectomy (frenulectomy)		-	\$0
D7963	Frenuloplasty		\$16	\$0
D7970	Excision of hyperplastic tissue - per arch		\$10	\$0
D7971	Excision of pericoronal gingival		\$10	\$0
D7972	Surgical Rduc Fibrous Tuberosity		\$20	\$0
COMPREHENS	SIVE ORTHODONTIC TREATMENT			
D8070	Comprehensive orthodontic treatment of the transitional dentition		\$1,500	\$750
D8080	Comprehensive orthodontic treatment of the adolescent dentition	1	\$1,500	\$750
D8090	Comprehensive orthodontic treatment of the adult dentition		\$1,500	\$750
OTHER ORTHO	DDONTIC SERVICES			
D8670	Periodic orthodontic treatment visit		-	\$0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))		\$150	\$150
D8999	Orthodontic records fee		\$350	\$350
UNCLASSIFIE	O TREATMENT			
D9110	Palliative (emergency) treatment of dental pain - minor procedures	2	\$0	\$0
D9120	Fixed partial denture sectioning		\$20	\$0

<u>173</u> Page 18



Member Copayments

ADA CODE	ADA DESCRIPTION	Number of Procedures Paid 1/1/2022 - 12/31/2022	Current Plan CA240 Member Pays	Alternative Plan CA250 Member Pays
ANESTHESIA				
D9210	Local anesthesia(not in conjunction with operative or surgical procedures)		\$0	\$0
D9211	Regional block anesthesia		\$0	\$0
D9212	Trigeminal division block anesthesia		\$0	\$0
D9215	Local anesthesia in conjunction with operative or surgical procedures		\$0	\$0
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia		-	\$0
D9222	Deep sedation/general anesthesia - first 15 minutes		-	\$0
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment		-	\$0
D9230	Analgesia Anxiolysis, Inhalation Of Nitrous Oxide	1	\$5	\$0
D9239	Intravenous moderate (conscious) sedation/analgesia -first 15 minutes		-	\$0
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment		-	\$0
D9248	Non-Intravenous (Conscious) Sedation, ThisIncludes Non-Iv Minimal And ModerateSedation		\$5	\$0
PROFESSIONA	L CONSULTATION			
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	22	\$0	\$0
PROFESSIONA				
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	2	\$0	\$0
D9440	Office visit, after regularly scheduled hours		\$25	\$0
MISCELLANEC	OUS SERVICES			
D9930	Treatment Of Complications - Post Surg.		\$0	\$0
D9943	Occlusal guard adjustment		-	\$0
D9944	Occlusal guard - hard appliance, full arch		-	\$0
D9946	Occlusal guard - hard appliance, partial arch		-	\$0
D9951	Occlusal adjustment - limited		\$8	\$0
D9952	Occlusal adjustment - complete		\$26	\$0
D9972	External Bleaching - Per Arch Performed In		\$125	\$125

FOOTNOTES

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

ADA	DESCRIPTION	MEMBER PAYS	ADA	DESCRIPTION	MEMBER PAYS
DIAGNO	STIC SERVICES	_	D0472	ACCESS TISSUE, GROSS EXAM - PREP & REPORT	\$0
00120	PERIODIC ORAL EVALUATION EST PT	\$0	D0473	ACCESS TISSUE, GROSS & MICROSCOPIC -	\$0
0140	LTD ORAL EVALUATION - PROBLEM FOCUS	\$0		PREP/REPORT	
D0145	ORAL EVAL PT<3 AND COUNSEL	\$0	D0474	ACCESS TISSUE, GROSS & MICROSCOPIC SURG MARG PREP/REPORT	\$0
D0150	COMP ORAL EVALUATION - NEW/EST PT	\$0	D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION,	\$0
D0160	DTL & EXT ORAL EVAL - PROBLEM FOCUS REPORT	\$0		LOW	
D0170	RE-EVALUATION - LTD PROBLEM FOCUSED	\$0	D0602	CARIES RISK ASSESSMENT AND DOCUMENTATION, MODERATE	\$0
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	\$0	D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION,	\$0
D0180	COMP PERIODONTAL EVAL - NEW/EST PT	\$0		HIGH	
D0210	INTRAORAL - COMPLETE SERIES RADIOGRAPHIC IMAGES	\$0	D0701	PANORAMIC RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0
D0220	INTRAORAL PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$0	D0702	2-D CEPHALOMETRIC RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY	\$0
D0230	INTRAORL PERIAPICAL EACH ADD RADIOGRAPHIC IMAGE	\$0	D0705	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY	\$0
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$0	D0706	INTRAORAL-OCCLUSAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY	\$0
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE	\$0	D0707	INTRAORAL-PERIAPICAL RADIOGRAPHIC IMAGE-IMAGE CAPTURE ONLY	\$0
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	\$0	D0708	INTRAORAL-BITEWING RADIOGRAPHIC	\$0
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$0	D0709	IMAGE-IMAGE CAPTURE ONLY INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC	\$0
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$0	20100	IMAGES-IMAGE CAPTURE ONLY	Ψ
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$0	PREVEN	ITIVE SERVICES	
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$0	D1110	PROPHYLAXIS - ADULT	\$0
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC	\$0	D1120	PROPHYLAXIS - CHILD	\$0
70220	IMAGES PANORAMIC RADIOGRAPHIC IMAGE	\$0	D1206	TOPICALFLUORIDE VARNISH	\$0
D0330 D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE -	\$0 \$0	D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING	\$0
J0340	ACQUISITION, MEASUREMENT AND ANALYSIS	ФО	D1310	VARNISH NUTRIT CNSL CONTROL DENTAL DISEASE	\$0
00364	CONE BEAM CT CAPTURE AND INTERPRETATION	\$0	D1320	TOBACCO CNSL CNTRL&PREVION ORL DZ	\$0
	WITH LIMITED FIELD OF VIEW-LESS THAN ONE		D1330	ORAL HYGIENE INSTRUCTIONS	\$0
00365	WHOLE JAW CONE BEAM CT CAPTURE AND INTERPRETATION	\$0	D1351	SEALANT - PER TOOTH	\$0
	WITH LIMITED FIELD OF VIEW OF ONE FULL DENTAL ARCH-MANDIBLE	·	D1352	PREV RESIN RESTORATION IN MOD HIGH CARIES RISK PATIENT- PERM TOOTH	\$0
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION	\$0	D1353	SEALANT REPAIR – PER TOOTH	\$0
	WITH LIMITED FIELD OF VIEW OF ONE FULL DENTAL ARCH-MAXILLA		D1355	CARIES PREVENTIVE MEDICAMENT APPLICATION -	\$0
00367	CONE BEAM CT CAPTURE AND INTERPRETATION	\$0		PER TOOTH	
	WITH FIELD OF VIEW OF BOTH JAWS		D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	\$0
D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE	\$0	D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	\$0
D0391	EXPOSURES INTERPRETATION OF DIAGNOSTIC IMAGE	\$0	D1520	SPACE MAINTAINER -	\$0
D0393	SIMULATION USING 3D IMAGES	\$0		REMOVABLE-UNILATERAL/QUAD	
D0394	DIGITAL SUBTRACTION OF IMAGES	\$0	D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	\$0
D0395	FUSION OF TWO OR MORE 3D IMAGES	\$0	D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL,	\$0
D0414	LABORATORY PROCESSING OF MICROBIAL	\$0	D1551	MANDIBULAR RECEM/REBOND BILATERAL SPACE MAINTAINER –	\$0
	SPECIMEN TO INCLUDE CULTURE AND SENSITIVITY STUDIES, PREPARATION AND TRANSMISSION OF WRITTEN REPORT		D1552	MAXIL RECEM/REBOND BILATERAL SPACE MAINTAINER –	\$0
D0415	COLLECT MICROORGANISMS CULT & SENS	\$0		MANDIB	, ,
00416	VIRAL CULTURE	\$0	D1553	RECEM/REBOND UNILATERAL SPACE	\$0
00417	COLLECTION & PREP OF SALIVA SAMPLE	\$0	D1556	MAINTAINER/QUAD REMOVAL OF FIXED UNILATERAL SPACE	\$0
00418	ANALYSIS OF SALIVA SAMPLE	\$0	000	MAINTAINER/QUAD	40
00425	CARIES SUSCEPTIBILITY TESTS	\$0	D1557	REMOVAL OF FIXED BILATERAL SPACE	\$0
00431	ADJUNCT PREDX TST NO CYTOL/BX PROC	\$0	D1558	MAINTAINER-MAXIL REMOVAL OF FIXED BILATERAL SPACE	\$0
00460	PULP VITALITY TESTS	\$0	2.000	MAINTAINER-MANDIB	ΨΟ
00470	DIAGNOSTIC CASTS	\$0	D1575	DISTAL SHOE SPACE MAINTAINER - FIXED,	\$0
			175	UNILATERAL/QUAD	

ADA	DESCRIPTION	MEMBER PAYS	ADA	DESCRIPTION	MEMBER PAYS
RESTOR	RATIVE SERVICES		D2920	RECEMENT OR RE-BOND CROWN	\$0
D2140	AMALGAM - ONE SURFACE PRIMARY/PERMANENT	\$0	D2921	REATTACHMENT OF TOOTH FRAGMENT	\$0
D2110	AMALGAM - TWO SURFACES PRIMARY/PERMANENT	\$0	D2930	PREFABRICATED STAINLESS STEEL CROWN -	\$0
D2160	AMALGAM - 3 SURFACES PRIMARY/PERMAMENT	\$0		PRIMARY	
D2161	AMALGAM - FOUR/MORE SURFACES	\$0	D2931	PREFABRICATED STAINLESS STEEL CROWN -	\$0
	PRIMARY/PERMANENT		D2932	PERMANENT PREFABRICATED RESIN CROWN	\$0
D2330	RESIN COMPOSITE - ONE SURFACE ANTERIOR	\$0	D2933	PREFABRICATED STAINLESS STEEL CROWN RESIN	\$0
D2331	RESIN COMPOSITE - 2 SURFACES ANTERIOR	\$0		WINDOW	**
D2332	RESIN COMPOSITE - 3 SURFACES ANTERIOR	\$0	D2934	PREFABRICATED ESTHTC COATED STNLESS STEEL	\$0
D2335	RESIN COMPOSITE - 4/> SURF/W/INCISAL ANG	\$0	D2940	CROWN - PRIMARY SEDATIVE FILLING	\$0
D2390	RESIN COMPOSITE CROWN ANTERIOR	\$0	D2941	INTERIM THERAPEUTIC RESTORATION – PRIMARY	\$0
D2391	RESIN COMPOSITE - 1 SURFACE POSTERIOR	\$0	220	DENTITION	40
D2392	RESIN COMPOSITE - 2 SURFACES POSTERIOR	\$0	D2950	CORE BUILDUP INCLUDING ANY PINS	\$0
D2393	RESIN COMPOSITE - 3 SURFACES POSTERIOR	\$0	D2951	PIN RETENTION - PER TOOTH ADDITION REST	\$0
D2394	RESIN COMPOSITE - 4/MORE SURFACES POST	\$0	D2952	POST & CORE ADD CROWN INDIRECT FAB	\$0
D2510	INLAY - METALLIC - ONE SURFACE	\$0	D2953	EACH ADD INDIRECT FABRICATED POST SAME	\$0
D2520	INLAY - METALLIC - TWO SURFACES	\$0	D2954	TOOTH PREFABRICATED POST & CORE ADDITION CROWN	\$0
D2530	INLAY - METALLIC - 3/MORE SURFACES	\$0	D2955	POST REMOVAL	\$0
D2542	ONLAY - METALLIC - TWO SURFACES	\$0	D2957	EACH ADD PREFABR POST - SAME TOOTH	\$0
D2543	ONLAY - METALLIC THREE SURFACES	\$0	D2960	LABIAL VENEER (RESIN LAMINATE) - DIRECT	\$0 \$0
D2544	ONLAY - METALLIC FOUR OR MORE SURFACES	\$0	D2961	LABIAL VENEER (RESIN LAMINATE) - INDIRECT	\$0 \$0
D2610	INLAY - PORCELAIN/CERAMIC - 1 SURFACE	\$0	D2962	LABIAL VENEER (PORCELAIN LAMINATE) - INDIRECT	\$0 \$0
D2620	INLAY - PORCELAIN/CERAMIC - 2 SURFACES	\$0	D2971	ADD PROCEDURE NEW CROWN XST PART	\$0
D2630	INLAY - PORCELAIN/CERAMIC - 3/MORE SURFACES	\$0	D2311	DENTURE	ΨΟ
D2642	ONLAY - PORCELAIN/CERAMIC - 2 SURFACES	\$0	D2975	COPING	\$0
D2643	ONLAY - PORCELAIN/CERAMIC - 3 SURFACES	\$0	D2980	CROWN REPAIR	\$0
D2644	ONLAY - PORCELAIN/CERAMIC - 4/MORE SURFACES	\$0	ENDOD	ONTIC SERVICES	
D2650	INLAY - RESIN BASED COMPOSITE - 1 SURFACE	\$0	D3110	PULP CAP - DIRECT	\$0
D2651	INLAY - RESIN BASED COMPOSITE - 2 SURFACES	\$0	D3120	PULP CAP - INDIRECT	\$0
D2652	INLAY - RESIN BASED COMPOSITE - 3 />SURFACES	\$0	D3220	TX PULPOTOMY - CORONAL DENTNOCEMENTL	\$0
D2662	ONLAY - RESIN - BASED COMPOSITE - 2 SURFACES	\$0		JUNC	
D2663	ONLAY - RESIN - BASED COMPOSITE - 3 SURFACES	\$0	D3221	PULPAL DEBRIDEMENT PRIMARY & PERMAMENT TEETH	\$0
D2664	ONLAY - RESIN - BASED COMPOSITE - 4/>	\$0	D3222	PARTIAL PULPOTOMY	\$0
D2710	SURFACES CROWN - RESIN - BASED COMPOSITE INDIRECT	\$0	D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	\$0
D2712	CROWN - 3/4 RESIN - BASED COMPOSITE INDIRECT	\$0	D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	\$0
D2712	CROWN - RESIN WITH HIGH NOBLE METAL	\$0*	D3310	ANTERIOR	\$0
D2721	CROWN - RESIN W/PREDOM BASE METAL	\$0	D3320	BICUSPID	\$0
D2722*	CROWN - RESIN WITH NOBLE METAL	\$0*	D3330	MOLAR	\$0
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$0	D3331	TX RC OBSTRUCTION; NON-SURG ACCESS	\$0
D2750*	CROWN - PORCELAIN FUSED HI NOBLE METAL	\$0*	D3332	INCMPL ENDO TX:INOP UNRSTR/FX TOOTH	\$0
D2751	CROWN - PORCELAIN FUSED PREDOM BASE METAL	\$0	D3333	INTRL ROOT REPAIR PERFORATION DEFEC	\$0
D2752*	CROWN - PORCELAIN FUSED NOBLE METAL	\$0*	D3346	RETX PREVIOUS RC THERAPY - ANTERIOR	\$0
D2753	CROWN PORCELAIN FUSED TO TITANIUM/TITANIUM	\$0	D3347	RETX PREVIOUS RC THERAPY - BICUSPID	\$0
B2100	ALLOYS	Ψ	D3348	RETX PREVIOUS RC THERAPY - MOLAR	\$0
D2780*	CROWN - 3/4 CAST HIGH NOBLE METAL	\$0*	D3351	APEXIFICATION/RECALCIFICATION - INITIAL VST	\$0
D2781	CROWN - 3/4 CAST PREDOM BASE METAL	\$0	D3352	APEXIFICATION/RECALCIFICATION - INTERIM	\$0
D2782*	CROWN - 3/4 CAST NOBLE METAL	\$0*	D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	\$0
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$0	D3355	PULPAL REGENERATION - INITIAL VISIT	\$0
D2790*	CROWN - FULL CAST HIGH NOBLE METAL	\$0*	D3356	PULPAL REGENERATION - INTERIM MEDICAMENT	\$0
D2791	CROWN - FULL CAST PREDOM BASE METAL	\$0		REPLACEMENT	**
D2792*	CROWN - FULL CAST NOBLE METAL	\$0*	D3357	PULPAL REGENERATION - COMPLETION OF	\$0
D2794*	CROWN - TITANIUM AND TITANIUM ALLOYS	\$0*	D3410	TREATMENT APICOECTOMY SURG - ANT	\$0
D2910	RECEMENT OR RE-BOND INLAY ONLAY VENEER OR	\$0	D3410 D3421	APICOECTOMY SURG-ANT	\$0 \$0
D0045	PART COV REST	^	D3421 D3425	APICOECTOMY SURG - MOLAR	\$0 \$0
D2915	RECEMENT OR RE-BOND INDIRECTLY FABRICATED PREFABRICATED POST & CORE	\$0	D3425 D3426	APICOECTOMY SURGERY	\$0 \$0
			176	A SOLUTOMI CONCENT	Ψ
NCA-01C(v3.0) 400-6963 ©2020-2021 United HealthCare Services, Inc			This plan is underwritten by Dental Benefit	Providers of California, I

ADA	DESCRIPTION	MEMBER PAYS	ADA	DESCRIPTION	MEMBER PAYS
ENDOD	ONTIC SERVICES		D5214	MAND PART DENTUR- CAST METL W/RSN	\$0
D3430	RETROGRADE FILLING - PER ROOT	\$0	D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN	\$0
D3450	ROOT AMPUTATION - PER ROOT	\$0		BASE (INCLUDING RETENTIVE/CLASPING	
D3471	SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR	\$0	D5222	MATERIALS, RESTS AND TEETH) IMMEDIATE MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING	\$0
D3472	SURGICAL REPAIR OF ROOT RESORPTION – PREMOLAR	\$0		MATERIALS, RESTS AND TEETH)	
D3473	SURGICAL REPAIR OF ROOT RESORPTION – MOLAR	\$0	D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$0
D3501	SURGICAL EXPOSURE ROOT SURFACE W/OUT APICOECTOMY OR REPAIR ROOT RESORPT-ANTERIOR	\$0	D5224	(INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH) IMMEDIATE MANDIBULAR PARTIAL DENTURE –	\$0
D3502	SURGICAL EXPOSURE ROOT SURFACE W/OUT APICOECTOMY OR REPAIR OF ROOT RESORPT-PREMOLAR	\$0	D3224	CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	φυ
D3503	SURGICAL EXPOSURE ROOT SURFACE W/OUT	\$0	D5225	MAXILLARY PARTIAL DENTURE FLEX BASE	\$0
	APICOECTOMY OR REPAIR OF ROOT		D5226	MANDIBULAR PARTIAL DENTURE FLEX BASE	\$0
D3910	RESORPT-MOLAR SURG PROC ISOLAT TOOTH W/RUBBER DAM	\$0	D5282	REMOVABLE UNILATERAL PARTIAL DENTURE -	\$0
D3920	HEMISECTION NOT INCL RC THERAPY	\$0	DE002	MAXILLARY	¢ 0
D3950	CANAL PREP & FIT PREFORMED DOWEL/POST	\$0	D5283	REMOVABLE UNILATERAL PARTIAL DENTURE - MANDIBULAR	\$0
	ONTIC SERVICES	ΨΟ	D5284	REMOVABLE UNILATERAL PARTIAL DENTURE -	\$0
D4210	GINGIVECTOMY/GINGIVOPLASTY 4/>CNTIG TEETH QUAD	\$0	D5286	FLEX BASE/QUAD REMOVABLE UNILATERAL PARTIAL	\$0
D4211	GINGIVECTOMY/GINGIVOPLASTY 1-3 CNTIG TEETH	\$0	D5410	DENTURE-RESIN/QUAD ADJUST COMPLETE DENTURE - MAXILLARY	\$0
	QUAD		D5410	ADJUST COMPLETE DENTURE - MANDIBULAR	\$0 \$0
D4240	GINGL FLP 4/>CNTIG/BOUND TEETH QUAD	\$0	D5411	ADJUST PARTIAL DENTURE - MAXILLARY	\$0 \$0
D4241	GINGL FLP 1-3 CNTIG/BND TEETH QUAD	\$0	D5421	ADJUST PARTIAL DENTURE - MANDIBULAR	\$0 \$0
D4245	APICALLY POSITIONED FLAP	\$0	D5422		\$0 \$0
D4249	CLIN CROWN LEN - HARD TISSUE	\$0		REPAIR BROKEN COMPLETE DENTURE BASE	\$0 \$0
D4260	OSSEOUS SURG 4/> CNTIG TEETH QUAD	\$0	D5512	REPAIR BROKEN COMPLETE DENTURE BASE - MAXILLARY	\$0
D4261	OSSEOUS SURG 1-3 CNTIG TEETH QUAD	\$0	D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE	\$0
D4263	BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH – FIRST SITE IN QUADRANT	\$0	D5611	DENTURE REPAIR RESIN PARTIAL DENTURE BASE -	\$0
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$0	D=040	MANDIBULAR	••
D4274	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION	\$0	D5612	REPAIR RESIN PARTIAL DENTURE BASE - MAXILLARY REPAIR CAST PARTIAL FRAMEWORK - MANDIBULAR	\$0
	WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)		D5621		\$0
D4277	FREE SOFT TISSUE GRAFT PROCEDURE -1ST	\$0	D5622	REPAIR CAST PARTIAL FRAMEWORK - MAXILLARY	\$0 *0
	TOOTH	·	D5630	REPAIR OR REPLACE BROKEN CLASP - PER TOOTH	\$0
D4320	PROVISIONAL SPLINTING - INTRACORONAL	\$0	D5640	REPLACE BROKEN TEETH - PER TOOTH	\$0
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	\$0	D5650	ADD TOOTH EXISTING PARTIAL DENTURE	\$0
D4341	PERIODONTAL SCAL & ROOT PLAN 4/>TEETH-QUAD	\$0	D5660	ADD CLASP EXISTING PARTIAL DENTURE - PER TOOTH	\$0
D4342	PERIODONTAL SCAL & ROOT PLAN 1-3 TEETH	\$0	D5670	REPLACE ALL TEETH & ACRYLC FRMEWRK	\$0
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION –	\$0	D5671	MAXILLARY REPLACE ALL TEETH & ACRYLC FRMEWRK	\$0
D4355	FULL MOUTH, AFTER ORAL EVALUATION FULL MOUTH DEBRID COMP ORAL EVAL & DX ON A	\$0	D5710	MANDIBULAR REBASE COMPLETE MAXILLARY DENTURE	Φ0
D 1000	SUBSEQUENT VISIT	ΨŰ	D5710 D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$0 \$0
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO	\$0	D5711	REBASE MAXILLARY PARTIAL DENTURE	\$0 \$0
D 4040	DISEASED CREVICULAR TISSUE, PER TOOTH	40	D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$0
D4910	PERIODONTAL MAINTENANCE	\$0	D5730	RELINE CMPL MAXIL DENTURE (DIRECT)	\$0
D4920	UNSCHEDULED DRESSING CHANGE	\$0	D5731	RELINE CMPL MAND DENTURE (DIRECT)	\$0
D4921	GINGIVAL IRRIGATION PER QUADRANT	\$0	D5740	RELINE MAXIL PART DENTURE (DIRECT)	\$0
	ABLE PROSTHODONTIC SERVICES		D5741	RELINE MAND PART DENTURE (DIRECT)	\$0
D5110	COMPLETE DENTURE - MAXILLARY	\$0	D5750	RELINE CMPL MAXIL DENTURE (INDIRECT)	\$0
D5120	COMPLETE DENTURE - MANDIBULAR	\$0	D5751	RELINE CMPL MAND DENTURE (INDIRECT)	\$0
D5130	IMMEDIATE DENTURE - MAXILLARY	\$0	D5760	RELINE MAXIL PART DENTURE (INDIRECT)	\$0
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$0	D5761	RELINE MAND PART DENTURE (INDIRECT)	\$0
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	\$0	D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	\$0
	MANDIBULAR PARTIAL DENTURE - RESIN BASE	\$0	D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	\$0
D5213	MAX PART DENTUR-CAST METL W/RSN	\$0	177	•	
D5211 D5212 D5213 NCA-01C(MANDIBULAR PARTIAL DENTURE - RESIN BASE MAX PART DENTUR-CAST METL W/RSN	\$0 \$0 \$0	D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	: Providers

ADA	DESCRIPTION	MEMBER PAYS	ADA	DESCRIPTION	MEMBER PAYS
REMOVA	BLE PROSTHODONTIC SERVICES		D6081	SCALING AND DEBRIDEMENT IN THE PRESENCE OF	\$0
D5820	INTERIM PARTIAL DENTURE MAXILLARY	\$0		INFLAMMATION OR MUCOSITIS OF A SINGLE IMPLANT, INCLUDING CLEANING OF THE IMPLANT	
D5821	INTERIM PARTIAL DENTURE MANDIBULAR	\$0		SURFACES, WITHOUT FLAP ENTRY AND CLOSURE	
D5850	TISSUE CONDITIONING MAXILLARY	\$0	D6082	IMPLANT SUPPT CROWN-PORCELAIN FUSED TO	\$1,083
D5851	TISSUE CONDITIONING MANDIBULAR	\$0	D6083	PREDOM. BASE ALLOYS IMPLANT SUPPT CROWN-PORCELAIN FUSED TO	\$1,083
D5863	OVERDENTURE - COMPLETE MAXILLARY	\$0	D0003	NOBLE ALLOYS	φ1,003
D5864	OVERDENTURE - COMPLETE MANDIBULAR	\$0	D6084	IMPLANT SUPPT CROWN-PORCELAIN FUSED TO	\$1,083
D5865	OVERDENTURE - PARTIAL MAXILLARY	\$0	D6086	TITANIUM/TITANIUM ALLOYS IMPLANT SUPPT CROWN-PREDOM. BASE ALLOYS	\$962
D5866	OVERDENTURE - PARTIAL MANDIBULAR	\$0	D6087	IMPLANT SUPPT CROWN-PREDOM: BASE ALLOTS IMPLANT SUPPT CROWN-NOBLE ALLOYS	\$962 \$962
D5876	ADD METAL SUBSTRUCTURE TO ACRYLIC FULL	\$0	D6087		\$962 \$962
IMPLANT	DENTURE (PER ARCH) SERVICES		D0000	IMPLANT SUPPT CROWN-TITANIUM/TITANIUM ALLOYS	ψ302
D6010	SURGICAL PLACEMENT OF IMPLANT BODY:	\$1,950	D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY	\$135
D0010	ENDOSTEAL IMPLANT	ψ1,300	D6091	REPORT REPLACEMT OF REPLACEABLE PT OF	\$410
D6013	SURGICAL PLACEMENT OF A MINI-IMPLANT	\$1,950	D0091	SEMI-PRECISION/PRECISION ATTACHMT OF	Ψ410
D6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR	\$540		IMPLANT/ABUTMENT SUPPORT PROSTHESIS	
D6056	PREFABRICATED ABUTMENT - INCLUDES MOD AND	\$368	D6092	RECEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN	\$79
D6057	PLACEMENT CUSTOM FAB ABUTMENT - INCLUDES PLACEMENT	\$610	D6093	RECEMENT OR RE-BOND IMPLANT/ABUTMENT	\$124
D6057	ABUTMENT SUPPORTED PORCELAIN/CERAMIC	\$1,050	20000	SUPPORTED FIXED PARTIAL DENTURE	¥. <u>-</u> .
D0030	CROWN	Ψ1,030	D6094*	ABUTMENT SUPPORTED CROWN - TITANIUM AND	\$810*
D6059*	ABUTMENT SUPPORTED PORCELAIN FUSED TO	\$915*	D6095	TITANIUM ALLOYS REPAIR IMPLANT ABUTMENT, BY REPORT	\$55
Denen	METAL CROWN (HIGH NOBLE METAL)	¢4.050	D6095	REMOVE BROKEN IMPLANT RETAINING SCREW	\$0
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINATELY BASE METAL)	\$1,050	D6090	ABUTMENT SUPPT CROWN-PORCELAIN FUSED TO	\$915
D6061*	ABUTMENT SUPPORTED PORCELAIN FUSED TO	\$946*	D0031	TITANIUM/TITANIUM ALLOYS	ψ313
D0000*	METAL CROWN (NOBLE METAL)	***	D6098	IMPLANT SUPPT RETAINER-PORCELAIN FUSED TO	\$992
D6062*	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	\$981*	D6099	PREDOM. BASE ALLOYS IMPLANT SUPPT RETAINER FOR FPD-PORCELAIN	\$992
D6063	ABUTMENT SUPPORTED CAST METAL CROWN	\$854	D0099	FUSED TO NOBLE ALLOYS	φ992
D0004+	(PREDOMINATELY BASE METAL)	A 4.400±	D6100	IMPLANT REMOVAL, BY REPORT	\$600
D6064*	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	\$1,168*	D6101	DEBRIDEMENT PERI IMPLANT DEFECT OR	\$0
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC	\$1,144	D6102	DEFECTS SURROUNDING A SINGLE IMPLANT	\$0
	CROWN		D0102	DEBRIDEMENT & OSSEOUS PERI IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT	Φ0
D6066*	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS	\$1,083*	D6103	BONE GRAFT FOR REPAIR OF PERI IMPLANT	\$350
D6067*	IMPLANT SUPPORTED CROWN - HIGH NOBLE	\$962*	DC404	DEFECT	Φ0
	ALLOYS		D6104	BONE GRAFT IMPLANT REPLACEMENT	\$0
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	\$1,026	D6110	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH – MAXILLARY	\$1,840
D6069	ABUTMENT SUPPORTED RETAINER FOR	\$1,050	D6111	IMPLANT/ABUTMENT SUPPORTED REMOVABLE	\$1,840
	PORCELAIN FUSED TO METAL FPD (HIGH NOBLE	* 1,000	D0440	DENTURE FOR EDENTULOUS ARCH – MANDIBULAR	A4 040
D6070	METAL)	¢06E	D6112	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH –	\$1,840
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD	\$965		MAXILLARY	
	(PREDOMINATELY BASE METAL)		D6113	IMPLANT/ABUTMENT SUPPORTED REMOVABLE	\$1,840
D6071*	ABUTMENT SUPPORTED RETAINER FOR	\$984*		DENTURE FOR PARTIALLY EDENTULOUS ARCH – MANDIBULAR	
D6072*	PORCELAIN FUSED TO METAL FPD (NOBLE METAL) ABUTMENT SUPPORTED RETAINER FOR CAST	\$997*	D6118	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED	\$0
20012	METAL FPD (HIGH NOBLE METAL)	4001	D0440	DENTURE FOR EDENTULOUS ARCH - MANDIBULAR	**
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST	\$910	D6119	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MAXILLARY	\$0
D6074*	METAL FPD (PREDOMINATELY BASE METAL) ABUTMENT SUPPORTED RETAINER FOR CAST	\$967*	D6120	IMPLANT SUPPT RETAINER-PORCELAIN FUSED TO	\$992
D0074	METAL FPD (NOBLE METAL)	φσοι		TITANIUM/TITANIUM ALLOYS	
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC	\$1,018	D6121	IMPLANT SUPPT RETAINER FOR METAL FPD-PREDOM. BASE ALLOYS	\$962
D6076*	FPD	\$992*	D6122	IMPLANT SUPPT RETAINER FOR METAL FPD-NOBLE	\$962
D6076*	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO HIGH NOBLE ALLOYS	φυυν		ALLOYS	
D6077*	IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS	\$962*	D6123	IMPLANT SUPPT RETAINER FOR METAL FPD-TITANIUM/TITANIUM ALLOYS	\$962
D6080	IMPLANT MAINTENANCE PROCEDURES WHEN	\$55	D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY	\$265
	PROSTHESIS ARE REMOVED AND REINSERTED,	400	DC404	REPORT	# 202
	INCLUDING CLEANSING OF PROSTHESIES AND ABUTMENTS		D6191	SEMI-PRECISION ABUTMENT – PLACEMENT	\$368 \$368
	ADOTHICITO		D6192	SEMI-PRECISION ATTACHMENT – PLACEMENT	\$368 \$35
			D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD - TITANIUM AND TITANIUM ALLOYS	\$835
			17 <u>8</u>		

ADA	DESCRIPTION	MEMBER PAYS	ADA	DESCRIPTION	MEMBER PAYS
IMPLANT	SERVICES		D6721	RETAINER CROWN - RESIN PREDOMINANTLY BASE	\$0
D6195	ABUTMENT SUPPT RETAINER-PORCELAIN FUSED	\$1,050	D0700*	METAL PETALVER ORGANIA PEGALVITA NORME METAL	00*
EIVED DI	TO TITANIUM/TITANIUM ALLOYS ROSTHODONTIC SERVICES		D6722*	RETAINER CROWN - RESIN WITH NOBLE METAL	\$0* \$0
		# 0	D6740 D6750*	RETAINER CROWN - PORCELAIN/CERAMIC RETAINER CROWN - PORCELAIN FUSED TO HIGH	\$0*
D6205 D6210*	PONTIC - INDIRECT RESIN BASED COMPOSITE PONTIC - CAST HIGH NOBLE METAL	\$0 \$0*	D0730	NOBLE METAL	φυ
D6210	PONTIC - CAST PREDOM BASE METAL	\$0 \$0	D6751	RETAINER CROWN - PORCELAIN FUSED TO	\$0
D6211*	PONTIC - CAST PREDOM BASE METAL PONTIC - CAST NOBLE METAL	\$0*	D6752*	PREDOMINANTLY BASE METAL RETAINER CROWN - PORCELAIN FUSED TO NOBLE	\$0*
D6214*	PONTIC - TITANIUM AND TITANIUM ALLOYS	\$0*	D0132	METAL	φυ
D6240*	PONTIC - PORCELAIN FUSED HI NOBLE METAL	\$0*	D6753	RETAINER CROWN-PORCELAIN FUSED TO	\$0
D6241	PONTIC - PORCELAIN FUSED PREDOM BASE METAL	\$0	D6780*	TITANIUM/TITANIUM ALLOYS RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	\$0*
D6242*	PONTIC - PORCELAIN FUSED NOBLE METAL	\$0*	D6781	RETAINER CROWN - 3/4 CAST PREDOMINANTLY	\$0
D6243	PONTIC-PORCELAIN FUSED TO TITANIUM/TITANIUM	\$0	D0701	BASE METAL	ΨΟ
	ALLOYS		D6782*	RETAINER CROWN - 3/4 CAST NOBLE METAL	\$0*
D6245	PONTIC - PORCELAIN/CERAMIC	\$0	D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	\$0
D6250*	PONTIC - RESIN W/HIGH NOBLE METAL	\$0*	D6784	RETAINER CROWN - 3/4 TITANIUM/TITANIUM ALLOYS	\$0
D6251	PONTIC RESIN W/PREDOM BASE METAL	\$0	D6790*	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	\$0*
D6252*	PONTIC RESIN W/NOBLE METAL	\$0* \$0	D6791	RETAINER CROWN - FULL CAST PREDOMINANTLY	\$0
D6253	PROVISIONAL PONTIC - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO	Φ0		BASE METAL	
	FINAL IMPRESSION		D6792*	RETAINER CROWN - FULL CAST NOBLE METAL	\$0*
D6545	RETAINER - CASE METAL FOR RESIN FIXED PROSTHESIS	\$0	D6794*	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS	\$0*
D6548	RETAINER - PORCELAIN CERAMIC FOR RESIN	\$0	D6930	RECEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$0
	BONDED FIXED PROSTHESIS	·	D6940	STRESS BREAKER	\$0
D6549	RESIN RETAINER – FOR RESIN BONDED FIXED PROSTHESIS	\$0	D6980	FIXED PARTIAL DENTURE REPAIR, BY REPORT	\$0
D6600	RETAINER INLAY - PORCELAIN/CERAMIC 2	\$0	ORAL SI	JRGERY SERVICES	
	SURFACES		D7111	XTRCT CORONAL REMNANTS PRIMARY TOOTH	\$0
D6601	RETAINER INLAY - PORCELAIN/CERAMIC 3/MORE SURFACES	\$0	D7140	EXTRAC ERUPTED TOOTH/EXPOSED ROOT	\$0
D6602*	RETAINER INLAY - CAST HI NOBLE METAL 2	\$0*	D7210	EXTRACTION, ERUPTED TOOTH REQUIRING	\$0
	SURFACES			REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF	
D6603*	RETAINER INLAY - CAST HI NOBLE METAL 3/> SURFACES	\$0*		MUCOPERIOSTEAL FLAP IF INDICATED	
D6604	RETAINER INLAY - CAST PREDOM BASE METAL 2	\$0	D7220	REMOVAL IMPACT TOOTH - SOFT TISSUE	\$0
DCCOF	SURFACES	40	D7230	REMOVAL IMPACT TOOTH - PARTLY BONY	\$0
D6605	RETAINER INLAY - CAST PREDOM BASE METAL 3/>SURFACES	\$0	D7240	REMOVAL IMPACTED TOOTH - COMPLETELY BONY	\$0
D6606*	RETAINER INLAY - CAST NOBLE METAL 2	\$0*	D7241	REMOVAL IMPACTED TOOTH - COMPLETELY BONY W/SURG COMP	\$0
D6607*	SURFACES	\$0*	D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING	\$0
D6607*	RETAINER INLAY - CAST NOBLE METAL 3/MORE SURFACES	φυ	D7004	PROCEDURE)	20
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC 2	\$0	D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$0 \$0
D6609	SURFACES RETAINER ONLAY - PORCELAIN/CERAMIC 3/MORE	\$0	D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION ACCIDENTLY DISPLACED	\$0
D0009	SURFACES	ΨΟ	D7280	EXPOSURE OF AN UNERUPTED TOOTH	\$0
D6610*	RETAINER ONLAY - CAST HI NOBLE METAL 2	\$0*	D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED	\$0
D6611*	SURFACES RETAINER ONLAY - CAST HI NOBLE METAL 3/>	\$0*	D7285	TOOTH TO AID ERUPTION INCISIONAL BIOPSY OF ORAL TISSUE HARD	\$0
20011	SURFACES	Ψ0	D7286	INCISIONAL BIOPSY OF ORAL TISSUE SOFT	\$0
D6612	RETAINER ONLAY - CAST PREDOM BASE METAL 2	\$0	D7287	EXTOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	\$0
D6613	SURFACES RETAINER ONLAY - CAST PREDOM BASE METAL	\$0	D7288	BRUSH BIOPSY	\$0
	3/>SURFACES	·	D7290	SURGICAL REPOSITIONING OF TEETH	\$0
D6614*	RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES	\$0*	D7310	ALVEOLOPLASTY W/EXT 4/> TEETH/SPACE	\$0
D6615*	RETAINER ONLAY - CAST NOBLE METAL 3/MORE	\$0*	D7311	ALVEOLOPLASTY CONJNC XTRCT 1-3 TEETH	\$0
	SURFACES		D7320	ALVEOLOPLASTY NO EXT 4/> TEETH/SPAC	\$0
D6624*	RETAINER INLAY - TITANIUM	\$0*	D7321	ALVEOLOPLASTY NOT W/XTRCT 1-3 TEETH	\$0
D6634*	RETAINER ONLAY - TITANIUM	\$0*	D7340	VESTIBULOPLASTY - RIDGE EXTENSION	\$0
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	\$0	D7350	(SECONDARY EPITHELIALIZATION) VESTIBULOPLASTY - RIDGE EXTENSION	\$0
D6720*	RETAINER CROWN - RESIN WITH HIGH NOBLE	\$0*	21000	(INCLUDING SOFT TISSUE GRAFTS, MUSCLE	ΨΟ
	METAL			REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT	
		1	179	ATTACHINENT	

ADA	DESCRIPTION	MEMBER PAYS	ADA	DESCRIPTION	MEMBER PAYS
ORAL SURGERY SERVICES				EXTERNAL BLEACHING - PER ARCH PERFORMED IN	\$125
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR	\$0	D9995	OFFICE TELEDENTISTRY - SYNCHRONOUS; REAL TIME	\$0
D7451	TUMOR - LESION DIAMETER UP TO 1.25 CM REMOVAL OF BENIGN ODONTOGENIC CYST OR	\$0		ENCOUNTER	, ,
D7401	TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	Ψ	D9996	TELEDENTISTRY - ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR	\$0
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	\$0	ORTHO	SUBSEQUENT REVIEW DONTIC SERVICES	
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25	\$0	D8070	COMPREHENSIVE ORTHODONTIC TREATMENT TRANSITIONAL DENTITION)	\$750
D7471	CM REMOVAL OF LATERAL EXOSTOSIS	\$0	D8080	COMPREHENSIVE ORTHODONTIC TREATMENT ADOLESCENT DENTITION	\$750
D7472	REMOVAL OF TORUS PALATINUS	\$0 \$0	D8090	COMPREHENSIVE ORTHODONTIC TREATMENT	\$750
D7473	REMOVAL OF TORUS MANDIBULARIS	\$0		ADULT DENTITION	
D7485	REDUCTION OF OSSEOUS TUBEROSITY	\$0	D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	\$0
D7510	I & D ABSCESS - INTRAORAL SOFT TISSUE	\$0	D8680	ORTHODONTIC RETENTION (REMOVAL OF	\$150
D7510	I & D ABSCESS - INTRAORAL SOFT TISS	\$0 \$0		APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINERS)	
	COMPLICATED		D8695	REMOVAL OF FIXED ORTHODONTIC APPLIANCES FOR REASONS OTHER THAN COMPLETION OF	\$75
D7520	I & D OF ABSCESS EXTRAORAL SOFT TISSUE	\$0		TREATMENT	
D7521	I & D OF ABSCESS EXTRAORAL COMPLICATED	\$0	D8999	a START-UP FEE (INCLUDING EXAM, BEGINNING	\$350
D7530	REMOVAL OF FOREIGN BODY - SKIN SUBCUTANEOUS	\$0		RECORDS, X-RAYS,TRACING, PHOTOS, AND MODELS)	
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	\$0		,	
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	\$0			
D7963	FRENULOPLASTY	\$0			
D7970	EXC HYPERPLASTIC TISSUE-PER ARCH	\$0			
D7971	EXCISION OF PERICORONAL GINGIVA	\$0			
D7972	SURGICAL RDUC FIBROUS TUBEROSITY	\$0			
ADJUNC	TIVE GENERAL SERVICES				
D9110	PALLIATVE TX DENTAL PAIN-MINOR PROC	\$0			
D9120	FIXED PARTIAL DENTURE SECTIONING	\$0			
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$0			
D9211	REGIONAL BLOCK ANESTHESIA	\$0			
D9212	TRIGEMINAL DIVISION BLOCK ANES	\$0			
D9215	LOCAL ANESTHESIA	\$0			
D9219	EVALUATION FOR DEEP SEDATION OR GENERAL ANESTHESIA	\$0			
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	\$0			
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH 15 MINUTE INCREMENT	\$0			
D9230	ANALGESIA ANXIOLYSIS, INHALATION OF NITROUS OXIDE	\$0			
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANESTHESIA - FIRST 15 MINUTES	\$0			
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH 15 MINUTE INCREMENT	\$0			
D9248	NON-INTRAVENOUS (CONSCIOUS) SEDATION, THIS INCLUDES NON-IV MINIMAL AND MODERATE SEDATION	\$0			
D9310	CNSLT DX DENT/PHY NOT REQ DENT/PHY	\$0			
D9430	OV OBS - NO OTH SERVICES PERFORMED	\$0			
D9440	OV-AFTER REGULARLY SCHEDULED HRS	\$0			
D9930	TREATMENT OF COMPLICATIONS - POST SURG.	\$0			
D9943	OCCLUSAL GUARD ADJUSTMENT	\$0			
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	\$0			
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	\$0			
D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	\$0			
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$0			
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$0	180		

For additional coverage details and to locate a dentist please visit myuhc.com® or contact Customer Service.

*If a noble, high noble or titanium metal is used, there will be an additional charge not to exceed \$150 per unit. If a base metal is used, there are no additional charges from the provider.

UnitedHealthcare/Select Managed Care dental exclusions and limitations

LIMITATIONS OF BENEFITS

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

 FLUORIDE TREATMENTS Limited to 1 time per 6 months INLAYS, ONLAYS, AND VENEERS Restorations - Limited to 1 time per tooth per 5 years. Covered only when a CROWNS Restorations - Limited to 1 time per tooth per 5 years. Covered only when a POST AND CORES Covered only for teeth that have had root canal therapy. SCALING AND ROOT PLANING Limited to 4 quadrants per calendar year. REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE Replacement of complete dentures, fixed or removable partial dentures, crowing implant crowns, implant prosthesis previously submitted for payment 	-
 CROWNS Restorations - Limited to 1 time per tooth per 5 years. Covered only when a POST AND CORES Covered only for teeth that have had root canal therapy. SCALING AND ROOT PLANING Limited to 4 quadrants per calendar year. REPLACEMENT OF COMPLETE Replacement of complete dentures, fixed or removable partial dentures, crown 	_
 POST AND CORES Covered only for teeth that have had root canal therapy. SCALING AND ROOT PLANING Limited to 4 quadrants per calendar year. REPLACEMENT OF COMPLETE Replacement of complete dentures, fixed or removable partial dentures, crown 	a filing cannot restore the tooth.
6. SCALING AND ROOT PLANING Limited to 4 quadrants per calendar year. 7. REPLACEMENT OF COMPLETE Replacement of complete dentures, fixed or removable partial dentures, crown	
7. REPLACEMENT OF COMPLETE Replacement of complete dentures, fixed or removable partial dentures, crown	
PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS AND IMPLANTS, IMPLANT CROWNS, IMPLANT PROTHESIS Time per tooth per consecutive 60 months from initial or supplemental plac habit appliances, and any fixed or removable interceptive orthodontic applian was directly related to provider error, this type of replacement is the respons replacement is Necessary because of patient non-compliance, the patient is replacement.	ent under the plan is limited to cement. This includes retainers, inces. If damage or breakage sibility of the Dentist. If
8. INTRAORAL BITEWING RADIOGRAPHS Limited to 1 series of 4 films in any 6 month period	
9. STAINLESS STEEL CROWNS Limited to 1 time per tooth per 60 Months. Covered only when a filing cannot prefabricated esthetic coated stainless steel crown - primary tooth, are limited to repairs or adjustments performed more than 6 months after the in CROWNS Limited to 1 time per tooth per 60 Months. Covered only when a filing cannot prefabricated esthetic coated stainless steel crown - primary tooth, are limited to repairs or adjustments performed more than 6 months after the in CROWNS	ed to primary anterior teeth.
11. INTRAVENOUS SEDATION OR GENERAL Administration of I.V. sedation or general anesthesia is limited to covered or ANESTHESIA 1 or more impacted teeth (soft tissue, partial bony or complete bony impaction)	
12. ALL SPECIALTY REFERRAL SERVICES MUST BE (A) Pre-Authorized by us; and (B) Coordinated by a Covered Person's Partic Person who elects specialist care without prior referral by his or her Participat us is responsible for all charges incurred. • In order for specialty services to be Covered by this plan, the following reference of a Network Specialist Dentist must coordinate all Dental Service. • When the care of a Network Specialist Dentist is required, the Covered Permust contact us and request authorization. • If the Participating Dentist request for specialist referral is denied, the Partic Covered Person will be notified of the reason for the denial. If the service in and no limitations or exclusions apply, the Participating Dentist may be aske • Covered Person who receives authorized specialty services must pay all a associated with the services provided. When we authorize specialty dental to referred to a Network Specialist Dentist for treatment. The Network includes (a) endodontics; (b) oral surgery; (c) pediatric dentistry; and (d) orthodontics in the Covered Person's Service Area. If there is no Network Specialist Dentist Service Area, we will refer the Covered Person to a Non-Participating Specialist not preauthorized by us to provide such services. • Covered Person's financial responsibility is limited to applicable Copayme the Covered Person's Schedule of Covered Dental Services.	cipating Dentist. Any Covered lating Dentist and approval by erral process must be followed: ces. erson's Participating Dentist icipating Dentist and the question is a Covered service, ed to perform the service. explicable Copayments care, a Covered Person will be so Network Specialist Dentists in: signal (e) periodontics, located tist in the Covered Person's ialist of our choice. Except for to a Covered Person by a ents. Copayments are listed in
13. PERIODONTAL MAINTENANCE Limited to once every 6 months, following active therapy, exclusive of gross PROCEDURES	debridement
14. REMOVABLE PROSTHETICS/FIXED Replacement of complete dentures, fixed or removable partial dentures, cross submitted for payment under the plan is limited to 1 time per 5 years from in ONLAYS (MINOR RESTORATIVE SERVICES)	itial or supplemental placement
15. CROWNS, FIXED BRIDGES, AND IMPLANTS The maximum benefit within a 12-month period is any combination of 7 crow that are part of a fixed bridge). If more than 7 crowns and/or pontics are don 12-month period, the dentist's fee for any additional crowns within that period listed Copayment, but instead can reflect the Dentist's Billed Changes.	ne for a Member within a
16. ADJUNCTIVE Pre-Diagnostic Test that aids in detection of mucosal abnormalities including lesion, not to include cytology or biopsy procedures - Limited to 1 time per year the age of 30.	rear, to Covered Persons over
17. INTRAORAL Complete Series (including bitewings) - Limited to 1 time in any 2-year perior	
18. TEMPORARY CROWNS Restorations - Limited to 1 time per tooth per 5 years. Covered only when a	a filing cannot restore the tooth.
19. CONE BEAM Limited to 1 time per consecutive 60 months.	

EXCLUSIONS OF BENEFITS

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

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

EXCLUSIONS OF BENEFITS

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

- 4. Any implant procedures performed which are not listed as Covered implant procedures in the Schedule of Covered Dental Services.
- 5. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
- 6. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
- 7. Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or Congenital Anomalies of hard or soft tissue, including excision.
- 8. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
- 9. Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
- 10. Placement of fixed partial dentures solely for the purpose of achieving periodontal stability
- 11. Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
- 12. Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
- 13. Any Dental Services or Procedures not listed in the Schedule of Covered Dental Services.
- 14. Costs for non-dental services related to the provision of dental services in hospitals, extended care facilities, or Member's home are not covered. When deemed necessary by the Primary Care Dentist, the Member's physician, and authorized by the Plan, covered dental services that are delivered in an inpatient or outpatient hospital setting are covered as indicated in the Schedule of Benefits.
- 15. Any endodontic, periodontal, crown or bridge abutment procedure or appliance requested, recommended or performed for a tooth or teeth with a guarded, questionable or poor prognosis.
- 16. Replacement of a lost, missing or stolen appliance or prosthesis or the fabrication of a spare appliance or prosthesis.
- 17. Any Covered Person request for: (a) specialist services or treatment which can be routinely provided by a Participating Dentist; or (b) treatment by a specialist without referral from a Participating Dentist and our approval.
- 18. Any Dental Procedure not performed in a dental setting. This will not apply to Covered Emergency Dental Services.
- 19. Fixed or removable prosthodontic restoration procedures or implant services for complete oral rehabilitation or reconstruction.
- 20. Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare
- 21. Treatment which requires the services of a pediatric specialist, after the Covered Person's 6th birthday.
- 22. Orthodontic Exclusions & Limitations

If you require the services of an orthodontist, a referral must first be obtained. If a referral is not obtained prior to the commencement of orthodontic treatment, the Covered Person will be responsible for all costs associated with any orthodontic treatment. Orthodontic services Copayments are valid for authorized services rendered. If you terminate Coverage after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.

Orthodontic Exclusions:

- a) Replacement or repair of lost, stolen or broken appliances or appliances damaged due to the neglect of the Covered Person
- b) Treatment in progress prior to the effective date of this coverage
- c) Extractions required for orthodontic purposes
- d) Surgical orthodontics or jaw repositioning
- e) Myofunctional therapy
- f) Cleft palate
- g) Micrognathia
- h) Macroglossia
- i) Hormonal imbalances
- j) Orthodontic retreatment when initial treatment was rendered under this plan or for changes in orthodontic treatment necessitated by any kind of treatment of accident
- k) Palatal expansion appliances
- I) Services performed by outside laboratories

Orthodontic Limitations:

- 1. If a treatment plan is for less than 24 months, then a prorated portion of the full copayment shall apply.
- 2. If Covered Person's dental eligibility ends, for whatever reason, and the Covered Person is receiving orthodontic treatment under the plan, the remaining cost for that treatment will be prorated at the orthodontist's usual fees over the number of months of treatment remaining. The Covered Person will be responsible for the payment of this balance under the terms and conditions pre-arranged with the orthodontist.
- 3. If the Covered Person has the orthodontist perform a "diagnostic work-up" (a consultation and diagnosis) and then decides to forgo the treatment program, the Covered Person will be charged a \$50 consultation fee, plus any lab costs incurred by the orthodontist.
- 4. One orthodontic benefit under this plan is available per lifetime, per Covered Person. A Covered Person may access this Comprehensive Orthodontic Treatment. If comprehensive treatment is necessary, and is completed within a 24 month period, the Copayments listed will apply. If necessary and active treatment extends beyond 24 months, the provider is obligated to accept the plan Copayment only for the first 24 months of active therapy. The provider may charge usual and customary fees for active treatment extending beyond the 24 month benefit period.

Diana Cavazos | HealthComp

From: Patron, Linda < Linda.Patron@blueshieldca.com>

Sent: Tuesday, February 7, 2023 3:12 PM

To: Diana Cavazos | HealthComp; Hammack, Georgia

Cc: Nikki Vang | HealthComp

Subject: 200/Fresno City -Ambulance Rates - BSC's Response

Attachments: Copy of T10095-A(FINAL with county coverage description) (as of 8_1_22).xls

Hello Diana,

Below if information regarding Ambulance Services and contracting situations:

- 1. Ambulances called for emergency situations any ER/911 related transports are paid in accordance with applicable county ordinances as defined/published by the dept of transportation. We typically have no control over these rates, or any contractual discounts that can be negotiated, as Providers (both private and city/county operated) will not provide ER/911 transports at a discount.
- 2. Air ambulance from an accident site same as above.
- 3. Air ambulances that can be scheduled We do have a network of Air Ambulance Providers, that can be utilized for this service.
- 4. Ambulance transportation We do have a network of these Providers as well, through which, services can be coordinated. Note I'm seeing a reduction in contracted options, as Providers have been going out of business, because of low reimbursement by both county sponsored plans and private insurance companies. I know of/have been informed of at least 4 Providers that have either exited specific counties, or ceased operations altogether, within the last 6 months.

Generally speaking:

- No discounts are available for any 911/ER related transport.
- We do have a network of non-ER providers (both ground and air) (see attached) through which, contracted rates are in place.

It's been a challenge to find Ambulance Providers willing to contract. They are either:

- closing their doors due to challenges with sustainability in light of payment issues with state and private insurers
- requesting rates that are far and above what is considered historically competitive, thereby making it challenging to contract or
- remaining out-of-network, since some Providers have advised that "we are going to get the business anyway" and do not wish to contract.

However, I believe AMR may service central and northern CA. (this is also limited to certain geographic areas where the applicable department of transportation has established exclusive operating areas – one example is Kern county, where Hall Ambulance is the designated exclusive operator in that county. Hall has also been approached to contract and refused to contract with private insurance companies).

I hope the above information is helpful.

Let me know if you have additional questions.

Linda

Linda Patron Account Executive – Premier Accounts







Blue Shield of California is an independent member of the Blue Shield Association.

From Fortune ©2022 Fortune Media IP Limited. All rights reserved. Used under license.

This message (including any attachments) contains business proprietary/confidential information intended for a specific individual and purpose and is protected by law. If you are not the intended recipient, you should delete this message and all attachments from your computer or email server. Any disclosure, copying, or distribution of this message, or the taking of any action based on it, without the express permission of the originator, is strictly prohibited.

From: Diana Cavazos | HealthComp <dcavazos@healthcomp.com>

Sent: Tuesday, January 31, 2023 6:44 PM

To: Patron, Linda <Linda.Patron@blueshieldca.com>; Hammack, Georgia <Georgia.Hammack@blueshieldca.com>

Cc: Nikki Vang | HealthComp < nivang@healthcomp.com>

Subject: 200/Fresno City - Ambulance Rates

Blue Shield Security Notice! This email originates from a Blue Shield business partner. Do Not open attachments or click links unless **you** are expecting this email.

Hello Linda

As you may remember from the last board meeting, you were going to look into Ambulance Rates within the BSC network.

Did you have anything further on your end you were able to find?

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



Your Workforce Is Unique. Your Benefits Should Be Too.



Rael & Letson

160 Bovet Road, Suite 203 San Mateo, California 94402 650-341-3311 Tel 206-445-1840 Fax www.rael-letson.com

Memorandum

To: Board of Trustees

Fresno City Employees Health & Welfare Trust

From: Andrew Desa, Consulting Actuary

Date: March 8, 2023

Re: Consultant's Report for March 8, 2023 Board of Trustees Meeting -

FY23-24 Projections

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

- 1. **Exhibit A:** The claims experience report takes into account seven months of actual claims for the 2022/23 Fiscal Year (claims experience through January 31, 2023) and five months of projected claims to complete the year. Claims for the 2022/23 Fiscal Year assume that claims continue at current levels. Claims are then projected for the 2023/24 Fiscal Year. Similar to last year, blended claims experience is used for the projection period. Fiscal Year 2023/24 claims are based on FYE21 through FYE23 year-to-date claims experience.
- 2. **Exhibit B:** During the 2021/22 Fiscal Year (last full year), the Plan had \$60.4M in receipts and \$60.8M in disbursements resulting in a deficit of \$0.4M for the 12 months ending June 30, 2022. **The net fund balance as of June 30, 2022 was \$25.8M.** Using the average expenses for the 12 months ending June 30, 2022, this is equal to **net reserves of 5.1 months.** This amount does not include stop-loss reimbursements received after June 30, 2022 for claims paid during the 2021/22 Fiscal Year.
- 3. **Exhibit C:** The 2022/23 Fiscal Year (current year) takes into account three months of actual financial experience and projects financial experience for the remaining nine months. For the 12 months ending June 30, 2023, the Plan is projected to have \$62.7M in receipts and \$66.2M in disbursements, which would result in a \$3.4M deficit. Under these assumptions, the **net fund balance as of June 30, 2023 is projected to be \$22.7M**, which is equal to **4.1 months of net reserves.**
- 4. Exhibit D: The 2023/24 Fiscal Year (projection year) uses projected claims, latest available enrollment, and latest premium/fee information to project experience for the 12 months ending June 30, 2024. The self-funded claims are based on the projected claims from the Claims tab. As described earlier, this is calculated using a blended experience using claims from July 2020 to January 2023. Net reserve months as of June 30, 2024 are projected to be 3.4 assuming no change to the current contribution rate. Exhibit E shows various scenarios to the contribution rate. Based on the projections, a 5.8% increase is required in order to have 4.0 net reserve months as of June 30, 2024.

5. As a reminder, the current Active Rate is \$1,350 (\$946 by the City and \$404 by the Employee). The City contribution share is currently 70%. The Plan Document states, "If the Trust Fund receives only the City's contribution, a reduction will be applied to Fund payments for benefits. The reduction will be equal to the percentage of the Trust Fund rate not received, plus an additional 5%." The reduction in benefits is currently 35%. Therefore, for an 80% benefit after the deductible is satisfied, the employee pays 48% until the maximum out of pocket is satisfied.

These items will be discussed at your March 8, 2023 meeting. If there are any questions before or after that meeting, please let me know.

AD:tl Enclosures

Fresno City Employees Health & Welfare Trust

Financial Projections
Contribution Rates

2023 / 2024 Fiscal Year

(Presented at 3/8/2023 Trust Meeting)

•	(Projected) Claims	Mandala	DMDM	(7 months actual) (5 months projecte Claims	,	Jan 31, 2023)	Claims	Manshh	РМРМ	Claims	Manshh	PMPM	Claims	Manthly	PMPM	Claims	Mandhla	DMDM
A -4:	FY 23-24	Monthly	<u>PMPM</u>	FY 22-23	<u>Monthly</u>	<u>PMPM</u>	FY 21-22	Monthly		FY 20-21	<u>Monthly</u>		FY 19-20	Monthly		FY 18-19	<u>Monthly</u>	<u>PMPM</u>
<u>Active</u>	Enrollment:	3,610	0.0%	Enrollment:	3,610	5.4%	Enrollment:	3,426	3.3%	Enrollment:	3,316	0.2%	Enrollment:	3,310	1.3%	Enrollment:	3,266	0.7%
Medical Claims Prescription Drug Claims	\$37,340,621 14,013,453	\$3,111,718 1,167,788	\$861.97 323.49	\$36,926,273 12,893,565	\$3,077,189 1,074,464	\$852.41 297.64	\$32,332,519 13,199,481	\$2,694,377 1,099,957	\$786.45 321.06	\$30,290,888 11,411,754	\$2,524,241 950,980	\$761.23 286.79	\$28,210,769 11,067,868	\$2,350,897 922,322	\$710.24 278.65	\$30,183,609 10,585,047	\$2,515,301 882,087	\$770.15 270.08
Dental Claims (Plans 1 & 2)	2,499,692	208,308	57.70	2,234,546	186,212	51.58	2,400,775	200,065	58.40	2,738,300	228,192	68.82	2,330,625	194,219	58.68	2,587,051	215,588	66.01
Dental Glaims (Flans Fd 2)	\$53,853,765	\$4,487,814	\$1,243.16	\$52,054,383	\$4,337,865	\$1,201.62	\$47,932,775	\$3,994,398	\$1,165.91	\$44,440,942	\$3,703,412	\$1,116.83	\$41,609,262	\$3,467,439	\$1,047.56	\$43,355,707	\$3,612,976	\$1,106.24
	ψου,000,700	ψτ,τοι,σιτ	ψ1,240.10	ψ32,034,000	ψ+,007,000	Ψ1,201.02	ψ+1,302,110	ψ0,004,000	ψ1,100.01	ψ++,++0,5+2	ψ5,705,412	Ψ1,110.00	ψ+1,003,202	ψυ,τοι,του	ψ1,047.50	ψ+0,000,707	ψ0,012,070	ψ1,100.24
	Projected Trend:			Trend			Trend			Trend			Trend			Trend		
	Medical Claims		1%	Medical Claims		8%	Medical Claims		3%	Medical Claims		7%	Medical Claims		-8%	Medical Claims		4%
	Prescription Drug	Claims	9%	Prescription Drug	Claims	-7%	Prescription Drug	Claims	12%	Prescription Drug	Claims	3%	Prescription Drug	Claims	3%	Prescription Drug	Claims	10%
	Dental Claims (Pla	ans 1 & 2)	12%	Dental Claims (Pl	ans 1 & 2)	-12%	Dental Claims (PI	ans 1 & 2)	-15%	Dental Claims (PI	ans 1 & 2)	17%	Dental Claims (Pla	ans 1 & 2)	-11%	Dental Claims (Pla	ans 1 & 2)	<u>6%</u>
	TOTAL	<u>.</u>		TOTAL	<u> </u>	3.1%	TOTAL	<u>_</u>	4.4%	TOTAL	<u>.</u>	6.6%	TOTAL	<u> </u>	-5.3%	TOTAL	<u> </u>	5.5%
Regular Retiree	Enrollment:	170	0.0%	Enrollment:	170	-0.6%	Enrollment:	171	-11.4%	Enrollment:	193	-2.5%	Enrollment:	198	-5.7%	Enrollment:	210	-3.7%
Medical Claims	\$2,668,489	\$222,374	\$1,308.08	\$3,711,446	\$309,287	\$1,819.34	\$2,794,245	\$232,854	\$1,361.72	\$1,767,027	\$147,252	\$762.97	\$4,035,776	\$336,315	\$1,698.56	\$2,651,454	\$220,955	\$1,052.16
Prescription Drug Claims	1,019,893	84,991	499.95	1,294,334	107,861	634.48	900,866	75,072	439.02	926,655	77,221	400.11	1,135,981	94,665	478.11	1,126,795	93,900	447.14
Dental Claims (Plans 1 & 2) *	<u>406,793</u> \$4,095,176	33,899 \$341,265	93.64 \$1,901.68	362,823 \$5,368,603	30,235 \$447,384	<u>83.52</u> \$2,631.67	408,401 \$4,103,512	34,033 \$341,959	91.49 \$1,999.76	445,186 \$3,138,868	37,099 \$261,572	98.93 \$1,355.30	339,371 \$5,511,128	<u>28,281</u> \$459,261	75.22 \$2,319.50	392,098 \$4,170,347	<u>32,675</u> \$347,529	84.21 \$1,654.90
*Dental Claims costs are for all Retirees		φ341,203	φ1,901.00	\$3,308,003	φ447,304	φ2,031.07	\$4,103,312	φ34 1,939	φ1,999.70	φ3,130,000	φ201,372	φ1,333.30	φ5,511,126	φ459,201	φ2,319.50	φ4,170,347	φ34 <i>1</i> ,329	\$1,054.90
	Projected Trend:			Trend			Trend			Trend			Trend			Trend		
	Medical Claims		-28%	Medical Claims		34%	Medical Claims			Medical Claims			Medical Claims			Medical Claims		20%
	Prescription Drug		-21%	Prescription Drug		45%	Prescription Drug			Prescription Drug			Prescription Drug			Prescription Drug		16%
	Dental Claims (Pla	ans 1 & 2)	<u>12%</u>		ans 1 & 2)	<u>-9%</u>	Dental Claims (PI	ans 1 & 2)	<u>-8%</u>		ans 1 & 2)	32%	Dental Claims (Pla	ans 1 & 2)		Dental Claims (Pla	ans 1 & 2)	<u>-7%</u>
	TOTAL		-27.7%	TOTAL		31.6%	TOTAL		47.6%	TOTAL		-41.6%	TOTAL		40.2%	TOTAL		15.5%
Medicare Supplement	Enrollment:	170	0.0%	Enrollment:	170	-2.9%	Enrollment:	175	15.1%	Enrollment:	152	2.7%	Enrollment:	148	-3.3%	Enrollment:	153	-4.4%
Medical Claims	\$411,386	\$34,282	\$201.66	\$414,391	\$34,533	\$203.13	\$420,391	\$35,033	\$200.19	\$426,397	\$35,533	\$233.77	\$454,587	\$37,882	\$255.96	\$495,097	\$41,258	\$269.66
Prescription Drug Claims	1,421,182	118,432	696.66	1,384,721	115,393	678.78	1,418,069	118,172	675.27	1,270,681	105,890	696.65	1,075,081	89,590	605.34	1,205,023	100,419	656.33
	\$1,832,568	\$152,714	\$898.32	\$1,799,112	\$149,926	\$881.92	\$1,838,460	\$153,205	\$875.46	\$1,697,078	\$141,423	\$930.42	\$1,529,668	\$127,472	\$861.30	\$1,700,120	\$141,677	\$925.99
	Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:		
	Medical Claims		-1%	Medical Claims		1%	Medical Claims		-14%	Medical Claims		-9%	Medical Claims		-5%	Medical Claims		-2%
	Prescription Drug	Claims	3%	Prescription Drug	Claims	1%	Prescription Drug	Claims	-3%	Prescription Drug	Claims	15%	Prescription Drug	<u>Claims</u>	-8%	Prescription Drug	Claims	60%
	TOTAL		1.9%	TOTAL		0.7%	TOTAL		-5.9%	TOTAL		8.0%	TOTAL		-7.0%	TOTAL		35.4%
Non-Medicare Retiree	Enrollment:	22		Enrollment:	22		Enrollment:	26		Enrollment:	30		Enrollment:	30		Enrollment:	25	
Medical Claims	\$1,043,303	\$86,942	\$3,951.91	\$1,353,785	\$112,815	\$5,127.97	\$1,082,197	\$90,183	\$3,468.58	\$583,750	\$48,646	\$1,621.53	\$573,930	\$47,828	\$1,594.25	\$357,301	\$29,775	\$1,191.00
	\$1,043,303	\$86,942	\$3,951.91	\$1,353,785	\$112,815	\$5,127.97	\$1,082,197	\$90,183	\$3,468.58	\$583,750	\$48,646	\$1,621.53	\$573,930	\$47,828	\$1,594.25	\$357,301	\$29,775	\$1,191.00
*Rx is included in Regular Retirees	. , ,	, , -	, , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,-	, , ,	, ,,,,,	, ,	, , , , , , , , , , , , , , , , , , , ,		, -,-	, , ,	, , , , , , , , , , , , , , , , , , , ,	, ,-	, , , , , ,	, , , , , ,	, ,, -	, ,
	Projected Trend:			Trend			Trend			Trend			Trend			Trend		
	Medical Claims		-23%	Medical Claims		48%	Medical Claims		114%	Medical Claims		2%	Medical Claims		34%	Medical Claims		-27%
	TOTAL		-22.9%	TOTAL		47.8%	TOTAL		113.9%	TOTAL		1.7%	TOTAL		33.9%	TOTAL		-27.2%
Tatal Manakana																		
Total Members	Enrollment:	3,972	0.0%	Enrollment:	3,972	4.6%	Enrollment:	3,798	2.9%	Enrollment:	3,691	0.1%	Enrollment:	3,686	0.9%	Enrollment:	3,654	0.2%
Medical Claims Prescription Drug Costs	\$41,463,799 16,454,528	\$3,455,317 1,371,211	\$869.92 345.22	\$42,405,895 15,572,619	\$3,533,825 1,297,718	\$889.68 326.72	\$36,629,352 15,518,416	\$3,052,446 1,293,201	\$803.70 340.50	\$33,068,062 13,609,090	\$2,755,672 1,134,091	\$746.59 307.26	\$33,275,062 13,278,930	\$2,772,922 1,106,578	\$752.28 300.21	\$33,687,461 12,916,865	\$2,807,288 1,076,405	\$768.28 294.58
Dental Claims (Plans 1 & 2)	2,906,485	242,207	60.98	2,597,369	216,447	54.49	2,809,176	234,098	61.64	3,183,486	265,291	71.87	2,669,996	222,500	60.36	2,979,149	248,262	67.94
	\$60,824,812	\$5,068,734	\$1,276.12	\$60,575,883	\$5,047,990	\$1,270.89	\$54,956,944	\$4,579,745	\$1,205.83	\$49,860,638	\$4,155,053	\$1,125.73	\$49,223,988	\$4,101,999	\$1,112.86	\$49,583,475	\$4,131,956	\$1,130.80
	Projected Trend:			Trend			Trend			Trend			Trend			Trend		
	Medical Claims		-2%			11%	Medical Claims		8%	Medical Claims		-1%	Medical Claims		-2%	Medical Claims		4%
	Prescription Drug			Prescription Drug			Prescription Drug		11%	Prescription Drug		2%	Prescription Drug		2%	Prescription Drug		14%
	Dental Claims (Pla	ans 1 & 2)	<u>12%</u>		ans 1 & 2)	<u>-12%</u>	Dental Claims (Pl	ans 1 & 2)	<u>-14%</u>	Dental Claims (Pl	ans 1 & 2)		Dental Claims (Pla	ans 1 & 2)		Dental Claims (Pla	ans 1 & 2)	<u>4%</u> 6.7%
	TOTAL		0.4%	TOTAL		5.4%	TOTAL	1	89 7.1%	TOTAL		1.2%	TOTAL		-1.6%	TOTAL		6.7%

Net Fund Balance as of 6/30/22:

Difference:

Four Months of Avg Expenses in 2021/22:

\$25,836,804

\$20,277,398

\$5,559,407

Fresno City Employees Health and Welfare Trust Receipts and Disbursements

FY 2021-2022 (Actual)

April Content Conten	<u>Receipts</u>			2021	2021	2021	2021	2021	2021	2022	2022	2022	2022	2022	2022
RAP Removement		<u>AVERAGE</u>	TOTAL	<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>
Self Pay - CMOP 10,008 10,008 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 12,006 1			, , .							* / /-					
Self Syr COBRA 10.088 10.089 10.089 5.299 5.299 5.299 5.299 7.704 0 24.201 10.000 18.000 18.000 18.000 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200 5.200	. ,		,												
Set Pay Proce Admin Start S.529 0.7.500 5.400 5.400 5.400 6.750 6.750 6.750 6.750 5.700 5.400 5.400 10.500 5.400 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.200 2.2	•														
Reference - Health 1909 122 3.589, dept 3.1766 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 376 328, 37	•		,	· ·		,	,			,		,			
Refines HRA 10.6152 1.55.342 10.6761 10.6152 1.016.203 100.4761 10.0162 1.016.203 100.4761 10.0162 1.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10.0162 10	•		,			,		· ·		,		•			
February			, , , , , , , , , , , , , , , , , , ,							,		,			
Fed minter Sep 2,006 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42,775,80 42			, ,		· ·	The second secon	The second secon	the state of the s	The second secon	· ·		,			
March Mar	•					,		· ·		,		,			
Ma W Trust Cash Receipts S5,034,094 S5,034,094 S5,034,094 S5,0409,190 S4,689,839 S4,689,839 S4,689,839 S4,689,839 S4,689,839 S4,689,839 S4,786,082 S5,143,044 S5,143,045			, , , , , , , , , , , , , , , , , , ,	the state of the s	· ·	The second secon		· ·				the state of the s			
Name		,	, , , , , , , , , , , , , , , , , , ,						,			,			· · · · · · · · · · · · · · · · · · ·
Disbursements	Other	0	0	<u>u</u>	<u>U</u>	<u>U</u>	<u>U</u>	<u>U</u>	<u>U</u>	<u>U</u>	<u>U</u>	<u>U</u>	<u>U</u>	<u>U</u>	<u>U</u>
Claims Paid 4.383.248 52.598,981 251.132 3.133.587 253.14 270.365 300.472 201.137 0 599.787 517.182 252.246.275 252.7185 252.7185 252.446.275 252.7185 252.7185 252.446.275 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.7185 252.71	H & W Trust Cash Receipts	\$5,034,094	\$60,409,130	\$4,618,989	\$4,699,839	\$4,382,707	\$6,003,507	\$4,726,082	\$5,143,304	\$5,549,028	\$4,163,972	\$5,872,803	\$5,787,168	\$4,873,140	\$4,588,591
Calim Paid - Delta Dental 2811,322 3,135,867 255,314 270,365 300,471 70 590,787 377,182 \$224,575 \$227,185 \$228,440 \$27,030 \$280,300 \$180,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10	<u>Disbursements</u>														
Calim Paid - Delta Dental 2811,322 3,135,867 255,314 270,365 300,471 70 590,787 377,182 \$224,575 \$227,185 \$228,440 \$27,030 \$280,300 \$180,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10	Claima Baid	4 202 240	E2 E00 001	¢4.069.270	¢2 507 402	¢2 026 115	¢2 625 267	¢0 E00 011	¢6 255 005	¢2 272 402	¢4 240 755	¢4 226 275	¢E 014 642	¢E 600 004	¢E 141 201
Blue Shield 65,099 78,345 0 69,317 69,376 70,043 70,718 70,020 \$70,932 \$71,939 \$71,924 \$72,449 \$73,033 \$78,015 \$70,020 \$70,932 \$71,939 \$71,924 \$72,449 \$73,033 \$78,015 \$70,020 \$70,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,932 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71,939 \$71		, ,	, ,							the state of the s					
Chirometrics 10,822 127,585 0 11,283 11,296 11,482 11,514 11,486 S11,542 S11,616 S11,709 S11,808 S11,907 S11,930 Delta Dental of California 19,828 227,938 18,822 19,451 19,488 19,758 19,858 S19,879 S20,900 S20,249 S20,344 Refunds 13 150 0 100 0 0 0 0 0 0 0			, ,					•		The state of the s		The state of the s			the state of the s
Delta Deltal of California Réfunds S1								· ·							1 1
Refunds		,	, , , , , , , , , , , , , , , , , , ,						,					100	
File Shot Program			,	the state of the s		,	,	· ·							1 1
Page								0							
Pey Care United Dental 176,210 0 14,926 10,590 24,773 15,746 11,379 10,821 10,890 21,005 27,979 16,917 11,184 United Dental 8,327 99,919 0 9,586 83,334 110,000 130 130 130 130 130 130 130 130 130	•	19 660	235 924												
Unite Dental 8,327 99,919 0 9,586 8,334 18,092 8,895 8,766 9,111 9,025 0 9,154 9,543 9,413	•		,	· ·	14.926	,		· ·		,					
City Admin Fees	•		, , , , , , , , , , , , , , , , , , ,			,	,				-,	,			*
Consulting			,	130			,					130			
Healthcomp, Inc.					6.300	6.700			13.000		6.500			6.500	
Legal 2,850 2,850 34,200 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850 2,850	<u> </u>	,	,	0		,		111.007	,	117.026		,			
Other (Stop Loss Ins) 105,941 1,271,286 50,683,499 \$5,069,349 \$5,069,349 \$5,069,349 \$5,069,349 \$5,069,349 \$5,069,349 \$5,069,349 \$5,069,349 \$5,069,349 \$5,069,349 \$5,069,349 \$5,069,349 \$6,0832,193 \$5,354,213 \$4,203,714 \$4,740,788 \$4,740,788 \$4,470,788 \$4,372,269 \$3,015,727 \$7,301,325 \$3,892,420 \$5,070,086 \$4,970,920 \$5,700,084 \$6,324,914 \$5,885,733 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,193 \$6,082,1	• •			2,850	· ·				The second secon						
Receipts Over Disbursements \$5,069,349 \$60,832,193 \$5,354,213 \$4,203,714 \$4,740,788 \$4,372,269 \$3,015,727 \$7,301,325 \$3,892,420 \$5,070,086 \$4,970,920 \$5,700,084 \$6,324,914 \$5,885,733 Receipts Over Disbursements \$35,255 \$(\$423,063) \$(\$735,224) \$496,125 \$(\$358,081) \$1,631,238 \$1,710,355 \$(\$2,158,021) \$1,656,608 \$(\$906,114) \$901,883 \$87,084 \$(\$1,451,774) \$(\$1,297,142) Cash Balance (Gross Fund Reserve) Beginning Stop Loss Reserve (\$497,775 \$30,791,954 \$30,438,683 \$32,113,757 \$33,780,318 \$31,957,618 \$33,274,803 \$32,274,635 \$33,277,772 \$33,368,540 \$31,908,308 \$30,605,322 Stop Loss Claims (Between \$350k and \$500k) Estimated Claims IBNR Net Fund Balance / Total Expenses \$6.0 6.1 6.0 6.3 6.7 6.3 6.6 6.4 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.1 6.0 6.3 6.7 6.3 6.6 6.4 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6	MES Vision	57,288	687,456	0	0	122,422	62,009	62,462	62,462	62,731	62,614	61,807	63,437	64,462	63,050
Receipts Over Disbursements \$5,069,349 \$60,832,193 \$5,354,213 \$4,203,714 \$4,740,788 \$4,372,269 \$3,015,727 \$7,301,325 \$3,892,420 \$5,070,086 \$4,970,920 \$5,700,084 \$6,324,914 \$5,885,733 Receipts Over Disbursements \$35,255 \$(\$423,063) \$(\$735,224) \$496,125 \$(\$358,081) \$1,631,238 \$1,710,355 \$(\$2,158,021) \$1,656,608 \$(\$906,114) \$901,883 \$87,084 \$(\$1,451,774) \$(\$1,297,142) Cash Balance (Gross Fund Reserve) Beginning Stop Loss Reserve (\$497,775 \$30,791,954 \$30,438,683 \$32,113,757 \$33,780,318 \$31,957,618 \$33,274,803 \$32,274,635 \$33,277,772 \$33,368,540 \$31,908,308 \$30,605,322 Stop Loss Claims (Between \$350k and \$500k) Estimated Claims IBNR Net Fund Balance / Total Expenses \$6.0 6.1 6.0 6.3 6.7 6.3 6.6 6.4 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.1 6.0 6.3 6.7 6.3 6.6 6.4 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6 6.6	Other (Stop Loss Ins)	<u>105,941</u>	1,271,286	102,853	103,086	102,040	102,592	105,843	104,740	110,875	115,825	<u>104,711</u>	105,379	106,221	<u>107,121</u>
Cash Balance (Gross Fund Reserve) Beginning Stop Loss Reserve Stop Loss Reserve (\$497,775) Stop Loss Claims (Between \$350k and \$500k) Ret Fund Balance / Total Expenses Cash Balance / Total Expenses Stop Loss Claims (Expenses) Stop Loss Claims (Between \$5.1 5.1 5.1 5.1 5.1 5.1 5.4 5.7 5.3 5.6 5.6 5.6 5.6 5.6 5.5 5.7 5.3 5.6 5.6 5.6 5.6 5.6 5.6 5.6 5.6 5.6 5.6	H & W Cash Disbursements	\$5,069,349		\$5,354,213	\$4,203,714	\$4,740,788	\$4,372,269	\$3,015,727	\$7,301,325	\$3,892,420	\$5,070,086	\$4,970,920	\$5,700,084	\$6,324,914	\$5,885,733
Beginning Stop Loss Reserve (\$497,775) (\$551,445) (\$605,115) (\$658,785) (\$712,455) (\$766,125) (\$819,795) (\$873,465) (\$927,135) (\$980,805) (\$1,034,475) (\$1,088,145) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,6	Receipts Over Disbursements	(\$35,255)	(\$423,063)	(\$735,224)	\$496,125	(\$358,081)	\$1,631,238	\$1,710,355	(\$2,158,021)	\$1,656,608	(\$906,114)	\$901,883	\$87,084	(\$1,451,774)	(\$1,297,142)
Beginning Stop Loss Reserve Stop Loss Claims Stop Loss		Cash Balance (G	iross Fund Reserve)	\$30,285,170	\$30,791,954	\$30,438,683	\$32,113,757	\$33,780,318	\$31,957,618	\$33,274,803	\$32,374,635	\$33,277,772	\$33,368,540	\$31,908,308	\$30,605,322
Stop Loss Reserve (\$15 PEPM) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,670) (\$53,67		,	,												
Stop Loss Claims (Between \$350k and \$500k) Estimated Claims IBNR Net Fund Balance Cash Balance / Total Expenses Net Fund Balance / Total Expenses Stop Loss Claims (Between \$350k and \$500k) 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) (\$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) (\$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) (\$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) (\$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) (\$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) (\$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) (\$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) (\$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) (\$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) (\$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) (\$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)		Stop Loss Reserve (\$15 PEPM)		At the state of th	V /	V /	V /		A Company of the Comp	V /		A Company of the Comp	V	A Company of the Comp	A Company of the Comp
Estimated Claims IBNR Net Fund Balance (\$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) (\$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) (\$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) (\$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) (\$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) (\$4.100.000) (\$4.100.000) (\$4.100.000) (\$4.100.000) (\$4.100.000) (\$4.100.000)				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(+,,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Cash Balance / Total Expenses 6.0 6.1 6.0 6.3 6.7 6.3 6.6 6.4 6.6 6.6 6.3 6.0 Net Fund Balance / Total Expenses 5.1 5.1 5.1 5.4 5.7 5.3 5.6 5.4 5.6 5.6 5.3 5.1			(\$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 / Total Expenses 5.1 5.1 5.1 5.4 5.7 5.3 5.6 5.4 5.6 5.6 5.6 5.3 5.1			Net Fund Balance	\$25,633,725	\$26,086,839	\$25,679,898	\$27,301,302	\$28,914,193	\$27,037,823	\$28,301,338	\$27,347,500	\$28,196,967	\$28,234,065	\$26,720,163	\$25,836,804
Net Fund Balance / Total Expenses 5.1 5.1 5.1 5.4 5.7 5.3 5.6 5.4 5.6 5.6 5.3 5.1		Cash Balan	nce / Total Expenses	6.0	6.1	6.0	6.3	6.7	6.3	6.6	6 4	6.6	6.6	6.3	6.0
			•												
One Month of Avg Expenses in 2021/22: \$5,069,349		20101		J.,		· · ·			0.0	0.0		0.0	0.0	0.0	
												One M	onth of Avg Expen	ses in 2021/22:	\$5,069,349

Estimated Net Fund Balance as of 6/30/23:

Estimated Four Months of Avg Expenses in 2022/23:

\$22,741,263

\$22,051,959 \$689,304

<u>Receipts</u>			2022	2022	2022	2022	2022	2022	2023	2023	2023	2023	2023	2023
Contributions - Actives	*4,315,315	**************************************	July \$4,346,876 0	<u>August</u> \$3,881,392 0	<u>September</u> \$4,855,516	<u>October</u> \$4,300,000	November \$4,300,000	<u>December</u> \$4,300,000	<u>January</u> \$4,300,000 2,000	February \$4,300,000	<u>March</u> \$4,300,000	<u>April</u> \$4,300,000	<u>May</u> \$4,300,000	<u>June</u> \$4,300,000
RDA Employees Contribution Self Pay - LWOP	1,838 585	22,050 7,016	0	404	4,050 1,212	2,000 600	2,000 600	2,000 600	600	2,000 600	2,000 600	2,000 600	2,000 600	2,000 600
Self Pay - COBRA	10,088	121,050	0	16.200	14,850	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
Self Pay - FPOA Police Admin Staff	4,200	50,400	0	1,350	4,050	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Retirees - Health	349,583	4,194,993	638,217	315,747	316,029	325,000	325,000	325,000	325,000	325,000	325,000	325,000	325,000	325,000
Retirees - HRA	100,826	1,209,913	0	209,967	99,946	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000
Retirees - Self-Pay	6,415	76,974	5,350	6,158	6,966	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500
Refunds	416,649	4,999,785	1,891,136	1,259,895	48,754	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000
Interest	22,500	270,000	0	0	0	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000
Other	0	0	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
H & W Trust Cash Receipts	\$5,227,997	\$62,735,965	\$6,881,579	\$5,691,113	\$5,351,373	\$4,979,100	\$4,979,100	\$4,979,100	\$4,979,100	\$4,979,100	\$4,979,100	\$4,979,100	\$4,979,100	\$4,979,100
<u>Disbursements</u>														
Claims Paid	4,831,543	57,978,514	\$4,897,104	\$4,877,246	\$3,794,457	\$4,934,412	\$4,934,412	\$4,934,412	\$4,934,412	\$4,934,412	\$4,934,412	\$4,934,412	\$4,934,412	\$4,934,412
Claims Paid - Delta Dental	216,447	2.597.369	254,624	0	226,230	\$235,168	235,168	235.168	235.168	235,168	235,168	235,168	235.168	235,168
Blue Shield	72,760	873,122	160,402	0	82,720	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000
Chirometrics	12,005	144,058	11,952	0	24,106	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000
Delta Dental of California	19,409	232,913	41,173	0	20,740	19,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000
Refunds	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Flu Shot Progam	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	16,620	199,441	35,554	0	19,887	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000
Halcyon	13,686	164,228	28,489	11,094	16,645	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000
United Dental EPIC Hearing	11,478 407	137,733 4,889	28,672 0	0	10,061 389	11,000 500	11,000 500	11,000 500	11,000 500	11,000 500	11,000 500	11,000 500	11,000 500	11,000 500
City Admin Fees	11	130	(130)	130	130	0	0	0	0	0	0	0	0	0
Consulting	6.683	80.200	13.200	0	6.700	6.700	6.700	6.700	6.700	6.700	6.700	6.700	6.700	6.700
Healthcomp, Inc.	121,612	1,459,342	259,327	0	120,015	120,000	120,000	120,000	120,000	120,000	120,000	120,000	120,000	120,000
Legal	2.850	34,200	5.700	0	2,850	2,850	2,850	2,850	2,850	2,850	2,850	2,850	2,850	2,850
EyeMed	51,894	622,730	64,730	0	0	62,000	62,000	62,000	62,000	62,000	62,000	62,000	62,000	62,000
Other (Stop Loss Ins)	134,084	1,609,008	0	151,774	152,234	145,000	145,000	145,000	145,000	145,000	145,000	145,000	145,000	145,000
H & W Cash Disbursements	\$5,512,990	\$66,155,877	\$5,800,797	\$5,040,244	\$4,477,164	\$5,648,630	\$5,648,630	\$5,648,630	\$5,648,630	\$5,648,630	\$5,648,630	\$5,648,630	\$5,648,630	\$5,648,630
Receipts Over Disbursements	(\$284,993)	(\$3,419,912)	\$1,080,782	\$650,869	\$874,209	(\$669,530)	(\$669,530)	(\$669,530)	(\$669,530)	(\$669,530)	(\$669,530)	(\$669,530)	(\$669,530)	(\$669,530)
	Cash Balance (Gr	oss Fund Reserve)	\$31,993,971	\$32,670,157	\$33,212,533	\$32,543,003	\$31,873,472	\$31,203,942	\$30,534,412	\$29,864,882	\$29,195,351	\$28,525,821	\$27,856,291	\$27,186,761
		Stop Loss Reserve	(\$668,518)	(\$724,933)	(\$781,348)	(\$837,763)	(\$894,178)	(\$950,593)	(\$1,007,008)	(\$1,063,423)	(\$1,119,838)	(\$1,176,253)	(\$1,232,668)	(\$1,289,083)
	•	eserve (\$15 PEPM)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)
Estimated Stop I	oss Claims (Between		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,000,000
	<u>Estin</u>	nated 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	\$27,169,038	\$27,788,809	\$28,274,770	\$27,548,825	\$26,822,880	\$26,096,934	\$25,370,989	\$24,645,044	\$23,919,099	\$23,193,153	\$22,467,208	\$22,741,263
	Cash Balanc	ce / Total Expenses	5.8	5.9	6.0	5.9	5.8	5.7	5.5	5.4	5.3	5.2	5.1	4.9
		ce / Total Expenses	4.9	5.0	5.1	5.0	4.9	4.7	4.6	4.5	4.3	4.2	4.1	4.1
											Estimated One M	lonth of Avg Expen	ses in 2022/23:	\$5,512,990

		Contribution Cha	ange Assumption:	0.0%										
Receipts			2023	2023	2023	2023	2023	2023	2024	2024	2024	2024	2024	2024
<u>1 (000)pto</u>	AVERAGE	TOTAL	<u>July</u>	August	September	October	November	December	January	February	March	<u>April</u>	<u>May</u>	June
Contributions - Actives	\$4,453,296	\$53,439,552	\$4,453,296	\$4,453,296	\$4,453,296	\$4,453,296	\$4,453,296	\$4,453,296	\$4,453,296	\$4,453,296	\$4,453,296	\$4,453,296	\$4,453,296	\$4,453,296
Retirees - Health	388,786	4,665,432	388,786	388,786	388,786	388,786	388,786	388,786	388,786	388,786	388,786	388,786	388,786	388,786
Retirees - Dental	41,382	496,584	41,382	41,382	41,382	41,382	41,382	41,382	41,382	41,382	41,382	41,382	41,382	41,382
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
Stop Loss Reimbursement	108,333	1,300,000	<u>108,333</u>	108,333	108,333	<u>108,333</u>	108,333	108,333	108,333	108,333	<u>108,333</u>	108,333	108,333	108,333
H & W Trust Cash Receipts	\$5,226,797	\$62,721,568	\$5,226,797	\$5,226,797	\$5,226,797	\$5,226,797	\$5,226,797	\$5,226,797	\$5,226,797	\$5,226,797	\$5,226,797	\$5,226,797	\$5,226,797	\$5,226,797
<u>Disbursements</u>														
Claims Paid	4.826.527	57.918.327	\$4.826.527	\$4.826.527	\$4,826,527	\$4.826.527	\$4.826.527	\$4,826,527	\$4.826.527	\$4.826.527	\$4.826.527	\$4.826.527	\$4.826.527	\$4.826.527
Claims Paid - Delta Dental	242,207	2,906,485	242,207	242,207	242,207	242,207	242,207	242,207	242,207	242,207	242,207	242,207	242,207	242,207
Blue Shield	71,500	858,000	71,500	71,500	71,500	71,500	71,500	71,500	71,500	71,500	71,500	71,500	71,500	71,500
Phys and Chirometrics	12,000	144,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000
Delta Dental of California	20,200	242,400	20,200	20,200	20,200	20,200	20,200	20,200	20,200	20,200	20,200	20,200	20,200	20,200
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 United Dental	12,000	144,000 132,000	12,000 11,000	12,000 11,000	12,000 11,000	12,000 11,000	12,000 11,000	12,000	12,000	12,000 11,000	12,000 11,000	12,000 11,000	12,000	12,000 11,000
City Admin Fees	11,000 130	1,560	130	130	130	130	130	11,000 130	11,000 130	130	130	130	11,000 130	130
Consulting	7,000	84,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000
Healthcomp, Inc.	126,000	1,512,000	126,000	126,000	126,000	126,000	126,000	126,000	126,000	126,000	126,000	126,000	126,000	126,000
Legal	2,850	34,200	2,850	2,850	2,850	2,850	2,850	2,850	2,850	2,850	2,850	2,850	2,850	2,850
EyeMed	62,000	744,000	62,000	\$62,000	\$62,000	\$62,000	\$62,000	\$62,000	\$62,000	\$62,000	\$62,000	\$62,000	\$62,000	\$62,000
Other (Stop Loss Ins)	<u>159,500</u>	<u>1,914,000</u>	<u>159,500</u>	<u>159,500</u>	<u>159,500</u>	<u>159,500</u>	<u>159,500</u>	<u>159,500</u>	<u>159,500</u>	<u>159,500</u>	<u>159,500</u>	<u>159,500</u>	<u>159,500</u>	<u>159,500</u>
H & W Cash Disbursements	\$5,570,914	\$66,850,972	\$5,570,914	\$5,570,914	\$5,570,914	\$5,570,914	\$5,570,914	\$5,570,914	\$5,570,914	\$5,570,914	\$5,570,914	\$5,570,914	\$5,570,914	\$5,570,914
Receipts Over Disbursements	(\$344,117)	(\$4,129,404)	(\$344,117)	(\$344,117)	(\$344,117)	(\$344,117)	(\$344,117)	(\$344,117)	(\$344,117)	(\$344,117)	(\$344,117)	(\$344,117)	(\$344,117)	(\$344,117)
	Cash Balance (Gro	oss Fund Reserve)	\$26,842,644	\$26,498,527	\$26,154,409	\$25,810,292	\$25,466,175	\$25,122,058	\$24,777,941	\$24,433,824	\$24,089,707	\$23,745,590	\$23,401,473	\$23,057,356
	Beginning S	Stop Loss Reserve	(\$345,498)	(\$404,778)	(\$464,058)	(\$523,338)	(\$582,618)	(\$641,898)	(\$701,178)	(\$760,458)	(\$819,738)	(\$879,018)	(\$938,298)	(\$997,578)
Estimated Ston	Stop Loss Re Loss Claims (Between	eserve (\$15 PEPM)	(\$59,280)	(\$59,280)	(\$59,280)	(\$59,280)	(\$59,280)	(\$59,280)	(\$59,280)	(\$59,280)	(\$59,280)	(\$59,280)	(\$59,280)	(\$59,280) \$1,000,000
Estimated Stop		nated 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)
	201111	Net Fund Balance	\$22,337,866	\$21,934,469	\$21,531,072	\$21,127,675	\$20,724,278	\$20,320,881	\$19,917,484	\$19,514,087	\$19,110,690	\$18,707,292	\$18,303,895	\$18,900,498
		e / Total Expenses	4.8 4.0	4.8 3.9	4.7 3.9	4.6	4.6	4.5 3.6	4.4 3.6	4.4 3.5	4.3 3.4	4.3 3.4	4.2 3.3	4.1 3.4
	Net Fund Balanc	e / Total Expenses	4.0	3.9	3.9	3.8	3.7	3.6	3.6	3.5	3.4	3.4	3.3	3.4
												onth of Avg Expens		\$5,570,914
										ı		d Net Fund Balance onths of Ava Expens		\$18,900,498 \$22,283,657
										. <u>.</u>		or reg Expon	Difference:	(\$3,383,159)

		4 Months Unencu	Reserve mbered	Break Eve	n (Dollars)	Break Eve	n (Reserve)		Reserve Imbered	5 Months Reserve Unencumbered	
	Jul-22 <u>Rate</u>	5.8% <u>Increase</u>	Additional <u>Amount</u>	7.0% Increase	Additional <u>Amount</u>	7.0% Increase	Additional Amount	-3.7% <u>Decrease</u>	Additional <u>Amount</u>	15.3% <u>Increase</u>	Additional <u>Amount</u>
<u>Active</u>								·			
Health + Dental	\$1,350	\$1,428	\$78	\$1,446	\$96	\$1,444	\$94	\$1,300	(\$50)	\$1,557	\$207
Regular Retiree											
Health + Dental	\$1,350	\$1,428	\$78	\$1,446	\$96	\$1,444	\$94	\$1,300	(\$50)	\$1,557	\$207
Dental Only	\$99	\$105	\$6	\$106	\$7	\$106	\$7	\$96	(\$3)	\$115	\$16
Health	\$1,251	\$1,323	\$72	\$1,340	\$89	\$1,338	\$87	\$1,204	(\$47)	\$1,442	\$191
Medicare Supplement											
Health	\$638	\$675	\$37	\$683	\$45	\$683	\$45	\$615	(\$23)	\$736	\$98
Health + Dental	\$737	\$780	\$43	\$789	\$52	\$789	\$52	\$711	(\$26)	\$851	\$114
(This rate is for the Medicare Supplement retiree only.									` '		
To add a Spouse, the rate is 2x the above rate)											
Non-Medicare Retiree											
Health	\$1,507	\$1,595	\$88	\$1,614	\$107	\$1,612	\$105	\$1,451	(\$56)	\$1,738	\$231
Health + Dental	\$1,606	\$1,700	\$94	\$1,720	\$114	\$1,718	\$112	\$1,547	(\$59)	\$1,853	\$247

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

Fresno City Employees Health and Welfare Trust Contribution Rate History

A 15	1-Jul-22 Contribution <u>Rate</u>	1-Jul-21 Contribution <u>Rate</u>	1-Jul-20 Contribution <u>Rate</u>	1-Jul-19 Contribution <u>Rate</u>	1-Jul-18 Contribution <u>Rate</u>	1-Jul-17 Contribution <u>Rate</u>	1-Jul-16 Contribution <u>Rate</u>	1-Jul-15 Contribution <u>Rate</u>	1-Jul-14 Contribution <u>Rate</u>	1-Jul-13 Contribution <u>Rate</u>	1-Jul-12 Contribution <u>Rate</u>	1-Jul-11 Contribution <u>Rate</u>	1-Jul-10 Contribution <u>Rate</u>
<u>Active</u>													
Health + Dental	\$1,350	\$1,350	\$1,350	\$1,290	\$1,240	\$1,200	\$1,176	\$1,176	\$1,084	\$1,084	\$985	\$985	\$911
(per family)	0.0%	0.0%	4.7%	4.0%	3.3%	2.0%	0.0%	8.5%	0.0%	10.0%	0.0%	8.1%	25.0%
Regular Retiree													
Health + Dental	\$1,350	\$1,350	\$1,350	\$1,290	\$1,240	\$1,200	\$1,176	\$1,176	\$1,084	\$1,084	\$985	\$985	\$911
Dental Only	\$99	\$99	\$99	\$95	\$91	\$88	\$86	\$86	\$79	\$79	\$72	\$72	\$66
Health	\$1,251	\$1,251	\$1,251	\$1,195	\$1,149	\$1,112	\$1,090	\$1,090	\$1,005	\$1,004	\$913	\$913	\$845
(per family)	0.0%	0.0%	4.7%	4.0%	3.3%	2.0%	0.0%	8.5%	0.0%	10.0%	0.0%	8.1%	25.0%
Medicare Supplement													
Health + Dental	\$737 *	\$737 *	\$737 *	\$705 *	\$678 *	\$656 *	\$643 *	\$643 *	\$592 *	\$592 *	\$534 *	\$534 *	\$486
Health	\$638 *	\$638 *	\$638 *	\$610 *	\$587 *	\$568 *	\$557 *	\$557 *	\$513 *	\$513 *	\$462 *	\$462 *	\$420
(per person)	0.0%	0.0%	4.5%	4.0%	3.4%	2.0%	0.0%	8.6%	0.0%	10.9%	0.0%	9.9%	13.3%
* EGWP participation required													
Non-Medicare Retiree													
Health + Dental	\$1,606	\$1,606	\$1,606	\$1,535	\$1,476	\$1,429	\$1,401	\$1,401	\$1,291	\$1,291	\$1,174	\$1,174	\$1,078
Health	\$1,507	\$1,507	\$1,507	\$1,440	\$1,385	\$1,341	\$1,315	\$1,315	\$1,212	\$1,212	\$1,102	\$1,102	\$1,011
(per family)	0.0%	0.0%	4.6%	4.0%	3.3%	2.0%	0.0%	8.5%	0.0%	10.0%	0.0%	8.9%	25.1%
//)/	2.275												==:=/6