

FRESNO CITY EMPLOYEES
HEALTH AND WELFARE TRUST

ADMINISTRATION OFFICE



621 Santa Fe
Fresno, CA 93721

TELEPHONE (559) 499-2450
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MAILING ADDRESS
P.O. BOX 45018
FRESNO, CA 93718-5018

**Fresno City Employees Health & Welfare Trust
Agenda for the Regular Board Meeting**

March 9, 2022

General Meeting 8:00 AM

Location: HealthComp 621 Santa Fe, Fresno CA 93721*

Employer Trustees-City of Fresno

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

Administrator

Thomas J. Georgouses, Esq. Vice President

Legal Counsel

Michael E. Moss, Esq.

Employee Trustees

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

Consultants

Andrew Desa
Rael & Letson

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

Roll Call 8:00 A.M.

PUBLIC ADVISORY:

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

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

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

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

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

<https://healthcomp.zoom.us/j/89450210678?pwd=ZTJ1Nk05MGtpSVdVa2pEb2VPci9xQT09>

Passcode: 552210

Telephone: 14086380968

Webinar ID: 88266414338

1. Approval of Agenda**

Approve Agenda for March 9, 2022

⇒ Action as required

2. Executive Session

3. Public Discussion***

4. Consent Calendar

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

- a. Approval of the Minutes of January 12, 2022
- b. Correspondence
 - i). *Correspondence Dated March 2, 2022 from Human Resources Manager, Jennifer Misner, Appointing Phillip Carbajal as the Benefits Manager*
- c. Appeals
- d. HealthComp Administrators
 - i). *Claim and Benefits Reports*
 - ii). *Specific Stop-Loss Reports*
 - iii). *Turnaround Time Reports*
 - iv). *Open Enrollment Materials for the 2022-2023 Plan Year*
 - v). *Summary of Benefits and Coverage*
- e. Blue Shield of California
- f. Halcyon
 - i). *Utilization Report*
- g. United HealthCare
- h. OptumRx
 - i). *Executive Summary and Comparative Executive Summary Commercial*
 - ii). *Executive Summary and Comparative Executive Summary EGWP*
 - iii). *Ratification of the Chairperson and Vice Chairperson's Approval of the COVID-19 Over the Counter Test – EGWP*
 - iv). *Ratification of the Chairperson and Vice Chairperson's Approval of the COVID-19 Over the Counter Test and Member Communication*
 - v). *Ratification of the Chairperson and Vice Chairperson's Exclusion of Aduhelm Drug*
 - vi). *Correspondence Dated March 1, 2022 from Account Manager, Carolyn Martinez, Announcing Craig Boon as the Vice President*
 - vii). *RDD Donnelley System Outage –PA Notification Update*
 - viii). *COVID-19 Product Utilization Report*
- i. Delta Dental
 - i). *Financial Reporting Package*

- j. PhysMetrics
 - i). *Utilization Report*
- k. MESVision
- l. Teladoc
 - i). *Utilization Report*

5. General Calendar

6. Consultant's Report

- a. COVID-19 Claims Status
 - i). *Review and Discuss Update on COVID-19 Claims*
- b. Vendor Rate Submissions for the 2022-2023 Fiscal Year
 - i). *Blue Shield of California*
Review, Discuss and Approve Blue Shield of California's Renewal and Rate Increase Effective July 1, 2022
⇒ *Action as required*
 - ii). *United Healthcare Dental*
Review, Discuss and Approve United Healthcare's Renewal and Rate Increase Effective July 1, 2022
⇒ *Action as required*
 - iii). *Stop Loss Renewal*
Discuss Stop Loss Renewal Effective July 1, 2022
 - iv). *Hearing Aid Benefit*
Review, Discuss and Approve Changes to Hearing Aid Benefit
⇒ *Action as required*
 - v). *Requested Benefit Changes*
Review and Discuss Cost Analysis Report for Requested Benefit Changes for the 2022-2023 Fiscal Year
- c. Financials Projections for the 2022-2023 Fiscal Year
 - i). *Review of the Financial Projections for the 2022-2023 Fiscal Year*
⇒ *Action as required*
- d. Contribution Rates for the 2022-2023 Fiscal Year
 - i). *Consider and Approve Contribution Rates for the 2022-2023 Fiscal Year*
⇒ *Action as required*
- e. Submission of Request for Plan Document Changes for the 2022-2023 Fiscal Year
 - i). *Consider and Approve Plan Documents Changes for the 2022-2023 Fiscal Year*
⇒ *Action as required*

- f. Submission of Benefits Reduction Percentage for Non-Contributory Participants for the 2022-2023 Fiscal Year
 - i). *Consider and Approve the Benefit Reduction Percentage for Non-Contributory Participants for the 2022-2023 Fiscal Year*
⇒ Action as required
- g. Affordable Care Act – Minimum Value
Review and Discuss Minimum Value

7. Attorney's Report

- a. Transparency and Surprise Billing Requirements
 - i). *Update on Transparency and Surprise Billing Requirements*
⇒ Action as required
- b. Mental Health Parity
 - i). *Update Regrading Mental Health Parity Analysis*
- c. Return to in-Person Board of Trustee Meetings
 - i). *Review, Discuss and Approve Options for Return to in-Person Board of Trustee Meetings*
⇒ Action as required
- d. Rescheduling of Trustee Training Session
⇒ Action as required

8. Board Meeting Schedule

⇒ Action as required

9. Future Agenda Items

10. Adjournment

⇒ Action as required

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

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

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

NOTICE APPEALS COMMITTEE

Next Meeting: Monday April 4, 2022 at 4:00 p.m.

Committee Members to Attend: Georgeanne White, Andre Ramos,
Keola Park

FRESNO CITY EMPLOYEES
HEALTH AND WELFARE TRUST

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FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

MINUTES OF THE REGULAR BOARD MEETING

January 12, 2022

CALL TO ORDER: The regular monthly meeting of the Board of Trustees for the Fresno City Employees Health & Welfare Trust was called to order by Chairperson Shane Archer at 8:04 A.M., Wednesday, January 12, 2022 via a Zoom webinar. A quorum was present including the following:

**EMPLOYEE TRUSTEES
PRESENT:**

Terri Hauschel
William Dearson
Kim Jackson

Shane Archer
Jesus Cerda

EMPLOYEE TRUSTEES ABSENT:

Monica Chacon
Sam Frank
Andre Ramos

Jo Billings
Keola Park
Raymond Golden

EMPLOYER TRUSTEES PRESENT:

Michael Lima

Marissa Gonzales

EMPLOYER TRUSTEES ABSENT:

Georgeanne White

OTHERS PRESENT:

Body Scan International

Bill Penzo

HealthComp

Tom Georgouses
Diana Cavazos

MES Vision

Blue Shield of CA

Linda Patron

Halycon

Rael & Letson

Andrew Desa

UHC

OptumRx

Carolyn Martinez
Shannon Ross
Nissa Osuna

Delta Dental

Duab Xaochay

Law Office of

Michael E. Moss
Mike Moss

FORCE

ChiroMetrics/PhysMetrics

Sandra Carnahan
Camin Turner

Benefit Analyst, COF

Item 1 Approval of Agenda - A Motion was made by Trustee Terri Hauschel and Seconded by Vice Chairperson Michael Lima to add Over the Counter COVID Testing to the Agenda as Item 7.e. The **Motion** was **unanimously approved**. A **Motion** was made by Trustee Jesus Cerda and Seconded by Trustee Marissa Gonzales to approve the Agenda. The **Motion** was **unanimously approved**.

Item 2 Executive Session -None

Item 3 Public Discussion - None

Item 4 Consent Calendar – Vice Chairperson Michael Lima pulled item D.i. A **Motion** was made by Trustee Marissa Gonzales and Seconded by Trustee Jesus Cerda to approve the balance of the Consent Calendar. The **Motion** was **unanimously approved**.

Item D.i. – HealthComp Administrators – Claim and Benefits Reports. Vice Chairperson Michael Lima requested confirmation that the increase in the average cost per participant monthly for December was due to the five check runs. Tom Georgouses stated the increase was due to three factors. First, there were five check runs; second, there was a high dollar claim over \$900,000; and third, providers close out their books at the end of year which can cause a spike in claims submissions. A **Motion** was made by Vice Chairperson Michael Lima and Seconded by Trustee Jesus Cerda to approve item D.i. The **Motion** was **unanimously approved**.

Item 5 General Calendar -

a.) **Optum Rx**

i) **Aduhelm Formulary Update-** OptumRx representative Carolyn Martinez referred to the memorandum on the Aduhelm Formulary update. Ms. Martinez explained Aduhelm is a first of its kind drug for Alzheimer's disease that was excluded under the New to Market Program until December 14, 2021. Ms. Martinez explained studies have shown potential significant side effects and OptumRx recommends the drug be included on the Exclusion Formulary list. Mr. Andrew Desa stated that Blue Shield excludes the drug as investigational. A **Motion** was made Vice Chairperson Michael Lima and

Seconded by Trustee Jesus Cerda to add the Aduhelm drug to the exclusion list with a provision it is reviewed in one year. The **Motion was unanimously approved.**

- ii) **Medical Review Institute of America (MRloA) Cyber Security Incident** - OptumRx representative Carolyn Martinez referred to the memorandum regarding the Medical Review Institute of America Cyber Security Incident. Ms. Martinez explained that MRloA is a third-party vendor used by OptumRx and was recently a target of a cyber-security incident. Ms. Martinez stated three Trust members were impacted however there is not any evidence that Protected Health Information was compromised. Ms. Martinez explained MRloA will be notifying the members of the incident and will be offered one year of credit monitoring at no cost.

- iii) **Network System Outage and Connectivity Issue** - OptumRx representative Carolyn Martinez referred to the memorandum for the RR Donnelley (RRD) system outage. Ms. Martinez explained RRD is a third-party vendor OptumRx uses for letter printing. On December 23, 2021, RRD reported a system outage impacting production of letters to notify members of their prior authorizations and appeal processes. Ms. Martinez stated OptumRx implemented emergency protocols to ensure letters were mailed out to members. Ms. Martinez informed the Trustees the only impact was a notification delay for approval or denial of medication. Ms. Martinez stated RRD has been restored.

Item 6 Consultant's Report -

- a.) **Elite Medical** - Mr. Andrew Desa referred to the summary for the Elite Wellness Vaccination event. Mr. Desa explained health screenings were not offered this year. Mr. Desa reported administration of 10 high-dose flu shots, 300 flu shots and 43 pneumonia shots. Mr. Desa stated all were decreases from the prior year. Mr. Desa

reported no COVID-19 vaccinations were administered. Mr. Desa stated the total cost for the event was \$14,377.00

- b.) **COVID-19 Claim Status** - Mr. Andrew Desa discussed the current COVID-19 statistics. Mr. Desa stated that through December 31, 2021 there had been 11,026 diagnostic tests and 378 antibody tests administered; 873 positive diagnostic tests for COVID-19 with 405 being members; approximately \$1.8 million paid for testing; approximately \$426,000 paid for screening; and approximately \$1.6 million paid for treatment.
- c.) **Vendor Rate Submissions for the 2022-2023 Fiscal Year**
 - i) **Blue Shield of California** - Mr. Andrew Desa stated he had two discussions with Blue Shield of California regarding the renewal after preparation of the memorandum and alternative proposals were provided by Blue Shield of California. Mr. Desa stated the initial proposal was for 3 years with an annual increase of 3% per year. The revised proposal was for a 2% increase each year over the next three years; or a 1.5% increase the first year, 2.5% increase the second year and a 3% increase in the third year. Mr. Desa stated he will continue to negotiate and provide a further report at the next Trust meeting.
 - ii) **United Healthcare Dental** - Mr. Andrew Desa referred to his memorandum for the UHC Dental Renewal. Mr. Desa stated UHC Dental had initially offered a rate pass for one year, however following further discussion UHC revised the offer to a two-year rate pass through June 30, 2024. Mr. Desa stated he would provide a further report at the next Trust meeting.
 - iii) **Stop Loss Renewal**- Mr. Andrew Desa stated the stop loss contract has been with HCC since June 2018. Mr. Desa explained that the stop loss coverage is

placed through a broker and that quotes usually arrive the end of May to the beginning of June. Mr. Desa explained for projection purposes he assumed a 10% increase in the stop loss rate. Mr. Desa informed the Trustees that last year HCC provided a rate pass.

- iv) **Financials Projections for the 2022-2023 Fiscal Year** – Mr. Andrew Desa referred to his memorandum for the financial projections for fiscal year 2022-2023. Mr. Desa first presented the projections for the remainder of fiscal year 2021-2022 that are based on three months of financial data and six months of claim data. The 2022-2023 fiscal year projected claims are based on a blended experience from the past two and a half years of data. The projected net reserve months as of June 30, 2022 are 5.5. Mr. Desa stated that if the contribution amount remains the same for fiscal year 2022-2023 he projects 5.2 months of net reserves at the end of fiscal year. Mr. Desa recommended revisiting the projections at the next meeting at which time he will have an additional 3 months of financial data and an additional 2 months of claim data which will assist in his projection for fiscal year 2022-2023. Mr. Mike Moss then explained the history, purpose and procedure to establish the required projected net reserve of 4 months.
- v) **Contribution Rates for the 2021-2022 Fiscal Year** – This item was discussed above.
- vi) **Submission of Request for Plan Document-Benefit Changes for the 2022-2023 Fiscal Year** - Mr. Andrew Desa stated that while the Trust currently has coverage for hearing aids, there is currently not a hearing aid network in place. Mr. Desa was directed to present a fully insured benefit and self-insured hearing aid network option at the next meeting.

- vii) **Submission of Benefit Reduction Percentage for Non-Contributory Participates for the 2022-2023 Fiscal Year** - Deferred to the next meeting.

Item 7 Attorney's Report –

- a.) **Transparency and Surprise Billing Requirement** - Mr. Mike Moss provided an overview of the status of the pertinent new provisions from the Transparency Requirements and No Surprise Billing Act. Mr. Moss stated that many of the provisions will not be enforced until 2023. The earliest compliance date for any of the provisions is July 1, 2022 and Mr. Moss will discuss the topic further at the next meeting.
- b.) **Mental Health Parity** - Mr. Mike Moss provided a summary of the requirements for Mental Health Parity and the recent requirement to complete testing along with analysis of the plans benefits and procedures related to non-quantitative limitations. Mr. Moss explained the retention of MedExpert to assess the plan, provide recommendations if necessary and to provide an attestation of compliance. Mr. Moss stated his understanding from discussions with HealthComp that MedExpert is gathering information from the various vendors for the analysis.
- c.) **Return to in-Person Board of Trustee Meetings** - Mr. Mike Moss explained the plan professionals will discuss options for return to in-person/hybrid meetings including the possibility of having meetings at the City Hall for presentation at the March 2022 meeting.
- d.) **Rescheduling of Trustee Training Session** - Deferred to next 2022 meeting.
- e.) **COVID-19 Over the Counter Test Kits** - Mr. Mike Moss explained the recently issued federal requirement effective January 15, 2022 that home test kits for COVID must be reimbursed by health plans without cost share to the members. Mr. Moss, Mr. Georgouses, Blue Shield representative Linda Patron, and OptumRx representative Carolyn Martinez explained the requirements and process to meet the

requirements including the safe harbor provisions. Mr. Moss explained the plan professionals will work with the vendors to provide implementation information. A **Motion** was made by Vice Chairperson Michael Lima and Seconded by Trustee Marissa Gonzales to set a limit of eight test kits per month per family member as allowed by the regulations. The **Motion** was **unanimously approved**. A **Motion** was made by Trustee William Dearson and Seconded by Vice Chairperson Michael Lima to give authority to the Chairperson and Vice Chairperson to work with the plan professions to implement the process and approve any action that might be necessary for compliance. The **Motion** was **unanimously approved**.

- Item 8 Board Meeting Schedule** – The next Board Meeting will be on March 9, 2022.
- Item 9 Future Agenda Item-** None
- Item 10 Adjournment-** A **Motion** to adjourn was made by Trustee Marissa Gonzales and Seconded by Vice Chairperson Michael Lima. The **Motion** was **unanimously approved** and the meeting adjourned at 10:06 AM.

Shane Archer, Chairperson
Fresno City Employees Health &
Welfare Trust

Date

Tom Georgouses, Administrator
HealthComp

Date

Diana Cavazos | HealthComp

From: Jennifer Misner <Jennifer.Misner@fresno.gov>
Sent: Wednesday, March 2, 2022 9:43 AM
To: Tom Georgouses | HealthComp; Lydia M. Kemp | HealthComp; Veronica Sandoval | HealthComp; Diana Cavazos | HealthComp; Sylvia Bernal-Ruddock | HealthComp; Crystal Lozano | HealthComp; Gloria Martin | HealthComp; Breeann Ayala | HealthComp
Cc: Phillip Carbajal; Marissa Gonzales
Subject: Introducing Benefits Manager

Good morning,

Some of you may already be aware, but I wanted to officially introduce Phillip Carbajal as the City of Fresno's new Benefits Manager. Phillip may be familiar to most of you as he comes to the Personnel Department from the Retirement Office. We are really looking forward to our continued partnership with you all.

Phillip can be reached at Phillip.carbajal@fresno.gov or his direct line is 559-621-6992. He is ready to start taking calls and emails. Please provide any access he needs to have that DayVonna may have had.

I appreciate you all and the help you gave me during this transition! 😊

Jennifer Misner

Human Resources Manager

City of



2600 Fresno St.

Fresno, CA 93721

(559)621-6994 Desk

(559)388-1434 Cell

(559)457-1094 Fax

www.fresno.gov/Personnel

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

**MONTHLY CLAIMS EXPERIENCE ANALYSIS
MEDICAL AND PRESCRIPTION DRUGS
SEVEN MONTHS ENDING JANUARY 31, 2022**

		<u>PER ELIGIBLE</u>
ACTIVES	\$ 24,187,293.48	\$ 1,024.62
COBRA	121,245.15	2,424.90
RETIREEES	2,101,040.29	1,758.19
	<hr/>	
	\$ 26,409,578.92	\$ 1,062.72
 MEDICARE SUPPLEMENT	 \$ 966,605.19	 \$ 782.04
SELF-PAY OVER 65	484,246.78	2,646.16
	<hr/>	
	<u>\$ 27,860,430.89</u>	\$ 1,060.54
 AVERAGE MONTHLY COST - YTD	 <u>\$ 3,980,061.56</u>	 \$ 1,060.54
 PRIOR YEAR AVERAGE MONTHLY COST - YTD SEVEN MONTHS ENDING JANUARY 31, 2021	 3,709,224.22	 \$ 1,005.02
 PRIOR PLAN YEAR AVERAGE MONTHLY COST JULY 2020 - JUNE 2021	 \$ 3,889,762.62	 \$ 1,053.49
 TWELVE MONTH ROLLING AVERAGE February 1, 2021 - January 31, 2022	 \$ 5,902,363.18	 \$ 1,058.93

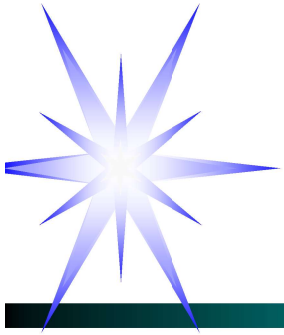
FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

**MONTHLY CLAIMS EXPERIENCE ANALYSIS
DENTAL BENEFIT SECTION
SEVEN MONTHS ENDING JANUARY 31, 2022**

DELTA DENTAL	PAYMENTS	PER ELIGIBLE
ACTIVES	\$ 1,556,635.43	\$ 72.37
RETIREEES	266,876.20	\$ 72.11
TOTAL FOR DELTA DENTAL	<u>\$ 1,823,511.63</u>	\$ 72.34
 AVERAGE MONTHLY COST	 \$ 260,501.66	 \$ 72.34
PUD HMO AVG MONTHLY PREM	14,292.58	\$ 43.18
TOTAL AVG MONTHLY COST - YTD	<u>\$ 274,794.24</u>	\$ 69.88

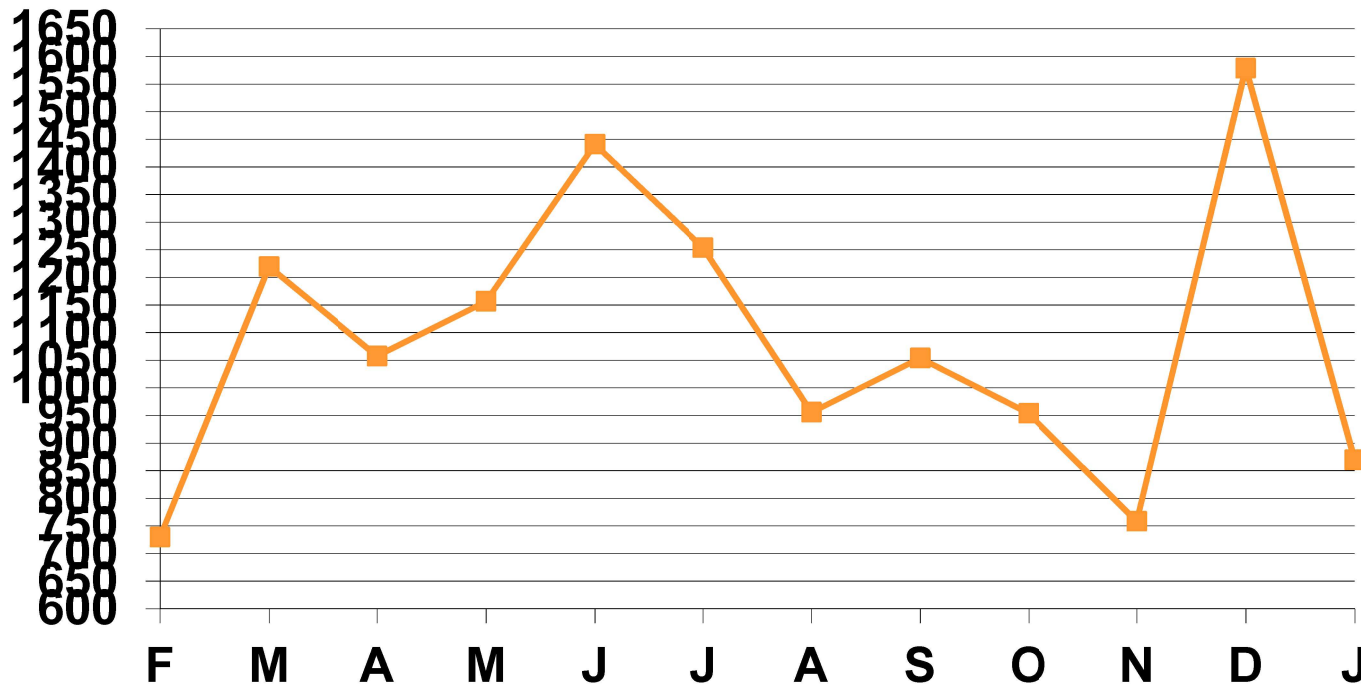
**PRIOR YEAR AVERAGE MONTHLY COST: DELTA DENTAL
JULY 2019 - JUNE 2020**

ACTIVES	\$ 75.78
RETIREEES	\$ 71.32
COMBINED	\$ 75.12
 TWELVE MONTH ROLLING AVERAGE DELTA DENTAL	
January 1, 2020 - December 31, 2021	\$ 74.21

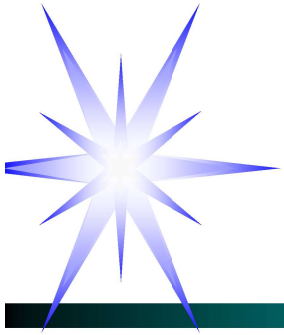


Average Cost Per Participant Monthly

Fresno City Employees H & W Trust
Dec 21 – Jan 22

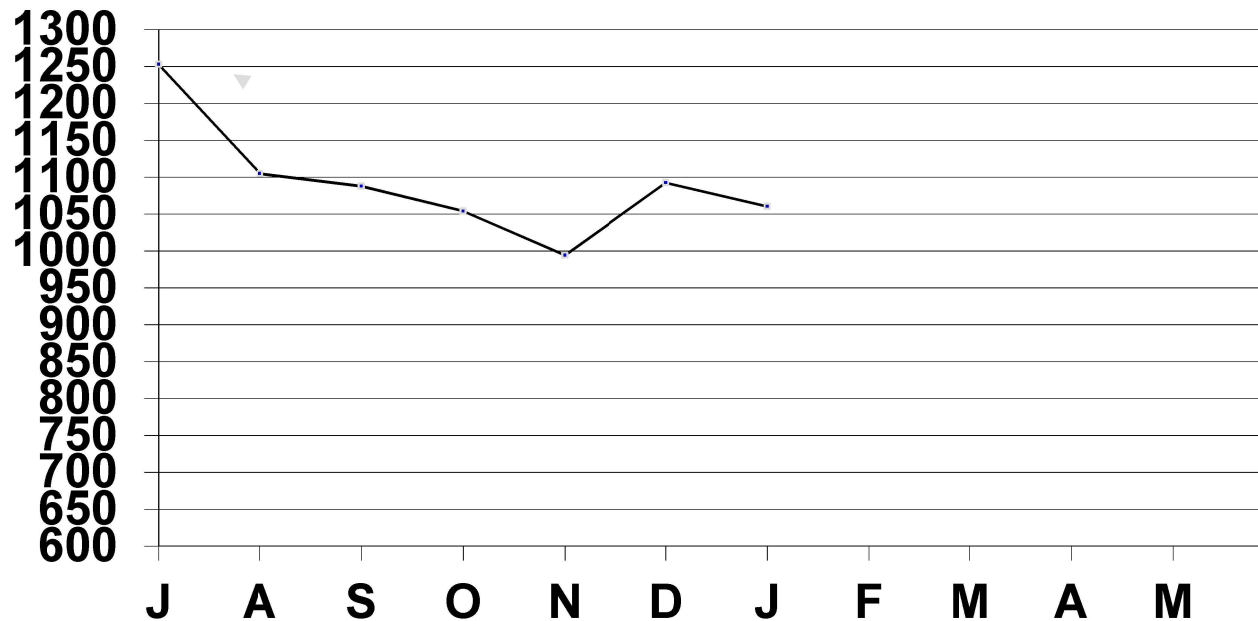


HealthComp Administrators

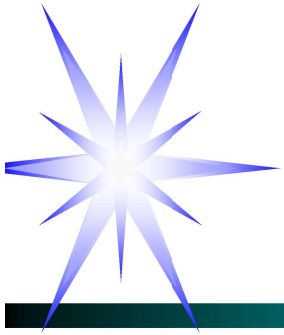


Average Cost Per Participant Year to Date

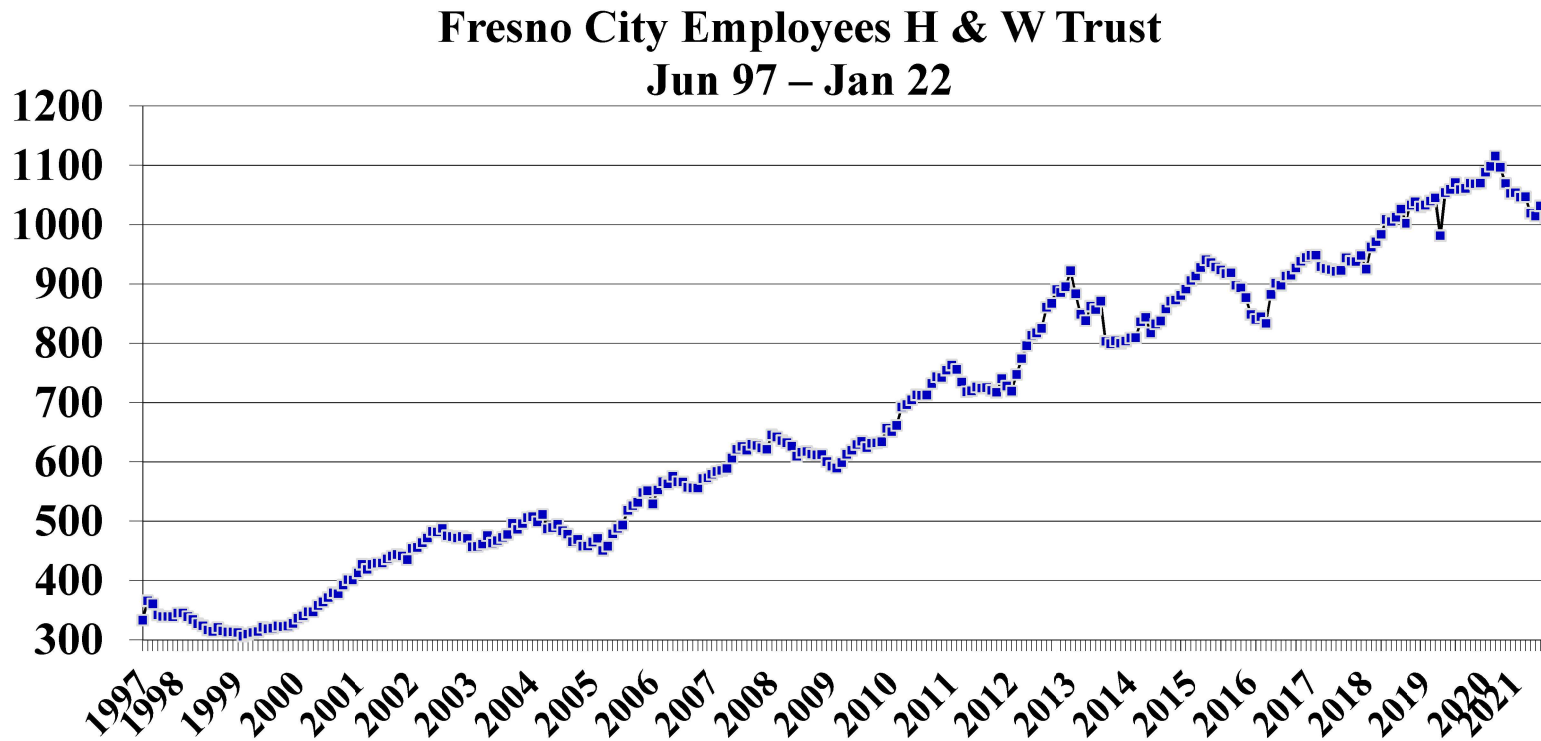
Fresno City Employees H & W Trust
Jul 21 – Jun 22



HealthComp Administrators



Average Cost Per Participant 12 Month Rolling Average



HealthComp Administrators

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST
FINANCIAL ANALYSIS FOR MEDICAL, VISION AND PRESCRIPTION DRUG
SEVEN MONTHS ENDING JANUARY 31, 2022

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
ACTIVES								
PPO Contributing	2,569	\$ 1,198.34	\$ 102.35	\$ 1,300.69	\$ 1,251.00	\$ 3.84	\$ (45.85)	\$ (824,520.55)
PPO Non-Cont 35	799	\$ 471.42	\$ 102.35	\$ 573.77	\$ 847.00	\$ 3.84	\$ 277.07	\$ 1,549,652.51
PPO Non-Cont 25	4	\$ 12.79	\$ 102.35	\$ 115.14	\$ 981.00	\$ 3.84	\$ 869.70	\$ 24,351.60
								\$ -
TOTAL (a)	3372	\$ 1,024.69	\$ 102.35	\$ 1,127.04	\$ 1,154.95	\$ 3.84	\$ 31.75	\$ 749,483.56
RETIREES								
PPO Plan	171	\$ 1,758.19	\$ 102.35	\$ 1,860.54	\$ 1,251.00	\$ 3.84	\$ (605.70)	\$ (723,814.74)
TOTAL	171	1,758.19	\$ 102.35	\$ 1,860.54	\$ 1,251.00	\$ 3.84	\$ (605.70)	\$ (723,814.74)
COBRA								
PPO Plan	7	\$ 2,424.90	\$ 102.35	\$ 2,527.25	\$ 1,276.02	\$ 3.84	\$ (1,247.39)	\$ (61,122.11)
TOTAL	7	\$ 2,424.90	\$ 102.35	\$ 2,527.25	\$ 1,276.02	\$ 3.84	\$ (1,247.39)	\$ (61,122.11)
MEDICARE SUPP								
PPO Plan	177	\$ 782.04	\$ 27.97	\$ 810.01	\$ 688.00	\$ 3.84	\$ (118.17)	\$ (146,412.63)
TOTAL	177	\$ 782.04	\$ 27.97	\$ 810.01	\$ 688.00	\$ 3.84	\$ (118.17)	\$ (146,412.63)
SELF-PAY								
PPO Plan	26	\$ 2,646.16	\$ 102.56	\$ 2,748.72	\$ 1,507.00	\$ 3.84	\$ (1,237.88)	\$ (225,294.16)
TOTAL	26	\$ 2,646.16	\$ 102.56	\$ 2,748.72	\$ 1,507.00	\$ 3.84	\$ (1,237.88)	\$ (225,294.16)
Stop-Loss Reimbursement								\$ 524,919.65
Prescription Drug Rebates								\$ 1,846,433.13
TOTAL								\$ 1,964,192.70

NOTES:

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

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

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

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

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

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

FINANCIAL ANALYSIS FOR DENTAL SEVEN MONTHS ENDING JANUARY 31, 2022

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
Delta PPO	3601	\$ 72.34	\$ 5.28	\$ 77.62	\$ 99.00		\$ 21.38	\$ 538,925.66
PUD HMO	331	\$ -	\$ 43.18	\$ 43.18	\$ 99.00		\$ 55.82	\$ 129,334.94
TOTAL								\$ 668,260.60

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 - 01/31/2022 | PAID: 01/01/2022 - 01/31/2022

FRESNO CITY EMP H&W TRUST Summary												
Range of Days Lagged	Incurred Date to Received Date			Received Date to Processed Date			Processed Date to Paid Date			Received Date to Paid Date		
	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum
0 - 10	2,924	36.0 %	36.0 %	5,620	69.3 %	69.3 %	7,894	97.3 %	97.3 %	5,603	69.1 %	69.1 %
11 - 14	1,082	13.3 %	49.4 %	90	1.1 %	70.4 %	5	0.1 %	97.4 %	6	0.1 %	69.2 %
15 - 21	1,494	18.4 %	67.8 %	1,503	18.5 %	88.9 %	39	0.5 %	97.9 %	30	0.4 %	69.5 %
22 - 28	751	9.3 %	77.1 %	788	9.7 %	98.6 %	45	0.6 %	98.4 %	2,138	26.4 %	95.9 %
Over 28	1,860	22.9 %	100.0 %	110	1.4 %	100.0 %	128	1.6 %	100.0 %	334	4.1 %	100.0 %

Total # of claims: 8,111

Average days from incurred to received: 27.9

Average days from received to processed: 7

Average days from processed to paid: 4.7

Average days from received to paid: 11.6

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

MONTHLY CLAIMS EXPERIENCE ANALYSIS
 MEDICAL AND PRESCRIPTION DRUGS
 EIGHT MONTHS ENDING FEBRUARY 28, 2022

		<u>PER ELIGIBLE</u>
ACTIVES	\$ 27,890,145.33	\$ 1,031.75
COBRA	165,914.57	2,765.24
RETIREEES	2,348,368.17	1,714.14
	<u>\$ 30,404,428.07</u>	\$ 1,068.25
MEDICARE SUPPLEMENT	\$ 1,124,040.32	\$ 796.63
SELF-PAY OVER 65	678,458.82	3,261.82
	<u>\$ 32,206,927.21</u>	\$ 1,070.67
AVERAGE MONTHLY COST - YTD	<u>\$ 4,025,865.90</u>	\$ 1,070.67
PRIOR YEAR AVERAGE MONTHLY COST - YTD EIGHT MONTHS ENDING FEBRUARY 28, 2021	3,582,734.72	\$ 970.60
PRIOR PLAN YEAR AVERAGE MONTHLY COST JULY 2020 - JUNE 2021	\$ 3,889,762.62	\$ 1,053.49
TWELVE MONTH ROLLING AVERAGE March 1, 2021 -February 28, 2022	\$ 6,275,111.99	\$ 1,065.13

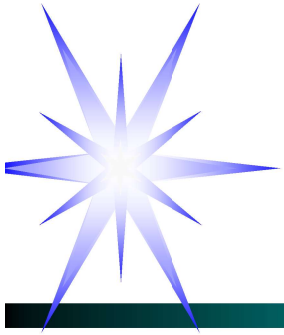
FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

**MONTHLY CLAIMS EXPERIENCE ANALYSIS
DENTAL BENEFIT SECTION
EIGHT MONTHS ENDING FEBRUARY 28, 2022**

DELTA DENTAL	PAYMENTS	PER ELIGIBLE
ACTIVES	\$ 1,708,595.88	\$ 69.33
RETIREEES	298,587.20	\$ 70.57
TOTAL FOR DELTA DENTAL	<u><u>\$ 2,007,183.08</u></u>	\$ 69.51
 AVERAGE MONTHLY COST	 \$ 250,897.89	 \$ 69.51
PUD HMO AVG MONTHLY PREM	14,292.58	\$ 43.18
TOTAL AVG MONTHLY COST - YTD	<u><u>\$ 265,190.47</u></u>	\$ 67.30

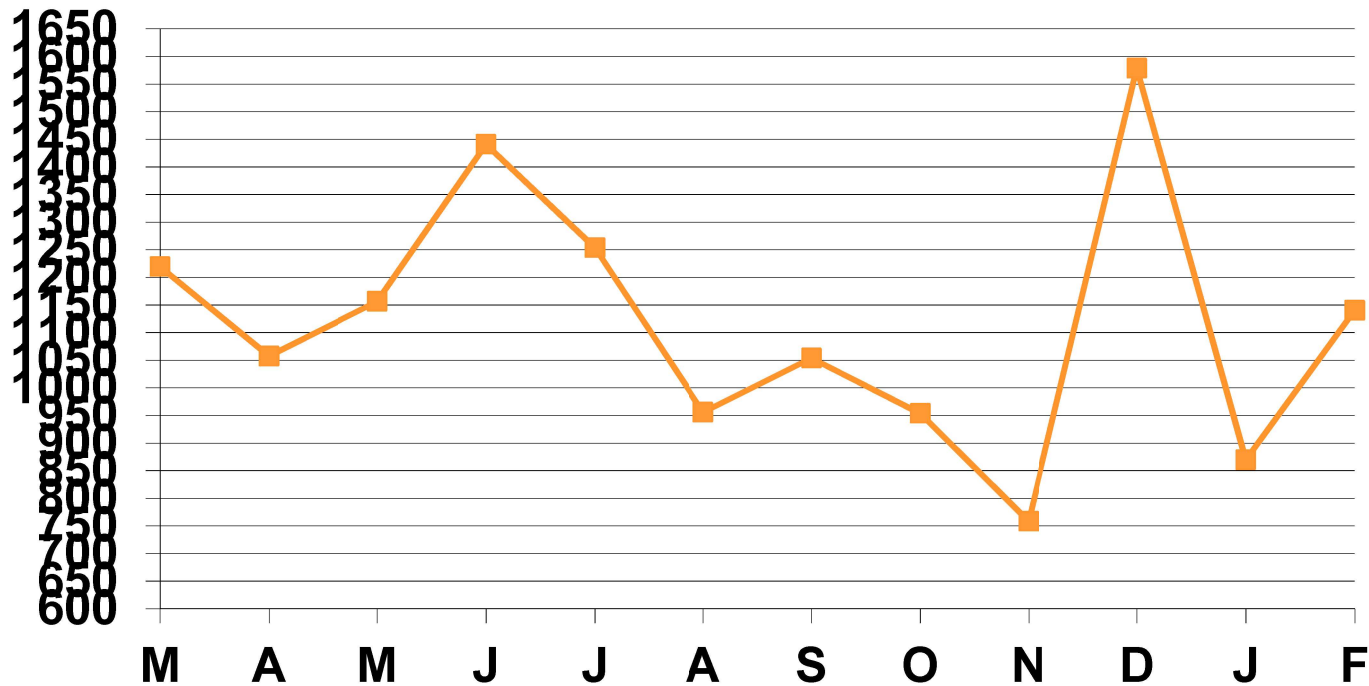
**PRIOR YEAR AVERAGE MONTHLY COST: DELTA DENTAL
JULY 2019 - JUNE 2020**

ACTIVES	\$ 75.78
RETIREEES	\$ 71.32
COMBINED	\$ 75.12
 TWELVE MONTH ROLLING AVERAGE DELTA DENTAL March 1, 2021 -February 28, 2022	 \$ 72.88

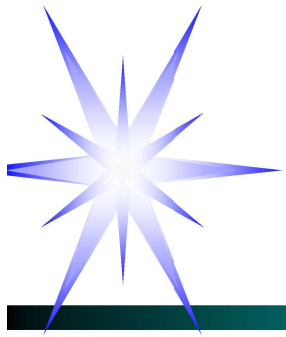


Average Cost Per Participant Monthly

Fresno City Employees H & W Trust
Jan 21 – Feb 22

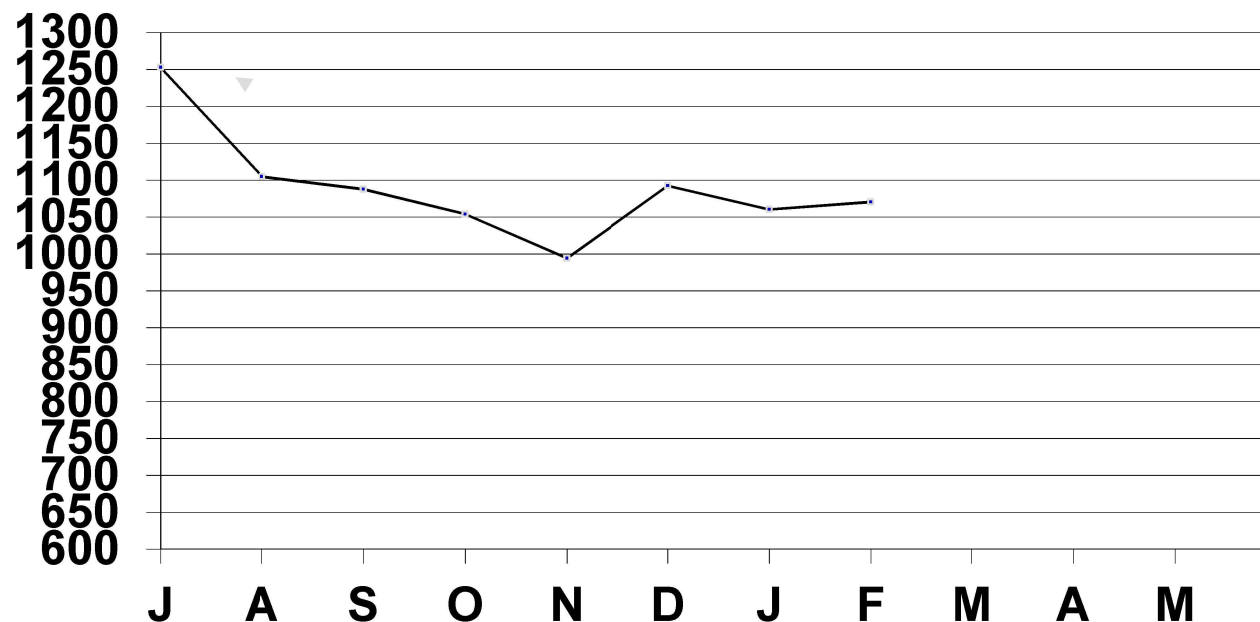


HealthComp Administrators

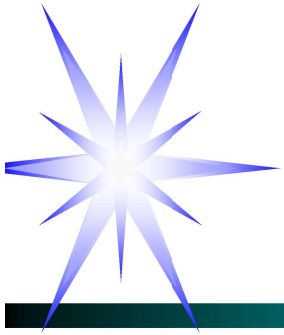


Average Cost Per Participant Year to Date

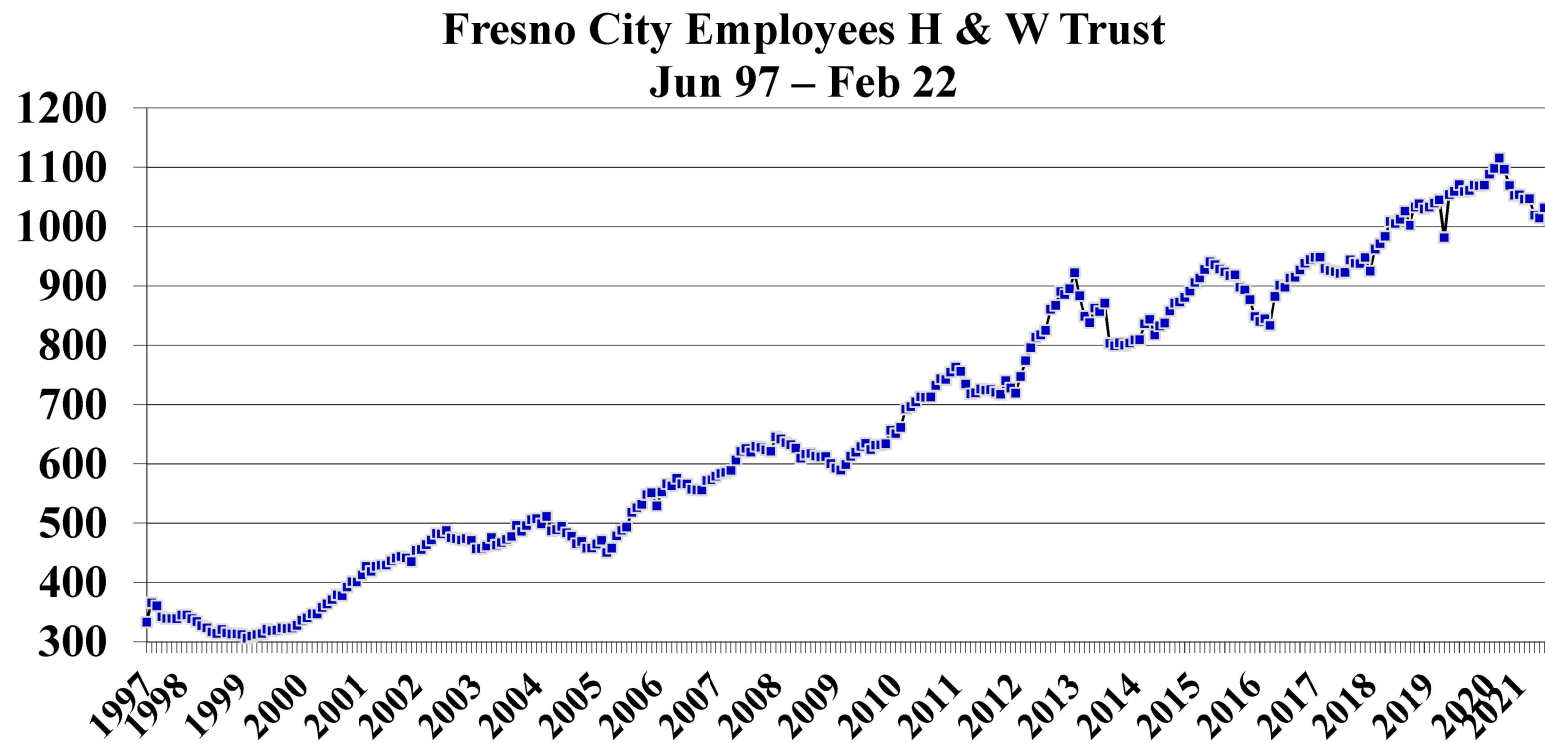
Fresno City Employees H & W Trust
Jul 21 – Jun 22



HealthComp Administrators



Average Cost Per Participant 12 Month Rolling Average



HealthComp Administrators

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST
FINANCIAL ANALYSIS FOR MEDICAL, VISION AND PRESCRIPTION DRUG
EIGHT MONTHS ENDING FEBRUARY 28, 2022

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
ACTIVES								
PPO Contributing	2,569	\$ 1,203.79	\$ 102.35	\$ 1,306.14	\$ 1,251.00	\$ 3.83	\$ (51.31)	\$ (1,054,523.12)
PPO Non-Cont 35	806	\$ 488.31	\$ 102.35	\$ 590.66	\$ 847.00	\$ 3.83	\$ 260.17	\$ 1,677,576.16
PPO Non-Cont 25	4	\$ 22.53	\$ 102.35	\$ 124.88	\$ 981.00	\$ 3.83	\$ 859.95	\$ 27,518.40
								\$ -
TOTAL (a)	3379	\$ 1,031.73	\$ 102.35	\$ 1,134.08	\$ 1,154.31	\$ 3.83	\$ 24.06	\$ 650,571.44
RETIREES								
PPO Plan	171	\$ 1,714.14	\$ 102.35	\$ 1,816.49	\$ 1,251.00	\$ 3.83	\$ (561.66)	\$ (769,470.57)
TOTAL	171	1,714.14	\$ 102.35	\$ 1,816.49	\$ 1,251.00	\$ 3.83	\$ (561.66)	\$ (769,470.57)
COBRA								
PPO Plan	8	\$ 2,765.24	\$ 102.35	\$ 2,867.59	\$ 1,276.02	\$ 3.83	\$ (1,587.74)	\$ (101,615.36)
TOTAL	8	\$ 2,765.24	\$ 102.35	\$ 2,867.59	\$ 1,276.02	\$ 3.83	\$ (1,587.74)	\$ (101,615.36)
MEDICARE SUPP								
PPO Plan	176	\$ 796.63	\$ 27.97	\$ 824.60	\$ 688.00	\$ 3.83	\$ (132.77)	\$ (186,940.16)
TOTAL	176	\$ 796.63	\$ 27.97	\$ 824.60	\$ 688.00	\$ 3.83	\$ (132.77)	\$ (186,940.16)
SELF-PAY								
PPO Plan	26	\$ 3,261.82	\$ 102.56	\$ 3,364.38	\$ 1,507.00	\$ 3.83	\$ (1,853.55)	\$ (385,538.40)
TOTAL	26	\$ 3,261.82	\$ 102.56	\$ 3,364.38	\$ 1,507.00	\$ 3.83	\$ (1,853.55)	\$ (385,538.40)
Stop-Loss Reimbursement								\$ 705,032.87
Prescription Drug Rebates								\$ 1,846,433.13
TOTAL								\$ 1,758,472.95

NOTES:

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

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

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

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

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

Prepared by HealthComp, LLC

03/01/2022

**FINANCIAL ANALYSIS FOR DENTAL
EIGHT MONTHS ENDING FEBRUARY 28, 2022**

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
Delta PPO	3610	\$ 69.51	\$ 5.28	\$ 74.79	\$ 99.00		\$ 24.21	\$ 699,184.80
PUD HMO	331	\$ -	\$ 43.18	\$ 43.18	\$ 99.00		\$ 55.82	\$ 147,811.36
TOTAL								\$ 846,996.16

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 - 02/28/2022 | PAID: 02/01/2022 - 02/28/2022

FRESNO CITY EMP H&W TRUST Summary												
Range of Days Lagged	Incurred Date to Received Date			Received Date to Processed Date			Processed Date to Paid Date			Received Date to Paid Date		
	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum
0 - 10	3,860	34.7 %	34.7 %	6,699	60.3 %	60.3 %	10,295	92.7 %	92.7 %	6,517	58.7 %	58.7 %
11 - 14	1,440	13.0 %	47.7 %	385	3.5 %	63.8 %	11	0.1 %	92.8 %	107	1.0 %	59.6 %
15 - 21	1,736	15.6 %	63.3 %	3,441	31.0 %	94.7 %	65	0.6 %	93.3 %	916	8.2 %	67.9 %
22 - 28	1,061	9.5 %	72.9 %	355	3.2 %	97.9 %	161	1.4 %	94.8 %	2,449	22.0 %	89.9 %
Over 28	3,013	27.1 %	100.0 %	230	2.1 %	100.0 %	578	5.2 %	100.0 %	1,121	10.1 %	100.0 %

Total # of claims: 11,110

Average days from incurred to received: 36.2

Average days from received to processed: 8.7

Average days from processed to paid: 7.1

Average days from received to paid: 15.8

FRESNO CITY EMPLOYEES
HEALTH & WELFARE TRUST
SPECIFIC STOP LOSS
THROUGH 01/31/2022

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

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

OVER \$500,000.00

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

50% OVER \$250,000.00

MEMBER	NET PAID	STILL TO MEET
1	\$360,948.57	\$139,051.43
2	\$197,380.26	\$302,619.74
3	\$294,907.40	\$205,092.60
4	\$226,948.46	\$273,051.54
5	\$352,221.19	\$147,778.81
6	\$283,977.91	\$216,022.09
7	\$286,112.77	\$213,887.23
	\$0.00	\$ -
	\$0.00	\$ -
	\$0.00	\$ -
	\$0.00	\$ -
	\$0.00	\$ -
	\$0.00	\$ -
	\$0.00	\$ -
	\$0.00	\$ -
	\$2,002,496.56	\$ 1,497,503.44

PREMIUM

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	\$ 135.54	\$ 3,387,686.76	\$ 777,496.56	\$ (2,610,190.20)
350,000	\$ 49.72	\$ 1,242,701.68	\$ 13,169.76	\$ (1,229,531.92)
500,000	\$ 29.03	\$ 725,575.82	\$ -	\$ (725,575.82)

PRIOR YEAR RESULTS

FISCAL YEAR	MEMBERS OVER \$175K	SAVINGS/(LOSS) \$500 DEDUCTIBLE	SAVINGS/(LOSS) \$350 DEDUCTIBLE	SAVINGS/(LOSS) \$175 DEDUCTIBLE
2007/2008	5	\$ 275,694.78	\$ 823,731.16	\$ 1,333,752.01
2008/2009	11	\$ 298,037.47	\$ 660,094.16	\$ 696,657.85
2009/2010	7	\$ 571,249.08	\$ 901,645.80	\$ 2,451,452.16
2010/2011	12	\$ 392,141.96	\$ 562,653.55	\$ 1,543,342.62
2011/2012	4	\$ 690,024.10	\$ 1,115,261.30	\$ 3,286,763.75
2012/2013	11	\$ 892,384.76	\$ 1,450,290.57	\$ 3,807,297.67
2013/2014	11	\$ 546,018.60	\$ 941,346.55	\$ 3,782,202.62
2014/2015	13	\$ 324,590.15	\$ 264,268.88	\$ 374,381.62
2015/2016	14	\$ 2,588,355.84	\$ 2,919,146.55	\$ 3,042,900.18
2016/2017	15	\$ (618,495.03)	\$ (1,101,491.19)	\$ (1,626,992.21)
2017/2018	23	\$ (808,434.00)	\$ (1,099,684.13)	\$ (1,999,825.30)
2018/2019	27	\$ (717,892.65)	\$ (696,340.65)	\$ (258,654.91)
2019/2020	29	\$ (403,675.83)	\$ 34,344.25	\$ 231,492.59
2020/2021	23	\$ 3,553.03	\$ 36,225.35	\$ (1,104,531.07)
TOTAL	205	\$ 4,033,552.26	\$ 6,811,492.15	\$ 15,560,239.58

Current Outstanding Submission
As of January 31, 2022

\$0.00

FRESNO CITY EMPLOYEES
HEALTH & WELFARE TRUST

SPECIFIC STOP LOSS
THROUGH 02/28/2022

INCURRED: 07/01/21 - 02/28/22
PAID: 07/01/21 THRU: 02/28/22

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

OVER \$500,000.00

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

50% OVER \$250,000.00

MEMBER	NET PAID	STILL TO MEET
1	\$413,645.27	\$86,354.73
2	\$376,298.09	\$123,701.91
3	\$296,203.36	\$203,796.64
4	\$256,543.67	\$243,456.33
5	\$334,088.49	\$165,911.51
6	\$302,297.51	\$197,702.49
7	\$449,762.55	\$50,237.45
8	\$216,501.04	\$283,498.96
9	\$184,149.23	\$315,850.77
10	\$261,191.10	\$238,808.90
	\$0.00	\$ -
	\$0.00	\$ -
	\$0.00	\$ -
	\$0.00	\$ -
	\$3,090,680.31	\$ 1,909,319.69

PREMIUM

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	\$ 135.54	\$ 3,879,696.96	\$ 1,340,680.31	\$ (2,539,016.65)
350,000	\$ 49.72	\$ 1,423,185.28	\$ 189,705.91	\$ (1,233,479.37)
500,000	\$ 29.03	\$ 830,954.72	\$ -	\$ (830,954.72)

PRIOR YEAR RESULTS

FISCAL YEAR	MEMBERS OVER \$175K	SAVINGS/(LOSS) \$500 DEDUCTIBLE	SAVINGS/(LOSS) \$350 DEDUCTIBLE	SAVINGS/(LOSS) \$175 DEDUCTIBLE
2007/2008	5	\$ 275,694.78	\$ 823,731.16	\$ 1,333,752.01
2008/2009	11	\$ 298,037.47	\$ 660,094.16	\$ 696,657.85
2009/2010	7	\$ 571,249.08	\$ 901,645.80	\$ 2,451,452.16
2010/2011	12	\$ 392,141.96	\$ 562,653.55	\$ 1,543,342.62
2011/2012	4	\$ 690,024.10	\$ 1,115,261.30	\$ 3,286,763.75
2012/2013	11	\$ 892,384.76	\$ 1,450,290.57	\$ 3,807,297.67
2013/2014	11	\$ 546,018.60	\$ 941,346.55	\$ 3,782,202.62
2014/2015	13	\$ 324,590.15	\$ 264,268.88	\$ 374,381.62
2015/2016	14	\$ 2,588,355.84	\$ 2,919,146.55	\$ 3,042,900.18
2016/2017	15	\$ (618,495.03)	\$ (1,101,491.19)	\$ (1,626,992.21)
2017/2018	23	\$ (808,434.00)	\$ (1,099,684.13)	\$ (1,999,825.30)
2018/2019	27	\$ (717,892.65)	\$ (696,340.65)	\$ (258,654.91)
2019/2020	29	\$ (403,675.83)	\$ 34,344.25	\$ 231,492.59
2020/2021	23	\$ 3,553.03	\$ 36,225.35	\$ (1,104,531.07)
TOTAL	205	\$ 4,033,552.26	\$ 6,811,492.15	\$ 15,560,239.58

Current Outstanding Submission
As of February 28, 2022

\$0.00

HEALTH & WELFARE FY22
PREPARED BY FINANCIAL REPORTING

HEALTH & WELFARE TRUST ACTIVITY REPORT
SCHEDULE OF RECEIPTS AND DISBURSMENTS
JULY 1, 2021 THRU DECEMBER 31, 2021 Period 6

RECEIPTS:	JUL	AUG	SEP	OCT	NOV	DEC	TOTALS
CITY AND EMP. CONTRIBUTION FROM PAYROLL	\$4,098,559	\$4,105,876	\$3,692,718	\$4,670,688	\$4,173,385	\$4,194,853	\$24,936,079
RDA SUCCESSOR EMPLOYEES CONTRIBUTION	\$1,350	\$1,350	\$1,350	\$1,350	\$1,350	\$1,350	\$8,100
SELF PAY - LWOP	\$862	\$123	\$404	\$606	\$404	\$404	\$2,803
SELF PAY - COBRA	\$6,255	\$5,293	\$5,301	\$7,704	\$0	\$24,201	\$48,754
SELF PAY - FPOA ACTIVE ADM STAFF	\$5,400	\$5,400	\$6,750	\$6,750	\$6,750	\$6,750	\$37,800
RETIREEES	\$331,766	\$328,206	\$326,319	\$329,980	\$326,993	\$327,762	\$1,971,027
RETIREEES - HRA	\$97,449	\$104,234	\$102,092	\$100,878	\$104,801	\$104,339	\$613,793
RETIREEES - CITY PAID H&W RECEIPTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
RETIREEES - SELF PAY	\$404	\$10,208	\$17,500	\$1,616	\$7,458	\$6,158	\$43,344
REFUNDS	\$44,748	\$107,582	\$200,077	\$844,095	\$70,673	\$442,025	\$1,709,200
INTEREST	\$32,196	\$31,567	\$30,196	\$39,840	\$34,268	\$35,462	\$203,528
OTHER	\$0	\$0	\$0	\$0	\$0	\$0	\$0
H & W TRUST CASH RECEIPTS	\$4,618,988	\$4,699,839	\$4,382,707	\$6,003,507	\$4,726,082	\$5,143,304	\$29,574,428
DISBURSEMENTS:							
CLAIMS PAID	(\$4,968,370)	(\$3,587,493)	(\$3,936,115)	(\$3,635,367)	(\$2,593,311)	(\$6,255,095)	(\$24,975,750)
CLAIMS PAID - DELTA DENTAL	(\$255,314)	(\$270,365)	(\$300,472)	(\$201,137)	\$0	(\$599,787)	(\$1,627,075)
BLUE SHIELD OF CALIFORNIA	\$0	(\$69,317)	(\$69,375)	(\$70,543)	(\$70,718)	(\$70,620)	(\$350,572)
CHIOMETRICS INC	\$0	(\$11,283)	(\$11,296)	(\$11,482)	(\$11,514)	(\$11,498)	(\$57,072)
DELTA DENTAL OF CALIF.	(\$18,822)	(\$19,451)	(\$19,488)	(\$19,758)	(\$19,858)	(\$19,816)	(\$117,193)
REFUNDS	\$0	(\$100)	\$0	\$0	\$0	\$0	(\$100)
ELITE CORP-FLU VACCINE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
NATIONAL MEDICAL HEALTH CARD	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OPTUMRX	(\$5,874)	\$0	(\$41,901)	(\$38,583)	(\$13,393)	(\$16,284)	(\$116,034)
HALCYON BEHAVIORAL/AVANTE BEHAVIORAL	\$0	(\$14,926)	(\$10,590)	(\$24,773)	(\$15,746)	(\$11,379)	(\$77,413)
UNITED HEALTHCARE INSURANCE	\$0	(\$9,586)	(\$8,334)	(\$18,092)	(\$8,895)	(\$8,766)	(\$53,673)
OTHER - CLAIMS							\$0
CITY ADMIN. FEES	(\$130)	(\$130)	(\$130)	(\$130)	(\$130)	(\$130)	(\$780)
ADM - REAL & LETSON	\$0	(\$6,300)	(\$6,700)	(\$13,000)	\$0	(\$13,000)	(\$39,000)
HEALTHCOMP INC.	\$0	(\$108,827)	(\$109,075)	(\$171,953)	(\$111,007)	(\$124,898)	(\$625,761)
LEGAL - THE MOSS LAW FIRM	(\$2,850)	(\$2,850)	(\$2,850)	(\$2,850)	(\$2,850)	(\$2,850)	(\$17,100)
MES VISION	\$0	\$0	(\$122,422)	(\$62,009)	(\$62,462)	(\$62,462)	(\$309,355)
OTHER - ADMIN FEES	(\$102,853)	(\$103,086)	(\$102,040)	(\$102,592)	(\$105,843)	(\$104,740)	(\$621,155)
H & W CASH DISBURSEMENTS	(\$5,354,213)	(\$4,203,712)	(\$4,740,789)	(\$4,372,268)	(\$3,015,727)	(\$7,301,325)	(\$28,988,033)
RECEIPTS OVER DISBURSMENTS	(\$735,225)	\$496,127	(\$358,082)	\$1,631,239	\$1,710,355	(\$2,158,021)	\$586,395

HEALTH & WELFARE TRUST ACTIVITY REPORT
CASH BALANCE ANALYSIS
JULY 1, 2021 THRU DECEMBER 31, 2021 Period 6

	JUL	AUG	SEP	OCT	NOV	DEC	
BEGINNING CASH BALANCE	\$31,322,778	\$30,285,170	\$30,791,954	\$30,438,683	\$32,113,757	\$33,780,318	
ADD: TOTAL REVENUE	\$4,618,988	\$4,699,839	\$4,382,707	\$6,003,507	\$4,726,082	\$5,143,304	\$29,574,427
LESS: TOTAL EXPENDITURES	(\$5,354,213)	(\$4,203,712)	(\$4,740,789)	(\$4,372,268)	(\$3,015,727)	(\$7,301,325)	(\$28,988,034)
LESS: CHANGE IN RECEIVABLE	\$3,703	(\$6,309)	(\$9,158)	(\$1,346)	\$1,305	(\$2,514)	(\$14,319)
LESS: CHANGE IN VOUCHERS PAYABLE	\$298,680	(\$4,348)	\$4,347	(\$42,489)	\$42,489	(\$332,807)	(\$34,128)
ENDING CASH BALANCE	\$30,285,170	\$30,791,954	\$30,438,683	\$32,113,757	\$33,780,318	\$31,957,618	

ACCUMULATED RECEIPTS & DISBURSEMENTS							
	JUL	AUG	SEP	OCT	NOV	DEC	
YTD CASH RECEIPTS	\$4,618,988	\$4,699,839	\$4,382,707	\$6,003,507	\$4,726,082	\$5,143,304	
YTD CASH DISBURSEMENTS	(\$5,354,213)	(\$4,203,712)	(\$4,740,789)	(\$4,372,268)	(\$3,015,727)	(\$7,301,325)	
YTD CHANGE IN RECEIVABLE	\$3,703	(\$6,309)	(\$9,158)	(\$1,346)	\$1,305	(\$2,514)	
YTD CHANGE IN PAYABLE	\$298,680	(\$4,348)	\$4,347	(\$42,489)	\$42,489	(\$332,807)	
YTD NET CHANGE IN CASH	(\$1,037,608)	\$506,784	(\$353,271)	\$1,675,074	\$1,666,561	(\$1,822,700)	
CHANGE IN RECEIVABLE							
BEGINNING RECEIVABLE BALANCE	\$168,119	\$171,822	\$165,513	\$156,355	\$155,009	\$156,314	
INCREASE, DEBITS	\$32,196	\$31,567	\$30,196	\$39,840	\$34,268	\$35,462	\$203,528
DECREASE, CREDITS	(\$28,493)	(\$37,876)	(\$39,354)	(\$41,186)	(\$32,963)	(\$37,976)	(\$217,847)
ENDING RECEIVABLE BALANCE	\$171,822	\$165,513	\$156,355	\$155,009	\$156,314	\$153,800	
ENDING RECEIVABLE BALANCE	\$171,822	\$165,513	\$156,355	\$155,009	\$156,314	\$153,800	
BEGINNING RECEIVABLE BALANCE	\$168,119	\$171,822	\$165,513	\$156,355	\$155,009	\$156,314	
CHANGE IN RECEIVABLE	\$3,703	(\$6,309)	(\$9,158)	(\$1,346)	\$1,305	(\$2,514)	
CHANGE IN PAYABLE							
BEG VOUCHERS PAYABLE BAL	(\$277,073)	\$21,607	\$17,259	\$21,607	(\$20,882)	\$21,607	
DECREASE, DEBITS	\$430,429	\$341,377	\$508,419	\$494,488	\$464,776	\$113,506	\$2,352,995
INCREASE, CREDITS	(\$131,749)	(\$345,725)	(\$504,071)	(\$536,977)	(\$422,286)	(\$446,313)	(\$2,387,121)
END VOUCHERS PAYABLE BAL	\$21,607	\$17,259	\$21,607	(\$20,882)	\$21,607	(\$311,200)	
END VOUCHERS PAYABLE BALANCE	\$21,607	\$17,259	\$21,607	(\$20,882)	\$21,607	(\$311,200)	
BEG PAYABLE BALANCE	(\$277,073)	\$21,607	\$17,259	\$21,607	(\$20,882)	\$21,607	
CHANGE IN VOUCHERS PAYABLE	\$298,680	(\$4,348)	\$4,347	(\$42,489)	\$42,489	(\$332,807)	

Fresno City Employees Health and Welfare Trust
Fiscal Year July '22-June '23



P.O. BOX45018
FRESNO, CA 93718-5018

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

June 1, 2022

«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, 2022. You were mailed an open enrollment packet at the end of April 2022. 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 grace period through June 30, 2022. 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, 2022, 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,

THE BOARD OF TRUSTEES

Fresno City Employees Health and Welfare Trust
Fiscal Year July '22 -June '23



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

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

June 1, 2022

«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, 2022. You were mailed an announcement for the online open enrollment at the end of April 2022. 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 grace period through June 30, 2022. You are strongly encouraged to complete your open enrollment by the 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, 2022, 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,

THE BOARD OF TRUSTEES

Fresno City Employees Health and Welfare Trust
Fiscal Year July '22-June '23



P.O. BOX45018
FRESNO, CA 93718-5018

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

June 1, 2022

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

Dear PlanParticipant:

The Fresno City Employees Health & Welfare Trust recently conducted an online open enrollment for an effective date of July 1, 2022. An open enrollment announcement regarding the online open enrollment was sent to you at the end of April 2022. On June X, 2022, a letter was mailed to you providing a grace period extension to June 30, 2022 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 to deny payment of all claims submitted on your behalf for dates of service after June 30, 2022, 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 written request 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.

THE BOARD OF TRUSTEES

Fresno City Employees Health and Welfare Trust
Fiscal Year July '22-June '23



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

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

May 1, 2022

«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, 2022. Open enrollment material were sent to you at the end of April 2022. On June X, 2022, a letter was mailed to you providing a grace period extension to June 30, 2022 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, 2022, 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 written request 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.

THE BOARD OF TRUSTEES

Fresno City Employees Health and Welfare Trust

Fiscal Year July '22 – June '23

P.O. BOX 45018
FRESNO, CA 93718-5018(559) 499-2450
(800) 442-7247
FAX (559) 499-2464**IMPORTANT ANNOUNCEMENT****May 1, 2022****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, 2022. 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 MUST COMPLETE THE ONLINE OPEN ENROLLMENT BY MAY 31, 2022. ANY CHANGES YOU MAKE WILL BE EFFECTIVE JULY 1, 2022.

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 2022/2023 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, 2022. 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 HEALTH 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 DO NOT 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 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	\$ 946.00	\$946.00
Employee Contribution	<u>\$ 404.00</u>	<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
<u>Employee Co-Insurance</u>	<u>\$ 960</u>	<u>\$ 1,776</u>
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.

**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.

A full description of your benefits may be found in the July 1, 2022 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, MES Vision, 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 (REQUIRED)**

If you have any questions regarding your open enrollment selection or would like to receive a printed version of the July 1, 2022 Plan Booklet, please contact HealthComp at (559) 499-2450.

The Board of Trustees

Fresno City Employees Health and Welfare Trust

Fiscal Year July '22 – June '23

P.O. BOX 45018
FRESNO, CA 93718-5018(559) 499-2450
(800) 442-7247
FAX (559) 499-2464**IMPORTANT ANNOUNCEMENT****May 1, 2022****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 MUST COMPLETE THE ONLINE OPEN ENROLLMENT BY MAY 31, 2022. ANY CHANGES YOU MAKE WILL BE EFFECTIVE JULY 1, 2022.

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 2022/2023 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, 2022. 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 HEALTH 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 DO NOT 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	<u>\$ 270.00</u>	<u>\$ 0.00</u>
Total Monthly Contribution	\$1,350.00	\$1,080.00
In-Network Medical Charge	\$ 5,000	\$ 5,000
Employee Deductible	\$ 200	\$ 1,300
<u>Employee Co-Insurance</u>	<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.

**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.

A full description of your benefits may be found in the July 1, 2022 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, MES Vision, 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 Questionnaire**
- ☐ **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, 2022 Plan Booklet, please contact HealthComp at (559) 499-2450.

The Board of Trustees

Fresno City Employees Health and Welfare Trust

Fiscal Year July '22 – June '23

P.O. BOX 45018
FRESNO, CA 93718-5018(559) 499-2450
(800) 442-7247
FAX (559) 499-2464**IMPORTANT ANNOUNCEMENT****May 1, 2022****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, 2022. 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 AND RETURN THE ENCLOSED FORMS TO HEALTHCOMP BY MAY 31, 2022. ANY CHANGES YOU MAKE WILL BE EFFECTIVE JULY 1, 2022.

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, 2022:

	<u>Rate</u>
<u>Retirees under 65:</u>	
Health only	\$1,251
Dental only	\$ 99
Health and Dental	\$1,350
<u>Over 65 (with Medicare):</u>	
Health only (per individual)	\$ 688
Dental only (per family)	\$ 99
Health and Dental:	
One Person	\$ 787
Two Person	\$1,574
<u>Over 65 (without Medicare):</u>	
Health only	\$1,507
Dental only	\$ 99
Health and Dental	\$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, 2022 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, MES Vision, 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, 2022 Plan Booklet, please contact HealthComp at (559) 499-2450.

The Board of Trustees

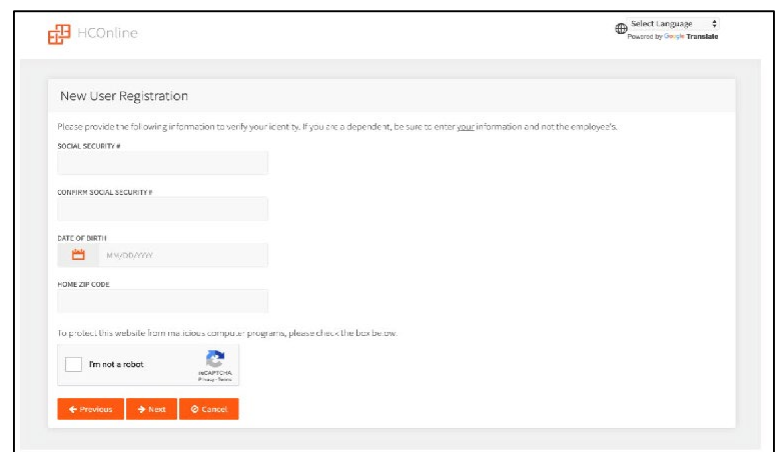
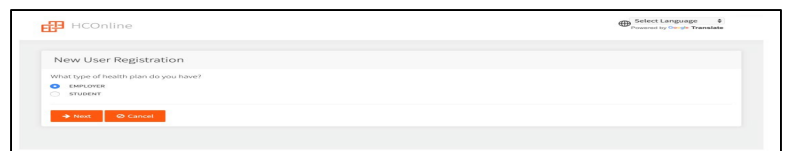
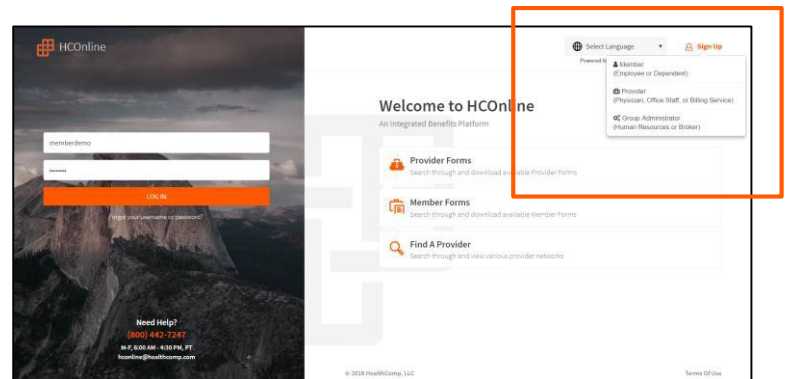
Open Enrollment on HCOOnline

Open Enrollment is May 1, 2022 – May 31, 2022

You must complete your **annual open enrollment** for benefits **online**. To do this, you will need to create an **HCOOnline** account. Please follow the instructions below to register for an account. If you already have an **HCOOnline** account, please proceed to the next page.

Registering on HCOOnline

1. In a web browser, navigate to **HCOOnline** (hconline.healthcomp.com).
2. In the upper-right corner, click **Sign Up**. From the dropdown menu, click **Member**. This will open the **New User Registration** wizard. This step will give you the option to choose between an employer health plan or student health plan. Choose employer health plan to move onto to the next step.
3. In the **Verification** step of the **New User Registration** wizard, enter your Social Security Number (omitting dashes), Date of Birth (MM/DD/YYYY) and Home Zip Code (#####). Click the **'I'm not a robot'** checkbox. Click **Next**.
4. In the **User Account** step of the **New User Registration** wizard, enter your email account, username, password, security question, and security question answer. Click **Create New User**.
5. To complete registration, **HCOOnline** will send a confirmation to your email address. Access your email and click the link within the email confirmation. This completes the registration process.

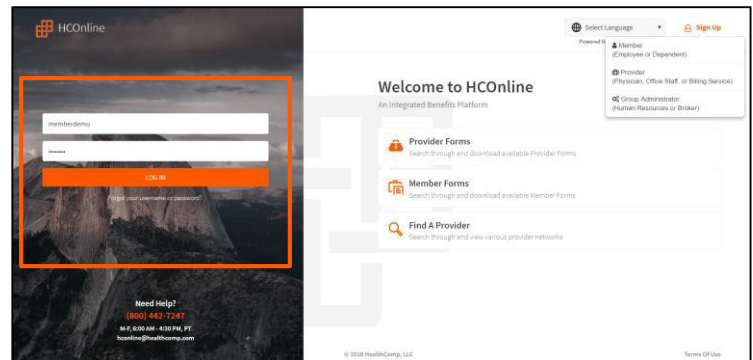


New User Registration Wizard

Questions? Our **Benefits Assistants** are ready to assist you.
Call **1-800-442-7247**.

Log in to HCOOnline

1. In a web browser, navigate to **HCOOnline** (hconline.healthcomp.com).
2. Enter your username and password and click **Log In**. This will bring you to the **Home Page**.
3. On the Home Page, click **Open Enrollment** (orange button). This will open the Open Enrollment interface.

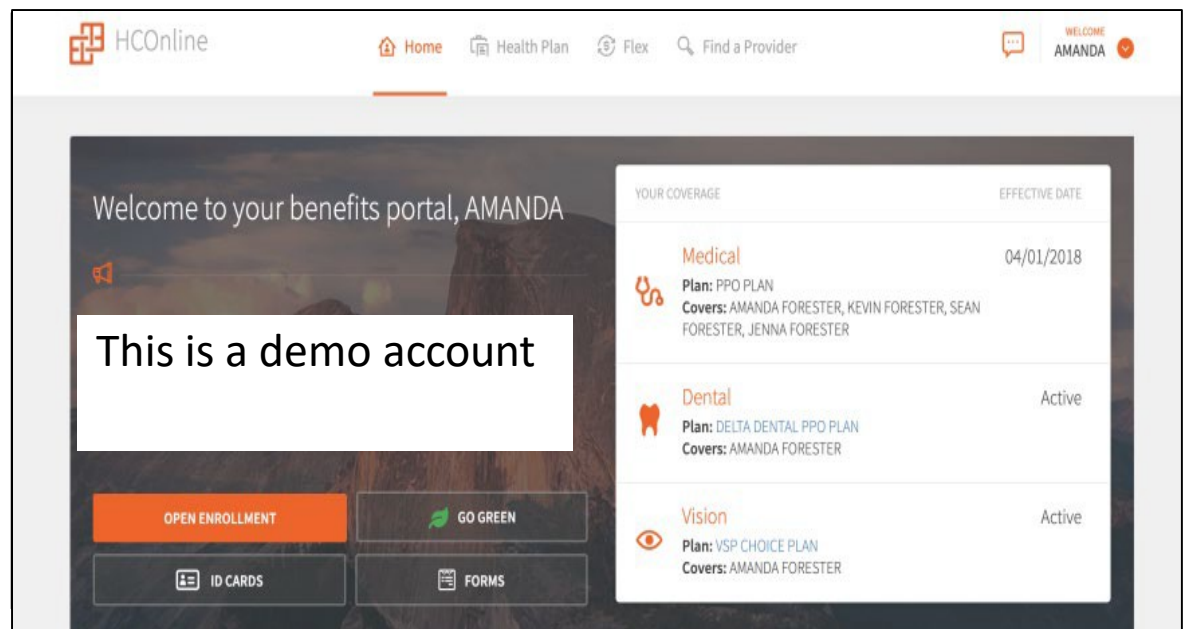


HCOOnline Login Page

Access Open Enrollment

1. On the Home Page, click **Open Enrollment** (orange button, see below). This will open the **Open Enrollment** interface.

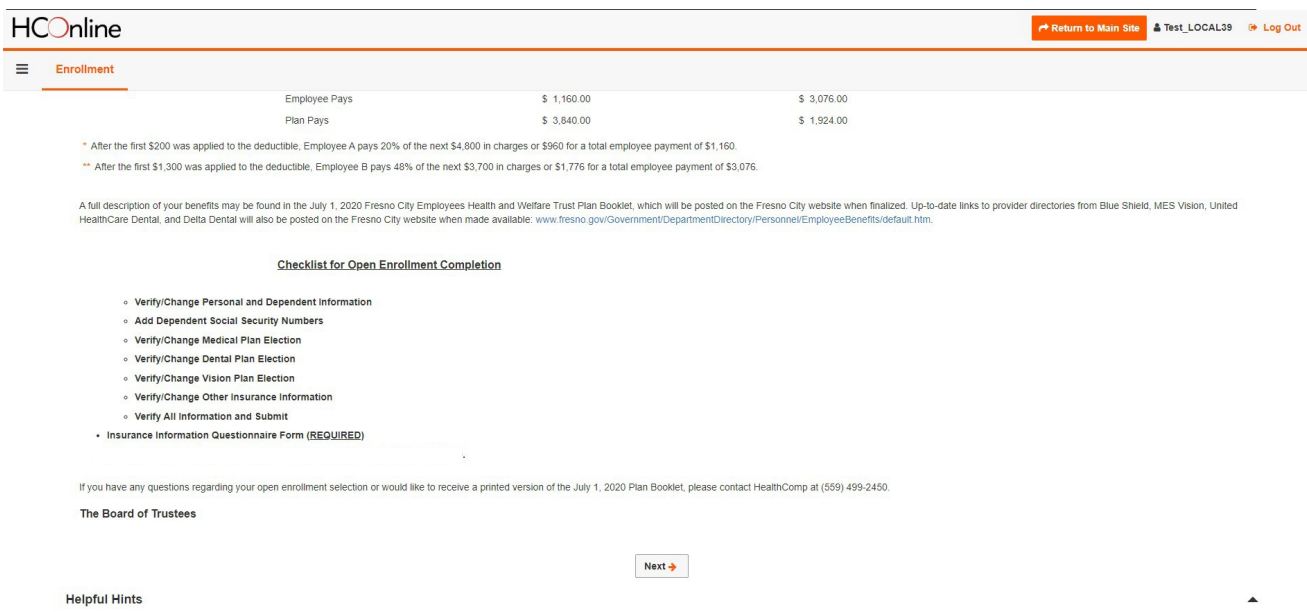
Open Enrollment
button



HCOOnline Home Page

Complete Open Enrollment

1. The **Enrollment** interface will display information on your benefits and a checklist of items that you will need to complete to enroll in a benefits plan. Once you have reviewed this information, click **Next** (at the bottom of the screen).



HCOOnline Return to Main Site Test_LOCAL39 Log Out

Enrollment

Employee Pays	\$ 1,160.00	\$ 3,076.00
Plan Pays	\$ 3,840.00	\$ 1,924.00

* 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.
 ** 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.

A full description of your benefits may be found in the July 1, 2020 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, MES Vision, 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
- Insurance Information Questionnaire Form (REQUIRED)

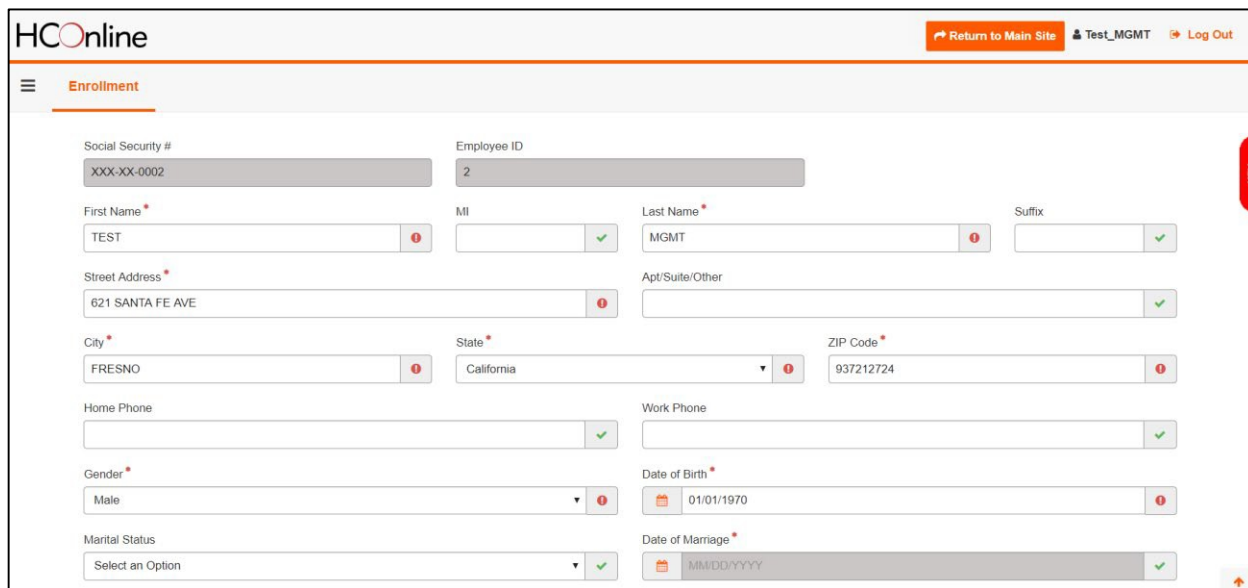
If you have any questions regarding your open enrollment selection or would like to receive a printed version of the July 1, 2020 Plan Booklet, please contact HealthComp at (559) 499-2450.

The Board of Trustees

Next →

Helpful Hints

2. On the **Employee Demographics** page, input your personal information. Click **Next** to save and continue to the next page. If you'd like to start over, click **Reset** to reset the fields.



HCOOnline Return to Main Site Test_MGMT Log Out

Enrollment

Social Security # Employee ID

First Name MI Last Name Suffix

Street Address Apt/Suite/Other

City State ZIP Code

Home Phone Work Phone

Gender Date of Birth

Marital Status Date of Marriage

Next →

Complete Open Enrollment (continued)

3. On the **Employee Benefits** page, you can elect medical, dental, vision and FSA coverage for you and your family. For each type of coverage, you are required to select both a plan and a coverage level. Click on the dropdown menus to view your options. You may also be required to specify whether your spouse or parent is an employee of the City of Fresno. If your spouse or parent is an employee of the City of Fresno, click the checkbox.

Benefit Status

A - Active

MEDICAL

Medical Plan *

Dual Fresno City Coverage Plan

Medical Coverage Level *

Family

☒ Is your Spouse/Parent also an employee of COF?

DENTAL

Dental Plan *

United HealthCare Dental HMO Plan

Dental Coverage Level *

Family

* When electing the UHC Dental HMO Plan you must pick a participating provider within their network. No benefits will be paid for services rendered by Non-Participating Providers.

VISION

Vision Plan *

Vision Plan

Vision Coverage Level *

Family

HCOnline

Return to Main Site

Test_LOCAL38

Log Out

Enrollment

HEALTH CARE FSA *

Do you want to transfer a portion of your paycheck to a Health Care FSA?

You can contribute up to \$2,500 per plan year for all eligible health expenses (medical, prescription drug, dental, vision) for yourself.

Enter the amount you wish to contribute for the current plan year. Your annual election will be divided by the number of remaining payroll periods in the plan year and deducted from your paycheck on a pre-tax basis.

☒ Yes
 ☐ No

Annual FSA Election *

\$ 2000.00

Deduction per pay period (24 left)

\$ 83.34

HEALTH CARE FSA OPTIONS

You have the option to elect Auto Import.

☒ Auto Import
 ☐ None

Auto Import means that all medical and vision claims processed by HealthComp with a patient responsibility will import into the fax system and will be automatically processed.

DEPENDENT CARE FSA

Do you want to transfer a portion of your paycheck to a Flexible Spending Account for dependent care expenses?

Eligible expenses under the FSA include after school care, childcare at a day camp/holiday enrichment center, vacation/summer camp, etc. Do NOT include health care expenses for your dependents.

Enter the amount you wish to contribute for the current plan year. Your annual election will be divided by the number of remaining payroll periods in the plan year and deducted from your paycheck on a pre-tax basis.

☒ Yes
 ☐ No

Annual DCFSA Election *

\$ 4000.00

Deduction per pay period (24 left)

\$ 166.67

DEPENDENT CARE FSA OPTIONS

You have the option to elect Auto Import.

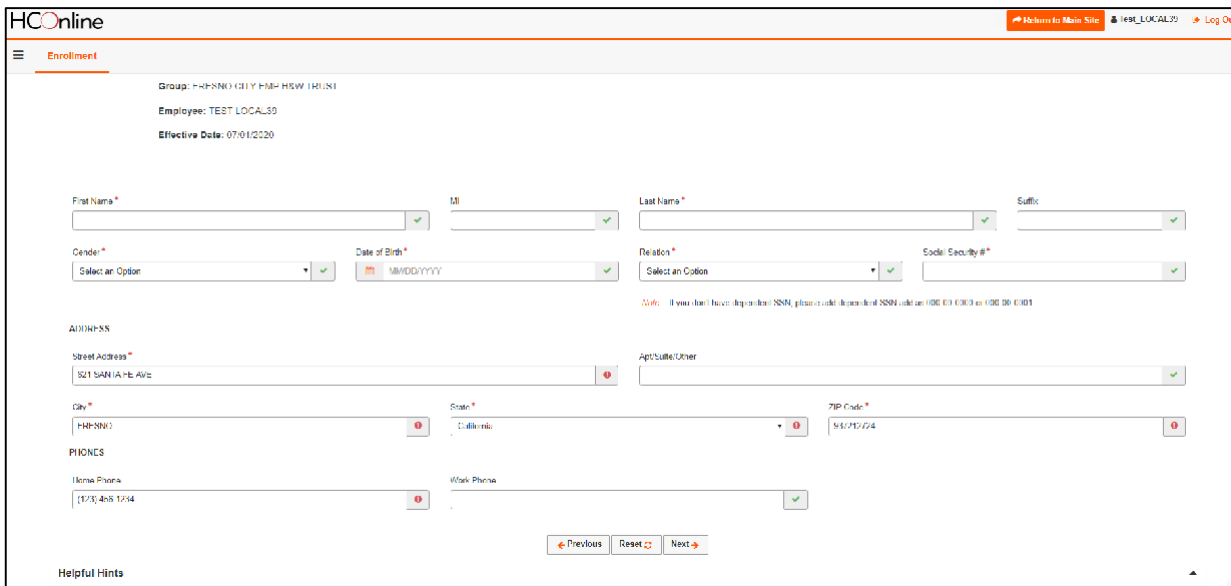
☒ Auto Import
 ☐ None

4. You are also required to complete an **Other Insurance (OI)** form as part of the enrollment process. Please see the Appendix on page 6 for information on how to fill out the Other Insurance form.

40

Complete Open Enrollment (continued)

3. You can add dependents to your health plan on the **Dependents** page.
 - a) If you do not need to add a dependent, click **Next**.
 - b) If you need to add a dependent, click **Add**. The page will automatically display additional fields for the dependent's information. Complete the fields and click **Next**. A pop-up window will prompt you to scan and email your supporting documentation (marriage / birth certificate) to cofoe @healthcomp.com. Click **Ok**. You can add another dependent by clicking **Add** and following the same process. Once you've finished adding your dependents, click **Next**.



The screenshot shows the 'Enrollment' page in the HCOOnline system. At the top, it identifies the user as 'Employee: TEST LOCAL39' with an 'Effective Date: 07/01/2020'. The form is for adding a dependent and includes the following fields:

- First Name ***, **MI**, **Last Name ***, and **Suffix** (all with green checkmarks).
- Gender *** (dropdown menu with 'Select an Option' and a green checkmark).
- Date of Birth *** (calendar icon and text 'MM/DD/YYYY' with a green checkmark).
- Relation *** (dropdown menu with 'Select an Option' and a green checkmark).
- Social Security # *** (text field with a green checkmark).

A red note below the Social Security field states: 'Note: If you don't have dependent's SSN, please add dependent's SSN value as 000 00 0000 or 000 00 0001'.

Below these fields is the **ADDRESS** section with:

- Street Address *** (text field with '521 SAN ANGE AVE' and a red error icon).
- City *** (text field with 'FRESNO' and a red error icon).
- State *** (dropdown menu with 'California' and a red error icon).
- ZIP Code *** (text field with '93712/24' and a red error icon).

The **PHONES** section includes:

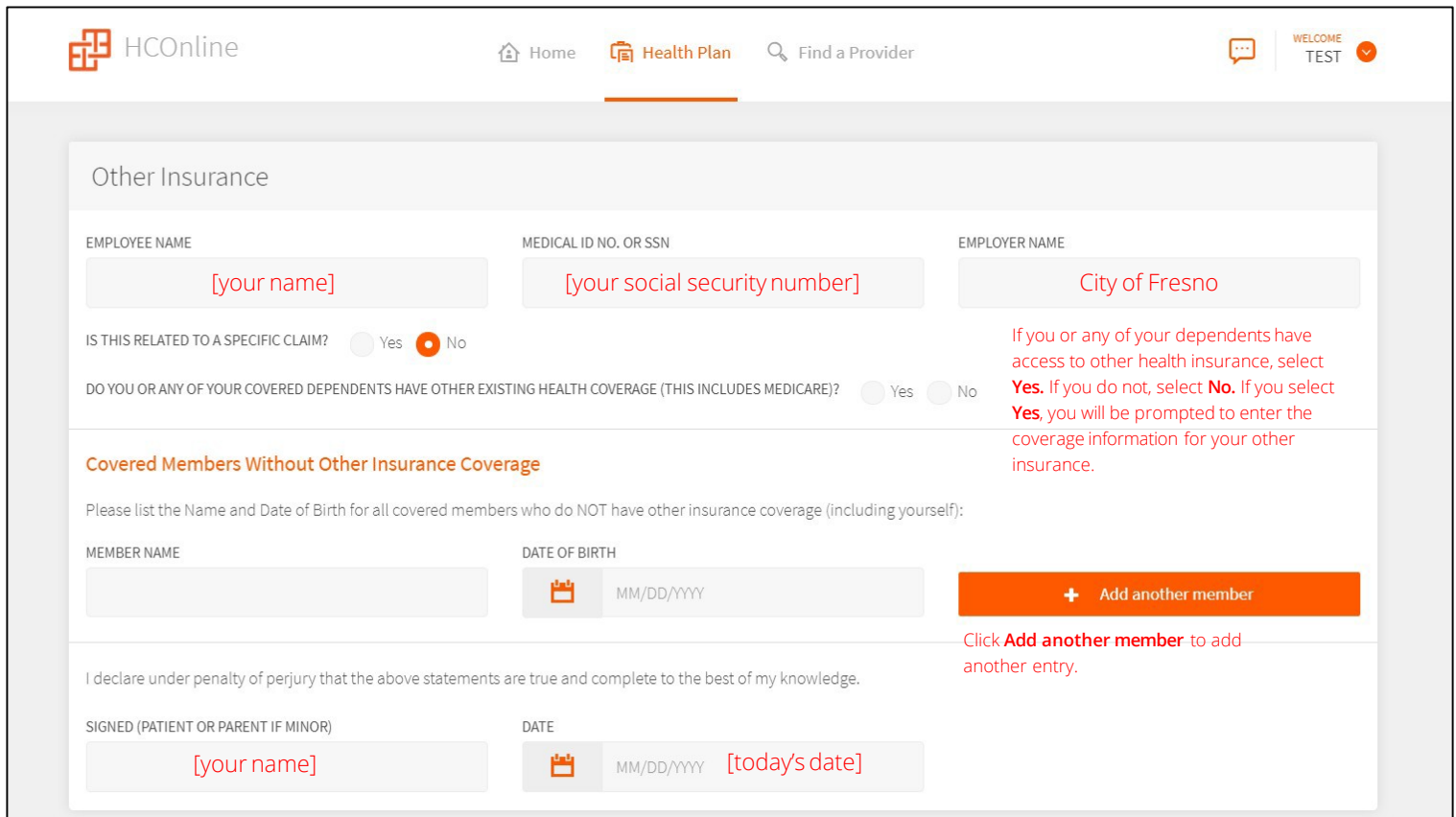
- Home Phone** (text field with '(773) 456 1234' and a red error icon).
- Work Phone** (text field with a green checkmark).

At the bottom of the form are buttons for **Previous**, **Reset**, and **Next**. A 'Helpful Hints' link is located at the bottom left.

4. Review the information in the Authorization Form and click **Next**.
5. This page displays a summary of the information that you've entered. Once you've reviewed and confirmed the information, click **Submit**. This completes the enrollment process.

Appendix – Completing the Other Insurance Form

Your health plan requires that you provide information of any additional health coverage that you have. If you do not have additional coverage, you are still required to indicate this by completing an **Other Insurance** form. To complete the form:



HCOOnline Home Health Plan Find a Provider WELCOME TEST

Other Insurance


EMPLOYEE NAME: [your name] MEDICAL ID NO. OR SSN: [your social security number] EMPLOYER NAME: City of Fresno

IS THIS RELATED TO A SPECIFIC CLAIM? ☐ Yes ☒ No

DO YOU OR ANY OF YOUR COVERED DEPENDENTS HAVE OTHER EXISTING HEALTH COVERAGE (THIS INCLUDES MEDICARE)? ☐ Yes ☐ No


Covered Members Without Other Insurance Coverage

Please list the Name and Date of Birth for all covered members who do NOT have other insurance coverage (including yourself):

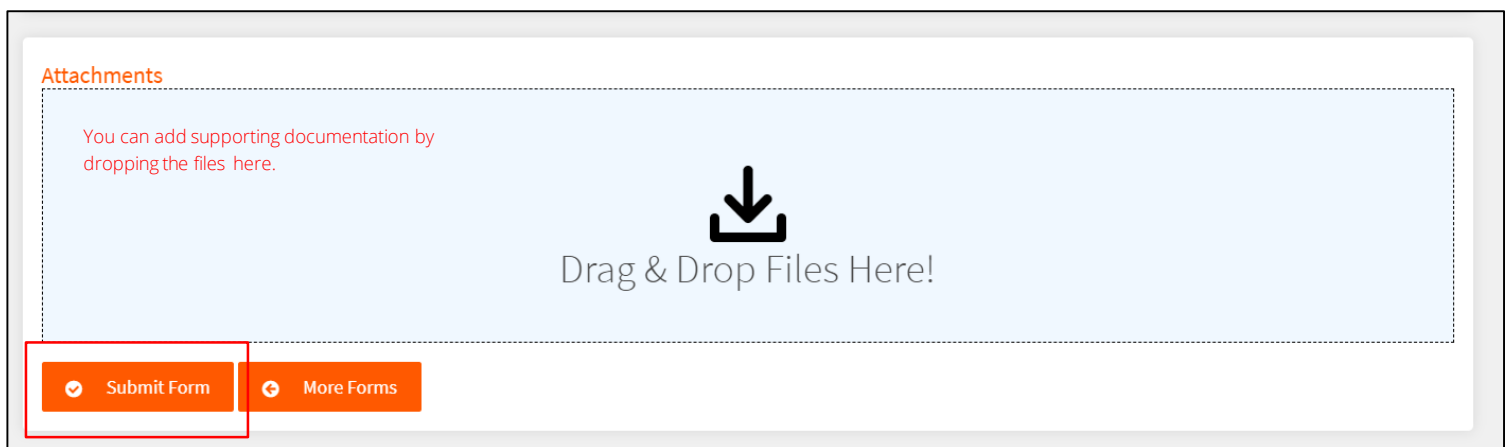
MEMBER NAME	DATE OF BIRTH
	 MM/DD/YYYY

[+ Add another member](#)

I declare under penalty of perjury that the above statements are true and complete to the best of my knowledge.


SIGNED (PATIENT OR PARENT IF MINOR): [your name] DATE:  MM/DD/YYYY [today's date]

Click **Add another member** to add another entry.



Attachments

You can add supporting documentation by dropping the files here.



Drag & Drop Files Here!

[Submit Form](#) [More Forms](#)

Click **Submit Form** when finished.

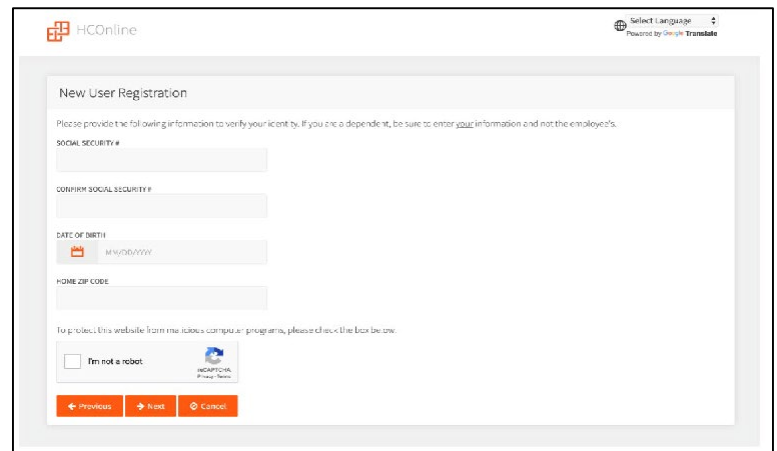
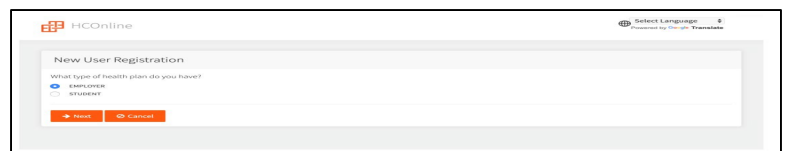
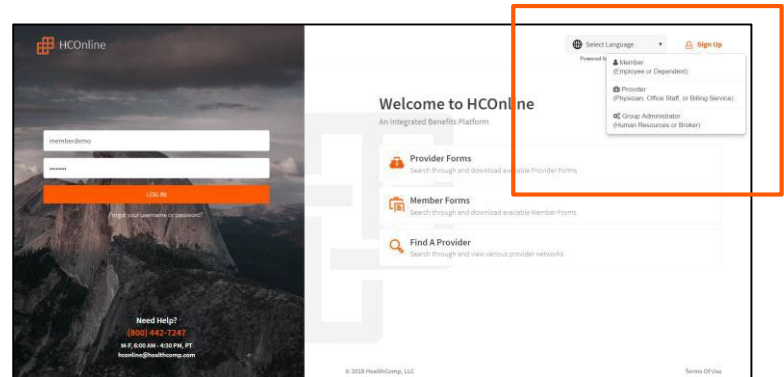
Medicare Supp Open Enrollment on HCOOnline

Open Enrollment is May 1, 2022 – May 31, 2022

You must complete your **annual open enrollment** for benefits **online**. To do this, you will need to create an **HCOonline** account. Please follow the instructions below to register for an account. If you already have an **HCOonline** account, please proceed to the next page.

Registering on HCOonline

1. In a web browser, navigate to **HCOonline** (hconline.healthcomp.com).
2. In the upper-right corner, click **Sign Up**. From the dropdown menu, click **Member**. This will open the **New User Registration** wizard. This step will give you the option to choose between an employer health plan or student health plan. Choose employer health plan to move onto to the next step.
3. In the **Verification** step of the **New User Registration** wizard, enter your Social Security Number (omitting dashes), Date of Birth (MM/DD/YYYY) and Home Zip Code (#####). Click the **'I'm not a robot'** checkbox. Click **Next**.
4. In the **User Account** step of the **New User Registration** wizard, enter your email account, username, password, security question, and security question answer. Click **Create New User**.
5. To complete registration, **HCOonline** will send a confirmation to your email address. Access your email and click the link within the email confirmation. This completes the registration process.

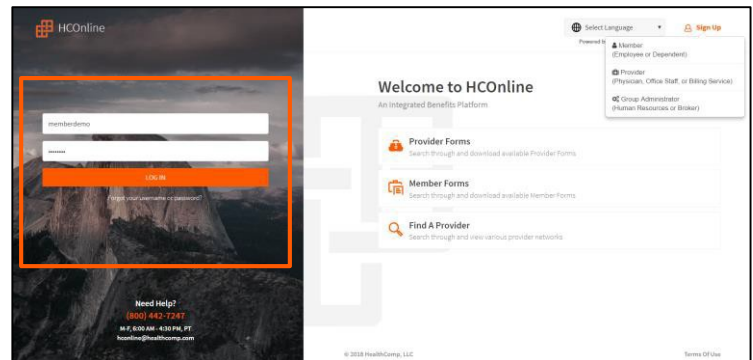


New User Registration Wizard

Questions? Our **Benefits Assistants** are ready to assist you.
Call **1-800-442-7247**.

Log in to HCOOnline

1. In a web browser, navigate to **HCOOnline** (hconline.healthcomp.com).
2. Enter your username and password and click **Log In**. This will bring you to the **Home Page**.
3. On the Home Page, click **Open Enrollment** (orange button). This will open the Open Enrollment interface.

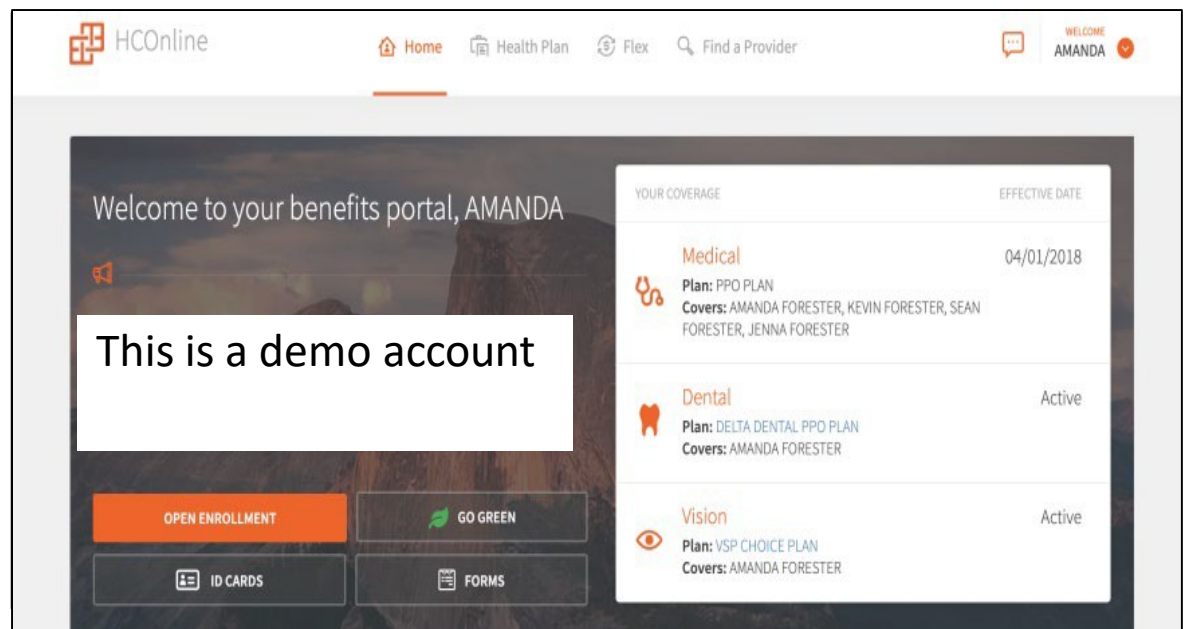


HCOOnline Login Page

Access Open Enrollment

1. On the Home Page, click **Open Enrollment** (orange button, see below). This will open the **Open Enrollment** interface.

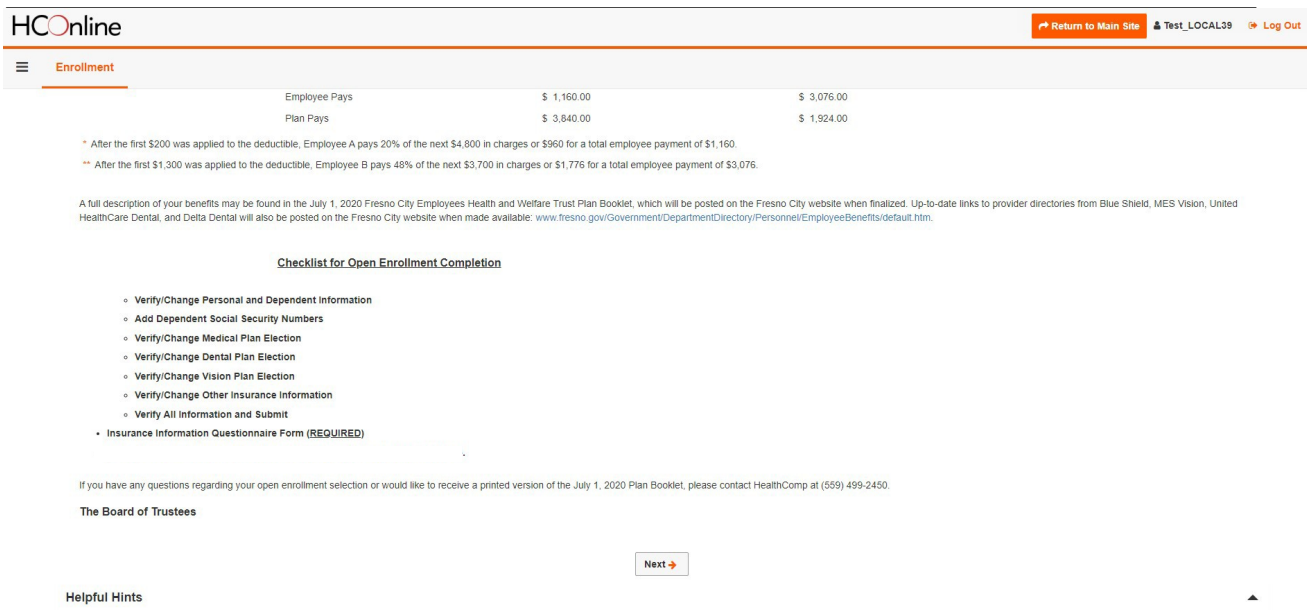
Open Enrollment
button



HCOOnline Home Page

Complete Open Enrollment

1. The **Enrollment** interface will display information on your benefits and a checklist of items that you will need to complete to enroll in a benefits plan. Once you have reviewed this information, click **Next** (at the bottom of the screen).



HCOOnline [Return to Main Site](#) [Test_LOCAL39](#) [Log Out](#)

Enrollment

Employee Pays	\$ 1,160.00	\$ 3,076.00
Plan Pays	\$ 3,840.00	\$ 1,924.00

* 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.
 ** 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.

A full description of your benefits may be found in the July 1, 2020 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, MES Vision, 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
- Insurance Information Questionnaire Form (REQUIRED)

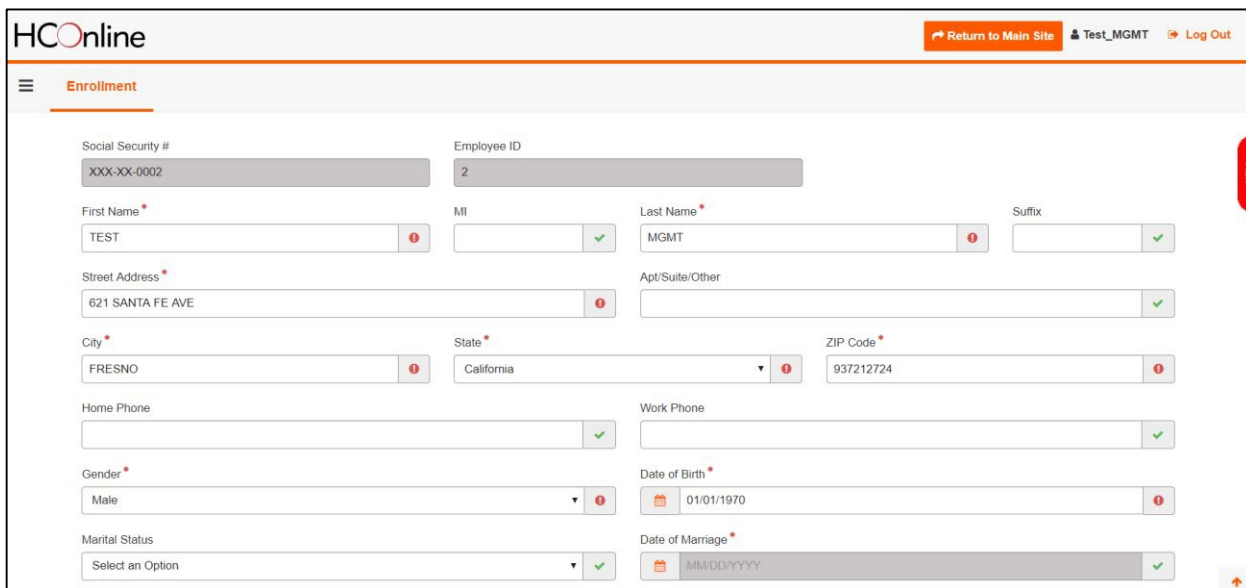
If you have any questions regarding your open enrollment selection or would like to receive a printed version of the July 1, 2020 Plan Booklet, please contact HealthComp at (559) 499-2450.

The Board of Trustees

[Next](#)

[Helpful Hints](#)

2. On the **Employee Demographics** page, input your personal information. Click **Next** to save and continue to the next page. If you'd like to start over, click **Reset** to reset the fields.



HCOOnline [Return to Main Site](#) [Test_MGMT](#) [Log Out](#)

Enrollment

Social Security # Employee ID

First Name MI Last Name Suffix

Street Address Apt/Suite/Other

City State ZIP Code

Home Phone Work Phone

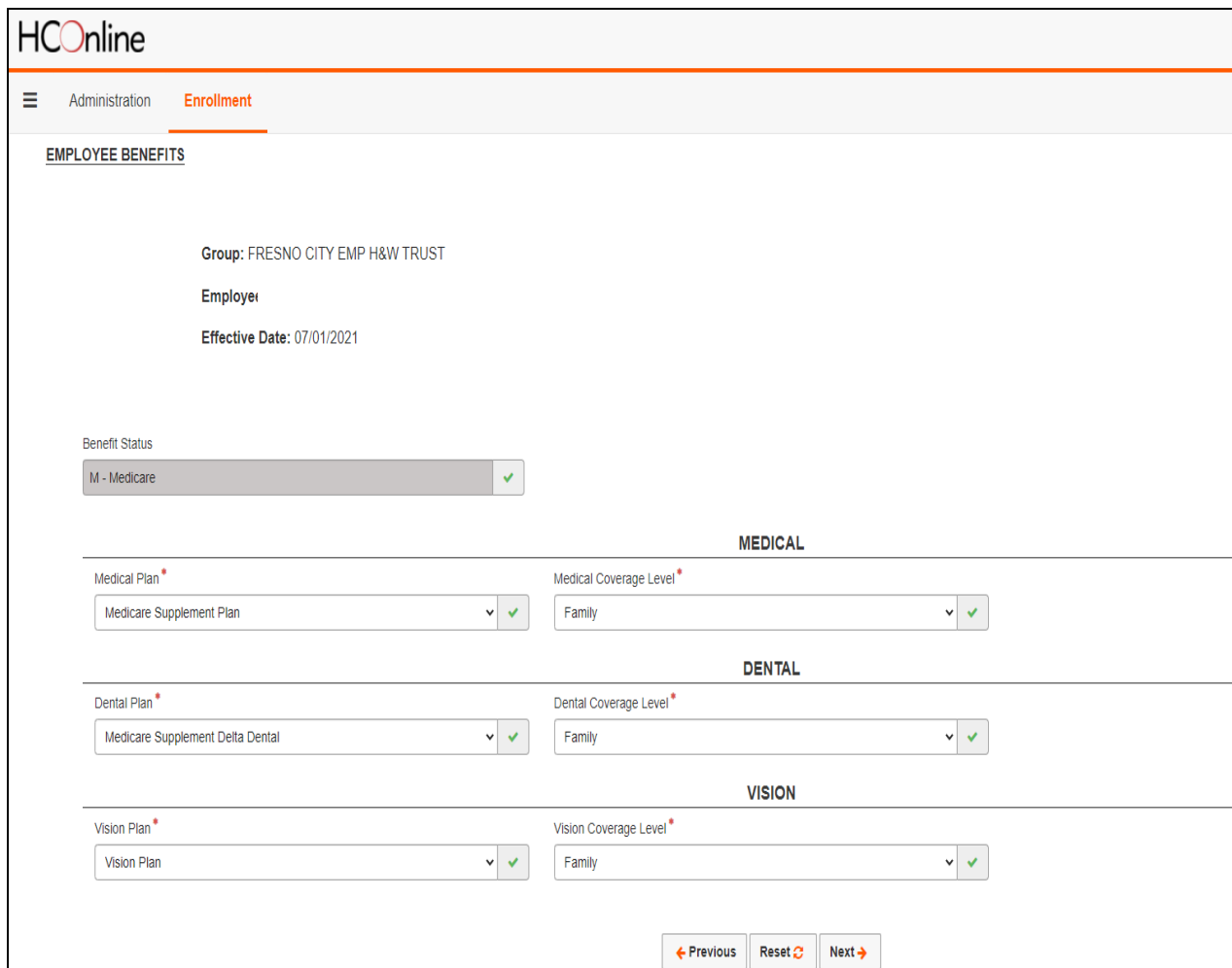
Gender Date of Birth

Marital Status Date of Marriage

[Next](#)

Complete Open Enrollment (continued)

3. On the **Employee Benefits** page, you can elect medical, dental, vision coverage for you and your family. For each type of coverage, you are required to select both a plan and a coverage level. Click on the dropdown menus to view your options. You may also be required to specify whether your spouse or parent is an employee of the City of Fresno. If your spouse or parent is an employee of the City of Fresno, click the checkbox.



The screenshot shows the HCOOnline interface for Employee Benefits enrollment. The page is titled "EMPLOYEE BENEFITS" and includes a navigation bar with "Administration" and "Enrollment" (the active tab). The main content area displays the following information:

- Group:** FRESNO CITY EMP H&W TRUST
- Employer:**
- Effective Date:** 07/01/2021

Below this information is a "Benefit Status" section with a dropdown menu showing "M - Medicare" and a green checkmark icon.

The enrollment section is divided into three categories: MEDICAL, DENTAL, and VISION. Each category has two dropdown menus: one for the plan and one for the coverage level. Each dropdown menu has a green checkmark icon next to the selected option.

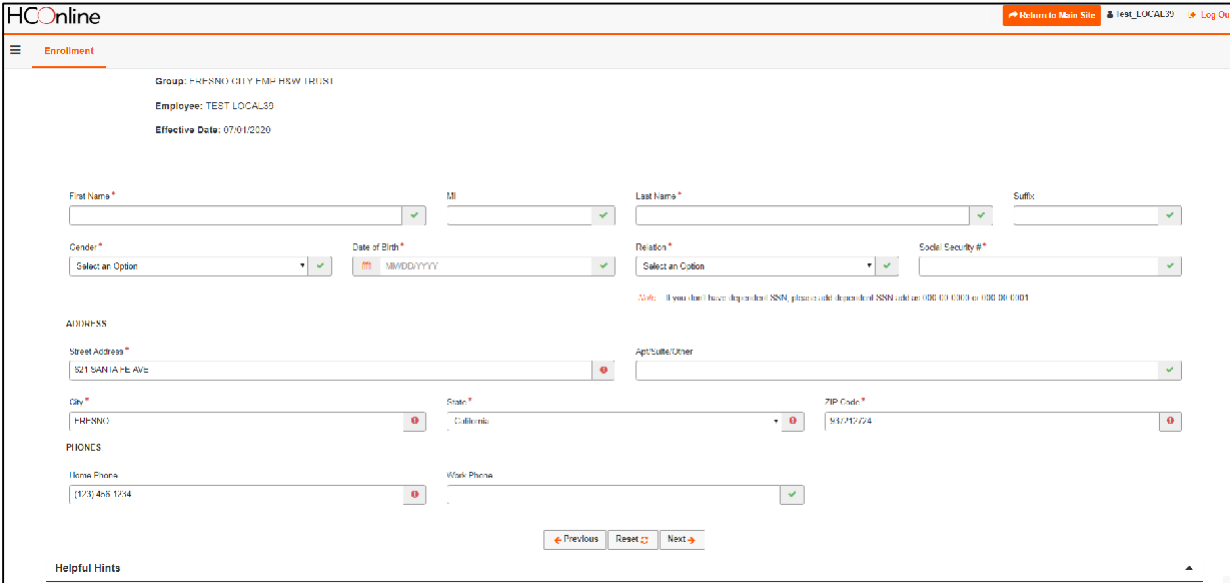
- MEDICAL:** Medical Plan (Medicare Supplement Plan), Medical Coverage Level (Family)
- DENTAL:** Dental Plan (Medicare Supplement Delta Dental), Dental Coverage Level (Family)
- VISION:** Vision Plan (Vision Plan), Vision Coverage Level (Family)

At the bottom of the page are three buttons: "Previous" (with a left arrow), "Reset" (with a circular arrow), and "Next" (with a right arrow).

4. You are also required to complete an **Other Insurance (OI)** form as part of the enrollment process. Please see the Appendix on page 6 for information on how to fill out the Other Insurance form.

Complete Open Enrollment (continued)

3. You can add dependents to your health plan on the **Dependents** page.
 - a) If you do not need to add a dependent, click **Next**.



HCOOnline Return to Main Site Test_LOCAL30 Log Out

Enrollment

Group: FRESNO CITY EMPLOYEE HEALTH AND WELFARE TRUST
Employee: TEST.LOCAL30
Effective Date: 07/01/2020

First Name* MI Last Name* Suffix

Gender* Date of Birth* Relation* Social Security #*

Note: If you don't have dependent SSN, please add dependent SSN add as 000 00 0000 or 000 00 0001

ADDRESS

Street Address* Apt/Suite/Other

City* State* ZIP Code*

PHONES

Home Phone Work Phone

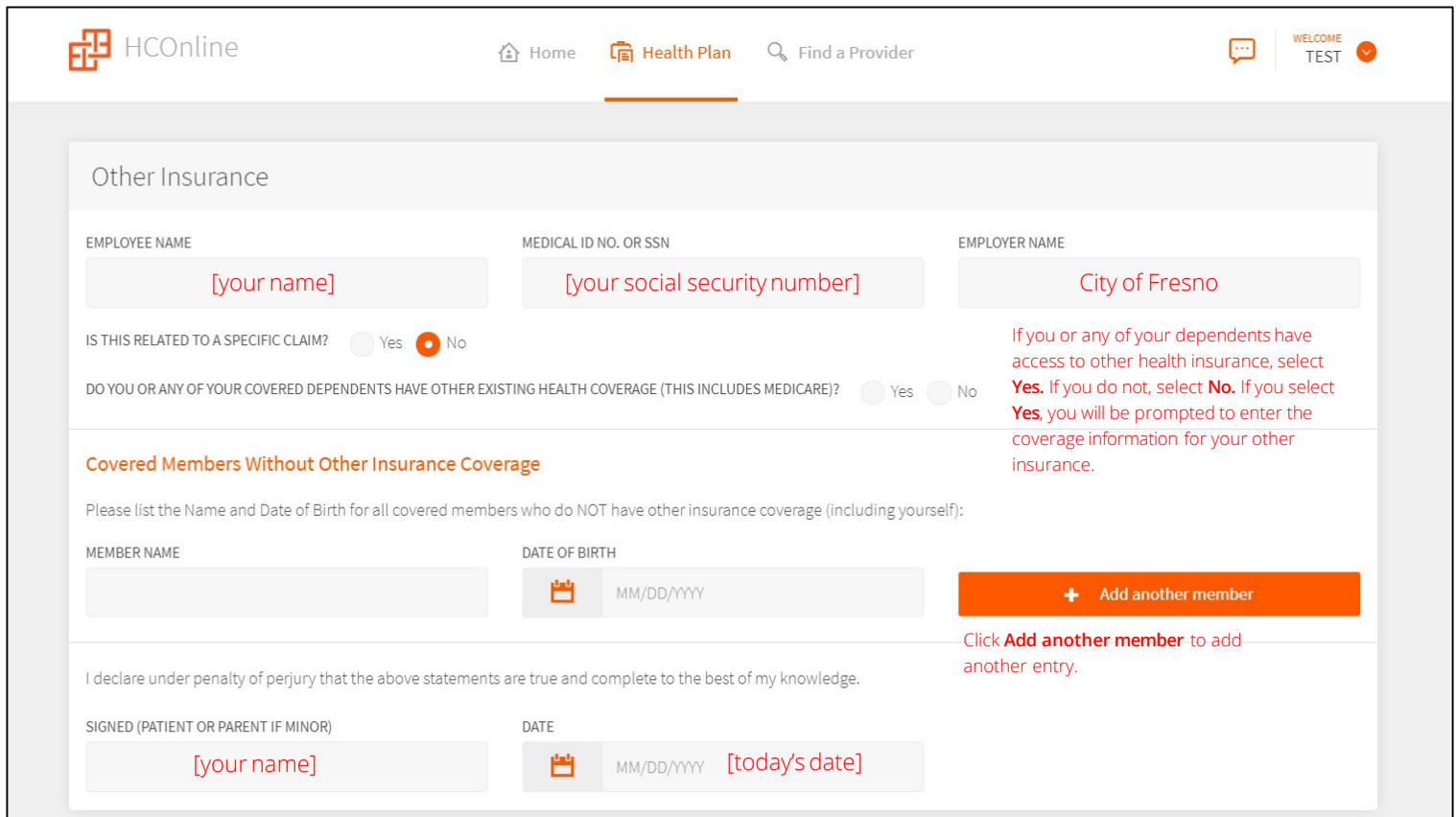
[Helpful Hints](#)

[Previous](#) [Reset](#) [Next](#)

4. Review the information in the Authorization Form and click **Next**.
5. This page displays a summary of the information that you've entered. Once you've reviewed and confirmed the information, click **Submit**. This completes the enrollment process.

Appendix – Completing the Other Insurance Form

Your health plan requires that you provide information of any additional health coverage that you have. If you do not have additional coverage, you are still required to indicate this by completing an **Other Insurance** form. To complete the form:



HCOOnline Home Health Plan Find a Provider WELCOME TEST

Other Insurance


EMPLOYEE NAME: [your name] MEDICAL ID NO. OR SSN: [your social security number] EMPLOYER NAME: City of Fresno

IS THIS RELATED TO A SPECIFIC CLAIM? ☐ Yes ☒ No

DO YOU OR ANY OF YOUR COVERED DEPENDENTS HAVE OTHER EXISTING HEALTH COVERAGE (THIS INCLUDES MEDICARE)? ☐ Yes ☐ No


Covered Members Without Other Insurance Coverage

Please list the Name and Date of Birth for all covered members who do NOT have other insurance coverage (including yourself):

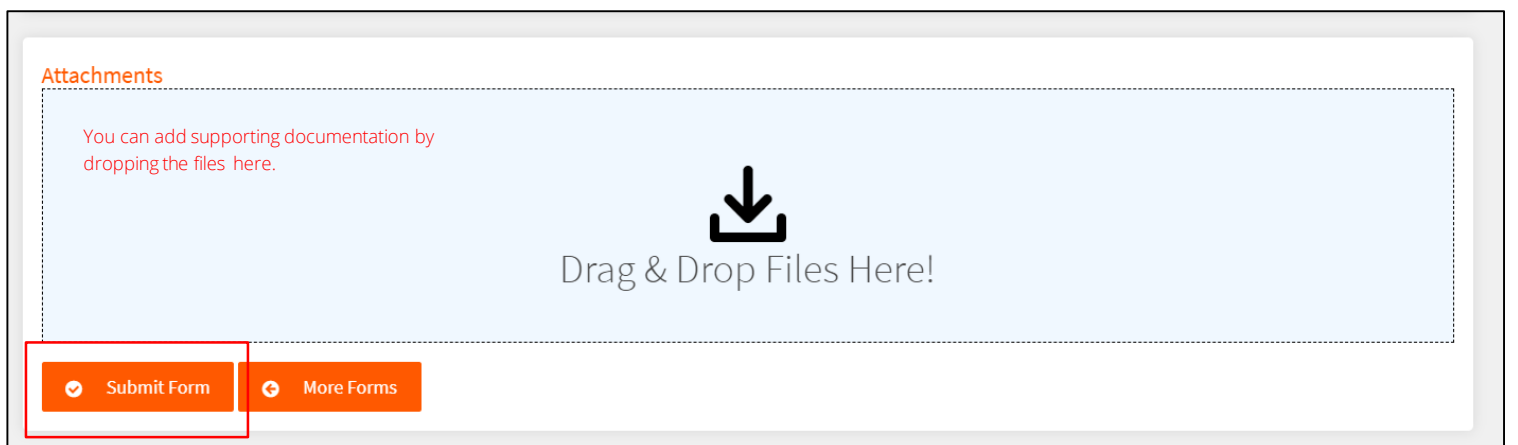
MEMBER NAME	DATE OF BIRTH
	 MM/DD/YYYY

[+ Add another member](#)

I declare under penalty of perjury that the above statements are true and complete to the best of my knowledge.


SIGNED (PATIENT OR PARENT IF MINOR): [your name] DATE:  MM/DD/YYYY [today's date]

Click **Add another member** to add another entry.



Attachments

You can add supporting documentation by dropping the files here.



Drag & Drop Files Here!

[Submit Form](#) [More Forms](#)

Click **Submit Form** when finished. Please continue until you see the summary page. Please click submit on the summary page to finalize your enrollment.

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



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

OTHER INSURANCE INFORMATION QUESTIONNAIRE

In order to fully document our system regarding other health insurance, it is required that you complete the following:

Employee Name _____ Member ID # _____

Do you or any of your covered dependents have other existing health coverage?

☐ **NO** – Please sign and date at the bottom and return this form to HealthComp.

☐ **YES** - Please provide relevant information for each additional Carrier/Plan providing other health insurance coverage for your family below.

Is your spouse also an employee of the City of Fresno? ☐ Yes ☐ No **If yes, Name & ID#** _____

#1: Carrier/Plan Name: _____ **Policyholder Name:** _____ **DOB:** _____

Plan Type (check one): ☐ Employer ☐ Medicare Part: A B C D ☐ Medicaid ☐ Individual ☐ Retiree ☐ Other _____
(circle all that apply)

Coverage type: ☐ Medical ☐ Dental ☐ Vision ☐ Rx **Effective Date:** _____ **Termination Date:** _____
(check all that apply) (if applicable)

#2: Carrier/Plan Name: _____ **Policyholder Name:** _____ **DOB:** _____

Plan Type (check one): ☐ Employer ☐ Medicare Part: A B C D ☐ Medicaid ☐ Individual ☐ Retiree ☐ Other _____
(circle all that apply)

Coverage type: ☐ Medical ☐ Dental ☐ Vision ☐ Rx **Effective Date:** _____ **Termination Date:** _____
(check all that apply) (if applicable)

USING THE ABOVE CARRIER NUMBERS, PLEASE FILL OUT THE FOLLOWING INFORMATION FOR EACH COVERED DEPENDENT

<u>Carrier #</u> (see above)	<u>Covered dependent</u>	<u>Relationship to policyholder</u>	<u>Is coverage court-ordered?</u> (if yes, attach relevant pages)	<u>Person with whom child primarily resides & their relationship to child</u> (If applicable)
_____	_____	_____	Yes _____ No _____	_____
_____	_____	_____	Yes _____ No _____	_____
_____	_____	_____	Yes _____ No _____	_____
_____	_____	_____	Yes _____ No _____	_____
_____	_____	_____	Yes _____ No _____	_____

Please list the Name and Date of Birth for all covered dependents who **do not** have other health insurance coverage:

<u>Dependent name:</u>	<u>DOB:</u>	<u>Dependent name:</u>	<u>DOB:</u>
_____	_____	_____	_____
_____	_____	_____	_____

DECLARATION UNDER PENALTY OF PERJURY, I DECLARE THAT THE INFORMATION PRESENTED ON THIS FORM AND IN THE ACCOMPANYING DOCUMENTATION ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

Signature of Employee: _____ Date: _____



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE:** Information about the cost of this [plan](#) (called the [premium](#)) 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 www.healthcomp.com. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined 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 deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Preventive care services are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services 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 out-of-pocket limit for this plan ?	For network providers \$3,200 individual / \$6,400 family; for prescriptions \$3,400 individual / \$6,800 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit 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 network provider ?	Yes. Refer to the Plan Document for information on how to locate a Network provider.	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.

Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without 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 You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% coinsurance	50% coinsurance	None
	Specialist visit	20% coinsurance	50% coinsurance	None
	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 performed at a hospital-based lab.
	Imaging (CT/PET scans, MRIs)	20% coinsurance	50% 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)	10% 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)	20% coinsurance /prescription (retail) \$20 copay /prescription (mail order)	Not covered	
	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	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$250/ copay /surgery & 20% coinsurance	\$250/ copay /surgery & 50% coinsurance	Copay does not apply to free-standing ambulatory surgery center. Precertification is required. If you don't get precertification, benefits could be reduced.
	Physician/surgeon fees	20% coinsurance	50% coinsurance	

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.healthcomp.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
If you need immediate medical attention	Emergency room care	\$200/ copay visit & 20% coinsurance	\$200/ copay visit & 20% coinsurance	None
	Emergency medical transportation	20% coinsurance	20% coinsurance	
	Urgent care	20% coinsurance	50% coinsurance	
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
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, benefits could be reduced by 50% of the total cost of the service.
	Inpatient services	\$250/ copay /admission & 20% coinsurance	\$250/ copay /admission & 50% coinsurance	
If you are pregnant	Office visits	20% coinsurance	50% 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	20% coinsurance	50% coinsurance	
	Childbirth/delivery facility services	\$250/ copay /admission & 20% coinsurance	\$250/ copay /admission & 50% coinsurance	
If you need help recovering or have other special health needs	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 occupational therapy. Habilitation services must be authorized by Physmetrics.
	Habilitation services	20% coinsurance	50% coinsurance	
	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.

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.healthcomp.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
	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.
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 .)			
<ul style="list-style-type: none"> • Cosmetic Surgery • Infertility Treatment (except services to diagnose infertility) • Long Term Care 	<ul style="list-style-type: none"> • Non-emergency care when traveling outside the U.S. • Private Duty Nursing • Routine Foot Care 	<ul style="list-style-type: none"> • Weight Loss Programs 	
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)			
<ul style="list-style-type: none"> • Acupuncture (if medically necessary) • Bariatric Surgery 	<ul style="list-style-type: none"> • Chiropractic Care • Dental care (Adult) 	<ul style="list-style-type: none"> • Hearing Aids • Routine eye care (Adult) 	

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 [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). 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.

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.healthcomp.com.

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, kwijigo 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.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). 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 plan's overall deductible	\$200
■ Specialist copayment	\$0
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	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	\$12,700
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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

Managing Joe's type 2 Diabetes

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

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

This EXAMPLE event includes services like:

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

Total Example Cost	\$5,600
---------------------------	----------------

In this example, Joe would pay:

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 plan's overall deductible	\$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:

Cost Sharing	
Deductibles	\$200
Copayments	\$200
Coinsurance	\$500
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$900



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE:** Information about the cost of this [plan](#) (called the [premium](#)) 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 www.healthcomp.com. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined 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 – <i>examples not provided</i>)	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible?	Yes. Preventive care services are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services 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 out-of-pocket limit for this plan?	For network providers \$4,600 individual / \$9,200 family; for prescriptions \$2,000 individual / \$4,000 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit 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 network provider?	Yes. Refer to the Plan Document for information on how to locate a Network provider.	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.

Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without 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 You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	40% coinsurance	62% coinsurance	None
	Specialist visit	40% coinsurance	62% coinsurance	None
	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 copayment for services performed at a hospital-based lab.
	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 copay /prescription (retail or mail order)	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$250/ copay /surgery & 40% coinsurance	\$250/ copay /surgery & 62% coinsurance	Copay does not apply to free-standing ambulatory surgery center. Precertification is required. If you don't get precertification, benefits could be reduced.
	Physician/surgeon fees	40% coinsurance	62% coinsurance	None

* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.healthcomp.com](#).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
If you need immediate medical attention	Emergency room care	\$200/ copay visit & 40% coinsurance	\$200/ copay visit & 40% coinsurance	None
	Emergency medical transportation	40% coinsurance	40% coinsurance	
	Urgent care	40% coinsurance	62% coinsurance	
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
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	
	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.

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.healthcomp.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
	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
- Hearing Aids
- Bariatric Surgery
- Dental care (Adult)
- Routine eye care (Adult)

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 [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). 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](#).

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⁶⁹
Language Access Services:

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

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

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About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). 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 plan's overall deductible	\$1300
■ Specialist copayment	\$0
■ Hospital (facility) coinsurance	40%
■ Other coinsurance	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	\$12,700
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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

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 coinsurance	40%

This EXAMPLE event includes services like:

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

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$1,300
Copayments	\$30
Coinsurance	\$900
What isn't covered	
Limits or exclusions	\$20
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 [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) 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, www.healthcomp.com. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined 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 – <i>examples not provided</i>)	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible?	Yes. Preventive care services are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services 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 out-of-pocket limit for this plan?	For network providers \$4,600 individual / \$9,200 family; for prescriptions \$2,000 individual / \$4,000 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit 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 network provider?	Yes. Refer to the Plan Document for information on how to locate a Network provider.	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.

Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without 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 You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	48% coinsurance	67% coinsurance	None
	Specialist visit	48% coinsurance	67% coinsurance	None
	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.
If you have a test	Diagnostic test (x-ray, blood work)	48% coinsurance	67% coinsurance	Additional \$25 copayment for services performed at a hospital-based lab.
	Imaging (CT/PET scans, MRIs)	48% coinsurance	67% 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)	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 prescription).
	Preferred brand drugs (Tier 2)	48% coinsurance /prescription (retail) \$20 copay /prescription (mail order)	Not covered	
	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	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$250/ copay /surgery & 48% coinsurance	\$250/ copay /surgery & 67% coinsurance	Copay does not apply to free-standing ambulatory surgery center. Precertification is required. If you don't get precertification, benefits could be reduced.
	Physician/surgeon fees	48% coinsurance	67% coinsurance	None

* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.healthcomp.com](#).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
If you need immediate medical attention	Emergency room care	\$200/ copay visit & 48% coinsurance	\$200/ copay visit & 48% coinsurance	None
	Emergency medical transportation	48% coinsurance	48% coinsurance	
	Urgent care	48% coinsurance	67% coinsurance	
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% coinsurance	67% coinsurance	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	48% coinsurance	67% 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 & 48% coinsurance	\$250/ copay /admission & 67% coinsurance	
If you are pregnant	Office visits	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 elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	48% coinsurance	67% coinsurance	
	Childbirth/delivery facility services	\$250/ copay /admission & 48% coinsurance	\$250/ copay /admission & 67% coinsurance	
If you need help recovering or have other special health needs	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.
	Rehabilitation services	48% coinsurance	67% coinsurance	Includes physical therapy, speech therapy, and occupational therapy. Habilitation services must be authorized by Physmetrics.
	Habilitation services	48% coinsurance	67% coinsurance	
	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.

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.healthcomp.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
	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.
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
- Hearing Aids
- Bariatric Surgery
- Dental care (Adult)
- Routine eye care (Adult)

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 [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). 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](#).

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⁷⁵
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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, kwijigo holne' 1-800-442-7247.

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

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About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). 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 plan's overall deductible	\$1300
■ Specialist copayment	\$0
■ Hospital (facility) coinsurance	48%
■ Other coinsurance	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	\$12,700
---------------------------	-----------------

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

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 coinsurance	48%

This EXAMPLE event includes services like:

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

Total Example Cost	\$5,600
---------------------------	----------------

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:

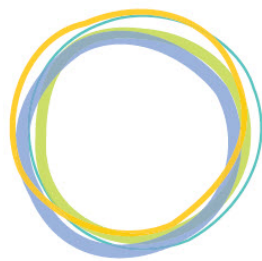
Cost Sharing	
Deductibles	\$1,300
Copayments	\$200
Coinsurance	\$800
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$2,300

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

Fresno City Employees' Health & Welfare Trust

Reporting Period: 01/01/2022 - 02/28/2022

Presented by:



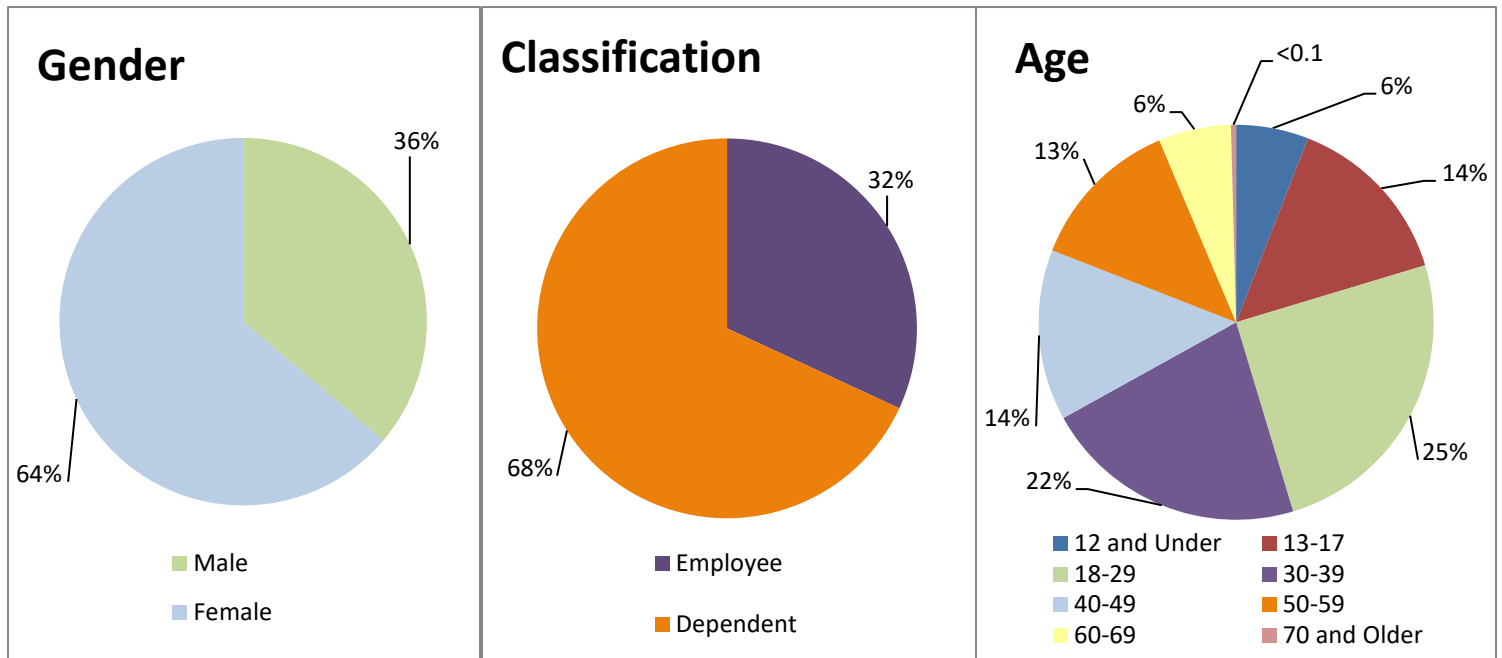
Halcyon
Behavioral



Overall Mental Health & Substance Abuse Benefit Utilization

	January 2022	February 2022	July 2021 – February 2022
Covered Employees	3,760	3,732	
Covered Dependents	6,635	6,568	
Total Covered Members	10,395	10,300	10,348 (Avg)
Unique Employees Accessing Benefit	82	67	188
Unique Dependents Accessing Benefit	167	152	398
Total Unique Members Accessing Benefits	249	219	586
Access Rate	2.4%	2.1%	5.7%
Unique Dates of Service	697	612	5,372
Total Plan Pricing	\$78,851.15	\$127,769.95	\$884,038.65

Member Demographics

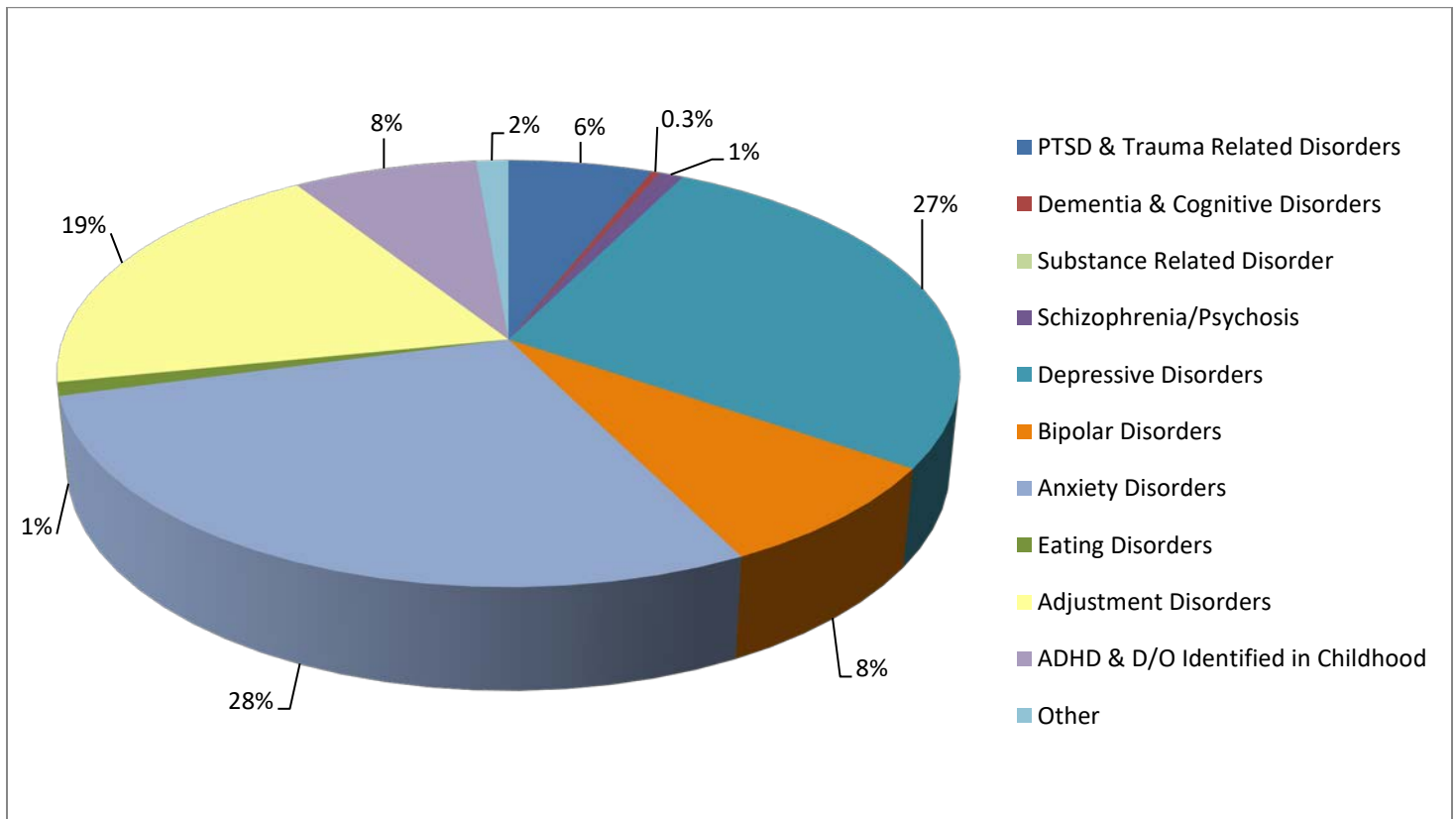




Routine Outpatient Treatment Services

	January 2022	February 2022
Psychotherapy		
Total Cases	183	125
Medication Evaluation and Management		
Total Cases	75	59
Crisis Services		
Total Cases	1	0

Conditions Diagnosed for Members Receiving Outpatient Treatment

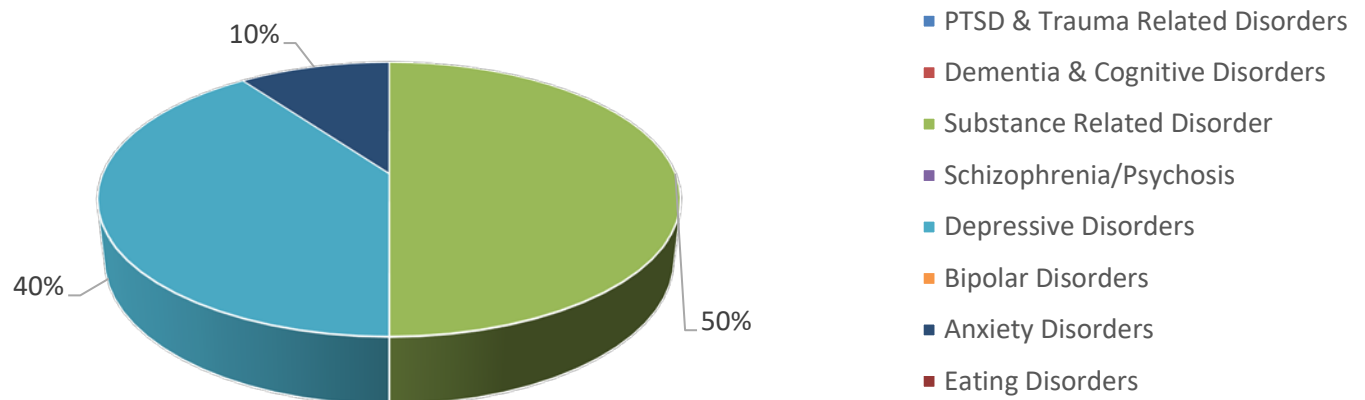




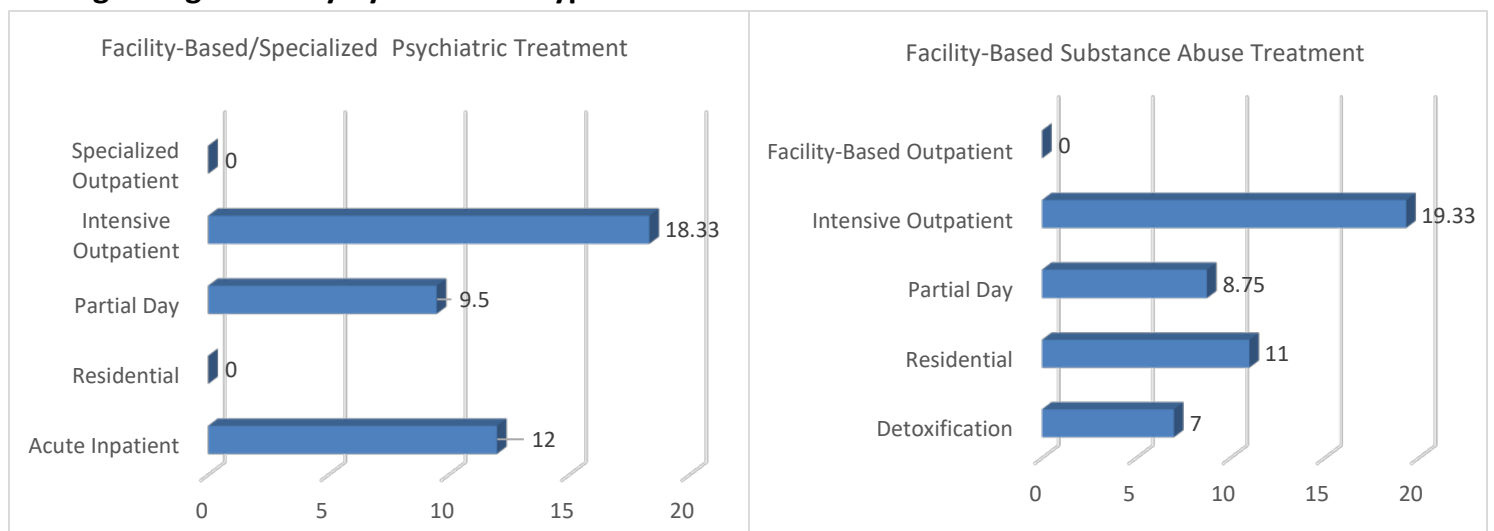
Intensive Facility-Based Benefit Utilization

All Facility-Based/Intensive Psychiatric Treatment	
	Specific case information removed to preserve member confidentiality
	Throughout the reporting period there were five (5) cases included in this category
All Facility Based Substance Abuse Treatment	
	Specific case information removed to preserve member confidentiality
	Throughout the reporting period there were five (5) cases included in this category

Primary Condition Diagnosed for Members Receiving Facility-Based Treatment



Average Length of Stay by Level and Type of Care

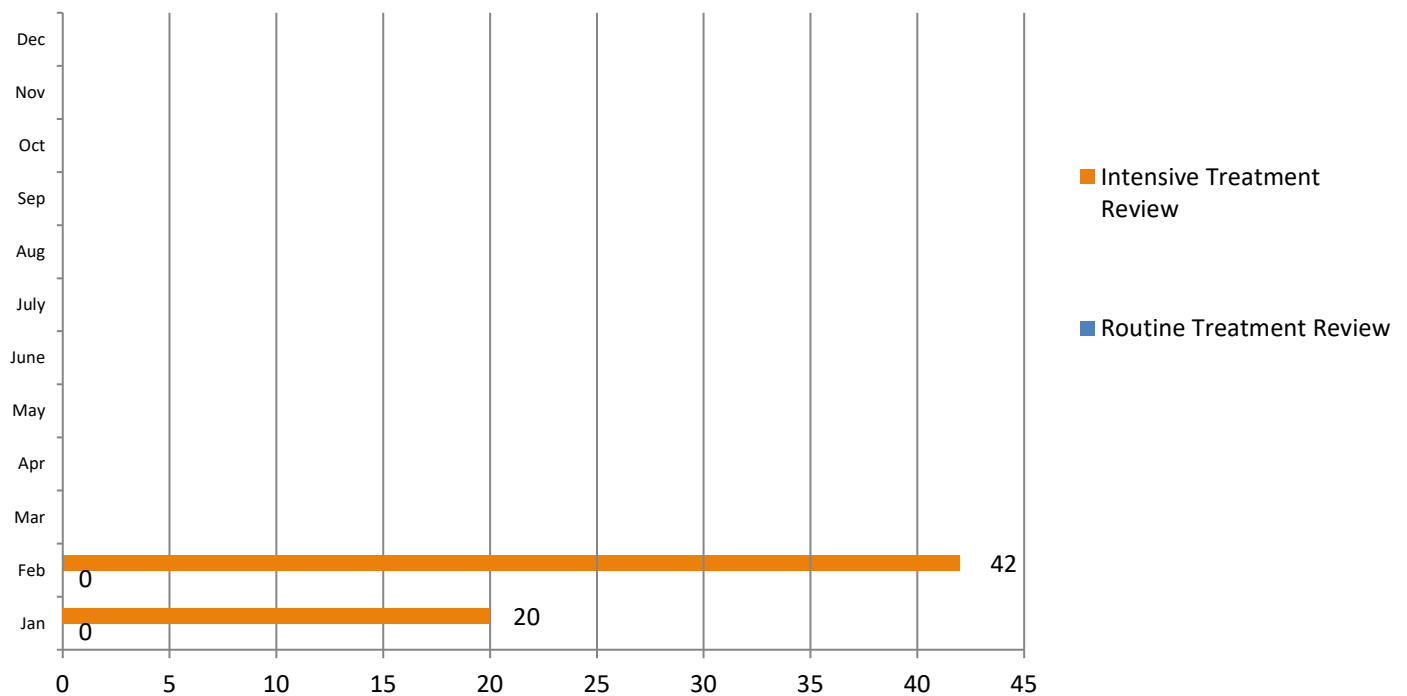




Care Management

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

Clinical Treatment Review





Claims Experience

Top 10 Facility/Program Provider Activity by Total Pricing for Period: January 2022 – February 2022	Patients	% Total Pricing
New Perception North	2	12.5%
Opus Health	1	8.6%
Sierra Meadows Behavioral Health - RTC	1	7.0%
Bakersfield Behavioral Healthcare Hospital	1	4.2%
Sierra Meadows Behavioral Health	2	4.1%
New Leaf Detox and Treatment	1	3.9%
First Steps Recovery	1	2.2%
San Jose Behavioral Health	1	1.7%
Ascend Behavioral Health	3	1.0%
Exodus Recovery	2	0.9%

Top 10 Outpatient Provider Activity by Total Pricing for Period: January 2022 – February 2022	Patients	% Total Pricing
Trina Maria Rodriguez-Jensen, LMFT	13	2.6%
Michelle LeValley, PhD	3	1.8%
Dwight Sievert, MD	17	1.6%
Thomas Granata, PhD	4	1.5%
Blanca Godinez, LCSW	4	1.4%
Talacey Cox, LMFT	5	1.1%
Darryl Prince, LMFT	5	1.1%
Tamara Fisher, LMFT	4	1.0%
Gina Keller, LMFT	3	1.0%
Nirmal Brar, MD	16	1.0%

Executive Summary by Time Period
Date Filled From February 2021 Through January 2022

City of Fresno Commercial Plan

Measures	February 2021	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	January 2022	Rolling Total
Membership													
Avg Eligible Members	9,992	10,007	10,048	10,069	10,089	10,108	10,086	10,160	10,196	10,189	10,224	10,197	10,114
Total Utilizing Members	2,486	2,884	3,005	2,773	2,740	2,788	2,975	2,895	2,850	2,929	2,982	2,893	2,850
% Utilizing Members	24.9%	28.8%	29.9%	27.5%	27.2%	27.6%	29.5%	28.5%	28.0%	28.7%	29.2%	28.4%	28.2%
Avg Member Age	32.23	32.22	32.24	32.22	32.17	32.16	32.10	32.08	32.09	32.07	32.13	32.15	32.16
Rx and Cost													
Total Rxs	5,865	7,091	7,086	6,449	6,567	6,616	7,220	6,804	6,798	6,942	7,164	7,021	81,623
Total Drug Cost	\$1,021,970.70	\$1,145,906.78	\$1,226,032.88	\$1,014,535.47	\$1,240,855.74	\$1,209,910.99	\$1,207,526.75	\$1,135,441.41	\$1,330,387.93	\$1,267,976.40	\$1,290,533.89	\$1,375,096.85	\$14,466,175.79
Total Plan Paid	\$934,963.67	\$1,047,036.90	\$1,129,313.17	\$927,178.39	\$1,147,278.16	\$1,098,141.86	\$1,103,161.50	\$1,039,903.68	\$1,234,377.78	\$1,172,382.07	\$1,192,660.26	\$1,264,686.06	\$13,291,083.50
Total Member Paid	\$87,007.03	\$98,869.88	\$96,719.71	\$87,357.08	\$93,577.58	\$111,769.13	\$104,365.25	\$95,537.73	\$96,010.15	\$95,594.33	\$97,873.63	\$110,410.79	\$1,175,092.29
Total Ingredient Cost	\$1,014,313.74	\$1,129,078.24	\$1,202,471.29	\$989,375.10	\$1,223,930.57	\$1,191,347.32	\$1,177,050.70	\$1,107,201.28	\$1,304,030.19	\$1,235,230.08	\$1,261,365.20	\$1,353,628.69	\$14,189,022.40
Total Dispensing Fee	\$6,471.52	\$7,279.77	\$5,221.17	\$6,970.47	\$7,053.62	\$8,058.35	\$10,419.85	\$14,157.22	\$16,584.50	\$14,697.99	\$10,275.19	\$9,137.39	\$116,327.04
Total Sales Tax	\$9.68	\$4.19	\$60.03	\$109.90	\$111.55	\$145.32	\$56.20	\$2.91	\$13.24	\$8.33	\$13.50	\$10.77	\$545.62
Total Incentive Fee	\$1,175.76	\$9,544.58	\$18,280.39	\$18,080.00	\$9,760.00	\$10,360.00	\$20,000.00	\$14,080.00	\$9,760.00	\$18,040.00	\$18,880.00	\$12,320.00	\$160,280.73
% Plan Paid	91.5%	91.4%	92.1%	91.4%	92.5%	90.8%	91.4%	91.6%	92.8%	92.5%	92.4%	92.0%	91.9%
% Member Paid	8.5%	8.6%	7.9%	8.6%	7.5%	9.2%	8.6%	8.4%	7.2%	7.5%	7.6%	8.0%	8.1%
Avg Drug Cost / Rx	\$174.25	\$161.60	\$173.02	\$157.32	\$188.95	\$182.88	\$167.25	\$166.88	\$195.70	\$182.65	\$180.14	\$195.85	\$177.23
Avg Plan Paid / Rx	\$159.41	\$147.66	\$159.37	\$143.77	\$174.70	\$165.98	\$152.79	\$152.84	\$181.58	\$168.88	\$166.48	\$180.13	\$162.84
Avg Member Paid / Rx	\$14.83	\$13.94	\$13.65	\$13.55	\$14.25	\$16.89	\$14.46	\$14.04	\$14.12	\$13.77	\$13.66	\$15.73	\$14.40
Per Member Per Month													
Avg Rxs PMPM	0.59	0.71	0.71	0.64	0.65	0.65	0.72	0.67	0.67	0.68	0.70	0.69	0.67
Avg Drug Cost PMPM	\$102.28	\$114.51	\$122.02	\$100.76	\$122.99	\$119.70	\$119.72	\$111.76	\$130.48	\$124.45	\$126.23	\$134.85	\$119.20
Avg Plan Paid PMPM	\$93.57	\$104.63	\$112.39	\$92.08	\$113.72	\$108.64	\$109.38	\$102.35	\$121.06	\$115.06	\$116.65	\$124.03	\$109.51
Avg Member Paid PMPM	\$8.71	\$9.88	\$9.63	\$8.68	\$9.28	\$11.06	\$10.35	\$9.40	\$9.42	\$9.38	\$9.57	\$10.83	\$9.68
Drug Type													
% Single-Source Brand Rxs	14.8%	19.1%	22.7%	19.1%	16.8%	17.2%	20.4%	20.4%	20.5%	21.3%	19.9%	18.1%	19.3%
% Multi-Source Brand Rxs	0.6%	0.5%	0.5%	0.4%	0.5%	0.6%	0.4%	0.5%	0.6%	0.5%	0.6%	0.7%	0.5%
% Generic Rxs	84.6%	80.4%	76.8%	80.5%	82.7%	82.2%	79.2%	79.2%	78.9%	78.2%	79.5%	81.2%	80.2%
% Generic Efficiency	99.3%	99.4%	99.4%	99.5%	99.4%	99.3%	99.5%	99.4%	99.3%	99.4%	99.2%	99.2%	99.4%
Drug Channel													
% Retail Rxs	72.1%	73.3%	74.5%	74.1%	72.1%	72.9%	74.9%	73.9%	74.2%	75.3%	73.6%	74.6%	73.8%
% Retail 90 Rxs	21.1%	20.9%	19.9%	19.7%	21.8%	21.4%	19.5%	19.5%	19.3%	19.3%	20.3%	18.7%	20.1%
% Mail Rxs	6.8%	5.8%	5.7%	6.2%	6.1%	5.7%	5.6%	6.5%	6.5%	5.4%	6.1%	6.7%	6.1%
Specialty Drugs													
Total Specialty Rxs	78	85	86	70	84	87	88	85	99	93	89	107	1,051
Total Specialty Drug Cost	\$452,038.42	\$496,834.57	\$564,110.69	\$399,798.48	\$592,154.62	\$563,100.82	\$549,041.95	\$499,053.94	\$655,578.07	\$599,298.44	\$603,525.48	\$661,055.90	\$6,635,591.38
Total Specialty Plan Paid	\$445,843.07	\$489,684.57	\$557,360.69	\$394,143.48	\$585,694.62	\$549,565.49	\$541,881.95	\$492,498.94	\$648,188.07	\$591,258.44	\$595,634.93	\$647,754.39	\$6,539,508.64
Total Specialty Member Paid	\$6,195.35	\$7,150.00	\$6,750.00	\$5,655.00	\$6,460.00	\$13,535.33	\$7,160.00	\$6,555.00	\$7,390.00	\$8,040.00	\$7,890.55	\$13,301.51	\$96,082.74
% Specialty Rxs	1.3%	1.2%	1.2%	1.1%	1.3%	1.3%	1.2%	1.2%	1.5%	1.3%	1.2%	1.5%	1.3%
% Specialty of Total Drug Cost	44.2%	43.4%	46.0%	39.4%	47.7%	46.5%	45.5%	44.0%	49.3%	47.3%	46.8%	48.1%	45.9%
% Specialty of Total Plan Paid	47.7%	46.8%	49.4%	42.5%	51.1%	50.0%	49.1%	47.4%	52.5%	50.4%	49.9%	51.2%	49.2%
% Specialty of Total Member Paid	7.1%	7.2%	7.0%	6.5%	6.9%	12.1%	6.9%	6.9%	7.7%	8.4%	8.1%	12.0%	8.2%
Avg Specialty Rxs PMPM	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
Avg Specialty Drug Cost PMPM	\$45.24	\$49.65	\$56.14	\$39.71	\$58.69	\$55.71	\$54.44	\$49.12	\$64.30	\$58.82	\$59.03	\$64.83	\$54.67
Avg Specialty Plan Paid PMPM	\$44.62	\$48.93	\$55.47	\$39.14	\$58.05	\$54.37	\$53.73	\$48.47	\$63.57	\$58.03	\$58.26	\$63.52	\$53.88
Avg Specialty Member Paid PMPM	\$0.62	\$0.71	\$0.67	\$0.56	\$0.64	\$1.34	\$0.71	\$0.65	\$0.72	\$0.79	\$0.77	\$1.30	\$0.79
Avg Non-Specialty Rxs PMPM	0.58	0.70	0.70	0.63	0.64	0.65	0.71	0.66	0.66	0.67	0.69	0.68	0.66
Avg Non-Specialty Drug Cost PMPM	\$57.04	\$64.86	\$65.88	\$61.05	\$64.30	\$63.99	\$65.29	\$62.64	\$66.18	\$65.63	\$67.20	\$70.02	\$64.52
Avg Non-Specialty Plan Paid PMPM	\$48.95	\$55.70	\$56.92	\$52.94	\$55.66	\$54.27	\$55.65	\$53.88	\$57.49	\$57.03	\$58.39	\$60.50	\$55.63
Avg Non-Specialty Member Paid PMPM	\$8.09	\$9.17	\$8.95	\$8.11	\$8.63	\$9.72	\$9.64	\$8.76	\$8.69	\$8.59	\$8.80	\$9.52	\$8.89

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Comparative Executive Summary
City of Fresno Commercial Plan
Current Period: Date Filled Feb 2021 - Jan 2022
Previous Period: Date Filled Feb 2020 - Jan 2021

Measures	Current Period	Previous Period	% Change
Membership			
Avg Eligible Members	10,114	10,292	-1.7%
% Utilizing Members	5.6%	5.0%	11.9%
Total Utilizing Members	6,853	6,231	10.0%
Avg Member Age	32.16	32.16	-0.0%
Rx and Cost			
Total Days Supply	3,209,960	3,237,414	-0.8%
Total Rxs	81,623	78,667	3.8%
Total Drug Cost	\$14,466,175.79	\$13,718,347.42	5.5%
Total Plan Paid	\$13,291,083.50	\$12,530,704.68	6.1%
Total Member Paid	\$1,175,092.29	\$1,187,642.74	-1.1%
Total Ingredient Cost	\$14,189,022.40	\$13,589,700.42	4.4%
Total Dispensing Fee	\$116,327.04	\$128,442.17	-9.4%
Total Sales Tax	\$545.62	\$23.98	2,175.3%
Total Incentive Fee	\$160,280.73	\$180.85	88,526.3%
% Plan Paid	91.9%	91.3%	0.6%
% Member Paid	8.1%	8.7%	-6.2%
Days Supply / Rx	39.33	41.15	-4.4%
Drug Cost / Rx	\$177.23	\$174.39	1.6%
Plan Paid / Rx	\$162.84	\$159.29	2.2%
Member Paid / Rx	\$14.40	\$15.10	-4.6%
Per Member Per Month			
Days Supply PMPM	26.45	26.21	0.9%
Rxs PMPM	0.67	0.64	5.6%
Drug Cost PMPM	\$119.20	\$111.08	7.3%
Plan Paid PMPM	\$109.51	\$101.46	7.9%
Member Paid PMPM	\$9.68	\$9.62	0.7%
Drug Type			
% Single-Source Brand Rxs	19.3%	16.0%	20.6%
% Multi-Source Brand Rxs	0.5%	0.6%	-12.9%
% Generic Rxs	80.2%	83.4%	-3.9%
% Generic Efficiency	99.4%	99.3%	0.1%
Drug Channel			
% Retail Rxs	73.8%	72.9%	1.2%
% Retail 90 Rxs	20.1%	20.7%	-2.8%
% Mail Rxs	6.1%	6.4%	-4.9%
Specialty Drugs			
Total Specialty Days Supply	33,872	32,544	4.1%
Total Specialty Rxs	1,051	989	6.3%
Total Specialty Drug Cost	\$6,635,591.38	\$6,311,417.58	5.1%
Total Specialty Plan Paid	\$6,539,508.64	\$6,226,849.55	5.0%
Total Specialty Member Paid	\$96,082.74	\$84,568.03	13.6%
% Specialty Rxs	1.3%	1.3%	2.4%
% Specialty of Total Drug Cost	45.9%	46.0%	-0.3%
% Specialty of Total Plan Paid	49.2%	49.7%	-1.0%
% Specialty of Total Member Paid	8.2%	7.1%	14.8%
Specialty Days Supply PMPM	0.28	0.26	5.9%
Specialty Rxs PMPM	0.01	0.01	8.1%
Specialty Drug Cost PMPM	\$54.67	\$51.11	7.0%
Specialty Plan Paid PMPM	\$53.88	\$50.42	6.9%
Specialty Member Paid PMPM	\$0.79	\$0.68	15.6%
Non-Specialty Rxs PMPM	0.66	0.63	5.5%
Non-Specialty Drug Cost PMPM	\$64.52	\$59.98	7.6%
Non-Specialty Plan Paid PMPM	\$55.63	\$51.04	9.0%
Non-Specialty Member Paid PMPM	\$8.89	\$8.93	-0.5%

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Executive Summary By Time Period
Date Filled From February 2021 Through January 2022
City of Fresno EGWP

Measures	February 2021	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	January 2022	Rolling Total
Membership													
Avg Eligible Members	242	240	241	243	244	245	242	238	238	237	238	230	240
Total Utilizing Members	171	176	178	165	179	157	164	178	165	168	160	162	169
% Utilizing Members	70.7%	73.3%	73.9%	67.9%	73.4%	64.1%	67.8%	74.8%	69.3%	70.9%	67.2%	70.4%	70.3%
Avg Member Age	75.97	76.03	76.18	76.04	75.94	76.00	75.96	76.00	75.87	75.86	75.92	76.13	75.99
Rx and Cost													
Total Rx	575	598	606	558	630	570	599	557	591	542	544	532	6,902
Total Drug Cost	\$127,003.82	\$103,468.51	\$137,191.91	\$110,447.81	\$133,395.46	\$94,085.04	\$129,736.19	\$94,910.59	\$102,821.00	\$99,968.88	\$121,006.67	\$125,538.76	\$1,379,574.64
Total Plan Paid	\$110,543.71	\$85,440.01	\$107,014.39	\$86,672.18	\$90,625.12	\$65,188.57	\$97,464.71	\$69,645.47	\$67,684.41	\$72,044.69	\$98,930.54	\$111,839.07	\$1,063,092.87
Total Member Paid	\$16,460.11	\$18,028.50	\$30,177.52	\$23,775.63	\$42,770.34	\$28,896.47	\$32,271.48	\$25,265.12	\$35,136.59	\$27,924.19	\$22,076.13	\$13,699.69	\$316,481.77
Total Ingredient Cost	\$126,520.02	\$102,966.11	\$136,681.21	\$110,010.06	\$132,795.31	\$93,421.74	\$129,188.33	\$94,419.34	\$102,323.60	\$99,598.38	\$120,512.92	\$125,160.21	\$1,373,597.23
Total Dispensing Fee	\$463.80	\$462.40	\$490.70	\$417.75	\$540.15	\$583.30	\$527.85	\$451.25	\$457.40	\$370.50	\$373.75	\$358.55	\$5,497.40
Total Sales Tax	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Incentive Fee	\$20.00	\$40.00	\$20.00	\$20.00	\$60.00	\$80.00	\$20.01	\$40.00	\$40.00	\$0.00	\$120.00	\$20.00	\$480.01
% Plan Paid	87.0%	82.6%	78.0%	78.5%	67.9%	69.3%	75.1%	73.4%	65.8%	72.1%	81.8%	89.1%	77.1%
% Member Paid	13.0%	17.4%	22.0%	21.5%	32.1%	30.7%	24.9%	26.6%	34.2%	27.9%	18.2%	10.9%	22.9%
Avg Drug Cost / Rx	\$220.88	\$173.02	\$226.39	\$197.94	\$211.74	\$165.06	\$216.59	\$170.40	\$173.98	\$184.44	\$222.44	\$235.98	\$199.88
Avg Plan Paid / Rx	\$192.25	\$142.88	\$176.59	\$155.33	\$143.85	\$114.37	\$162.71	\$125.04	\$114.53	\$132.92	\$181.86	\$210.22	\$154.03
Avg Member Paid / Rx	\$28.63	\$30.15	\$49.80	\$42.61	\$67.89	\$50.70	\$53.88	\$45.36	\$59.45	\$51.52	\$40.58	\$25.75	\$45.85
Per Member Per Month													
Avg Rx PMPM	2.38	2.49	2.51	2.30	2.58	2.33	2.48	2.34	2.48	2.29	2.29	2.31	2.40
Avg Drug Cost PMPM	\$524.81	\$431.12	\$569.26	\$454.52	\$546.70	\$384.02	\$536.10	\$398.78	\$432.02	\$421.81	\$508.43	\$545.82	\$479.35
Avg Plan Paid PMPM	\$456.79	\$356.00	\$444.04	\$356.68	\$371.41	\$266.08	\$402.75	\$292.63	\$284.39	\$303.99	\$415.67	\$486.26	\$369.39
Avg Member Paid PMPM	\$68.02	\$75.12	\$125.22	\$97.84	\$175.29	\$117.94	\$133.35	\$106.16	\$147.63	\$117.82	\$92.76	\$59.56	\$109.97
Drug Type													
% Single-Source Brand Rx	11.7%	11.9%	13.2%	10.8%	13.8%	12.6%	12.7%	11.8%	14.6%	13.8%	13.6%	13.7%	12.9%
% Multi-Source Brand Rx	1.2%	0.7%	1.2%	0.9%	0.8%	0.9%	1.3%	1.1%	0.5%	1.1%	0.6%	0.9%	0.9%
% Generic Rx	87.1%	87.5%	85.6%	88.4%	85.4%	86.5%	86.0%	87.1%	84.9%	85.1%	85.8%	85.3%	86.2%
% Generic Efficiency	98.6%	99.2%	98.7%	99.0%	99.1%	99.0%	98.5%	98.8%	99.4%	98.7%	99.4%	98.9%	98.9%
Drug Channel													
% Retail Rx	49.6%	47.5%	49.7%	45.9%	48.3%	54.9%	54.9%	52.1%	49.4%	47.4%	46.5%	48.3%	49.6%
% Retail 90 Rx	28.9%	32.1%	25.4%	32.6%	30.5%	28.2%	26.5%	30.5%	31.1%	31.0%	29.2%	34.0%	30.0%
% Mail Rx	21.6%	20.4%	24.9%	21.5%	21.3%	16.8%	18.5%	17.4%	19.5%	21.6%	24.3%	17.7%	20.5%
Specialty Drugs													
Total Specialty Rx	8	6	7	8	6	6	7	4	3	3	9	4	71
Total Specialty Drug Cost	\$44,217.02	\$29,733.42	\$53,783.99	\$34,443.14	\$45,371.15	\$21,274.53	\$53,783.99	\$28,223.36	\$15,171.22	\$21,914.39	\$45,047.18	\$45,040.89	\$438,004.28
Total Specialty Plan Paid	\$39,838.01	\$27,457.33	\$46,091.38	\$32,346.02	\$38,811.18	\$19,377.41	\$49,623.80	\$26,741.57	\$13,884.43	\$21,694.39	\$41,507.40	\$39,982.44	\$397,355.36
Total Specialty Member Paid	\$4,379.01	\$2,276.09	\$7,692.61	\$2,097.12	\$6,559.97	\$1,897.12	\$4,160.19	\$1,481.79	\$1,286.79	\$220.00	\$3,539.78	\$5,058.45	\$40,648.92
% Specialty Rx	1.4%	1.0%	1.2%	1.4%	1.0%	1.1%	1.2%	0.7%	0.5%	0.6%	1.7%	0.8%	1.0%
% Specialty of Total Drug Cost	34.8%	28.7%	39.2%	31.2%	34.0%	22.6%	41.5%	29.7%	14.8%	21.9%	37.2%	35.9%	31.7%
% Specialty of Total Plan Paid	36.0%	32.1%	43.1%	37.3%	42.8%	29.7%	50.9%	38.4%	20.5%	30.1%	42.0%	35.7%	37.4%
% Specialty of Total Member Paid	26.6%	12.6%	25.5%	8.8%	15.3%	6.6%	12.9%	5.9%	3.7%	0.8%	16.0%	36.9%	12.8%
Avg Specialty Rx PMPM	0.03	0.03	0.03	0.03	0.02	0.02	0.03	0.02	0.01	0.01	0.04	0.02	0.02
Avg Specialty Drug Cost PMPM	\$182.71	\$123.89	\$223.17	\$141.74	\$185.95	\$86.83	\$222.25	\$118.59	\$63.74	\$92.47	\$189.27	\$195.83	\$152.19
Avg Specialty Plan Paid PMPM	\$164.62	\$114.41	\$191.25	\$133.11	\$159.06	\$79.09	\$205.06	\$112.36	\$58.34	\$91.54	\$174.40	\$173.84	\$138.07
Avg Specialty Member Paid PMPM	\$18.10	\$9.48	\$31.92	\$8.63	\$26.89	\$7.74	\$17.19	\$6.23	\$5.41	\$0.93	\$14.87	\$21.99	\$14.12
Avg Non-Specialty Rx PMPM	2.34	2.47	2.49	2.26	2.56	2.30	2.45	2.32	2.47	2.27	2.25	2.30	2.37
Avg Non-Specialty Drug Cost PMPM	\$342.09	\$307.23	\$346.09	\$312.78	\$360.76	\$297.19	\$313.85	\$280.20	\$368.28	\$329.34	\$319.16	\$349.99	\$327.16
Avg Non-Specialty Plan Paid PMPM	\$292.17	\$241.59	\$252.79	\$223.56	\$212.35	\$186.98	\$197.69	\$180.27	\$226.05	\$212.45	\$241.27	\$312.42	\$231.32
Avg Non-Specialty Member Paid PMPM	\$49.92	\$65.64	\$93.30	\$89.21	\$148.40	\$110.20	\$116.16	\$99.93	\$142.23	\$116.90	\$77.88	\$37.57	\$95.84

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Comparative Executive Summary
City of Fresno EGWP
Current Period: Date Filled Feb 2021 - Jan 2022
Previous Period: Date Filled Feb 2020 - Jan 2021

Measures	Current Period	Previous Period	% Change
Membership			
Avg Eligible Members	240	249	-3.5%
% Utilizing Members	8.7%	9.2%	-5.1%
Total Utilizing Members	250	273	-8.4%
Avg Member Age	75.99	76.17	-0.2%
Rx and Cost			
Total Days Supply	393,901	405,729	-2.9%
Total Rxs	6,902	7,205	-4.2%
Total Drug Cost	\$1,379,574.64	\$1,216,555.05	13.4%
Total Plan Paid	\$1,063,092.87	\$926,855.26	14.7%
Total Member Paid	\$316,481.77	\$288,676.73	9.6%
Total Ingredient Cost	\$1,373,597.23	\$1,209,608.44	13.6%
Total Dispensing Fee	\$5,497.40	\$5,846.60	-6.0%
Total Sales Tax	\$0.00	\$0.00	0.0%
Total Incentive Fee	\$480.01	\$1,100.01	-56.4%
% Plan Paid	77.1%	76.2%	1.1%
% Member Paid	22.9%	23.7%	-3.3%
Days Supply / Rx	57.07	56.31	1.3%
Drug Cost / Rx	\$199.88	\$168.85	18.4%
Plan Paid / Rx	\$154.03	\$128.64	19.7%
Member Paid / Rx	\$45.85	\$40.07	14.4%
Per Member Per Month			
Days Supply PMPM	136.87	136.06	0.6%
Rxs PMPM	2.40	2.42	-0.7%
Drug Cost PMPM	\$479.35	\$407.97	17.5%
Plan Paid PMPM	\$369.39	\$310.82	18.8%
Member Paid PMPM	\$109.97	\$96.81	13.6%
Drug Type			
% Single-Source Brand Rxs	12.9%	11.9%	7.9%
% Multi-Source Brand Rxs	0.9%	1.1%	-16.5%
% Generic Rxs	86.2%	87.0%	-0.9%
% Generic Efficiency	98.9%	98.7%	0.2%
Drug Channel			
% Retail Rxs	49.6%	49.9%	-0.7%
% Retail 90 Rxs	30.0%	30.9%	-3.0%
% Mail Rxs	20.5%	19.2%	6.8%
Specialty Drugs			
Total Specialty Days Supply	3,264	3,250	0.4%
Total Specialty Rxs	71	78	-9.0%
Total Specialty Drug Cost	\$438,004.28	\$370,608.90	18.2%
Total Specialty Plan Paid	\$397,355.36	\$337,314.32	17.8%
Total Specialty Member Paid	\$40,648.92	\$33,294.58	22.1%
% Specialty Rxs	1.0%	1.1%	-5.0%
% Specialty of Total Drug Cost	31.7%	30.5%	4.2%
% Specialty of Total Plan Paid	37.4%	36.4%	2.7%
% Specialty of Total Member Paid	12.8%	11.5%	11.4%
Specialty Days Supply PMPM	1.13	1.09	4.1%
Specialty Rxs PMPM	0.02	0.03	-5.7%
Specialty Drug Cost PMPM	\$152.19	\$124.28	22.5%
Specialty Plan Paid PMPM	\$138.07	\$113.12	22.1%
Specialty Member Paid PMPM	\$14.12	\$11.17	26.5%
Non-Specialty Rxs PMPM	2.37	2.39	-0.7%
Non-Specialty Drug Cost PMPM	\$327.16	\$283.68	15.3%
Non-Specialty Plan Paid PMPM	\$231.32	\$197.70	17.0%
Non-Specialty Member Paid PMPM	\$95.84	\$85.64	11.9%

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Diana Cavazos | HealthComp

From: Shane Archer <Shane.Archer@fresno.gov>
Sent: Tuesday, February 1, 2022 9:03 AM
To: Diana Cavazos | HealthComp
Subject: Re: Fresno City Employees H&W Trust - COVID-19 Over the Counter (OTC) Tests - EGWP
Attachments: Optum signature.pdf

Hi Diana,

Attached is the signature page.

From: Diana Cavazos | HealthComp <dcavazos@healthcomp.com>
Sent: Monday, January 31, 2022 11:53:25 AM
To: Shane Archer
Subject: FW: Fresno City Employees H&W Trust - COVID-19 Over the Counter (OTC) Tests - EGWP

External Email: Use caution with links and attachments

Hello Shane

Please see attachment for the over-the-counter Covid test for the EGWP population.

Please review, sign and return.

Diana Cavazos | HealthComp
 Account Management
 (o) 559-312-2295

From: Michael Lima <Michael.Lima@fresno.gov>
Sent: Wednesday, January 26, 2022 10:14 AM
To: Andrew Desa <andrewd@rael-letson.com>; Shane Archer <Shane.Archer@fresno.gov>
Cc: Tom Georgouses | HealthComp <tgeorgouses@healthcomp.com>; Michael Moss <mmoss@mossfirm.org>; Diana Cavazos | HealthComp <dcavazos@healthcomp.com>
Subject: RE: Fresno City Employees H&W Trust - COVID-19 Over the Counter (OTC) Tests - EGWP

Hi Andrew!

I'm good with Optum's recommendation regarding EGWP coverage of COVID-19 tests. I've signed the Benefit Change Order Form...please see attached.

Thanks!

Mike Lima

From: Andrew Desa <andrewd@rael-letson.com>
Sent: Tuesday, January 25, 2022 8:28 PM
To: Michael Lima <Michael.Lima@fresno.gov>; Shane Archer <Shane.Archer@fresno.gov>
Cc: Tom Georgouses <tgeorgouses@healthcomp.com>; Michael Moss <mmoss@mossfirm.org>; Diana Cavazos

External Email: Use caution with links and attachments

Mike/Shane –

Thank you for responding to the previous email regarding OTC Covid-19 Test coverage. This email is with regards to the EGWP (Medicare retirees) for which the previous email did not apply.

The regulations as previously discussed do not require Medicare Advantage plans to cover at-home OTC COVID-19 tests. However, individual plans may choose to do so.

Optum is recommending that the EGWP cover OTC COVID-19 tests as follows:

- A quantity limit of eight (8) tests per member per calendar month will be covered. No additional utilization management edits (i.e., prior authorization or age limits) will be applied.
- Tests will be covered with no member cost share (\$0 copay and no deductible).
- Members will not require a prescription to obtain test kits.
- Claims will adjudicate at contractual rates for the wrap benefit. Claims will use existing Part D pharmacy networks to ensure compliance with any willing provider and avoid geographic access issues.
- Members will be asked to pay for shipping if they place orders for home delivery of kits. We are awaiting details from Optum whether shipping costs can be paid by the Trust.
- Unlike commercial benefit configuration, there will be no additional processing fees applied to POS or Direct Member Reimbursement (DMR) claims.

Unlike the OptumRx coverage of OTC COVID-19 test for the active/non-Medicare retirees, the above listed coverage does require a benefit change.

Please let me know if you have questions. **If not, please email back indicating approval of Optum's recommendation and sign page 2 of the attached 'Benefit Change Order Form'.**

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



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CHANGE ORDER FORM - COVID-19 OTC Antigen at Home Test Kits - Wrap

Date Sent:

Date Effective: 1/15/2022

CLIENT NAME:	
CARRIER ID:	
ACCOUNT ID:	
GROUP ID:	
Note: Please include any CAGs or override plans that need to be excluded (e.g., HIX Grace Override Plans, Enhanced Savings Plans (ESP)).	

REQUEST TYPE:

<input type="checkbox"/> Accumulated Benefits	<input type="checkbox"/> Billing/Pricing	<input type="checkbox"/> DMR Change	<input type="checkbox"/> ID Cards
<input type="checkbox"/> Add Group	<input type="checkbox"/> Client Name Change	<input checked="" type="checkbox"/> Drug Rules	<input type="checkbox"/> Mail Order
<input type="checkbox"/> Add Pharmacy	<input type="checkbox"/> Coordination of Benefits	<input type="checkbox"/> Formulary	<input type="checkbox"/> Integrated Accumulator
<input type="checkbox"/> Age Limitations	<input type="checkbox"/> Copay Change	<input type="checkbox"/> HCR Additions	<input type="checkbox"/> Other
<input type="checkbox"/> Address/Contact	<input type="checkbox"/> Day Supply/QL	<input type="checkbox"/> High Dollar	<input type="checkbox"/>

IMPORTANCE OF CHANGE:

<input type="checkbox"/> Urgent	<input checked="" type="checkbox"/> High Importance	<input type="checkbox"/> Medium/Non-Critical	<input type="checkbox"/> Low Importance
---------------------------------	-----------------------------------------------------	----------------------------------------------	-----------------------------------------

REASON FOR REQUEST:

<input checked="" type="checkbox"/> Regulatory	<input type="checkbox"/> Filed or Bargained Plan Change	<input type="checkbox"/> Other: Client Plan Change
------------------------------------------------	---------------------------------------------------------	----------------------------------------------------

DESCRIPTION OF REQUEST:

Plan will allow pharmacy benefit adjudication of COVID-19 OTC Antigen at Home Test Kits under the wrap benefit.

Optum's standard coverage includes:

- For clients who currently cover Part B products as a wrap benefit, the OTC COVID-19 antigen tests will also adjudicate as a wrap benefit.
- Claims will adjudicate at contractual rates for the wrap benefit
- Claims will use existing Part D pharmacy networks to ensure compliance with any willing provider and avoid geographic access issues
- A quantity limit of eight (8) tests per member per calendar month will be applied across all EUA authorized OTC NDCs
- No additional utilization management edits (i.e., prior authorization or age limits) will be applied.
- Member copay will be \$0
- Deductibles will be bypassed
- Members will not require a prescription to obtain test kits
- Members will be asked to pay for shipping if they place orders for home delivery of kits.
- Unlike commercial benefit configuration, there will be no additional processing fees applied to point-of-sale (POS) or Direct Member Reimbursement (DMR) claims.
- Performance guarantee are not applicable, including but not limited to DMR and pricing for these OTC products



I have reviewed this Change Order Request in its entirety and correctly outlines the required changes.

Michael Lima	Michael Lima	1/26/22
Print Name	Authorized Signature	Date



I have reviewed this Change Order Request in its entirety and correctly outlines the required changes.

Shane D. Archer		01-28-2022
Print Name	Authorized Signature	Date

Diana Cavazos | HealthComp

From: Shane Archer <Shane.Archer@fresno.gov>
Sent: Monday, February 7, 2022 3:27 PM
To: Michael Lima; Andrew Desa
Cc: Tom Georgouses | HealthComp; Michael Moss; Diana Cavazos | HealthComp
Subject: Re: Action Required: Fresno City Employees H&W Trust - OTC Covid-19 Test Coverage

I approve.

Thanks

From: Michael Lima
Sent: Monday, February 7, 2022 12:14:29 PM
To: Andrew Desa; Shane Archer
Cc: Tom Georgouses; Michael Moss; Diana Cavazos HealthComp
Subject: RE: Action Required: Fresno City Employees H&W Trust - OTC Covid-19 Test Coverage

Hi Andrew!

Thanks to you and the team for putting together this letter. I have no changes to what has been drafted. Thanks!

Mike Lima

From: Andrew Desa [mailto:andrewd@rael-letson.com]
Sent: Monday, February 07, 2022 11:35 AM
To: Michael Lima; Shane Archer
Cc: Tom Georgouses; Michael Moss; Diana Cavazos HealthComp
Subject: Action Required: Fresno City Employees H&W Trust - OTC Covid-19 Test Coverage
Importance: High

External Email: Use caution with links and attachments

Mike/Shane –

Attached is a drafted notice for members regarding the OTC COVID-19 test coverage that was discussed and approved in the below email.

A few comments:

- Optum's store for members to order COVID-19 tests directly from Optum was not implemented by Optum until February 2nd. Having this store in place is one of the requirements to be able to cap reimbursements at \$12 per test (safe harbor). We did not receive information on the details of this store until February 1st.
- Claims are treated as if there is no Optum Safe Harbor program in place until members are given appropriate notice. Thus, in the notice we state that the maximum reimbursement of \$12 per test does not apply for tests purchased between January 15th and February 8th. February 8th is the assumed date that this notice will be distributed. If the notice is released on a different date, we will adjust the dates in the notice appropriately.
- We will include the attached flyer from Optum with the notice.

This notice has been reviewed by HealthComp, Mike Moss, and myself.

Please let me know if you have any questions or edits.

Please let me know if you approve of the notice/attachment or if you have any edits.

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



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From: Andrew Desa

Sent: Sunday, January 23, 2022 8:56 PM

To: Michael Lima <Michael.Lima@fresno.gov>; 'Shane Archer' <Shane.Archer@fresno.gov>

Cc: Tom Georgouses <tgeorgouses@healthcomp.com>; Michael Moss <mmoss@mossfirm.org>; Diana Cavazos HealthComp <dcavazos@healthcomp.com>

Subject: Fresno City Employees H&W Trust - OTC Covid-19 Test Coverage

Mike/Shane -

As you are already aware, guidance was released on January 10th with regard to OTC COVID-19 tests coverage. The guidance states that plans are now required to provide coverage for OTC COVID-19 tests, without prescription or generally any cost to the Participant, with some limitations.

Many of these tests are sold as Over-The-Counter products at retail pharmacies. Optum has provided us details how they intend to comply with the new regulations.

Based on our review, the plan professionals (Mike M., Tom, and myself) are recommending the Trust adopt the OptumRx Point-of-Service (POS) option.

1. OptumRx will allow claims at the POS to adjudicate at their preferred network pharmacies for OTC COVID 19 Tests. This preferred network has cost controls in place to ensure the Fund is not gouged on price (prices for tests are currently \$10-\$12 per test through this network). Currently, the preferred network is made up of Rite-Aid, Walmart and Sam's Club pharmacies, but that network is expected to expand in the next several weeks. Both of these pharmacies are currently in the Fund's broad retail pharmacy network used for pharmacy claim adjudication. We are anticipating at least one major chain being added within the next couple of weeks. The guidance "strongly encourages" plans to provide direct coverage through a POS network.
2. A direct-to-consumer shipping option will be available through the Optum Store (<https://store.optum.com/>). For mail-order tests, Optum is currently stating that members may need to assume responsibility for shipping costs. The guidance is not clear whether shipping costs may be passed along to members. As such, we have an

outstanding question to Optum whether the Trust will have the option to pass shipping costs to the Trust directly. We will provide an update once we have a response from Optum.

3. OptumRx will process manual reimbursements for claims submitted outside of the pharmacy network. These reimbursements will be capped at \$12 per test, in accordance with the safe harbor provision in the new guidance.
4. OptumRx will coordinate the 8 test per member per month maximum for retail POS claims, direct to consumer mail order claims, and manual reimbursement claims, as allowed for in the guidance.
5. OptumRx will charge a fee of \$2.00 per claim paid for by the Trust for these services. Any Direct Member Reimbursement/manual claims would also be assessed the typical Optum paper claim fee.

Coverage under the OptumRx solution was automatically rolled out for all clients, but we recommend a decision to affirm that solution. Blue Shield has informed us that they are able to allow OTC tests to be processed through the medical plan. However these claims would need to be reimbursed via paper claim which would be sent to HealthComp for processing. The process of paper claims being directed to HealthComp would be administratively difficult, result in delays in reimbursement, and overall be much more difficult both administratively and for the member. **As such, we recommend that the Trust remain opted in to Optum's solution, coverage be exclusively through the pharmacy benefit and that OTC tests not be reimbursed under medical.** In this arrangement any claims sent through the medical benefit or to HealthComp would be denied.

Once a decision is approved, we will prepare a draft member communication for your review.

Let me know if you have any questions. If not, please reply back to this email with your approval of the above recommendation.

Andrew Desa

ASA, MAAA
Consulting Actuary

2929 Campus Drive, Suite 400
San Mateo, CA 94403
650-356-2327 Tel
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www.rael-letson.com



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Fresno City Employees Health and Welfare Trust

Fiscal Year July '21 – June '22

P.O. BOX 45018
FRESNO, CA 93718-5018(559) 499-2450
(800) 442-7247
FAX (559) 499-2464**IMPORTANT ANNOUNCEMENT****February 8, 2022****TO: FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST PARTICIPANTS****RE: OVER-THE-COUNTER COVID-19 DIAGNOSTIC TEST COVERAGE**

Starting January 15, 2022, the Plan will cover the cost of over-the-counter (OTC), at-home COVID-19 diagnostic tests authorized by the FDA (also known as Antigen Tests), at no cost to you, subject to an eight (8) test limit per covered individual per calendar month. Coverage for these at-home tests is intended for the personal use of members and dependents and not for employment purposes. You do not need a referral from a doctor or prior authorization from the Plan to be reimbursed for the cost of these tests. This coverage will continue during the public health emergency, which is still ongoing. **Coverage of OTC at-home COVID-19 diagnostic tests will be exclusively through the OptumRx pharmacy benefit.** Any claims submitted to HealthComp or Blue Shield of California will be denied.

Tests will only be available at no cost to you and your covered family members through certain participating pharmacy chains. **Your pharmacy benefit manager, OptumRx, currently has Rite-Aid, Walmart and Sam's Club pharmacies in their participating pharmacy network offering no cost OTC COVID-19 tests at point-of-sale** (just present your OptumRx ID card at the pharmacy counter).

Tests purchased outside of this participating pharmacy network can be reimbursed if submitted through the OptumRx Direct Member Reimbursement process subject to a maximum reimbursement of \$12.00 per test. The maximum reimbursement of \$12.00 per test will not apply for tests purchased between January 15th, 2022 and February 8th, 2022. You will be required to submit a receipt of your purchase to receive reimbursement. You can fill out a form for reimbursement online at <https://www.optumrx.com/testinfo>. The form may also be downloaded, filled out and returned in the mail. The steps to submit the form are listed on the reimbursement form.

Tests will also be available directly through the Optum store. You must first login to your OptumRx account in order to access the \$0 cost share COVID-19 test kits from the Optum Store.

The eight (8) test limit previously noted will apply regardless of whether the tests were obtained at a participating pharmacy (point-of-sale) or reimbursed through OptumRx's Direct Member Reimbursement process.

In addition to the coverage outlined in this notice, you can also obtain tests free through the Government COVID-19 at home testing website: <https://www.covidtests.gov>.

If you have any questions regarding this announcement, please contact HealthComp at (800) 442-7247.

The Board of Trustees

Over the counter (OTC) at home COVID 19 tests

Find out which tests are covered and how to get them at little or no cost to you.

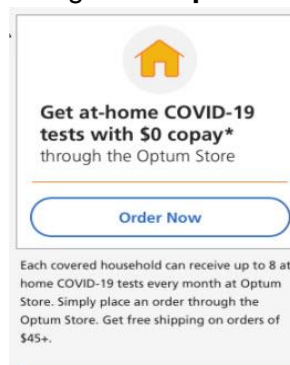
You have four options for coverage of OTC at-home COVID-19 test kits:

1. **Pay \$0 at a preferred network pharmacy:** Visit the pharmacy counter at a **Kinney Drugs, Rite Aid (including Bartell Drugs), Sam's Club, Walgreens or Walmart Pharmacy** and present your member ID card and ask to have your OTC at-home COVID-19 test kits submitted to your plan for coverage.

2. **Order at-home COVID-19 tests online with \$0 copay**
through Optum Store

Get free shipping on orders of \$45+. Requires sign-in to **optumrx.com**

Sign in to **optumrx.com** and go to
<**Get at-home COVID-19 tests with \$0 copay**>Click the order now link
Smartphone users will need to scroll down to find the link.



3. **Purchase a kit and then submit an online form for reimbursement:** You can also purchase an OTC at-home COVID-19 test kit at other stores or online retailers. Keep your purchase receipt(s) to submit for reimbursement. Your plan will reimburse up to \$12 per test. You can start your online request form at covidtest.optumrx.com/covid-test-reimbursement
4. **Purchase a kit and then print and mail in a paper reimbursement form.** You can print a form at optumrx.com/testinfo and then mail it in. Your plan will reimburse up to \$12 per test. Please note you will receive reimbursement more quickly if you submit an online claim form.

Which COVID-19 tests are covered?

Coverage includes OTC at-home COVID-19 test kits authorized by the Food and Drug Administration (FDA). The most common tests are brands BinaxNOW™, CLINITEST®, Flowflex™, i-Health®, IntelliSwab™, On/Go™, QuickVue® and At-home test kits (Roche).

Is there a limit to how many tests will be covered?

Yes. Covered members can get up to 8 individual tests per month. (e.g., a family of 4 would be eligible for 32 tests a month). Members are limited to 8 tests (4 kits) per household per calendar month at the Optum Store.

Visit **optumrx.com/testinfo** for the latest updates and information.

Thank you.

Diana Cavazos | HealthComp

From: Shane Archer <Shane.Archer@fresno.gov>
Sent: Thursday, January 20, 2022 11:12 AM
To: Michael Lima; Diana Cavazos | HealthComp
Cc: Tom Georgouses | HealthComp; 'Michael Moss'; 'Andrew Desa'
Subject: Re: Aduhelm Change Order Form & MRIOA Letters
Attachments: Optum.pdf

Categories: Consent Calender

Thanks Diana

From: Michael Lima
Sent: Tuesday, January 18, 2022 3:43:51 PM
To: Diana Cavazos | HealthComp; Shane Archer
Cc: Tom Georgouses | HealthComp; 'Michael Moss'; 'Andrew Desa'
Subject: RE: Aduhelm Change Order Form & MRIOA Letters

Hi Diana!

Here you go. Thanks!

Mike Lima

From: Diana Cavazos | HealthComp [mailto:dcavazos@healthcomp.com]
Sent: Tuesday, January 18, 2022 3:15 PM
To: Shane Archer; Michael Lima
Cc: Tom Georgouses | HealthComp; 'Michael Moss'; 'Andrew Desa'
Subject: FW: Aduhelm Change Order Form & MRIOA Letters

External Email: Use caution with links and attachments

Hello Shane and Mike

As you may remember a motion was made to exclude Aduhelm.

Attached is the form that OptumRx needs signed, document has been approved by the Plan Professionals.

Please review and I will need signatures from each of you.

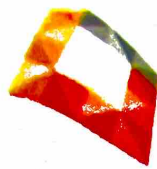
I will then send off to OptumRx and it will be on the March's consent calendar.

Thank you,

Diana Cavazos | HealthComp
 Account Management
 (o) 559-312-2295

This message and any attached documents are intended for the use of the individual or group to which it is addressed. They may contain information that is privileged or exempt from disclosure under state and/or federal

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OPTUMRx[®]

CHANGE ORDER FORM – revised 04.29.2020

Date Sent: 01/14/2022
Date Effective: 01/12/2022

CLIENT NAME:	Fresno City Employees Health and Welfare Trust
CARRIER ID:	PCN
ACCOUNT ID:	00494
GROUP ID:	ALL

REQUEST TYPE:

<input type="checkbox"/> Accumulated Benefits	<input type="checkbox"/> Billing/Pricing	<input type="checkbox"/> DMR Change	<input type="checkbox"/> ID Cards
<input type="checkbox"/> Add Group	<input type="checkbox"/> Client Name Change	<input type="checkbox"/> Drug Rules	<input type="checkbox"/> Mail Order
<input type="checkbox"/> Add Pharmacy	<input type="checkbox"/> Coordination of Benefits	<input type="checkbox"/> Formulary	<input type="checkbox"/> Integrated Accumulator
<input type="checkbox"/> Age Limitations	<input type="checkbox"/> Copay Change	<input type="checkbox"/> HCR Additions	<input type="checkbox"/> Other Implement SECURE Program
<input type="checkbox"/> Address/Contact	<input type="checkbox"/> Day Supply/QL	<input type="checkbox"/> High Dollar	<input checked="" type="checkbox"/> Other Add Select Formulary low value exclusion list (XFEXLV)
<input type="checkbox"/> Specialty PBM Products – Please Select from the following:			
<input type="checkbox"/> Preferred Copay Card Acceptance (PCCA)		<input type="checkbox"/> SmartFill	
<input type="checkbox"/> Copay Card Accumulator Adjustment (CCAA)		<input type="checkbox"/> Variable Copay (VCS) *Must elect or already have implemented CCAA & pay applicable program fee	

IMPORTANCE OF CHANGE:

<input checked="" type="checkbox"/> Urgent	<input type="checkbox"/> High Importance	<input type="checkbox"/> Medium/Non-Critical	<input type="checkbox"/> Low Importance
---------------------------------------------------	------------------------------------------	----------------------------------------------	-----------------------------------------

REASON FOR REQUEST:

<input type="checkbox"/> Regulatory	<input type="checkbox"/> Filed or Bargained Plan Change	<input checked="" type="checkbox"/> Other: Client Plan Change
-------------------------------------	---------------------------------------------------------	---------------------------------------------------------------

DESCRIPTION OF REQUEST:

January 12, 2022, Fresno City Employees Health and Welfare Trust voted to exclude Aduhelm from the Select Formulary. They will revisit this exclusion within one year.

Please add building block XFEXLV product exclusion.

**** Aduhelm is the only product on the low value exclusion list ****

I have reviewed this Change Order Request in its entirety and it correctly outlines the required changes to the identified Carrier, Account and Group ID.

Print Name: Michael Lima Authorized Signature: *Michael Lima* Date: 1/18/22
Client Signature

Print Name: Carolyn Martinez Authorized Signature: *Carolyn Martinez* Date: 01/14/2022
SAE Signature



OPTUMRx®

CHANGE ORDER FORM – revised 04.29.2020

Date Sent: 01/14/2022

Date Effective: 01/12/2022

CLIENT NAME:	Fresno City Employees Health and Welfare Trust
CARRIER ID:	PCN
ACCOUNT ID:	00494
GROUP ID:	ALL

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<input type="checkbox"/> Age Limitations	<input type="checkbox"/> Copay Change	<input type="checkbox"/> HCR Additions	<input type="checkbox"/> Other Implement SECURE Program
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<input type="checkbox"/> Specialty PBM Products – Please Select from the following:			
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<input type="checkbox"/> Copay Card Accumulator Adjustment (CCAA)		<input type="checkbox"/> Variable Copay (VCS) *Must elect or already have implemented CCAA & pay applicable program fee	

IMPORTANCE OF CHANGE:

<input checked="" type="checkbox"/> Urgent	<input type="checkbox"/> High Importance	<input type="checkbox"/> Medium/Non-Critical	<input type="checkbox"/> Low Importance
--------------------------------------------	------------------------------------------	----------------------------------------------	-----------------------------------------

REASON FOR REQUEST:

<input type="checkbox"/> Regulatory	<input type="checkbox"/> Filed or Bargained Plan Change	<input checked="" type="checkbox"/> Other: Client Plan Change
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DESCRIPTION OF REQUEST:

January 12, 2022, Fresno City Employees Health and Welfare Trust voted to exclude Aduhelm from the Select Formulary. They will revisit this exclusion within one year.

Please add building block XFEXLV product exclusion.

**** Aduhelm is the only product on the low value exclusion list ****

I have reviewed this Change Order Request in its entirety and it correctly outlines the required changes to the identified Carrier, Account and Group ID.

Print Name: SHANE D. ARCELA Authorized Signature: [Signature] Date: 1-20-22
Client Signature

Print Name: Carolyn Martinez Authorized Signature: Carolyn Martinez Date: 01/14/2022
SAE Signature

Diana Cavazos | HealthComp

From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Tuesday, March 1, 2022 12:26 PM
To: Tom Georgouses | HealthComp; Diana Cavazos | HealthComp; Andrew Desa
Cc: Osuna, Nissa D; Ross, Shannon C
Subject: OptumRx Account Team Update
Attachments: OptumRx Bio_Craig Boon.pdf

Good afternoon City of Fresno Team,

I'm excited to share that we have new Vice President. Craig Boon recently took over Robert Kahl's former position.

There will be no changes to your account team structure. I will continue to be your Account Manager and primary contact for City of Fresno. Nissa Duarte will remain your designated Client Services Analyst to assist with day-to-day member and eligibility questions. Shannon Ross Director is also available to support you as needed.

Craig brings over 20 years of pharmacy service experience to our team and we are happy to have him onboard. I've attached a copy of his bio to this email.

Regards,

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: 4/27 (early out at 12pm)
Office Closure: 5/30 Memorial Day

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¹⁰³
Craig Boon, MS, PMP
Vice President, Public Sector Client Management



Date Joined Company: 2009

Years PBM experience: 22 years

Education:

- Virginia Commonwealth University, MS in Rehabilitation Counseling
- Old Dominion University, BS in Psychology

Location: Norfolk, VA



(757)578-0063



craig.boon@optum.com

Primary Responsibilities:

As the OptumRx Vice President, Public Sector Client Management, I have responsibility for small to mid-sized public sector counties and municipalities and for creating a diverse and healthy atmosphere that empowers our dedicated team of professionals to provide exceptional service and overall satisfaction for our clients.

Professional Background:

I have over 30 years of professional experience in healthcare, with the past 22 years focused primarily on pharmacy services. In 2009 I was hired by SXC which later became Catamaran and is now OptumRx. My professional experience for OptumRx includes account, proposal and project management for Public Sector clients including State Medicaid programs in Virginia, Nevada, Indiana, Arizona, South Dakota and Tennessee. Previous experience includes pharmacy account management for auditing and clinical services for both public and private sector clients, program management for occupational medicine and physical rehabilitation clinics, and residential counseling in a mental health community integration program within county government.

From: [Martinez, Carolyn](#)
To: [Tom Georgouses | HealthComp](#); [Diana Cavazos | HealthComp](#)
Cc: [Andrew Desa](#); [Osuna, Nissa D](#)
Subject: FW: RR DONNELLEY (RRD) SYSTEMS OUTAGE – PA NOTIFICATION UPDATE
Date: Thursday, January 20, 2022 3:33:14 PM
Attachments: [image003.png](#)

Good afternoon,

I am closing the loop regarding the RR Donnelley system outage. Fresno City Employees Health & Welfare Trust (commercial and EGWP) had no member impact.

Regards,
 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: 2/14 – 2/15, 2/18 & 4/27 (early out at 12pm)
Office Closure:

From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Saturday, January 1, 2022 8:26 AM
To: Tom Georgouses | HealthComp <tgeorgouses@healthcomp.com>; Diana Cavazos | HealthComp <dcavazos@healthcomp.com>
Cc: Andrew Desa <andrewd@rael-letson.com>; Osuna, Nissa D <nissa.osuna@optum.com>
Subject: RR DONNELLEY (RRD) SYSTEMS OUTAGE – PA NOTIFICATION UPDATE 12/31/21

**<<RR DONNELLEY (RRD) SYSTEMS OUTAGE – PA NOTIFICATION
 UPDATE 12/31/21>>**

Good morning and happy New Year!

Provided below is the most up to date status on the RR Donnelley (RRD) system outage. We have made great progress in the past 24 hours.

- OptumRx has restored connectivity, completed testing of full process, and restarted production of automated letters with RRD.
- Work is being closely monitored by OptumRx, Shutterfly Business Solutions, and RRD.
- RRD has stated there has been no evidence of access or compromise to any client environment or client application at this time. All impacted systems are in a security clean state with no vulnerabilities. A third-party forensic firm was retained to support threat eradication and analysis to determine whether data was compromised.
- OptumRx manual contingency plan continues to be staffed for the weekend.

- Impact reporting for Medicare/EGWP clients has been completed and I will be reaching out to you to share the data.
- Client Impact reporting for other lines will be available in the near future.

Please let me know if you have any questions and we will continue to provide proactive status updates.

Sincerely,
Carolyn

Carolyn (Jalbert) Martinez | OptumRx

Account Manager

Government and Public Sector Markets

2720 N Tenaya Way

Las Vegas, NV

89128, USA

Phone: (office) 612-428-6104, (mobile) 702-708-1849

Carolyn.Martinez@optum.com

Upcoming PTO Alert:

Office Closure: January 17, 2022

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COVID-19 Product Utilization

City of Fresno Commercial Plan

		Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022
COVID-19 Vaccines (2/1/21 1/31/22)	Utilizers	61	445	715	469	257	274	494	350	250	445	481	307
	Total Rxs	61	446	719	473	260	274	497	350	250	447	482	309
	Total Plan Paid	\$1,125	\$8,780	\$17,006	\$18,354	\$10,694	\$10,694	\$19,868	\$14,000	\$9,948	\$17,800	\$19,280	\$12,320
	Plan Paid PMPM	\$0.11	\$0.88	\$1.69	\$1.82	\$1.06	\$1.06	\$1.97	\$1.38	\$0.98	\$1.75	\$1.89	\$1.21

		Product Name	Utilizers	Rxs	Drug Cost	Member Paid	Plan Paid	Avg Plan Paid / Rx	Qty/Rx
COVID-19 Test Kits (1/28/22 2/28/22)	ON/GO COVID-19 ANTIGEN SELF-TEST		28	28	\$2,591	\$0	\$2,591	\$92.53	7.7
	FLOWFLEX COVID-19 ANTIGEN HOME TEST		19	20	\$1,246	\$0	\$1,246	\$62.28	6.3
	BINAXNOW COVID-19 AG CARD HOME TEST		5	5	\$338	\$0	\$338	\$67.58	5.6
	IHEALTH COVID-19 ANTIGEN RAPID TEST		2	5	\$102	\$0	\$102	\$20.42	2.0



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

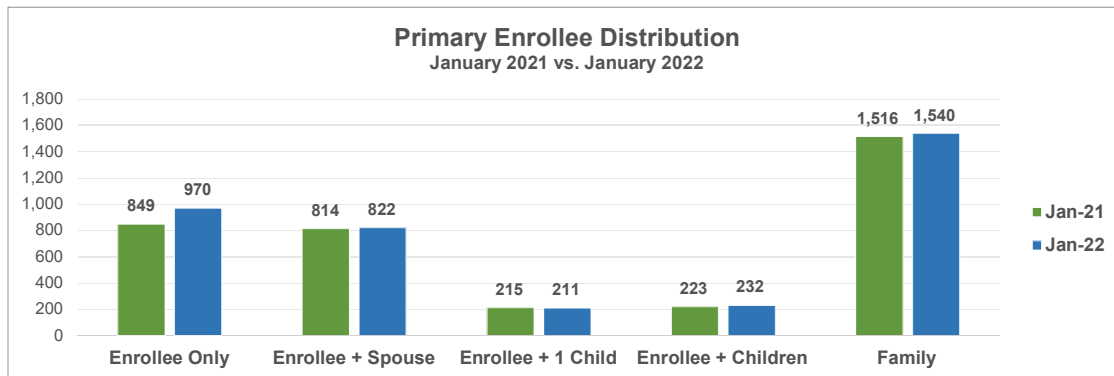
Paid Period: February 1, 2020 - January 31, 2021 compared to February 1, 2021 - January 31, 2022

Financial Summary

- For paid period ended January 31, 2022, the group had an average exposure of 3,698 primary enrollees. This represents a year / year increase of 1.6% from the previous period's average exposure of 3,642 primary enrollees.
- For the current period, claims paid PEPM was \$72.21, compared to \$61.37 during the previous period; This represents a year / year increase of 17.7%.
- During the current period, 75.6% of primary enrollees had enrolled dependents vs. 77.0% of primary enrollees during the previous period.

	02/1/2020 01/31/2021	02/1/2021 01/31/2022
<i>Claims Paid</i>	\$2,681,817	\$3,204,589
<i>Exposure**</i>	43,700	44,380
<i>Avg. Exposure</i>	3,642	3,698
<i>Avg. Member Count</i>	10,146	10,199

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



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



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

Paid Period: February 1, 2020 - January 31, 2022

Date	Number of Claims	Paid Amount	Enrollee Only	Enrollee + Spouse	Enrollee + 1 Child	Enrollee + Children	Family	Total Primary Enrollees	Adult Dependents	Child Dependents	Total Members
Feb-20	1,510	\$235,703	822	850	200	230	1,522	3,624	2,371	4,135	10,130
Mar-20	1,440	\$222,636	841	849	198	234	1,535	3,657	2,383	4,160	10,200
Apr-20	476	\$82,951	842	849	204	235	1,533	3,663	2,382	4,165	10,210
May-20	378	\$75,238	847	839	210	235	1,530	3,661	2,369	4,144	10,174
Jun-20	1,386	\$219,587	848	828	211	235	1,530	3,652	2,358	4,140	10,150
Jul-20	1,838	\$309,021	844	828	220	228	1,538	3,658	2,366	4,176	10,200
Aug-20	1,435	\$253,994	841	823	217	231	1,538	3,650	2,361	4,174	10,185
Sep-20	1,435	\$248,557	834	824	217	230	1,535	3,640	2,359	4,153	10,152
Oct-20	1,792	\$323,063	828	822	218	227	1,536	3,631	2,358	4,145	10,134
Nov-20	1,229	\$225,640	829	828	216	225	1,532	3,630	2,360	4,124	10,114
Dec-20	1,582	\$282,307	829	822	216	224	1,526	3,617	2,348	4,102	10,067
Jan-21	1,245	\$203,121	849	814	215	223	1,516	3,617	2,330	4,090	10,037
Feb-21	1,575	\$271,641	843	808	217	225	1,512	3,605	2,320	4,093	10,018
Mar-21	1,580	\$258,913	850	815	220	227	1,518	3,630	2,333	4,123	10,086
Apr-21	1,865	\$312,667	863	812	223	227	1,520	3,645	2,332	4,135	10,112
May-21	1,520	\$254,862	877	812	227	225	1,519	3,660	2,331	4,142	10,133
Jun-21	1,462	\$239,402	887	808	226	228	1,521	3,670	2,329	4,147	10,146
Jul-21	1,819	\$317,793	890	815	219	224	1,538	3,686	2,353	4,143	10,182
Aug-21	1,549	\$273,146	890	816	221	227	1,537	3,691	2,353	4,159	10,203
Sep-21	1,694	\$301,426	920	821	223	232	1,542	3,738	2,364	4,180	10,282
Oct-21	1,450	\$255,877	932	823	218	233	1,552	3,758	2,376	4,193	10,327
Nov-21	1,437	\$249,183	933	816	215	235	1,553	3,752	2,370	4,196	10,318
Dec-21	1,638	\$273,242	959	815	213	231	1,552	3,770	2,368	4,166	10,304
Jan-22	1,223	\$196,436	970	822	211	232	1,540	3,775	2,363	4,144	10,282
Total	34,558	\$5,886,406	20,868	19,759	5,175	5,503	36,775	88,080	56,537	99,529	244,146

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



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

Paid Period: February 1, 2020 - January 31, 2022

Group Division	Date	Number of Claims	Paid Amount	Enrollee Only	Enrollee + Spouse	Enrollee + 1 Child	Enrollee + Children	Family	Total Primary Enrollees	Adult Dependents	Child Dependents	Total Members
00273-00001	Feb-20	1,293	\$201,810	684	506	195	223	1,457	3,065	1,962	4,005	9,032
00273-00001	Mar-20	1,253	\$198,263	704	504	193	227	1,471	3,099	1,974	4,032	9,105
00273-00001	Apr-20	430	\$76,237	705	503	199	228	1,467	3,102	1,970	4,034	9,106
00273-00001	May-20	326	\$67,324	710	499	205	228	1,465	3,107	1,964	4,018	9,089
00273-00001	Jun-20	1,193	\$189,956	710	494	206	228	1,469	3,107	1,963	4,018	9,088
00273-00001	Jul-20	1,602	\$269,032	706	500	216	219	1,476	3,117	1,976	4,050	9,143
00273-00001	Aug-20	1,224	\$220,572	702	494	213	222	1,474	3,105	1,968	4,043	9,116
00273-00001	Sep-20	1,227	\$214,141	697	492	212	221	1,469	3,091	1,961	4,019	9,071
00273-00001	Oct-20	1,539	\$274,608	692	490	212	218	1,471	3,083	1,961	4,011	9,055
00273-00001	Nov-20	1,068	\$185,512	693	499	210	216	1,468	3,086	1,967	3,992	9,045
00273-00001	Dec-20	1,398	\$246,801	694	488	210	215	1,463	3,070	1,951	3,972	8,993
00273-00001	Jan-21	1,076	\$178,416	715	482	209	214	1,455	3,075	1,937	3,963	8,975
00273-00001	Feb-21	1,357	\$235,641	710	477	210	216	1,450	3,063	1,927	3,966	8,956
00273-00001	Mar-21	1,356	\$225,993	716	482	213	218	1,456	3,085	1,938	3,996	9,019
00273-00001	Apr-21	1,627	\$268,305	730	478	215	218	1,458	3,099	1,936	4,008	9,043
00273-00001	May-21	1,294	\$210,035	745	474	218	217	1,454	3,108	1,928	4,012	9,048
00273-00001	Jun-21	1,264	\$206,174	755	470	217	219	1,457	3,118	1,927	4,013	9,058
00273-00001	Jul-21	1,585	\$275,814	754	479	209	216	1,473	3,131	1,952	4,008	9,091
00273-00001	Aug-21	1,342	\$237,935	752	474	211	220	1,471	3,128	1,945	4,027	9,100
00273-00001	Sep-21	1,415	\$254,386	781	480	212	225	1,476	3,174	1,957	4,046	9,177
00273-00001	Oct-21	1,232	\$215,877	793	480	209	226	1,485	3,193	1,966	4,063	9,222
00273-00001	Nov-21	1,205	\$206,289	795	473	205	227	1,483	3,183	1,957	4,057	9,197
00273-00001	Dec-21	1,368	\$228,098	819	472	203	223	1,480	3,197	1,953	4,027	9,177
00273-00001	Jan-22	1,065	\$174,565	829	479	201	225	1,470	3,204	1,950	4,010	9,164
00273-00002	Feb-20	120	\$17,668	44	164	3	7	55	273	219	116	608
00273-00002	Mar-20	107	\$12,493	44	165	3	7	54	273	219	115	607
00273-00002	Apr-20	26	\$2,107	44	167	3	7	57	278	224	119	621
00273-00002	May-20	27	\$4,177	45	164	3	7	55	274	219	113	606
00273-00002	Jun-20	93	\$13,228	45	162	3	7	51	268	213	109	590
00273-00002	Jul-20	135	\$24,360	44	159	3	7	52	265	211	109	585
00273-00002	Aug-20	102	\$14,177	45	161	3	7	51	267	212	108	587
00273-00002	Sep-20	98	\$18,832	45	159	4	7	53	268	212	111	591
00273-00002	Oct-20	125	\$26,440	44	158	5	7	52	266	210	111	587
00273-00002	Nov-20	81	\$21,622	45	155	5	7	51	263	206	109	578
00273-00002	Dec-20	97	\$19,818	45	160	5	7	50	267	210	107	584
00273-00002	Jan-21	99	\$15,072	45	159	5	7	48	264	207	105	576
00273-00002	Feb-21	115	\$19,805	44	159	5	7	48	263	207	103	573
00273-00002	Mar-21	102	\$13,886	45	161	5	7	48	266	209	103	578
00273-00002	Apr-21	112	\$19,152	45	162	5	7	48	267	210	103	580
00273-00002	May-21	114	\$24,655	45	165	6	6	49	271	214	104	589
00273-00002	Jun-21	105	\$18,920	45	164	6	6	49	270	213	104	587
00273-00002	Jul-21	117	\$21,265	43	137	6	6	41	233	178	94	505
00273-00002	Aug-21	96	\$19,079	46	142	6	6	40	240	182	93	515
00273-00002	Sep-21	118	\$21,632	46	143	6	6	41	242	184	95	521

00273-00002	Oct-21	98	\$16,823	46	147	6	6	41	246	188	92	526
00273-00002	Nov-21	122	\$22,780	48	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	42	254	190	95	539
00273-00003	Feb-20	78	\$12,918	87	167	1	0	7	262	174	9	445
00273-00003	Mar-20	74	\$9,675	86	167	1	0	7	261	174	8	443
00273-00003	Apr-20	20	\$4,607	86	166	1	0	7	260	173	8	441
00273-00003	May-20	24	\$3,595	86	164	1	0	7	258	171	8	437
00273-00003	Jun-20	94	\$15,938	87	160	1	0	7	255	167	8	430
00273-00003	Jul-20	92	\$13,865	88	158	0	0	8	254	166	8	428
00273-00003	Aug-20	89	\$16,352	88	157	0	0	10	255	167	12	434
00273-00003	Sep-20	105	\$15,083	86	161	0	0	10	257	171	12	440
00273-00003	Oct-20	120	\$20,922	86	162	0	0	10	258	172	12	442
00273-00003	Nov-20	77	\$16,724	85	162	0	0	10	257	172	12	441
00273-00003	Dec-20	80	\$14,704	83	162	0	0	10	255	172	12	439
00273-00003	Jan-21	64	\$8,566	82	161	0	0	11	254	172	13	439
00273-00003	Feb-21	93	\$14,768	82	161	1	0	11	255	172	14	441
00273-00003	Mar-21	114	\$18,019	82	161	1	0	11	255	172	14	441
00273-00003	Apr-21	118	\$22,067	81	161	1	0	11	254	172	13	439
00273-00003	May-21	98	\$17,211	81	162	1	0	12	256	174	14	444
00273-00003	Jun-21	83	\$13,237	81	163	1	0	11	256	174	13	443
00273-00003	Jul-21	103	\$16,934	82	165	2	0	11	260	176	14	450
00273-00003	Aug-21	77	\$11,224	81	166	2	0	12	261	178	15	454
00273-00003	Sep-21	121	\$18,096	82	164	2	0	12	260	176	15	451
00273-00003	Oct-21	98	\$18,155	84	163	2	0	12	261	175	15	451
00273-00003	Nov-21	88	\$16,613	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
00273-00004	Feb-20	15	\$1,998	6	11	1	0	2	20	13	3	36
00273-00004	Mar-20	5	\$1,754	6	11	1	0	2	20	13	3	36
00273-00004	Apr-20	0	\$0	6	11	1	0	1	19	12	2	33
00273-00004	May-20	1	\$142	5	11	1	0	1	18	12	2	32
00273-00004	Jun-20	4	\$419	5	11	1	0	1	18	12	2	32
00273-00004	Jul-20	7	\$1,338	5	11	1	0	1	18	12	2	32
00273-00004	Aug-20	15	\$2,367	5	11	1	0	1	18	12	2	32
00273-00004	Sep-20	5	\$501	5	11	1	0	1	18	12	2	32
00273-00004	Oct-20	5	\$561	5	11	1	0	1	18	12	2	32
00273-00004	Nov-20	3	\$1,783	5	11	1	0	1	18	12	2	32
00273-00004	Dec-20	7	\$985	5	11	1	0	1	18	12	2	32
00273-00004	Jan-21	6	\$1,067	5	11	1	0	1	18	12	2	32
00273-00004	Feb-21	7	\$972	5	11	1	0	1	18	12	2	32
00273-00004	Mar-21	5	\$583	5	11	1	0	1	18	12	2	32
00273-00004	Apr-21	8	\$3,143	5	11	1	0	1	18	12	2	32
00273-00004	May-21	14	\$2,961	4	11	1	0	1	17	12	2	31
00273-00004	Jun-21	7	\$673	4	11	1	0	1	17	12	2	31
00273-00004	Jul-21	13	\$3,692	9	34	1	0	10	54	44	13	111
00273-00004	Aug-21	32	\$4,158	9	34	1	0	10	54	44	13	111
00273-00004	Sep-21	39	\$7,162	9	34	1	0	10	54	44	13	111
00273-00004	Oct-21	18	\$4,741	9	33	1	0	10	53	43	13	109
00273-00004	Nov-21	14	\$3,093	8	32	1	0	10	51	42	12	105
00273-00004	Dec-21	16	\$2,717	9	32	1	0	10	52	42	12	106
00273-00004	Jan-22	24	\$2,866	9	32	1	0	10	52	42	12	106
00273-09001	Feb-20	4	\$1,309	1	2	0	0	1	4	3	2	9
00273-09001	Mar-20	1	\$452	1	2	0	0	1	4	3	2	9
00273-09001	Apr-20	0	\$0	1	2	0	0	1	4	3	2	9
00273-09001	May-20	0	\$0	1	1	0	0	2	4	3	3	10

00273-09001	Jun-20	2	\$46	1	1	0	0	2	4	3	3	10
00273-09001	Jul-20	2	\$426	1	0	0	2	1	4	1	7	12
00273-09001	Aug-20	5	\$526	1	0	0	2	2	5	2	9	16
00273-09001	Sep-20	0	\$0	1	1	0	2	2	6	3	9	18
00273-09001	Oct-20	3	\$532	1	1	0	2	2	6	3	9	18
00273-09001	Nov-20	0	\$0	1	1	0	2	2	6	3	9	18
00273-09001	Dec-20	0	\$0	2	1	0	2	2	7	3	9	19
00273-09001	Jan-21	0	\$0	2	1	0	2	1	6	2	7	15
00273-09001	Feb-21	3	\$454	2	0	0	2	2	6	2	8	16
00273-09001	Mar-21	3	\$432	2	0	0	2	2	6	2	8	16
00273-09001	Apr-21	0	\$0	2	0	1	2	2	7	2	9	18
00273-09001	May-21	0	\$0	2	0	1	2	3	8	3	10	21
00273-09001	Jun-21	3	\$399	2	0	1	3	3	9	3	15	27
00273-09001	Jul-21	1	\$88	2	0	1	2	3	8	3	14	25
00273-09001	Aug-21	2	\$750	2	0	1	1	4	8	4	11	23
00273-09001	Sep-21	1	\$151	2	0	2	1	3	8	3	11	22
00273-09001	Oct-21	4	\$281	0	0	0	1	4	5	4	10	19
00273-09001	Nov-21	8	\$408	0	0	0	2	4	6	4	12	22
00273-09001	Dec-21	7	\$649	1	0	0	2	7	10	7	16	33
00273-09001	Jan-22	3	\$415	1	1	0	1	6	9	7	12	28
Total		34,558	\$5,886,406	20,868	19,759	5,175	5,503	36,775	88,080	56,537	99,529	244,146

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, 2020 - January 31, 2022

Group	Division	Paid Month/Year	Incurred Month/Year	Paid Amount
00273	All	Feb-20	Sep-18	-\$96
00273	All	Feb-20	Mar-19	\$756
00273	All	Feb-20	Apr-19	\$74
00273	All	Feb-20	May-19	\$177
00273	All	Feb-20	Jun-19	\$140
00273	All	Feb-20	Jul-19	\$493
00273	All	Feb-20	Aug-19	\$1,137
00273	All	Feb-20	Sep-19	\$1,851
00273	All	Feb-20	Oct-19	\$787
00273	All	Feb-20	Nov-19	\$7,310
00273	All	Feb-20	Dec-19	\$10,317
00273	All	Feb-20	Jan-20	\$80,403
00273	All	Feb-20	Feb-20	\$132,354
00273	All	Mar-20	Mar-19	-\$503
00273	All	Mar-20	May-19	\$1,365
00273	All	Mar-20	Jun-19	\$258
00273	All	Mar-20	Jul-19	\$1,630
00273	All	Mar-20	Aug-19	\$1,722
00273	All	Mar-20	Sep-19	-\$176
00273	All	Mar-20	Oct-19	\$1,826
00273	All	Mar-20	Nov-19	\$1,590
00273	All	Mar-20	Dec-19	\$4,314
00273	All	Mar-20	Jan-20	\$6,090
00273	All	Mar-20	Feb-20	\$94,608
00273	All	Mar-20	Mar-20	\$109,912
00273	All	Apr-20	May-19	\$55
00273	All	Apr-20	Jun-19	\$351
00273	All	Apr-20	Jul-19	\$817
00273	All	Apr-20	Aug-19	\$87
00273	All	Apr-20	Sep-19	\$434
00273	All	Apr-20	Oct-19	\$1,735
00273	All	Apr-20	Nov-19	\$486
00273	All	Apr-20	Dec-19	-\$151
00273	All	Apr-20	Jan-20	\$2,903
00273	All	Apr-20	Feb-20	\$9,056
00273	All	Apr-20	Mar-20	\$34,959
00273	All	Apr-20	Apr-20	\$32,219

00273	All	May-20	Jun-19	\$127
00273	All	May-20	Jul-19	\$103
00273	All	May-20	Sep-19	\$141
00273	All	May-20	Oct-19	\$178
00273	All	May-20	Nov-19	\$203
00273	All	May-20	Dec-19	\$1,046
00273	All	May-20	Jan-20	\$2,719
00273	All	May-20	Feb-20	\$2,799
00273	All	May-20	Mar-20	\$3,901
00273	All	May-20	Apr-20	\$20,233
00273	All	May-20	May-20	\$43,789
00273	All	Jun-20	Apr-19	\$750
00273	All	Jun-20	Jun-19	\$16
00273	All	Jun-20	Aug-19	\$283
00273	All	Jun-20	Oct-19	\$123
00273	All	Jun-20	Dec-19	\$1,051
00273	All	Jun-20	Jan-20	\$512
00273	All	Jun-20	Feb-20	\$654
00273	All	Jun-20	Mar-20	\$2,431
00273	All	Jun-20	Apr-20	\$3,572
00273	All	Jun-20	May-20	\$67,356
00273	All	Jun-20	Jun-20	\$142,840
00273	All	Jul-20	May-19	\$158
00273	All	Jul-20	Jun-19	\$782
00273	All	Jul-20	Aug-19	\$99
00273	All	Jul-20	Sep-19	-\$11
00273	All	Jul-20	Oct-19	\$238
00273	All	Jul-20	Nov-19	\$88
00273	All	Jul-20	Dec-19	\$2,150
00273	All	Jul-20	Jan-20	\$348
00273	All	Jul-20	Feb-20	\$43
00273	All	Jul-20	Mar-20	\$1,024
00273	All	Jul-20	Apr-20	\$1,036
00273	All	Jul-20	May-20	\$4,535
00273	All	Jul-20	Jun-20	\$120,770
00273	All	Jul-20	Jul-20	\$177,760
00273	All	Aug-20	Jan-19	\$323
00273	All	Aug-20	May-19	\$99
00273	All	Aug-20	Dec-19	\$134
00273	All	Aug-20	Jan-20	\$150
00273	All	Aug-20	Feb-20	\$651
00273	All	Aug-20	Mar-20	\$1,940
00273	All	Aug-20	May-20	\$237
00273	All	Aug-20	Jun-20	\$5,798
00273	All	Aug-20	Jul-20	\$98,066
00273	All	Aug-20	Aug-20	\$146,596
00273	All	Sep-20	Sep-19	\$514
00273	All	Sep-20	Nov-19	\$268
00273	All	Sep-20	Dec-19	\$152

00273	All	Sep-20	Jan-20	\$78
00273	All	Sep-20	Feb-20	\$259
00273	All	Sep-20	Mar-20	\$213
00273	All	Sep-20	May-20	\$838
00273	All	Sep-20	Jun-20	\$2,789
00273	All	Sep-20	Jul-20	\$8,882
00273	All	Sep-20	Aug-20	\$119,418
00273	All	Sep-20	Sep-20	\$115,147
00273	All	Oct-20	Sep-18	\$83
00273	All	Oct-20	Oct-19	\$177
00273	All	Oct-20	Nov-19	\$68
00273	All	Oct-20	Jan-20	\$818
00273	All	Oct-20	Feb-20	\$153
00273	All	Oct-20	Mar-20	\$142
00273	All	Oct-20	Apr-20	\$217
00273	All	Oct-20	Jun-20	\$2,733
00273	All	Oct-20	Jul-20	\$2,791
00273	All	Oct-20	Aug-20	\$12,170
00273	All	Oct-20	Sep-20	\$144,309
00273	All	Oct-20	Oct-20	\$159,403
00273	All	Nov-20	Nov-19	\$103
00273	All	Nov-20	Dec-19	\$1,260
00273	All	Nov-20	Jan-20	\$1,486
00273	All	Nov-20	Feb-20	\$321
00273	All	Nov-20	Mar-20	\$758
00273	All	Nov-20	Jun-20	\$651
00273	All	Nov-20	Jul-20	\$3,536
00273	All	Nov-20	Aug-20	\$2,833
00273	All	Nov-20	Sep-20	\$7,491
00273	All	Nov-20	Oct-20	\$80,384
00273	All	Nov-20	Nov-20	\$126,819
00273	All	Dec-20	Mar-20	\$302
00273	All	Dec-20	May-20	\$198
00273	All	Dec-20	Jun-20	\$1,008
00273	All	Dec-20	Jul-20	\$665
00273	All	Dec-20	Aug-20	\$729
00273	All	Dec-20	Sep-20	\$1,160
00273	All	Dec-20	Oct-20	\$11,974
00273	All	Dec-20	Nov-20	\$96,740
00273	All	Dec-20	Dec-20	\$169,532
00273	All	Jan-21	Jan-20	-\$1,292
00273	All	Jan-21	Feb-20	\$160
00273	All	Jan-21	Jun-20	\$523
00273	All	Jan-21	Jul-20	\$162
00273	All	Jan-21	Aug-20	\$474
00273	All	Jan-21	Sep-20	\$441
00273	All	Jan-21	Oct-20	\$1,448
00273	All	Jan-21	Nov-20	\$4,692
00273	All	Jan-21	Dec-20	\$67,403

00273	All	Jan-21	Jan-21	\$129,110
00273	All	Feb-21	Mar-20	\$727
00273	All	Feb-21	May-20	\$550
00273	All	Feb-21	Jun-20	\$366
00273	All	Feb-21	Jul-20	\$328
00273	All	Feb-21	Aug-20	\$1,855
00273	All	Feb-21	Sep-20	\$750
00273	All	Feb-21	Oct-20	\$2,933
00273	All	Feb-21	Nov-20	\$5,353
00273	All	Feb-21	Dec-20	\$6,951
00273	All	Feb-21	Jan-21	\$110,319
00273	All	Feb-21	Feb-21	\$141,509
00273	All	Mar-21	Jun-20	\$313
00273	All	Mar-21	Jul-20	\$1,297
00273	All	Mar-21	Aug-20	\$305
00273	All	Mar-21	Sep-20	\$638
00273	All	Mar-21	Oct-20	\$2,835
00273	All	Mar-21	Nov-20	\$3,080
00273	All	Mar-21	Dec-20	\$4,736
00273	All	Mar-21	Jan-21	\$6,337
00273	All	Mar-21	Feb-21	\$91,530
00273	All	Mar-21	Mar-21	\$147,843
00273	All	Apr-21	Jun-20	\$110
00273	All	Apr-21	Jul-20	\$209
00273	All	Apr-21	Sep-20	\$325
00273	All	Apr-21	Oct-20	\$76
00273	All	Apr-21	Nov-20	\$1,319
00273	All	Apr-21	Dec-20	\$2,361
00273	All	Apr-21	Jan-21	\$2,664
00273	All	Apr-21	Feb-21	\$8,615
00273	All	Apr-21	Mar-21	\$133,634
00273	All	Apr-21	Apr-21	\$163,354
00273	All	May-21	Jul-20	\$698
00273	All	May-21	Aug-20	\$29
00273	All	May-21	Oct-20	\$137
00273	All	May-21	Nov-20	\$274
00273	All	May-21	Dec-20	\$429
00273	All	May-21	Jan-21	\$3,402
00273	All	May-21	Feb-21	\$1,488
00273	All	May-21	Mar-21	\$8,256
00273	All	May-21	Apr-21	\$100,100
00273	All	May-21	May-21	\$140,049
00273	All	Jun-21	Mar-20	\$323
00273	All	Jun-21	Nov-20	\$1,330
00273	All	Jun-21	Dec-20	\$546
00273	All	Jun-21	Jan-21	\$1,074
00273	All	Jun-21	Feb-21	\$1,857
00273	All	Jun-21	Mar-21	\$3,249
00273	All	Jun-21	Apr-21	\$4,275

00273	All	Jun-21	May-21	\$89,297
00273	All	Jun-21	Jun-21	\$137,452
00273	All	Jul-21	Jul-18	\$147
00273	All	Jul-21	Sep-18	\$227
00273	All	Jul-21	Apr-19	\$93
00273	All	Jul-21	May-19	\$35
00273	All	Jul-21	Jun-19	\$225
00273	All	Jul-21	Jul-19	\$176
00273	All	Jul-21	Oct-19	\$131
00273	All	Jul-21	Mar-20	\$109
00273	All	Jul-21	Jun-20	\$155
00273	All	Jul-21	Aug-20	\$128
00273	All	Jul-21	Sep-20	\$282
00273	All	Jul-21	Oct-20	\$1,037
00273	All	Jul-21	Nov-20	\$109
00273	All	Jul-21	Dec-20	\$143
00273	All	Jul-21	Jan-21	\$510
00273	All	Jul-21	Feb-21	\$902
00273	All	Jul-21	Mar-21	\$3,412
00273	All	Jul-21	Apr-21	\$4,478
00273	All	Jul-21	May-21	\$10,266
00273	All	Jul-21	Jun-21	\$124,991
00273	All	Jul-21	Jul-21	\$170,237
00273	All	Aug-21	Jul-20	\$42
00273	All	Aug-21	Aug-20	-\$194
00273	All	Aug-21	Sep-20	\$64
00273	All	Aug-21	Nov-20	\$26
00273	All	Aug-21	Jan-21	\$220
00273	All	Aug-21	Feb-21	\$1,776
00273	All	Aug-21	Mar-21	\$302
00273	All	Aug-21	Apr-21	\$505
00273	All	Aug-21	May-21	\$3,190
00273	All	Aug-21	Jun-21	\$8,303
00273	All	Aug-21	Jul-21	\$108,422
00273	All	Aug-21	Aug-21	\$150,491
00273	All	Sep-21	Mar-19	\$433
00273	All	Sep-21	Apr-19	\$114
00273	All	Sep-21	May-19	\$68
00273	All	Sep-21	Jun-19	\$294
00273	All	Sep-21	Jul-19	\$88
00273	All	Sep-21	Aug-19	\$486
00273	All	Sep-21	Feb-20	\$1,124
00273	All	Sep-21	Jun-20	\$1,763
00273	All	Sep-21	Oct-20	\$187
00273	All	Sep-21	Nov-20	\$86
00273	All	Sep-21	Dec-20	\$142
00273	All	Sep-21	Jan-21	\$156
00273	All	Sep-21	Feb-21	\$354
00273	All	Sep-21	Mar-21	\$1,239

00273	All	Sep-21	Apr-21	\$5,436
00273	All	Sep-21	May-21	\$686
00273	All	Sep-21	Jun-21	\$6,365
00273	All	Sep-21	Jul-21	\$14,015
00273	All	Sep-21	Aug-21	\$110,578
00273	All	Sep-21	Sep-21	\$157,811
00273	All	Oct-21	Sep-20	\$145
00273	All	Oct-21	Mar-21	\$1,833
00273	All	Oct-21	Apr-21	\$3,264
00273	All	Oct-21	May-21	\$275
00273	All	Oct-21	Jun-21	\$320
00273	All	Oct-21	Jul-21	\$4,725
00273	All	Oct-21	Aug-21	\$9,688
00273	All	Oct-21	Sep-21	\$87,535
00273	All	Oct-21	Oct-21	\$148,092
00273	All	Nov-21	Feb-20	\$87
00273	All	Nov-21	Oct-20	\$418
00273	All	Nov-21	Jan-21	\$24
00273	All	Nov-21	Feb-21	\$245
00273	All	Nov-21	Mar-21	\$103
00273	All	Nov-21	Apr-21	\$290
00273	All	Nov-21	Jul-21	\$727
00273	All	Nov-21	Aug-21	\$2,981
00273	All	Nov-21	Sep-21	\$11,027
00273	All	Nov-21	Oct-21	\$97,007
00273	All	Nov-21	Nov-21	\$136,275
00273	All	Dec-21	Aug-19	\$401
00273	All	Dec-21	Apr-20	\$1,025
00273	All	Dec-21	May-20	\$1,373
00273	All	Dec-21	Oct-20	\$842
00273	All	Dec-21	Feb-21	\$576
00273	All	Dec-21	Apr-21	\$415
00273	All	Dec-21	May-21	\$336
00273	All	Dec-21	Jun-21	\$6
00273	All	Dec-21	Jul-21	\$3,935
00273	All	Dec-21	Aug-21	\$2,150
00273	All	Dec-21	Sep-21	\$590
00273	All	Dec-21	Oct-21	\$9,333
00273	All	Dec-21	Nov-21	\$103,910
00273	All	Dec-21	Dec-21	\$148,351
00273	All	Jan-22	Mar-19	\$108
00273	All	Jan-22	Apr-19	\$513
00273	All	Jan-22	May-19	\$2,501
00273	All	Jan-22	Jul-19	\$168
00273	All	Jan-22	Aug-19	\$696
00273	All	Jan-22	Sep-19	\$954
00273	All	Jan-22	Oct-19	\$1,093
00273	All	Jan-22	Nov-19	\$108
00273	All	Jan-22	Dec-19	\$522

00273	All	Jan-22	Jan-20	\$1,038
00273	All	Jan-22	Feb-20	\$460
00273	All	Jan-22	May-20	\$353
00273	All	Jan-22	Jun-20	\$264
00273	All	Jan-22	Jul-20	\$459
00273	All	Jan-22	Aug-20	\$130
00273	All	Jan-22	Oct-20	\$209
00273	All	Jan-22	Nov-20	\$48
00273	All	Jan-22	Jan-21	\$76
00273	All	Jan-22	Feb-21	\$323
00273	All	Jan-22	Mar-21	\$17
00273	All	Jan-22	Apr-21	\$626
00273	All	Jan-22	May-21	\$98
00273	All	Jan-22	Jun-21	\$1,326
00273	All	Jan-22	Jul-21	\$17
00273	All	Jan-22	Aug-21	\$2,047
00273	All	Jan-22	Sep-21	\$3,291
00273	All	Jan-22	Oct-21	\$4,667
00273	All	Jan-22	Nov-21	\$5,273
00273	All	Jan-22	Dec-21	\$66,160
00273	All	Jan-22	Jan-22	\$102,892
Total				\$5,886,406

Group	Division	Paid Month/Year	Incurred Month/Year	Paid Amount
00273	00001	Feb-20	Sep-18	-\$96
00273	00001	Feb-20	Mar-19	\$756
00273	00001	Feb-20	Apr-19	\$74
00273	00001	Feb-20	May-19	\$177
00273	00001	Feb-20	Jun-19	\$140
00273	00001	Feb-20	Jul-19	\$369
00273	00001	Feb-20	Aug-19	\$1,051
00273	00001	Feb-20	Sep-19	\$1,781
00273	00001	Feb-20	Oct-19	\$787
00273	00001	Feb-20	Nov-19	\$5,905
00273	00001	Feb-20	Dec-19	\$9,377
00273	00001	Feb-20	Jan-20	\$70,730
00273	00001	Feb-20	Feb-20	\$110,759
00273	00001	Mar-20	Mar-19	-\$503
00273	00001	Mar-20	May-19	\$1,365
00273	00001	Mar-20	Jun-19	\$258
00273	00001	Mar-20	Jul-19	\$1,630
00273	00001	Mar-20	Aug-19	\$1,722
00273	00001	Mar-20	Sep-19	-\$176
00273	00001	Mar-20	Oct-19	\$1,826
00273	00001	Mar-20	Nov-19	\$1,498
00273	00001	Mar-20	Dec-19	\$4,088
00273	00001	Mar-20	Jan-20	\$6,067
00273	00001	Mar-20	Feb-20	\$84,027

00273	00001	Mar-20	Mar-20	\$96,460
00273	00001	Apr-20	May-19	\$55
00273	00001	Apr-20	Jun-19	\$351
00273	00001	Apr-20	Jul-19	\$817
00273	00001	Apr-20	Aug-19	\$87
00273	00001	Apr-20	Sep-19	\$253
00273	00001	Apr-20	Oct-19	\$1,735
00273	00001	Apr-20	Nov-19	\$486
00273	00001	Apr-20	Dec-19	-\$151
00273	00001	Apr-20	Jan-20	\$2,793
00273	00001	Apr-20	Feb-20	\$8,706
00273	00001	Apr-20	Mar-20	\$32,361
00273	00001	Apr-20	Apr-20	\$28,745
00273	00001	May-20	Jul-19	\$103
00273	00001	May-20	Sep-19	\$141
00273	00001	May-20	Oct-19	\$178
00273	00001	May-20	Nov-19	\$203
00273	00001	May-20	Dec-19	\$1,046
00273	00001	May-20	Jan-20	\$2,300
00273	00001	May-20	Feb-20	\$2,799
00273	00001	May-20	Mar-20	\$3,613
00273	00001	May-20	Apr-20	\$18,422
00273	00001	May-20	May-20	\$38,519
00273	00001	Jun-20	Jun-19	\$16
00273	00001	Jun-20	Aug-19	\$283
00273	00001	Jun-20	Oct-19	\$123
00273	00001	Jun-20	Dec-19	\$1,051
00273	00001	Jun-20	Jan-20	\$512
00273	00001	Jun-20	Feb-20	\$573
00273	00001	Jun-20	Mar-20	\$2,431
00273	00001	Jun-20	Apr-20	\$3,336
00273	00001	Jun-20	May-20	\$59,673
00273	00001	Jun-20	Jun-20	\$121,959
00273	00001	Jul-20	May-19	\$158
00273	00001	Jul-20	Jun-19	\$782
00273	00001	Jul-20	Aug-19	\$53
00273	00001	Jul-20	Sep-19	-\$11
00273	00001	Jul-20	Oct-19	\$238
00273	00001	Jul-20	Nov-19	\$88
00273	00001	Jul-20	Dec-19	\$2,150
00273	00001	Jul-20	Jan-20	\$348
00273	00001	Jul-20	Feb-20	\$43
00273	00001	Jul-20	Mar-20	\$1,024
00273	00001	Jul-20	Apr-20	\$1,036
00273	00001	Jul-20	May-20	\$3,280
00273	00001	Jul-20	Jun-20	\$100,873
00273	00001	Jul-20	Jul-20	\$158,970
00273	00001	Aug-20	Jan-19	\$323
00273	00001	Aug-20	May-19	\$99

00273	00001	Aug-20	Dec-19	\$134
00273	00001	Aug-20	Jan-20	\$150
00273	00001	Aug-20	Feb-20	\$651
00273	00001	Aug-20	Mar-20	\$1,940
00273	00001	Aug-20	May-20	\$237
00273	00001	Aug-20	Jun-20	\$4,965
00273	00001	Aug-20	Jul-20	\$87,845
00273	00001	Aug-20	Aug-20	\$124,228
00273	00001	Sep-20	Sep-19	\$514
00273	00001	Sep-20	Nov-19	\$268
00273	00001	Sep-20	Dec-19	\$152
00273	00001	Sep-20	Jan-20	\$78
00273	00001	Sep-20	Feb-20	\$259
00273	00001	Sep-20	Mar-20	\$213
00273	00001	Sep-20	May-20	\$750
00273	00001	Sep-20	Jun-20	\$2,437
00273	00001	Sep-20	Jul-20	\$8,653
00273	00001	Sep-20	Aug-20	\$100,191
00273	00001	Sep-20	Sep-20	\$100,627
00273	00001	Oct-20	Sep-18	\$83
00273	00001	Oct-20	Oct-19	\$177
00273	00001	Oct-20	Nov-19	\$68
00273	00001	Oct-20	Jan-20	\$621
00273	00001	Oct-20	Feb-20	\$153
00273	00001	Oct-20	Mar-20	\$142
00273	00001	Oct-20	Apr-20	\$217
00273	00001	Oct-20	Jun-20	\$2,481
00273	00001	Oct-20	Jul-20	\$2,656
00273	00001	Oct-20	Aug-20	\$9,564
00273	00001	Oct-20	Sep-20	\$124,549
00273	00001	Oct-20	Oct-20	\$133,897
00273	00001	Nov-20	Nov-19	\$103
00273	00001	Nov-20	Dec-19	\$551
00273	00001	Nov-20	Jan-20	\$194
00273	00001	Nov-20	Feb-20	\$321
00273	00001	Nov-20	Mar-20	\$758
00273	00001	Nov-20	Jun-20	\$350
00273	00001	Nov-20	Jul-20	\$3,528
00273	00001	Nov-20	Aug-20	\$1,276
00273	00001	Nov-20	Sep-20	\$7,297
00273	00001	Nov-20	Oct-20	\$64,273
00273	00001	Nov-20	Nov-20	\$106,863
00273	00001	Dec-20	Mar-20	\$302
00273	00001	Dec-20	May-20	\$198
00273	00001	Dec-20	Jun-20	\$902
00273	00001	Dec-20	Jul-20	\$665
00273	00001	Dec-20	Aug-20	\$729
00273	00001	Dec-20	Sep-20	\$994
00273	00001	Dec-20	Oct-20	\$10,674

00273	00001	Dec-20	Nov-20	\$87,504
00273	00001	Dec-20	Dec-20	\$144,835
00273	00001	Jan-21	Feb-20	\$160
00273	00001	Jan-21	Jun-20	\$523
00273	00001	Jan-21	Jul-20	\$162
00273	00001	Jan-21	Aug-20	\$280
00273	00001	Jan-21	Sep-20	\$358
00273	00001	Jan-21	Oct-20	\$796
00273	00001	Jan-21	Nov-20	\$4,692
00273	00001	Jan-21	Dec-20	\$60,180
00273	00001	Jan-21	Jan-21	\$111,267
00273	00001	Feb-21	Mar-20	\$727
00273	00001	Feb-21	May-20	\$550
00273	00001	Feb-21	Jun-20	\$366
00273	00001	Feb-21	Jul-20	\$328
00273	00001	Feb-21	Aug-20	\$1,779
00273	00001	Feb-21	Sep-20	\$686
00273	00001	Feb-21	Oct-20	\$2,933
00273	00001	Feb-21	Nov-20	\$5,353
00273	00001	Feb-21	Dec-20	\$6,538
00273	00001	Feb-21	Jan-21	\$97,196
00273	00001	Feb-21	Feb-21	\$119,185
00273	00001	Mar-21	Jun-20	\$313
00273	00001	Mar-21	Jul-20	\$1,297
00273	00001	Mar-21	Aug-20	\$305
00273	00001	Mar-21	Sep-20	\$519
00273	00001	Mar-21	Oct-20	\$1,577
00273	00001	Mar-21	Nov-20	\$2,737
00273	00001	Mar-21	Dec-20	\$4,736
00273	00001	Mar-21	Jan-21	\$5,908
00273	00001	Mar-21	Feb-21	\$80,023
00273	00001	Mar-21	Mar-21	\$128,578
00273	00001	Apr-21	Jun-20	\$110
00273	00001	Apr-21	Jul-20	\$209
00273	00001	Apr-21	Sep-20	\$325
00273	00001	Apr-21	Oct-20	\$76
00273	00001	Apr-21	Nov-20	\$1,255
00273	00001	Apr-21	Dec-20	\$2,361
00273	00001	Apr-21	Jan-21	\$2,282
00273	00001	Apr-21	Feb-21	\$8,505
00273	00001	Apr-21	Mar-21	\$112,559
00273	00001	Apr-21	Apr-21	\$140,624
00273	00001	May-21	Jul-20	\$698
00273	00001	May-21	Aug-20	\$29
00273	00001	May-21	Oct-20	\$137
00273	00001	May-21	Nov-20	\$274
00273	00001	May-21	Dec-20	\$429
00273	00001	May-21	Jan-21	\$3,159
00273	00001	May-21	Feb-21	\$1,669

00273	00001	May-21	Mar-21	\$6,295
00273	00001	May-21	Apr-21	\$82,925
00273	00001	May-21	May-21	\$114,419
00273	00001	Jun-21	Nov-20	\$1,244
00273	00001	Jun-21	Dec-20	\$546
00273	00001	Jun-21	Jan-21	\$1,045
00273	00001	Jun-21	Feb-21	\$1,857
00273	00001	Jun-21	Mar-21	\$3,092
00273	00001	Jun-21	Apr-21	\$4,086
00273	00001	Jun-21	May-21	\$78,010
00273	00001	Jun-21	Jun-21	\$116,295
00273	00001	Jul-21	Jul-18	\$147
00273	00001	Jul-21	Sep-18	\$227
00273	00001	Jul-21	Apr-19	\$93
00273	00001	Jul-21	Jun-19	\$225
00273	00001	Jul-21	Jul-19	\$176
00273	00001	Jul-21	Oct-19	\$131
00273	00001	Jul-21	Jun-20	\$155
00273	00001	Jul-21	Aug-20	\$128
00273	00001	Jul-21	Sep-20	\$282
00273	00001	Jul-21	Oct-20	\$1,037
00273	00001	Jul-21	Dec-20	\$143
00273	00001	Jul-21	Jan-21	\$510
00273	00001	Jul-21	Feb-21	\$902
00273	00001	Jul-21	Mar-21	\$3,393
00273	00001	Jul-21	Apr-21	\$2,764
00273	00001	Jul-21	May-21	\$8,859
00273	00001	Jul-21	Jun-21	\$109,352
00273	00001	Jul-21	Jul-21	\$147,290
00273	00001	Aug-21	Jul-20	\$42
00273	00001	Aug-21	Sep-20	\$64
00273	00001	Aug-21	Nov-20	\$26
00273	00001	Aug-21	Jan-21	\$220
00273	00001	Aug-21	Feb-21	\$1,309
00273	00001	Aug-21	Mar-21	\$302
00273	00001	Aug-21	Apr-21	\$505
00273	00001	Aug-21	May-21	\$3,126
00273	00001	Aug-21	Jun-21	\$7,599
00273	00001	Aug-21	Jul-21	\$96,406
00273	00001	Aug-21	Aug-21	\$128,336
00273	00001	Sep-21	Mar-19	\$433
00273	00001	Sep-21	Apr-19	\$114
00273	00001	Sep-21	May-19	\$68
00273	00001	Sep-21	Jun-19	\$187
00273	00001	Sep-21	Jul-19	\$88
00273	00001	Sep-21	Aug-19	\$486
00273	00001	Sep-21	Feb-20	\$1,124
00273	00001	Sep-21	Jun-20	\$1,763
00273	00001	Sep-21	Oct-20	\$187

00273	00001	Sep-21	Dec-20	\$142
00273	00001	Sep-21	Jan-21	\$68
00273	00001	Sep-21	Feb-21	\$68
00273	00001	Sep-21	Mar-21	\$1,239
00273	00001	Sep-21	Apr-21	\$5,436
00273	00001	Sep-21	May-21	\$686
00273	00001	Sep-21	Jun-21	\$6,118
00273	00001	Sep-21	Jul-21	\$11,596
00273	00001	Sep-21	Aug-21	\$93,807
00273	00001	Sep-21	Sep-21	\$130,774
00273	00001	Oct-21	Sep-20	\$145
00273	00001	Oct-21	Mar-21	\$1,824
00273	00001	Oct-21	Apr-21	\$3,264
00273	00001	Oct-21	May-21	\$275
00273	00001	Oct-21	Jun-21	\$320
00273	00001	Oct-21	Jul-21	\$3,703
00273	00001	Oct-21	Aug-21	\$9,034
00273	00001	Oct-21	Sep-21	\$75,106
00273	00001	Oct-21	Oct-21	\$122,206
00273	00001	Nov-21	Feb-20	\$87
00273	00001	Nov-21	Oct-20	\$418
00273	00001	Nov-21	Jan-21	\$24
00273	00001	Nov-21	Feb-21	\$245
00273	00001	Nov-21	Mar-21	\$103
00273	00001	Nov-21	Apr-21	\$290
00273	00001	Nov-21	Jul-21	\$727
00273	00001	Nov-21	Aug-21	\$2,981
00273	00001	Nov-21	Sep-21	\$9,792
00273	00001	Nov-21	Oct-21	\$79,428
00273	00001	Nov-21	Nov-21	\$112,194
00273	00001	Dec-21	Aug-19	\$401
00273	00001	Dec-21	Apr-20	\$1,025
00273	00001	Dec-21	May-20	\$974
00273	00001	Dec-21	Oct-20	\$842
00273	00001	Dec-21	Feb-21	\$576
00273	00001	Dec-21	Apr-21	\$348
00273	00001	Dec-21	May-21	\$336
00273	00001	Dec-21	Jun-21	\$6
00273	00001	Dec-21	Jul-21	\$3,825
00273	00001	Dec-21	Aug-21	\$1,837
00273	00001	Dec-21	Sep-21	\$590
00273	00001	Dec-21	Oct-21	\$7,187
00273	00001	Dec-21	Nov-21	\$87,608
00273	00001	Dec-21	Dec-21	\$122,543
00273	00001	Jan-22	Mar-19	\$108
00273	00001	Jan-22	Apr-19	\$393
00273	00001	Jan-22	May-19	\$2,501
00273	00001	Jan-22	Jul-19	\$168
00273	00001	Jan-22	Aug-19	\$696

00273	00001	Jan-22	Sep-19	\$954
00273	00001	Jan-22	Oct-19	\$1,093
00273	00001	Jan-22	Nov-19	\$108
00273	00001	Jan-22	Dec-19	\$522
00273	00001	Jan-22	Jan-20	\$1,038
00273	00001	Jan-22	Feb-20	\$460
00273	00001	Jan-22	May-20	\$353
00273	00001	Jan-22	Jun-20	\$264
00273	00001	Jan-22	Jul-20	\$459
00273	00001	Jan-22	Aug-20	\$130
00273	00001	Jan-22	Oct-20	\$209
00273	00001	Jan-22	Nov-20	\$48
00273	00001	Jan-22	Jan-21	\$76
00273	00001	Jan-22	Feb-21	\$323
00273	00001	Jan-22	Mar-21	\$17
00273	00001	Jan-22	Apr-21	\$626
00273	00001	Jan-22	May-21	\$98
00273	00001	Jan-22	Jun-21	\$1,128
00273	00001	Jan-22	Jul-21	\$17
00273	00001	Jan-22	Aug-21	\$1,747
00273	00001	Jan-22	Sep-21	\$3,291
00273	00001	Jan-22	Oct-21	\$4,667
00273	00001	Jan-22	Nov-21	\$5,078
00273	00001	Jan-22	Dec-21	\$58,255
00273	00001	Jan-22	Jan-22	\$89,739
00273	00002	Feb-20	Aug-19	\$86
00273	00002	Feb-20	Sep-19	\$70
00273	00002	Feb-20	Nov-19	\$1,404
00273	00002	Feb-20	Dec-19	\$787
00273	00002	Feb-20	Jan-20	\$4,033
00273	00002	Feb-20	Feb-20	\$11,288
00273	00002	Mar-20	Nov-19	\$91
00273	00002	Mar-20	Dec-19	\$226
00273	00002	Mar-20	Jan-20	\$23
00273	00002	Mar-20	Feb-20	\$5,216
00273	00002	Mar-20	Mar-20	\$6,937
00273	00002	Apr-20	Sep-19	\$181
00273	00002	Apr-20	Jan-20	\$110
00273	00002	Apr-20	Feb-20	\$176
00273	00002	Apr-20	Mar-20	\$1,055
00273	00002	Apr-20	Apr-20	\$585
00273	00002	May-20	Jun-19	\$127
00273	00002	May-20	Mar-20	\$177
00273	00002	May-20	Apr-20	\$552
00273	00002	May-20	May-20	\$3,321
00273	00002	Jun-20	Apr-19	\$750
00273	00002	Jun-20	Apr-20	\$217
00273	00002	Jun-20	May-20	\$2,859
00273	00002	Jun-20	Jun-20	\$9,402

00273	00002	Jul-20	May-20	\$1,105
00273	00002	Jul-20	Jun-20	\$11,530
00273	00002	Jul-20	Jul-20	\$11,726
00273	00002	Aug-20	Jun-20	\$556
00273	00002	Aug-20	Jul-20	\$5,294
00273	00002	Aug-20	Aug-20	\$8,327
00273	00002	Sep-20	May-20	\$88
00273	00002	Sep-20	Aug-20	\$11,824
00273	00002	Sep-20	Sep-20	\$6,920
00273	00002	Oct-20	Jun-20	\$253
00273	00002	Oct-20	Aug-20	\$1,665
00273	00002	Oct-20	Sep-20	\$11,484
00273	00002	Oct-20	Oct-20	\$13,039
00273	00002	Nov-20	Jun-20	\$232
00273	00002	Nov-20	Aug-20	\$1,444
00273	00002	Nov-20	Sep-20	\$25
00273	00002	Nov-20	Oct-20	\$6,742
00273	00002	Nov-20	Nov-20	\$13,180
00273	00002	Dec-20	Jun-20	\$107
00273	00002	Dec-20	Sep-20	\$166
00273	00002	Dec-20	Oct-20	\$244
00273	00002	Dec-20	Nov-20	\$3,363
00273	00002	Dec-20	Dec-20	\$15,939
00273	00002	Jan-21	Sep-20	\$84
00273	00002	Jan-21	Dec-20	\$3,408
00273	00002	Jan-21	Jan-21	\$11,581
00273	00002	Feb-21	Dec-20	\$330
00273	00002	Feb-21	Jan-21	\$8,830
00273	00002	Feb-21	Feb-21	\$10,646
00273	00002	Mar-21	Oct-20	\$1,080
00273	00002	Mar-21	Nov-20	\$152
00273	00002	Mar-21	Jan-21	\$404
00273	00002	Mar-21	Feb-21	\$5,495
00273	00002	Mar-21	Mar-21	\$6,754
00273	00002	Apr-21	Nov-20	\$64
00273	00002	Apr-21	Mar-21	\$9,111
00273	00002	Apr-21	Apr-21	\$9,978
00273	00002	May-21	Feb-21	-\$181
00273	00002	May-21	Mar-21	\$1,462
00273	00002	May-21	Apr-21	\$9,533
00273	00002	May-21	May-21	\$13,841
00273	00002	Jun-21	Mar-20	\$323
00273	00002	Jun-21	Nov-20	\$86
00273	00002	Jun-21	Mar-21	\$157
00273	00002	Jun-21	Apr-21	\$64
00273	00002	Jun-21	May-21	\$5,265
00273	00002	Jun-21	Jun-21	\$13,025
00273	00002	Jul-21	May-19	\$35
00273	00002	Jul-21	Apr-21	\$1,304

00273	00002	Jul-21	May-21	\$1,318
00273	00002	Jul-21	Jun-21	\$9,015
00273	00002	Jul-21	Jul-21	\$9,592
00273	00002	Aug-21	Feb-21	\$467
00273	00002	Aug-21	May-21	\$64
00273	00002	Aug-21	Jun-21	\$54
00273	00002	Aug-21	Jul-21	\$6,174
00273	00002	Aug-21	Aug-21	\$12,320
00273	00002	Sep-21	Feb-21	\$215
00273	00002	Sep-21	Jun-21	\$110
00273	00002	Sep-21	Jul-21	\$1,178
00273	00002	Sep-21	Aug-21	\$8,973
00273	00002	Sep-21	Sep-21	\$11,156
00273	00002	Oct-21	Aug-21	\$636
00273	00002	Oct-21	Sep-21	\$4,874
00273	00002	Oct-21	Oct-21	\$11,312
00273	00002	Nov-21	Sep-21	\$374
00273	00002	Nov-21	Oct-21	\$9,929
00273	00002	Nov-21	Nov-21	\$12,477
00273	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	00003	Feb-20	Jul-19	\$124
00273	00003	Feb-20	Dec-19	\$153
00273	00003	Feb-20	Jan-20	\$3,948
00273	00003	Feb-20	Feb-20	\$8,694
00273	00003	Mar-20	Feb-20	\$3,788
00273	00003	Mar-20	Mar-20	\$5,887
00273	00003	Apr-20	Feb-20	\$174
00273	00003	Apr-20	Mar-20	\$1,543
00273	00003	Apr-20	Apr-20	\$2,889
00273	00003	May-20	Jan-20	\$419
00273	00003	May-20	Mar-20	\$111
00273	00003	May-20	Apr-20	\$1,259
00273	00003	May-20	May-20	\$1,806
00273	00003	Jun-20	Feb-20	\$82
00273	00003	Jun-20	Apr-20	\$19
00273	00003	Jun-20	May-20	\$4,511
00273	00003	Jun-20	Jun-20	\$11,327
00273	00003	Jul-20	Aug-19	\$46
00273	00003	Jul-20	May-20	\$151
00273	00003	Jul-20	Jun-20	\$7,821
00273	00003	Jul-20	Jul-20	\$5,846
00273	00003	Aug-20	Jul-20	\$4,279

00273	00003	Aug-20	Aug-20	\$12,073
00273	00003	Sep-20	Jun-20	\$351
00273	00003	Sep-20	Jul-20	\$230
00273	00003	Sep-20	Aug-20	\$7,100
00273	00003	Sep-20	Sep-20	\$7,402
00273	00003	Oct-20	Jan-20	\$196
00273	00003	Oct-20	Jul-20	\$134
00273	00003	Oct-20	Aug-20	\$722
00273	00003	Oct-20	Sep-20	\$8,044
00273	00003	Oct-20	Oct-20	\$11,825
00273	00003	Nov-20	Dec-19	\$709
00273	00003	Nov-20	Jan-20	\$1,292
00273	00003	Nov-20	Jun-20	\$69
00273	00003	Nov-20	Jul-20	\$8
00273	00003	Nov-20	Oct-20	\$7,870
00273	00003	Nov-20	Nov-20	\$6,776
00273	00003	Dec-20	Oct-20	\$1,057
00273	00003	Dec-20	Nov-20	\$5,358
00273	00003	Dec-20	Dec-20	\$8,289
00273	00003	Jan-21	Jan-20	-\$1,292
00273	00003	Jan-21	Aug-20	\$194
00273	00003	Jan-21	Oct-20	\$652
00273	00003	Jan-21	Dec-20	\$3,269
00273	00003	Jan-21	Jan-21	\$5,742
00273	00003	Feb-21	Aug-20	\$76
00273	00003	Feb-21	Sep-20	\$64
00273	00003	Feb-21	Dec-20	\$83
00273	00003	Feb-21	Jan-21	\$3,742
00273	00003	Feb-21	Feb-21	\$10,804
00273	00003	Mar-21	Sep-20	\$118
00273	00003	Mar-21	Jan-21	\$24
00273	00003	Mar-21	Feb-21	\$5,810
00273	00003	Mar-21	Mar-21	\$12,066
00273	00003	Apr-21	Jan-21	\$382
00273	00003	Apr-21	Feb-21	\$110
00273	00003	Apr-21	Mar-21	\$9,519
00273	00003	Apr-21	Apr-21	\$12,056
00273	00003	May-21	Jan-21	\$243
00273	00003	May-21	Mar-21	\$499
00273	00003	May-21	Apr-21	\$6,499
00273	00003	May-21	May-21	\$9,970
00273	00003	Jun-21	Jan-21	\$29
00273	00003	Jun-21	Apr-21	\$125
00273	00003	Jun-21	May-21	\$5,591
00273	00003	Jun-21	Jun-21	\$7,492
00273	00003	Jul-21	Mar-20	\$109
00273	00003	Jul-21	Nov-20	\$109
00273	00003	Jul-21	Mar-21	\$19
00273	00003	Jul-21	Apr-21	\$410

00273	00003	Jul-21	Jun-21	\$6,169
00273	00003	Jul-21	Jul-21	\$10,118
00273	00003	Aug-21	Aug-20	-\$194
00273	00003	Aug-21	Jun-21	\$650
00273	00003	Aug-21	Jul-21	\$4,600
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00273	00003	Sep-21	Nov-20	\$86
00273	00003	Sep-21	Jan-21	\$88
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00273	00003	Sep-21	Jun-21	\$137
00273	00003	Sep-21	Jul-21	\$1,058
00273	00003	Sep-21	Aug-21	\$3,842
00273	00003	Sep-21	Sep-21	\$12,707
00273	00003	Oct-21	Mar-21	\$9
00273	00003	Oct-21	Jul-21	\$377
00273	00003	Oct-21	Aug-21	\$18
00273	00003	Oct-21	Sep-21	\$6,317
00273	00003	Oct-21	Oct-21	\$11,435
00273	00003	Nov-21	Sep-21	\$860
00273	00003	Nov-21	Oct-21	\$6,672
00273	00003	Nov-21	Nov-21	\$9,081
00273	00003	Dec-21	May-20	\$399
00273	00003	Dec-21	Apr-21	\$67
00273	00003	Dec-21	Jul-21	\$110
00273	00003	Dec-21	Aug-21	\$314
00273	00003	Dec-21	Oct-21	\$1,915
00273	00003	Dec-21	Nov-21	\$8,700
00273	00003	Dec-21	Dec-21	\$8,747
00273	00003	Jan-22	Jun-21	\$198
00273	00003	Jan-22	Dec-21	\$1,554
00273	00003	Jan-22	Jan-22	\$6,287
00273	00004	Feb-20	Jan-20	\$384
00273	00004	Feb-20	Feb-20	\$1,614
00273	00004	Mar-20	Feb-20	\$1,577
00273	00004	Mar-20	Mar-20	\$177
00273	00004	May-20	May-20	\$142
00273	00004	Jun-20	May-20	\$312
00273	00004	Jun-20	Jun-20	\$107
00273	00004	Jul-20	Jun-20	\$287
00273	00004	Jul-20	Jul-20	\$1,051
00273	00004	Aug-20	Jun-20	\$277
00273	00004	Aug-20	Jul-20	\$306
00273	00004	Aug-20	Aug-20	\$1,784
00273	00004	Sep-20	Aug-20	\$303
00273	00004	Sep-20	Sep-20	\$198
00273	00004	Oct-20	Sep-20	\$232
00273	00004	Oct-20	Oct-20	\$329
00273	00004	Nov-20	Aug-20	\$114

00273	00004	Nov-20	Sep-20	\$169
00273	00004	Nov-20	Oct-20	\$1,500
00273	00004	Dec-20	Nov-20	\$515
00273	00004	Dec-20	Dec-20	\$470
00273	00004	Jan-21	Dec-20	\$546
00273	00004	Jan-21	Jan-21	\$521
00273	00004	Feb-21	Jan-21	\$190
00273	00004	Feb-21	Feb-21	\$782
00273	00004	Mar-21	Feb-21	\$201
00273	00004	Mar-21	Mar-21	\$382
00273	00004	Apr-21	Mar-21	\$2,445
00273	00004	Apr-21	Apr-21	\$697
00273	00004	May-21	Apr-21	\$1,143
00273	00004	May-21	May-21	\$1,818
00273	00004	Jun-21	May-21	\$212
00273	00004	Jun-21	Jun-21	\$461
00273	00004	Jul-21	Jun-21	\$455
00273	00004	Jul-21	Jul-21	\$3,237
00273	00004	Aug-21	Jul-21	\$1,241
00273	00004	Aug-21	Aug-21	\$2,917
00273	00004	Sep-21	Jul-21	\$183
00273	00004	Sep-21	Aug-21	\$3,957
00273	00004	Sep-21	Sep-21	\$3,022
00273	00004	Oct-21	Jul-21	\$646
00273	00004	Oct-21	Sep-21	\$1,238
00273	00004	Oct-21	Oct-21	\$2,858
00273	00004	Nov-21	Oct-21	\$693
00273	00004	Nov-21	Nov-21	\$2,400
00273	00004	Dec-21	Oct-21	\$76
00273	00004	Dec-21	Nov-21	\$812
00273	00004	Dec-21	Dec-21	\$1,829
00273	00004	Jan-22	Dec-21	\$972
00273	00004	Jan-22	Jan-22	\$1,894
00273	09001	Feb-20	Jan-20	\$1,309
00273	09001	Mar-20	Mar-20	\$452
00273	09001	Jun-20	Jun-20	\$46
00273	09001	Jul-20	Jun-20	\$260
00273	09001	Jul-20	Jul-20	\$166
00273	09001	Aug-20	Jul-20	\$342
00273	09001	Aug-20	Aug-20	\$184
00273	09001	Oct-20	Aug-20	\$218
00273	09001	Oct-20	Oct-20	\$314
00273	09001	Feb-21	Jan-21	\$361
00273	09001	Feb-21	Feb-21	\$93
00273	09001	Mar-21	Oct-20	\$177
00273	09001	Mar-21	Nov-20	\$191
00273	09001	Mar-21	Mar-21	\$64
00273	09001	Jun-21	May-21	\$220
00273	09001	Jun-21	Jun-21	\$179

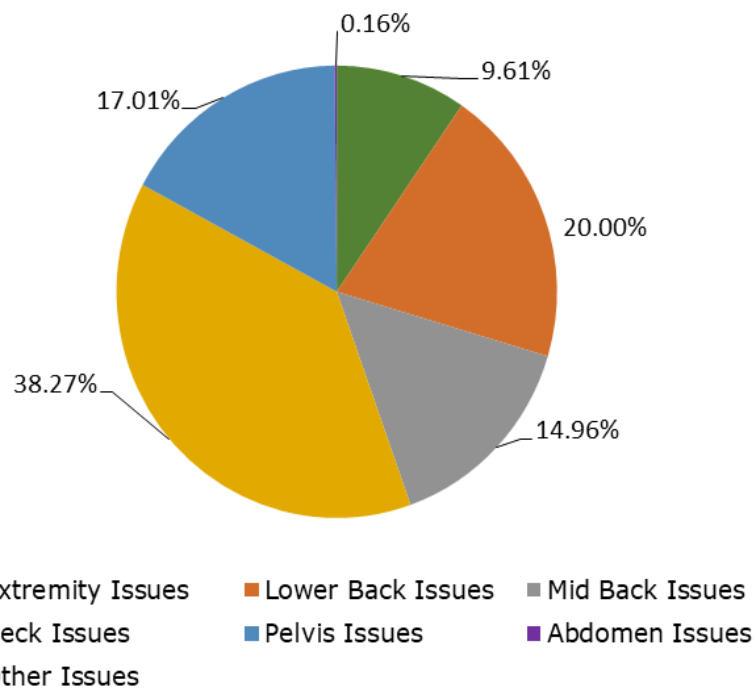
00273	09001	Jul-21	May-21	\$88
00273	09001	Aug-21	Aug-21	\$750
00273	09001	Sep-21	Sep-21	\$151
00273	09001	Oct-21	Oct-21	\$281
00273	09001	Nov-21	Oct-21	\$284
00273	09001	Nov-21	Nov-21	\$124
00273	09001	Dec-21	Oct-21	\$82
00273	09001	Dec-21	Dec-21	\$567
00273	09001	Jan-22	Dec-21	\$266
00273	09001	Jan-22	Jan-22	\$149
Total				\$5,886,406



Fresno City Employees' Health and Welfare Trust

			Benefit Year
	January 2022	February 2022	July 2021 To February 2022
Benefit Utilization			
Covered Employees	3,760	3,732	
Covered Dependents	6,636	6,561	
Total Covered Members	10,396	10,293	
Unique Employees Accessing Benefit	179	163	578
Unique Dependents Accessing Benefit	181	155	590
Total Unique Members Accessing Benefit	360	318	1,168
Unique Dates of Service Paid	763	670	7,580
Total Plan Pricing	\$52,589.00	\$50,669.00	\$635,174.24
Utilization Management			
	January 2022	February 2022	
Pre-Treatment Requests Reviewed for Medical Necessity:			
<ul style="list-style-type: none"> After 12th Visit Massage Minor (Under Age 18) 			
Chiropractic	24	30	
Pre-Treatment Requests Reviewed for Medical Necessity:			
<ul style="list-style-type: none"> After 10th Visit 			
Physical Therapy	20	14	
Occupational Therapy	2	2	
Speech and Language Therapy	6	5	
Total Physical Medicine Requests Reviewed	52	51	

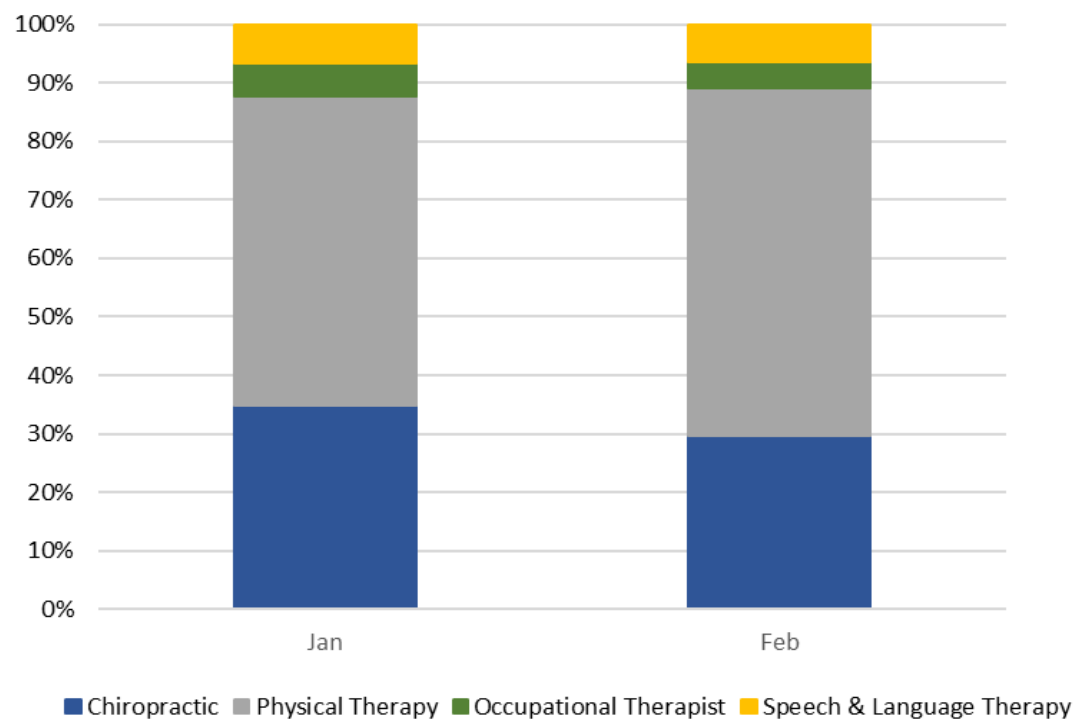
Diagnosis Code Activity



Issues	Percent (%) *
Extremity Issues	9.61
Lower Back Issues	20
Mid Back Issues	14.96
Neck Issues	38.27
Pelvis Issues	17.01
Abdomen	0.16
Other	0

*Average over two (2) months
(January-February 2022)

Monthly Utilization by Specialty



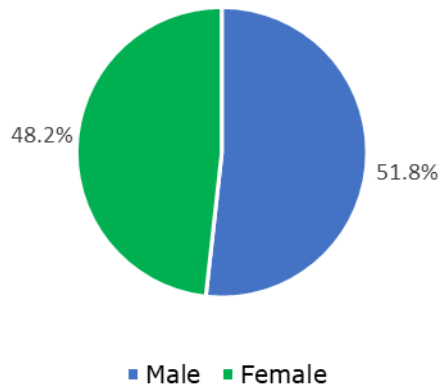
Top 10 Procedure Code Activity by Total Pricing for Month of: January 2022	Patients	Total Pricing
97110-THERAPEUTIC EXERCISES	127	\$10,682.00
98941-CHIROPRACT MANJ 3-4 REGIONS	152	\$4,972.00
97140-MANUAL THERAPY 1/> REGIONS	69	\$4,744.00
98940-CHIROPRACT MANJ 1-2 REGIONS	111	\$4,395.00
92507-SPEECH/HEARING THERAPY	13	\$2,500.00
97112-NEUROMUSCULAR REEDUCATION	26	\$2,169.00
97530-THERAPEUTIC ACTIVITIES	18	\$1,579.00
97162-PT EVAL MOD COMPLEX 30 MIN	11	\$985.00
97161-PT EVAL LOW COMPLEX 20 MIN	14	\$910.00
97012-MECHANICAL TRACTION THERAPY	52	\$825.00

Top 10 Procedure Code Activity by Total Pricing for Month of: February 2022	Patients	Total Pricing
97110-THERAPEUTIC EXERCISES	106	\$11,734.00
98941-CHIROPRACT MANJ 3-4 REGIONS	150	\$4,818.00
97140-MANUAL THERAPY 1/> REGIONS	68	\$4,711.00
98940-CHIROPRACT MANJ 1-2 REGIONS	78	\$2,735.00
92507-SPEECH/HEARING THERAPY	10	\$2,300.00
97112-NEUROMUSCULAR REEDUCATION	27	\$2,144.00
97530-THERAPEUTIC ACTIVITIES	13	\$1,612.00
97014-ELECTRIC STIMULATION THERAPY	43	\$824.00
97012-MECHANICAL TRACTION THERAPY	48	\$740.00
97162-PT EVAL MOD COMPLEX 30 MIN	11	\$635.00

Top 10 Provider Activity by Total Pricing for Month of: January 2022	Patients	Total Pricing
Joshua Ritter DC	57	\$1,877.00
Torrey Schroeder DC	24	\$1,470.00
Eric Little PT	3	\$1,320.00
Jennifer Henriksen PT	5	\$1,262.00
Jason Bowen DC	18	\$1,090.00
George Drysdale PT	3	\$870.00
Theodore Mello PT	3	\$836.00
Michael Martines PT	7	\$757.00
Lee Walsh PT	2	\$740.00
J. Gregory Clark DC	14	\$710.00

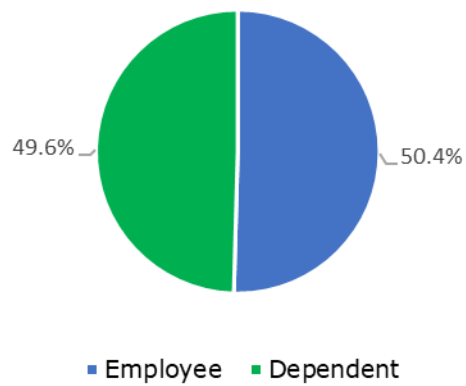
Top 10 Provider Activity by Total Pricing for Month of: February 2022	Patients	Total Pricing
Dennis Spitzer PT	4	\$3,340.00
Joshua Ritter DC	67	\$2,784.00
Courtney Gebhart SLP	6	\$1,900.00
George Drysdale PT	4	\$1,337.00
Torrey Schroeder DC	18	\$955.00
Joanne Steele PT	2	\$780.00
Lee Walsh PT	4	\$700.00
Kimberly Voelz PT	1	\$666.00
Eric Little PT	3	\$660.00
Robert Pauline PT	4	\$634.00

Gender



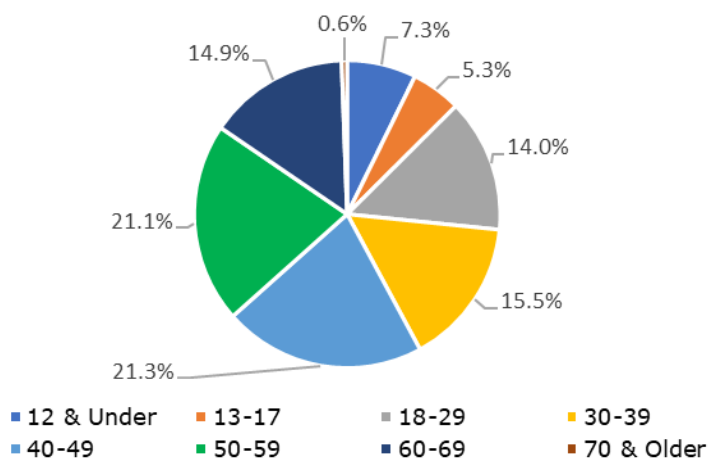
Gender	Percent (%) *
Male	51.8
Female	48.2
Total	

Classification



Classification	Percent (%) *
Employee	50.4
Dependent	49.6
Total	

Age Group



Age Group	Percent (%) *
12 and Under	7.3
13-17	5.3
18-29	14.0
30-39	15.5
40-49	21.3
50-59	21.1
60-69	14.9
70 and Older	0.6
Total	

*Average over two (2) months (January - February 2022)

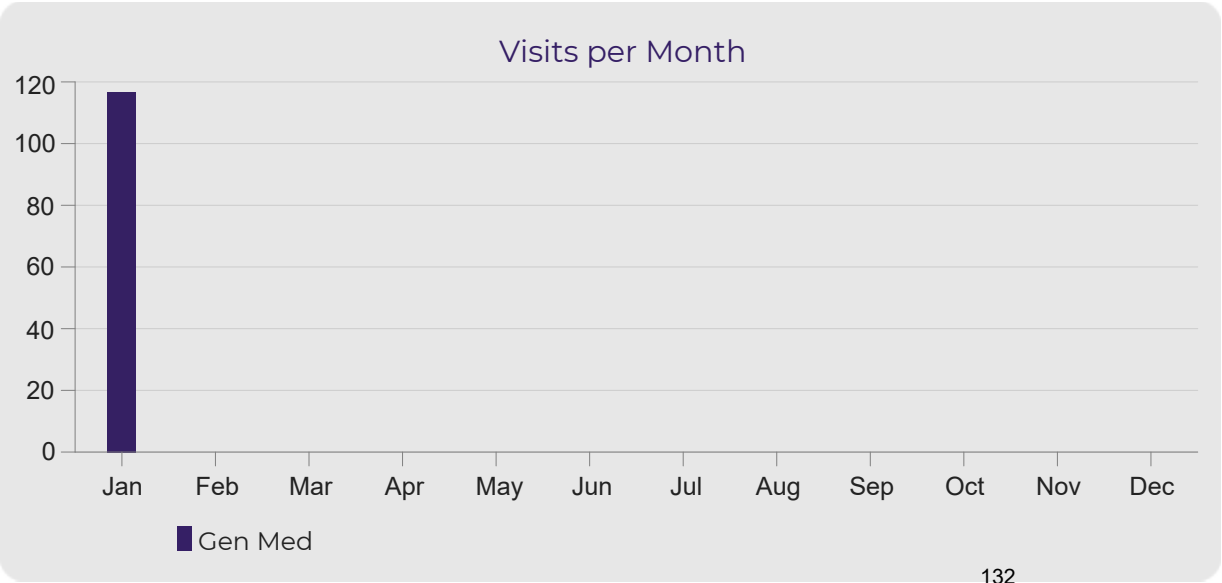


Telehealth Utilization Report

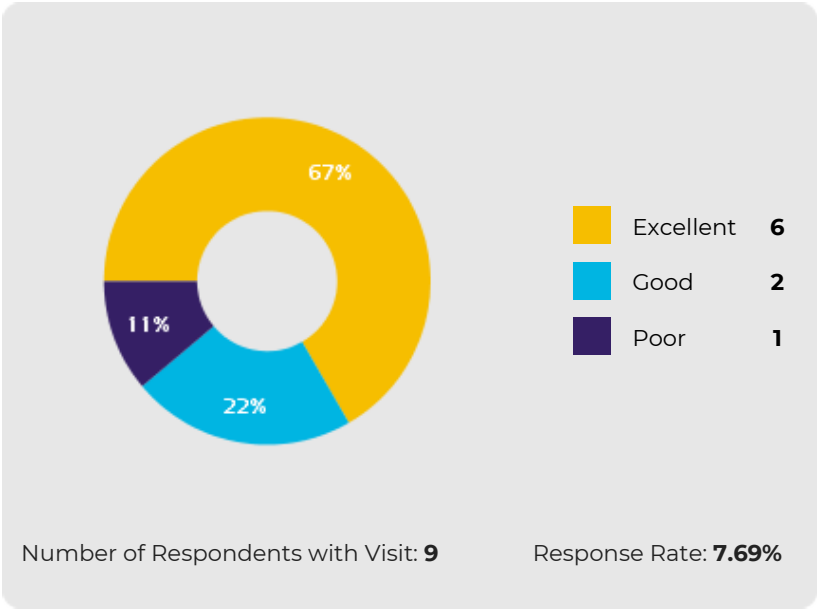
January 2022
Fresno City Trust

	Visits		Visit Utilization*	Total Net Claim Savings*
	Report Period	YTD	Annualized	YTD
Primary Care	N/A	N/A	N/A	**
General Medical	117	117	38.6%	55,106
Mental Health	N/A	N/A	N/A	N/A
Dermatology	N/A	N/A	N/A	N/A
Nutrition	N/A	N/A	N/A	N/A
Grand Total				55,106

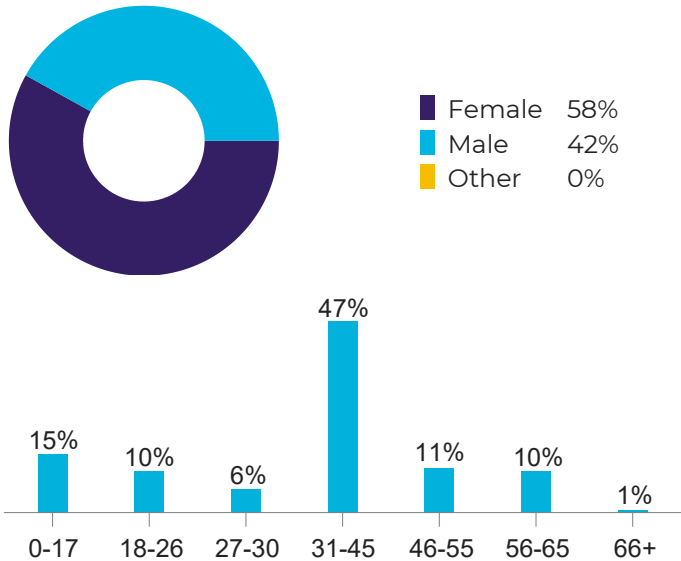
* A definition of visit utilization and claims savings can be found within each product section
 ** As literature has shown, primary care savings are derived from longitudinal, effective preventive care.
 Over time, we will evaluate financial impact and continue to refine our savings projections.



Overall member satisfaction YTD



Age and Gender





General Medical

Annualized Utilization

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

38.6%

Claim Savings Per Episode

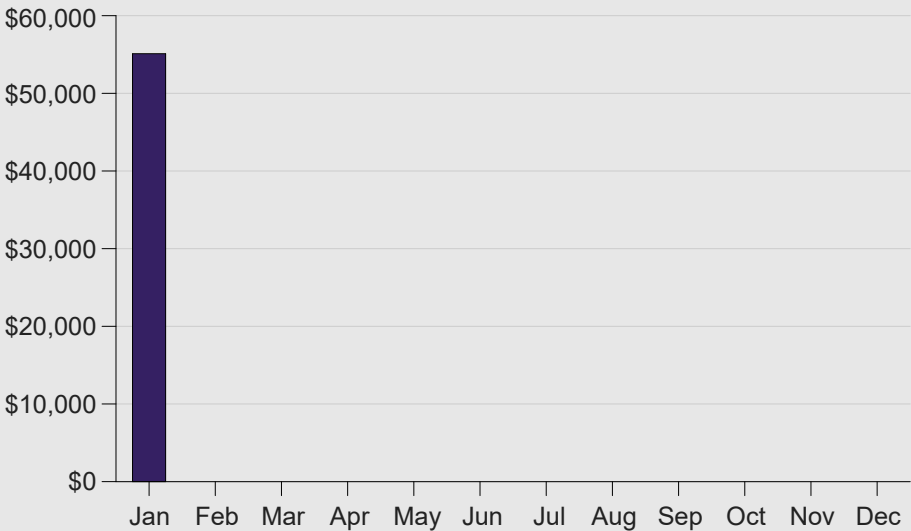
\$471

Total Net Claim Savings YTD

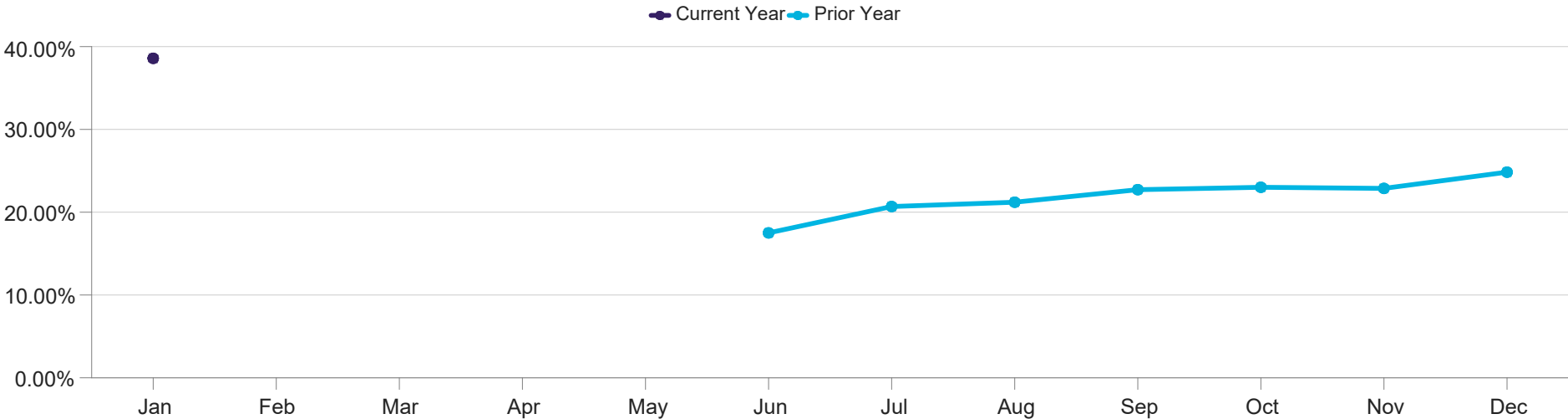
$$\text{Claim Savings Per Episode} \times \text{Number of Visits YTD}$$

\$55,106

Net Claim Savings



Annualized utilization trend



Visits this period **117**

Total Number of Unique Users this period **108**



YTD **117**

Registrations this period **39**



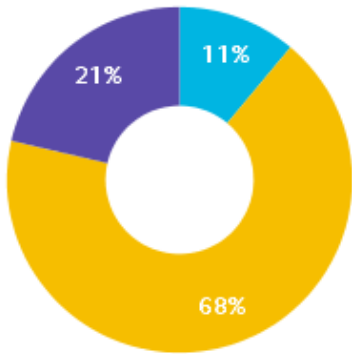
YTD **39**

	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	68	68	3,639	3,639	24	1,000	26	779
Dependents	49	49	6,468	6,468	15	815	20	692
Eligible Lives	117	117	10,107	10,107	39	1,815	46	1,471

* YTD Average: Sum of each month's eligible lives divided by the number of calendar months the account is effective. Eligible Lives: All members with access to the service (primaries & dependents).
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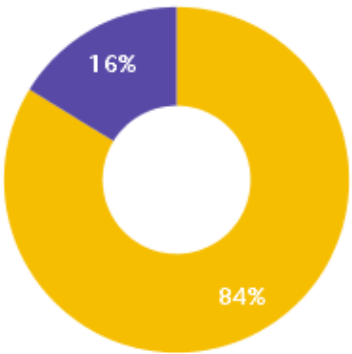
How¹⁴³ your members received care YTD

Visit request method



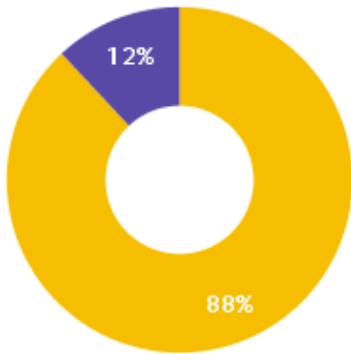
Website Mobile app Call center

Visit method



Phone Visualized

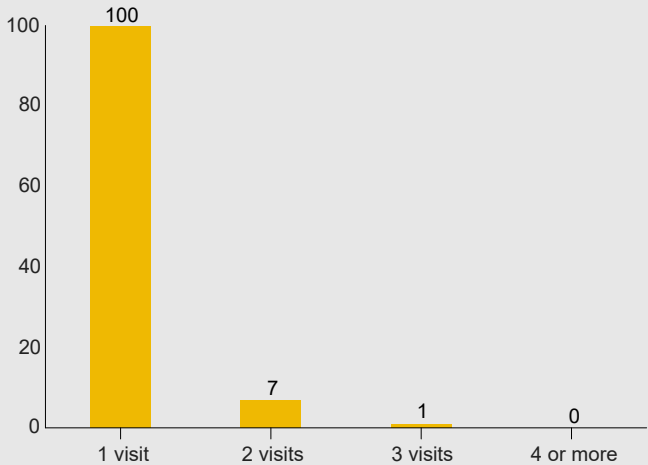
On demand vs scheduled



On demand Scheduled

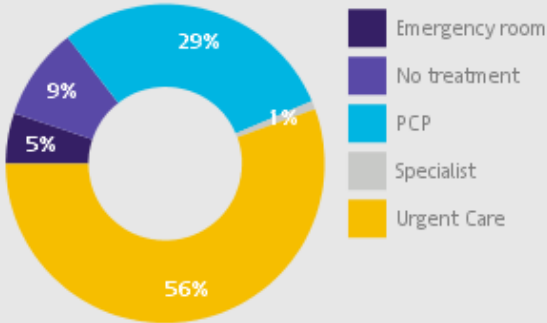
Visit frequency

Total number of unique users: **108**



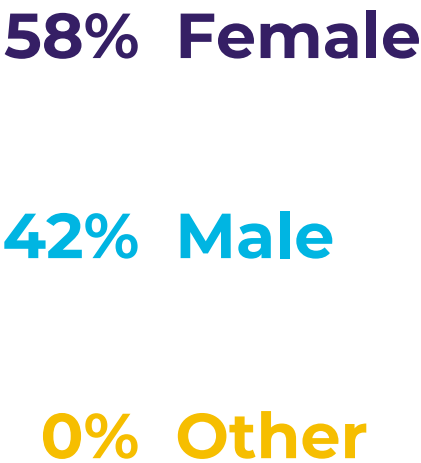
Consults	Percent
1 visit	93%
2 visits	6%
3 visits	1%
4 or more	0%

Where member would have gone if Teladoc were not available

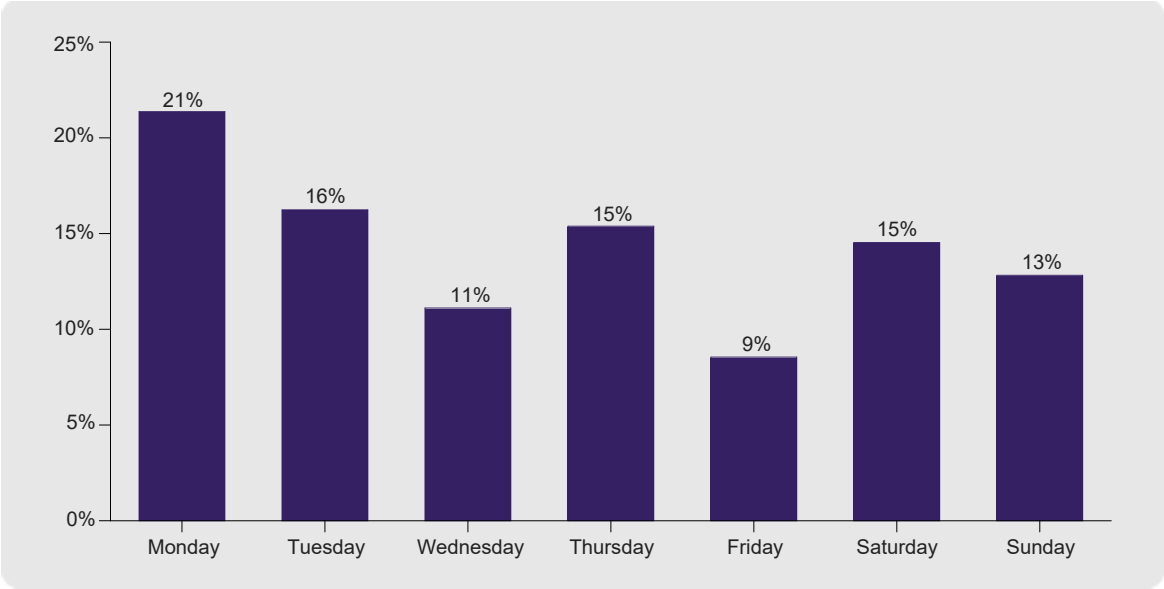


Who received care and when YTD

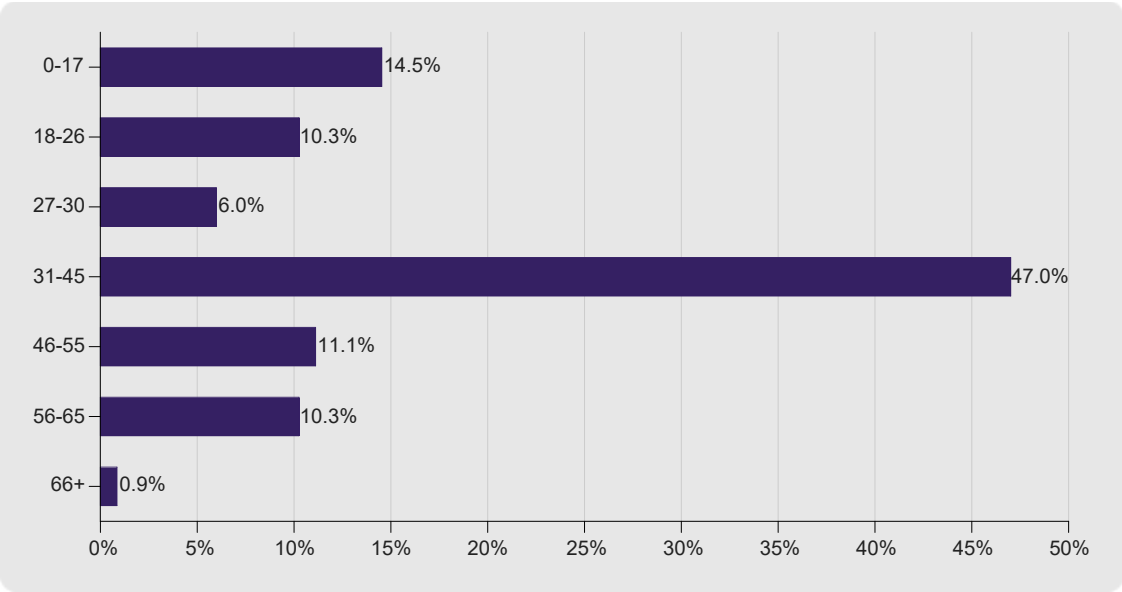
Gender



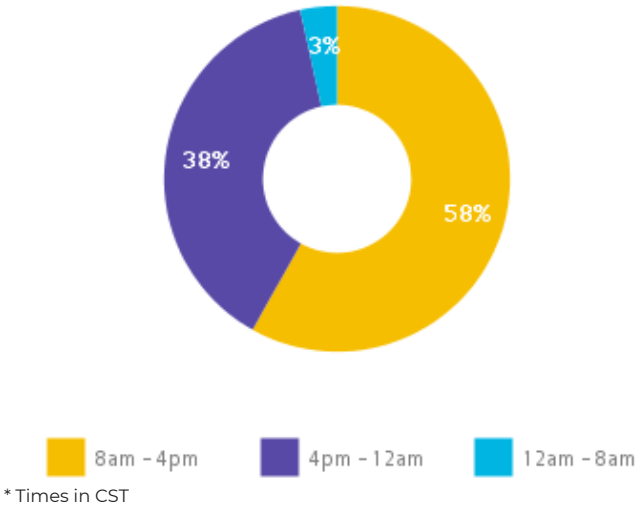
Day of week



Utilization by age



Time of day*





AVERAGE RESPONSE TIME

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

YTD

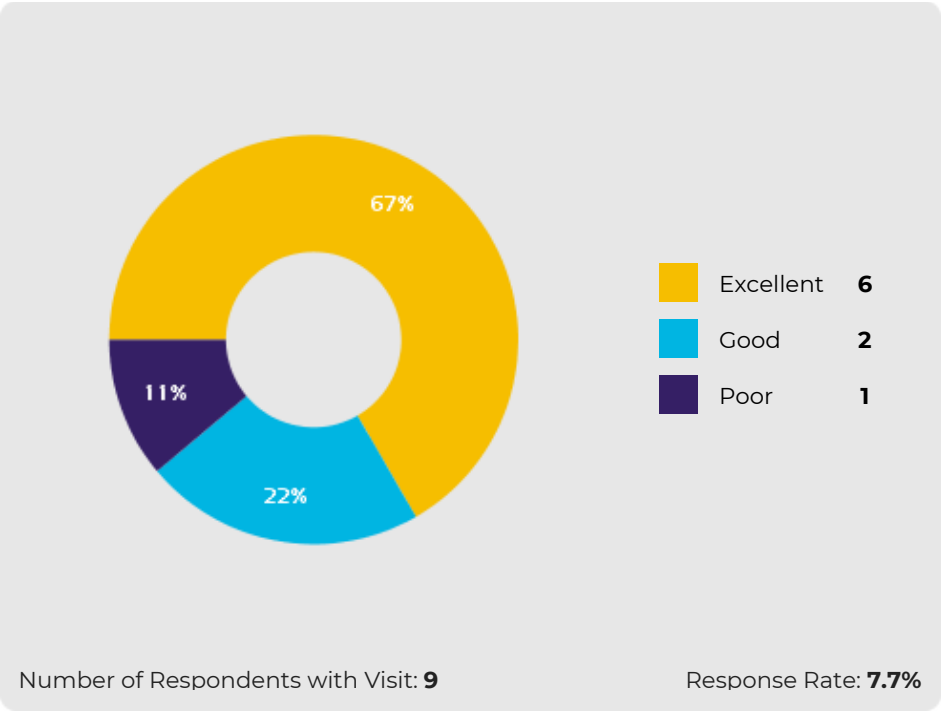
19 minutes

Report Period

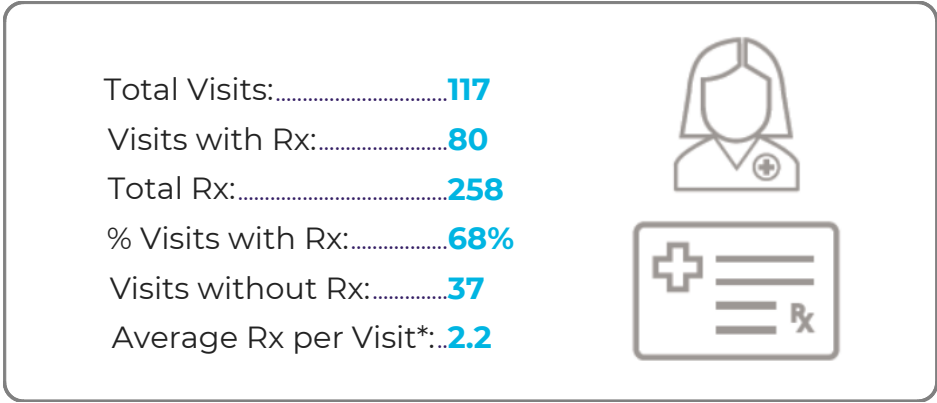
19 min

State	Visits	% Visits
CALIFORNIA	115	98.3%
FLORIDA	1	0.9%
UTAH	1	0.9%

Member satisfaction



Prescriptions by visit



*Average Rx is calculated as Total Rx / Total Visits.
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Top diagnoses

ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	15%
ACUTE SINUSITIS, UNSPECIFIED	8%
ACUTE COUGH	5%
URINARY TRACT INFECTION, SITE NOT SPECIFIED	5%
ACUTE BRONCHITIS, UNSPECIFIED	4%
ACUTE CYSTITIS WITHOUT HEMATURIA	3%
ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	3%
CORONAVIRUS INFECTION, UNSPECIFIED	3%
VIRAL INFECTION, UNSPECIFIED	3%
ACUTE PHARYNGITIS, UNSPECIFIED	3%

Top prescriptions written

TESSALON PERLES 100 MG ORAL CAPSULE	10%
AZITHROMYCIN 5 DAY DOSE PACK 250 MG ORAL TABLET	8%
BENZONATATE 200 MG ORAL CAPSULE	3%
DIFLUCAN 150 MG ORAL TABLET	3%
MACROBID MACROCRYSTALS-MONOHYDRATE 100 MG ORAL	3%
PROVENTIL HFA 90 MCG/INH INHALATION AEROSOL	3%
AMOXICILLIN 500 MG ORAL CAPSULE	2%
AMOXICILLIN-CLAVULANATE 875 MG-125 MG ORAL TABLET	2%
BACTRIM DS 800 MG-160 MG ORAL TABLET	2%
DOXYCYCLINE HYCLATE 100 MG ORAL TABLET	2%



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San Mateo, California 94403
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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 3, 2022

Re: Consultant's Report for March 9, 2022 Board of Trustees Meeting -
Blue Shield of California Renewal effective July 1, 2022

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

- Blue Shield is proposing a three-year renewal effective July 1, 2022 through June 30, 2025. Blue Shield originally proposed 3.0% renewal increases each year as presented at your January 12, 2022 meeting and shown below:

Initial Proposal

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

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

- Following negotiations, Blue Shield has provided two alternative proposals. Option One is a 2.0% increase each year. Option Two is a 1.5% increase July 1, 2022, a 2.5% increase July 1, 2023, and a 3.0% increase July 1, 2024. The two proposals are shown on the next page.

Blue Shield Alternative Proposal - Option One

Product	Current Rate	7/1/2022 Rate	7/1/2023 Rate	7/1/2024 Rate
Shared Advantage Base Fee	\$14.83	\$ 15.13	\$ 15.43	\$ 15.74
Shield Support	\$ 4.37	\$ 4.46	\$ 4.55	\$ 4.64
Teladoc	<u>\$ 0.85</u>	<u>\$ 0.87</u>	<u>\$ 0.89</u>	<u>\$ 0.91</u>
Total	\$20.05	\$ 20.46	\$ 20.87	\$ 21.29
% Increase/(Decrease)		2.0%	2.0%	2.0%
\$ Annual Increase/(Decrease)		\$17,700	\$17,700	\$18,100

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

Blue Shield Alternative Proposal - Option Two

Product	Current Rate	7/1/2022 Rate	7/1/2023 Rate	7/1/2024 Rate
Shared Advantage Base Fee	\$14.83	\$ 15.05	\$ 15.43	\$ 15.89
Shield Support	\$ 4.37	\$ 4.44	\$ 4.55	\$ 4.69
Teladoc	<u>\$ 0.85</u>	<u>\$ 0.86</u>	<u>\$ 0.88</u>	<u>\$ 0.91</u>
Total	\$20.05	\$ 20.35	\$ 20.86	\$ 21.49
% Increase/(Decrease)		1.5%	2.5%	3.0%
\$ Annual Increase/(Decrease)		\$13,000	\$22,000	\$27,200

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

3. Based on current headcount, Option One results in savings of \$26,800 over the three year period versus the initial proposal and Option Two results in savings of \$18,100. Option One also results in a lower year three premium which is important when considering the next renewal. Headcount also has been trending upwards which would give preference to Option One.
4. The full renewal from Blue Shield is attached to this memo.

This item will be discussed at your March 9, 2022 meeting. If there are any questions before or after that meeting, please let me know.

AD:tl
Enclosures



Option 1 (All rates are Per Contract per Month)			
	<u>7/1/2022</u>	<u>7/1/2023</u>	<u>7/1/2024</u>
Shared Advantage Core Fees (Immature)	\$15.13	\$15.43	\$15.74
<u>Value Added Services</u>			
Shield Support	\$4.46	\$4.55	\$4.64
Teladoc	\$0.87	\$0.89	\$0.91
Total (Core Fee + Value Added Services)	\$20.46	\$20.87	\$21.29
% change over prior year	2.00%	2.00%	2.00%
<u>Optional Services</u>			
Shield Advocate*	\$2.94	\$3.00	\$3.06
Prenatal Program	\$1.06	\$1.08	\$1.10
LifeReferrals 24/7	\$1.51	\$1.54	\$1.57
NurseHelp 24/7	\$0.84	\$0.86	\$0.88
CareTips	\$0.64	\$0.65	\$0.66
Teladoc Behavioral Health**	\$0.25	\$0.26	\$0.27
Advanced Imaging	\$1.06	\$1.08	\$1.10
Spine and Pain Management	\$1.04	\$1.06	\$1.08
Wellvolution	\$0.25	\$0.26	\$0.27

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

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

General Information

Case Name: Fresno City Employees Health and Welfare Trust

TPA: HealthComp

Broker: Rael and Letson Ins Svcs

Assumptions

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



Option 2 (All rates are Per Contract per Month)			
	<u>7/1/2022</u>	<u>7/1/2023</u>	<u>7/1/2024</u>
Shared Advantage Core Fees (Immature)	\$15.05	\$15.43	\$15.89
<u>Value Added Services</u>			
Shield Support	\$4.44	\$4.55	\$4.69
Teladoc	\$0.86	\$0.88	\$0.91
Total (Core Fee + Value Added Services)	\$20.35	\$20.86	\$21.49
% change over prior year	1.50%	2.50%	3.00%
<u>Optional Services</u>			
Shield Advocate*	\$2.94	\$3.00	\$3.09
Prenatal Program	\$1.06	\$1.08	\$1.11
LifeReferrals 24/7	\$1.51	\$1.54	\$1.59
NurseHelp 24/7	\$0.84	\$0.86	\$0.89
CareTips	\$0.64	\$0.65	\$0.67
Teladoc Behavioral Health**	\$0.25	\$0.26	\$0.27
Advanced Imaging	\$1.06	\$1.08	\$1.11
Spine and Pain Management	\$1.04	\$1.06	\$1.09
Wellvolution	\$0.25	\$0.26	\$0.27

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

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General Information

Case Name: Fresno City Employees Health and Welfare Trust

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Memorandum

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

From: Andrew Desa, Consulting Actuary

Date: March 3, 2022

Re: Consultant's Report for March 9, 2022 Board of Trustees Meeting -
 UHC Dental Renewal Effective July 1, 2022

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

A summary of the renewal is shown below:

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

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

The renewal letter and benefit summary from UHC is attached to this memo. The agreement letter has been reviewed by the plan professionals.

This item will be discussed at your March 9, 2022 meeting. If there are any questions before or after that meeting, please let me know.

AD:tl
 Enclosures

Dental Renewal offer for Fresno City Employees Health & Welfare Trust

December 8, 2021

Andrew Desa, Consultant

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

Via Email

Dear Andrew:

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

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

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

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

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

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

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

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

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

Sincerely,



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

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

Renewal for Fresno City Employees Health & Welfare Trust

Dental Plan Overview

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

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

Rate impact – Rate pass for 24 months

Acceptance of Renewal

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

Authorized Signature: _____ Date: _____
Chair

Printed Name: _____

Authorized Signature: _____ Date: _____
Co-Chair

Printed Name: _____

UnitedHealthcare

Authorized Signature:



Date: 12/08/2021



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Memorandum

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

From: Andrew Desa, Consulting Actuary

Date: March 3, 2022

Re: Hearing Aid Network Proposals

As directed at your January 12, 2022 Board of Trustees meeting, we have requested proposals for a hearing aid network. The Trust currently provides hearing aid coverage to members through the self-funded medical plan. However, Blue Shield does not contract with hearing aid providers. This can result in balance billing to members since the plan will pay benefits up to a usual, customary, and reasonable (UCR) amount.

There are supplemental hearing aid networks that will, at no charge to the Fund by the network or providers, provide members access to discounts on hearing aid benefits. There are associated costs (e.g. printing and mailing of announcements) that the Fund will incur if a discount hearing aid network is implemented.

A request for proposal to provide a discount hearing aid network was released to the following two companies: EPIC Hearing Healthcare ("EPIC") and TruHearing.

- Fee - Neither EPIC nor TruHearing charge the Trust to utilize their discount networks.
- Hearing exam – EPIC does not charge for a routine hearing screening which is used to prescribe a hearing aid; TruHearing has negotiated a \$45 hearing screening with its network providers.
- Hearing aids – EPIC and TruHearing have comparable discounts on hearing aids. If an ASO option is selected through EPIC, all hearing aid prices are discounted further. This does not apply for the lowest ASO fee option. See 'EPIC Hearing Healthcare – Price Exhibit' attached for more information.
- Batteries – EPIC provides a one or five-year supply of batteries at no charge to the member with the purchase of a hearing aid (five-year supply is provided for some higher end hearing aids). TruHearing provides a one-year supply of batteries at no charge to the member with the purchase of a hearing aid.
- Follow-up care, including adjustments to hearing aid – both proposers provide follow-up care at no cost to the member after a hearing aid is purchased. EPIC provides three in-person follow-up visits with each hearing aid purchase, except for the lowest technology

tier which only provides one visit. TruHearing provides follow-up visits for 1 year following hearing aid purchase.

- Warranty – Both proposers have 3-year warranties for loss and damage with a deductible for the replacement hearing aid. EPIC Hearing and TruHearing also include no cost repairs in their 3-year warranties.
- Network - Both EPIC Hearing and TruHearing have an extensive network of providers. The Trust can also choose to continue to allow members to obtain hearing aids at out-of-network providers.
- Benefit Coordination/Allowance – Both EPIC and TruHearing can provide coordination with the plan's self-funded benefit and/or manage an allowance per year for an ASO fee. TruHearings's ASO fee is \$0.15 PEP. EPIC has proposed ASO fee options of \$0.10 PMPM, \$0.20 PMPM, or \$0.40 PMPM. The \$0.20 and \$0.40 PMPM options result in further discounted prices for hearing aids (see 'EPIC Hearing Healthcare – Price Exhibit' for details). Both proposers ASO fees cover administrative costs including payment collection, submission of claims, coordination with plan benefits, marketing services, and utilization reports.
- A fully-insured option is also available through TruHearing. EPIC has declined to provide a fully-insured option given that the Trust already has hearing aid coverage. However, a fully-insured option results in a narrower network, less flexibility in benefit design, and will result in higher costs to the Trust. For these reasons, a self-funded design would be the preferred option.

Materials provided by EPIC are attached to this memo. TruHearing's materials are not provided due to confidentiality requests on all documents provided.

This item will be discussed at your March 9, 2022 meeting. If there are any questions before or after that meeting, please let me know.

AD:tl
Enclosures



Technology, savings, support. We've got you covered.

Hearing loss can happen at any age, and treating it early can help improve your overall well-being. It's estimated that 26 million people in the U.S. between ages 20 and 69 have hearing loss.¹ There's no need to miss out. Through EPIC Hearing Healthcare (EPIC), you can get a hearing test and hearing aids as part of your 2022 health plan.

Make the most of your hearing aid benefit

You have access to all that EPIC has to offer to help treat hearing loss and hear life to the fullest.



Choose from 2,000+ hearing aid models and styles from the industry's top brands, all at significant savings



Get virtual care with hearing aids delivered directly to your door or in-person care at 7,000+ hearing providers nationwide — both with support every step of the way



Experience innovative technology including Relate™, EPIC's private-labeled hearing aid brand, featuring recharging capabilities, connection to 2 Bluetooth® devices, tap control and a smartphone app

Savings that stack up

**50%—
80% off**

standard industry prices
when purchasing hearing
aids through EPIC²

Discover more hearing aid choices than ever before

You have the power to choose the hearing aids that fit you best as well as how you receive your care and support. Right2You virtual care allows you to meet with a licensed hearing professional for virtual follow-up visits, remote hearing aid adjustments and more. In-person care provides nearly unlimited hearing aid choices available through a local hearing provider near you.

	 Right2You virtual care/ direct delivery*		 In-person care
Models/ styles	 Relate rechargeable BTE and RIC models	 Phonak rechargeable RIC models	         2,000+ models in multiple styles
Features	Recharging capabilities, remote adjustments, connection to 2 Bluetooth devices, tap control, enhanced smartphone app  		Most advanced technology available for superior sound quality   
Support	<ul style="list-style-type: none"> • 70-day trial period • 3-year extended warranty covers repair and 1-time loss/damage replacement** • 3 follow-up virtual visits included at no cost*** 		<ul style="list-style-type: none"> • 45-day trial period • 3-year extended warranty covers repair and 1-time loss/damage replacement** • 3 follow-up visits included at no cost***

BTE = behind-the-ear, RIC = receiver-in-canal

*In-person visit to a local hearing provider may be required. **One-time professional fee may apply. ***Hearing aids purchased in the Silver technology level receive 1 follow-up visit.

Explore your options today



To start using your hearing aid benefit, visit [EPIChearing.com](https://www.epichearing.com).
You can even take an online hearing test to determine if you have hearing loss.*



Or, call **1-866-956-5400, TTY 711**, 8 a.m. to 8 p.m. CT, Monday through Friday.



* The online hearing test is not designed to replace a professional hearing test. A visit to an in-person hearing provider may be required.

¹ Center for Hearing and Communication. Statistics and facts about hearing loss. chchearing.org/facts-about-hearing-loss/. Accessed July 2020.

² Based on suggested manufacturer pricing.











All trademarks are the property of their respective owners.

This is not an insurance nor managed care product, and fees or charges for services in excess of those defined in program materials are the member's responsibility. EPIC Hearing Healthcare does not endorse nor guarantee hearing aid products/services available through the hearing program. This program may not be available in all states or for all group sizes. Components subject to change.

Insurance coverage provided by or through EPIC Hearing Healthcare or its affiliates. Administrative services provided by EPIC Hearing Healthcare.

B2C M.2736_01 10/21 © 2021 EPIC Hearing Healthcare. All Rights Reserved.

Flexible options, maximum savings

	 Right2You virtual care/ direct delivery²		 In-person care
Price³	Silver – \$699		Silver – \$699
	Gold – \$899		Gold – \$899
	Essential – \$1,099		Essential – \$1,099
	Standard – \$1,399		Standard – \$1,399
	Advanced – \$1,899		Advanced – \$1,899
	Premium – \$2,399		Premium – \$2,399
Product	 Relate rechargeable BTE and RIC models	 Phonak rechargeable RIC models	 11 Relate models in multiple styles
	        2,000+ models in multiple styles		
Features	Recharging capabilities, remote adjustments, connection to 2 Bluetooth devices, tap control, enhanced smartphone app		Most advanced technology available for superior sound quality
After-sales support	<ul style="list-style-type: none"> • 70-day trial period • 3-year extended warranty covers repair and 1-time loss/damage replacement⁴ • 3 follow-up virtual visits included at no cost⁵ • Charging case included with each hearing aid purchase 		<ul style="list-style-type: none"> • 45-day trial period • 3-year extended warranty covers repair and 1-time loss/damage replacement⁴ • 3 follow-up visits included at no cost⁵ • Extra batteries or charging case included with each hearing aid purchase

BTE = behind-the-ear, RIC = receiver-in-canal

Get started

Use your hearing benefit or take an online hearing test to see if you have hearing loss.



EPICHearing.com



1-866-956-5400, TTY 711

8 a.m. to 8 p.m. CT, Monday through Friday

¹ Based on suggested manufacturer pricing.

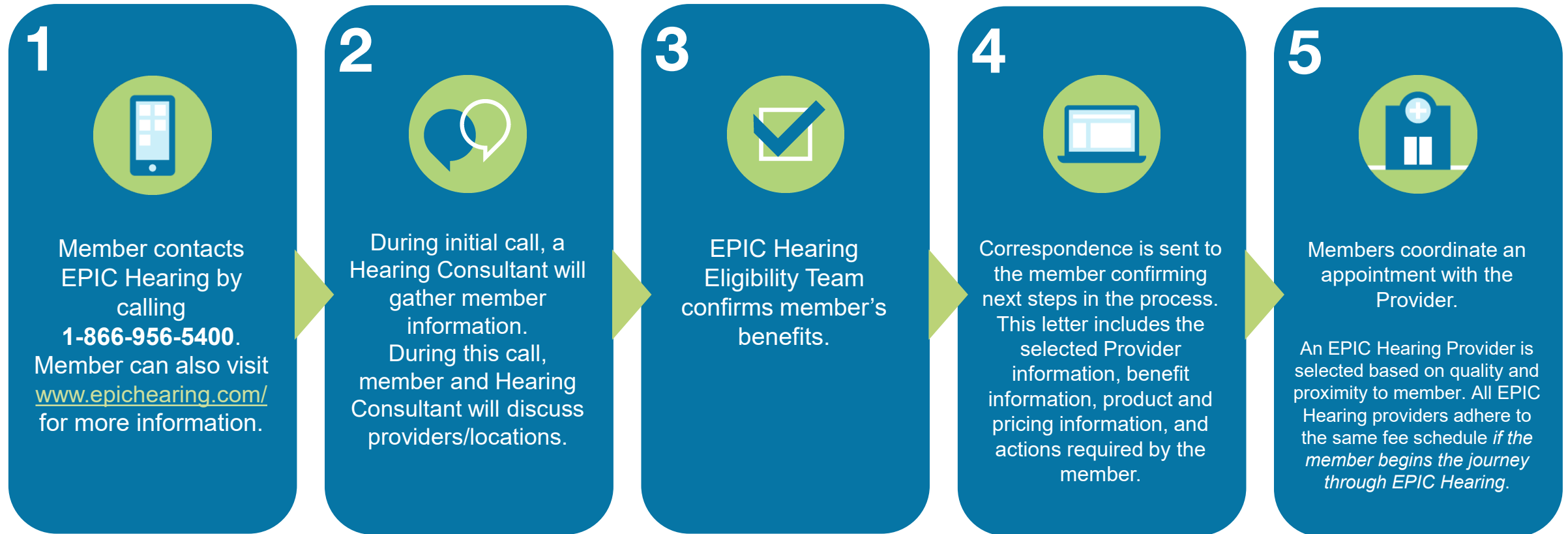
² In-person visit to a local hearing provider may be required.

³ Price per hearing aid.

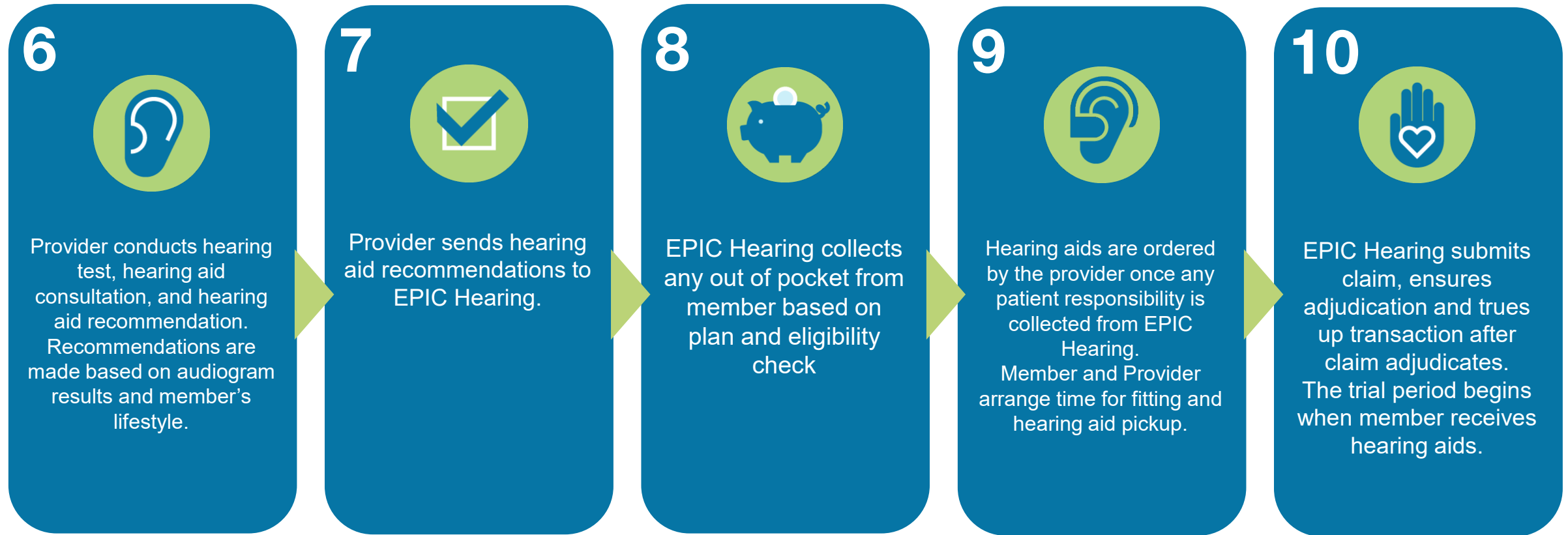
⁴ One-time professional fee may apply.

⁵ Hearing aids purchased in the Silver technology level will receive 1 follow-up visit. All trademarks are the property of their respective owners.

Streamlined journey for a simplified member experience



Streamlined journey for a simplified member experience



EPIC Hearing Healthcare - Prices Exhibit

Hearing Aid Costs & Manufacturer Options					
Technology Level	Manufacturer Options	Price			
		Network Access Only	ASO Option		
			\$0.10 PMPM	\$0.20 PMPM	\$0.40 PMPM
Premium	Belton, Oticon, Phonak, ReSound, Signia, Starkey, Unitron, Widex	\$2,399	\$2,399	\$2,199	\$2,099
Advanced	Belton, Oticon, Phonak, ReSound, Signia, Starkey, Unitron, Widex	\$1,899	\$1,899	\$1,699	\$1,599
Standard	Belton, Oticon, Phonak, ReSound, Signia, Starkey, Unitron, Widex	\$1,399	\$1,399	\$1,299	\$1,199
Essential	Belton, Oticon, Phonak, ReSound, Signia, Starkey, Unitron, Widex	\$1,099	\$1,099	\$999	\$899
Gold	RELATE (UHC Hearing's private-label hearing aid brand)	\$899	\$899	\$799	\$699
Silver	RELATE (UHC Hearing's private-label hearing aid brand)	\$699	\$699	\$599	\$499
Accessories, Etc.:					
Batteries	1 year included with levels Silver - Advanced. 5 years included with Premium level.		\$0		
Check-ups	3 follow-up visits included with Gold - Premium technology level after the completion of the trial period. 1 follow-up visit included with Silver technology level after completion of the trial period.		\$0		
Warranties and Repairs	3-year extended warranty included with all technology levels which includes a one-time loss/damage replacement.		\$0		



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Memorandum

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

From: Andrew Desa, Consulting Actuary

Date: March 3, 2022

Re: Consultant's Report for March 9, 2022 Board of Trustees Meeting -
 FY22-23 Projections

Included in your meeting packet are the Financial Projections for the 2022/2023 Fiscal Year. The following is a summary of specific action items that still need decisions and other issues or items of attention.

1. **Exhibit A:** The claims experience report takes into account eight months of actual claims for the 2021/22 Fiscal Year (claims experience through February 28, 2022) and four months of projected claims to complete the year. Claims for the 2021/22 Fiscal Year assume that claims continue at current levels. Claims are then projected for the 2022/23 Fiscal Year. Similar to last year, blended claims experience is used for the projection period. Fiscal Year 2022/23 claims are based on FY19 through FY22 year-to-date claims experience.
2. **Exhibit B:** During the 2020/21 Fiscal Year (last full year), the Plan had \$59.7M in receipts and \$54.8M in disbursements resulting in a surplus of \$4.8M for the 12 months ending June 30, 2021. The net fund balance as of June 30, 2021 was \$26.7M. Using the average expenses for the 12 months ending June 30, 2021, this is equal to net reserves of 5.8 months.
3. **Exhibit C:** The 2021/22 Fiscal Year (current year) takes into account six months of financial experience (through December 31, 2021) and projects financial experience for the remaining six months. For the 12 months ending June 30, 2022, the Plan is projected to have \$58.4M in receipts and \$56.2M in disbursements, which would result in a \$2.2M surplus. Under these assumptions, the net fund balance as of June 30, 2022 is projected to be \$28.8M, which is equal to 6.1 months of net reserves.
4. **Exhibit D:** The 2022/23 Fiscal Year (projection year) uses projected claims, latest available enrollment, and latest premium/fee information to project experience for the 12 months ending June 30, 2023. The self-funded claims are based on the projected claims from the Claims tab. As described earlier, this is calculated using a blended experience using claims from July 2019 to December 2021. Net reserve months as of June 30, 2023 are projected to be 5.8 assuming no change to the current contribution rate.

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 9, 2022 meeting. If there are any questions before or after that meeting, please let me know.

AD:tl
Enclosure

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

Exhibit A
(Presented at 3/9/22 Trust Meeting)

(Projected) Claims FY 22-23				(8 months actual) (4 months projected) Claims FY 21-22			(Thru Feb 28, 2022) Claims FY 20-21			Claims FY 19-20			Claims FY 18-19			Claims FY 17-18		
	Monthly	PMPM		Monthly	PMPM		Monthly	PMPM		Monthly	PMPM		Monthly	PMPM		Monthly	PMPM	
Active	Enrollment:	3,373	0.0%	Enrollment:	3,373	1.7%	Enrollment:	3,316	0.2%	Enrollment:	3,310	1.3%	Enrollment:	3,266	0.7%	Enrollment:	3,243	6.0%
Medical Claims	\$30,693,745	\$2,557,812	\$758.32	\$29,103,738	\$2,425,312	\$719.04	\$30,290,888	\$2,524,241	\$761.23	\$28,210,769	\$2,350,897	\$710.24	\$30,183,609	\$2,515,301	\$770.15	\$28,852,859	\$2,404,405	\$741.41
Prescription Drug Claims	13,398,945	1,116,579	331.03	12,980,352	1,081,696	320.69	11,411,754	950,980	286.79	11,067,868	922,322	278.65	10,585,047	882,087	270.08	9,535,162	794,597	245.02
Dental Claims (Plans 1 & 2)	2,850,181	237,515	70.42	2,562,894	213,575	63.32	2,738,300	228,192	68.82	2,330,625	194,219	58.68	2,587,051	215,588	66.01	2,423,120	201,927	62.27
	\$46,942,871	\$3,911,906	\$1,159.77	\$44,646,984	\$3,720,582	\$1,103.05	\$44,440,942	\$3,703,412	\$1,116.83	\$41,609,262	\$3,467,439	\$1,047.56	\$43,355,707	\$3,612,976	\$1,106.24	\$40,811,141	\$3,400,928	\$1,048.70
Projected Trend:				Projected Trend:				Projected Trend:				Projected Trend:				Projected Trend:		
Medical Claims			5%	Medical Claims		-6%	Medical Claims		7%	Medical Claims		-8%	Medical Claims		4%	Medical Claims		22%
Prescription Drug Claims			3%	Prescription Drug Claims		12%	Prescription Drug Claims		3%	Prescription Drug Claims		3%	Prescription Drug Claims		10%	Prescription Drug Claims		-17%
Dental Claims (Plans 1 & 2)			11%	Dental Claims (Plans 1 & 2)		-8%	Dental Claims (Plans 1 & 2)		17%	Dental Claims (Plans 1 & 2)		-11%	Dental Claims (Plans 1 & 2)		6%	Dental Claims (Plans 1 & 2)		-2%
TOTAL			5.1%	TOTAL		-1.2%	TOTAL		6.6%	TOTAL		-5.3%	TOTAL		5.5%	TOTAL		8.3%

Regular Retiree	Enrollment:	170	0.0%	Enrollment:	170	-11.9%	Enrollment:	193	-2.5%	Enrollment:	198	-5.7%	Enrollment:	210	-3.7%	Enrollment:	218	-2.7%
Medical Claims	\$2,721,832	\$226,819	\$1,334.23	\$2,634,483	\$219,540	\$1,291.41	\$1,767,027	\$147,252	\$762.97	\$4,035,776	\$336,315	\$1,698.56	\$2,651,454	\$220,955	\$1,052.16	\$2,303,013	\$191,918	\$880.36
Prescription Drug Claims	942,008	78,501	461.77	888,071	74,006	435.33	926,655	77,221	400.11	1,135,981	94,665	478.11	1,126,795	93,900	447.14	1,005,111	83,759	384.22
Dental Claims (Plans 1 & 2) *	473,177	39,431	105.71	447,881	37,323	100.06	445,186	37,099	98.93	339,371	28,281	75.22	392,098	32,675	84.21	439,350	36,613	90.63
	\$4,137,017	\$344,751	\$1,901.71	\$3,970,434	\$330,870	\$1,946.29	\$3,138,868	\$261,572	\$1,355.30	\$5,511,128	\$459,261	\$2,319.50	\$4,170,347	\$347,529	\$1,654.90	\$3,747,474	\$312,290	\$1,432.52
*Dental Claims costs are for all Retirees																		
Projected Trend:				Projected Trend:				Projected Trend:				Projected Trend:				Projected Trend:		
Medical Claims			3%	Medical Claims		69%	Medical Claims		-55%	Medical Claims		61%	Medical Claims		20%	Medical Claims		3%
Prescription Drug Claims			6%	Prescription Drug Claims		9%	Prescription Drug Claims		-16%	Prescription Drug Claims		7%	Prescription Drug Claims		16%	Prescription Drug Claims		18%
Dental Claims (Plans 1 & 2)			6%	Dental Claims (Plans 1 & 2)		1%	Dental Claims (Plans 1 & 2)		32%	Dental Claims (Plans 1 & 2)		-11%	Dental Claims (Plans 1 & 2)		-7%	Dental Claims (Plans 1 & 2)		15%
TOTAL			-2.3%	TOTAL		43.6%	TOTAL		-41.6%	TOTAL		40.2%	TOTAL		15.5%	TOTAL		8.4%

Medicare Supplement	Enrollment:	177	0.0%	Enrollment:	177	16.4%	Enrollment:	152	2.7%	Enrollment:	148	-3.3%	Enrollment:	153	-4.4%	Enrollment:	160	-1.8%
Medical Claims	\$525,693	\$43,808	\$247.50	\$410,675	\$34,223	\$193.35	\$426,397	\$35,533	\$233.77	\$454,587	\$37,882	\$255.96	\$495,097	\$41,258	\$269.66	\$526,877	\$43,906	\$274.42
Prescription Drug Claims	1,431,743	119,312	674.08	1,275,387	106,282	600.46	1,270,681	105,890	696.65	1,075,081	89,590	605.34	1,205,023	100,419	656.33	786,261	65,522	409.51
	\$1,957,436	\$163,120	\$921.58	\$1,686,062	\$140,505	\$793.81	\$1,697,078	\$141,423	\$930.42	\$1,529,668	\$127,472	\$861.30	\$1,700,120	\$141,677	\$925.99	\$1,313,138	\$109,428	\$683.93
Projected Trend:				Projected Trend:				Projected Trend:				Projected Trend:				Projected Trend:		
Medical Claims			28%	Medical Claims		-17%	Medical Claims		-9%	Medical Claims		-5%	Medical Claims		-2%	Medical Claims		-4%
Prescription Drug Claims			12%	Prescription Drug Claims		-14%	Prescription Drug Claims		15%	Prescription Drug Claims		-8%	Prescription Drug Claims		60%	Prescription Drug Claims		-17%
TOTAL			16.1%	TOTAL		-14.7%	TOTAL		8.0%	TOTAL		-7.0%	TOTAL		35.4%	TOTAL		-12.4%

Non-Medicare Retiree	Enrollment:	26		Enrollment:	26		Enrollment:	30		Enrollment:	30		Enrollment:	25		Enrollment:	26	
Medical Claims	\$669,581	\$55,798	\$2,146.09	\$1,017,689	\$84,807	\$3,261.82	\$583,750	\$48,646	\$1,621.53	\$573,930	\$47,828	\$1,594.25	\$573,930	\$47,828	\$1,594.25	\$357,301	\$29,775	\$1,191.00
	\$669,581	\$55,798	\$2,146.09	\$1,017,689	\$84,807	\$3,261.82	\$583,750	\$48,646	\$1,621.53	\$573,930	\$47,828	\$1,594.25	\$573,930	\$47,828	\$1,594.25	\$357,301	\$29,775	\$1,191.00
*Rx is included in Regular Retirees																		
Projected Trend:				Projected Trend:				Projected Trend:				Projected Trend:				Projected Trend:		
Medical Claims			-34%	Medical Claims		101%	Medical Claims		2%	Medical Claims		34%	Medical Claims		-27%	Medical Claims		54%
TOTAL			-34.2%	TOTAL		101.2%	TOTAL		1.7%	TOTAL		33.9%	TOTAL		-27.2%	TOTAL		53.6%

Total Members	Enrollment:	3,746	0.0%	Enrollment:	3,746	1.5%	Enrollment:	3,691	0.1%	Enrollment:	3,686	0.9%	Enrollment:	3,654	0.2%	Enrollment:	3,647	5.1%
Medical Claims	\$34,610,852	\$2,884,238	\$769.95	\$33,166,584	\$2,763,882	\$737.82	\$33,068,062	\$2,755,672	\$746.59	\$33,275,062	\$2,772,922	\$752.28	\$33,687,461	\$2,807,288	\$768.28	\$32,193,524	\$2,682,794	\$735.62
Prescription Drug Costs	15,772,696	1,314,391	350.88	15,143,810	1,261,984	336.89	13,609,090	1,134,091	307.26	13,278,930	1,106,578	300.21	12,916,865	1,076,405	294.58	11,326,534	943,878	258.81
Dental Claims (Plans 1 & 2)	3,323,358	276,946	73.93	3,010,775	250,898	66.98	3,183,486	265,291	71.87	2,669,996	222,500	60.36	2,979,149	248,262	67.94	2,862,470	238,539	65.41
	\$53,706,905	\$4,475,575	\$1,194.76	\$51,321,168	\$4,276,764	\$1,141.69	\$49,860,638	\$4,155,053	\$1,125.73	\$49,223,988	\$4,101,999	\$1,112.86	\$49,583,475	\$4,131,956	\$1,130.80	\$46,382,528	\$3,865,211	\$1,059.83
Projected Trend:				Projected Trend:				Projected Trend:				Projected Trend:				Projected Trend:		
Medical Claims			4%	Medical Claims		-1%	Medical Claims		-1%	Medical Claims		-2%	Medical Claims		4%	Medical Claims		20%
Prescription Drug Costs			4%	Prescription Drug Costs		10%	Prescription Drug Costs		2%	Prescription Drug Costs		2%	Prescription Drug Costs		14%	Prescription Drug Costs		-15%
Dental Claims (Plans 1 & 2)			10%	Dental Claims (Plans 1 & 2)		-7%	Dental Claims (Plans 1 & 2)		19%	Dental Claims (Plans 1 & 2)		-11%	Dental Claims (Plans 1 & 2)		4%	Dental Claims (Plans 1 & 2)		0%
TOTAL			4.6%	TOTAL		1.4%	TOTAL		1.2%	TOTAL		-1.6%	TOTAL		6.7%	TOTAL		7.8%

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

Exhibit B
(Presented at 3/9/22 Trust Meeting)

Receipts

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

Disbursements

Claims Paid	3,877,702	46,532,426	\$3,928,250	\$3,284,329	\$3,493,591	\$3,824,511	\$3,544,735	\$4,188,606	\$3,805,547	\$2,683,787	\$4,316,231	\$4,125,310	\$4,279,957	\$5,057,572
Claims Paid - Delta Dental	271,085	3,253,022	304,617	268,158	308,632	266,226	236,036	295,065	170,444	273,221	323,692	249,940	251,374	305,617
Blue Shield	68,662	823,947	0	66,466	69,336	69,044	68,733	68,752	68,460	68,597	68,227	68,674	68,869	138,789
Chiometrics	11,167	134,008	0	11,421	10,605	11,232	11,184	11,178	11,139	11,165	11,104	11,178	11,210	22,592
Delta Dental of California	17,870	214,436	18,730	18,771	14,057	13,955	18,601	0	18,586	0	55,845	0	0	55,891
Refunds	360	4,314	0	350	100	100	200	0	512	0	150	0	300	2,602
Flu Shot Program	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OptumRx	16,050	192,597	12,250	23,367	12,450	12,765	41,912	0	0	0	30,788	0	59,065	0
Psy Care	11,108	133,296	0	10,993	10,180	10,811	10,764	10,758	10,721	10,467	13,890	10,479	10,509	23,724
United Dental	9,053	108,641	0	5,095	9,284	9,759	9,586	9,543	9,543	9,413	9,068	9,197	9,413	18,740
City Admin Fees	130	1,560	130	130	130	130	130	130	130	130	130	130	130	130
Consulting	7,350	88,200	0	6,300	6,300	25,200	6,300	6,300	6,300	6,300	6,300	6,300	6,300	6,300
Healthcomp, Inc.	113,130	1,357,559	0	27,673	111,884	219,524	122,759	111,064	107,557	116,221	107,198	107,806	108,109	217,764
Legal	2,850	34,200	2,850	2,850	2,850	2,850	2,850	2,850	2,850	2,850	2,850	2,850	0	5,700
MES Vision	60,809	729,707	0	61,370	61,370	61,001	60,967	59,623	60,161	61,286	60,598	60,715	61,606	121,010
Other (Stop Loss Ins)	101,515	1,218,178	103,202	103,202	93,290	92,913	116,746	101,024	101,344	100,705	101,518	100,183	102,069	101,982
H & W Cash Disbursements	\$4,568,841	\$54,826,091	\$4,370,029	\$3,890,475	\$4,204,059	\$4,620,021	\$4,251,503	\$4,864,893	\$4,373,294	\$3,344,142	\$5,107,589	\$4,752,762	\$4,968,911	\$6,078,413
Receipts Over Disbursements	\$402,958	\$4,835,497	\$783,497	\$943,999	\$555,799	\$733,240	\$367,290	\$410,101	\$312,487	\$808,082	\$463,408	\$332,435	(\$261,426)	(\$613,415)

Cash Balance (Gross Fund Reserve)	\$26,965,287	\$27,912,592	\$28,487,598	\$29,236,426	\$29,563,708	\$29,963,991	\$30,276,164	\$31,086,730	\$31,564,317	\$31,905,804	\$31,637,811	\$31,322,778
Beginning Stop Loss Reserve	\$0	(\$52,620)	(\$105,240)	(\$157,860)	(\$210,480)	(\$263,115)	(\$315,735)	(\$368,355)	(\$420,975)	(\$473,595)	(\$526,260)	(\$578,910)
Stop Loss Reserve (\$15 PEPM)	(\$52,620)	(\$52,620)	(\$52,620)	(\$52,620)	(\$52,635)	(\$52,620)	(\$52,620)	(\$52,620)	(\$52,620)	(\$52,665)	(\$52,650)	(\$52,620)
Stop Loss Claims (Between \$350k and \$500k)												\$133,755
Estimated Claims IBNR	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)
Net Fund Balance	\$22,812,667	\$23,707,352	\$24,229,738	\$24,925,946	\$25,200,593	\$25,548,256	\$25,807,809	\$26,565,755	\$26,990,722	\$27,279,544	\$26,958,901	\$26,725,003
Cash Balance / Total Expenses	5.9	6.1	6.2	6.4	6.5	6.6	6.6	6.8	6.9	7.0	6.9	6.9
Net Fund Balance / Total Expenses	5.0	5.2	5.3	5.5	5.5	5.6	5.6	5.8	5.9	6.0	5.9	5.8

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

Net Fund Balance as of 6/30/21: \$26,725,003
Four Months of Avg Expenses in 2020/21: \$18,275,364
Difference: \$8,449,640

Fresno City Employees Health and Welfare Trust
Receipts and Disbursements
FY 2021-2022 (6 Months Actual/6 Months Projected)

Exhibit C
(Presented at 3/9/22 Trust Meeting)

Receipts

			2021	2021	2021	2021	2021	2021	Projections:					
	AVERAGE	TOTAL	July	August	September	October	November	December	2022	2022	2022	2022	2022	2022
									January	February	March	April	May	June
Contributions - Actives	\$4,128,007	\$49,536,079	\$4,098,559	\$4,105,876	\$3,692,718	\$4,670,688	\$4,173,385	\$4,194,853	\$4,100,000	\$4,100,000	\$4,100,000	\$4,100,000	\$4,100,000	\$4,100,000
RDA Employees Contribution	1,675	20,100	1,350	1,350	1,350	1,350	1,350	1,350	2,000	2,000	2,000	2,000	2,000	2,000
Self Pay - LWOP	534	6,403	862	123	404	606	404	404	600	600	600	600	600	600
Self Pay - COBRA	7,063	84,754	6,255	5,293	5,301	7,704	0	24,201	6,000	6,000	6,000	6,000	6,000	6,000
Self Pay - FPOA Police Admin Staff	5,650	67,800	5,400	5,400	6,750	6,750	6,750	6,750	5,000	5,000	5,000	5,000	5,000	5,000
Retirees - Health	339,252	4,071,026	331,766	328,206	326,319	329,980	326,993	327,762	350,000	350,000	350,000	350,000	350,000	350,000
Retirees - HRA	101,149	1,213,793	97,449	104,234	102,092	100,878	104,801	104,339	100,000	100,000	100,000	100,000	100,000	100,000
Retirees - Self-Pay	7,112	85,344	404	10,208	17,500	1,616	7,458	6,158	7,000	7,000	7,000	7,000	7,000	7,000
Refunds	242,433	2,909,200	44,748	107,582	200,077	844,095	70,673	442,025	200,000	200,000	200,000	200,000	200,000	200,000
Interest	34,961	419,529	32,196	31,567	30,196	39,840	34,268	35,462	36,000	36,000	36,000	36,000	36,000	36,000
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
H & W Trust Cash Receipts	\$4,867,836	\$58,414,028	\$4,618,989	\$4,699,839	\$4,382,707	\$6,003,507	\$4,726,082	\$5,143,304	\$4,806,600	\$4,806,600	\$4,806,600	\$4,806,600	\$4,806,600	\$4,806,600

Disbursements

Claims Paid	4,025,866	48,310,394	\$4,968,370	\$3,587,493	\$3,936,115	\$3,635,367	\$2,593,311	\$6,255,095	\$3,889,107	\$3,889,107	\$3,889,107	\$3,889,107	\$3,889,107	\$3,889,107
Claims Paid - Delta Dental	250,898	3,010,775	255,314	270,365	300,472	201,137	0	599,787	230,617	230,617	230,617	230,617	230,617	230,617
Blue Shield	64,214	770,573	0	69,317	69,375	70,543	70,718	70,620	70,000	70,000	70,000	70,000	70,000	70,000
Chiometrics	10,756	129,073	0	11,283	11,296	11,482	11,514	11,498	12,000	12,000	12,000	12,000	12,000	12,000
Delta Dental of California	19,266	231,193	18,822	19,451	19,488	19,758	19,858	19,816	19,000	19,000	19,000	19,000	19,000	19,000
Refunds	8	100	0	100	0	0	0	0	0	0	0	0	0	0
Flu Shot Progam	1,000	12,000	0	0	0	0	0	0	2,000	2,000	2,000	2,000	2,000	2,000
OptumRx	17,670	212,035	5,874	0	41,901	38,583	13,393	16,284	16,000	16,000	16,000	16,000	16,000	16,000
Halcyon	12,451	149,414	0	14,926	10,590	24,773	15,746	11,379	12,000	12,000	12,000	12,000	12,000	12,000
United Dental	9,973	119,673	0	9,586	8,334	18,092	8,895	8,766	11,000	11,000	11,000	11,000	11,000	11,000
City Admin Fees	65	780	130	130	130	130	130	130	0	0	0	0	0	0
Consulting	6,500	78,000	0	6,300	6,700	13,000	0	13,000	6,500	6,500	6,500	6,500	6,500	6,500
Healthcomp, Inc.	105,647	1,267,760	0	108,827	109,075	171,953	111,007	124,898	107,000	107,000	107,000	107,000	107,000	107,000
Legal	2,675	32,100	2,850	2,850	2,850	2,850	2,850	2,850	2,500	2,500	2,500	2,500	2,500	2,500
MES Vision	56,780	681,355	0	0	122,422	62,009	62,462	62,462	62,000	62,000	62,000	62,000	62,000	62,000
Other (Stop Loss Ins)	102,763	1,233,154	102,853	103,086	102,040	102,592	105,843	104,740	102,000	102,000	102,000	102,000	102,000	102,000
H & W Cash Disbursements	\$4,686,532	\$56,238,378	\$5,354,213	\$4,203,714	\$4,740,788	\$4,372,269	\$3,015,727	\$7,301,325	\$4,541,724	\$4,541,724	\$4,541,724	\$4,541,724	\$4,541,724	\$4,541,724
Receipts Over Disbursements	\$181,304	\$2,175,650	(\$735,224)	\$496,125	(\$358,081)	\$1,631,238	\$1,710,355	(\$2,158,021)	\$264,876	\$264,876	\$264,876	\$264,876	\$264,876	\$264,876

Cash Balance (Gross Fund Reserve)	\$30,285,170	\$30,791,954	\$30,438,683	\$32,113,757	\$33,780,318	\$31,957,618	\$32,222,494	\$32,487,371	\$32,752,247	\$33,017,123	\$33,282,000	\$33,546,876
Beginning Stop Loss Reserve	(\$497,775)	(\$551,460)	(\$605,145)	(\$658,830)	(\$712,515)	(\$766,200)	(\$819,885)	(\$873,570)	(\$927,255)	(\$980,940)	(\$1,034,625)	(\$1,088,310)
Stop Loss Reserve (\$15 PEPm)	(\$53,685)	(\$53,685)	(\$53,685)	(\$53,685)	(\$53,685)	(\$53,685)	(\$53,685)	(\$53,685)	(\$53,685)	(\$53,685)	(\$53,685)	(\$53,685)
Estimated Stop Loss Claims (Between \$350k and \$500k)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$500,000
Estimated Claims IBNR	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)
Net Fund Balance	\$25,633,710	\$26,086,809	\$25,679,853	\$27,301,242	\$28,914,118	\$27,037,733	\$27,248,925	\$27,460,116	\$27,671,307	\$27,882,499	\$28,093,690	\$28,804,881
Cash Balance / Total Expenses	6.5	6.6	6.5	6.9	7.2	6.8	6.9	6.9	7.0	7.0	7.1	7.2
Net Fund Balance / Total Expenses	5.5	5.6	5.5	5.8	6.2	5.8	5.8	5.9	5.9	5.9	6.0	6.1

Estimated One Month of Avg Expenses in 2021/22: \$4,686,532

Estimated Net Fund Balance as of 6/30/22: \$28,804,881

Estimated Four Months of Avg Expenses in 2021/22: \$18,746,126

Difference: \$10,058,755

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

Exhibit D
(Presented at 3/9/22 Trust Meeting)

		<div><div><div><div><div></div><div><u>Increase</u></div><div>0.0%</div></div></div></div></div>												
Receipts		2022	2022	2022	2022	2022	2022	2022	2023	2023	2023	2023	2023	2023
	<u>AVERAGE</u>	<u>TOTAL</u>	<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>
Contributions - Actives	\$4,223,052	\$50,676,624	\$4,223,052	\$4,223,052	\$4,223,052	\$4,223,052	\$4,223,052	\$4,223,052	\$4,223,052	\$4,223,052	\$4,223,052	\$4,223,052	\$4,223,052	\$4,223,052
Retirees - Health	402,114	4,825,368	402,114	402,114	402,114	402,114	402,114	402,114	402,114	402,114	402,114	402,114	402,114	402,114
Retirees - Dental	42,570	510,840	42,570	42,570	42,570	42,570	42,570	42,570	42,570	42,570	42,570	42,570	42,570	42,570
Refunds	200,000	2,400,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000
Interest	35,000	420,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
H & W Trust Cash Receipts	\$4,902,736	\$58,832,832	\$4,902,736	\$4,902,736	\$4,902,736	\$4,902,736	\$4,902,736	\$4,902,736	\$4,902,736	\$4,902,736	\$4,902,736	\$4,902,736	\$4,902,736	\$4,902,736
Disbursements														
Claims Paid	4,198,629	50,383,547	\$4,198,629	\$4,198,629	\$4,198,629	\$4,198,629	\$4,198,629	\$4,198,629	\$4,198,629	\$4,198,629	\$4,198,629	\$4,198,629	\$4,198,629	\$4,198,629
Claims Paid - Delta Dental	276,946	3,323,358	276,946	276,946	276,946	276,946	276,946	276,946	276,946	276,946	276,946	276,946	276,946	276,946
Blue Shield	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	19,000	228,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000
Refunds	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Flu Shot Progam	2,000	24,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
OptumRx	16,000	192,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000
Halcyon	12,000	144,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000
United Dental	11,000	132,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000
City Admin Fees	130	1,560	130	130	130	130	130	130	130	130	130	130	130	130
Consulting	6,700	80,400	6,700	6,700	6,700	6,700	6,700	6,700	6,700	6,700	6,700	6,700	6,700	6,700
Healthcomp, Inc.	107,000	1,284,000	107,000	107,000	107,000	107,000	107,000	107,000	107,000	107,000	107,000	107,000	107,000	107,000
Legal	2,500	30,000	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500
MES Vision	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)	115,087	1,381,038	115,087	115,087	115,087	115,087	115,087	115,087	115,087	115,087	115,087	115,087	115,087	115,087
H & W Cash Disbursements	\$4,912,492	\$58,949,904	\$4,912,492	\$4,912,492	\$4,912,492	\$4,912,492	\$4,912,492	\$4,912,492	\$4,912,492	\$4,912,492	\$4,912,492	\$4,912,492	\$4,912,492	\$4,912,492
Receipts Over Disbursements	(\$9,756)	(\$117,072)	(\$9,756)	(\$9,756)	(\$9,756)	(\$9,756)	(\$9,756)	(\$9,756)	(\$9,756)	(\$9,756)	(\$9,756)	(\$9,756)	(\$9,756)	(\$9,756)
Cash Balance (Gross Fund Reserve)			\$33,537,120	\$33,527,364	\$33,517,608	\$33,507,852	\$33,498,096	\$33,488,340	\$33,478,584	\$33,468,828	\$33,459,072	\$33,449,316	\$33,439,560	\$33,429,804
Beginning Stop Loss Reserve			(\$641,995)	(\$698,680)	(\$755,365)	(\$812,050)	(\$868,735)	(\$925,420)	(\$982,105)	(\$1,038,790)	(\$1,095,475)	(\$1,152,160)	(\$1,208,845)	(\$1,265,530)
Stop Loss Reserve (\$15 PEPM)			(\$56,685)	(\$56,685)	(\$56,685)	(\$56,685)	(\$56,685)	(\$56,685)	(\$56,685)	(\$56,685)	(\$56,685)	(\$56,685)	(\$56,685)	(\$56,685)
Estimated Stop Loss Claims (Between \$350k and \$500k)														\$500,000
Estimated Claims IBNR			(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)
Net Fund Balance			\$28,738,441	\$28,672,000	\$28,605,559	\$28,539,118	\$28,472,677	\$28,406,236	\$28,339,795	\$28,273,354	\$28,206,913	\$28,140,472	\$28,074,031	\$28,507,590
Cash Balance / Total Expenses			6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8
Net Fund Balance / Total Expenses			5.9	5.8	5.8	5.8	5.8	5.8	5.8	5.8	5.7	5.7	5.7	5.8
Estimated One Month of Avg Expenses in 2022/23:														\$4,912,492
Estimated Net Fund Balance as of 6/30/23:														\$28,507,590
Estimated Four Months of Avg Expenses in 2022/23:														\$19,649,968
Difference:														\$8,857,622

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

Exhibit E
(Presented at 3/9/22 Trust Meeting)

		4 Months Reserve		Break Even (Dollars)		Break Even (Reserve)		3 Months Reserve		5 Months Reserve	
	Jul-21	Unencumbered		Break Even (Dollars)		Break Even (Reserve)		Unencumbered		Unencumbered	
	Rate	-15.8%	Additional	0.2%	Additional	3.0%	Additional	-24.6%	Additional	-7.0%	Additional
		Decrease	Amount	Increase	Amount	Increase	Amount	Decrease	Amount	Decrease	Amount
Active											
Health + Dental	\$1,350	\$1,137	(\$213)	\$1,353	\$3	\$1,391	\$41	\$1,018	(\$332)	\$1,256	(\$94)
Regular Retiree											
Health + Dental	\$1,350	\$1,137	(\$213)	\$1,353	\$3	\$1,391	\$41	\$1,018	(\$332)	\$1,256	(\$94)
Dental Only	\$99	\$84	(\$15)	\$100	\$1	\$102	\$3	\$75	(\$24)	\$93	(\$6)
Health	\$1,251	\$1,053	(\$198)	\$1,253	\$2	\$1,289	\$38	\$943	(\$308)	\$1,163	(\$88)
Medicare Supplement											
Health	\$638	\$538	(\$100)	\$640	\$2	\$658	\$20	\$482	(\$156)	\$594	(\$44)
Health + Dental	\$737	\$621	(\$116)	\$740	\$3	\$760	\$23	\$557	(\$180)	\$687	(\$50)
(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	\$1,269	(\$238)	\$1,511	\$4	\$1,552	\$45	\$1,137	(\$370)	\$1,402	(\$105)
Health + Dental	\$1,606	\$1,353	(\$253)	\$1,611	\$5	\$1,654	\$48	\$1,212	(\$394)	\$1,495	(\$111)

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

Fresno City Employees Health and Welfare Trust
Contribution Rate

Exhibit F
(Presented at 3/9/22 Trust Meeting)

	1-Jul-21 Contribution Rate	1-Jul-20 Contribution Rate	1-Jul-19 Contribution Rate	1-Jul-18 Contribution Rate	1-Jul-17 Contribution Rate	1-Jul-16 Contribution Rate	1-Jul-15 Contribution Rate	1-Jul-14 Contribution Rate	1-Jul-13 Contribution Rate	1-Jul-12 Contribution Rate	1-Jul-11 Contribution Rate	1-Jul-10 Contribution Rate	1-Mar-09 Contribution Rate	1-Jul-08 Contribution Rate	1-Jul-07 Contribution Rate
<u>Active</u>															
Health + Dental	\$1,350	\$1,350	\$1,290	\$1,240	\$1,200	\$1,176	\$1,176	\$1,084	\$1,084	\$985	\$985	\$911	\$729	\$824	\$822
(per family)	0.0%	4.7%	4.0%	3.3%	2.0%	0.0%	8.5%	0.0%	10.0%	0.0%	8.1%	25.0%	-11.5%	0.2%	0.4%
<u>Regular Retiree</u>															
Health + Dental	\$1,350	\$1,350	\$1,290	\$1,240	\$1,200	\$1,176	\$1,176	\$1,084	\$1,084	\$985	\$985	\$911	\$729	\$824	\$822
Dental Only	\$99	\$99	\$95	\$91	\$88	\$86	\$86	\$79	\$79	\$72	\$72	\$66	\$53	\$60	\$60
Health	\$1,251	\$1,251	\$1,195	\$1,149	\$1,112	\$1,090	\$1,090	\$1,005	\$1,004	\$913	\$913	\$845	\$676	\$764	\$762
(per family)	0.0%	4.7%	4.0%	3.3%	2.0%	0.0%	8.5%	0.0%	10.0%	0.0%	8.1%	25.0%	-11.5%	0.2%	0.4%
<u>Medicare Supplement</u>															
Health + Dental	\$737 *	\$737 *	\$705 *	\$678 *	\$656 *	\$643 *	\$643 *	\$592 *	\$592 *	\$534 *	\$534 *	\$486 *	\$429	\$485	\$483
Health	\$638 *	\$638 *	\$610 *	\$587 *	\$568 *	\$557 *	\$557 *	\$513 *	\$513 *	\$462 *	\$462 *	\$420 *	\$376	\$425	\$423
(per person)	0.0%	4.5%	4.0%	3.4%	2.0%	0.0%	8.6%	0.0%	10.9%	0.0%	9.9%	13.3%	-11.5%	0.4%	0.6%
* EGWP participation required															
<u>Non-Medicare Retiree</u>															
Health + Dental	\$1,606	\$1,606	\$1,535	\$1,476	\$1,429	\$1,401	\$1,401	\$1,291	\$1,291	\$1,174	\$1,174	\$1,078	\$862	\$974	\$972
Health	\$1,507	\$1,507	\$1,440	\$1,385	\$1,341	\$1,315	\$1,315	\$1,212	\$1,212	\$1,102	\$1,102	\$1,011	\$809	\$914	\$912
(per family)	0.0%	4.6%	4.0%	3.3%	2.0%	0.0%	8.5%	0.0%	10.0%	0.0%	8.9%	25.1%	-11.5%	0.2%	0.3%

FRESNO CITY EMPLOYEES
HEALTH AND WELFARE TRUST

ADMINISTRATION OFFICE



621 Santa Fe
Fresno, CA 93721

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

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

- i. **Intro**
- ii. **History of The Trust**
 - a. Started in 1972
 - b. Joint Trust Document
- iii. **Governing Law**
 - a. ERISA vs. California Law
 - b. Open Meeting Rules (Brown Act)
 - c. Affordable Care Act
 - d. Speech Therapy (Habilitative vs. Rehabilitative)
 - e. Mental Health Parity Act
 - f. HIPAA
 - g. No Surprise Act
- iv. **Trustees**
 - a. Management Trustee - Appointment
 - b. Labor-Bargaining Association Trustee - Appointment
- v. **Voting**
 - a. Determination of Quorum for Actions
 - b. Voting on Actions
 - c. Result if There is a Tie in Vote Between Management and Labor
 - i. Contribution Rates
 - d. Action of Chairperson and Vice Chairperson
- vi. **Fiduciary Duties**
 - a. Fiduciary Role
 - b. Fiduciary Insurance Coverage
- vii. **Protected Health information (PHI)/Protected Private Information**
 - a. Duty of Confidentiality
- viii. **Plan Professionals**
 - 1. Trust Attorney
 - a. Role
 - 2. Real & Letson – Consultant
 - a. Role
 - b. Plan Documents
 - c. Vendors
 - i. *Blue Shield*
 - ii. *OptumRx*
 - iii. *Halcyon*
 - iv. *PhysMetrics*

- v. *MES Vision*
- vi. *Delta Dental/United HealthCare*
- vii. *Body Scan*
- viii. *Stop Loss*
- d. Proposals/Renewals/RFP
- e. Amendments
- f. Contribution Rates

3. HealthComp

- a. Role – Administration Office
- b. Eligibility
 - i. Cobra
- c. Customer Service
- d. Plan Building
- e. Claims Administration
- f. Filing of Stop Loss
- g. Record Keeping
- h. Coordinate Trust – Special Board Meetings
 - i. Agenda
 - ii. Minutes
 - iii. Board Materials
- i. Flex Benefits

ix. Appeals

- 1. What is an Appeal
 - a. Appeal Committee
 - b. Appeal Materials
 - c. Appeals Meeting
 - i. Process
 - ii. Voting
 - iii. Recommendation to Full Board