

00273	00001	Jun-21	Dec-20	\$546
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00273	00001	Jul-21	Mar-21	\$3,393
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00273	00001	Aug-21	Jul-21	\$96,406
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00273	00001	Dec-21	Oct-21	\$7,187
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00273	00003	May-21	May-21	\$9,970

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00273	00003	Sep-21	Nov-20	\$86
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00273	00003	Sep-21	Feb-21	\$71
00273	00003	Sep-21	Jun-21	\$137
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00273	00003	Apr-22	Mar-22	\$5,132
00273	00003	Apr-22	Apr-22	\$7,377
00273	00003	May-22	Feb-22	\$117
00273	00003	May-22	Mar-22	\$399
00273	00003	May-22	Apr-22	\$7,666
00273	00003	May-22	May-22	\$11,929
00273	00003	Jun-22	Apr-22	\$112
00273	00003	Jun-22	May-22	\$6,551
00273	00003	Jun-22	Jun-22	\$7,036
00273	00003	Jul-22	Apr-22	\$362
00273	00003	Jul-22	May-22	\$129
00273	00003	Jul-22	Jun-22	\$3,180
00273	00003	Jul-22	Jul-22	\$9,123
00273	00003	Aug-22	Jan-22	\$110
00273	00003	Aug-22	May-22	\$344
00273	00003	Aug-22	Jul-22	\$4,055
00273	00003	Aug-22	Aug-22	\$12,372
00273	00003	Sep-22	May-22	\$1,091
00273	00003	Sep-22	Jun-22	\$61
00273	00003	Sep-22	Jul-22	\$248
00273	00003	Sep-22	Aug-22	\$7,065
00273	00003	Sep-22	Sep-22	\$5,338
00273	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	00004	Feb-22	Jan-22	\$1,117
00273	00004	Feb-22	Feb-22	\$2,289
00273	00004	Mar-22	Feb-22	\$731
00273	00004	Mar-22	Mar-22	\$2,186
00273	00004	Apr-22	Mar-22	\$1,132
00273	00004	Apr-22	Apr-22	\$2,285
00273	00004	May-22	Mar-22	\$399
00273	00004	May-22	Apr-22	\$2,182
00273	00004	May-22	May-22	\$2,778
00273	00004	Jun-22	Dec-21	\$217
00273	00004	Jun-22	Apr-22	\$105
00273	00004	Jun-22	May-22	\$1,341
00273	00004	Jun-22	Jun-22	\$2,787
00273	00004	Jul-22	Jun-22	\$290
00273	00004	Jul-22	Jul-22	\$3,026
00273	00004	Aug-22	Jul-22	\$1,025
00273	00004	Aug-22	Aug-22	\$3,654
00273	00004	Sep-22	Aug-22	\$2,722
00273	00004	Sep-22	Sep-22	\$1,206
00273	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

00273	09001	Feb-22	Dec-21	\$223
00273	09001	Feb-22	Jan-22	\$103
00273	09001	Feb-22	Feb-22	\$1,802
00273	09001	Mar-22	Feb-22	\$1,767
00273	09001	Mar-22	Mar-22	\$466
00273	09001	Apr-22	Mar-22	\$750
00273	09001	Apr-22	Apr-22	\$94
00273	09001	May-22	Jan-22	\$168
00273	09001	May-22	Feb-22	\$34
00273	09001	May-22	Apr-22	\$233
00273	09001	May-22	May-22	\$129
00273	09001	Jun-22	Jun-22	\$440
00273	09001	Jul-22	Jul-22	\$1,278
00273	09001	Aug-22	Jul-22	\$750
00273	09001	Aug-22	Aug-22	\$302
00273	09001	Sep-22	Aug-22	\$64
00273	09001	Sep-22	Sep-22	\$442
Total				\$6,398,381

Diana Cavazos | HealthComp

From: Duab Xaochay <DXaochay@delta.org>
Sent: Friday, October 7, 2022 9:35 AM
To: Andrew Desa
Subject: Fresno City Employees Health & Welfare Trust #00273 - PG Report 7/1/2021 - 6/30/2022
Attachments: Fresno City EES H&W #00273 PPO 7-1-2021-6-30-2022 PG Report.pdf; Fresno City Employees (CA 00273) - 2021-2022 Supporting Documentation.xlsx

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

Hello Andrew,

Attached please find the PG results and supporting documentation for Fresno City H&W, for the 2021/2022 contract year. I am happy to say that most metrics were met, however, we missed two metrics under Customer Service, 5a and 5d, for total penalty of \$4,793.07. In the fourth quarter of 2021, Delta Dental experienced unprecedented absenteeism and attrition which attributed to the failed goal. Our Customer Service Leadership team's corrective action plan is to prioritize hiring and training. Overtime has also been implemented to assist with closing the gap so that we can continue to work to improve for the 2022/2023 contract year. The penalty payment is expected to be mailed out by the end of October and will be sent directly to HealthComp. Please let me know if you have any questions.

Thanks,

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

Skip a step! *Inquiries involving enrollment, invoicing, new divisions, escalated claims questions, contracts, plan booklets, benefit questions, open enrollment and administrative updates can be quickly handled by contacting supportTeam@delta.org*

Upcoming PTO and Holidays:
Veterans Day: 11/11/2022

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Performance Guarantee Report

FRESNO CITY EES HEALTH & WELFARE TRUST (#00273)

Contract Period: July 1, 2021 - June 30, 2022

Performance Guarantee Metrics		Performance Results	Results Met	Net Admin at Risk (as %)	Penalty Incurred (in \$)
1. Account Management					
The Account Manager will partner with you to meet your dental benefit objectives, advise you and work on your behalf to optimize service. Standards of service include:					
a. Account Manager will provide comprehensive service to you in support of our objective of top-tier customer service.		No response		0.5%	
b. Account Manager will provide timely response and follow-up on phone calls and e-mails from you.		No response		0.5%	
c. Account Manager will meet with your benefit staff as needed to meet your objectives and oversee the annual open enrollment process and participation in employee informational meetings.		No response		0.5%	
d. Account Manager will provide ongoing assistance with any issues escalated by designated benefits contacts.		No response		0.5%	
Based on client response to annual Client Satisfaction Survey. Client satisfaction for each of the criteria above will be deemed as being met given a rating of Good, Very Good or Excellent. No response will be deemed as PG is met.					

Performance Guarantee Metrics	Performance Results	Results Met	Net Admin at Risk (as %)	Penalty Incurred (in \$)
2. Eligibility				
a. 95% of electronic eligibility will be loaded within three (3) business days from receipt of data.	100%	✓	0.5%	
b. Eligibility updates will be completed on average within five (5) business days from receipt of data.	4	✓	0.5%	
c. Eligibility updates will be guaranteed with 98% accuracy.	100%	✓	0.5%	
Guarantee is contingent upon receipt of data in a mutually agreed upon format.				
3. Claims Turnaround				
85% of claims received will be processed within 15 calendar days.	100%	✓	1%	
Claims turnaround is measured from the date of the initial receipt of the claim with complete information to the date the claim is processed.				
4. Overall Claims Accuracy				
a. 99% financial (dollar) accuracy	100%	✓	1%	
Financial (dollar) accuracy is calculated from a random sample and defined as the total dollar amount paid correctly in the sample divided by the total dollar amount that should have been paid in the sample.				
b. 97% payment accuracy	100%	✓	1%	
Payment accuracy is calculated from a random sample and defined as the number of claims in the sample without payment errors divided by the total number of claims in the sample				
c. 95% processing accuracy	100%	✓	1%	
Processing accuracy is calculated from a random sample and defined as the number of claims in the sample without payment or nonpayment errors divided by the total number of claims in the sample.				

Performance Guarantee Metrics	Performance Results	Results Met	Net Admin at Risk (as %)	Penalty Incurred (in \$)
5. Customer Service				
a. 85% of all customer calls to the Contact Center will be answered within 30 seconds	80%		1%	TBD
b. 90% of Customer Service phone inquiries will be resolved within one (1) business day.	100%	✓	1%	
c. We will respond to written inquiries in an average of seven (7) calendar days of receipt.	6	✓	1%	
d. Call abandonment rate will be 5% or less.	9%		1%	TBD
6. Enrollee Satisfaction				
85% of participants that respond to the Enrollee Satisfaction Survey will rate Delta Dental overall as Good, Very Good or Excellent. Overall customer satisfaction is measured by a survey distributed to a random sampling of enrollees.	94%	✓	0.5%	
7. Client Reporting				
Client-specific reporting package as agreed upon will be provided within 60 days from the close of the established reporting period.	Met	✓	1%	
Total Annual Net Admin at Risk				13.00%

Total Annual Penalty Incurred

TBD

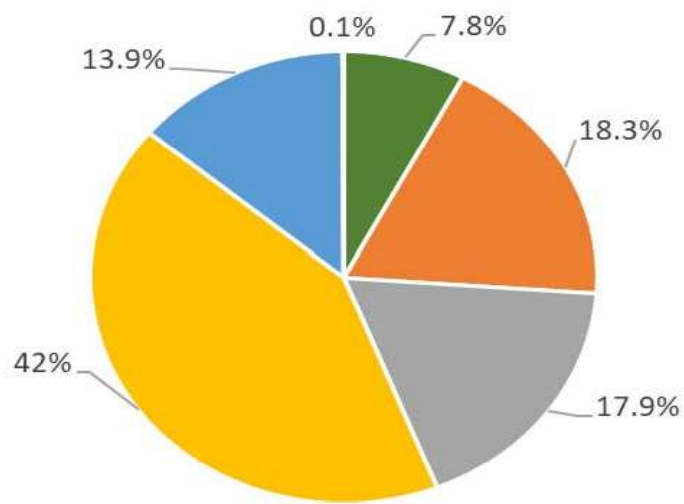
Performance guarantee metrics #2-6 will be measured on a global basis and reported annually.



Fresno City Employees' Health and Welfare Trust

	Current Period			Benefit Year
	July 2022	August 2022	September 2022	YTD July 2022 To June 2023
Benefit Utilization				
Covered Employees	3,983	3,946	3,923	
Covered Dependents	6,856	6,771	6,725	
Total Covered Members	10,839	10,717	10,648	
Unique Employees Accessing Benefit	265	215	258	413
Unique Dependents Accessing Benefit	241	217	224	396
Total Unique Members Accessing Benefit	506	432	482	809
Unique Dates of Service Paid	1,394	1,081	1,266	3,543
Total Plan Pricing	\$99,691.00	\$75,209.34	\$74,051.00	\$248,951.34
Utilization Management				
	July 2022	August 2022	September 2022	
Pre-Treatment Requests Reviewed for Medical Necessity: <ul style="list-style-type: none"> After 12th Visit Massage Minor (Under Age 18) 				
Chiropractic	33	33	24	
Pre-Treatment Requests Reviewed for Medical Necessity: <ul style="list-style-type: none"> After 10th Visit 				
Physical Therapy	10	14	16	
Occupational Therapy	0	0	3	
Speech and Language Therapy	8	5	7	
Total Physical Medicine Requests Reviewed	51	52	50	

Diagnosis Code Activity

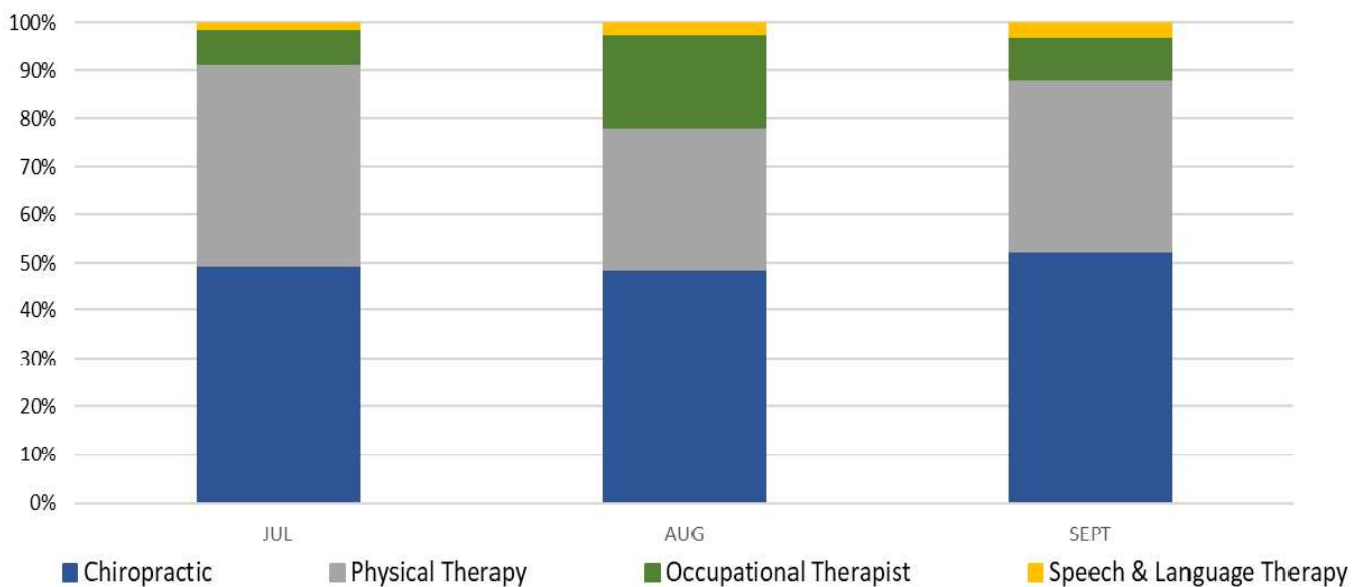


■ Extremity Issues
 ■ Mid Back Issues
 ■ Pelvis Issues
 ■ Other Issues
 ■ Lower Back Issues
 ■ Neck Issues
 ■ Abdomen Issues

Issues	Percent (%)*
Extremity Issues	7.8
Lower Back Issues	18.3
Mid Back Issues	17.9
Neck Issues	42
Pelvis Issues	13.9
Abdomen	0.1
Other	0

*Average over three (3) months
(July - September 2022)

Monthly Utilization by Specialty



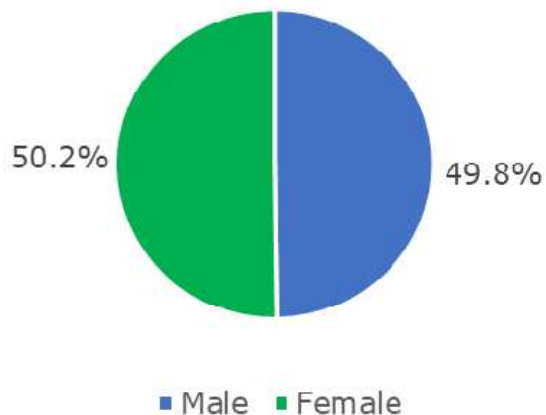
Top 10 Procedure Code Activity by Total Pricing for Month of: July 2022	Patients	Total Pricing
97110-THERAPEUTIC EXERCISES	183	\$16,013.00
98941-CHIROPRACT MANJ 3-4 REGIONS	227	\$10,558.00
98940-CHIROPRACT MANJ 1-2 REGIONS	145	\$6,428.00
97140-MANUAL THERAPY 1/> REGIONS	83	\$6,338.50
92507-SPEECH/HEARING THERAPY	16	\$3,900.00
97112-NEUROMUSCULAR REEDUCATION	30	\$2,720.00
98943-CHIROPRACT MANJ XTRSPINL 1/>	81	\$1,450.00
97014-ELECTRIC STIMULATION THERAPY	81	\$1,396.00
97012-MECHANICAL TRACTION THERAPY	75	\$1,230.00
97161-PT EVAL LOW COMPLEX 20 MIN	20	\$1,180.00

Top 10 Procedure Code Activity by Total Pricing for Month of: August 2022	Patients	Total Pricing
97110-THERAPEUTIC EXERCISES	146	\$17,006.00
92507-SPEECH/HEARING THERAPY	19	\$9,500.00
98941-CHIROPRACT MANJ 3-4 REGIONS	201	\$7,672.00
98940-CHIROPRACT MANJ 1-2 REGIONS	118	\$4,977.00
97140-MANUAL THERAPY 1/> REGIONS	60	\$4,188.00
97112-NEUROMUSCULAR REEDUCATION	29	\$3,253.00
97530-THERAPEUTIC ACTIVITIES	17	\$2,733.00
97161-PT EVAL LOW COMPLEX 20 MIN	20	\$1,745.00
97012-MECHANICAL TRACTION THERAPY	81	\$1,348.50
92526-ORAL FUNCTION THERAPY	1	\$1,140.00

Top 10 Procedure Code Activity by Total Pricing for Month of: September 2022	Patients	Total Pricing
97110-THERAPEUTIC EXERCISES	164	\$16,208.00
98941-CHIROPRACT MANJ 3-4 REGIONS	222	\$9,000.00
98940-CHIROPRACT MANJ 1-2 REGIONS	151	\$6,482.00
97140-MANUAL THERAPY 1/> REGIONS	73	\$6,251.00
92507-SPEECH/HEARING THERAPY	15	\$5,500.00
97112-NEUROMUSCULAR REEDUCATION	40	\$4,812.00
97530-THERAPEUTIC ACTIVITIES	28	\$4,407.00
97012-MECHANICAL TRACTION THERAPY	112	\$1,860.00
97161-PT EVAL LOW COMPLEX 20 MIN	24	\$1,760.00
98943-CHIROPRACT MANJ XTRSPINL 1/>	93	\$1,370.00

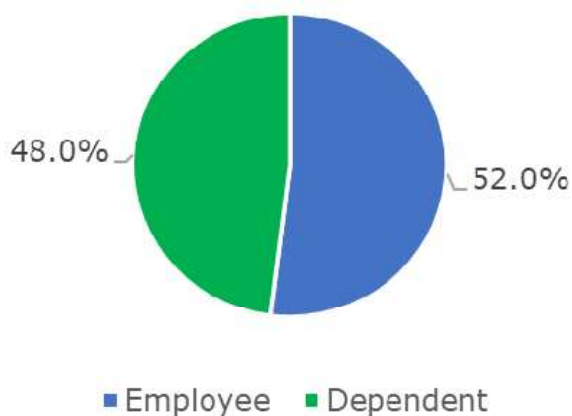
Top 10 Provider Activity by Total Pricing for Month of: July 2022	Patients	Total Pricing
Joshua Ritter DC	67	\$3,546.50
Courtney Gebhart SLP	10	\$2,500.00
Torrey Schroeder DC	36	\$2,450.00
Jason McOmber PT	3	\$1,971.00
Jason Bowen DC	30	\$1,870.00
Sharon Lark DC	14	\$1,795.00
Matthew Vinson DC	19	\$1,681.00
Robert Pauline PT	5	\$1,500.00
Lanthan Hakanson PT	4	\$1,320.00
Lee Walsh PT	3	\$1,270.00
Top 10 Provider Activity by Total Pricing for Month of: August 2022	Patients	Total Pricing
Courtney Gebhart SLP	9	\$5,100.00
Joshua Ritter DC	75	\$4,453.84
Clovis Community - Outpatient Therapy	4	\$2,850.00
Michael Martines PT	6	\$2,790.00
Valley Children's Hospital	2	\$2,250.00
Torrey Schroeder DC	29	\$1,785.00
Jeffrey Mueller PT	3	\$1,362.00
Kirk Zenimura DC	10	\$1,280.00
Jason Bowen DC	23	\$1,215.00
Russell Biggers PT	4	\$1,038.00
Top 10 Provider Activity by Total Pricing for Month of: September 2022	Patients	Total Pricing
Joshua Ritter DC	83	\$4,850.00
Michael Martines PT	8	\$3,627.00
George Drysdale PT	7	\$3,285.00
Courtney Gebhart SLP	6	\$3,000.00
Fresno VAMC	1	\$2,903.00
Torrey Schroeder DC	33	\$2,100.00
William Lauder PT	4	\$2,000.00
Matthew Vinson DC	19	\$1,370.00
Allen Co PT	2	\$1,245.00
San Joaquin Valley Rehab	2	\$1,216.00

Gender



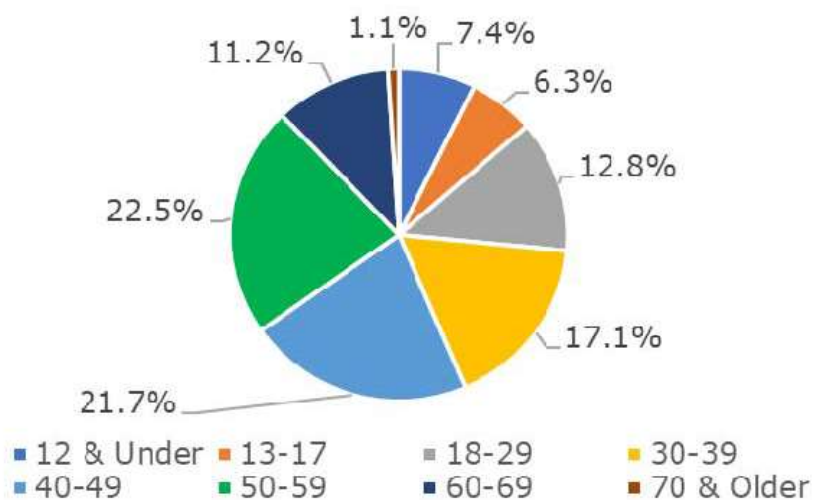
Gender	Percent (%)*
Male	49.8
Female	50.2
Total	

Classification



Classification	Percent (%)*
Employee	52
Dependent	48
Total	

Age Group



Age Group	Percent (%)*
12 and Under	7.4
13-17	6.3
18-29	12.8
30-39	17.1
40-49	21.7
50-59	22.5
60-69	11.2
70 and Older	1.1
Total	

*Average over three (3) months (July – September 2022)



Telehealth Utilization Report

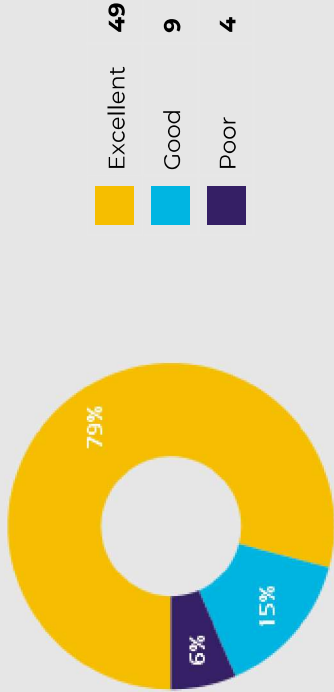
September 2022
Fresno City Trust

Overall member satisfaction YTD

Visits		Visit Utilization*	Total Net Claim Savings*
Report Period	YTD	Annualized	YTD
Primary Care	N/A	N/A	**
General Medical	77	25.3%	\$333,932
Mental Health	N/A	N/A	N/A
Dermatology	N/A	N/A	N/A
Grand Total			\$333,932

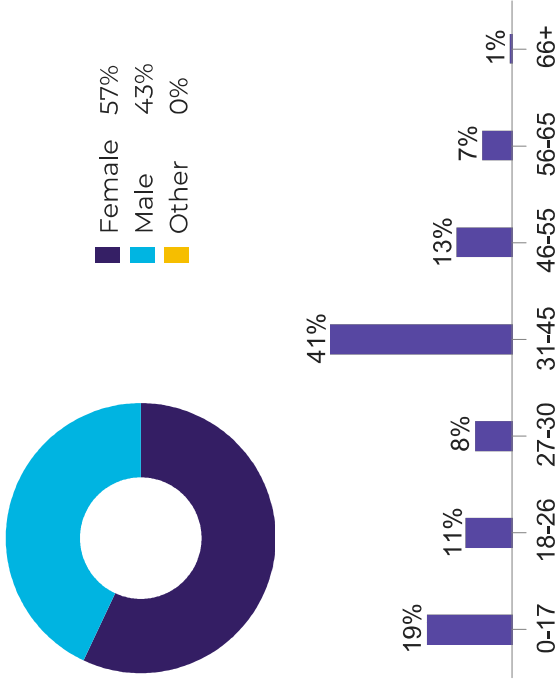
* A definition of visit utilization and claims savings can be found within each product section

** 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.

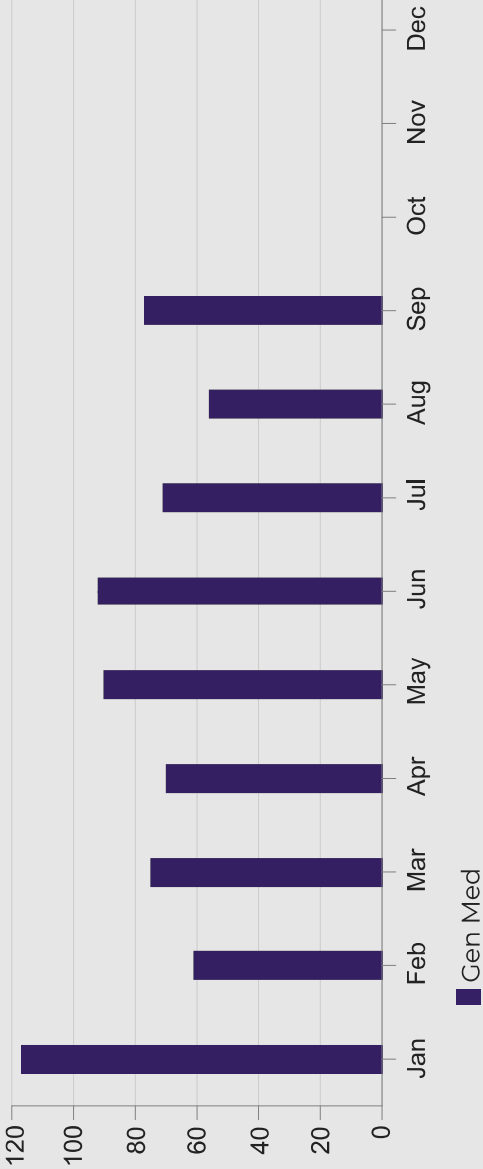


Number of Respondents with Visit: 62 Response Rate: 8.74%

Age and Gender



Visits per Month





General Medical

Annualized Utilization

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

25.3%

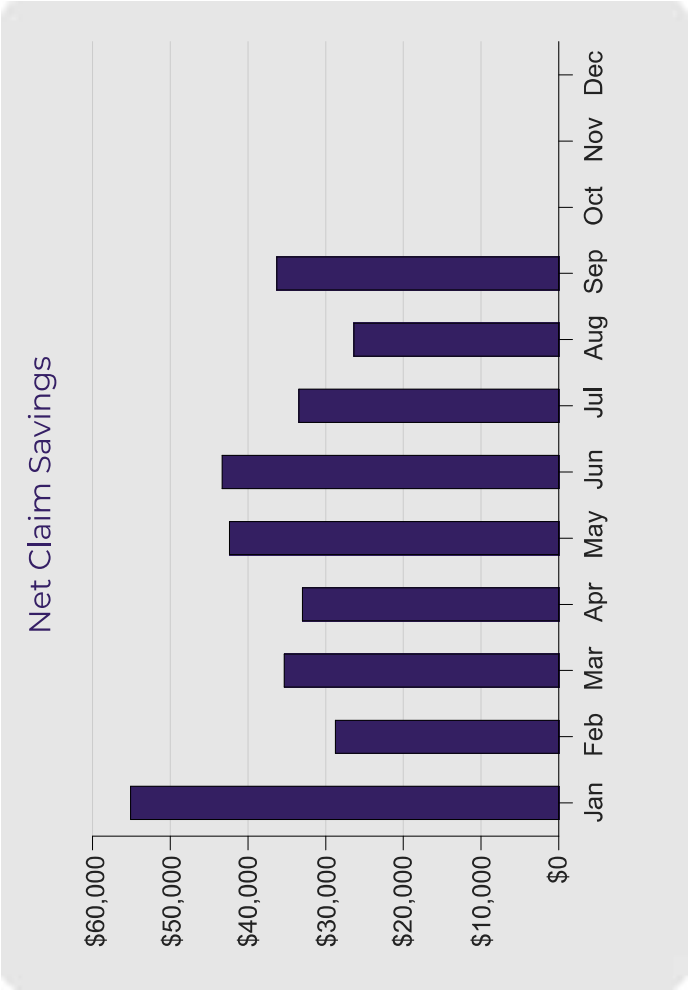
Claim Savings Per Episode

\$471

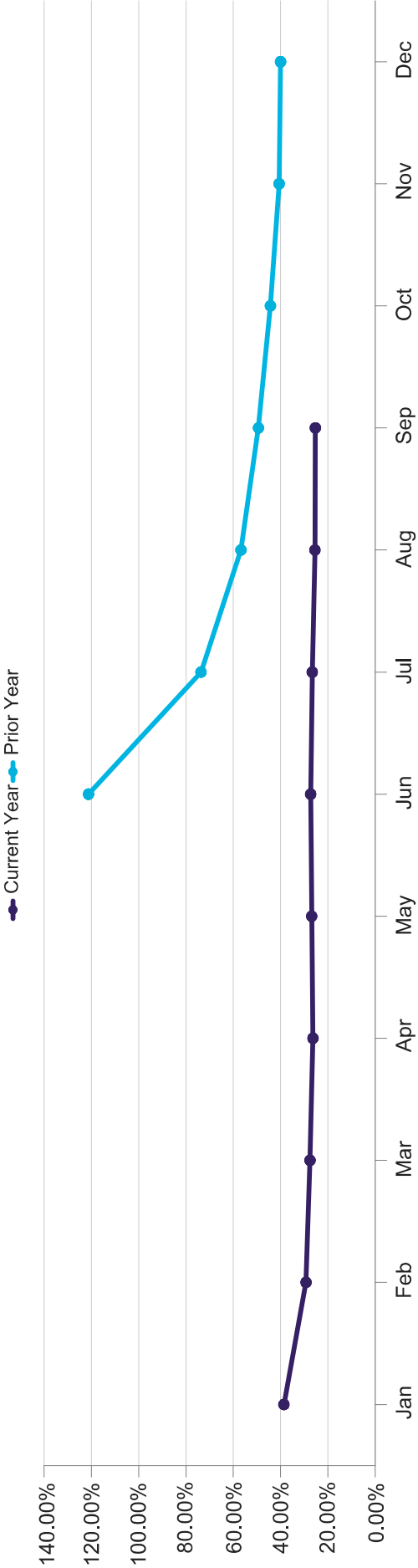
Total Net Claim Savings YTD

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

\$333,932



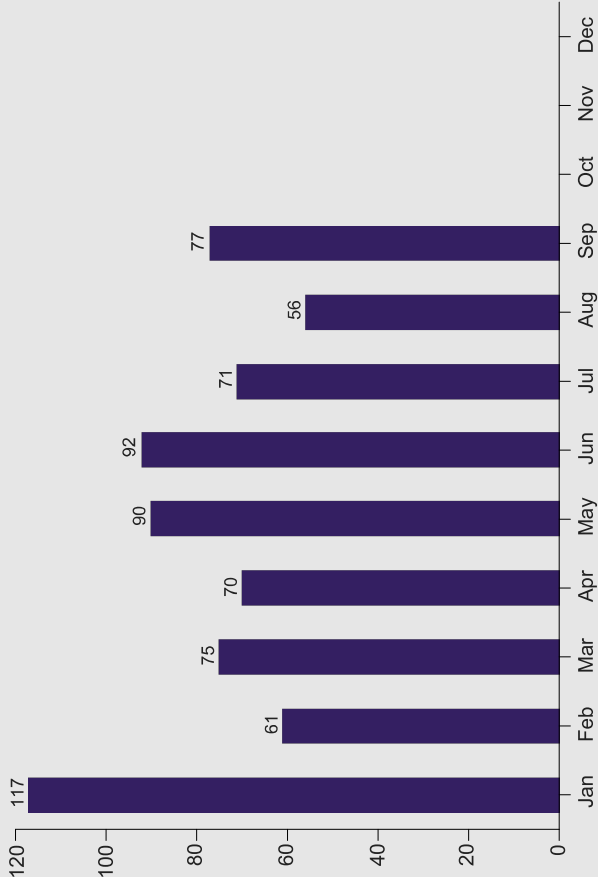
Annualized utilization trend



Member Activity

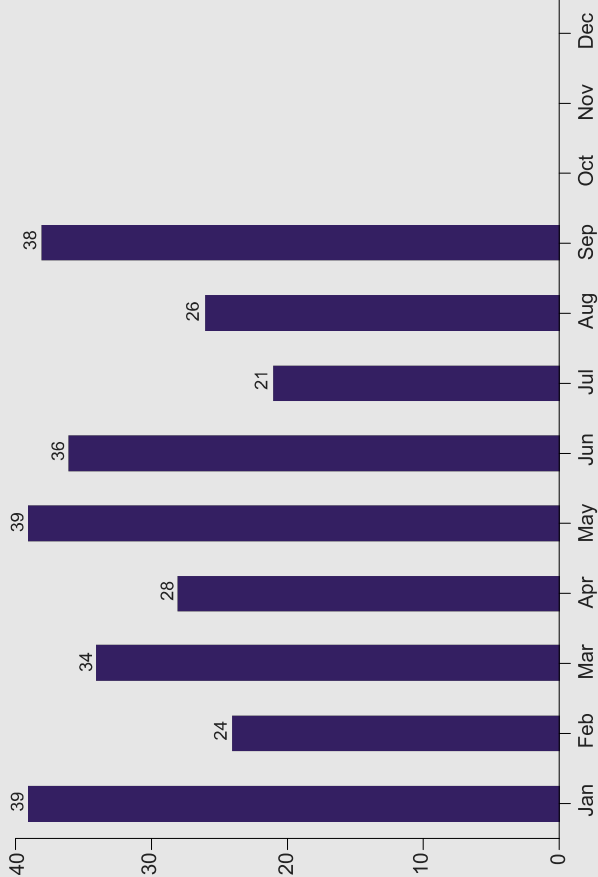
Visits this period **77**

Total Number of Unique Users this period **70**



YTD **709**

Registrations this period **38**



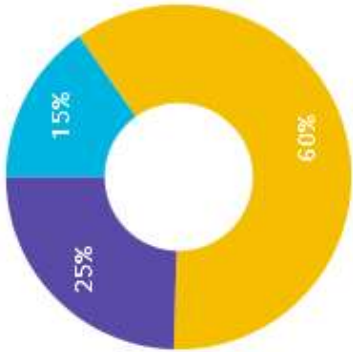
YTD **285**

	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	40	419	3,848	3,739	19	1,173	15	928
Dependents	37	290	6,548	6,483	19	955	14	815
Eligible Lives	77	709	10,396	10,222	38	2,128	29	1,743

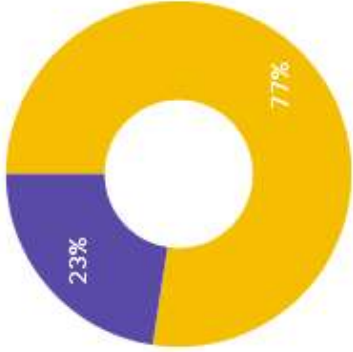
* YTD Average: Sum of each month's eligible lives divided by the number of calendar months the account is effective. Eligible Lives: All members with access to the service (primaries & dependents). Copyright © 2022 Teladoc Health, Inc. All rights reserved.

How your members received care YTD

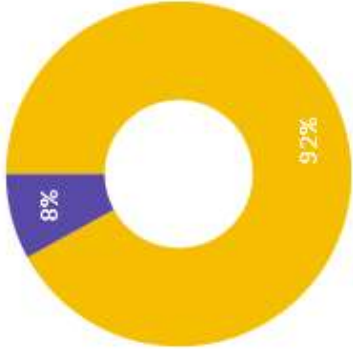
Visit request method



Visit method

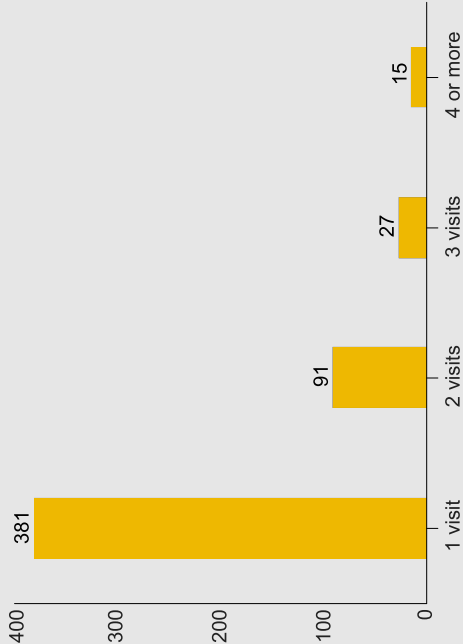


On demand vs scheduled



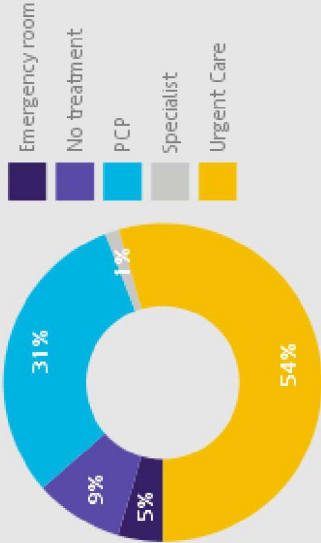
Visit frequency

Total number of unique users: 514



Consults	Percent
1 visit	74%
2 visits	18%
3 visits	5%
4 or more	3%

Where member would have gone if Teladoc were not available

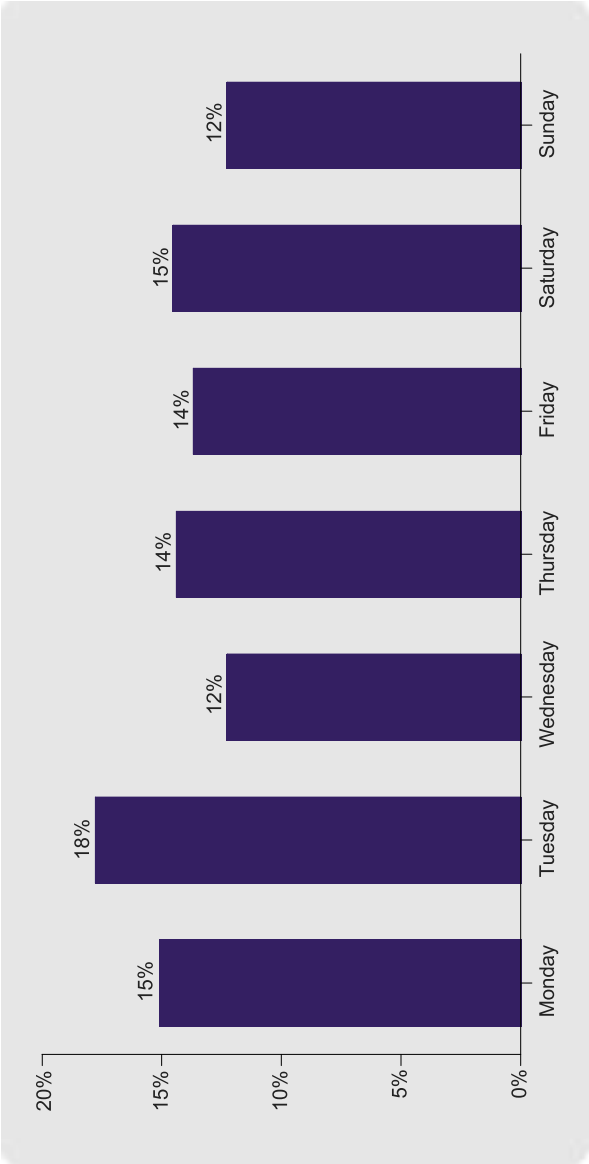


Who received care and when YTD

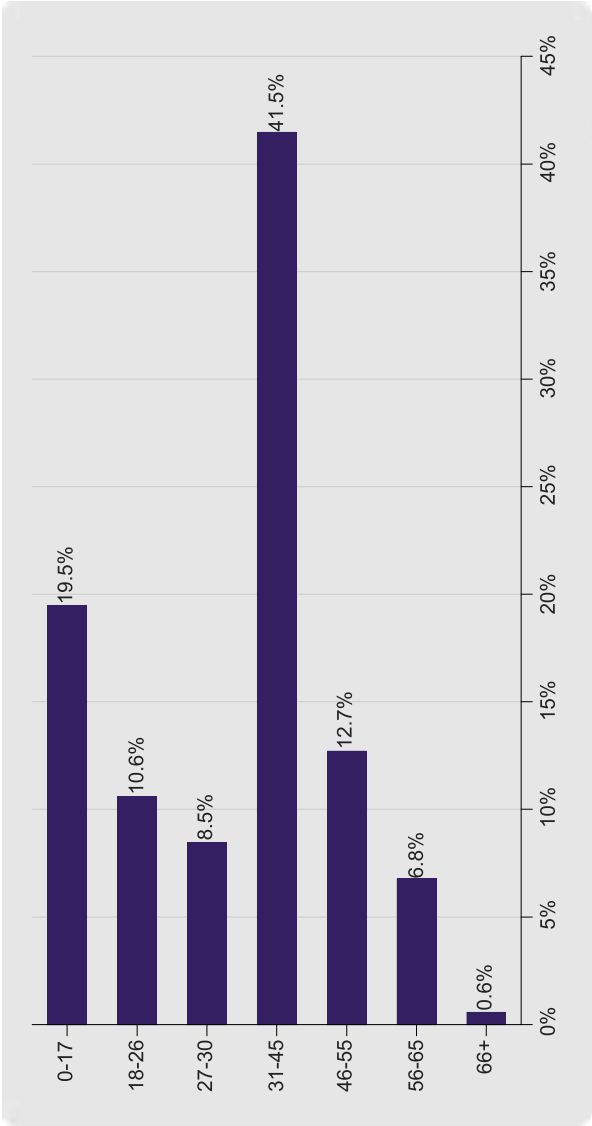
Gender



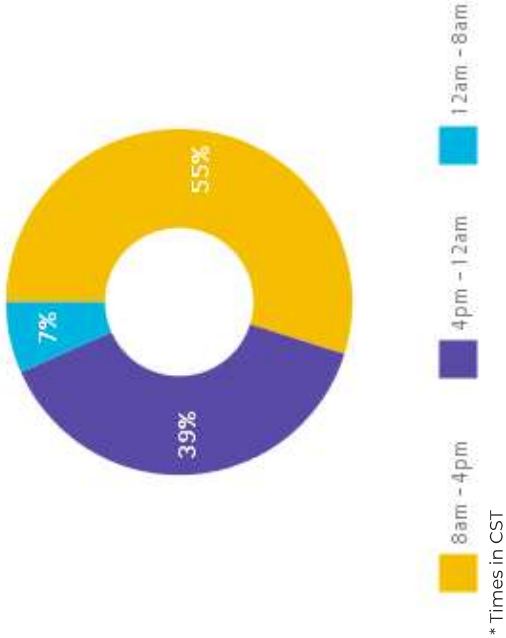
Day of week



Utilization by age



Time of day*





AVERAGE RESPONSE TIME

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

YTD

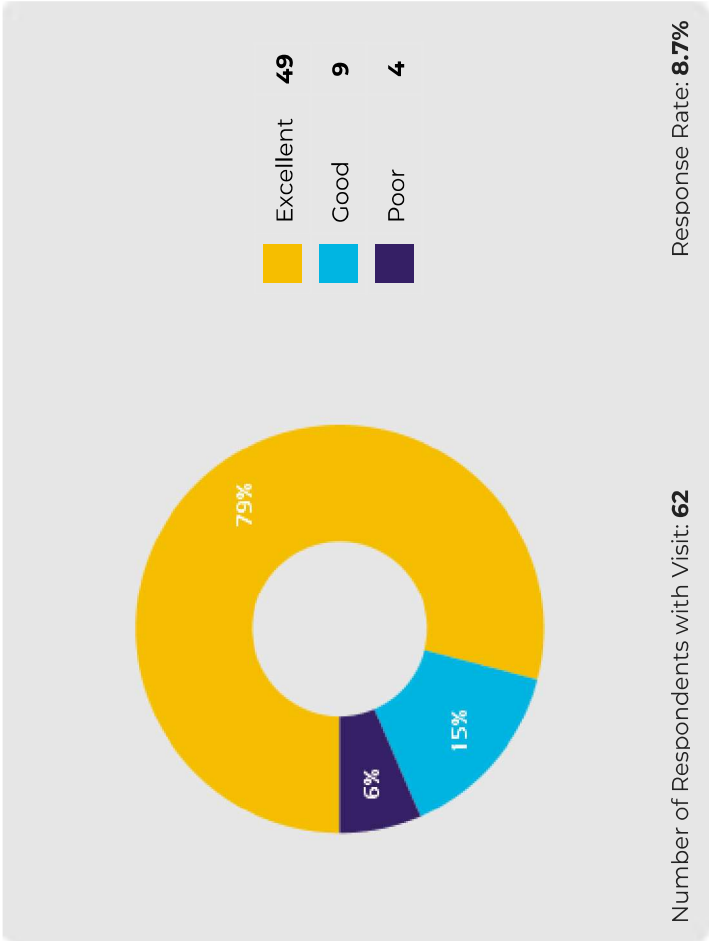
13 minutes

Report Period

9 min

State	Visits	% Visits
CALIFORNIA	694	97.9%
WISCONSIN	4	0.6%
FLORIDA	3	0.4%
NEW YORK	3	0.4%
HAWAII	1	0.1%
NEW MEXICO	1	0.1%
NORTH CAROLINA	1	0.1%
TEXAS	1	0.1%
UTAH	1	0.1%

Member satisfaction

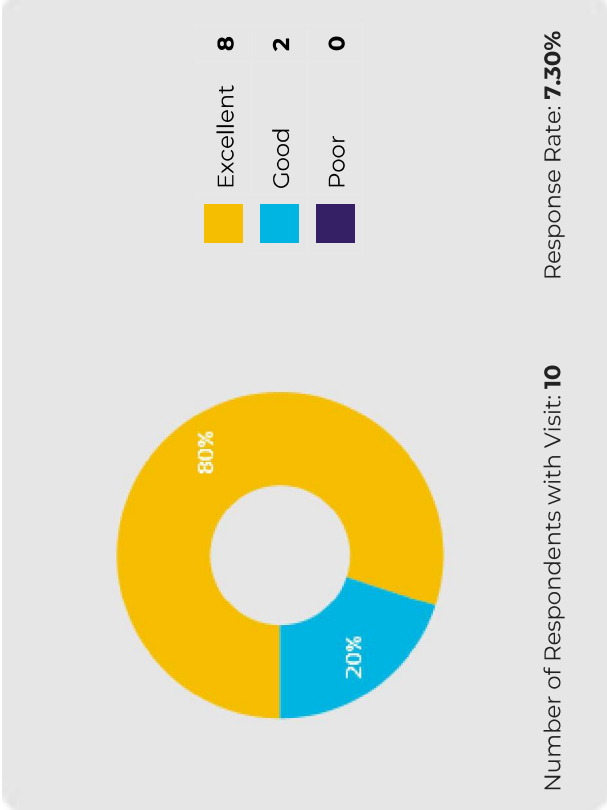




Telehealth Utilization Report

September 2022
Fresno City Trust PPO Low Option

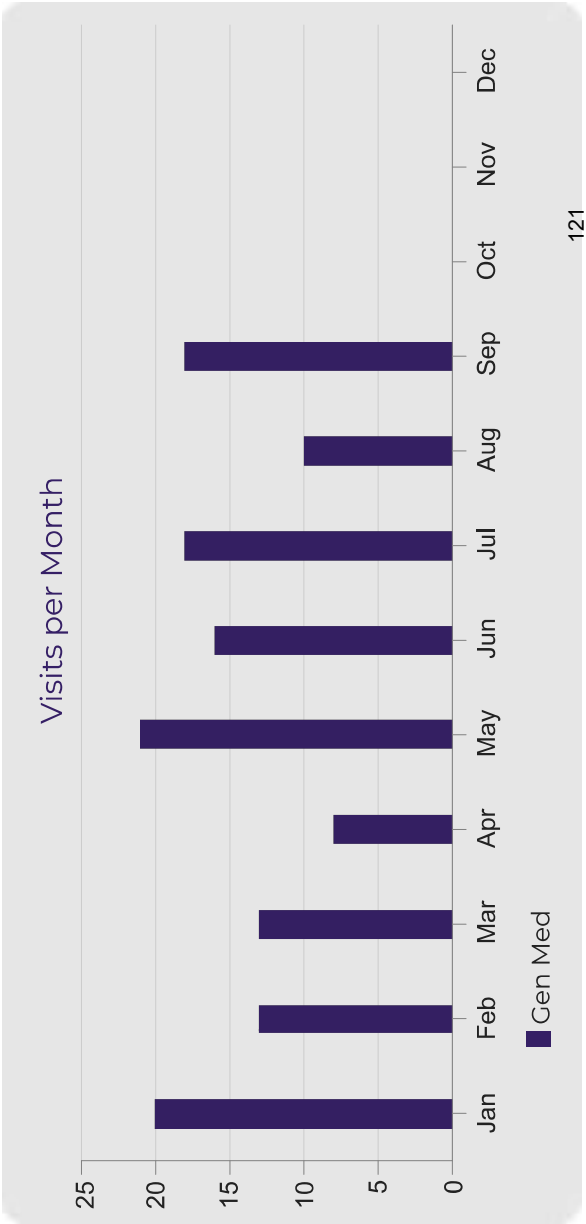
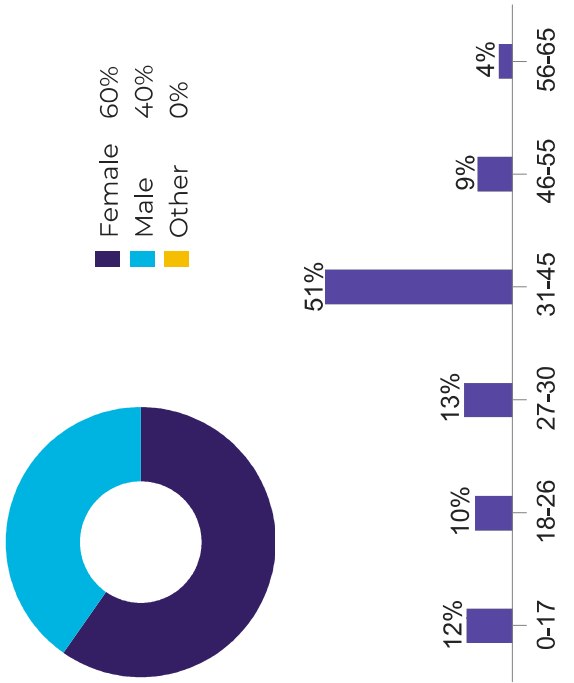
Overall member satisfaction YTD



Visits		Visit Utilization*	Total Net Claim Savings*
Report Period	YTD	Annualized	YTD
Primary Care	N/A	N/A	**
General Medical	18	16.8%	\$64,526
Mental Health	N/A	N/A	N/A
Dermatology	N/A	N/A	N/A
Grand Total			\$64,526

* 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.

Age and Gender





General Medical

Annualized Utilization

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

YTD Average Subscribers

16.8%

Claim Savings Per Episode

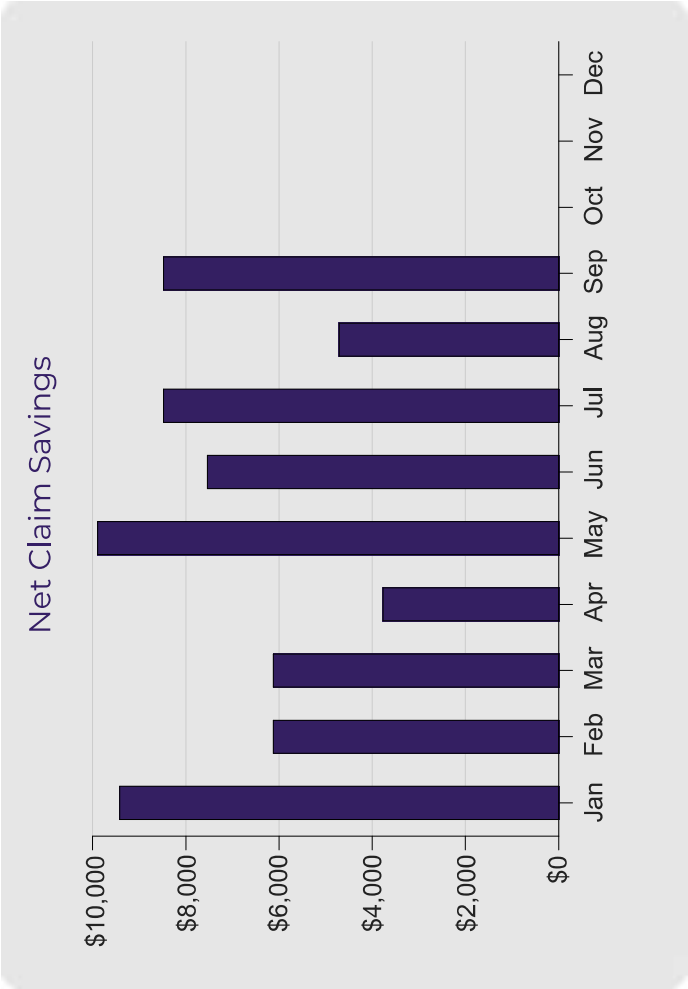
\$471

Total Net Claim Savings YTD

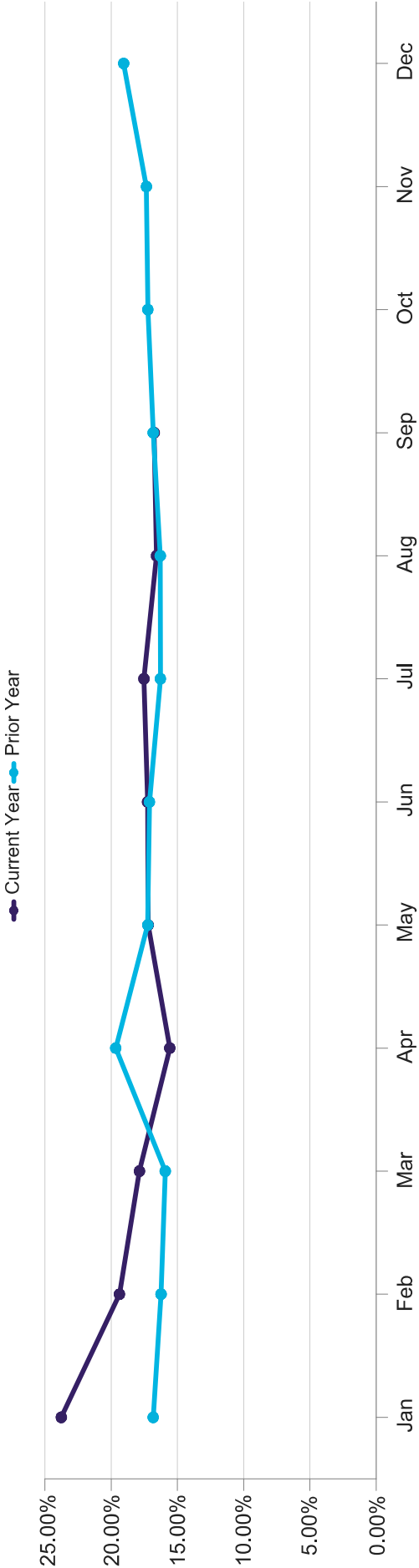
Claim Savings Per Episode X

Number of Visits YTD

\$64,526



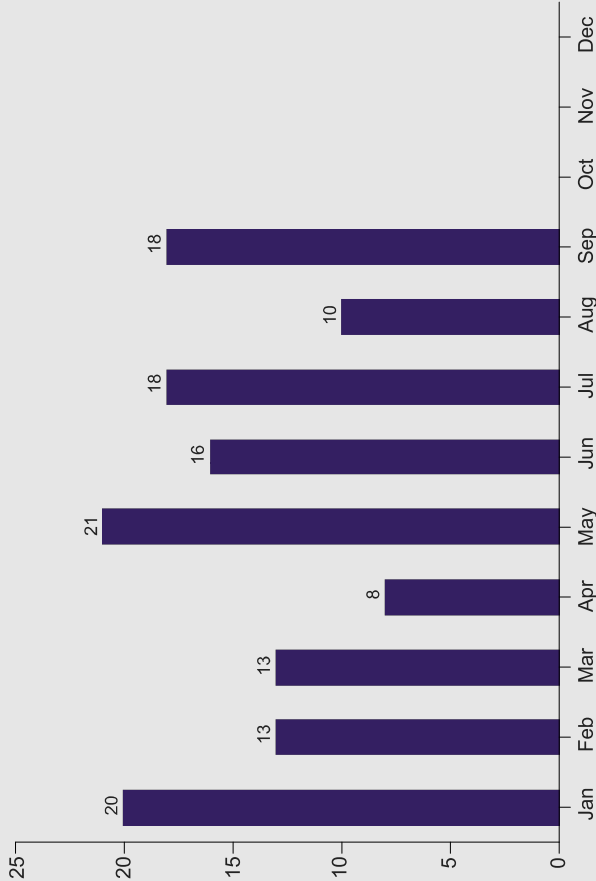
Annualized utilization trend



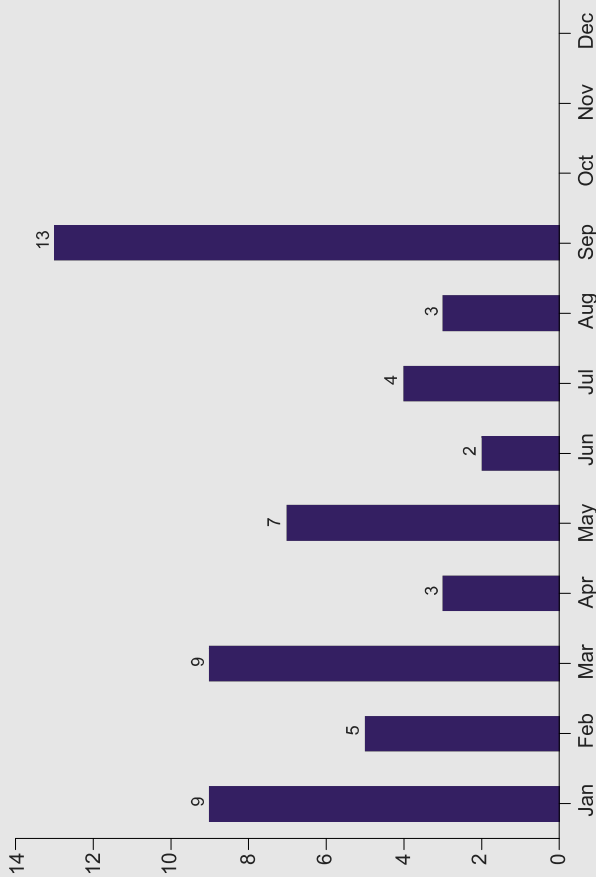
Member Activity

Visits this period **18**

Total Number of Unique Users this period **18**



Registrations this period **13**

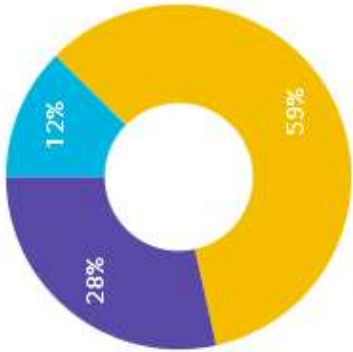


	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	16	110	1,193	1,090	9	218	8	193
Dependents	2	27	1,574	1,477	4	117	3	109
Eligible Lives	18	137	2,767	2,567	13	335	11	302

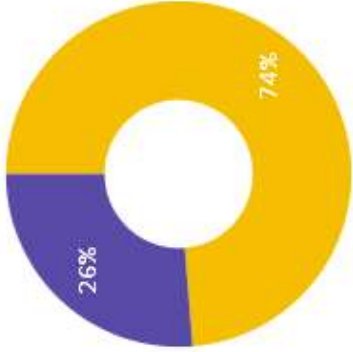
* YTD Average: Sum of each month's eligible lives divided by the number of calendar months the account is effective. Eligible Lives: All members with access to the service (primaries & dependents). Copyright © 2022 Teladoc Health, Inc. All rights reserved.

How your members received care YTD

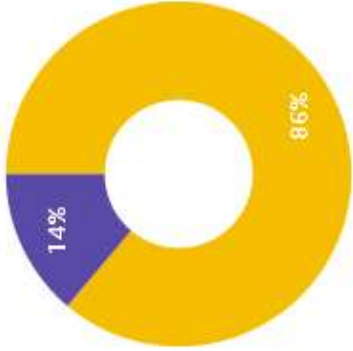
Visit request method



Visit method

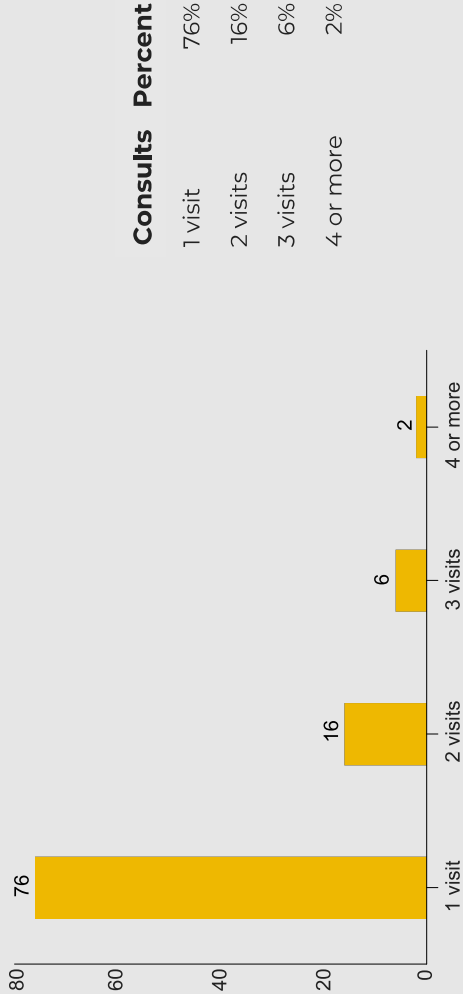


On demand vs scheduled

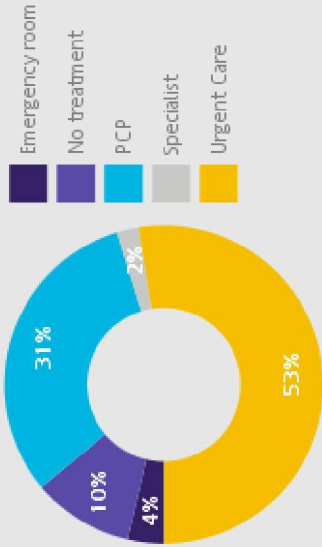


Visit frequency

Total number of
unique users: **100**



Where member would have gone
if Teladoc were not available



Who received care and when YTD

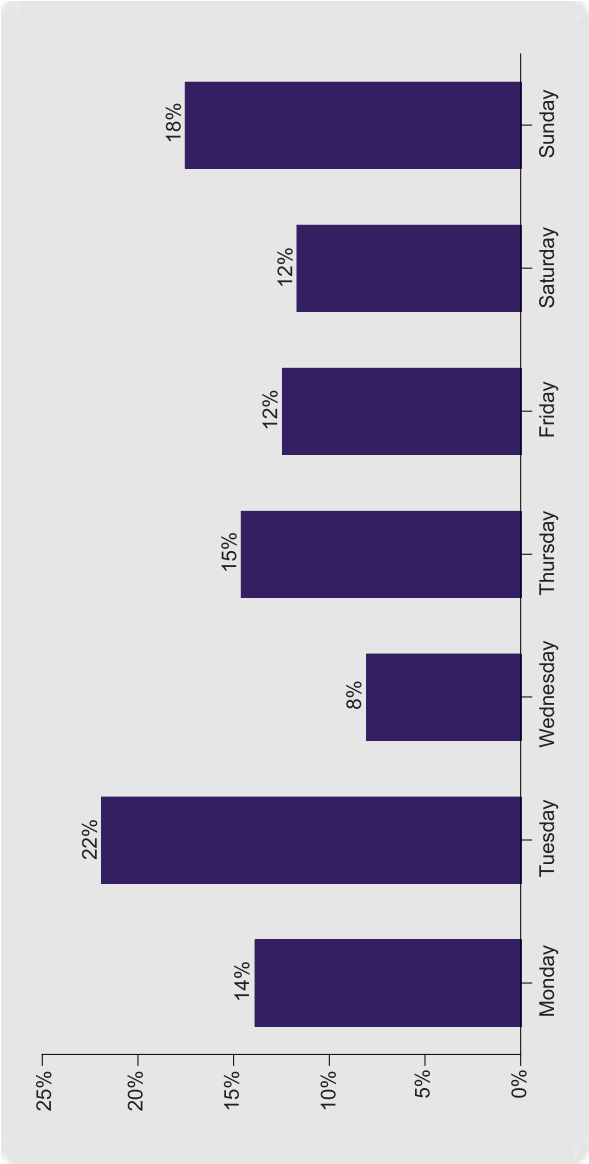
Gender

Day of week

60% Female

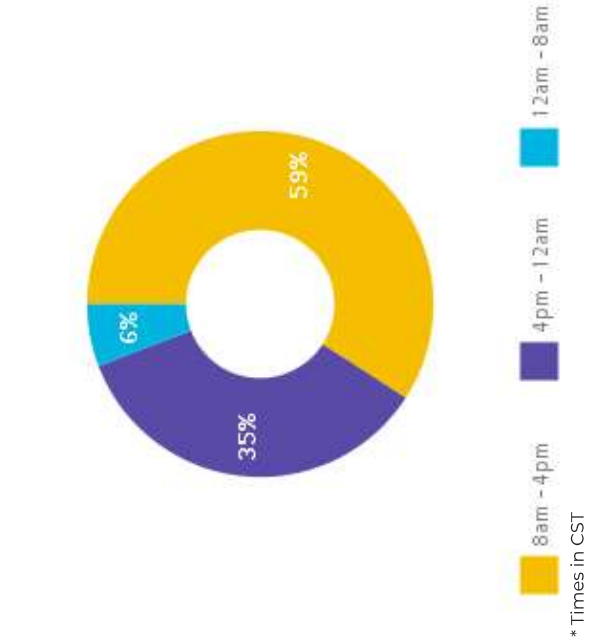
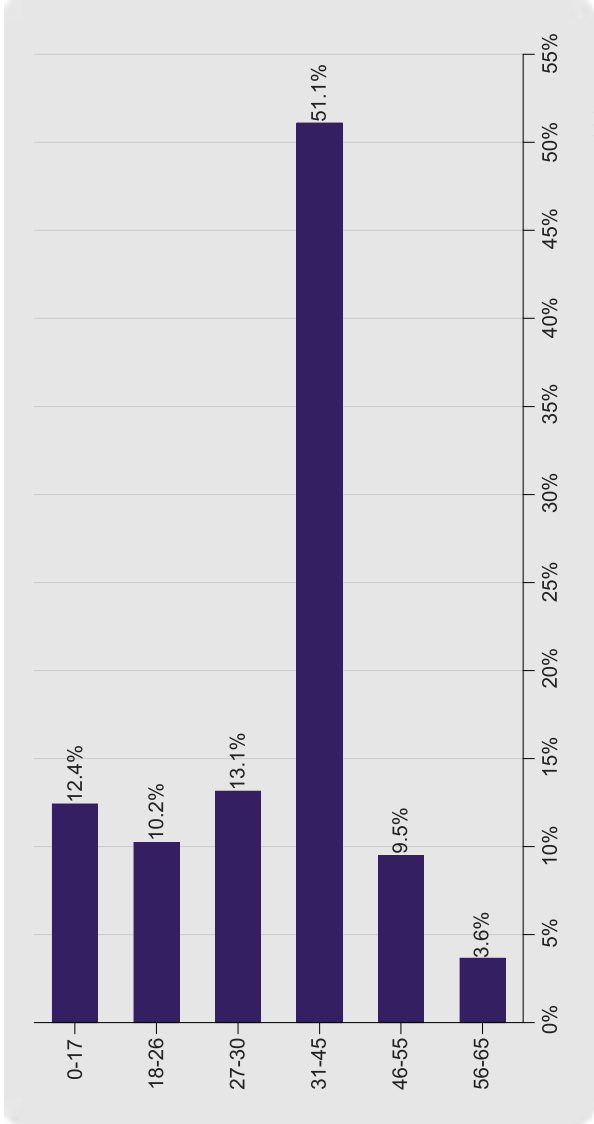
40% Male

0% Other



Utilization by age

Time of day*





AVERAGE RESPONSE TIME

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

YTD

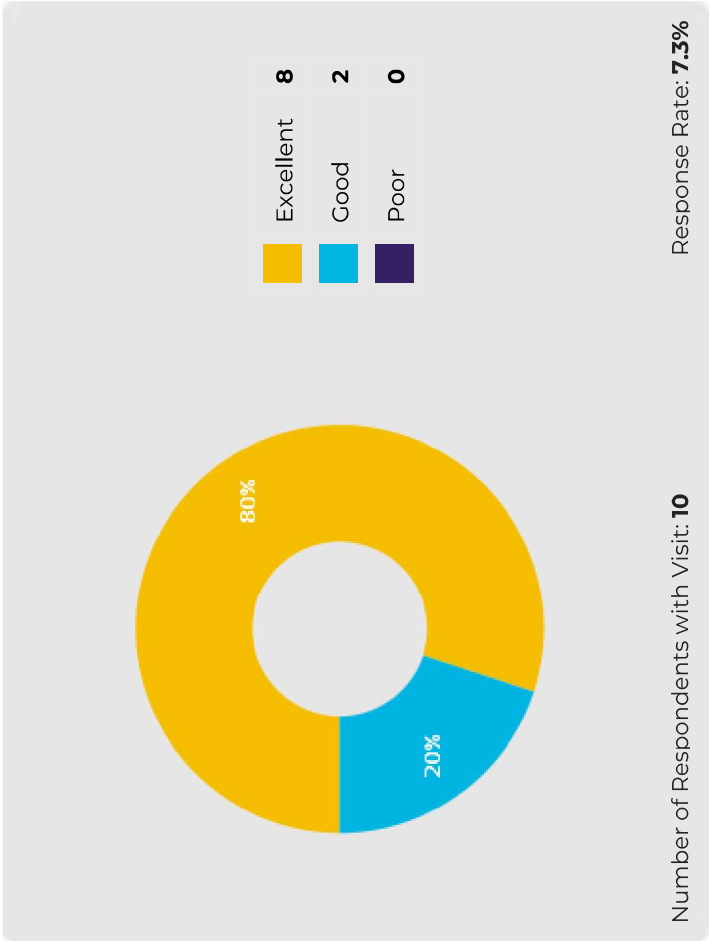
10 minutes

Report Period

4 min

State	Visits	% Visits
CALIFORNIA	135	98.5%
FLORIDA	1	0.7%
NEW MEXICO	1	0.7%

Member satisfaction



Prescriptions by visit

Total Visits:.....137

Visits with Rx:.....113

Total Rx:.....296

% Visits with Rx:.....82%

Visits without Rx:.....24

Average Rx per Visit*: 2.2

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

ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	14%
RASH AND OTHER NONSPECIFIC SKIN ERUPTION	4%
ACUTE PHARYNGITIS, UNSPECIFIED	3%
ACUTE VAGINITIS	3%
COUGH, UNSPECIFIED	3%
URINARY TRACT INFECTION, SITE NOT SPECIFIED	3%
VIRAL INFECTION, UNSPECIFIED	3%
ACUTE BRONCHITIS, UNSPECIFIED	2%
ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	2%
ACUTE SINUSITIS, UNSPECIFIED	2%

Top prescriptions written

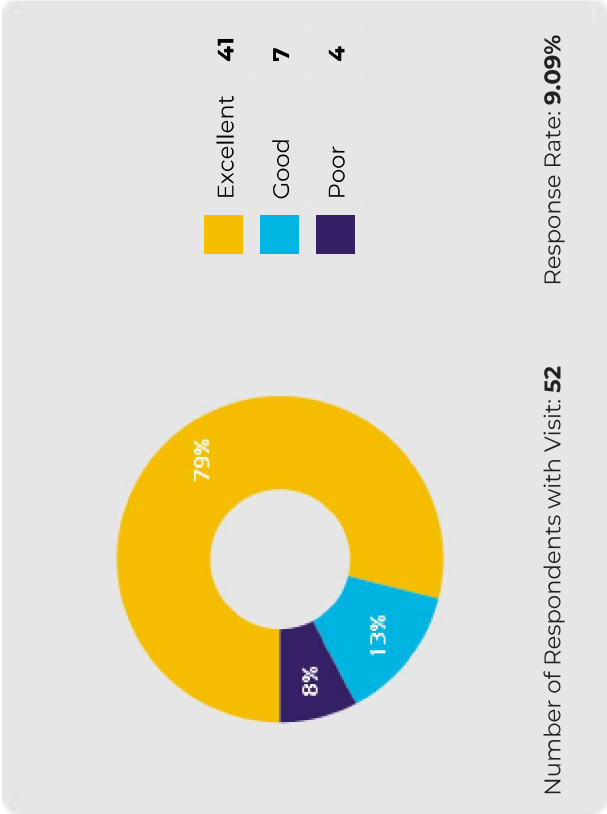
AZITHROMYCIN 5 DAY DOSE PACK 250 MG ORAL TABLET	7%
BENZONATATE 200 MG ORAL CAPSULE	5%
DIFLUCAN 150 MG ORAL TABLET	5%
ALBUTEROL (EQV-PROAIR HFA) 90 MCG/INH INHALATION	4%
MACROBID MACROCRYSTALS-MONOHYDRATE 100 MG ORAL	4%
VALTrex 1 G ORAL TABLET	4%
ALBUTEROL (EQV-PROVENTIL HFA) 90 MCG/INH INHALATION	3%
PREDNISONE 20 MG ORAL TABLET	3%
AMOXICILLIN 500 MG ORAL TABLET	3%
AMOXICILLIN-CLAVULANATE 875 MG-125 MG ORAL TABLET	3%



Telehealth Utilization Report

September 2022
Fresno City Trust PPO High Option

Overall member satisfaction YTD

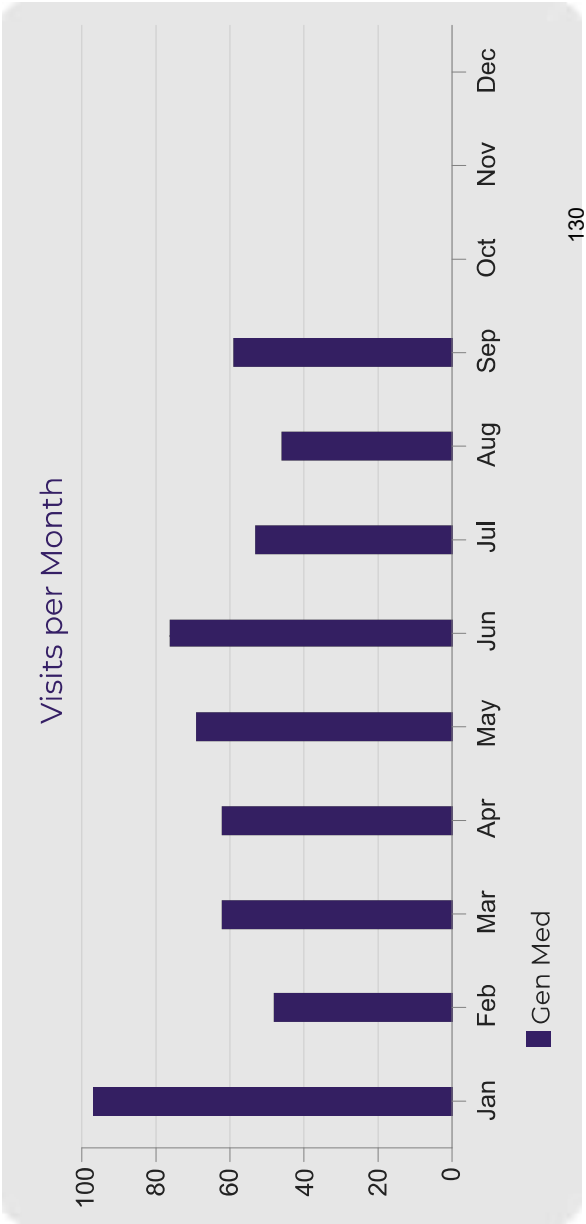
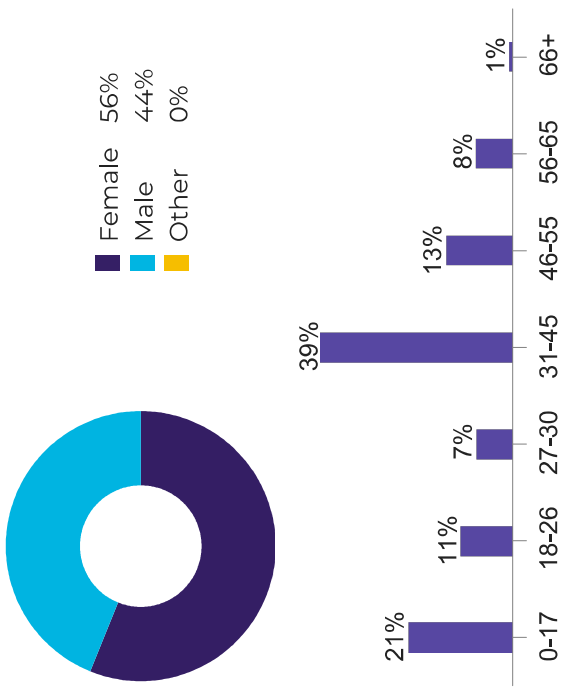


	Visits		Visit Utilization*	Total Net Claim Savings*
	Report Period	YTD	Annualized	YTD
Primary Care	N/A	N/A	N/A	**
General Medical	59	572	28.8%	\$269,406
Mental Health	N/A	N/A	N/A	N/A
Dermatology	N/A	N/A	N/A	N/A
Grand Total				\$269,406

* 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.

Age and Gender





General Medical

Annualized Utilization

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

28.8%

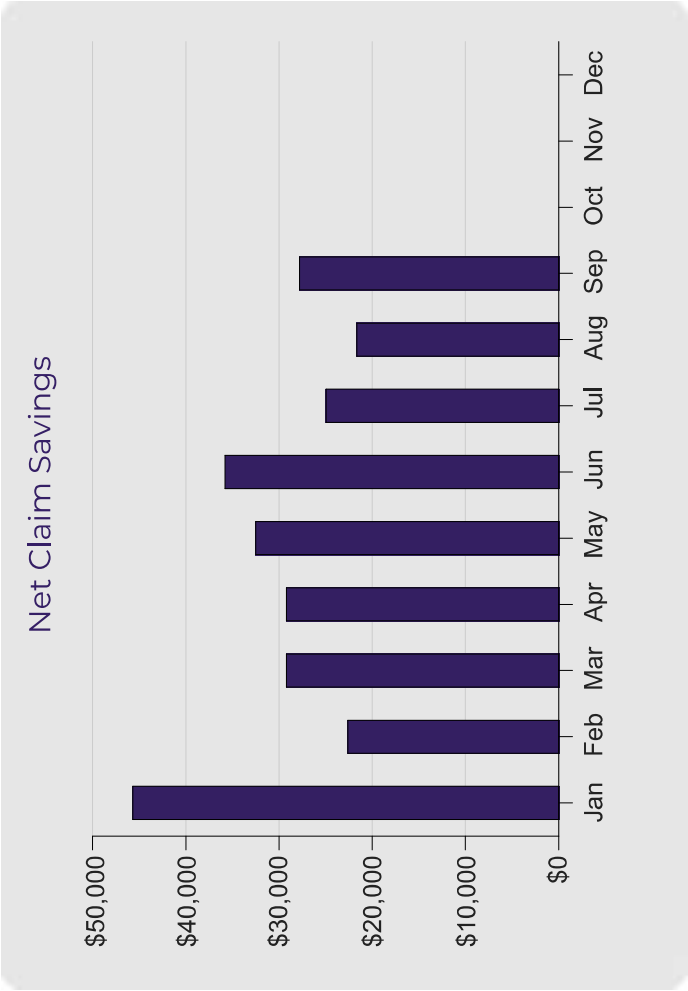
Claim Savings Per Episode

\$471

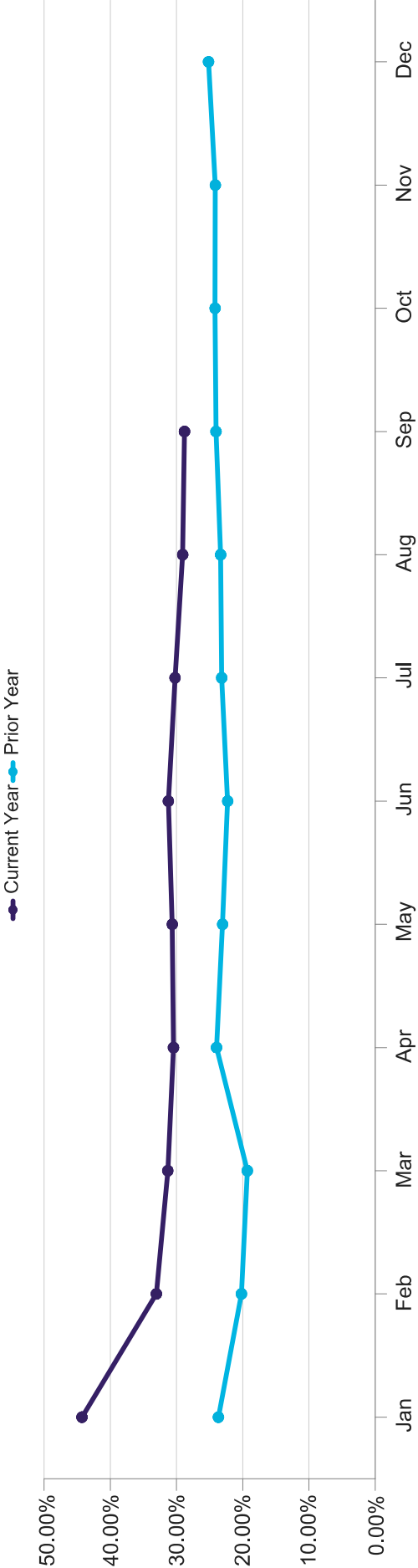
Total Net Claim Savings YTD

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

\$269,406

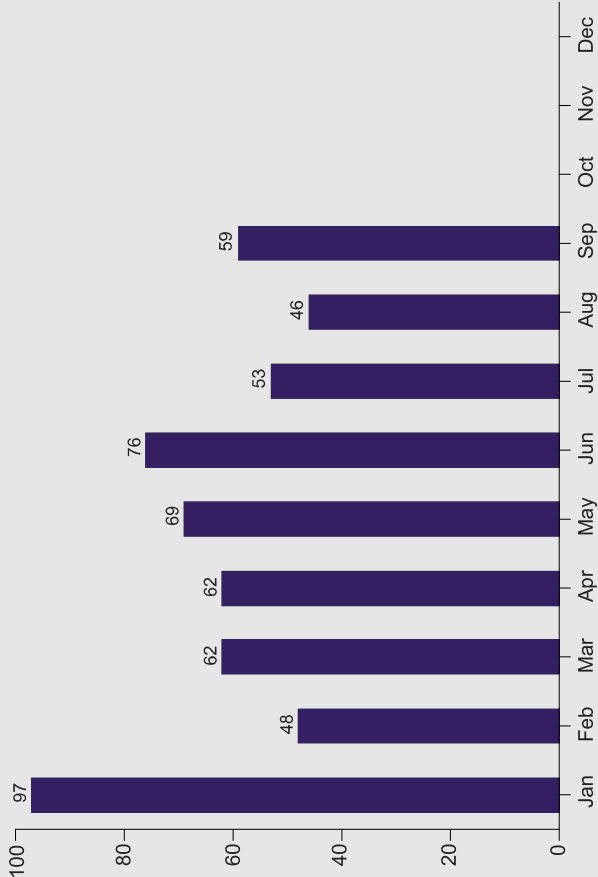


Annualized utilization trend



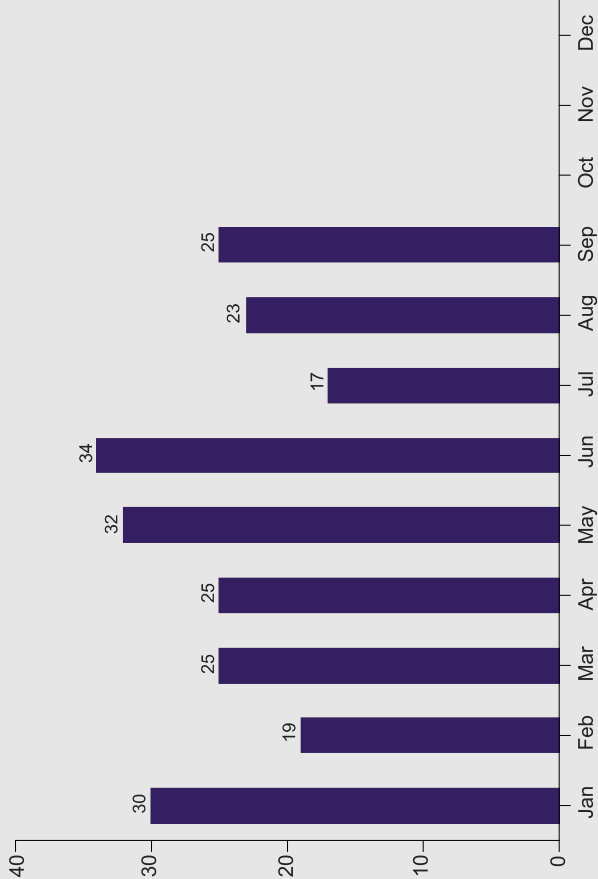
Visits this period **59**

Total Number of Unique Users this period **52**



YTD **572**

Registrations this period **25**



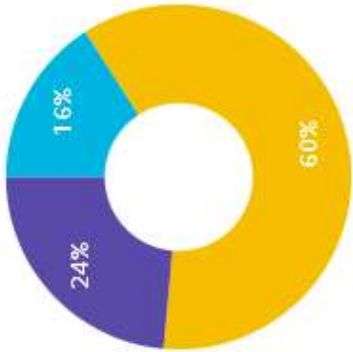
YTD **230**

	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	24	309	2,655	2,649	10	955	7	735
Dependents	35	263	4,974	5,006	15	838	11	706
Eligible Lives	59	572	7,629	7,655	25	1,793	18	1,441

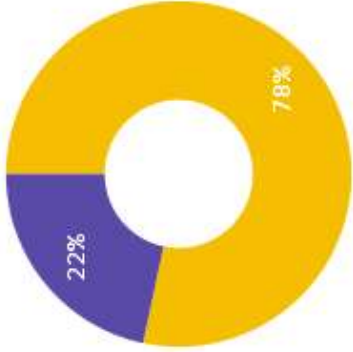
* YTD Average: Sum of each month's eligible lives divided by the number of calendar months the account is effective. Eligible Lives: All members with access to the service (primaries & dependents). Copyright © 2022 Teladoc Health, Inc. All rights reserved.

How your members received care YTD

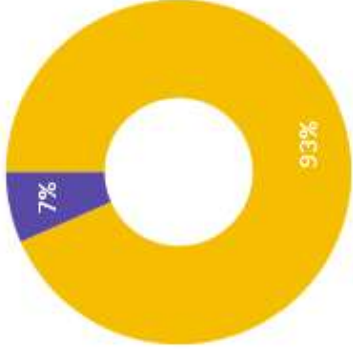
Visit request method



Visit method

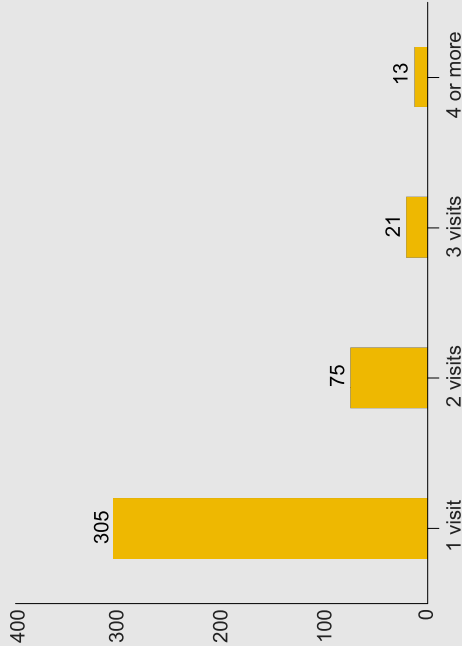


On demand vs scheduled



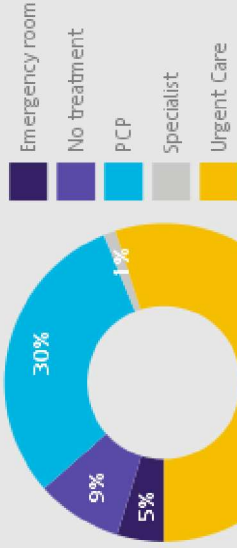
Visit frequency

Total number of unique users: **414**



Consults	Percent
1 visit	74%
2 visits	18%
3 visits	5%
4 or more	3%

Where member would have gone if Teladoc were not available



Who received care and when YTD

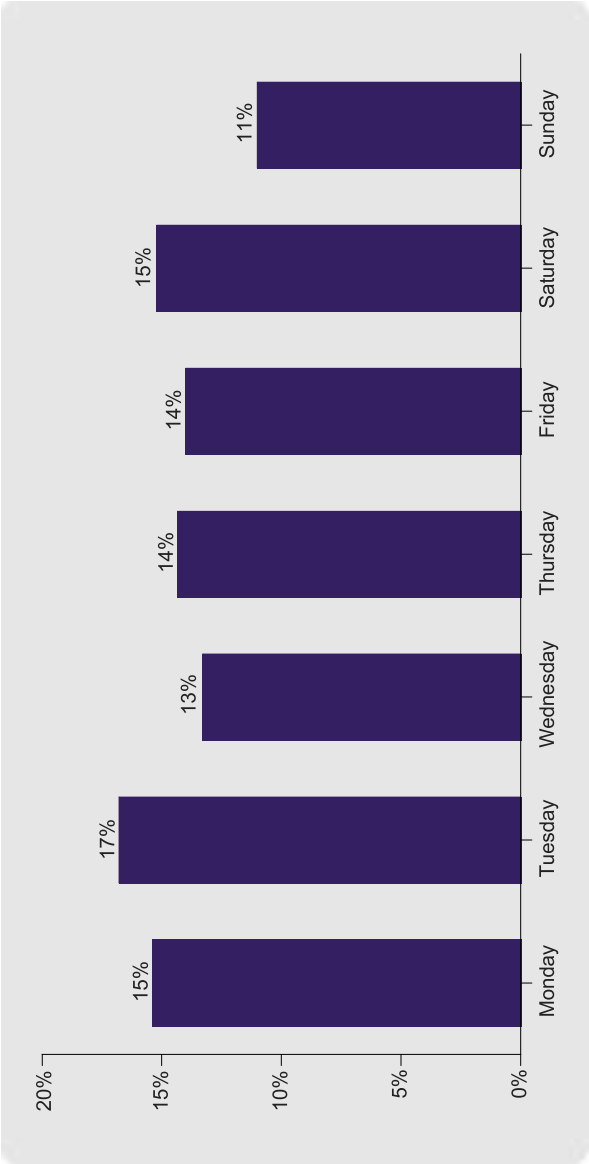
Gender

56% Female

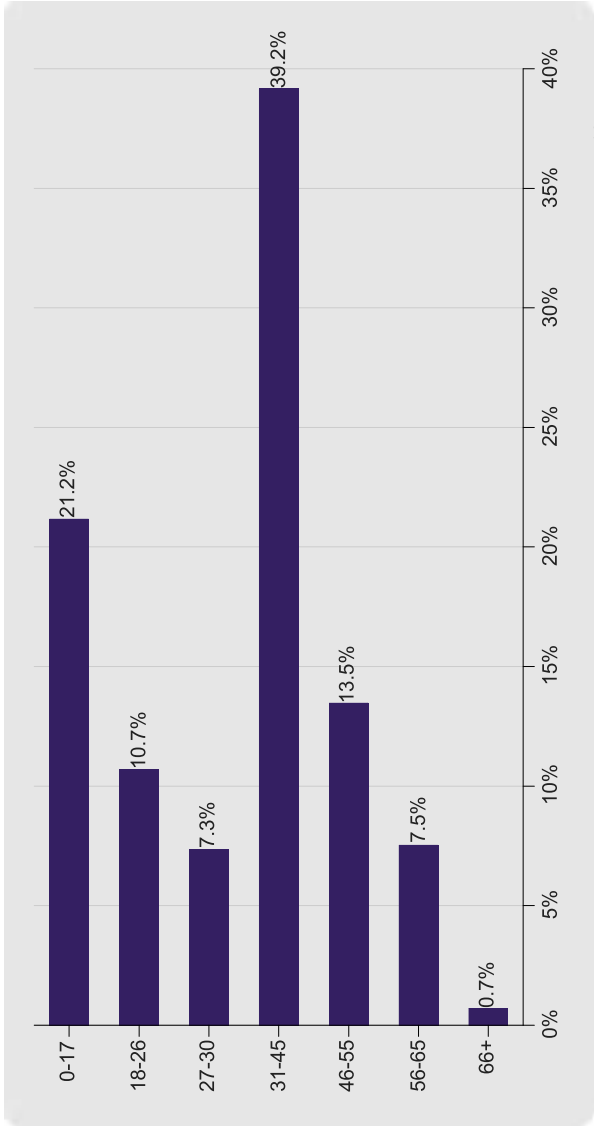
44% Male

0% Other

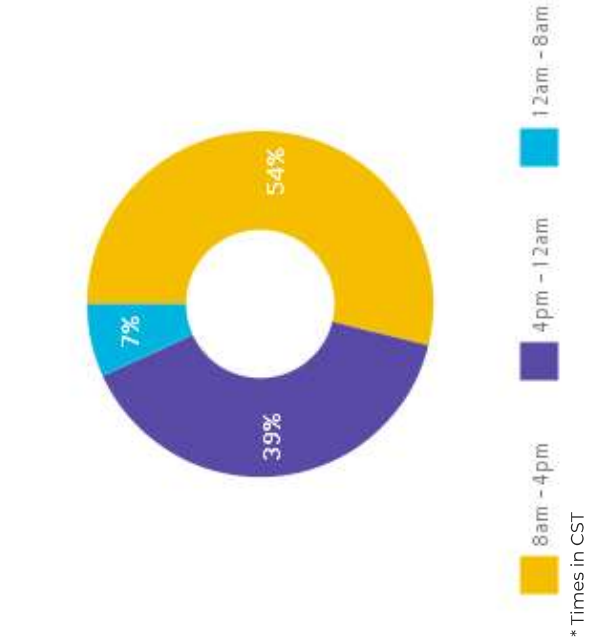
Day of week



Utilization by age



Time of day*





AVERAGE RESPONSE TIME

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

YTD

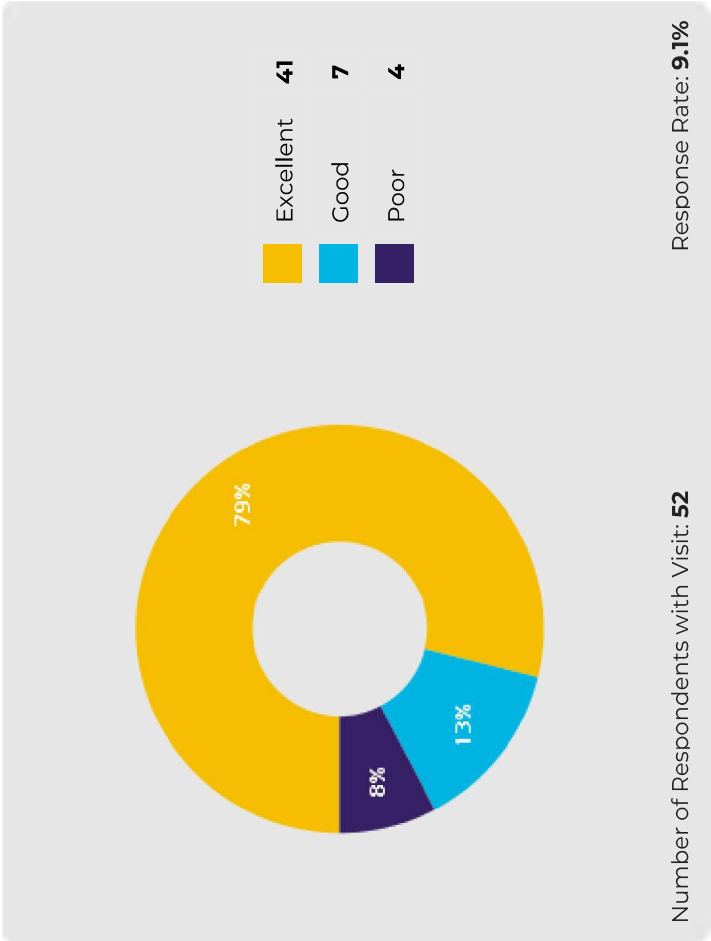
13 minutes

Report Period

10 min

State	Visits	% Visits
CALIFORNIA	559	97.7%
WISCONSIN	4	0.7%
NEW YORK	3	0.5%
FLORIDA	2	0.3%
HAWAII	1	0.2%
NORTH CAROLINA	1	0.2%
TEXAS	1	0.2%
UTAH	1	0.2%

Member satisfaction



Prescriptions by visit

Total Visits:.....**572**

Visits with Rx:.....**439**

Total Rx:.....**1,230**

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

Visits without Rx:.....**133**

Average Rx per Visit*: **2.2**

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

ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	13%
URINARY TRACT INFECTION, SITE NOT SPECIFIED	8%
ACUTE SINUSITIS, UNSPECIFIED	6%
ACUTE COUGH	4%
ACUTE CYSTITIS WITHOUT HEMATURIA	4%
ACUTE PHARYNGITIS, UNSPECIFIED	4%
ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	3%
ACUTE BRONCHITIS, UNSPECIFIED	2%
OTHER ACUTE SINUSITIS	2%
ACUTE VAGINITIS	2%

Top prescriptions written

AMOXICILLIN-CLAVULANATE 875 MG-125 MG ORAL TABLET	7%
MACROBID MACROCRYSTALS-MONOHYDRATE 100 MG ORAL	6%
TESSALON PERLES 100 MG ORAL CAPSULE	6%
AZITHROMYCIN 5 DAY DOSE PACK 250 MG ORAL TABLET	4%
BENZONATATE 200 MG ORAL CAPSULE	3%
DIFLUCAN 150 MG ORAL TABLET	3%
FLONASE 50 MCG/INH NASAL SPRAY	3%
BACTRIM DS 800 MG-160 MG ORAL TABLET	2%
PREDNISONE 20 MG ORAL TABLET	2%
MUPIROCIN 2% TOPICAL OINTMENT	2%

From: LeMay, Taylor <taylor_lemay@optum.com>
Sent: Tuesday, September 13, 2022 2:48 PM
To: Diana Cavazos | HealthComp
Cc: Andrew Desa
Subject: Update on OTC hearing aids availability
Attachments: OTC comparison chart from EPIC_09072022.pdf



Over-the-counter hearing aids available starting in October



Dear valued EPIC Hearing Healthcare partner,

As you likely have heard, the Food and Drug Administration (FDA) finalized its over-the-counter (OTC) hearing aids rules and regulations on August 17, paving the way for these new products for individuals with perceived mild-to-moderate hearing loss. This is an exciting development for the hearing industry, further expanding access to affordable hearing health care solutions – a core part of our mission at EPIC.

What are OTC hearing aids?

OTC hearing aids are designed for individuals with perceived mild-to-moderate hearing loss and can be purchased online, by phone or mail and through a brick-and-mortar retailer without a hearing test or licensed provider visit. These devices allow an individual to control the hearing aid and customize it to their needs through tools or software, such as an app. OTC hearing aids may be available to purchase after October 17 at an expected price of \$749-\$1,499 for a pair.

What does this mean for members?

Our program's focus will remain connecting individuals with high-quality care through our national network of providers, and OTC products will be a good alternative to prescription hearing aids for some individuals with perceived mild-to-moderate hearing loss.

If individuals are unsure which products will be suitable for their degree of hearing loss, taking our online hearing test at EPICHearing.com/Test is a good place to start. They can also call 1-866-5400, TTY 711, to schedule a hearing test with a licensed hearing professional – a service covered by EPIC.

What does this mean for my hearing benefit?

EPIC intends to responsibly incorporate OTC hearing aids into our program and work is underway to incorporate OTC hearing aids into 2024 plans. Here are a few immediate initiatives we're working on:

- Working with some of the **top OTC manufacturers** on innovative products to help ensure access to high-quality, competitively priced OTC hearing aids
- Launching our **new e-commerce website** by early 2023 where members can purchase OTC products and find helpful information about products, their benefit offering and care options

What comes next?

You can expect more information from us over the coming weeks about these new products, including materials you can use to educate individuals about their options. In the meantime, please don't hesitate to reach out to your account manager with questions. We've also attached a chart that compares OTC and prescription hearing aids for your information.



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Comparing prescription and over-the-counter hearing aid options

For internal use only. Not intended to be shared with members.

	Prescription hearing aids	OTC hearing aids
Degree of hearing loss	<ul style="list-style-type: none"> Mild, moderate, severe or profound 	<ul style="list-style-type: none"> Perceived mild to moderate
Technology comfort	<ul style="list-style-type: none"> Any level Devices are programmed and adjusted by a licensed hearing professional and include ongoing technical support 	<ul style="list-style-type: none"> Self-sufficient Must be comfortable navigating set-up and navigation through tools and software, such as a smartphone app, with limited technical support from the manufacturer
Hearing test requirements	<ul style="list-style-type: none"> Hearing test administered by licensed hearing professional 	<ul style="list-style-type: none"> No hearing test required Members have the option to take our online hearing test to assess their severity of hearing loss
Availability	<ul style="list-style-type: none"> Available now 	<ul style="list-style-type: none"> Available after October 17, 2022
Purchase method	<ul style="list-style-type: none"> Purchase through an audiologist or licensed hearing professional Sold in single device or pairs 	<ul style="list-style-type: none"> Buy directly over the phone, by mail or through a website retailer without an audiologist or licensed hearing professional Only sold in pairs
Hearing benefits coverage	<ul style="list-style-type: none"> Hearing benefits covers a portion of the cost or provide discounts toward the purchase 	<ul style="list-style-type: none"> Hearing benefits do not cover the cost at this time
Cost	<ul style="list-style-type: none"> EPIC offers low-cost prescription hearing aids that are a high-powered but affordable option for members Once benefits are applied, the cost could be equal to or lower than OTC options, but with more powerful features and professional support and service 	<ul style="list-style-type: none"> Expected cost is between \$749–\$1,499 per pair.
Programming, fitting and adjustments	<ul style="list-style-type: none"> Requires a hearing test and prescription Fit and adjusted by an audiologist or licensed hearing professional Self-adjustments may be available with some devices 	<ul style="list-style-type: none"> No prescription or hearing test required Online hearing test is available through EPICHearing.com/Test May be fit and customized by the member and adjusted with tools and technology, such as a smartphone app
Hearing care and follow-up support	<ul style="list-style-type: none"> Up to 3 follow-up in-person visits with an audiologist or hearing professional included at no additional cost* Product, service and technical phone support included 3-year manufacturer warranty on device and parts <p><small>*Hearing aids purchased in the Silver technology level receive 1 follow-up visit.</small></p>	<ul style="list-style-type: none"> No in-person support and limited follow-up care Product, service and technical phone support is provided directly by manufacturer 1-year or less manufacturer warranty on device and parts

How are OTC hearing aids different from Personal Sound Amplification Products (PSAPs)?

A PSAP is not regulated by the FDA. It has a flat-gain control, meaning the volume will increase across all different frequencies equally. The amplification will not be adjusted by different frequencies, unlike a prescription or OTC hearing aid that can be customized to an individual's hearing needs.

Diana Cavazos | HealthComp

From: Shane Archer <Shane.Archer@fresno.gov>
Sent: Friday, October 7, 2022 2:42 PM
To: Diana Cavazos | HealthComp; Georgeanne White
Cc: Tom Georgouses | HealthComp; 'Michael Moss'; 'Andrew Desa'
Subject: RE: 200/Fresno City -ACTION REQUIRED Flu Shot Announcement 2023

I approve of both.

Thanks

From: Diana Cavazos | HealthComp <dcavazos@healthcomp.com>
Sent: Wednesday, October 5, 2022 7:32 PM
To: Shane Archer <Shane.Archer@fresno.gov>; Georgeanne White <Georgeanne.White@fresno.gov>
Cc: Tom Georgouses | HealthComp <tgeorgouses@healthcomp.com>; 'Michael Moss' <mmoss@mossfirm.org>; 'Andrew Desa' <andrewd@rael-letson.com>
Subject: 200/Fresno City -ACTION REQUIRED Flu Shot Announcement 2023

External Email: Use caution with links and attachments

Hello and Good Evening

As you may recall a Motion was Approved last meeting granting the Chairperson and Vice-Chairperson authority to approve member communication for the Flu Shot event presented by Elite Medical.

Attached is the members announcement letter and Elites "Benefits of a Health Screening" flyer

Elite did inform "we are not requiring masks to be worn by participants unless they elect to. We are not setting up 6 ft social distancing markers either at this time. If the client organization wants these measures such as 6 ft markers put into place they can have their site administrator set this up on their end. Our staff has also moved to gloves, masks and standard healthcare scrubs but are not required to wear isolation gowns presently or face shields (unless required by the client organization)."

Please let us know if any city requirements are in place.

We will need both of your approvals on the attached member communications.

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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Diana Cavazos | HealthComp

From: Georgeanne White <Georgeanne.White@fresno.gov>
Sent: Wednesday, October 5, 2022 7:44 PM
To: Diana Cavazos | HealthComp; Shane Archer
Cc: Tom Georgouses | HealthComp; 'Michael Moss'; 'Andrew Desa'
Subject: RE: 200/Fresno City -ACTION REQUIRED Flu Shot Announcement 2023

Follow Up Flag: Follow up
Flag Status: Flagged

I am fine with both member communications attached.

The city does not currently have a masking requirement or 6 foot rule.

From: Diana Cavazos | HealthComp <dcavazos@healthcomp.com>
Sent: Wednesday, October 5, 2022 7:32 PM
To: Shane Archer <Shane.Archer@fresno.gov>; Georgeanne White <Georgeanne.White@fresno.gov>
Cc: Tom Georgouses | HealthComp <tgeorgouses@healthcomp.com>; 'Michael Moss' <mmoss@mossfirm.org>; 'Andrew Desa' <andrewd@rael-letson.com>
Subject: 200/Fresno City -ACTION REQUIRED Flu Shot Announcement 2023

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Account Management
(o) 559-312-2295

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Fresno City Employees Health and Welfare Trust

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



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

«First_Name» «Last_Name»
«ADDR1» «ADDR2»
«City», «ST» «Zip»

October 5, 2022

Dear Trust Participant:

The Fresno City Health & Welfare Trust is offering **Flu** (quadrivalent) and **Pneumonia Vaccinations** to all participants and their dependents at no cost to you. This year's event will also include **COVID-19 Vaccinations** for those who are eligible. A limited supply of high-dose flu shots will also be available. High-dose flu shots are intended for adults 65 and older. High-dose flu shots must be reserved in advance by registering for a vaccination using the instructions below. High-dose flu shots are in limited supply and will be provided subject to availability. **High-dose flu shots are not available for walk-in appointments.**

Elite Medical Services will be administering the vaccinations. **We suggest you contact your primary care physician if you have any questions concerning these vaccinations in regard to your health or that of your dependents. Please contact your child's primary care physician to find out what vaccinations are suitable for your child. Vaccinations at this event can only be administered to dependents age 6 years and older.**

Elite Medical Services will also be administering **biometric screenings** at the same times and locations as vaccinations. Please read the "Benefits of a Health Screening" flyer to learn more. Walk-in biometric screenings will also be available, but to reduce wait times, on-line scheduling is advised.

You may schedule your vaccination and screening at www.elitecorpmed.com (click "Client Portal" and use **Access Code: HEALTH4FRESNO**). Walk-in appointments are available, but **we recommend scheduling in advance.**

This year's event will take place on **October 25th, October 26th, October 27th, and November 8th.**

Place	Date	Time
Municipal Service Center Building A Conference Room 1325 E El Dorado St Fresno, CA 93706	Tuesday, October 25, 2022	5:45 a.m. – 10:45 a.m. 12:30 p.m. – 5:30 p.m.
Fresno Water Yard 1910 E University Ave Fresno, CA 93703	Wednesday, October 26, 2022	6:30 a.m. – 11:30 a.m.
Fresno Wastewater Treatment Plant 5607 W Jensen Ave Fresno CA 93706	Wednesday, October 26, 2022	2:00 p.m. – 4:00 p.m.
Fresno City Hall South Breezeway – Vaccinations Room 1031 - Screenings 2600 Fresno St Fresno CA 93721	Thursday, October 27, 2022	7:30 a.m. - 11:00 a.m. 12:30 p.m. – 5:30 p.m.
Municipal Service Center 1325 E El Dorado St Fresno, CA 93706	Tuesday, November 8, 2022	12:00 p.m. – 4:00 p.m.

WHAT YOU WILL NEED TO BRING WITH YOU

You and your spouse will each need to bring **TWO** forms of identification with you so that your eligibility for health benefits can be verified: **HealthComp Identification Card AND either a Drivers License, or a CA Identification Card.** You and/or your spouse **will not be allowed** services without the above forms of identification.

WHO IS ELIGIBLE FOR THE VACCINATION PROGRAM

Only the participants and their eligible dependents that are **currently covered** by the Plan effective **October 1, 2022** are eligible for the vaccination event. If you have lost or misplaced your ID card, contact **HealthComp** at **(559) 499-2450** to obtain a replacement. Participants who are prohibited from taking part in the Flu/Pneumonia Vaccination Program due to circumstance beyond their control may obtain the vaccinations from their Primary Care Physician. Benefits will be provided according to the Major Medical Provisions located in your Health & Welfare Plan Book. Vaccinations at this event can only be administered to **dependents age 6 years and older.**

Sincerely,
Board of Trustees



HEALTH SCREEN

KNOW YOUR NUMBERS

FASTING IS RECOMMENDED BUT NOT REQUIRED TO PARTICIPATE.

SCREENINGS ARE AVAILABLE TO ALL EMPLOYEES.

APPOINTMENTS ARE LIMITED. SCHEDULE YOUR SCREENING TODAY!



WHAT WILL THE SCREENING INCLUDE?

The health screening includes cholesterol test, blood pressure evaluation, glucose test for diabetes, as well as other valuable tests and measurements.

HOW LONG IS THE WHOLE PROCESS?

The entire process will take no more than 10 minutes with a small blood drop.

WHEN WILL I GET MY RESULTS?

The results are immediate, and the participant will walk away with their results in hand.

WHO WILL HAVE ACCESS TO MY RESULTS?

All results are confidential and will be between technician and the participant. Your individual results are protected by HIPAA privacy laws and your employer will have absolutely no access to any of them.

APPOINTMENTS ARE LIMITED.
SCHEDULE YOUR SCREENING TODAY!

855-733-7772



WWW.ELITECORPMED.COM

THE FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST BOARD MEETINGS – 2023
(2nd Wednesday of the Month)

January 11, 2023

February 8, 2023

March 8, 2023

April 12, 2023

May 10, 2023

June 14, 2023

July 12, 2023

August 9, 2023

September 13, 2023

October 11, 2023

November 8, 2023

December 13, 2023

APPEALS COMMITTEE MEETING SCHEDULE

(Usually first Monday of the month at 4:00 PM in the Conference Room at HealthComp)

January 3, 2023 (Tuesday)

Jesus Cerda, Kim Jackson, Jennifer Misner

January 30, 2023

February 27, 2023

April 3, 2023

Jordan Wamhoff, Jesse Gonzalez, Georgeanne White

May 1, 2023

June 5, 2023

July 3, 2023

Terri Hauschel, Keola Park, Jennifer Misner

July 31, 2023

September 5, 2023 (Tuesday)

October 2, 2023

Sam Frank, William Dearson, Georgeanne White

October 30, 2023

December 4, 2023

COHENMILSTEIN

UFCW & Employers Benefit Trust v. Sutter Health
Claims Administrator
P.O. Box 6389
Portland, OR 97228-6389

Daniel Small
sutterhealthlawsuit@cohenmilstein.com



September 26, 2022
NO RESPONSE REQUIRED
Claim Number: 800001951

000 0000309 000000000 0002 0002 00298 INS: 0 0

Explanation Regarding Dispute Form Submission

Re: UFCW & Employers Benefit Trust v. Sutter Health et al. Settlement Claim

Dear Claimant,

This letter acknowledges that we have received the Dispute Form that you submitted on behalf of Healthcomp in the *Sutter Health Antitrust Litigation*.

The Total Relevant Payments Notice for Healthcomp identified \$964,565.87 in total relevant payments.

Upon analyzing the Dispute Form and any supporting data and information submitted therewith, Class Counsel, with the assistance of Plaintiffs' experts at Econ One, have concluded the total relevant payments for Healthcomp to be \$2,019,450.33, a difference of \$1,054,884.46.

The explanation for this amount is as follows:

Credit was given to all claims included in the supporting claims data provided by claimant that met the qualifying criteria applied in this case. Claims were excluded that did not meet the qualifying criteria, including, among other things, Medicare and workers compensation claims, claims incurred at non-qualifying facilities, and claims incurred for services other than general acute care hospital services and ancillary products.

Econ One reviewed the data and information provided for each dispute form to determine whether the claims reported could be identified as eligible payments to Sutter Health general acute care hospitals. This included review of the following factors for each claim: (1) positive payment amount, (2) relevant time period, and (3) identifiable Sutter Health general acute care hospital. Relevant payment amounts were compared to amounts in the original data used for Econ One's analysis. For some dispute forms, this comparison could be made at the claim level. For others, it was made at the annual level where matches were not possible at the claim level. The higher payment amount from either source was used. If the information provided in the dispute form was insufficient, then the relevant Sutter payment amounts from Econ One's original analysis were used.

Sincerely,

Daniel Small

UFCW & EBT V SUTTER HEALTH
PO BOX 4199
PORTLAND OR 97208-4199



4935000336985
000 0000308 00000000 0001 0002 00298 INS: 0 0
HEALTHCOMP
THOMAS J. GEORGOUSES
621 SANTA FE
FRESNO CA 93721

CHECK DATE: SEPTEMBER 26, 2022
CHECK NUMBER: 1191
CHECK AMOUNT: \$79,497.21
TRACKING NUMBER: 5451
CLAIM NUMBER: 800001951

AF9411 v.05

This check is issued pursuant to the class action settlement and the Court's preliminary and final approval orders in *UFCW & Employers Benefit Trust v. Sutter Health*, Case No. CGC-14-538451. You submitted a claim for a settlement award, which Class Counsel have determined is timely and valid. The enclosed check constitutes your share of the first distribution from the Net Settlement Fund. **You must deposit or cash your check within 120 days of the date of the check. If you fail to do so, your check will be void, and you will not share in the second distribution from the Net Settlement Fund.** Pursuant to the settlement agreement, a \$50 million Dispute Fund has been withheld from the first distribution to resolve any disputes concerning the allocation of the Net Settlement Fund. In addition, \$600,000 has been withheld from the first distribution pursuant to the Court's provisional award of that amount for Class Counsel's settlement-related expenses. Any portion of the Dispute Fund that remains, funds from any uncashed checks in the first distribution, and/or any amount of the \$600,000 that is not finally awarded by the Court to Class Counsel for settlement-related expenses, will be distributed in a second distribution to Claiming Class Members who cashed their check or received a wire transfer in the first distribution. Please promptly update the Claims Administrator if your mailing address changes. Please consult a tax advisor to determine your individual tax payment and reporting situation.

The enclosed check is only valid for **120 days** from the issue date. Please deposit promptly.

If you have any questions about your award, please contact the Claims Administrator at P.O. Box 6389, Portland, OR 97228-6389, or info@SutterHealthLawsuit.com.

WARNING: THIS DOCUMENT CONTAINS SEVERAL DOCUMENT SECURITY FEATURES

UFCW & EBT V SUTTER HEALTH
PO BOX 4199
PORTLAND OR 97208-4199

The Huntington National Bank

25-2
440

CHECK NUMBER
1191

DATE
09/26/2022

Void if not negotiated within one hundred twenty (120) days of date of issue

PAY EXACTLY ***** SEVENTY NINE THOUSAND FOUR HUNDRED NINETY
SEVEN AND 21/100 DOLLARS

AMOUNT
\$79,497.21



PAY TO THE ORDER OF:
HEALTHCOMP

THOMAS J. GEORGOUSES

This check may not be cashed at a check cashing
agency or money service business.

Brandon L. Worley
Authorized Signature

DO NOT CASH IF THE WORD VOID IS VISIBLE - SEE REVERSE SIDE FOR LIST OF SECURITY FEATURES

149
⑈0000001191⑈ ⑆044000024⑆ 01893870417⑈

Summary of Addendum to Administrative Services Agreement

Attached is the Eleventh Addendum to Administrative Services Agreement for HealthComp, LLC to provide Regulatory Services for a monthly fee of \$1.05 and a one-time implementation fee of \$3.25 for each employee, COBRA Participant or retiree commencing July 1, 2022.

The Agreement has been approved by Counsel.

**ELEVENTH ADDENDUM TO
ADMINISTRATIVE SERVICES AGREEMENT**

This Eleventh Addendum to Administrative Services Agreement ("Eleventh Addendum") is entered into this 1st day of July of 2022, between the FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST ("Trust") and HEALTHCOMP, LLC ("Administrator").

RECITALS

- A. The parties previously executed an Administrative Services Agreement ("Agreement") dated May 30, 1996, which has been amended thereafter from time to time.
- B. It is the desire of both the Trust and the Administrator to add to the Agreement this Eleventh Addendum to provide for the additional service of Regulatory Compliance fees pertaining to The Consolidated Appropriation Act, No Surprise Act and Transparency in Coverage Compliance mandates effective July 1, 2022 and to establish Administrator's compensation for the service.
- C. Regulatory Compliance Services include:
 - a. Hosting of in-network machine-readable files
 - b. Creation and hosting of out-of-network allowed amount machine readable files
 - c. Creation of price transparency toll
 - d. Associated services related to surprise billing and continuity of care
 - e. Formatting of compliant ID cards

TERMS AND CONDITIONS

- 1. The Trust will pay Administrator as full compensation for its Regulatory Compliance services effective July 1, 2022 a monthly fee of one and 05/100 Dollars (\$1.05) and a one-time implementation fee of three and 25/100 Dollars (\$3.25) each employee or retiree for whom HCOOnline access is provided for Enrollment.
- 2. Except as set forth above, the terms and conditions of the Agreement, as previously amended, shall remain in full force and effect, including all termination provisions contained therein.

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

HEALTHCOMP, LLC

FRESNO CITY EMPLOYEES
HEALTH & WELFARE TRUST

By _____
Thomas J. Georgouses
General Counsel

By _____
Shane Archer
Chair and Employee Trustee

By _____

Georgianne White
Vice Chair and Employer
Trustee



Memorandum

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

From: Andrew Desa/David Westengard

Date: November 2, 2022

Re: Consultant's Report for November 9, 2022 Board of Trustees Meeting -
UnitedHealthcare Dental Access

We have requested and received a summary of UnitedHealthcare's dental provider network as directed during your August 10, 2022 meeting.

1. It is important to look at access (percent of members within a certain mile radius of a network provider) and network size (number of network providers) when evaluating network adequacy. Our analysis focused only on network providers who are accepting new patients. The analysis is broken down by zip code for where there are current UHC members.
2. Our analysis defined access as there being at least two dentists accepting new patients within ten miles of each member's home zip code. The access was broken down further by type of provider: general dentist, oral surgeon, endodontist, periodontist, pedodontist, and orthodontist. **Exhibit I** provides a summary of the results by zip code and provider type. All highlighted items in the exhibit are areas where the access criteria was **not** met for all enrollees in that particular zip code. Total percent access is shown at the bottom of the exhibit. Please note that each three-digit zip listed represents a unique zip code. Only the first three digits of each zip code are shown for confidentiality purposes.
3. With regards to network size, our analysis looked at the number of network providers accepting new patients by zip code for where there are current UHC members. **Exhibit II** provides a summary of the results. Note that while a specific zip code might not have a network provider, members may still have access by having two network providers within a ten-mile radius. Please note that each three-digit zip listed represents a unique zip code. Only the first three digits of each zip code are shown for confidentiality purposes.

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

AD/DW:cn
Enclosures



Fresno City Employees H&W Trust
Exhibit I - Accessibility to Network Providers (accepting new patients)
UHC

First Three of Zip Code	State	Number of Members (Employees and Dependents)	Number of Members with Access to Two (2) of the Following Types of NETWORK Dentists Accepting New Patients					
			General Dentists within Ten (10) miles	Oral Surgeons within Ten (10) miles	Endodontists within Ten (10) miles	Periodontists within Ten (10) miles	Pedodontists within Ten (10) miles	Orthodontists within Ten (10) miles
937	CA	65	65	65	65	65	65	65
937	CA	45	45	45	45	45	45	45
937	CA	32	32	32	32	32	32	32
937	CA	25	25	25	25	25	25	25
937	CA	25	25	25	25	25	25	25
936	CA	23	23	23	23	23	23	23
937	CA	22	22	22	22	22	22	22
936	CA	22	22	22	22	22	22	22
936	CA	16	16	1	1	1	1	1
936	CA	16	14	13	9	9	9	13
937	CA	15	15	15	15	15	15	15
936	CA	15	15	15	1	1	1	15
937	CA	14	14	14	14	14	14	14
936	CA	13	0	0	0	0	0	0
937	CA	13	13	13	13	13	13	13
937	CA	12	12	12	12	12	12	12
937	CA	12	12	12	12	12	12	12
937	CA	12	12	12	12	12	12	12
937	CA	11	11	11	11	11	11	11
937	CA	10	10	10	10	10	10	10
936	CA	9	9	9	9	9	9	9
932	CA	9	9	9	9	9	0	9
937	CA	8	8	8	8	8	8	8
937	CA	7	6	6	5	5	5	6
936	CA	7	7	0	0	0	0	7
937	CA	6	6	6	4	4	3	6
936	CA	5	5	5	5	5	5	5
936	CA	5	0	0	0	0	0	0



Fresno City Employees H&W Trust
Exhibit I - Accessibility to Network Providers (accepting new patients)
UHC

			Number of Members with Access to Two (2) of the Following Types of NETWORK Dentists Accepting New Patients					
First Three of Zip Code	State	Number of Members (Employees and Dependents)	General Dentists within Ten (10) miles	Oral Surgeons within Ten (10) miles	Endodontists within Ten (10) miles	Periodontists within Ten (10) miles	Pedodontists within Ten (10) miles	Orthodontists within Ten (10) miles
936	CA	5	5	3	1	3	1	3
936	CA	4	0	0	0	0	0	0
936	CA	4	4	0	0	0	0	4
937	CA	3	3	3	3	3	3	3
936	CA	2	2	0	0	0	0	0
930	CA	2	0	0	0	0	0	0
933	CA	2	2	2	2	2	2	2
936	CA	1	1	1	0	0	0	1
932	CA	1	1	1	1	1	0	1
936	CA	1	1	0	0	0	0	1
937	CA	1	1	1	1	1	1	1
937	CA	1	1	1	1	1	1	1
TOTAL		501	474	442	418	420	407	454

% With Access

% With out Access

94.6%
5.4%

88.2%
11.8%

83.4%
16.6%

83.8%
16.2%

81.2%
18.8%

90.6%
9.4%



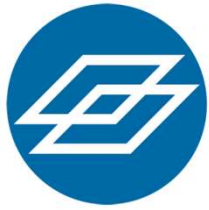
Fresno City Employees H&W Trust
Exhibit II - Number of Providers (accepting new patients)
UHC

First Three of Zip Code	State	Number of Members (Employees and Dependents)	General Dentists	Oral Surgeons	Endodontists	Periodontists	Pedodontists	Orthodontists
937	CA	65	51	2	3	3	2	3
937	CA	45	51	3	0	1	0	11
937	CA	32	12	3	5	4	0	1
937	CA	25	71	9	4	5	1	15
937	CA	25	1	0	0	0	0	0
936	CA	23	4	3	1	0	1	2
937	CA	22	1	0	0	0	0	0
936	CA	22	0	0	0	0	0	0
936	CA	16	34	0	0	0	0	0
936	CA	16	0	0	0	0	0	0
937	CA	15	55	3	1	0	0	2
936	CA	15	0	0	0	0	0	0
937	CA	14	0	0	0	0	0	0
936	CA	13	0	0	0	0	0	0
937	CA	13	12	0	0	0	0	0
937	CA	12	0	0	0	0	0	0
937	CA	12	1	0	0	0	0	0
937	CA	12	52	3	0	0	0	14
937	CA	11	0	0	0	0	0	0
937	CA	10	50	4	0	0	0	9
936	CA	9	46	7	4	4	2	16
932	CA	9	9	1	3	3	0	0
937	CA	8	53	0	0	0	0	0
937	CA	7	0	0	0	0	0	0
936	CA	7	43	1	0	0	0	5
937	CA	6	0	0	0	0	0	0
936	CA	5	0	0	0	0	0	0
936	CA	5	0	0	0	0	0	0
936	CA	5	32	0	0	0	0	0
936	CA	4	0	0	0	0	0	0



Fresno City Employees H&W Trust
Exhibit II - Number of Providers (accepting new patients)
UHC

First Three of Zip Code	State	Number of Members (Employees and Dependents)	General Dentists	Oral Surgeons	Endodontists	Periodontists	Pedodontists	Orthodontists
936	CA	4	33	0	0	0	0	0
937	CA	3	0	0	0	0	0	0
936	CA	2	34	0	0	0	0	0
930	CA	2	0	0	0	0	0	0
933	CA	2	18	7	4	3	0	3
936	CA	1	37	4	0	0	0	10
932	CA	1	35	3	0	0	0	9
936	CA	1	44	0	0	0	0	0
937	CA	1	0	0	0	0	0	0
937	CA	1	0	0	0	0	0	0
TOTAL		501	779	53	25	23	6	100



**Rael &
Letson**

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

Memorandum

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

From: Andrew Desa/David Westengard

Date: November 2, 2022

Re: Consultant's Report for November 9, 2022 Board of Trustees Meeting -
Fiduciary Liability Policy Renewal

Our office and HealthComp have been working with the broker NuWest Insurance Services for the Fiduciary Liability policy renewal for the period effective January 15, 2023.

The application is in progress and we are currently awaiting the renewal from NuWest. As a reminder:

1. This policy has been in place with Chubb since 2013. Additional quotes were marketed in 2018 but the decision was made to remain with Chubb (other proposals were not competitive).
2. The annual premium for the current policy (2022-2023) is \$6,715. This was a \$470 annual increase over the prior year. The increase in premium was attributed to an increase in the Trust's assets, contributions, and number of plan participants. We will have information on the premium for the upcoming policy (2023-2024) once received from NuWest.

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

AD/DW:cn



**Rael &
Letson**

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

Memorandum

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

From: Andrew Desa/David Westengard

Date: November 2, 2022

Re: Consultant's Report for November 9, 2022 Board of Trustees Meeting -
Request for 2023 – 2024 Rate and Benefit Changes

We will be preparing financial projections for the Fiscal Year 2023 – 2024. Consistent with previous years, we request that:

1. Vendor Rate Submissions: All vendors are asked to submit requested rate proposals for rates not under guarantee for Fiscal Year 2023 – 2024 by **December 15, 2022.**
2. Benefit Change Submissions: Any proposed benefit changes for Fiscal Year 2023 – 2024 should be submitted by **December 15, 2022.**

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

AD/DW:cn



Memorandum

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

From: Andrew Desa/David Westengard

Date: November 2, 2022

Re: Consultant's Report for November 9, 2022 Board of Trustees Meeting -
FYE June 30, 2022 Financial Status and Reserves

We have received the Health & Welfare Trust financials for the fiscal year ending June 30th, 2022. We have compared the plan's financial status as of June 30th, 2022 to the most recent projections that were presented at your March 3, 2022 Board of Trustees meeting. A summary of that comparison is listed below:

1. The projections presented at the March 3, 2022 meeting had 8 months of actual claims for the 2021/22 fiscal year and 4 months of projected claims to complete the year. Those projections applied trend of -1% for medical and 10% for Rx to project medical/Rx claims for FYE 2022. Lower trend was used to reflect the suppressed utilization as a result of COVID-19.
2. Actual medical/Rx PMPM costs for FYE 2022 as shown in the June HealthComp Report was **\$1,144** versus **\$1,142** calculated in the March 3, 2022 projections.
3. The financial statements show that the actual gross cash balance as of April 30, 2022 was **\$33.4M** versus **\$33.0M** as calculated in the March 3, 2022 projections. However, large claim activity during May and June resulted in a \$2.8M deficit over that two-month period. After reflecting that deficit, the **gross cash balance as of June 30, 2022 was \$30.6M**. This amount does not include stop-loss reimbursements received after June 30, 2022 for claims paid during FYE 2022.
4. After netting out estimated liabilities (stop-loss reserve and estimated IBNR), the **net reserve months as of June 30, 2022 are estimated at 5.1**. This is based on a net fund balance of \$25.8M and average expenses of \$5.0M a month as experienced during FYE 2022. As noted above, this does not include stop-loss reimbursements received after June 30, 2022 for claims paid during FYE 2022.

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

AD/DW:cn

Diana Cavazos | HealthComp

From: Andrew Desa <andrewd@rael-letson.com>
Sent: Monday, August 15, 2022 1:35 PM
To: Tom Georgouses | HealthComp; Diana Cavazos | HealthComp; Michael Moss
Subject: FW: MHPAEA NQTL Report for Fresno City Employees Health and Welfare Trust
Attachments: 3571.25.Fresno City Employees Health and Welfare Trust.Fresno City Employees PPO Plans.52F.pdf

Just received and forwarding along; I have not looked through this yet. Please see the email below as well.

Andrew Desa

ASA, MAAA
Consulting Actuary

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



We understand your plans.®

From: Mary Hiller <mhiller@medexpert.com>
Sent: Monday, August 15, 2022 1:21 PM
To: Andrew Desa <andrewd@rael-letson.com>
Cc: Kristen Wright <kwright@medexpert.com>
Subject: MHPAEA NQTL Report for Fresno City Employees Health and Welfare Trust

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

Good afternoon Andrew,

It was a pleasure to speak with you earlier today. Attached please find the MHPAEA NQTL Report for Fresno City Employees Health and Welfare Trust. The report finds that Fresno City Employees Health and Welfare Trust is in compliance with the CAA, 2021 MHPAEA NQTL requirements. MedExpert has evaluated Fresno City Employees Health and Welfare Trust's SPD, executed that parity as written is met and reviewed Fresno City Employees Health and Welfare Trust's claim data to evaluate MHPAEA NQTL parity in practice. MedExpert will support Fresno City Employees Health and Welfare Trust should the fund be audited.

We appreciate the opportunity to work with you and the Fresno City Employees Health and Welfare Trust.

Regards,

Mary

Mary R. Hiller

Executive Director,
Knowledge Engineering & Health Systems

MedExpert International, Inc.

1300 Hancock Street
Redwood City, CA 94063
650.326.6000 office
650.323.4488 direct
650.326.6700 fax

About MedExpert International, Inc. MedExpert is a health care company headquartered in Redwood City, California that provides an innovative delivery model to payors, providers and patients. MedExpert delivers a patent-pending integrity program that increases member participation in the integrity process and protects patients from fraud, waste and abuse. MedExpert's programs integrate an advanced decision support platform utilizing a proprietary artificial intelligence (AI) evidence-based medicine (EBM) engine. An advanced data analytic system provides insight and transparency to government, Taft Hartley and commercial clients.

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MHPAEA NQTL Report

Fresno City Employees Health and Welfare Trust

Fresno City Employees PPO Plans

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Introduction

MedExpert was contracted by Fresno City Employees Health and Welfare Trust to evaluate the plan for MHPAEA parity.

It is with pleasure that MedExpert provides this MHPAEA NQTL Report to Fresno City Employees Health and Welfare Trust. The purpose of this MHPAEA NQTL Report is to ensure that the financial requirements and treatment limitations on mental health or substance use disorder (MH/SUD) benefits provided by Fresno City Employees Health and Welfare Trust are no more restrictive than those on medical or surgical benefits.

Findings

MedExpert has found that the MHPAEA NQTL criteria have been met for Fresno City Employees Health and Welfare Trust Fresno City Employees PPO Plans.

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Methodology

MedExpert utilizes the DOL's Employee Benefits Security Administration ("EBSA") updated self-compliance tool to organize MHPAEA review methodology. MedExpert reviewed the plan's Summary Plan Design, SPD, and contacted individuals to complete this MHPAEA NQTL. The following groups are key to the SPD development, inquires, data transfer and entire MHPAEA NQTL process.

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DOL Self-Compliance Checklist

Section A. Applicability

QUESTION 1: Is the group health plan or group or individual health insurance coverage exempt from MHPAEA? If so, please indicate the reason (e.g., retiree-only plan, excepted benefits, small employer exception, increased cost exception, HIPAA opt-out).

A: No, the group plan is not exempt from MHPAEA because Fresno City Employees Health and Welfare Trust:

- cannot be classified as a small employer based on the Act's guidelines,
- offers insurance coverage to non-retired individuals under Fresno City Employees PPO Plans, and
- has not requested any relevant exception or opt-out, Fresno City Employees PPO Plans is found not to be exempt from MHPAEA.

QUESTION 2: If not exempt from MHPAEA, does the group health plan or group or individual health insurance coverage provide MH/SUD benefits in addition to providing medical/surgical benefits?

A: Yes, Fresno City Employees Health and Welfare Trust offers Mental Health and Substance Use Disorder benefits in addition to medical/surgical benefits.

Section B. Coverage in all Classifications

QUESTION 3: Does the group health plan or group or individual health insurance coverage provide MH/SUD benefits in every classification in which medical/surgical benefits are provided?

Requirements

Under the MHPAEA regulations, if a plan or issuer provides mental health or substance use disorder benefits in any classification described in the MHPAEA final regulation, mental health or substance use disorder benefits must be provided in every classification in which medical/surgical benefits are provided. See 26 CFR 54.9812-1(c)(2)(ii)(A), 29 CFR 2590.712(c)(2)(ii)(A), 45 CFR 146.136(c)(2)(ii)(A). Under the MHPAEA regulations, the six classifications of benefits are:

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- *inpatient, in-network*
- *inpatient, out-of-network*
- *outpatient, in-network*
- *outpatient, out-of-network*
- *emergency care; and*
- *prescription drugs.*

Response

A: Yes. Under Fresno City Employees PPO Plans, both medical/surgical and MH/SUD benefits are provided in the classifications listed below, and no classification exists in which only medical/surgical benefits are provided.

1. inpatient, in-network
2. inpatient, out-of-network
3. outpatient, in-network
4. outpatient, out-of-network
5. emergency care
6. prescription drugs

Section C. Lifetime and Annual Limits

QUESTION 4. Does the group health plan or group or individual market health insurance issuer comply with the mental health parity requirements regarding lifetime and annual dollar limits on MH/SUD benefits?

Requirements

A plan or issuer generally may not impose a lifetime dollar limit or an annual dollar limit on MH/SUD benefits that is lower than the lifetime or annual dollar limit imposed on medical/surgical benefits. See 26 CFR 9812-1(b), 29 CFR 2590.712(b), 45 CFR 146.136(b). (This prohibition applies only to dollar limits on what the plan would pay, and not to dollar limits on what an individual may be charged.) If a plan or issuer does not include an aggregate lifetime or annual dollar limit on any medical/surgical benefits, or it includes one that applies to less than one-third of all medical/surgical benefits, it may not impose an aggregate lifetime or annual dollar limit on MH/SUD benefits. 26 CFR 54.9812-1(b)(2), 29 CFR 2590.712(b)(2), 45 CFR 146.136(b)(2).

Response

A: Yes. Fresno City Employees PPO Plans do not impose any annual or lifetime dollar limits on MH/SUD benefits.

Section D. Financial Requirements and Quantitative Treatment Limitations

QUESTION 5. Does the group health plan or group or individual market health

insurance issuer comply with the mental health parity requirements regarding financial requirements or QTLs on MH/SUD benefits?

Requirements

- A plan or issuer may not impose a financial requirement or QTL applicable to MH/SUD benefits in any classification that is more restrictive than the predominant financial requirement or QTL of that type that is applied to substantially all medical/surgical benefits in the same classification. See 26 CFR 54.9812-1(c)(2), 29 CFR 2590.712(c)(2), 45 CFR 146.136(c)(2).
- Types of financial requirements include deductibles, copayments, coinsurance, and out-of-pocket maximums. See 26 CFR 54.9812-1(c)(1)(ii), 29 CFR 2590.712(c)(1)(ii), 45 CFR 146.136(c)(1)(ii).
- Types of QTLs include annual, episode, and lifetime day and visit limits, for example, number of treatments, visits, or days of coverage. See 26 CFR 54.9812-1(c)(1)(ii), 29 CFR 2590.712(c)(1)(ii), 45 CFR 146.136(c)(1)(ii).
- The six classifications and the sub-classifications outlined in Section B, above, are the only classifications that may be used when determining the predominant financial requirements or QTLs that apply to substantially all medical/surgical benefits. See 26 CFR 54.9812-1(c)(2)(ii), 29 CFR 2590.712(c)(2)(ii), 45 CFR 146.136(c)(2)(ii).
- A plan or issuer may not use a separate sub-classification under these classifications for generalists and specialists. See 26 CFR 54.9812-1(c)(3)(iii)(C), 29 CFR 2590.712(c)(3)(iii)(C), 45 CFR 146.136(c)(3)(iii)(C).
- To determine compliance, each type of financial requirement or QTL within a coverage unit must be analyzed separately within each classification. See 26 CFR 54.9812-1(c)(2)(i), 29 CFR 2590.712(c)(2)(i), 45 CFR 146.136(c)(2)(i).
- Coverage unit refers to the way in which a plan groups individuals for purposes of determining benefits, or premiums or contributions, for example, self-only, family, or employee plus spouse. See 26 CFR 54.9812-1(c)(1)(iv), 29 CFR 2590.712(c)(1)(iv), 45 CFR 146.136(c)(1)(iv).
- If a plan applies different levels of a financial requirement or QTL to different coverage units in a classification of medical/surgical benefits (for example, a \$15 copayment for self-only and a \$20 copayment for family coverage), the predominant level is determined separately for each coverage unit. See 26 CFR 54.9812-1(c)(3)(ii), 29 CFR 2590.712(c)(3)(ii), 45 CFR 146.136(c)(3)(ii).

To test “substantially all” a determination is made if a particular type of financial requirement or QTL applies to substantially all medical/surgical benefits in the relevant classification of benefits. Generally, a financial requirement or QTL is considered to apply to substantially all medical/surgical benefits if it applies to at least two-thirds of the medical/surgical benefits in the classification. See 26 CFR 9812-1(c)(3)(i)(A), 29 CFR 2590.712(c)(3)(i)(A), 45 CFR 146.136(c)(3)(i)(A).

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This two-thirds calculation is generally based on the dollar amount of plan payments expected to be paid for the plan year within the classification. See 26 CFR 54.9812-1(c)(3)(i)(C), 29 CFR 2590.712(c)(3)(i)(C), 45 CFR 146.136(c)(3)(i)(C). Any reasonable method can be used for this calculation. See 26 CFR 54.9812-1(c)(3)(i)(E), 29 CFR 2590.712(c)(3)(i)(E), 45 CFR 146.136(c)(3)(i)(E).

To test “predominant” the type of financial requirement or QTL applies to at least two-thirds of medical/surgical benefits in that classification, to determine the predominant level of that type of financial requirement or QTL that applies to the medical/surgical benefits that are subject to that type of financial requirement or QTL in that classification of benefits. If the type of financial requirement or QTL does not apply to at least two-thirds of medical/surgical benefits in that classification, it cannot apply to MH/SUD benefits in that classification. The level of a financial requirement or QTL that is considered the predominant level of that type is the level that applies to more than one-half of the medical/surgical benefits in that classification subject to the financial requirement or QTL. See 26 CFR 54.9812-1(c)(3)(i)(B)(1), 29 CFR 2590.712(c)(3)(i)(B)(1), 45 CFR 146.136(c)(3)(i)(B)(1).

If there is no single level that applies to more than one-half of medical/surgical benefits in the classification subject to the financial requirement or quantitative treatment limitation, the plan can combine levels until the combination of levels applies to more than one-half of medical/surgical benefits subject to the financial requirement or QTL in the classification. In that case, the least restrictive level within the combination is considered the predominant level. See 26 CFR 54.9812-1(c)(3)(i)(B)(2), 29CFR 2590.712(c)(3)(i)(B)(2), 45 CFR 146.136(c)(3)(i)(B)(2).

For a simpler method of compliance, a plan may treat the least restrictive level of financial requirement or treatment limitation applied to medical/surgical benefits as predominant.

When performing the “substantially all” and “predominant” tests for financial requirements and QTLs, basing the analysis on an issuer’s entire book of business is generally not a reasonable method if a plan or issuer has sufficient claims data regarding a specific plan for a reasonable projection of future claims costs for the substantially all and predominant analysis. However, there may be insufficient reliable claims data for a group health plan, in which case the analyses will require utilizing reasonable data from outside the group health plan. A plan or issuer must always use appropriate and sufficient data to perform the analysis in compliance with applicable Actuarial Standards of Practice. See ACA Implementation FAQs Part 34, Q3, available at <https://www.dol.gov/sites/default/files/ebsa/about-ebsa/ouractivities/resource-center/faqs/aca-part-34.pdf>.

Response

Fresno City Employees PPO Plans do not apply QTLs to MH/SUD benefits in any classification that

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are any more restrictive than the predominant financial requirement or QTL that is applied to substantially all medical/surgical benefits in the same classification.

Fresno City Employees Health and Welfare Trust offers several Self-Funded Medical Plans that follow the same proportional formulas and structures. Of the roughly 19 plans identified below, one plan, namely 100200HIGH, accounts for most of the recent claim activity. Below is the list of Fresno City Employees Health and Welfare Trust health plans and the claim activity associated with each plan. The vendors associated with these plans and the rules and processes associated with these plans are the same.

Line	Start Date	End Date	Health Plan	Claims	Claim Lines
1	2011	2022	100200HIGH	298,242	627,683
2	2013	2022	100200SUPP	23,835	45,258
3	2016	2022	100200LO35	19,158	39,676
4	2019	2021	100200LO34	12,710	26,249
5	2020	2022	100200DC35	11,985	25,521
6	2015	2021	100200LO32	9,144	18,687
7	2019	2021	100200DC34	8,191	17,252
8	2015	2021	100200DC32	6,946	15,024
9	2015	2022	100200SELF	3,787	8,480
10	2008	2021	100200LOW	408	957
11	2018	2021	100200A	319	646
12	2014	2021	100200DC25	79	156
13	2018	2021	100200F	28	50
14	2018	2021	000DEFAULT	27	64
15	2018	2021	100200D	24	29
16	2014	2021	100200LO30	8	14
17	2019	2020	100200G	5	6
18	2014	2018	100200DC30	3	4
19	2021	2021	100200B	2	4

Fresno City Employee Indemnity Plans:

Deductibles per Year are identified below.

- If Employees electing to make the monthly contribution or employees where Trust is receiving two City contributions (employee and spouse both work for the City), then deductibles per year are:
 - Per Individual \$200 plus emergency room copayment
 - Per family maximum \$600 plus emergency room copayment
- If employees electing not to make the monthly contribution and Trust receiving a single

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City contribution, then deductibles per year are:

- Per Individual \$1,300 plus emergency room copayment
- Per family maximum \$2,600 plus emergency room copayment

Out-of-Pocket Maximum for Medical and Prescription Drugs for the Fresno City Employee Indemnity Plans are identified below. Medical Out-of-Pocket Maximums *do not include* member share of the cost for non-PPO providers, prescription, vision, dental, or charges in excess of plan maximums.

- If an active employee has a current Payroll Deduction Sheet on file indicating their election to make the employee monthly contribution, the maximum out-of-pocket for medical/surgical/mental health/substance use disorder expense shall be:
 - Medical Per Individual \$3,200
 - Medical Per family maximum \$6,400
 - Prescription Drugs Per Individual \$3,400
 - Prescription Drugs Per Family Maximum \$6,800
 - Total Medical and Prescription Drugs Per Individual \$6,600
 - Total Medical and Prescription Drugs Per Family Maximum \$13,200
- If an Active employee does not have a current Payroll Deduction Sheet on file indicating their election to make the employee monthly contribution, the maximum out-of-pocket for medical/surgical/mental health/substance use disorder expense shall be:
 - Medical Per Individual \$4,600
 - Medical Per family maximum \$9,200
 - Prescription Drugs Per Individual \$2,000
 - Prescription Drugs Per Family Maximum \$4,000
 - Total Medical and Prescription Drugs Per Individual \$6,600
 - Total Medical and Prescription Drugs Per Family Maximum \$13,200

MedExpert has verified, in writing and in practice, that all services, including MH/SUD, count towards Out-of-Pocket Maximums and Deductibles.

Fresno City Employees PPO Plans Summary of Benefits

SUMMARY OF SERVICE

	In Network Providers	Out-of-Network Providers
Physician Office Visit	80% after Deductible	50% after Deductible
Physician's Hospital Visits	80% after Deductible	50% after Deductible
Surgeon, Assistant Surgeon, and Anesthesiologists Services	80% after Deductible	50% after Deductible
Laboratory and X-Ray Procedures	80% after Deductible	50% after Deductible

PREGNANCY RELATED SERVICES

	In Network Providers	Out-of-Network Providers
Prenatal and Postnatal Office Visits	80% after Deductible	50% after Deductible
Physician's Hospital Visits	80% after Deductible	50% after Deductible
Normal Delivery and Cesarean Section	80% after Deductible	50% after Deductible
Complication of Pregnancy, Including Therapeutic Abortion	80% after Deductible	50% after Deductible
Voluntary Sterilization	80% after Deductible	50% after Deductible

MEDICAL SERVICES

	In Network Providers	Out-of-Network Providers
Blood, Blood Plasma, Blood Derivatives and Blood Factors	80% after Deductible	50% after Deductible
Ambulance	80% after Deductible	
Chemotherapy and Radiation Therapy	80% after Deductible	50% after Deductible
Hospice Care	80% after Deductible	50% after Deductible
Durable Medical Equipment	80% after Deductible	50% after Deductible

PREVENTATIVE SERVICES

	In Network Providers	Out-of-Network Providers
Well Child Care	100% No Plan Deductible	50% after Deductible
Well Baby Care	100% No Plan Deductible	50% after Deductible
Hearing Exam	100% No Plan Deductible	50% after Deductible
Routine Mammograms	100% No Plan Deductible	50% No Plan Deductible
Annual Physical Exam	100% No Plan Deductible	50% No Plan Deductible
Adult Immunizations	100% No Plan Deductible	50% after Deductible

COVID-19 SERVICES

	In Network Providers	Out-of-Network Providers
COVID-19 Screening and Testing	100% No Plan Deductible	100% No Plan Deductible
COVID-19 Treatment	80% after Deductible	50% after Deductible

HOSPITAL, CONVALESCENT, FACILITY SERVICES

	In Network Providers	Out-of-Network Providers
Inpatient Hospital Room and Board and Ancillary Services	80% after Deductible	50% after Deductible
Skilled Nursing Facility Room and Board and Ancillary Services	80% after Deductible	50% after Deductible
Ambulatory Surgical Center	80% after Deductible	50% after Deductible
Birthing Center	80% after Deductible	50% after Deductible
Outpatient Services	80% after Deductible	50% after Deductible

EMERGENCY SERVICES

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	In Network Providers	Out-of-Network Providers
Emergency Inpatient Services	80% after Deductible	80% after Deductible
Emergency Outpatient Services	80% after Deductible	80% after Deductible

MENTAL HEALTH SERVICES

	In Network Providers	Out-of-Network Providers
Inpatient Mental Health Care	80% after Deductible	50% after Deductible
Outpatient Mental Health Care	80% after Deductible	50% after Deductible
Inpatient Substance Abuse Care	80% after Deductible	50% after Deductible
Outpatient Substance Abuse Care	80% after Deductible	50% after Deductible

EMERGENCY SERVICES

	In Network Providers	Out-of-Network Providers
Emergency Inpatient Services	80% after Deductible	80% after Deductible
Emergency Outpatient Services	80% after Deductible	80% after Deductible

PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND SPEECH-LANGUAGE THERAPY

	In Network Providers	Out-of-Network Providers
Physical Therapy	80% after Deductible	50% after Deductible
Occupational Therapy	80% after Deductible	50% after Deductible
Speech Therapy	80% after Deductible	50% after Deductible
Chiropractic	\$5 copay after Deductible, plan pays 100%	\$15 copay after Deductible, plan pays 50%

OPTUMRX- PRESCRIPTION CARD SERVICE (Retail) (34 Day Supply)

Generic Drugs (Tier 1)	90% of OptumRx Contract Rate
Preferred Brand Drugs (Tier 2)	80% of OptumRx Contract Rate
Non-Preferred Brand Drugs (Tier 3)	60% of OptumRx Contract Rate

MAIL ORDER SERVICE (90-Day Supply) Thru OptumRx Mail

Generic Drugs (Tier 1)	\$5 Member copayment for each prescribed drug
Preferred Brand Drugs (Tier 2)	\$20 Member copayment for each prescribed drug
Non-Preferred Brand Drugs (Tier 3)	\$50 Member copayment for each prescribed drug

Fresno City Employees Health and Welfare Trust applies QTLs to select services. The services to which they apply are not MH/SUD services. Fresno City Employees PPO Plans:

- cover emergency room copay if the member is admitted.
- cover outpatient surgery without copay if performed at a non-Hospital Ambulatory Surgery Center and if not at non-Hospital Ambulatory Surgery Center employee pays \$250 co-pay.

- cover 24 chiropractic visits maximum per plan year; up to 10 visits allowed per month and only 1 visit allowed per day.
- cover purchase or rental of durable medical equipment up to \$1,000 and above \$1,000 must be pre-certified.
- cover emergency inpatient services at in network rate if inpatient hospital claim is deemed “Medically Necessary” and otherwise the claim paid at the Non-Network Provider benefit rate.
- cover voluntary sterilization for the covered employee and/or spouse only.
- cover all outpatient lab tests at a hospital-based laboratory for additional employee payment of \$25 co-pay.
- cover physical therapy for up to 10 visits and above 10 visits require pre-certification.
- cover occupational therapy for up to 10 visits and above 10 visits require pre-certification.
- cover speech therapy for up to 10 visits and above 10 visits require pre-certification.

Section E. Cumulative Financial Requirements and Treatment Limitations

QUESTION 6. Does the group health plan or group or individual market health insurance issuer comply with the mental health parity requirements regarding cumulative financial requirements or cumulative QTLs for MH/SUD benefits?

Requirements

A plan or issuer may not apply any cumulative financial requirement or cumulative QTL for MH/SUD benefits in a classification that accumulates separately from any cumulative financial requirement or QTL established for medical/surgical benefits in the same classification. See 26 CFR 54.9812-1(c)(3)(v), 29 CFR 2590.712(c)(3)(v), 45 CFR 146.136(c)(3)(v). For example, a plan may not impose an annual \$250 deductible on medical/surgical benefits in a classification and a separate \$250 deductible on MH/SUD benefits in the same classification.

Cumulative financial requirements are financial requirements that determine whether or to what extent benefits are provided based on accumulated amounts and include deductibles and out-of-pocket maximums (but do not include aggregate lifetime or annual dollar limits because these two terms are excluded from the meaning of financial requirements). See 26 CFR 54.9812-1(a), 29 CFR 2590.712(a), 45 CFR 146.136(a).

Cumulative QTLs are treatment limitations that determine whether or to what extent benefits are provided based on accumulated amounts, such as annual or lifetime day or visit limits. See 26 CFR 54.9812-1(a), 29 CFR 2590.712(a), 45 CFR 146.136(a).

Response

Yes. Fresno City Employees PPO Plans include a calendar year deductible of \$200 per person and \$600 per family and a \$1,300 per person and \$2,600 per family depending on the monthly contribution. Fresno City Employees PPO Plans include a calendar year Out-of-Pocket of \$3,200 per person and \$6,400 per family and a \$4,600 per person and \$9,200 per family depending on the monthly contribution. Both the calendar year deductible and out of pocket maximum apply to medical/surgical and MH/SUD benefits combined.

No cumulative financial requirements or QTLs apply separately to MH/SUD benefits, therefore parity requirements are met. 5

Section F. Non-Quantitative Treatment Limitations

QUESTION 7. Does the group health plan or group or individual market health insurance issuer comply with the mental health parity requirements regarding NQTLs on MH/SUD benefits?

Requirements

An NQTL is generally a limitation on the scope or duration of benefits for treatment. The MHPAEA regulations prohibit a plan or an issuer from imposing NQTLs on MH/SUD benefits in any classification unless, under the terms of the plan or coverage as written and in operation, any processes, strategies, evidentiary standards, or other factors used in applying the NQTL to MH/SUD benefits in a classification are comparable to, and are applied no more stringently than, those used in applying the limitation with respect to medical/surgical benefits in the same classification. See 26 CFR 54.9812-1(c)(4)(i), 29 CFR 2590.712(c)(4)(i), 45 CFR 146.136(c)(4)(i). The following is an illustrative, non-exhaustive list of NQTLs: Medical management standards limiting or excluding benefits based on medical necessity or medical appropriateness, or based on whether the treatment is experimental or investigative; Prior authorization or ongoing authorization requirements; Concurrent review standards; Formulary design for prescription drugs; For plans with multiple network tiers (such as preferred providers and participating providers), network tier design; Standards for provider admission to participate in a network, including reimbursement rates; Plan or issuer methods for determining usual, customary, and reasonable charges; Refusal to pay for higher-cost therapies until it can be shown that a lower-cost therapy is not effective (also known as “fail-first” policies or “step therapy” protocols); Exclusions of specific treatments for certain conditions; Restrictions on applicable provider billing codes; Standards for providing access to out-of-network providers; Exclusions based on failure to complete a course of treatment; and Restrictions based on geographic location, facility type, provider specialty, and other criteria that limit the scope or duration of benefits for services provided under the plan or coverage.

See 26 CFR 54.9812-1(c)(4)(ii), 29 CFR 2590.712(c)(4)(ii), 45 CFR 146.136(c)(4)(ii).

While NQTLs are generally defined as treatment limitations that are not expressed numerically,