

FRESNO CITY EMPLOYEES
HEALTH AND WELFARE TRUST

ADMINISTRATION OFFICE



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Fresno, CA 93721

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FRESNO, CA 93718-5018

**Fresno City Employees Health & Welfare Trust
Agenda for the Regular Board Meeting
January 10, 2024**

General Meeting 8:30 AM

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

Employer Trustees-City of Fresno

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

Administrator

Thomas J. Georgouses, Esq. General Counsel

Legal Counsel

Michael E. Moss, Esq.

Employee Trustees

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

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

Consultants

Andrew Desa
David Broome

Roll Call 8:30 A.M.

1. Approval of Agenda**

Approve Agenda for January 10, 2024

⇒ Action as required

2. Executive Session

3. Public Discussion***

4. Consent Calendar

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

- a. Approval of the Minutes of October 11, 2023
- b. Correspondence
- c. Blue Shield of California
 - i). Correspondence dated December 22, 2023 Announcing Blue Shield and Adventist Agreement of Contract Renewal
- d. Halcyon
Utilization Report
- e. United HealthCare
- f. OptumRx

- i). *Executive Summary and Comparative Executive Summary Commercial*
- ii). *Executive Summary and Comparative Executive Summary EGWP*
- iii). *Correspondence Dated December 29, 2023 Announcing PBM Transparency and Choice*
- iv). *Correspondence Dated December 29, 2023 Announcing Select Formulary and Healthcare Reform Preventative Drug List*
- v). *Correspondence Dated December 29, 2023 Announcing OptumRx Formulary Cycle Email Notifications Incorrectly Branded*
- vi). *Correspondence Dated December 29, 2023 Announcing California, Massachusetts, and Vermont Abortion & Abortion Related Care Coverage Mandate*
- vii). *Correspondence Dated December 31, 2023 Announcing Rx Government Programs with Medicare Part D and EGWP Clients*
- g. Delta Dental
 - i). *Financial Reporting Package*
- h. PhysMetrics
 - i). *Utilization Report*
- i. EyeMed
- j. Teladoc
 - i). *Utilization Report*
- k. EPIC
 - i). *Utilization Report*
- l. Body Scan International
- m. HealthComp
- n. Elite
 - i). *Ratification of Chari and vice char.....*
- o. Fiduciary Policy
 - i). *Ratification of the Chairperson and Vice Chairperson's Execution of the Fiduciary*

5. Attorney's Report

- a. Consolidated Appropriation Act
 - i). *Review and Discuss Consolidated Appropriation Act, Prohibition on Gag Clauses*
 - ii). *Ratify Chairperson Submission of GAG Clause Attestation*
 - ⇒ Action as required
 - iii). *Review and Discuss Rx Transparency Requirements*
 - ⇒ Action as required
- b. Mental Health Parity and Addiction Equity Act (MHPAEA)
 - i). *Review, Discuss and Approve Action Pertaining to New MHPAEA Regulations*
 - ⇒ Action as required
- c. *Delta Dental Third Party Cyber Event*

- i). *Review and Discuss Delta Dental Cyber Event*
⇒ Action as required
- d. *Blue Shield Vendor Third Party Cyber Event*
 - i). *Review and Discuss Blue Shield Vendor Third Party Cyber Event*
⇒ Action as required
- e. *Trust Agreement*
 - i). *Review and Discuss Trust Agreement*
⇒ Action as required
- f. *Trustee Term Limits*
 - i). *Review and Discuss Term Limits of Trustees*
⇒ Action as required
- g. *Assembly Bill 716 Related to Ground Ambulance Payments*
 - i). *Review and Discuss Assembly Bill 716 Related to Ground Ambulance Payments*
⇒ Action as required

6. General Calendar

- a. HealthComp Administrators
 - i). *Claim and Benefits Reports*
 - ii). *Specific Stop-Loss Reports*
 - iii). *Turnaround Time Reports*
 - iv). *Subrogation*
 - v). *HCOonline Complaints*
Review and Discuss HCOonline Complaints
 - vi). *HCOonline Open Enrollment*
Review and Discuss HCOonline Open Enrollment
 - vii). *Employer Mandate Reporting -HealthComp 1094/1095 Process*
Review and Discuss Employer Mandate Reporting -HealthComp 1094/1095 Process
 - viii). *Membership Outreach*
Review, Discuss and Approve Proposed Membership Outreach
⇒ Action as required
 - ix). *Review of Vendor Contracts and Business Associates Agreements*
Review and Discuss Status of Vendor Contracts and Business Associates Agreements
- b. Appeals
- c. Transgender Services and Coverage
 - i). *Review and Discuss Transgender Services and Coverage*
⇒ Action as required
- d. Annual Employee Benefits Conference
Review and Discuss Annual Employee Benefits Conference

7. Consultant's Report

- a. COVID-19 Annual Report
 - i). *Review and Discuss COVID-19 Annual Report*
- b. Elite Medical -Vaccinations/Screenings
 - i). *Review and Discuss Results from 2023 Vaccination and Screening Event*
- c. Vendor Rates and Submissions for 2024-2025 Fiscal Year
 - i). Blue Shield of California
 - Review, Discuss, and Approve Blue Shield of California's Renewal Effective July 1, 2024*
 - ⇒Action as required
 - ii). Body Scan International Renewal
 - Review, Discuss, and Approve Body Scan International's Renewal Effective July 1, 2024*
 - ⇒Action as required
 - iii). UHC Renewal
 - Review, Discuss, and Approve UHC Renewal Effective July 1, 2024*
 - ⇒Action as required
 - iii). EPIC Hearing Renewal and Network Analysis
 - Review, Discuss and Approve EPIC Hearing Renewal Effective July 1, 2024*
 - ⇒Action as required
 - iv). OptumRx Renewal
 - Review, Discuss and Approve Optum Rx Renewal Effective July 1, 2024*
 - ⇒Action as required
 - v). Fiduciary Liability Renewal
 - Review, Discuss, and Approve Fiduciary Liability Renewal Effective January 15, 2024*
 - ⇒Action as required
- d. Financial Projections for the 2024-2025 Fiscal Year
 - i). *Review and discuss Financial Projections*
- e. Contribution Rates for the 2024-2025 Fiscal Year
 - i). *Review, Discuss, and Approve Contribution Rates for the 2024-2025 Fiscal Year*
 - ⇒Action as required
- f. Submission of Request for Plan Document Changes for the 2024-2025 Fiscal Year
- g. Submission of Benefits Reduction Percentage for Non-Contributory Participants for the 2024-2025 Fiscal Year
 - i). *Review, Discuss, and Approve Benefit Reduction Percentage for Non-Contributory Participants for the 2024-2025 Fiscal Year*
 - ⇒Action as required

8. Board Meeting Schedule

⇒Action as required

9. Future Agenda Items

10. Adjournment

⇒ *Action as required*

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

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

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

NOTICE APPEALS COMMITTEE

Next Meeting: Monday, February 5, 2023 at 4:00 p.m.

Committee Members to Attend: Anna Pine, Kim Jackson, Jennifer Misner

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

CALL TO ORDER: The regular monthly meeting of the Board of Trustees for the Fresno City Employees Health & Welfare Trust was called to order by Chairperson Shane Archer at 8:48 A.M., Wednesday, October 11, 2023 via a Zoom webinar and in person at 2600 Fresno Street, Fresno, CA, Room 4017. A quorum was present including the following:

**EMPLOYEE TRUSTEES
PRESENT:**

Sam Frank
William Dearson
Jeff LaBlue
Anna Pine

Jesse Gonzalez
Keola Park
Shane Archer

EMPLOYEE TRUSTEES ABSENT:

Kim Jackson
Sam Hernandez

Terri Hauschel

EMPLOYER TRUSTEES PRESENT:

Georgeanne White
Jennifer Misner

TJ Miller

EMPLOYER TRUSTEES ABSENT:

OTHERS PRESENT:

HealthComp
Tom Georgouses
Diana Cavazos

Delta Dental

**Halcyon/PhysMetrics/
ChiroMetrics**
Marissa Santella
Sandra Carnahan

Rael & Letson
David Broome

EPIC
Sara Santana

Blue Shield
Linda Patron

Law Office of Michael E. Moss
Mike Moss

Body Scan International
Bill Penzo

Optum Rx
Carolyn Martinez

Benefits, COF
Phillip Carbajal

FORCE
Annette Rendon

UHC

Item 1 Approval of Agenda - A Motion was made Vice Chairperson Georgeanne White and Seconded by Trustee Sam Frank to Amend the Agenda to update the Appeals Committee meeting date to October 30, 2023 with revised Trustees for attendance and to approve the balance of the Agenda. The **Motion** was **unanimously approved**.

Item 2 Executive Session - None

Item 3 Public Discussion - None

Item 4 Consent Calendar – Consent Calendar – Trustee Sam Frank pulled item 4 (n) ii. Vice Chairperson Georgeanne White pulled item 4 (k). A **Motion** was made by Trustee Sam Frank and Seconded by Trustee TJ Miller to approve the balance of the Consent Calendar. The **Motion** was **unanimously approved**.

Item 4 (n) ii – Ratification of Chairperson and Vice Chairperson’s Approval of Comprehensive Service Package, Scheduling and Flu Shot Correspondence – Mr. Tom Georgouses explained the comprehensive service package agreement was not completed in time to be added to the meeting packet however will be included in the next meeting Agenda for ratification. A **Motion** was made by Trustee Sam Frank and **Seconded** by Trustee Keola Park to ratify the approval of the scheduling and Flu Shot correspondence and approve Item 4 (n) ii. The **Motion** was **unanimously approved**.

Item 4 (k) EPIC – Vice Chairperson Georgeanne White inquired on coverage for hearing aids and requested examples be provided at the next meeting outlining in and out of network hearing aid coverage. Trustee Jeff LaBlue requested a provider network report be provided outlining EPIC providers in the Fresno, Kings, Tulare and Madera County areas. A **Motion** was made by Vice Chairperson Georgeanne White and **Seconded** by Trustee Sam Frank to approve Item 4 (k). The **Motion** was **unanimously approved**.

Item 5 General Calendar

a. HealthComp Administrators

i. Claim and Benefits Reports - Mr. Tom Georgouses reviewed the reports on Claims and Benefits ending September 30, 2023.

ii. Specific Stop-Loss Reports – Mr. Tom Georgouses reviewed the reports on Specific Stop-Loss for the policy ending December 31, 2023 and December 31,

2024.

- iii. **Turnaround Time Reports** – Mr. Tom Georgouses reviewed the reports related to claim processing turnaround time.
- iv. **Subrogation** – Mr. Tom Georgouses reviewed the report on Subrogation.
- v. **HealthComp HCOonline Complaint Form-** Mr. Tom Georgouses provided an overview of the complaints received.
- vi. **HCOonline Open Enrollment** – Mr. Tom Georgouses stated a meeting will be scheduled with the subcommittee.
- vii. **City Council Workshop** - Trustee Sam Frank stated the subcommittee would like to distribute a Survey Monkey for feedback and conduct a Zoom meeting. The subcommittee then would like to schedule some onsite meetings at different locations to allow members an opportunity to voice their opinion. Mr. Mike Moss reminded the members that no more than two labor and one management trustee should participate in the meeting to comply with the Brown Act. Direction was given to the Plan Professionals to schedule a meeting with the subcommittee to discuss further.
- viii. **Review of Vendor Contracts and Business Associates Agreements** – Mr. Mike Moss explained the BAA's have been reviewed. Mr. Moss stated he is completing his review of the existing vendor agreements. Mr. Moss is working with HealthComp on a draft of a new Third Party Administration Agreement. Ms. Diana Cavazos stated she will continue to research methods to provide a secure shared file for Trustee access material that is owned by the Fresno City Employee Health and Welfare Trust. Vice Chairperson Georgeanne White stated there needs to be a discussion regarding an update to the current Trust Agreement including the preparation of a clean version for review. Mr. Moss explained issues to consider with updating the Trust including an agreement between the City of Fresno and the

bargaining units. After much discussion, direction was given to the Plan Professionals to provide the current Trust Agreement to all Trustees. A subcommittee was appointed to review the Trust Agreement. The subcommittee will be Trustee Kim Jackson, Trustee Sam Frank and Vice Chairperson Georgeanne White. Direction was given to schedule a meeting for the subcommittee and Mr. Moss.

- ix. **Body Scan International** – Mr. Tom Georgouses explained the necessity to issue a corrected announcement for the Body Scan mailer sent September 1, 2023 as incorrect dates had inadvertently been included on the initial announcement. Typically, Body Scan pays for the mailing of the announcements. HealthComp will pay for the mailing of the corrected announcement. A **Motion** was made by Trustee Sam Frank and Seconded by Trustee Anna Pine to ratify the approval by the Chairperson and Vice Chairperson of the corrected announcement. The **Motion** was **unanimously approved**.
- x. **HealthComp Merger with Virgin Pulse** – Mr. Tom Georgouses explained that HealthComp has entered an agreement to merge with Virgin Pulse. It is anticipated the merger will be completed in November.
- b. **Annual Benefits Conference** – Deferred to next meeting.
- c. **Appeals** – Mr. Tom Georgouses referred to the memorandums on Appeal 23-01 and Appeal 23-02. Direction was provided to the Plan Professionals that for future appeals to add additional details on why the appeal was approved or denied. A **Motion** was made by Trustee Sam Frank and Seconded by Trustee Jesse Gonzales to ratify the acceptance of the appeals. The **Motion** was **unanimously approved**.
- d. **Optum Rx**
 - i. **Supply Chain Issues** – OptumRx representative Carolyn Martinez referred to her memorandum. Ms. Martinez explained

Optum's pharmacies and clinicians regularly monitor drug supply disruptions and proactively take action to help manage these issues. Ms. Martinez stated Optum will notify impacted members if a particular drug is out-of-stock and assist members to locate the necessary drug or replacement.

ii. **Refill too-soon Change GLP-1** - Ms. Carolyn Martinez referred to her memorandum and explained 276 letters were mailed out to members to notify them of the new refill thresholds and guidelines.

iii. **Average Manufacturer Price Cap Removal**

- Ms. Carolyn Martinez referred to her memorandum. Ms. Martinez explained this is a change to Medicaid rebate rules that no longer limits the cap on rebates that manufacturers have to pay when they experience a price increase exceeding the rate of inflation. Ms. Martinez stated this removal, which will take effect on January 1, 2024, is part of the American Rescue Plan and aims to lower drug costs. Ms. Martinez reported manufacturers may face monetary penalties in the form of increased rebates if they do not adjust their drug prices. Ms. Martinez explained this change will impact all plans, not just Medicaid, as it will lower the net drug cost but also decrease the amount of rebates that clients will receive. Optum fully supports this removal and has notified all clients about the changes and potential adjustments to financial guarantees or rebate guarantees. Ms. Martinez informed the Trustees she will continue to provide updates as she receives additional information on the changes.

iv. **Trends** – Ms. Carolyn Martinez referred to her memorandum. Ms. Martinez explained that over the years there have been fluctuations in pharmacy trend, with varying increases and decreases in total drug cost. Ms. Martinez stated the implementation of the vigilant drug program and the transition to pass-through pricing helped bring down the total drug cost trend in the past. However, the Covid-19 pandemic led to an increase in total drug cost, with more prescriptions and specialty medications

being filled. Ms. Martinez stated that in the most recent fiscal year, there was a further increase in total drug cost, in line with industry trends. Traditional drugs, especially diabetes medications, and specialty drugs for chronic inflammatory conditions were the primary drivers of higher costs. Ms. Martinez went on to explain that when reviewing trends Optum reviews four categories Utilization, Cost, Drug Mix and Member Contribution.

Item 6 Consultant's Report –

- a.) **Fiduciary Liability Policy-** Mr. David Broome referred to his memorandum. Mr. Broome explained the Trust Fiduciary Liability Policy has been with Chubb since 2013 and the limits of coverage were increased for the current policy to three million from the previous one million. Mr. Broome stated the policy quotes come through the broker NuWest. Mr. Broome explained the policy renews on January 15, 2024 and the renewal is pending. A **Motion** was made by Trustee Sam Frank and Seconded by Trustee William Dearson to give authority to the Chairperson and Vice Chairperson to review the quotes, to approve/bind coverage and take any further action necessary for renewal of the Trust Fiduciary Liability Policy. The **Motion** was **unanimously approved**.
- b.) **Benefit Changes -** Mr. David Broome requested all proposed benefit changes for Fiscal Year 2024-2025 be submitted by December 15, 2023.
- c.) **Vendor Rates**
 - i) **Request for Vendor Rate Changes for 2024-2025 be Submitted by December 15, 2023** – This item was discussed above.
 - ii) **Body Scan International Renewal Effective January 1, 2024** - Mr. David Broome explained the Body Scan International agreement is set to renew on January 1, 2024, but there is discussion to allow a six-month extension to July 1, 2024. A **Motion** was made by Trustee Sam Frank and Seconded by Trustee

Keola Park to give authority to the Chairperson and Vice Chairperson to execute any necessary documents to renew or extend the agreement with Body Scan International. The **Motion** was **unanimously approved**.

- d.) **Financial Status and Reserves** – Mr. David Broome referred to his memorandum. Mr. Broome reviewed the financial status for the fiscal year ending June 30, 2023 compared to the projections that were presented during the March 8, 2023 meeting. Mr. Broome stated that with consideration of stop-loss reimbursements the actual was within 1.5% of the projection.

Item 7 Attorney's Report –

- a.) **Consolidated Appropriation Act**
 - i) **Consolidated Appropriation Act, Prohibition on Gag Clauses** – Mr. Mike Moss explained the prohibition on gag clauses for contracts entered after December 27, 2020. Mr. Mike Moss stated that following the review of all vendor agreements, requests will be made to applicable vendors for the required attestation to allow compliance by the Trust by December 31, 2023. Sam Frank provided direction to HealthComp to work with the Chairperson and Vice Chairperson to complete the necessary attestation requirements.
- b.) **Mental Health Parity and Addiction Equity Act (MHPAEA)** – Mr. Mike Moss stated there are no updates to when the new proposed regulations will be issued and no action is needed at this time.
- c.) **Delta Dental Third Party Cyber Event** - Mr. Mike Moss explained the Delta Dental cyber invasion is currently being addressed by Delta Dental. Mr. Moss stated that Delta Dental has reported it is actively investigating the situation to determine if any data has been compromised. While Delta Dental has stated it does not believe there is any cause for concern, it has advised everyone to remain vigilant. Mr. Moss will continue to monitor the issue with Delta Dental.

Item 8 Board Meeting Schedule – A Motion was made Trustee Sam Frank and Seconded by Trustee Keola Park to have the next Board meeting on January 10, 2024 at 8:30 am. The **Motion** was **unanimously approved**.

Item 9 Future Agenda Items –

1. Employee Benefits Conference
2. Shared File Drive
3. Wellness programs

Item 10 Adjournment- A Motion to adjourn was made by Trustee Sam Frank and Seconded by Trustee Keola Park. The **Motion** was **unanimously approved**, and the meeting adjourned at 11:28 AM.

Shane Archer, Chairperson
Fresno City Employees Health &
Welfare Trust

Date

Tom Georgouses, Administrator
HealthComp

Date

Diana Cavazos

From: Patron, Linda <Linda.Patron@blueshieldca.com>
Sent: Friday, December 22, 2023 10:36 AM
To: Thomas Georgouses; Diana Cavazos
Cc: Andrew Desa; David Broome; Hammack, Georgia
Subject: Great News - BSC and Adventist Health - Have Reach an Agreement

Importance: High

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Happy Friday Everyone – great holiday news – Blue Shield and Adventist Health (facilities) have reached an agreement – this is for the facilities – the agreement is retro back to 12/1/2023. Any claims negatively impacted during this time will adjusted.

The professional providers are still in-network as they have always been.

Adventist Health Successful Contract Negotiation

Blue Shield of California has reached a contract agreement with Adventist Health hospital facilities. We are pleased to share this update, and believe the agreement reached is equitable and sustainably affordable for our customers. The new contract is effective retroactive to 12/1/23, without any gap for members' coverage within the network.

Members who received contract termination letters regarding Adventist Health will receive ["good news" communications](#) next week with information on the successful negotiation. Claims for services rendered during the termination period (12/1/23 - 12/21/23) will be processed as in-network according to the terms of the new agreement.

We appreciate your patience while we worked to secure the best possible outcome for our members.

Happy Holidays,
Linda

Linda Patron
Sr Account Manager, Premier Accounts
3021 Reynolds Ranch Parkway, Lodi, CA 95240
Phone: 209-329-2865



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

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

Fresno City Employees' Health & Welfare Trust

Reporting Period: 01/01/2021 - 06/30/2023

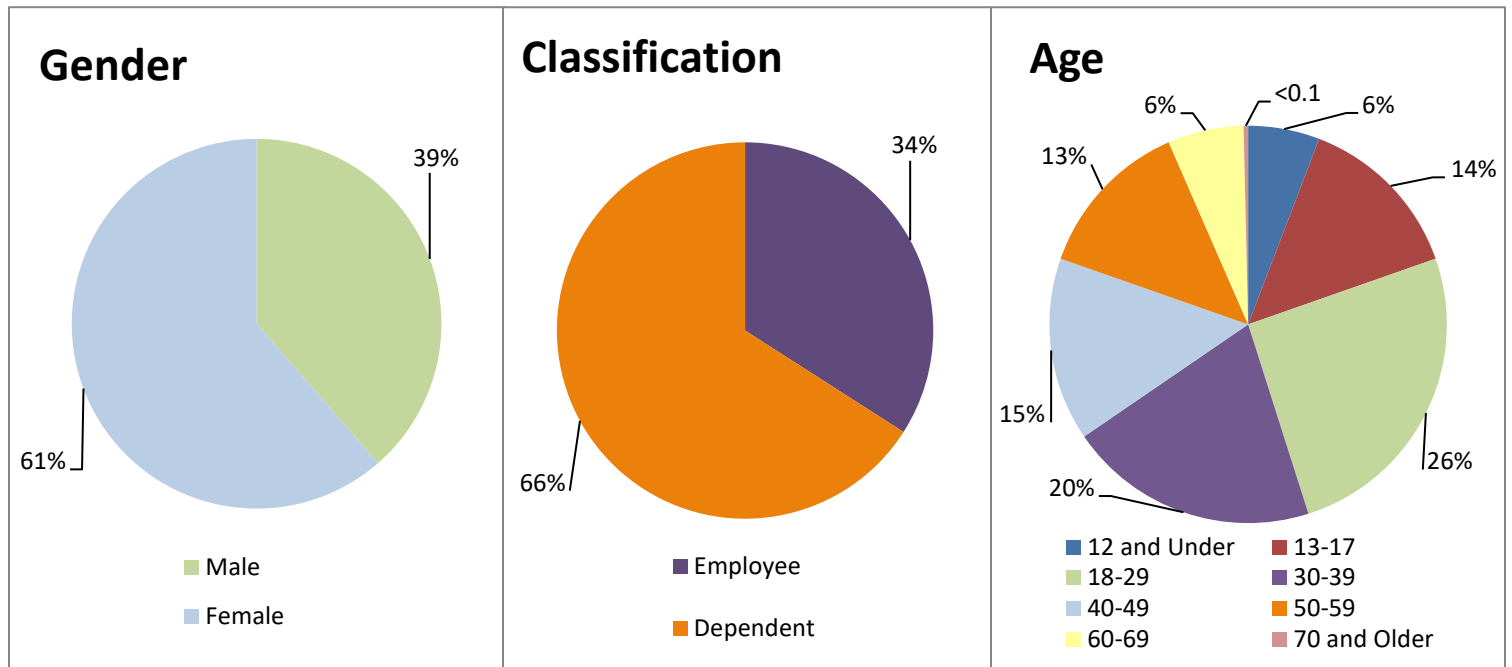
Presented by:



Overall Mental Health & Substance Abuse Benefit Utilization

	January 2021 – June 2021 (6 month)	July 2021 – June 2022	July 2022 – June 2023
Annual Average Covered Employees	3,704	4,115	4,474
Annual Average Covered Dependents	6,843	7,403	7,737
Annual Average Total Covered Members	10,547	11,518	12,211
Unique Employees Accessing Benefit	133	254	307
Unique Dependents Accessing Benefit	296	490	503
Total Unique Members Accessing Benefits	429	744	813
Access Rate	4.1%	6.5%	6.7%
Unique Dates of Service Priced	3,127	8,867	9,176

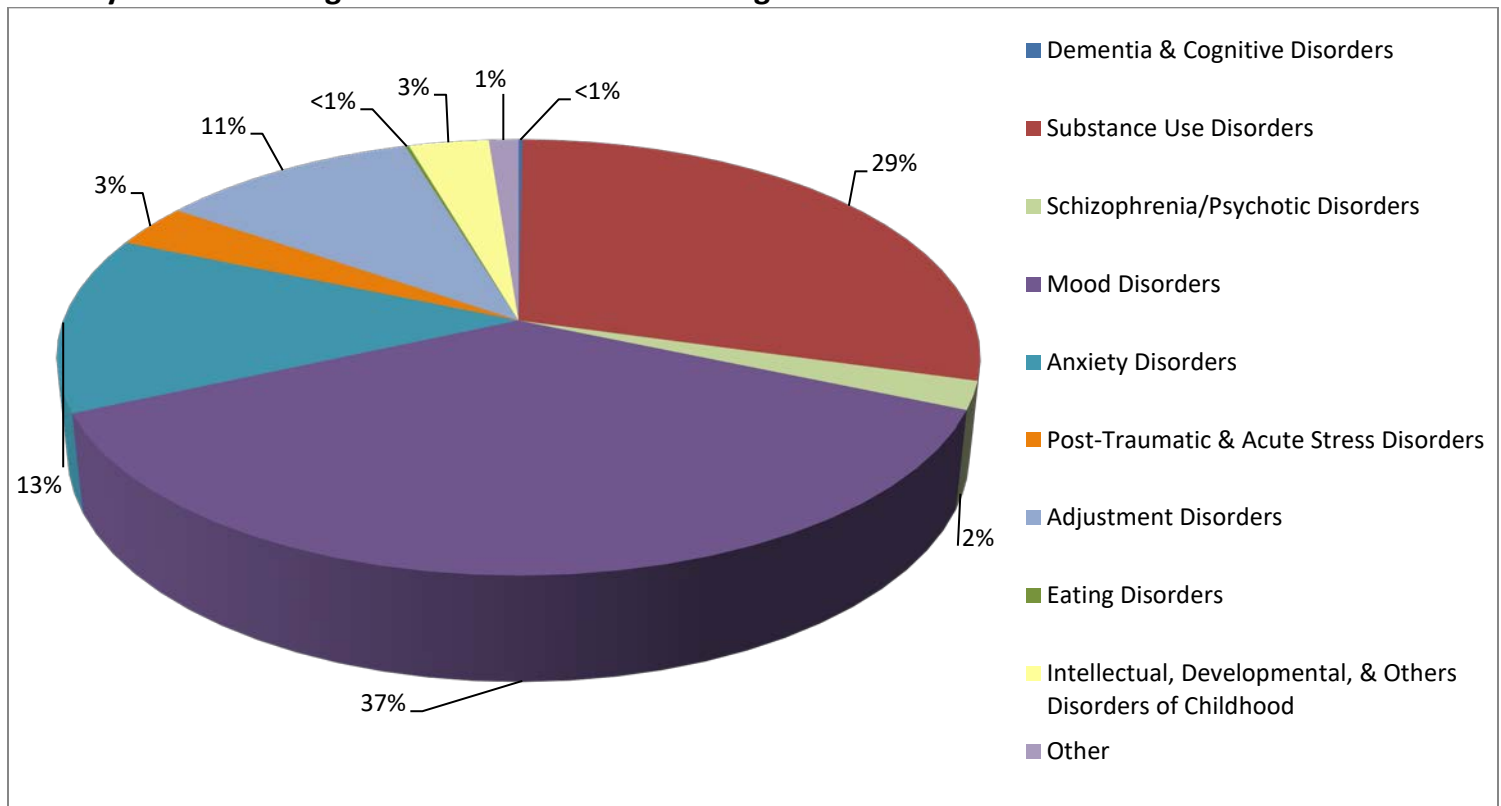
Member Demographics (Averages 01-2021 to 06-2023)



Routine Outpatient Treatment Service Utilization

	January 2021 – June 2021 (6 month)	July 2021 – June 2022	July 2022 – June 2023
Psychotherapy			
Total Active Cases	330	551	580
Medication Evaluation and Management			
Total Active Cases	242	295	310
Crisis Services			
Total Active Cases	6	8	9

Primary Condition Diagnosed for Members Accessing MHSUD Treatment

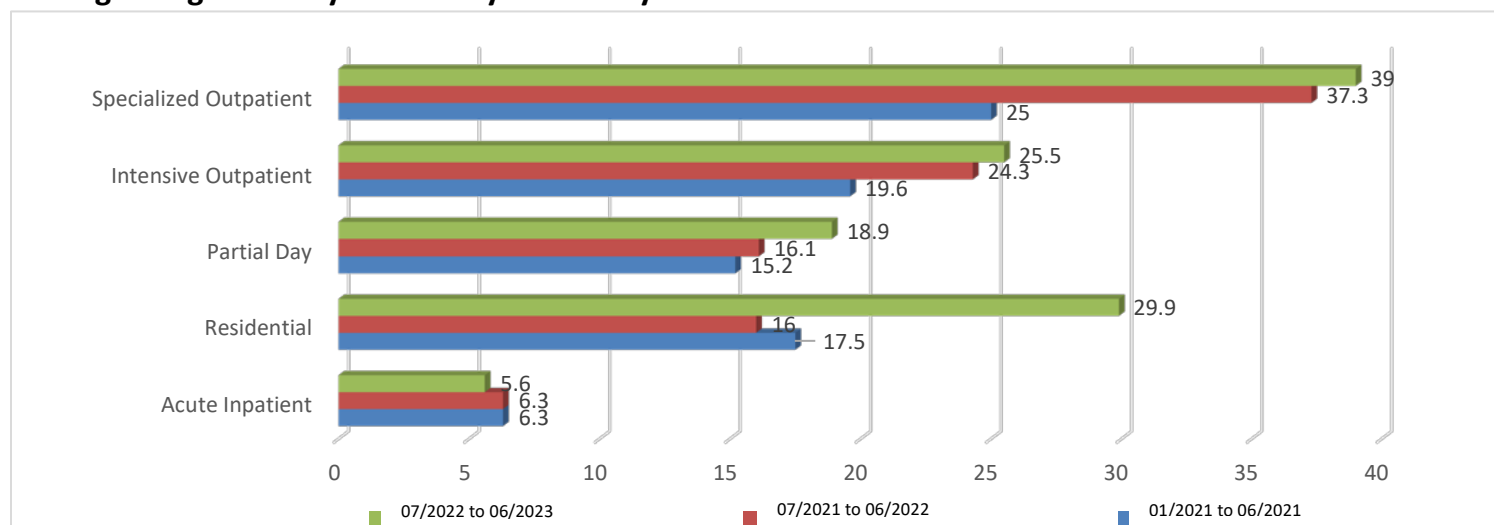


Intensive Facility-Based Benefit Utilization

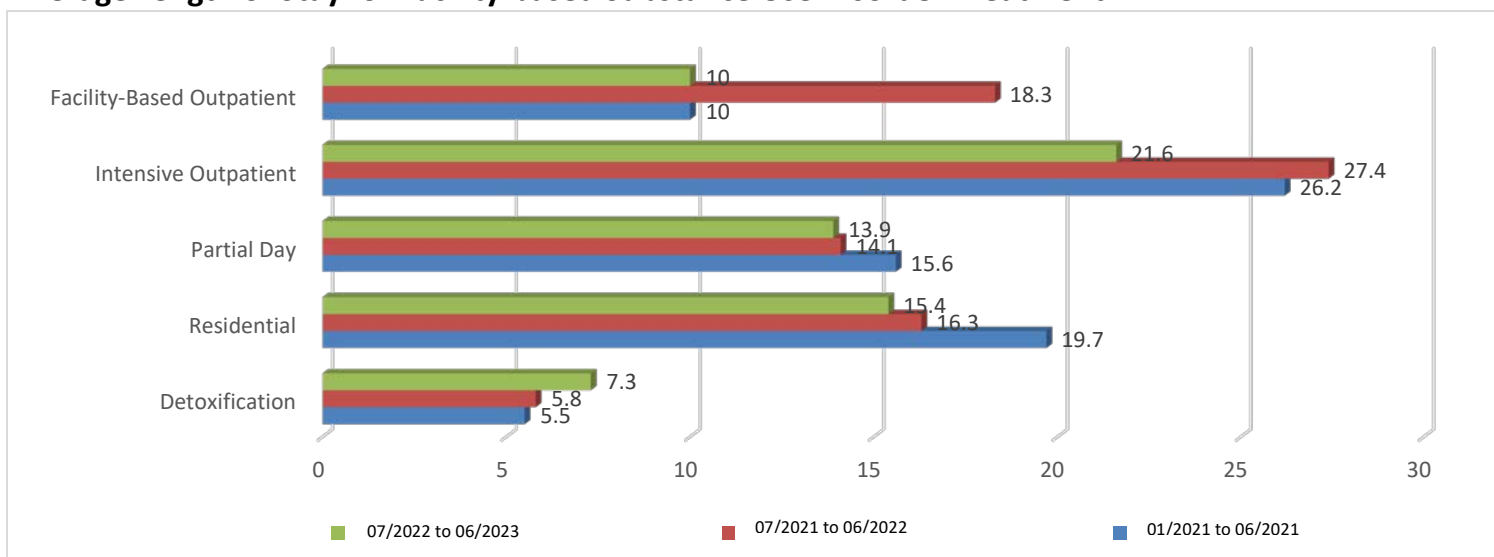
All Facility-Based/Intensive Psychiatric Treatment			
	01/2021 to 06/2021 (6 months)	07/2021 to 06/2022	07/2022 to 06/2023
Unique Members in Treatment	8	24	35

All Facility Based Substance Abuse Treatment			
	01/2021 to 06/2021 (6 months)	07/2021 to 06/2022	07/2022 to 06/2023
Unique Members in Treatment	16	19	21

Average Length of Stay for Facility-based Psychiatric Treatment

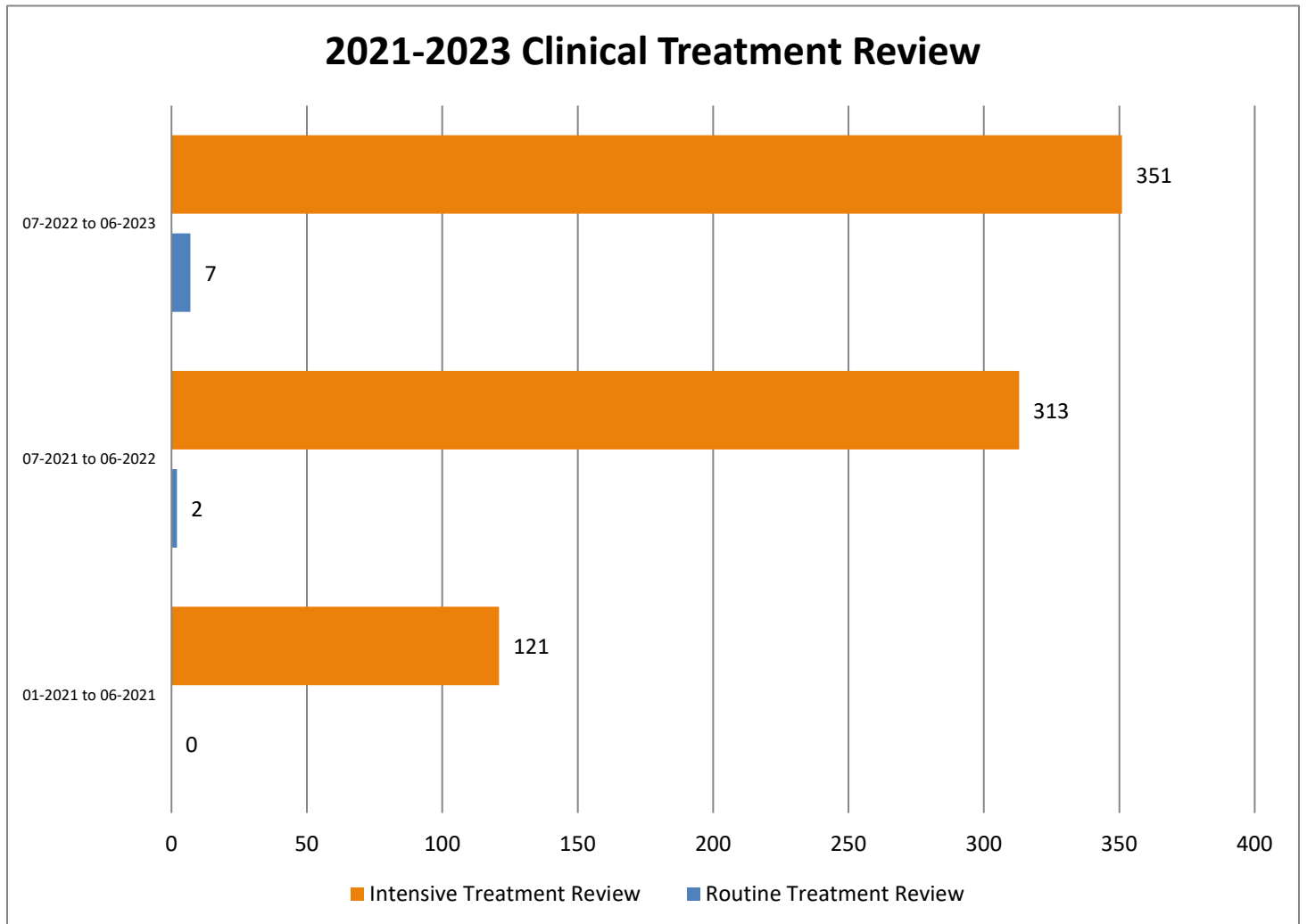


Average Length of Stay for Facility-based Substance Use Disorder Treatment



Care Management

<i>Routine Treatment Reviews</i>	
Review Includes	Review of treatment notes submitted by providers for services that extends beyond standard of care based on primary clinical issue(s)
<i>Facility-Based/Intensive Treatment Reviews</i>	
Review Includes	Admission, concurrent, discharge, and peer-to-peer reviews for all treatment provided in a facility setting (psychiatric or substance use disorder treatment)

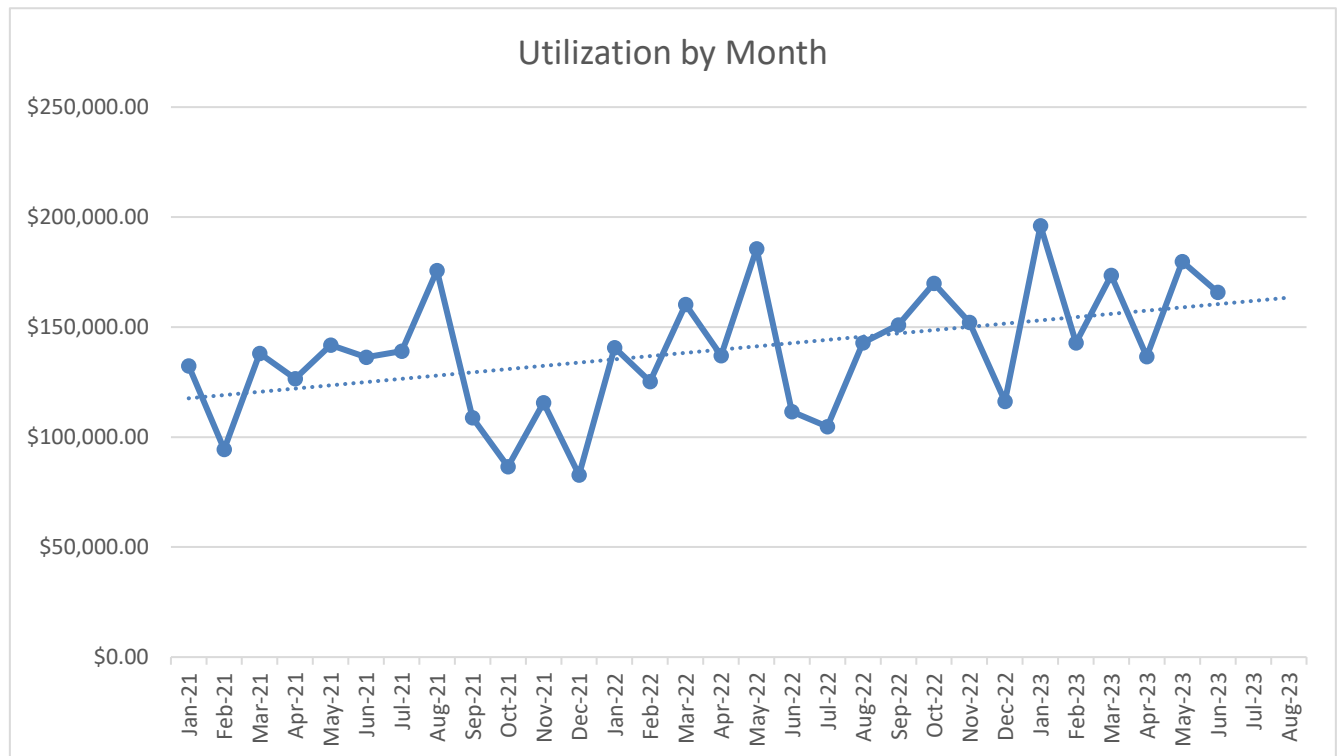
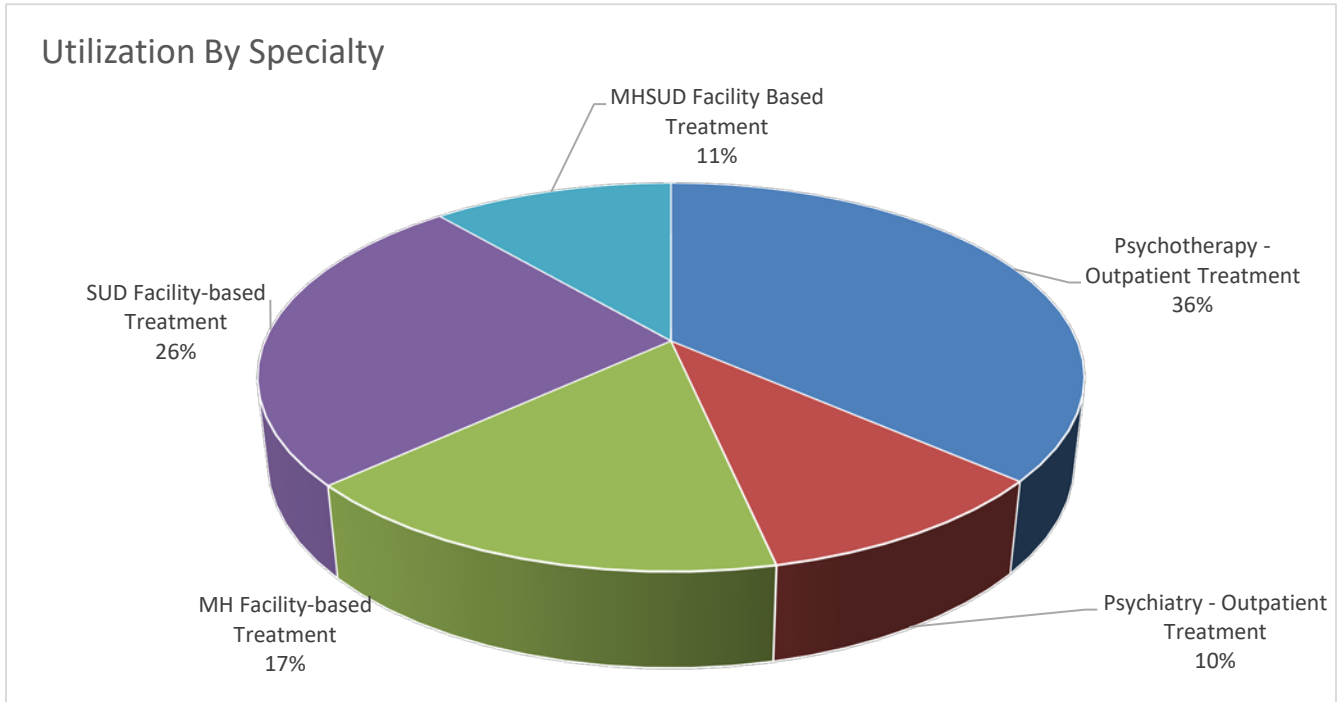


Claims Experience (based on Pricing)

Top 10 Facility-based Program Activity by Total Payment 01/2021 - 06/2023	Plan Pricing	Plan Pricing
Sierra Meadows Behavioral Health	\$369,650.00	8.9%
My Time Recovery	\$345,140.00	8.3%
Ascend Behavioral Health	\$267,200.00	6.4%
First Steps Recovery	\$256,600.00	6.2%
Community Behavioral Health Centers	\$121,379.00	2.9%
Touchstone Recovery Center	\$98,102.00	2.4%
BHC Fremont Hospital	\$84,150.00	2.0%
Bright Future Recovery	\$70,100.00	1.7%
New Perception	\$59,100.00	1.4%
Discovery Practice Management	\$51,600.00	1.2%

Top 10 Outpatient Provider Activity by Total Payment 01/2021 - 06/2023	Plan Pricing	Plan Pricing
Amy Parks, LCSW	\$70,025.00	1.7%
Dwight Sievert, MD	\$59,258.81	1.4%
Jagmeet Chann, MD	\$41,675.00	1.0%
Nirmal Brar, MD	\$39,121.70	0.9%
Randy Osuna, PhD	\$37,890.00	0.9%
Celeste Penrose, LMFT	\$31,650.00	0.8%
Amber Saldate-Stubbs, LMFT	\$30,955.00	0.7%
Talacey Cox, LMFT	\$30,262.00	0.7%
Terri Thomas, LMFT	\$28,215.00	0.7%
Tami Ramage, LMFT	\$27,800.00	0.7%

Claims Experience (based on Pricing 2021 - 2023)



RXT1020DM - Executive Summary by Time Period

Date Filled From January 2023 Through December 2023

Client: Fresno City Employees Health and Welfare Trust Commercial Plan

Measures	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	Rolling Total
Membership													
Avg Eligible Members	10,708	10,750	10,817	10,887	11,028	11,025	11,123	11,109	11,093	11,086	11,088	11,148	10,989
Total Utilizing Members	2,834	2,657	2,816	2,723	2,792	2,710	2,566	2,651	2,711	2,875	2,768	2,946	2,754
% Utilizing Members	26.5%	24.7%	26.0%	25.0%	25.3%	24.6%	23.1%	23.9%	24.4%	25.9%	26.4%	26.4%	25.1%
Avg Member Age	31.64	31.63	31.57	31.58	31.53	31.51	31.36	31.28	31.34	31.36	31.34	31.38	31.46
Rx and Cost													
Total Rxs	6,915	6,267	7,053	6,519	6,864	6,606	6,202	6,365	6,461	6,916	6,667	7,067	79,902
Total Drug Cost	\$1,439,880.16	\$1,304,424.48	\$1,607,713.93	\$1,467,764.83	\$1,668,572.76	\$1,595,061.50	\$1,516,249.37	\$1,566,650.66	\$1,652,735.60	\$1,702,918.40	\$1,605,144.24	\$1,655,971.40	\$18,783,087.33
Total Plan Paid	\$1,281,553.27	\$1,172,499.49	\$1,456,707.36	\$1,336,555.78	\$1,514,004.53	\$1,454,821.27	\$1,360,747.97	\$1,391,703.59	\$1,495,045.14	\$1,538,615.88	\$1,463,038.36	\$1,506,966.72	\$16,972,259.36
Total Member Paid	\$158,326.89	\$131,924.99	\$151,006.57	\$131,209.05	\$154,568.23	\$140,240.23	\$155,501.40	\$174,947.07	\$157,690.46	\$164,302.52	\$142,105.88	\$149,004.68	\$1,810,827.97
Total Ingredient Cost	\$1,430,342.24	\$1,297,230.05	\$1,597,327.43	\$1,459,109.71	\$1,661,099.74	\$1,587,266.36	\$1,509,045.25	\$1,558,335.04	\$1,626,112.32	\$1,664,641.97	\$1,582,311.13	\$1,639,491.10	\$18,612,312.34
Total Dispensing Fee	\$7,739.54	\$6,486.71	\$9,621.22	\$7,990.44	\$7,089.90	\$7,516.98	\$6,885.78	\$7,768.73	\$26,355.43	\$38,106.71	\$22,613.95	\$16,208.17	\$164,383.56
Total Sales Tax	\$152.38	\$133.21	\$110.78	\$88.18	\$99.10	\$112.16	\$21.84	\$54.84	\$21.84	\$33.21	\$45.06	\$35.02	\$907.62
Total Incentive Fee	\$1,646.00	\$574.51	\$654.50	\$576.50	\$284.02	\$166.00	\$296.50	\$492.05	\$246.01	\$136.51	\$174.10	\$237.11	\$5,483.81
% Plan Paid	89.0%	89.9%	90.6%	90.7%	90.7%	91.2%	89.7%	88.8%	90.5%	91.1%	90.4%	90.4%	90.4%
% Member Paid	11.0%	10.1%	9.4%	8.9%	9.3%	8.8%	10.3%	11.2%	9.5%	9.6%	8.9%	9.0%	9.6%
Avg Drug Cost / Rx	\$208.23	\$208.14	\$227.95	\$225.15	\$243.09	\$241.46	\$244.48	\$246.14	\$255.80	\$246.23	\$240.76	\$234.32	\$235.08
Avg Plan Paid / Rx	\$185.33	\$187.09	\$206.54	\$205.02	\$220.57	\$220.23	\$219.40	\$218.65	\$231.40	\$222.47	\$219.44	\$213.24	\$212.41
Avg Member Paid / Rx	\$22.90	\$21.05	\$21.41	\$20.13	\$22.52	\$21.23	\$25.07	\$27.49	\$24.41	\$23.76	\$21.31	\$21.08	\$22.66
Per Member Per Month													
Avg Rxs PMPM	0.65	0.58	0.65	0.60	0.62	0.60	0.56	0.57	0.58	0.62	0.60	0.63	0.61
Avg Drug Cost PMPM	\$134.47	\$121.34	\$148.63	\$134.82	\$151.30	\$144.68	\$136.32	\$141.03	\$148.99	\$153.61	\$144.76	\$148.54	\$142.45
Avg Plan Paid PMPM	\$119.68	\$109.07	\$134.67	\$122.77	\$137.29	\$131.96	\$122.34	\$125.28	\$134.77	\$138.79	\$131.95	\$135.18	\$128.71
Avg Member Paid PMPM	\$14.79	\$12.27	\$13.96	\$12.05	\$14.02	\$12.72	\$13.98	\$15.75	\$14.22	\$14.82	\$12.82	\$13.37	\$13.73
Drug Type													
% Single-Source Brand Rxs	15.2%	15.0%	14.9%	15.5%	16.9%	15.5%	14.5%	16.4%	18.1%	18.9%	16.9%	15.2%	16.1%
% Multi-Source Brand Rxs	0.6%	0.4%	0.4%	0.5%	0.3%	0.5%	0.4%	0.3%	0.6%	0.4%	0.4%	0.4%	0.4%
% Generic Rxs	84.2%	84.7%	84.6%	84.0%	82.8%	84.0%	85.1%	83.3%	81.3%	80.7%	82.8%	84.4%	83.5%
% Generic Efficiency	99.3%	99.6%	99.5%	99.4%	99.6%	99.4%	99.6%	99.6%	99.3%	99.6%	99.6%	99.5%	99.5%
Drug Channel													
% Retail Rxs	73.6%	73.8%	72.6%	72.8%	72.2%	71.3%	70.5%	71.7%	72.6%	72.3%	73.7%	73.8%	72.6%
% Retail 90 Rxs	21.1%	20.2%	20.5%	21.4%	21.3%	22.1%	23.4%	21.9%	21.0%	20.8%	20.2%	19.3%	21.1%
% Mail Rxs	5.3%	6.0%	6.9%	5.8%	6.5%	6.8%	6.1%	6.4%	6.4%	6.9%	6.1%	6.9%	6.3%
Specialty Drugs													
Total Specialty Rxs	104	83	94	95	103	95	96	99	102	109	107	95	1,182
Total Specialty Drug Cost	\$688,986.96	\$578,178.53	\$676,909.84	\$668,711.77	\$731,015.66	\$675,048.70	\$730,176.66	\$635,623.50	\$813,518.94	\$825,111.58	\$748,296.80	\$711,391.57	\$8,482,970.51
Total Specialty Plan Paid	\$637,453.30	\$542,429.74	\$642,536.56	\$645,041.46	\$698,429.38	\$647,433.58	\$693,008.43	\$598,280.32	\$778,012.75	\$785,149.62	\$718,231.67	\$687,983.90	\$8,073,990.71
Total Specialty Member Paid	\$51,533.66	\$35,748.79	\$34,373.28	\$23,670.31	\$32,586.28	\$27,615.12	\$37,168.23	\$37,343.18	\$35,506.19	\$39,961.96	\$30,065.13	\$23,407.67	\$408,979.80
% Specialty Rxs	1.5%	1.3%	1.3%	1.5%	1.5%	1.4%	1.5%	1.6%	1.6%	1.6%	1.6%	1.3%	1.5%
% Specialty of Total Drug Cost	47.9%	44.3%	42.1%	45.6%	43.8%	42.3%	48.2%	40.6%	49.2%	48.5%	46.6%	43.0%	45.2%
% Specialty of Total Plan Paid	49.7%	46.3%	44.1%	48.3%	46.1%	44.5%	50.9%	43.0%	52.0%	51.0%	49.1%	45.7%	47.6%
% Specialty of Total Member Paid	32.5%	27.1%	22.8%	18.0%	21.1%	19.7%	23.9%	21.3%	22.5%	24.3%	21.2%	15.7%	22.6%
Avg Specialty Rxs PMPM	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
Avg Specialty Drug Cost PMPM	\$64.34	\$53.78	\$62.58	\$61.42	\$66.29	\$61.23	\$65.65	\$57.22	\$73.34	\$74.43	\$67.49	\$63.81	\$64.33
Avg Specialty Plan Paid PMPM	\$59.53	\$50.46	\$59.40	\$59.25	\$63.33	\$58.72	\$62.30	\$53.86	\$70.14	\$70.82	\$64.78	\$61.71	\$61.23
Avg Specialty Member Paid PMPM	\$4.81	\$3.33	\$3.18	\$2.17	\$2.95	\$2.50	\$3.34	\$3.36	\$3.20	\$3.60	\$2.71	\$2.10	\$3.10
Avg Non-Specialty Rxs PMPM	0.64	0.58	0.64	0.59	0.61	0.59	0.55	0.56	0.57	0.61	0.59	0.63	0.60
Avg Non-Specialty Drug Cost PMPM	\$70.12	\$67.56	\$86.05	\$73.40	\$85.02	\$83.45	\$70.67	\$83.81	\$75.65	\$79.18	\$77.28	\$84.73	\$78.11
Avg Non-Specialty Plan Paid PMPM	\$60.15	\$58.61	\$75.27	\$63.52	\$73.95	\$73.23	\$60.03	\$71.42	\$64.64	\$67.97	\$67.17	\$73.46	\$67.48
Avg Non-Specialty Member Paid PMPM	\$9.97	\$8.95	\$10.78	\$9.88	\$11.06	\$10.22	\$10.64	\$12.39	\$11.01	\$11.22	\$10.10	\$11.27	\$10.63

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RXT1025DM - Comparative Executive Summary

Current Period: Date Filled From January 2023 Through December 2023

Previous Period: Date Filled From January 2022 Through December 2022

Client: Fresno City Employees Health and Welfare Trust Commercial Plan

Measures	Current Period	Previous Period	% Change
Membership			
Avg Eligible Members	10,989	10,408	5.6%
% Utilizing Members	5.2%	5.4%	-5.0%
Total Utilizing Members	6,800	6,779	0.3%
Avg Member Age	31.46	31.93	-1.5%
Rx and Cost			
Total Days Supply	3,249,324	3,185,021	2.0%
Total Rxs	79,902	79,746	0.2%
Total Drug Cost	\$18,783,087.33	\$15,689,288.94	19.7%
Total Plan Paid	\$16,972,259.36	\$14,325,783.47	18.5%
Total Member Paid	\$1,810,827.97	\$1,363,505.47	32.8%
Total Ingredient Cost	\$18,612,312.34	\$15,504,491.27	20.0%
Total Dispensing Fee	\$164,383.56	\$124,785.64	31.7%
Total Sales Tax	\$907.62	\$646.88	40.3%
Total Incentive Fee	\$5,483.81	\$59,365.15	-90.8%
% Plan Paid	90.4%	91.3%	-1.0%
% Member Paid	9.6%	8.7%	10.9%
Days Supply / Rx	40.67	39.94	1.8%
Drug Cost / Rx	\$235.08	\$196.74	19.5%
Plan Paid / Rx	\$212.41	\$179.64	18.2%
Member Paid / Rx	\$22.66	\$17.10	32.5%
Per Member Per Month			
Days Supply PMPM	24.64	25.50	-3.4%
Rxs PMPM	0.61	0.64	-5.1%
Drug Cost PMPM	\$142.45	\$125.62	13.4%
Plan Paid PMPM	\$128.71	\$114.70	12.2%
Member Paid PMPM	\$13.73	\$10.92	25.8%
Drug Type			
% Single-Source Brand Rxs	16.1%	16.8%	-4.2%
% Multi-Source Brand Rxs	0.4%	0.6%	-23.5%
% Generic Rxs	83.5%	82.7%	1.0%
% Generic Efficiency	99.5%	99.3%	0.2%
Drug Channel			
% Retail Rxs	72.6%	73.4%	-1.1%
% Retail 90 Rxs	21.1%	20.2%	4.2%
% Mail Rxs	6.3%	6.4%	-0.9%
Specialty Drugs			
Total Specialty Days Supply	37,162	33,401	11.3%
Total Specialty Rxs	1,182	1,104	7.1%
Total Specialty Drug Cost	\$8,482,970.51	\$7,310,200.53	16.0%
Total Specialty Plan Paid	\$8,073,990.71	\$7,054,660.63	14.4%
Total Specialty Member Paid	\$408,979.80	\$255,539.90	60.0%

% Specialty Rx's	1.5%	1.4%	6.9%
% Specialty of Total Drug Cost	45.2%	46.6%	-3.1%
% Specialty of Total Plan Paid	47.6%	49.2%	-3.4%
% Specialty of Total Member Paid	22.6%	18.7%	20.5%
Specialty Days Supply PMPM	0.28	0.27	5.4%
Specialty Rx's PMPM	0.01	0.01	1.4%
Specialty Drug Cost PMPM	\$64.33	\$58.53	9.9%
Specialty Plan Paid PMPM	\$61.23	\$56.48	8.4%
Specialty Member Paid PMPM	\$3.10	\$2.05	51.6%
Non-Specialty Rx's PMPM	0.60	0.63	-5.2%
Non-Specialty Drug Cost PMPM	\$78.11	\$67.09	16.4%
Non-Specialty Plan Paid PMPM	\$67.48	\$58.22	15.9%
Non-Specialty Member Paid PMPM	\$10.63	\$8.87	19.8%

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RXT1020DM - Executive Summary by Time Period

Date Filled From January 2023 Through December 2023

Client: Fresno City Employees Health and Welfare Trust EGWP

Measures	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	Rolling Total
Membership													
Avg Eligible Members	220	226	227	229	223	222	221	220	223	222	223	222	223
Total Utilizing Members	160	157	165	166	165	167	158	163	171	163	169	174	165
% Utilizing Members	72.7%	69.5%	72.7%	72.5%	74.0%	75.2%	71.5%	74.1%	76.7%	73.4%	75.8%	78.4%	73.9%
Avg Member Age	76.43	76.34	76.35	76.29	76.65	76.50	76.62	76.62	76.47	76.64	76.61	76.65	76.51
Rx and Cost													
Total Rxs	590	519	595	532	562	571	556	574	601	589	567	551	6,807
Total Drug Cost	\$121,594.85	\$98,948.96	\$116,405.77	\$102,663.48	\$109,546.45	\$132,746.61	\$96,380.86	\$108,681.42	\$137,167.86	\$132,423.97	\$115,187.74	\$122,420.27	\$1,394,168.24
Total Plan Paid	\$108,438.67	\$83,350.82	\$101,929.20	\$79,819.01	\$80,530.16	\$88,441.10	\$55,915.56	\$80,108.67	\$85,424.79	\$89,629.84	\$84,848.92	\$82,858.38	\$1,021,295.12
Total Member Paid	\$13,156.18	\$15,783.76	\$14,735.08	\$22,866.68	\$29,129.75	\$44,491.51	\$40,496.24	\$28,769.96	\$52,778.66	\$43,407.19	\$31,509.16	\$40,389.60	\$377,513.77
Total Ingredient Cost	\$121,222.89	\$98,635.55	\$116,024.57	\$102,356.03	\$109,198.45	\$132,416.46	\$96,001.81	\$108,276.07	\$136,425.06	\$131,851.47	\$114,498.29	\$121,818.17	\$1,388,724.82
Total Dispensing Fee	\$341.45	\$313.40	\$361.20	\$296.95	\$328.00	\$330.15	\$337.05	\$345.35	\$381.80	\$322.00	\$338.95	\$362.10	\$4,058.40
Total Sales Tax	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Incentive Fee	\$30.51	\$0.01	\$20.00	\$10.50	\$20.00	\$0.00	\$42.00	\$60.00	\$361.00	\$250.50	\$350.50	\$240.00	\$1,385.02
% Plan Paid	89.2%	84.2%	87.6%	77.7%	73.5%	66.6%	58.0%	73.7%	62.3%	67.7%	73.7%	67.7%	73.3%
% Member Paid	10.8%	16.0%	12.7%	22.3%	26.6%	33.5%	42.0%	26.5%	38.5%	32.8%	27.4%	33.0%	27.1%
Avg Drug Cost / Rx	\$206.09	\$190.65	\$195.64	\$192.98	\$194.92	\$232.48	\$173.35	\$189.34	\$228.23	\$224.83	\$203.15	\$222.18	\$204.81
Avg Plan Paid / Rx	\$183.79	\$160.60	\$171.31	\$150.04	\$143.29	\$154.89	\$100.57	\$139.56	\$142.14	\$152.17	\$149.65	\$150.38	\$150.04
Avg Member Paid / Rx	\$22.30	\$30.41	\$24.76	\$42.98	\$51.83	\$77.92	\$72.83	\$50.12	\$87.82	\$73.70	\$55.57	\$73.30	\$55.46
Per Member Per Month													
Avg Rxs PMPM	2.68	2.30	2.62	2.32	2.52	2.57	2.52	2.61	2.70	2.65	2.54	2.48	2.54
Avg Drug Cost PMPM	\$552.70	\$437.83	\$512.80	\$448.31	\$491.24	\$597.96	\$436.11	\$494.01	\$615.10	\$596.50	\$516.54	\$551.44	\$520.60
Avg Plan Paid PMPM	\$492.90	\$368.81	\$449.03	\$368.55	\$361.12	\$398.38	\$253.01	\$364.13	\$383.07	\$403.74	\$380.49	\$373.24	\$361.36
Avg Member Paid PMPM	\$59.80	\$69.84	\$64.91	\$99.85	\$130.63	\$200.41	\$183.24	\$130.77	\$236.68	\$195.53	\$141.30	\$181.94	\$140.97
Drug Type													
% Single-Source Brand Rxs	12.7%	11.6%	12.9%	12.4%	11.6%	13.3%	12.4%	10.3%	15.6%	14.1%	13.6%	15.2%	13.0%
% Multi-Source Brand Rxs	1.4%	1.0%	1.2%	1.3%	1.6%	1.2%	1.1%	0.5%	0.8%	1.2%	0.9%	0.2%	1.0%
% Generic Rxs	85.9%	87.5%	85.9%	86.3%	86.8%	85.5%	86.5%	89.2%	83.5%	84.7%	85.5%	84.6%	86.0%
% Generic Efficiency	98.4%	98.9%	98.6%	98.5%	98.2%	98.6%	98.8%	99.4%	99.0%	98.6%	99.0%	99.8%	98.8%
Drug Channel													
% Retail Rxs	50.8%	47.2%	47.2%	43.8%	48.2%	44.7%	46.9%	47.4%	46.6%	46.0%	49.7%	46.1%	47.1%
% Retail 90 Rxs	30.0%	35.6%	32.6%	36.5%	32.4%	31.0%	30.9%	31.5%	29.8%	31.6%	30.3%	32.3%	32.0%
% Mail Rxs	19.2%	17.1%	20.2%	19.7%	19.4%	24.3%	22.1%	21.1%	23.6%	22.4%	19.9%	21.6%	20.9%
Specialty Drugs													
Total Specialty Rxs	6	2	5	4	6	7	5	4	4	6	2	6	57
Total Specialty Drug Cost	\$35,990.34	\$23,382.36	\$24,167.18	\$22,169.48	\$30,363.52	\$31,474.99	\$14,693.33	\$37,905.19	\$25,003.14	\$29,461.20	\$21,674.66	\$28,846.15	\$325,131.54
Total Specialty Plan Paid	\$30,916.85	\$16,354.27	\$22,901.50	\$20,591.19	\$28,416.59	\$26,604.78	\$12,160.94	\$35,986.15	\$23,712.49	\$28,030.50	\$20,504.01	\$27,310.43	\$293,489.70
Total Specialty Member Paid	\$5,073.49	\$7,028.09	\$1,265.68	\$1,578.29	\$1,946.93	\$4,870.21	\$2,532.39	\$1,919.04	\$1,290.65	\$1,430.70	\$1,170.65	\$1,535.72	\$31,641.84
% Specialty Rxs	1.0%	0.4%	0.8%	0.8%	1.1%	1.2%	0.9%	0.7%	0.7%	1.0%	0.4%	1.1%	0.8%
% Specialty of Total Drug Cost	29.6%	23.6%	20.8%	21.6%	27.7%	23.7%	15.2%	34.9%	18.2%	22.2%	18.8%	23.6%	23.3%
% Specialty of Total Plan Paid	28.5%	19.6%	22.5%	25.8%	35.3%	30.1%	21.7%	44.9%	27.8%	31.3%	24.2%	33.0%	28.7%
% Specialty of Total Member Paid	38.6%	44.5%	8.6%	6.9%	6.7%	10.9%	6.3%	6.7%	2.4%	3.3%	3.7%	3.8%	8.4%
Avg Specialty Rxs PMPM	0.03	0.01	0.02	0.02	0.03	0.03	0.02	0.02	0.02	0.03	0.01	0.03	0.02
Avg Specialty Drug Cost PMPM	\$163.59	\$103.46	\$106.46	\$96.81	\$136.16	\$141.78	\$66.49	\$172.30	\$112.12	\$132.71	\$97.20	\$129.94	\$121.41
Avg Specialty Plan Paid PMPM	\$140.53	\$72.36	\$100.89	\$89.92	\$127.43	\$119.84	\$55.03	\$163.57	\$106.33	\$126.26	\$91.95	\$123.02	\$109.59
Avg Specialty Member Paid PMPM	\$23.06	\$31.10	\$5.58	\$6.89	\$8.73	\$21.94	\$11.46	\$8.72	\$5.79	\$6.44	\$5.25	\$6.92	\$11.82
Avg Non-Specialty Rxs PMPM	2.65	2.29	2.60	2.31	2.49	2.54	2.49	2.59	2.68	2.63	2.53	2.45	2.52
Avg Non-Specialty Drug Cost PMPM	\$389.11	\$334.37	\$406.34	\$351.50	\$355.08	\$456.18	\$369.63	\$321.71	\$502.98	\$463.80	\$419.34	\$421.51	\$399.19
Avg Non-Specialty Plan Paid PMPM	\$352.37	\$296.44	\$348.14	\$258.64	\$233.69	\$278.54	\$197.98	\$200.56	\$276.74	\$277.47	\$288.54	\$250.22	\$271.77
Avg Non-Specialty Member Paid PMPM	\$36.74	\$38.74	\$59.34	\$92.96	\$121.90	\$178.47	\$171.78	\$122.05	\$230.89	\$189.08	\$136.05	\$175.02	\$129.15

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RXT1025DM - Comparative Executive Summary

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Previous Period: Date Filled From January 2022 Through December 2022

Client: Fresno City Employees Health and Welfare Trust EGWP

Measures	Current Period	Previous Period	% Change
Membership			
Avg Eligible Members	223	225	-0.6%
% Utilizing Members	8.4%	8.7%	-3.7%
Total Utilizing Members	224	234	-4.3%
Avg Member Age	76.51	76.30	0.3%
Rx and Cost			
Total Days Supply	397,529	384,404	3.4%
Total Rxs	6,807	6,714	1.4%
Total Drug Cost	\$1,394,168.24	\$1,585,668.18	-12.1%
Total Plan Paid	\$1,021,295.12	\$1,252,930.82	-18.5%
Total Member Paid	\$377,513.77	\$332,737.36	13.5%
Total Ingredient Cost	\$1,388,724.82	\$1,580,422.89	-12.1%
Total Dispensing Fee	\$4,058.40	\$4,604.70	-11.9%
Total Sales Tax	\$0.00	\$0.00	0.0%
Total Incentive Fee	\$1,385.02	\$640.59	116.2%
% Plan Paid	73.3%	79.0%	-7.3%
% Member Paid	27.1%	21.0%	29.0%
Days Supply / Rx	58.40	57.25	2.0%
Drug Cost / Rx	\$204.81	\$236.17	-13.3%
Plan Paid / Rx	\$150.04	\$186.61	-19.6%
Member Paid / Rx	\$55.46	\$49.56	11.9%
Per Member Per Month			
Days Supply PMPM	148.44	142.64	4.1%
Rxs PMPM	2.54	2.49	2.0%
Drug Cost PMPM	\$520.60	\$588.37	-11.5%
Plan Paid PMPM	\$381.36	\$464.91	-18.0%
Member Paid PMPM	\$140.97	\$123.46	14.2%
Drug Type			
% Single-Source Brand Rxs	13.0%	12.8%	1.5%
% Multi-Source Brand Rxs	1.0%	1.1%	-4.1%
% Generic Rxs	86.0%	86.1%	-0.2%
% Generic Efficiency	98.8%	98.8%	0.0%
Drug Channel			
% Retail Rxs	47.1%	49.2%	-4.3%
% Retail 90 Rxs	32.0%	32.0%	0.1%
% Mail Rxs	20.9%	18.9%	11.0%
Specialty Drugs			
Total Specialty Days Supply	2,156	2,168	-0.6%
Total Specialty Rxs	57	64	-10.9%
Total Specialty Drug Cost	\$325,131.54	\$618,359.95	-47.4%
Total Specialty Plan Paid	\$293,489.70	\$582,911.31	-49.7%
Total Specialty Member Paid	\$31,641.84	\$35,448.64	-10.7%

% Specialty Rx's	0.8%	1.0%	-12.2%
% Specialty of Total Drug Cost	23.3%	39.0%	-40.2%
% Specialty of Total Plan Paid	28.7%	46.5%	-38.2%
% Specialty of Total Member Paid	8.4%	10.7%	-21.3%
Specialty Days Supply PMPM	0.81	0.80	0.1%
Specialty Rx's PMPM	0.02	0.02	-10.4%
Specialty Drug Cost PMPM	\$121.41	\$229.45	-47.1%
Specialty Plan Paid PMPM	\$109.59	\$216.29	-49.3%
Specialty Member Paid PMPM	\$11.82	\$13.15	-10.2%
Non-Specialty Rx's PMPM	2.52	2.47	2.1%
Non-Specialty Drug Cost PMPM	\$399.19	\$358.93	11.2%
Non-Specialty Plan Paid PMPM	\$271.77	\$248.62	9.3%
Non-Specialty Member Paid PMPM	\$129.15	\$110.31	17.1%

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Advancing PBM transparency and choice

Optum Rx is focused on transparency initiatives to improve choice, access and affordability of medications that drive better health outcomes for people.

Optum Rx plays essential roles in serving our customers...

Applying **clinical rigor** and providing unbiased, evidence-based reviews of drugs through our independent P&T Committee.

Providing a range of prescription **drug benefit options** that meet the needs of our diverse employer, union, health plan, and government customers.

Deploying innovative **clinical support programs** at each stage of a patient's health care journey, as well as tools to drive affordability.

Negotiating with drug manufacturers to **secure the lowest net cost** for our customers to enable them to control costs for their members.

We pass, on average, 98% of negotiated discounts to our customers. Our negotiated discounts and clinical tools deliver approximately \$1,600 in average annual drug savings per person.

Optum Rx is taking critical steps to enhance productive transparency for key stakeholders:

- Delivering consistent and predictable pricing information to help **consumers** and their **providers** make informed pharmacy decisions.
- Offering **clients** simplified contract pricing, proactive transparency reporting packages and all necessary information to make informed formulary and benefit decisions.
- Providing **community** and **independent pharmacies** with access to tools and data aimed at reducing administrative burdens, improving patient outcomes and smoothing cash flow.

Consumer transparency

Pharmacy is one of the most frequent touch points in an individual's health care journey, and Optum Rx is bringing forward transparent solutions that enable more predictability and simplicity while delivering savings.

Solutions available now

- Launched in 2023, Price Edge automatically provides members with lowest available drug price counting toward their deductible and out-of-pocket maximum, saving members on average \$7.98 per script for covered drugs and \$49.20 per script for non-covered drugs.
- PreCheck MyScript, introduced in 2017, gives consumers and providers real-time drug costs at the point of prescribing, saving on average \$225 per prescription.
- Proactive Savings Alerts notifies consumers of savings opportunities averaging \$58 per prescription.
- Preventive Drug List Program ensures access to preventive drugs for at-risk members, driving more than \$21 million in consumer out-of-pocket savings already in 2023.

Solutions coming soon

- By January 2024, reducing member costs for drugs included on our Critical Drug Affordability list by moving life-saving medications to the lower-cost tier.
- By January 2024, the majority of branded insulins will be available at the lowest cost tier across our standard formularies.
- For individuals in high deductible health plans, typically with greater out-of-pocket costs, adding more preventive drug list options to support those at risk of developing related health conditions.

Client transparency

Optum Rx is making pharmacy benefits more transparent so clients – including employers, unions, health plans and governments – can make more informed decisions on prescription drug coverage for their members.

Solutions available now

- Cost Made Clear, a portfolio of new network payment models, provides additional pass-through solutions based on drug ingredient cost at cost parity to traditional discount-driven payment models.
- Clients, consultants, policymakers and other third parties can observe monthly Pharmacy & Therapeutics Committee meetings where clinical review and recommendations are made to guide formulary decisions.
- Standard rebate and formulary savings reporting fully compliant with federal regulations, as well as an annual audit by a mutually agreed upon auditor.

Solutions coming soon

- Enhancing existing client reporting required by the Consolidated Appropriations Act, with new bilateral client portal capabilities and self-service reporting.
- We remain committed to positioning lowest cost products on our formularies with relevant drug level information provided to clients to help clients manage and understand formulary decisions.

Community pharmacy transparency

Optum Rx is providing community and independent pharmacies with new capabilities to support access to whole person care, address social determinants, improve outcomes for the patients they serve and help them remain competitive.

Solutions available now

- In 2023, we improved pharmacy self-service capabilities for reporting, access to claims and payment data to ease administrative burdens and manage revenue.
- We narrowed brand drug reimbursement ranges and do not engage in the practice of retroactive recoupment* with pharmacy services administrative organization-affiliated and non-affiliated pharmacies.
- In June, we launched pilot partnerships to help community pharmacists serving rural communities generate additional revenue by connecting their patients with local services addressing social determinants of health.

Solutions coming soon

- Later this year, we will offer pharmacy partners predictive analytics and reconciliation tools to further reduce administrative burden and allow more time to focus on patient care.
- In 2024, we will build upon partnerships that help independent and community pharmacies increase their revenue beyond dispensing with programs that assist in expanding access to care and promoting better health outcomes.

**Does not apply to reconciliation processes or recoupment related to fraud, waste and abuse.*



Preventive care medications

\$0 cost share medications & products^{1,2,3,5}

Effective Jan. 1, 2024



Under the health reform law (Affordable Care Act), benefit plans must cover certain preventive care medications at 100% – without charging a copay, coinsurance or deductible.

These products include:

- U.S. Preventive Services Task Force A & B Recommendation medications
- Food and Drug Administration (FDA)-approved prescription and over-the-counter (OTC) birth control (contraceptives).
- Flu shot and other vaccines

In support of this law, Optum Rx is offering this updated list of no-cost preventive care medications.

You can use your Optum Rx member ID card to get the products on this list for no cost if they are:

- Prescribed by a health care professional
- Age- and condition-appropriate
- Filled at a network pharmacy

To find a network pharmacy, log on to **optumrx.com**, select *Pharmacy Locator* on the right hand side of the screen and enter your zip code or call the number on your Optum Rx member ID card. If you get these medications or products from an out-of-network pharmacy, you may have to pay the full cost for them.

U.S. Preventive Services Task Force A & B Recommendation Medications and Supplements⁴

A prescription is required to get these medications and supplements at no cost - even though most are available over-the-counter (OTC).

Medication/Supplement	Reason
OTC	
Aspirin - 81 mg	Prevent preeclampsia during pregnancy
Folic acid 400 & 800 mcg Prenatal vitamins with 400 - 800 mcg of folic acid	Prevent birth defects
Bisacodyl EC Tab	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.
Magnesium Citrate Solution	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.
PEG 3350 (generic Miralax) <i>Only the OTC product may be covered at \$0 cost share. The prescription version of this product may be covered with a copay or coinsurance depending on your plan.</i>	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.
Prescription	
Generic Colyte sold as: PEG-3350/electrolytes Gavilyte-C	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.
Generic Golytely sold as: PEG-3350/electrolytes Gavilyte-G	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.
Generic Nulytely sold as: PEG-3350/NaCl/NaBicarbonate/KCl	Bowel preparation for colonoscopy needed for preventive colon cancer screening. Limit of two \$0-cost fills per year.
Fluoride chew tablets, drop (not toothpaste, rinses)	Prevent dental cavities if water source is deficient in fluoride

Tobacco Cessation Medications⁴

If you need help to quit smoking or using tobacco products, these preventive medications are available at \$0 cost share. Up to 180 days of treatment are covered at no cost each year. Maximum daily dose quantity limits apply. To qualify, you need to:

- Be age 18 or older
- Get a prescription for these products from your doctor, even if the products are sold over-the-counter (OTC)
- Fill the prescription at a network pharmacy

OTC Medications

Nicotine Replacement Gum

Nicotine Replacement Lozenge

Nicotine Replacement Patch

Prescriptions

Bupropion Sustained-Release Tablet

Varenicline Tablet

***These prescription medications are covered after members have tried:
1) One OTC nicotine product and 2) bupropion sustained-release separately.***

Nicotrol Inhaler

Nicotrol Nasal Spray

Human Immunodeficiency Virus Preventive Medications⁴

For members who are at a higher risk of becoming infected with human immunodeficiency virus (HIV) but are not yet infected, these preventive medications are available at \$0 cost share. To qualify, a member must:

- Be at increased risk for first-time infection with HIV
- Obtain copay waiver

Most plans cover these medications at normal cost share for the treatment of HIV infection. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share for primary prevention, if you meet the coverage criteria. If you qualify, you can receive these drugs at \$0 cost share.

HIV PrEP medications currently available at \$0

Drug name	Coverage
emtricitabine-tenofovir disoproxil fumarate 200-300mg (generic Truvada)	Copay waiver required for \$0. (Truvada available if unable to take generic)
tenofovir (generic Viread)	Copay waiver required for \$0.
Apretude	Copay waiver required for \$0. (Apretude available if unable to take generics listed above)
Descovy	Copay waiver required for \$0. (Descovy available if unable to take generics listed above)

If you have more questions about current coverage of HIV PrEP medications, please contact your Optum Rx representative.

Breast Cancer Preventive Medications⁴

For members who are at a higher risk for breast cancer but have not had breast cancer, these preventive medications are available at \$0 cost share. To qualify, a member must:

- Be age 35 or older
- Be at increased chance for the first occurrence of breast cancer – after risk assessment and counseling
- Obtain copay waiver

Most plans cover these medications at normal cost share for the treatment of breast cancer, to prevent breast cancer recurrence and for other indications. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share for primary prevention, if you meet the coverage criteria. If you qualify, you can receive these drugs at \$0 cost share for up to 5 years, minus any time you have been taking them for prevention.

Breast Cancer Medications (prescription)	
anastrozole	
exemestane	
raloxifene	
tamoxifen	

Statin Preventive Medications⁴

The U.S. Preventive Service Task Force recommends that adults without a history of cardiovascular disease (CVD) – symptomatic coronary artery disease or stroke – use a statin for the primary prevention of CVD events in individuals who meet the following criteria:

- Are age 40-75, **and**
- Have one or more cardiovascular risk factors (high cholesterol, diabetes, hypertension, or smoking), **and**
- Have an estimated 10-year risk of a cardiovascular event of 10% or greater.

Statin Medications (prescription)	
lovastatin (generic Mevacor) – All strengths (Ages 40-75 years)	
*atorvastatin (generic Lipitor) 10 & 20 mg	(Copay waiver review required to confirm risk of CVD)
*simvastatin (generic Zocor) 5, 10, 20 & 40 mg	(Copay waiver review required to confirm risk of CVD)
*These medications are typically covered at the customary cost share amount for your plan. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share for primary prevention, if you meet the above coverage criteria.	

Women's Health: Birth Control Products

For members who would like to consider family planning options, these preventive medications are available at \$0 cost share. A Health Care Reform copay waiver request form can be submitted by a member's provider to request \$0 cost share if the provider determines that a particular contraceptive is medically necessary but not on the contraceptive list.

Birth Control Caps & Diaphragms (Cervical)

Caya
Femcap
Omniflex
Wide-Seal

Combination Birth Control Pills

Four Phase Birth Control Pills:

Natazia

Generic Alesse & Levlite sold as:

Afirmelle
Aubra EQ
Aviane
Delyla
Falmina
Lessina
Levonor/Ethin
Lutera
Orsythia
Sronyx
Tyblume CHW
Vienna

Generic Beyaz sold as:

Drospire/Eth Estr/Lev

Generic Brevicon 0.5/35 & Modicon 0.5/35 sold as:

Necon 0.5/35
Nortrel 0.5/35
Wera 0.5/35

Generic Cyclessa Pak sold as:

Velivet Pak

Generic Demulen 1/35 sold as:

Ethy Eth Est 1/35
Kelnor 1/35
Zovia 1/35

Generic Demulen 1/50 sold as:

Ethynodiol 1/50
Kelnor 1/50

Generic Desogen-28 & Ortho-Cept sold as:

Apri
Cyred EQ
Deso/Ethinyl Estradiol
Enskyce
Isibloom
Juleber
Kalliga
Reclipsen
Solia

Generic Estrostep FE sold as:

Noreth/Ethin FE
Tilia FE
Tri-Legest FE

Generic Femcon FE chewable sold as:

Nore/Eth/Fer CHW
Wymzya FE CHW

Generic Generess FE chewable sold as:

Kaitlib FE CHW
Layolis FE CHW
Noreth/Ethin FE CHW

Generic Loestrin 24 FE sold as:

Aurovela 24 FE
Blisovi 24 FE
Hailey 24 FE
Junel 24 FE
Larin 24 FE
Microgestin 24 FE
Tarina 24 FE

Generic Loestrin 1/20 sold as:

Aurovela 1/20
Junel 1/20
Larin 1/20
Microgestin 1/20
Noreth/Ethin 1/20

Generic Loestrin 1.5/30 sold as:

Aurovela 1.5/30
Hailey 1.5/30
Junel 1.5/30
Larin 1.5/30
Microgestin 1.5/30
Noreth/Ethin 1.5/30

Generic Loestrin FE 1/20 sold as:

Aurovela FE 1/20
Blisovi FE 1/20
Hailey FE 1/20
Junel FE 1/20
Larin FE 1/20
Microgestin FE 1/20
Noreth/Ethin FE 1/20
Tarina FE 1/20 EQ

Generic Loestrin FE 1.5/30 sold as:

Aurovela FE 1.5/30
Blisovi FE 1.5/30
Hailey FE 1.5/30
Junel FE 1.5/30
Larin FE 1.5/30
Microgestin FE 1.5/30
Nor/Est/FF 1.5/30

Generic Lo/Ovral-28 sold as:

Cryselle-28
Elinest
Low-Ogestrel

Generic LoSeasonique sold as:

Camrese Lo
Levonor/Ethin Estradiol
Lojaimiess

Generic Lybrel 90-20mcg sold as:

Amethyst 90-20mcg
Dolishale 90-20mcg
Levo-Eth Est 90-20mcg

Generic Minastrin 24 CHW FE sold as:

Charlotte 24 CHW FE
Finzala CHW FE
Noreth/Ethin CHW FE

Generic Mircette 28 Day sold as:

Azurette
Deso/Ethinyl Estradiol
Kariva
Pimtrex
Simliya
Viorele
Volnea

Generic Nordette-28 sold as:

Altavera
Ayuna
Chateal Eq
Kurvelo
Levonor/Ethin Estradiol
Levora-28
Marlissa
Portia-28

Generic Ortho-Cyclen sold as:

Estarylla
Mili
Mono-Linyah
Norgest/Ethin
Nymyo
Sprintec 28
Vylibra

For eligible prescriptions — you can get a 3-month supply of your medication mailed to you with no cost for standard shipping.

Women's Health: Birth Control Products continued

Generic Ortho-Novum 1/35 & Norinyl 1/35 sold as:

Alyacen 1/35
Dasetta 1/35
Necon 1/35
Nortrel 1/35
Nylia 1/35
Pirmella 1/35

Generic Ortho-Novum 7/7/7 sold as:

Alyacen 7/7/7
Dasetta 7/7/7
Nortrel 7/7/7
Nylia 7/7/7
Pirmella 7/7/7

Generic Ortho Tri-Cyclen sold as:

Norgest/Ethi Estradiol
Tri-Estaryll
Tri Femynor
Tri-Linyah
Tri-Mili
Tri-Nymyo
Tri-Sprintec
Tri-Vylibra
Trinessa

Generic For Ortho Tri-Cyclen Lo sold as:

Norgest/Ethi Estradiol
Tri-Lo-Estaryll
Tri-Lo-Marzia
Tri-Lo Mili
Tri-Lo-Sprintec
Tri-Vylibra Lo

Generic Ovcon-35

sold as:

Balziva
Briellyn
Philith
Vyfemla

Generic Quartette

sold as:

Fayosim
Levonor/Ethi Estradiol
Rivelsa

Generic Safyral sold as: Dros/Eth Est Levomefo Tydemy

Generic Seasonale

sold as:

Iclevia
Introvale
Jolessa
Levonor/Ethinyl Estradiol
Setlakin

Generic Seasonique

sold as:

Amethia
Ashlyna
Camrese
Daysee
Jaimiess
Levonor/Ethi Estradiol
Simpesse

Generic Taytulla sold as:

Gemmily
Merzee
Nore/Eth/Fer
Taysofy

Generic Tri-Norinyl

sold as:

Aranelle
Leena

Generic Triphasil sold as:

Enpresse-28
Levonest
Levonor/Ethi
Trivora-28

Generic Yasmin 28

sold as:

Drospir/Ethi
Ocella
Syeda
Zumandimine

Generic Yaz sold as:

Drospir/Ethi
Drospirenone/Ethyl Est
Jasmiel
Lo-Zumandimine
Loryna
Nikki
Vestura

Progestin Only Birth Control Pills

Generic Ortho Micronor & Nor-QD sold as:

Camila
Deblitane
Errin
Heather
Incassia
Jencycla
Lyleq
Lyza
Nora-BE
Norethindrone
Norlyda
Norlyroc
Sharobel

Birth Control Rings (Vaginal)

Generic NuvaRing

sold as:

Annovera
EluRyng
Etonogestrel/Ethyl
Estradiol
Haloette

Birth Control Patches (Transdermal)

Generic Ortho Evra

sold as:

Xulane
Zafemy

Birth Control Shots (Injection)

Generic Depo-Provera

sold as:

Medroxyprogesterone
150 mg/ml IM

Emergency Birth Control

ella

Over-The-Counter (OTC) Birth Control

(must have a prescription and get them from a network pharmacy for Optum Rx to cover the costs)

Contraceptive films
(e.g. VCF Vaginal)

Contraceptive foams
(e.g. VCF Vaginal Aer)

Contraceptive gels
(e.g. Gynol II, Shur-Seal, VCF Vaginal)

Condoms:
Various OTC condoms
(e.g., Durex, Kimono, Trustex)
FC2 Female

Generic emergency birth control
(e.g. Aftera, EContra EZ, EContra OS, Levonorgestrel tablet, My Choice, My Way, New Day, Opcicon, Option 2, React, Take Action)

Today Sponge

Encare Suppository

Birth Control IUDs and Implants

Kyleena
Liletta
Mirena
Nexplanon
Paragard
Skyla
(Some methods of birth control, such as IUDs and implants, may be available through your medical benefit and not your pharmacy benefit.)

For eligible prescriptions — you can get a 3-month supply of your medication mailed to you with no cost for standard shipping.

Flu Shot and Immunizations

Plans must provide coverage without cost sharing for immunizations that are recommended for routine use by the Advisory Committee on Immunization Practices (ACIP), a federal committee comprised of immunization experts that is convened by the Centers for Disease Control and Prevention. Immunizations may be covered by your medical benefit and not your pharmacy benefit.

Many immunizations can be obtained on a walk-in basis by presenting the Optum Rx member ID card at the time of service. Members should review their benefit plan to determine coverage for immunizations.

Routine Immunizations⁶

Age restrictions or limitations may apply. Check with your network pharmacy for specific age, flu shot and immunization requirements.

Flu Shots

Flu (Influenza)

Afluria Quad	Flublok Quad	FluMist Quad
Fluad Quad	Flucelvax Quad	Fluzone High-Dose Quad
Fluarix Quad	Flulaval Quad	Fluzone Quad

Other Immunizations

COVID-19

Dengue

Dengvaxia (copay waiver required to determine eligibility)

Hepatitis A

Havrix, Vaqta

Hepatitis B

Engerix-B, Heplisav-B, Recombivax-HB, PreHevbrio

Hepatitis A/Hepatitis B

Twinrix

Human Papilloma Virus (HPV) – Vaccine prevents HPV related cancers (ages 9 - 26 years)

Gardasil 9

Measles, Mumps, Rubella

M-M-R II, PRIORIX

Meningococcal – Vaccine prevents meningitis Groups A, C, Y and W-135

Menactra, Menquadfi, Menveo

Meningococcal – Vaccine prevents meningitis Group B

Bexsero, Trumenba

Pneumococcal – Vaccine prevents pneumonia

Prevnar 13, Pneumovax 23, Vaxneuvance, Prevnar 20

Poliovirus

Ipol

Respiratory Syncytial Virus (RSV)

Abrysvo (for pregnant individuals only), Beyfortus (age up to 24 months)

Tdap – Vaccine prevents tetanus, diphtheria, pertussis

Adacel, Boostrix

Td – Vaccine prevents tetanus and diphtheria

TDVax, Tenivac

Varicella – Vaccine prevents chicken pox

Varivax

Zoster – Vaccine prevents shingles

Shingrix

Ask your employer or check your plan documents for your plan's specific coverage details.

Not all immunizations on this list are available at all network pharmacies. Contact your local network pharmacy to confirm immunization availability.

Frequently asked questions

Preventive Care Medications Coverage

What Preventive Care Medications are available at no cost?

Look at the list in this document, log on to optumrx.com, or call the number on your Optum Rx member ID card for a list of medications covered at \$0 cost share.

Please note, in order to get coverage at no cost for preventive care medications and products (including over-the-counter) you will need a prescription from your doctor.

What happens if a generic medication becomes available?

Prescription brand products may be replaced by newly launched FDA approved generic equivalents.

What if my doctor says I need a birth control product that is not on this list?

This list includes at least one form of birth control from each category of FDA-approved, -cleared and -granted contraceptives typically available through your pharmacy benefit. If your doctor prescribes birth control not on our list that is medically necessary, Optum Rx will cover that recommended drug or product at no cost to you through our Health Care Reform copay waiver review process. Just call the number on your Optum Rx member ID card, and ask how to get coverage.

Some methods of birth control, such as IUDs and implants, may be available through your **medical benefit** and not your pharmacy benefit.

Is my plan required to cover contraceptives?

Some plans may not have coverage for contraceptives if your employer elects a religious or moral exemption. Also, for employers who elect a religious or moral accommodation, Optum Rx may provide or arrange for separate contraceptive coverage for those employers' members as allowed by the health reform law.

If I'm at risk for preeclampsia during pregnancy, how can I get low-dose aspirin for no cost?

Low-dose or baby aspirin (81 mg) is available at no cost to pregnant women at risk for preeclampsia. If you are pregnant and at risk for preeclampsia, talk to your doctor about whether low-dose aspirin can help. If so, your doctor can give you a prescription for low-dose aspirin which can be filled at no cost to you at a network retail pharmacy.

If I need to take preparation medications before a preventive colonoscopy, how can I get these for no cost?

If you are scheduled for a preventive colonoscopy, ask your doctor for a prescription for one of the no cost preparation medications. You can fill this prescription at a retail network pharmacy at no cost to you. Note: There is a limit of two \$0-cost fills per year.

What if my doctor prescribes a preparation medication for my preventive colonoscopy that is not on this list?

You can ask your doctor for a prescription for one of the medications on this list that your doctor feels would work for you. For some medical reasons, your doctor may decide you need a medication that is not on this list to prepare for your preventive colonoscopy. If so, you can request the medication you need by calling the number on your Optum Rx member ID card, and asking how to get coverage at no cost.

If you need a prescription medication to prepare for a colonoscopy that is **not preventive**, these medications may still be covered with a copayment or coinsurance.

How can I get preventive medications to help me stop using tobacco for no cost?

If you are age 18 or older and want to quit using tobacco products, talk to your doctor about medications that can help. If your doctor decides this therapy is right for you, they may prescribe a generic over-the-counter or prescription medication.

The tobacco cessation products on this list are available at no cost to you if they are:

- Prescribed by your doctor
- Filled at a network pharmacy
- Meet use and quantity guidelines

If I'm at risk for HIV (Human Immunodeficiency Virus) but have not been infected, how can I get preventive drugs for \$0 cost share?

If you are a member not yet infected with HIV, talk to your doctor about your risk of getting HIV. If your doctor decides this treatment is appropriate for you, your doctor may offer to prescribe risk-reducing medications. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share if you meet the coverage criteria.

Frequently asked questions continued

What if my doctor says I need an HIV PrEP medication that is not on this list?

If your doctor prescribes an HIV PrEP medication not on our list for medical reasons, Optum Rx will cover that recommended drug at no cost to you through our Health Care Reform copay waiver review process. Just call the number on your Optum Rx member ID card, and ask how to get coverage.

If I'm at risk for breast cancer but have not had it, how can I get preventive drugs for \$0 cost share?

If you are a member age 35 or older, talk to your doctor about your risk of getting breast cancer if you have not had it. If your doctor decides this treatment is appropriate for you, your doctor may offer to prescribe risk-reducing medications, such as raloxifene or tamoxifen. Your doctor must submit a Health Care Reform copay waiver review form to request \$0 cost share if you meet the coverage criteria.

If I'm at risk for cardiovascular disease, how can I get statin medications at no cost to me?

If you are a member age 40–75, and at risk for cardiovascular disease, your doctor may offer to prescribe statin medications. Select statins are covered at no cost share for people who have certain risk factors for cardiovascular disease. Depending on the medication, your doctor may need to submit a Health Care Reform copay waiver review form to request \$0 cost share if you meet coverage criteria.

Will this drug list change?

Drug lists can and do change, so it's always good to check. You can find the most updated information by:

- Logging in to **optumrx.com**, or
- Calling the number on your Optum Rx member ID card.

Are the no cost preventive care medications available at both retail and home delivery pharmacies?

Preventive care medications are available at network retail pharmacies. Most are also available at the Optum® Home Delivery Pharmacy for plans with a home delivery benefit. For example, the Optum Home Delivery Pharmacy can mail a 3-month supply of your medication right to you with no cost for standard shipping. That means you can order 4 times a year instead of making 12 trips to pick up your medication. To start using home delivery, just call the number on your Optum Rx member ID card.

What if the health care reform law requirements for preventive care medication coverage change?

If the law requiring plans to provide preventive care medications at no cost changes, information on how your costs may change will be available to you by:

- Logging in to **optumrx.com**, or
- Calling the number on your Optum Rx member ID card.

1. Please note this list is subject to change.
2. Always refer to your benefit plan materials to determine your coverage for medications and cost share. Some medications may not be covered under your specific benefit. Where differences are noted, the benefit plan documents will govern.
3. All branded medications are trademarks or registered trademarks of their respective owners.
4. The listed age limits are based on U.S. Preventive Services Task Force Recommendations; coverage for additional populations may also apply as required.
5. If your pharmacy benefit plan is grandfathered under the ACA, these drugs may be covered at the normal cost share.
6. Not all vaccines on this list are available at all participating pharmacies. Members should contact their participating pharmacy of choice to confirm vaccine availability.



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From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Friday, December 29, 2023 3:23 PM
To: Martinez, Carolyn
Subject: Jan. 1, 2024, Optum Rx formulary cycle email notifications incorrectly branded



Jan. 1, 2024, Optum Rx formulary cycle email notifications incorrectly branded

This notice is to inform you that Optum Rx disruption emails were sent to members incorrectly using UnitedHealthcare (UHC) incorrect effective date. All impacted members received correct information in the mailed letter – this issue was limited to email.

Root Cause

A manual data file of members with formulary disruptions was created that was missing a crucial field that ensured the correct email was sent to members. The missing field resulted in all emails defaulting to the UHC branded email version. Although the email was not sent, no live proofs were produced using the final production file resulting in a missed opportunity to catch the data field issue.

Mitigation Steps

- An apology email was sent to all impacted members on December 8th.
- Talking points about this issue have been provided to Optum Rx customer service teams.

Corrective Action Plan

- In the short-term, Optum Rx is working to remove default logic from the formulary disruption email configuration process to a default UHC experience. Additionally, the team will be running mock production data thru the final production scenario to ensure the process is working as expected before future email sends. Full sign-off will be on additional email communications.
- Optum Rx will be working to evaluate and implement a full end-to-end testing program to ensure multiple layers of testing as well as an enhanced production review prior to go live.

We sincerely apologize for this error and member confusion. If you have questions about this issue, please let me know.

Sincerely,
Carolyn

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

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



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From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Friday, December 29, 2023 3:27 PM
To: Martinez, Carolyn
Subject: California, Massachusetts, and Vermont Abortion & Abortion Related Care Coverage Mandate **Action Required**



California, Massachusetts, and Vermont Abortion & Abortion Related Care Coverage Mandate

Dear Fresno City Employees Health and Welfare Trust,

Effective January 1st, 2023, under California and Massachusetts law, abortion (including abortifacients or medications used to terminate pregnancy, such as Mifepristone (brand Mifeprex) and abortion related care must be covered at \$0 cost share and bypass deductible. The same mandate will be required under Vermont law effective January 1st, 2024. The Optum Rx Pharmacy and Therapeutics (P&T) Committee reviewed and designated Mifepristone as an Essential Drug due to substantial data supporting its efficacy and safety. As an Essential Drug, mifepristone has been included on all Optum Rx standard formularies: Select, Premium and Premium Value Formularies.

Please determine if you are required to comply with any of the mandated state benefit laws. If you would like to opt-in to coverage of abortion and abortion related care at \$0 cost share, please let me know. If you believe that you are subject to state or local laws that restrict coverage of abortion, an abortifacient exemption policy is available. Please reach out to me directly if you believe you are exempt from this mandate, and I will set up time for us to discuss next steps as it relates to the exemption process.

Sincerely,

Carolyn

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

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Optum

Upcoming PTO Alert:
Business Travel:
Office Closure: 1/1

2024 Coverage Gap Discount Issues for Medicare EGWP Plans



December 29, 2023

The purpose of this communication is to notify Optum Rx clients of two issues that are exclusive to Medicare Part D Employer Group Waiver Plans (EGWPs) and were identified on December 20, 2023 during post deployment testing of the December system release. Once identified, internal teams immediately began to discuss potential configuration solutions that could be deployed before yearend, that would not require a system fix. On December 26, 2023, Optum Rx determined that a system fix would be required, and began to discuss mitigation actions to minimize potential member disruption. Due to the high complexity of the defect, scenarios needed to be isolated prior to providing a detailed communication. Optum Rx drafted a client communication and provided to Account Teams on December 28, 2023, however pulled it back due to identifying additional impact and revisiting the mitigation strategy. Due to this, some clients may not have received the initial communication.

Issue 1: Incorrect member cost share when the claim touches the gap phase

Summary

Two scenarios exist, both relating to claims touching the coverage gap phase of the benefit, that could result in inaccurate member cost share. Impacted claims can either occur fully in the gap phase, or cross into or out of the gap phase (aka “straddle claims”).

Scenario 1: Overpayment

- The coverage gap discount for non-IRA (i.e., non-insulin and non-vaccine) EGWP claims may, in some instances, not be applied or may apply an incorrect discount when the claim is in the gap phase or crosses over into or from the gap phase.
- Example:
 - Total Drug Cost is \$1,832.25 with \$236.82 falling into the gap; the remaining drug cost falls into the catastrophic phase.
 - The Member Cost Share under the Defined Benefit (DB) Plan is 25% of drug cost falling into the gap or \$59.21.
 - The EGWP benefit will reduce the DB cost share based on the details of the specific plan.
 - The Coverage Gap Brand Discount under the DB plan is 70% of drug cost falling into the gap or \$165.77.
 - Due to the identified defect, RxClaim is replacing the DB member cost share with the member's remaining True Out Of Pocket (TrOOP) cost falling into the coverage gap. Accordingly, no Brand Discount is calculated.

	Expected Claim Outcome	Issue as of 1/1/2024
Coverage Gap Brand Discount	\$165.77	\$0
Member cost share	\$59.21	\$224.98

Scenario 2: Negative patient pay

- In rare instances, a coding error causes the True-Out-of-Pocket (TrOOP) amount in the gap phase to be negative for non-insulin claims.
- When the brand discount is applied in this situation, the member's cost share is reduced in error which may result in \$0 member cost share and/or negative patient pay.

Mitigation Solution and Oversight

The primary goal of mitigation solutions is to ensure members receive their medications at the point of sale without disruption. Optum Rx is currently discussing options for our retail and mail order networks to mitigate member impact from this issue. Optum Rx expects to finalize internal discussions and have an effective and timely mitigation strategy in place as of January 1, 2024. We are also in the process of notifying our network pharmacies.

Another communication with details of the mitigation solution will be sent.

Permanent Solution

A system fix will be implemented mid-January 2024. More information will be provided in a future communication. Once the fix is implemented, Optum Rx will conduct all downstream actions necessary to update claims and Prescription Drug Event (PDE) records.

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2024 Coverage Gap Discount Issues for Medicare EGWP Plans



Issue 2: RxClaim display issue for Part D covered insulin EGWP claims

Summary

When a member receives a Part D covered insulin, the member's cost share is accurate and the claim progresses through benefits appropriately; however, RxCLAIM shows the drug spend exceeding the MOOP limit incorrectly. This is an issue with how RxClaim is displaying the information only and does not impact member benefits and claims processing.

There is no member or PDE impact from this issue. Optum Rx has not identified any downstream implications for this issue however research is underway and follow up communication will be provided once confirmed.

Resolution

- A system enhancement will include code that will resolve the issue.
- Additional information will be provided in future IRA related communications, including the enhancement installation date.

DELTA DENTAL SELF-FUNDED FINANCIAL REPORT PACKAG

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

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FRESNO CITY EES HEALTH & Group Number: 00273

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3	DATA TABLE FOR CLAIM LAG IN GROUP SUMMARY AND BY DIVISION



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

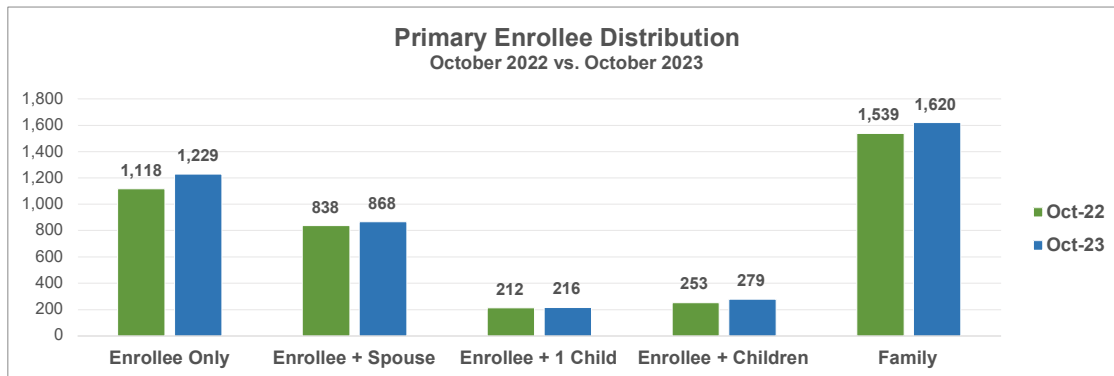
Paid Period: November 1, 2021 - October 31, 2022 compared to November 1, 2022 - October 31, 2023

Financial Summary

- For paid period ended October 31, 2023, the group had an average exposure of 4,127 primary enrollees. This represents a year / year increase of 7.0% from the previous period's average exposure of 3,857 primary enrollees.
- For the current period, claims paid PEPM was \$65.46, compared to \$67.85 during the previous period; This represents a year / year decrease of 3.5%.
- During the current period, 70.8% of primary enrollees had enrolled dependents vs. 73.2% of primary enrollees during the previous period.

	11/1/2021 - 10/31/2022	11/1/2022 - 10/31/2023
<i>Claims Paid</i>	\$3,140,207	\$3,242,105
<i>Exposure**</i>	46,280	49,528
<i>Avg. Exposure</i>	3,857	4,127
<i>Avg. Member Count</i>	10,426	10,970

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



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



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

Paid Period: November 1, 2021 - October 31, 2023

Date	Number of Claims	Paid Amount	Enrollee Only	Enrollee + Spouse	Enrollee + 1 Child	Enrollee + Children	Family	Total Primary Enrollees	Adult Dependents	Child Dependents	Total Members
Nov-21	1,437	\$249,183	931	817	216	236	1,553	3,753	2,371	4,201	10,325
Dec-21	1,638	\$273,242	958	815	214	232	1,556	3,775	2,372	4,178	10,325
Jan-22	1,223	\$196,436	965	818	212	233	1,552	3,780	2,373	4,180	10,333
Feb-22	1,471	\$229,950	985	821	212	234	1,549	3,801	2,372	4,180	10,353
Mar-22	1,786	\$293,816	1,015	827	210	235	1,548	3,835	2,376	4,181	10,392
Apr-22	1,438	\$235,910	1,037	825	208	236	1,547	3,853	2,373	4,171	10,397
May-22	1,651	\$283,029	1,042	826	215	236	1,540	3,859	2,367	4,165	10,391
Jun-22	1,862	\$279,061	1,063	826	216	234	1,538	3,877	2,365	4,176	10,418
Jul-22	1,419	\$269,909	1,069	836	219	248	1,532	3,904	2,370	4,225	10,499
Aug-22	1,583	\$277,857	1,092	829	217	251	1,530	3,919	2,361	4,211	10,491
Sep-22	1,718	\$290,129	1,109	838	216	255	1,546	3,964	2,386	4,267	10,617
Oct-22	1,525	\$261,683	1,118	838	212	253	1,539	3,960	2,379	4,233	10,572
Nov-22	1,460	\$238,555	1,136	844	207	254	1,544	3,985	2,388	4,250	10,623
Dec-22	1,704	\$286,379	1,144	849	209	255	1,551	4,008	2,400	4,270	10,678
Jan-23	1,179	\$195,980	1,165	841	210	257	1,572	4,045	2,413	4,325	10,783
Feb-23	1,645	\$252,013	1,197	844	210	257	1,574	4,082	2,418	4,334	10,834
Mar-23	2,026	\$314,367	1,210	847	208	266	1,580	4,111	2,427	4,369	10,907
Apr-23	1,592	\$251,213	1,228	848	208	270	1,582	4,136	2,431	4,382	10,949
May-23	1,646	\$258,809	1,248	850	208	274	1,599	4,179	2,450	4,432	11,061
Jun-23	1,843	\$287,561	1,245	847	208	276	1,605	4,181	2,452	4,452	11,085
Jul-23	1,386	\$245,323	1,202	858	208	279	1,630	4,177	2,488	4,505	11,170
Aug-23	2,324	\$385,709	1,224	860	213	280	1,625	4,202	2,485	4,492	11,179
Sep-23	1,615	\$256,956	1,228	865	214	281	1,622	4,210	2,487	4,492	11,189
Oct-23	1,643	\$269,239	1,229	868	216	279	1,620	4,212	2,488	4,479	11,179
Total	38,814	\$6,382,312	26,840	20,137	5,086	6,111	37,634	95,808	57,792	103,150	256,750

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



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

Paid Period: November 1, 2021 - October 31, 2023

Group- Division	Date	Number of Claims	Paid Amount	Enrollee Only	Enrollee + Spouse	Enrollee + 1 Child	Enrollee + Children	Family	Total Primary Enrollees	Adult Dependents	Child Dependents	Total Members
00273-00001	Nov-21	1,205	\$206,289	793	474	206	228	1,483	3,184	1,958	4,062	9,204
00273-00001	Dec-21	1,368	\$228,098	818	472	204	224	1,483	3,201	1,956	4,038	9,195
00273-00001	Jan-22	1,065	\$174,565	824	475	202	226	1,482	3,209	1,960	4,046	9,215
00273-00001	Feb-22	1,251	\$191,964	846	475	202	227	1,478	3,228	1,955	4,042	9,225
00273-00001	Mar-22	1,530	\$251,944	879	480	200	228	1,478	3,265	1,959	4,045	9,269
00273-00001	Apr-22	1,260	\$210,166	901	481	198	229	1,478	3,287	1,960	4,039	9,286
00273-00001	May-22	1,426	\$241,611	905	480	205	228	1,472	3,290	1,953	4,032	9,275
00273-00001	Jun-22	1,594	\$238,532	926	478	206	226	1,469	3,305	1,948	4,042	9,295
00273-00001	Jul-22	1,191	\$225,239	930	491	210	239	1,468	3,338	1,961	4,094	9,393
00273-00001	Aug-22	1,359	\$237,506	952	481	208	243	1,466	3,350	1,949	4,082	9,381
00273-00001	Sep-22	1,483	\$256,316	972	490	206	247	1,480	3,395	1,972	4,132	9,499
00273-00001	Oct-22	1,329	\$229,814	978	491	202	246	1,471	3,388	1,964	4,095	9,447
00273-00001	Nov-22	1,255	\$203,683	994	491	199	247	1,476	3,407	1,967	4,113	9,487
00273-00001	Dec-22	1,444	\$240,966	1,001	489	201	248	1,482	3,421	1,971	4,132	9,524
00273-00001	Jan-23	1,024	\$170,569	1,023	485	203	251	1,505	3,467	1,990	4,191	9,648
00273-00001	Feb-23	1,435	\$213,333	1,055	489	203	251	1,506	3,504	1,995	4,197	9,696
00273-00001	Mar-23	1,761	\$274,606	1,069	495	201	259	1,515	3,539	2,010	4,234	9,783
00273-00001	Apr-23	1,378	\$218,074	1,086	495	200	263	1,515	3,559	2,011	4,243	9,813
00273-00001	May-23	1,448	\$230,585	1,106	496	201	267	1,531	3,601	2,028	4,293	9,922
00273-00001	Jun-23	1,609	\$246,256	1,104	492	201	269	1,539	3,605	2,031	4,316	9,952
00273-00001	Jul-23	1,227	\$217,184	1,060	509	202	271	1,561	3,603	2,070	4,365	10,038
00273-00001	Aug-23	2,032	\$337,925	1,086	512	207	273	1,553	3,631	2,065	4,352	10,048
00273-00001	Sep-23	1,403	\$226,741	1,090	517	207	274	1,550	3,638	2,067	4,346	10,051
00273-00001	Oct-23	1,454	\$235,560	1,091	519	209	271	1,547	3,637	2,066	4,330	10,033
00273-00002	Nov-21	122	\$22,780	48	148	7	6	44	253	192	100	545
00273-00002	Dec-21	134	\$21,528	50	147	7	6	43	253	190	96	539
00273-00002	Jan-22	74	\$10,552	51	148	7	6	41	253	189	94	536
00273-00002	Feb-22	105	\$15,920	50	151	7	6	42	256	193	95	544
00273-00002	Mar-22	104	\$16,044	48	151	7	6	41	253	192	93	538
00273-00002	Apr-22	76	\$8,902	48	150	7	6	41	252	191	93	536
00273-00002	May-22	82	\$15,385	48	152	7	6	42	255	194	96	545
00273-00002	Jun-22	144	\$21,941	48	155	7	6	42	258	197	95	550
00273-00002	Jul-22	121	\$27,282	48	148	6	7	36	245	184	87	516
00273-00002	Aug-22	91	\$17,739	50	149	6	7	37	249	186	88	523
00273-00002	Sep-22	117	\$15,577	48	148	6	7	40	249	188	94	531
00273-00002	Oct-22	91	\$15,171	48	147	5	7	40	247	187	93	527
00273-00002	Nov-22	105	\$17,387	50	149	4	7	41	251	190	93	534
00273-00002	Dec-22	134	\$20,801	49	151	4	6	43	253	194	91	538
00273-00002	Jan-23	71	\$12,155	50	150	3	5	46	254	196	94	544
00273-00002	Feb-23	100	\$18,225	50	148	3	5	49	255	197	99	551
00273-00002	Mar-23	123	\$18,111	55	179	3	6	53	296	232	108	636
00273-00002	Apr-23	77	\$10,886	56	179	4	6	54	299	233	110	642
00273-00002	May-23	84	\$10,681	55	178	4	7	54	298	232	115	645
00273-00002	Jun-23	111	\$16,885	56	173	4	7	54	294	227	114	635

00273-00002	Jul-23	89	\$15,105	55	169	3	8	56	291	225	117	633
00273-00002	Aug-23	163	\$26,041	55	170	3	7	58	293	228	115	636
00273-00002	Sep-23	116	\$15,369	56	172	4	7	57	296	229	115	640
00273-00002	Oct-23	106	\$18,644	57	173	4	8	58	300	231	118	649
00273-00003	Nov-21	88	\$16,613	82	163	2	0	12	259	175	15	449
00273-00003	Dec-21	113	\$20,250	80	164	2	0	12	258	176	15	449
00273-00003	Jan-22	57	\$8,038	80	162	2	0	12	256	174	15	445
00273-00003	Feb-22	84	\$16,532	79	162	2	0	12	255	174	15	444
00273-00003	Mar-22	127	\$20,679	78	163	2	0	12	255	175	15	445
00273-00003	Apr-22	76	\$12,582	78	161	2	0	12	253	173	15	441
00273-00003	May-22	113	\$20,111	79	162	2	1	11	255	173	16	444
00273-00003	Jun-22	96	\$13,700	79	161	2	1	12	255	173	18	446
00273-00003	Jul-22	74	\$12,794	79	160	1	1	11	252	171	19	442
00273-00003	Aug-22	102	\$16,881	78	160	1	1	10	250	170	18	438
00273-00003	Sep-22	88	\$13,803	77	161	1	1	10	250	171	18	439
00273-00003	Oct-22	83	\$13,870	79	158	2	0	10	249	168	17	434
00273-00003	Nov-22	79	\$13,767	79	158	2	0	9	248	167	16	431
00273-00003	Dec-22	98	\$18,704	79	159	2	0	8	248	167	15	430
00273-00003	Jan-23	65	\$10,697	77	158	2	0	8	245	166	15	426
00273-00003	Feb-23	78	\$13,271	77	159	2	0	7	245	166	14	425
00273-00003	Mar-23	105	\$16,182	77	158	2	0	7	244	165	14	423
00273-00003	Apr-23	112	\$18,617	77	158	2	0	8	245	166	15	426
00273-00003	May-23	97	\$15,031	78	162	1	0	9	250	171	15	436
00273-00003	Jun-23	106	\$19,756	76	164	1	0	8	249	172	14	435
00273-00003	Jul-23	64	\$11,919	78	163	1	0	9	251	172	15	438
00273-00003	Aug-23	116	\$19,979	74	162	1	0	9	246	171	15	432
00273-00003	Sep-23	92	\$14,508	73	161	1	0	9	244	170	15	429
00273-00003	Oct-23	75	\$13,238	73	161	1	0	9	244	170	15	429
00273-00004	Nov-21	14	\$3,093	8	32	1	0	10	51	42	12	105
00273-00004	Dec-21	16	\$2,717	9	32	1	0	10	52	42	12	106
00273-00004	Jan-22	24	\$2,866	9	32	1	0	10	52	42	12	106
00273-00004	Feb-22	24	\$3,407	9	32	1	0	10	52	42	12	106
00273-00004	Mar-22	17	\$2,917	9	32	1	0	10	52	42	12	106
00273-00004	Apr-22	21	\$3,417	9	32	1	0	10	52	42	12	106
00273-00004	May-22	23	\$5,359	9	31	1	0	10	51	41	12	104
00273-00004	Jun-22	25	\$4,449	9	31	1	0	10	51	41	12	104
00273-00004	Jul-22	24	\$3,316	11	36	2	0	12	61	48	16	125
00273-00004	Aug-22	23	\$4,679	11	37	2	0	12	62	49	16	127
00273-00004	Sep-22	25	\$3,928	11	36	2	0	12	61	48	16	125
00273-00004	Oct-22	21	\$2,810	12	39	2	0	13	66	52	19	137
00273-00004	Nov-22	20	\$3,540	12	43	2	0	12	69	55	18	142
00273-00004	Dec-22	24	\$5,069	12	46	2	1	11	72	57	22	151
00273-00004	Jan-23	15	\$2,224	13	45	2	1	10	71	55	21	147
00273-00004	Feb-23	27	\$6,480	13	46	2	1	9	71	55	20	146
00273-00004	Mar-23	33	\$5,077	7	14	2	1	2	26	16	9	51
00273-00004	Apr-23	24	\$3,636	7	14	2	1	1	25	15	8	48
00273-00004	May-23	15	\$2,336	7	12	2	0	1	22	13	3	38
00273-00004	Jun-23	14	\$3,987	7	16	2	0	1	26	17	3	46
00273-00004	Jul-23	5	\$1,010	8	16	2	0	1	27	17	3	47
00273-00004	Aug-23	10	\$1,168	8	15	2	0	1	26	16	3	45
00273-00004	Sep-23	4	\$339	8	15	2	0	1	26	16	3	45
00273-00004	Oct-23	8	\$1,798	8	15	2	0	1	26	16	3	45
00273-09001	Nov-21	8	\$408	0	0	0	2	4	6	4	12	22
00273-09001	Dec-21	7	\$649	1	0	0	2	8	11	8	17	36
00273-09001	Jan-22	3	\$415	1	1	0	1	7	10	8	13	31
00273-09001	Feb-22	7	\$2,127	1	1	0	1	7	10	8	16	34

00273-09001	Mar-22	8	\$2,233	1	1	0	1	7	10	8	16	34
00273-09001	Apr-22	5	\$844	1	1	0	1	6	9	7	12	28
00273-09001	May-22	7	\$564	1	1	0	1	5	8	6	9	23
00273-09001	Jun-22	3	\$440	1	1	0	1	5	8	6	9	23
00273-09001	Jul-22	9	\$1,278	1	1	0	1	5	8	6	9	23
00273-09001	Aug-22	8	\$1,052	1	2	0	0	5	8	7	7	22
00273-09001	Sep-22	5	\$506	1	3	1	0	4	9	7	7	23
00273-09001	Oct-22	1	\$18	1	3	1	0	5	10	8	9	27
00273-09001	Nov-22	1	\$177	1	3	0	0	6	10	9	10	29
00273-09001	Dec-22	4	\$840	3	4	0	0	7	14	11	10	35
00273-09001	Jan-23	4	\$334	2	3	0	0	3	8	6	4	18
00273-09001	Feb-23	5	\$703	2	2	0	0	3	7	5	4	16
00273-09001	Mar-23	4	\$392	2	1	0	0	3	6	4	4	14
00273-09001	Apr-23	1	\$0	2	2	0	0	4	8	6	6	20
00273-09001	May-23	2	\$175	2	2	0	0	4	8	6	6	20
00273-09001	Jun-23	3	\$678	2	2	0	0	3	7	5	5	17
00273-09001	Jul-23	1	\$105	1	1	0	0	3	5	4	5	14
00273-09001	Aug-23	3	\$595	1	1	0	0	4	6	5	7	18
00273-09001	Sep-23	0	\$0	1	0	0	0	5	6	5	13	24
00273-09001	Oct-23	0	\$0	0	0	0	0	5	5	5	13	23
Total		38,814	\$6,382,312	26,840	20,137	5,086	6,111	37,634	95,808	57,792	103,150	256,750

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



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

Paid Period: November 1, 2021 - October 31, 2023

Group	Division	Paid Month/Year	Incurred Month/Year	Paid Amount
00273	All	Nov-21	Feb-20	\$87
00273	All	Nov-21	Oct-20	\$418
00273	All	Nov-21	Jan-21	\$24
00273	All	Nov-21	Feb-21	\$245
00273	All	Nov-21	Mar-21	\$103
00273	All	Nov-21	Apr-21	\$290
00273	All	Nov-21	Jul-21	\$727
00273	All	Nov-21	Aug-21	\$2,981
00273	All	Nov-21	Sep-21	\$11,027
00273	All	Nov-21	Oct-21	\$97,007
00273	All	Nov-21	Nov-21	\$136,275
00273	All	Dec-21	Aug-19	\$401
00273	All	Dec-21	Apr-20	\$1,025
00273	All	Dec-21	May-20	\$1,373
00273	All	Dec-21	Oct-20	\$842
00273	All	Dec-21	Feb-21	\$576
00273	All	Dec-21	Apr-21	\$415
00273	All	Dec-21	May-21	\$336
00273	All	Dec-21	Jun-21	\$6
00273	All	Dec-21	Jul-21	\$3,935
00273	All	Dec-21	Aug-21	\$2,150
00273	All	Dec-21	Sep-21	\$590
00273	All	Dec-21	Oct-21	\$9,333
00273	All	Dec-21	Nov-21	\$103,910
00273	All	Dec-21	Dec-21	\$148,351
00273	All	Jan-22	Mar-19	\$108
00273	All	Jan-22	Apr-19	\$513
00273	All	Jan-22	May-19	\$2,501
00273	All	Jan-22	Jul-19	\$168
00273	All	Jan-22	Aug-19	\$696
00273	All	Jan-22	Sep-19	\$954
00273	All	Jan-22	Oct-19	\$1,093
00273	All	Jan-22	Nov-19	\$108
00273	All	Jan-22	Dec-19	\$522
00273	All	Jan-22	Jan-20	\$1,038
00273	All	Jan-22	Feb-20	\$460
00273	All	Jan-22	May-20	\$353

00273	All	Jan-22	Jun-20	\$264
00273	All	Jan-22	Jul-20	\$459
00273	All	Jan-22	Aug-20	\$130
00273	All	Jan-22	Oct-20	\$209
00273	All	Jan-22	Nov-20	\$48
00273	All	Jan-22	Jan-21	\$76
00273	All	Jan-22	Feb-21	\$323
00273	All	Jan-22	Mar-21	\$17
00273	All	Jan-22	Apr-21	\$626
00273	All	Jan-22	May-21	\$98
00273	All	Jan-22	Jun-21	\$1,326
00273	All	Jan-22	Jul-21	\$17
00273	All	Jan-22	Aug-21	\$2,047
00273	All	Jan-22	Sep-21	\$3,291
00273	All	Jan-22	Oct-21	\$4,667
00273	All	Jan-22	Nov-21	\$5,273
00273	All	Jan-22	Dec-21	\$66,160
00273	All	Jan-22	Jan-22	\$102,892
00273	All	Feb-22	Sep-19	\$86
00273	All	Feb-22	Jan-21	\$176
00273	All	Feb-22	Mar-21	\$178
00273	All	Feb-22	Aug-21	\$2,122
00273	All	Feb-22	Sep-21	\$203
00273	All	Feb-22	Oct-21	\$603
00273	All	Feb-22	Nov-21	\$7,999
00273	All	Feb-22	Dec-21	\$8,082
00273	All	Feb-22	Jan-22	\$89,900
00273	All	Feb-22	Feb-22	\$120,601
00273	All	Mar-22	Apr-19	\$93
00273	All	Mar-22	May-19	\$35
00273	All	Mar-22	Jun-19	\$111
00273	All	Mar-22	Sep-20	\$137
00273	All	Mar-22	Nov-20	\$182
00273	All	Mar-22	Mar-21	\$646
00273	All	Mar-22	Apr-21	\$88
00273	All	Mar-22	Jul-21	\$76
00273	All	Mar-22	Aug-21	\$241
00273	All	Mar-22	Sep-21	\$309
00273	All	Mar-22	Oct-21	\$472
00273	All	Mar-22	Nov-21	\$1,592
00273	All	Mar-22	Dec-21	\$4,765
00273	All	Mar-22	Jan-22	\$7,058
00273	All	Mar-22	Feb-22	\$109,894
00273	All	Mar-22	Mar-22	\$168,117
00273	All	Apr-22	Feb-21	\$283
00273	All	Apr-22	Mar-21	\$73
00273	All	Apr-22	Jun-21	\$100
00273	All	Apr-22	Jul-21	-\$389
00273	All	Apr-22	Aug-21	\$1,182

00273	All	Apr-22	Sep-21	\$129
00273	All	Apr-22	Oct-21	\$1,012
00273	All	Apr-22	Nov-21	\$1,529
00273	All	Apr-22	Dec-21	\$1,912
00273	All	Apr-22	Jan-22	\$4,062
00273	All	Apr-22	Feb-22	\$7,969
00273	All	Apr-22	Mar-22	\$93,071
00273	All	Apr-22	Apr-22	\$124,976
00273	All	May-22	Jul-19	\$62
00273	All	May-22	Aug-19	\$263
00273	All	May-22	Sep-19	\$8
00273	All	May-22	Oct-19	\$263
00273	All	May-22	Nov-19	\$48
00273	All	May-22	Jan-20	\$47
00273	All	May-22	Feb-20	\$144
00273	All	May-22	Jul-20	\$55
00273	All	May-22	Aug-20	\$62
00273	All	May-22	Sep-20	\$539
00273	All	May-22	Oct-20	\$87
00273	All	May-22	Apr-21	\$86
00273	All	May-22	Jul-21	\$275
00273	All	May-22	Aug-21	\$94
00273	All	May-22	Sep-21	\$1,511
00273	All	May-22	Oct-21	\$792
00273	All	May-22	Nov-21	\$541
00273	All	May-22	Dec-21	\$3,069
00273	All	May-22	Jan-22	\$2,723
00273	All	May-22	Feb-22	\$6,798
00273	All	May-22	Mar-22	\$7,176
00273	All	May-22	Apr-22	\$111,066
00273	All	May-22	May-22	\$147,320
00273	All	Jun-22	Jul-19	\$276
00273	All	Jun-22	Aug-19	\$383
00273	All	Jun-22	Sep-19	\$434
00273	All	Jun-22	Oct-19	\$127
00273	All	Jun-22	Nov-19	\$88
00273	All	Jun-22	Dec-19	\$145
00273	All	Jun-22	Jan-20	\$245
00273	All	Jun-22	Feb-20	\$672
00273	All	Jun-22	Mar-20	\$291
00273	All	Jun-22	Jun-20	\$483
00273	All	Jun-22	Jul-20	\$156
00273	All	Jun-22	Aug-20	\$116
00273	All	Jun-22	Sep-20	\$265
00273	All	Jun-22	Oct-20	\$499
00273	All	Jun-22	Nov-20	\$417
00273	All	Jun-22	Dec-20	\$207
00273	All	Jun-22	Mar-21	\$335
00273	All	Jun-22	Jun-21	\$228

00273	All	Jun-22	Jul-21	\$1,617
00273	All	Jun-22	Aug-21	\$297
00273	All	Jun-22	Sep-21	\$304
00273	All	Jun-22	Oct-21	\$45
00273	All	Jun-22	Nov-21	\$2,039
00273	All	Jun-22	Dec-21	\$2,222
00273	All	Jun-22	Jan-22	\$939
00273	All	Jun-22	Feb-22	\$2,911
00273	All	Jun-22	Mar-22	\$2,886
00273	All	Jun-22	Apr-22	\$6,697
00273	All	Jun-22	May-22	\$109,294
00273	All	Jun-22	Jun-22	\$144,445
00273	All	Jul-22	Nov-20	\$364
00273	All	Jul-22	Sep-21	\$329
00273	All	Jul-22	Oct-21	\$240
00273	All	Jul-22	Nov-21	\$171
00273	All	Jul-22	Dec-21	\$244
00273	All	Jul-22	Jan-22	\$1,210
00273	All	Jul-22	Feb-22	\$147
00273	All	Jul-22	Mar-22	\$1,273
00273	All	Jul-22	Apr-22	\$5,229
00273	All	Jul-22	May-22	\$10,015
00273	All	Jul-22	Jun-22	\$92,830
00273	All	Jul-22	Jul-22	\$157,857
00273	All	Aug-22	Jan-20	\$39
00273	All	Aug-22	Feb-21	\$152
00273	All	Aug-22	Oct-21	\$336
00273	All	Aug-22	Nov-21	\$68
00273	All	Aug-22	Dec-21	\$116
00273	All	Aug-22	Jan-22	\$321
00273	All	Aug-22	Feb-22	-\$62
00273	All	Aug-22	Mar-22	\$748
00273	All	Aug-22	Apr-22	\$273
00273	All	Aug-22	May-22	\$1,851
00273	All	Aug-22	Jun-22	\$7,212
00273	All	Aug-22	Jul-22	\$100,919
00273	All	Aug-22	Aug-22	\$165,884
00273	All	Sep-22	Jan-20	\$55
00273	All	Sep-22	Dec-20	\$12
00273	All	Sep-22	Sep-21	\$44
00273	All	Sep-22	Oct-21	\$26
00273	All	Sep-22	Nov-21	\$182
00273	All	Sep-22	Jan-22	\$205
00273	All	Sep-22	Feb-22	\$104
00273	All	Sep-22	Mar-22	\$1,684
00273	All	Sep-22	Apr-22	\$769
00273	All	Sep-22	May-22	\$3,161
00273	All	Sep-22	Jun-22	\$1,270
00273	All	Sep-22	Jul-22	\$9,752

00273	All	Sep-22	Aug-22	\$130,925
00273	All	Sep-22	Sep-22	\$141,940
00273	All	Oct-22	Jun-21	\$72
00273	All	Oct-22	Feb-22	\$182
00273	All	Oct-22	Mar-22	\$255
00273	All	Oct-22	Apr-22	\$357
00273	All	Oct-22	May-22	\$1,310
00273	All	Oct-22	Jun-22	\$3,122
00273	All	Oct-22	Jul-22	\$2,363
00273	All	Oct-22	Aug-22	\$5,913
00273	All	Oct-22	Sep-22	\$106,151
00273	All	Oct-22	Oct-22	\$141,958
00273	All	Nov-22	Jan-21	\$1,494
00273	All	Nov-22	Nov-21	\$216
00273	All	Nov-22	Jan-22	\$324
00273	All	Nov-22	Feb-22	\$59
00273	All	Nov-22	Mar-22	\$84
00273	All	Nov-22	Apr-22	\$162
00273	All	Nov-22	May-22	-\$218
00273	All	Nov-22	Jun-22	\$1,108
00273	All	Nov-22	Jul-22	\$2,815
00273	All	Nov-22	Aug-22	\$3,796
00273	All	Nov-22	Sep-22	\$5,491
00273	All	Nov-22	Oct-22	\$96,576
00273	All	Nov-22	Nov-22	\$126,648
00273	All	Dec-22	Jun-20	\$13
00273	All	Dec-22	Jan-21	\$13
00273	All	Dec-22	Feb-21	\$226
00273	All	Dec-22	Jul-21	\$254
00273	All	Dec-22	Aug-21	\$336
00273	All	Dec-22	Oct-21	\$385
00273	All	Dec-22	Dec-21	\$292
00273	All	Dec-22	Feb-22	\$332
00273	All	Dec-22	Apr-22	\$184
00273	All	Dec-22	May-22	\$994
00273	All	Dec-22	Jun-22	\$1,571
00273	All	Dec-22	Jul-22	\$2,784
00273	All	Dec-22	Aug-22	\$842
00273	All	Dec-22	Sep-22	\$6,316
00273	All	Dec-22	Oct-22	\$14,428
00273	All	Dec-22	Nov-22	\$109,227
00273	All	Dec-22	Dec-22	\$148,184
00273	All	Jan-23	Mar-22	\$839
00273	All	Jan-23	Apr-22	\$177
00273	All	Jan-23	May-22	\$167
00273	All	Jan-23	Jun-22	\$831
00273	All	Jan-23	Jul-22	\$1,564
00273	All	Jan-23	Aug-22	\$340
00273	All	Jan-23	Sep-22	\$2,487

00273	All	Jan-23	Oct-22	\$4,525
00273	All	Jan-23	Nov-22	\$6,781
00273	All	Jan-23	Dec-22	\$77,474
00273	All	Jan-23	Jan-23	\$100,795
00273	All	Feb-23	Nov-21	\$1,500
00273	All	Feb-23	Jun-22	\$86
00273	All	Feb-23	Jul-22	\$565
00273	All	Feb-23	Aug-22	\$3,565
00273	All	Feb-23	Sep-22	\$750
00273	All	Feb-23	Oct-22	\$1,197
00273	All	Feb-23	Nov-22	\$2,131
00273	All	Feb-23	Dec-22	\$4,702
00273	All	Feb-23	Jan-23	\$133,568
00273	All	Feb-23	Feb-23	\$103,950
00273	All	Mar-23	Jul-21	\$127
00273	All	Mar-23	Feb-22	\$64
00273	All	Mar-23	Mar-22	\$1,175
00273	All	Mar-23	Apr-22	\$3,547
00273	All	Mar-23	Jun-22	\$570
00273	All	Mar-23	Jul-22	\$960
00273	All	Mar-23	Aug-22	\$229
00273	All	Mar-23	Sep-22	\$254
00273	All	Mar-23	Oct-22	\$172
00273	All	Mar-23	Nov-22	\$2,323
00273	All	Mar-23	Dec-22	\$3,753
00273	All	Mar-23	Jan-23	\$14,145
00273	All	Mar-23	Feb-23	\$119,389
00273	All	Mar-23	Mar-23	\$167,660
00273	All	Apr-23	Jul-22	\$402
00273	All	Apr-23	Sep-22	\$726
00273	All	Apr-23	Oct-22	\$2,847
00273	All	Apr-23	Nov-22	\$1,571
00273	All	Apr-23	Dec-22	\$3,113
00273	All	Apr-23	Jan-23	\$1,832
00273	All	Apr-23	Feb-23	\$5,195
00273	All	Apr-23	Mar-23	\$104,239
00273	All	Apr-23	Apr-23	\$131,290
00273	All	May-23	May-22	\$91
00273	All	May-23	Jun-22	\$153
00273	All	May-23	Jul-22	\$493
00273	All	May-23	Aug-22	\$320
00273	All	May-23	Sep-22	\$401
00273	All	May-23	Oct-22	\$2,128
00273	All	May-23	Nov-22	\$2,451
00273	All	May-23	Dec-22	\$488
00273	All	May-23	Jan-23	\$1,504
00273	All	May-23	Feb-23	\$5,954
00273	All	May-23	Mar-23	\$11,450
00273	All	May-23	Apr-23	\$96,588

00273	All	May-23	May-23	\$136,788
00273	All	Jun-23	May-22	\$110
00273	All	Jun-23	Jun-22	\$202
00273	All	Jun-23	Jul-22	\$1,517
00273	All	Jun-23	Aug-22	\$1,488
00273	All	Jun-23	Sep-22	\$335
00273	All	Jun-23	Oct-22	\$18
00273	All	Jun-23	Nov-22	\$18
00273	All	Jun-23	Dec-22	\$1,154
00273	All	Jun-23	Jan-23	\$323
00273	All	Jun-23	Feb-23	\$1,510
00273	All	Jun-23	Mar-23	\$6,426
00273	All	Jun-23	Apr-23	\$8,679
00273	All	Jun-23	May-23	\$106,478
00273	All	Jun-23	Jun-23	\$159,304
00273	All	Jul-23	Jun-22	\$183
00273	All	Jul-23	Aug-22	\$882
00273	All	Jul-23	Oct-22	\$94
00273	All	Jul-23	Nov-22	\$2,232
00273	All	Jul-23	Dec-22	\$166
00273	All	Jul-23	Jan-23	\$1,212
00273	All	Jul-23	Feb-23	\$661
00273	All	Jul-23	Mar-23	\$1,206
00273	All	Jul-23	Apr-23	\$1,108
00273	All	Jul-23	May-23	\$8,111
00273	All	Jul-23	Jun-23	\$106,923
00273	All	Jul-23	Jul-23	\$122,545
00273	All	Aug-23	Oct-20	\$76
00273	All	Aug-23	Sep-21	\$148
00273	All	Aug-23	May-22	\$78
00273	All	Aug-23	Aug-22	\$162
00273	All	Aug-23	Sep-22	\$515
00273	All	Aug-23	Oct-22	\$733
00273	All	Aug-23	Nov-22	\$400
00273	All	Aug-23	Dec-22	\$696
00273	All	Aug-23	Jan-23	\$425
00273	All	Aug-23	Feb-23	\$331
00273	All	Aug-23	Mar-23	\$2,915
00273	All	Aug-23	Apr-23	\$2,180
00273	All	Aug-23	May-23	\$5,418
00273	All	Aug-23	Jun-23	\$14,936
00273	All	Aug-23	Jul-23	\$157,327
00273	All	Aug-23	Aug-23	\$199,369
00273	All	Sep-23	Nov-22	\$124
00273	All	Sep-23	Dec-22	\$19
00273	All	Sep-23	Jan-23	\$830
00273	All	Sep-23	Feb-23	\$106
00273	All	Sep-23	Mar-23	\$211
00273	All	Sep-23	Apr-23	\$311

00273	All	Sep-23	May-23	\$973
00273	All	Sep-23	Jun-23	\$4,215
00273	All	Sep-23	Jul-23	\$8,537
00273	All	Sep-23	Aug-23	\$102,029
00273	All	Sep-23	Sep-23	\$139,602
00273	All	Oct-23	Oct-21	\$1,500
00273	All	Oct-23	Oct-22	\$87
00273	All	Oct-23	Jan-23	\$787
00273	All	Oct-23	Feb-23	\$390
00273	All	Oct-23	Mar-23	\$747
00273	All	Oct-23	Apr-23	\$369
00273	All	Oct-23	May-23	\$3,353
00273	All	Oct-23	Jun-23	\$2,672
00273	All	Oct-23	Jul-23	\$3,767
00273	All	Oct-23	Aug-23	\$10,816
00273	All	Oct-23	Sep-23	\$102,950
00273	All	Oct-23	Oct-23	\$141,801
Total				\$6,382,312

Group	Division	Paid Month/Year	Incurred Month/Year	Paid Amount
00273	00001	Nov-21	Feb-20	\$87
00273	00001	Nov-21	Oct-20	\$418
00273	00001	Nov-21	Jan-21	\$24
00273	00001	Nov-21	Feb-21	\$245
00273	00001	Nov-21	Mar-21	\$103
00273	00001	Nov-21	Apr-21	\$290
00273	00001	Nov-21	Jul-21	\$727
00273	00001	Nov-21	Aug-21	\$2,981
00273	00001	Nov-21	Sep-21	\$9,792
00273	00001	Nov-21	Oct-21	\$79,428
00273	00001	Nov-21	Nov-21	\$112,194
00273	00001	Dec-21	Aug-19	\$401
00273	00001	Dec-21	Apr-20	\$1,025
00273	00001	Dec-21	May-20	\$974
00273	00001	Dec-21	Oct-20	\$842
00273	00001	Dec-21	Feb-21	\$576
00273	00001	Dec-21	Apr-21	\$348
00273	00001	Dec-21	May-21	\$336
00273	00001	Dec-21	Jun-21	\$6
00273	00001	Dec-21	Jul-21	\$3,825
00273	00001	Dec-21	Aug-21	\$1,837
00273	00001	Dec-21	Sep-21	\$590
00273	00001	Dec-21	Oct-21	\$7,187
00273	00001	Dec-21	Nov-21	\$87,608
00273	00001	Dec-21	Dec-21	\$122,543
00273	00001	Jan-22	Mar-19	\$108
00273	00001	Jan-22	Apr-19	\$393
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00273	00001	Jul-23	Dec-22	\$166
00273	00001	Jul-23	Jan-23	\$154
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00273	00003	Dec-21	Nov-21	\$8,700

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00273	00003	Jan-22	Dec-21	\$1,554
00273	00003	Jan-22	Jan-22	\$6,287
00273	00003	Feb-22	Jan-21	\$112
00273	00003	Feb-22	Dec-21	\$262
00273	00003	Feb-22	Jan-22	\$5,855
00273	00003	Feb-22	Feb-22	\$10,304
00273	00003	Mar-22	Oct-21	\$51
00273	00003	Mar-22	Nov-21	\$20
00273	00003	Mar-22	Dec-21	\$647
00273	00003	Mar-22	Jan-22	\$344
00273	00003	Mar-22	Feb-22	\$7,400
00273	00003	Mar-22	Mar-22	\$12,217
00273	00003	Apr-22	Jan-22	\$72
00273	00003	Apr-22	Mar-22	\$5,132
00273	00003	Apr-22	Apr-22	\$7,377
00273	00003	May-22	Feb-22	\$117
00273	00003	May-22	Mar-22	\$399
00273	00003	May-22	Apr-22	\$7,666
00273	00003	May-22	May-22	\$11,929
00273	00003	Jun-22	Apr-22	\$112
00273	00003	Jun-22	May-22	\$6,551
00273	00003	Jun-22	Jun-22	\$7,036
00273	00003	Jul-22	Apr-22	\$362
00273	00003	Jul-22	May-22	\$129
00273	00003	Jul-22	Jun-22	\$3,180
00273	00003	Jul-22	Jul-22	\$9,123
00273	00003	Aug-22	Jan-22	\$110
00273	00003	Aug-22	May-22	\$344
00273	00003	Aug-22	Jul-22	\$4,055
00273	00003	Aug-22	Aug-22	\$12,372
00273	00003	Sep-22	May-22	\$1,091
00273	00003	Sep-22	Jun-22	\$61
00273	00003	Sep-22	Jul-22	\$248
00273	00003	Sep-22	Aug-22	\$7,065
00273	00003	Sep-22	Sep-22	\$5,338
00273	00003	Oct-22	Jul-22	\$323
00273	00003	Oct-22	Aug-22	\$583
00273	00003	Oct-22	Sep-22	\$5,197
00273	00003	Oct-22	Oct-22	\$7,768
00273	00003	Nov-22	Aug-22	\$112
00273	00003	Nov-22	Sep-22	\$241
00273	00003	Nov-22	Oct-22	\$4,735
00273	00003	Nov-22	Nov-22	\$8,680
00273	00003	Dec-22	Sep-22	\$1,336
00273	00003	Dec-22	Oct-22	\$2,178
00273	00003	Dec-22	Nov-22	\$7,440
00273	00003	Dec-22	Dec-22	\$7,751

00273	00003	Jan-23	Sep-22	\$20
00273	00003	Jan-23	Nov-22	\$440
00273	00003	Jan-23	Dec-22	\$2,572
00273	00003	Jan-23	Jan-23	\$7,666
00273	00003	Feb-23	Aug-22	\$110
00273	00003	Feb-23	Dec-22	\$224
00273	00003	Feb-23	Jan-23	\$3,612
00273	00003	Feb-23	Feb-23	\$9,325
00273	00003	Mar-23	Nov-22	\$81
00273	00003	Mar-23	Dec-22	\$227
00273	00003	Mar-23	Jan-23	\$201
00273	00003	Mar-23	Feb-23	\$6,005
00273	00003	Mar-23	Mar-23	\$9,669
00273	00003	Apr-23	Oct-22	\$189
00273	00003	Apr-23	Nov-22	\$58
00273	00003	Apr-23	Dec-22	\$91
00273	00003	Apr-23	Jan-23	\$15
00273	00003	Apr-23	Feb-23	\$434
00273	00003	Apr-23	Mar-23	\$7,138
00273	00003	Apr-23	Apr-23	\$10,692
00273	00003	May-23	Feb-23	-\$3
00273	00003	May-23	Mar-23	\$929
00273	00003	May-23	Apr-23	\$5,833
00273	00003	May-23	May-23	\$8,272
00273	00003	Jun-23	Mar-23	\$171
00273	00003	Jun-23	Apr-23	\$318
00273	00003	Jun-23	May-23	\$6,295
00273	00003	Jun-23	Jun-23	\$12,972
00273	00003	Jul-23	Jan-23	\$1,058
00273	00003	Jul-23	May-23	\$147
00273	00003	Jul-23	Jun-23	\$3,995
00273	00003	Jul-23	Jul-23	\$6,719
00273	00003	Aug-23	Apr-23	\$189
00273	00003	Aug-23	Jun-23	\$85
00273	00003	Aug-23	Jul-23	\$9,328
00273	00003	Aug-23	Aug-23	\$10,378
00273	00003	Sep-23	Jun-23	\$398
00273	00003	Sep-23	Jul-23	\$120
00273	00003	Sep-23	Aug-23	\$5,959
00273	00003	Sep-23	Sep-23	\$8,032
00273	00003	Oct-23	Jan-23	\$787
00273	00003	Oct-23	Aug-23	\$43
00273	00003	Oct-23	Sep-23	\$6,490
00273	00003	Oct-23	Oct-23	\$5,918
00273	00004	Nov-21	Oct-21	\$693
00273	00004	Nov-21	Nov-21	\$2,400
00273	00004	Dec-21	Oct-21	\$76
00273	00004	Dec-21	Nov-21	\$812
00273	00004	Dec-21	Dec-21	\$1,829

00273	00004	Jan-22	Dec-21	\$972
00273	00004	Jan-22	Jan-22	\$1,894
00273	00004	Feb-22	Jan-22	\$1,117
00273	00004	Feb-22	Feb-22	\$2,289
00273	00004	Mar-22	Feb-22	\$731
00273	00004	Mar-22	Mar-22	\$2,186
00273	00004	Apr-22	Mar-22	\$1,132
00273	00004	Apr-22	Apr-22	\$2,285
00273	00004	May-22	Mar-22	\$399
00273	00004	May-22	Apr-22	\$2,182
00273	00004	May-22	May-22	\$2,778
00273	00004	Jun-22	Dec-21	\$217
00273	00004	Jun-22	Apr-22	\$105
00273	00004	Jun-22	May-22	\$1,341
00273	00004	Jun-22	Jun-22	\$2,787
00273	00004	Jul-22	Jun-22	\$290
00273	00004	Jul-22	Jul-22	\$3,026
00273	00004	Aug-22	Jul-22	\$1,025
00273	00004	Aug-22	Aug-22	\$3,654
00273	00004	Sep-22	Aug-22	\$2,722
00273	00004	Sep-22	Sep-22	\$1,206
00273	00004	Oct-22	Sep-22	\$868
00273	00004	Oct-22	Oct-22	\$1,942
00273	00004	Nov-22	Oct-22	\$1,903
00273	00004	Nov-22	Nov-22	\$1,637
00273	00004	Dec-22	Sep-22	\$823
00273	00004	Dec-22	Oct-22	\$435
00273	00004	Dec-22	Nov-22	\$314
00273	00004	Dec-22	Dec-22	\$3,497
00273	00004	Jan-23	Nov-22	\$158
00273	00004	Jan-23	Dec-22	\$586
00273	00004	Jan-23	Jan-23	\$1,481
00273	00004	Feb-23	Nov-22	\$88
00273	00004	Feb-23	Jan-23	\$5,080
00273	00004	Feb-23	Feb-23	\$1,312
00273	00004	Mar-23	Dec-22	\$448
00273	00004	Mar-23	Feb-23	\$1,393
00273	00004	Mar-23	Mar-23	\$3,236
00273	00004	Apr-23	Mar-23	\$758
00273	00004	Apr-23	Apr-23	\$2,878
00273	00004	May-23	Jan-23	\$89
00273	00004	May-23	Apr-23	\$1,315
00273	00004	May-23	May-23	\$933
00273	00004	Jun-23	Aug-22	\$701
00273	00004	Jun-23	May-23	\$2,383
00273	00004	Jun-23	Jun-23	\$903
00273	00004	Jul-23	Jun-23	\$167
00273	00004	Jul-23	Jul-23	\$843
00273	00004	Aug-23	Jul-23	\$229

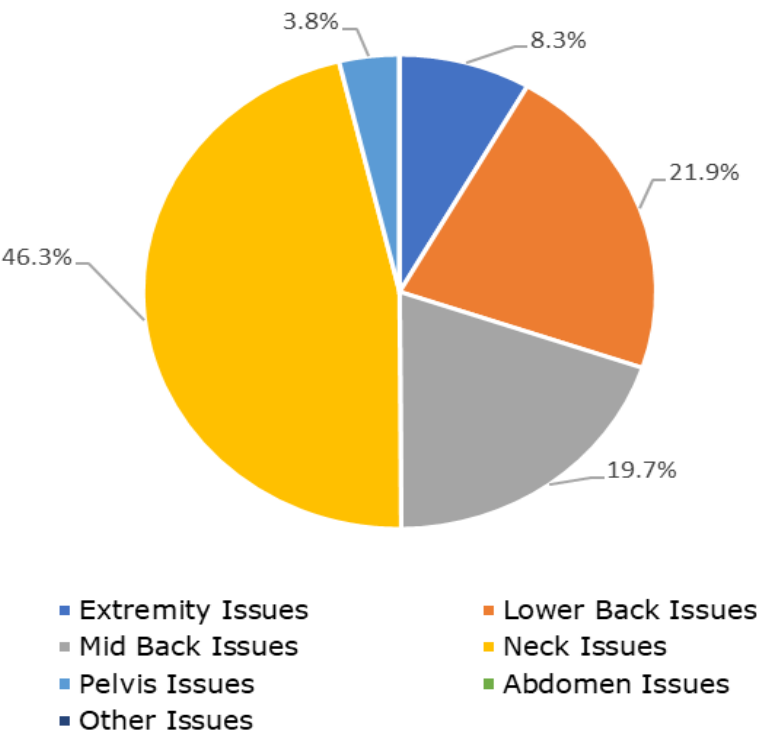
00273	00004	Aug-23	Aug-23	\$939
00273	00004	Sep-23	Aug-23	\$216
00273	00004	Sep-23	Sep-23	\$123
00273	00004	Oct-23	Sep-23	\$833
00273	00004	Oct-23	Oct-23	\$965
00273	09001	Nov-21	Oct-21	\$284
00273	09001	Nov-21	Nov-21	\$124
00273	09001	Dec-21	Oct-21	\$82
00273	09001	Dec-21	Dec-21	\$567
00273	09001	Jan-22	Dec-21	\$266
00273	09001	Jan-22	Jan-22	\$149
00273	09001	Feb-22	Dec-21	\$223
00273	09001	Feb-22	Jan-22	\$103
00273	09001	Feb-22	Feb-22	\$1,802
00273	09001	Mar-22	Feb-22	\$1,767
00273	09001	Mar-22	Mar-22	\$466
00273	09001	Apr-22	Mar-22	\$750
00273	09001	Apr-22	Apr-22	\$94
00273	09001	May-22	Jan-22	\$168
00273	09001	May-22	Feb-22	\$34
00273	09001	May-22	Apr-22	\$233
00273	09001	May-22	May-22	\$129
00273	09001	Jun-22	Jun-22	\$440
00273	09001	Jul-22	Jul-22	\$1,278
00273	09001	Aug-22	Jul-22	\$750
00273	09001	Aug-22	Aug-22	\$302
00273	09001	Sep-22	Aug-22	\$64
00273	09001	Sep-22	Sep-22	\$442
00273	09001	Oct-22	Oct-22	\$18
00273	09001	Nov-22	Oct-22	\$177
00273	09001	Dec-22	Dec-22	\$840
00273	09001	Jan-23	Dec-22	\$295
00273	09001	Jan-23	Jan-23	\$39
00273	09001	Feb-23	Jan-23	\$402
00273	09001	Feb-23	Feb-23	\$302
00273	09001	Mar-23	Feb-23	\$392
00273	09001	May-23	Apr-23	\$175
00273	09001	Jun-23	May-23	\$678
00273	09001	Jul-23	Jun-23	\$105
00273	09001	Aug-23	Jul-23	\$473
00273	09001	Aug-23	Aug-23	\$122
Total				\$6,382,312



Fresno City Employees' Health and Welfare Trust

			Benefit Year
	May 2023	June 2023	July 2022 To June 2023
Benefit Utilization			
Covered Employees	4,176	4,143	
Covered Dependents	7,167	7,123	
Total Covered Members	11,343	11,266	
Unique Employees Accessing Benefit	247	235	767
Unique Dependents Accessing Benefit	203	222	809
Total Unique Members Accessing Benefit	450	457	1,576
Unique Dates of Service Paid	1,145	1,240	13,022
Utilization Management			
		May 2023	June 2023
Pre-Treatment Requests Reviewed for Medical Necessity:			
<ul style="list-style-type: none"> After 12th Visit Massage Minor (Under Age 18) 			
Chiropractic		42	54
Pre-Treatment Requests Reviewed for Medical Necessity:			
<ul style="list-style-type: none"> After 10th Visit 			
Physical Therapy		26	20
Occupational Therapy		3	2
Speech and Language Therapy		6	7
Total Physical Medicine Requests Reviewed		77	83

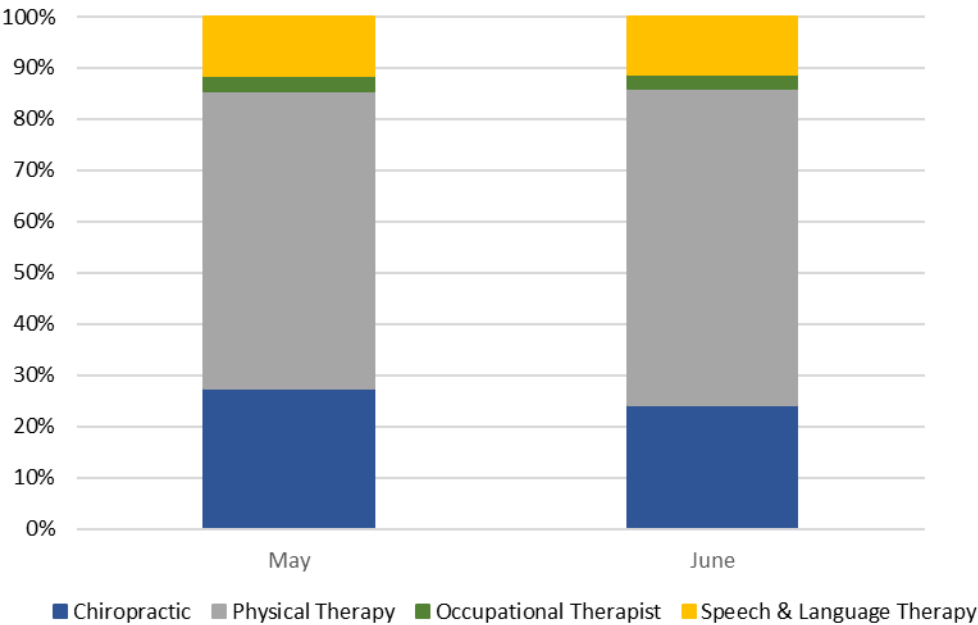
Diagnosis Code Activity



Issues	Percent (%) *
Extremity Issues	8.3
Lower Back Issues	21.9
Mid Back Issues	19.7
Neck Issues	46.3
Pelvis Issues	3.8
Abdomen	0
Other	0

*Average over two (2) months
(May-Jun 2023)

Monthly Utilization by Specialty



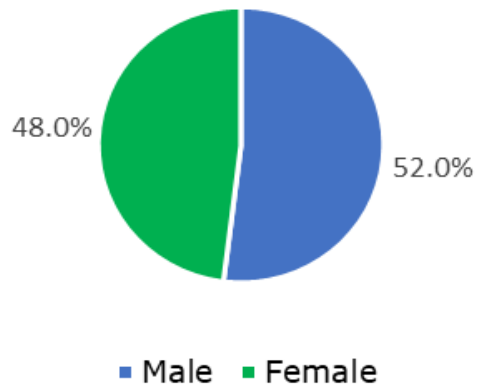
Top 10 Procedure Code Activity by Total Pricing for Month of: May 2023	# of Unique Patients	Percentage (%) of Total Pricing
97110-THERAPEUTIC EXERCISES	159	27.7%
98941-CHIROPRACT MANJ 3-4 REGIONS	210	11.6%
97112-NEUROMUSCULAR REEDUCATION	55	9.8%
97140-MANUAL THERAPY 1/> REGIONS	84	9.7%
92507-SPEECH/HEARING THERAPY	21	9.6%
98940-CHIROPRACT MANJ 1-2 REGIONS	111	7.7%
97530-THERAPEUTIC ACTIVITIES	39	7.6%
97161-PT EVAL LOW COMPLEX 20 MIN	27	3.5%
97012-MECHANICAL TRACTION THERAPY	78	1.7%
92523-SPEECH SOUND LANG COMPREHEN	3	1.5%

Top 10 Procedure Code Activity by Total Pricing for Month of: June 2023	# of Unique Patients	Percentage (%) Of Total Pricing
97110-THERAPEUTIC EXERCISES	175	23.8%
97530-THERAPEUTIC ACTIVITIES	42	18.9%
92507-SPEECH/HEARING THERAPY	17	11.1%
98941-CHIROPRACT MANJ 3-4 REGIONS	218	10.3%
97140-MANUAL THERAPY 1/> REGIONS	71	8.5%
97112-NEUROMUSCULAR REEDUCATION	56	7.3%
98940-CHIROPRACT MANJ 1-2 REGIONS	113	6.7%
97161-PT EVAL LOW COMPLEX 20 MIN	18	1.8%
97012-MECHANICAL TRACTION THERAPY	96	1.7%
97162-PT EVAL MOD COMPLEX 30 MIN	12	1.5%

Top 10 Provider Activity by Total Pricing for Month of: May 2023	# of Unique Patients	Percentage (%) of Total Pricing
Joshua Ritter DC	70	5.3%
Courtney Gebhart SLP	7	3.8%
Torrey Schroeder DC	34	3.7%
Robert Pauline PT	7	3.1%
Kristopher Watanabe PT	2	2.8%
Michael Gambero PT	7	2.4%
Russell Biggers PT	3	2.0%
Rebecca Labandeira PT	4	2.0%
Chris Schalk PT	4	1.8%
Clovis Community - Outpatient Therapy	5	1.7%

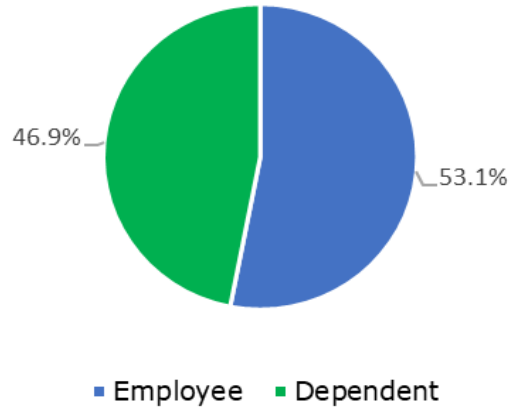
Top 10 Provider Activity by Total Pricing for Month of: June 2023	# of Unique Patients	Percentage (%) of Total Pricing
Valley Children's Hospital	6	16.7%
Joshua Ritter DC	81	4.9%
Aubrie Hagopian SLP	2	3.6%
Chris Schalk PT	7	3.0%
Torrey Schroeder DC	36	2.9%
Courtney Gebhart SLP	5	2.7%
Clovis Community - Outpatient Therapy	8	2.5%
Community Outpatient Rehabilitation Center (CORC)	3	2.5%
Robert Pauline PT	4	2.4%
Spencer Sawyer PT	2	2.3%

Gender



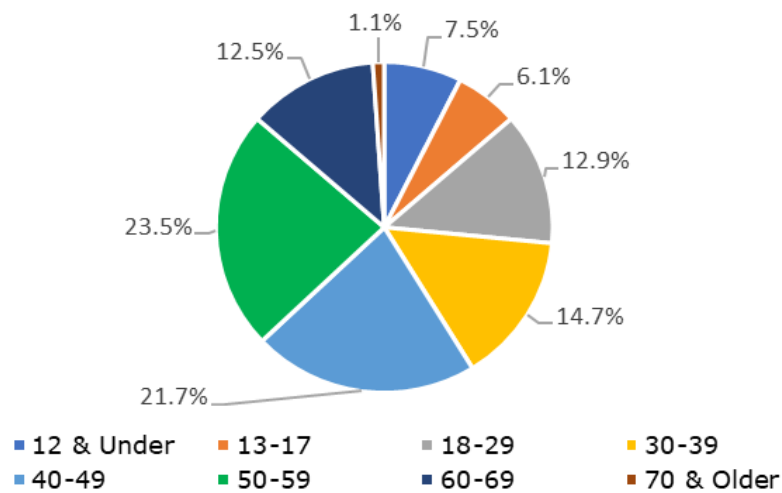
Gender	Percent (%) *
Male	52
Female	48
Total	

Classification



Classification	Percent (%) *
Employee	53.1
Dependent	46.9
Total	

Age Group



Age Group	Percent (%) *
12 and Under	7.5
13-17	6.1
18-29	12.9
30-39	14.7
40-49	21.7
50-59	23.5
60-69	12.5
70 and Older	1.1
Total	

*Average over two (2) months (May – June 2023)



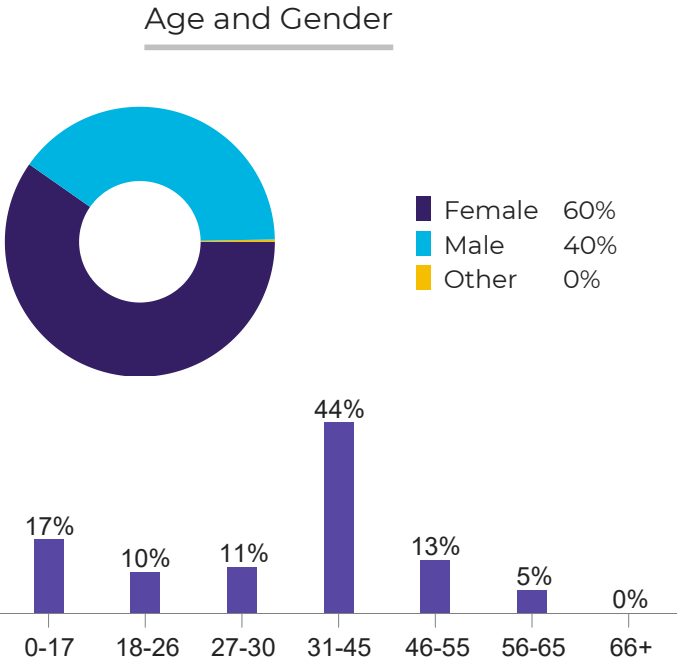
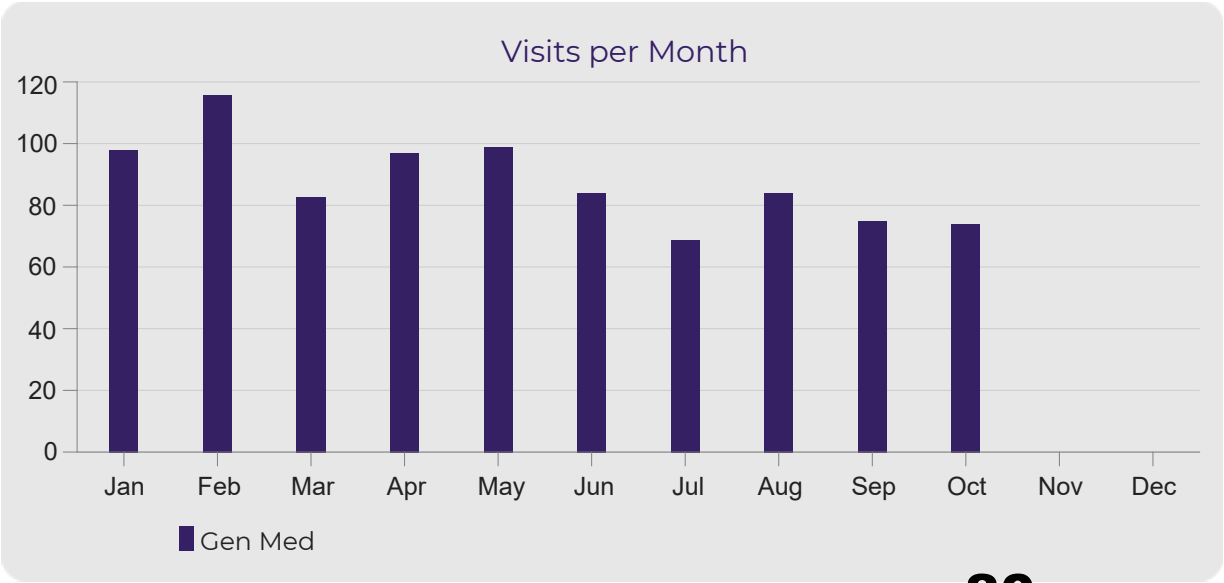
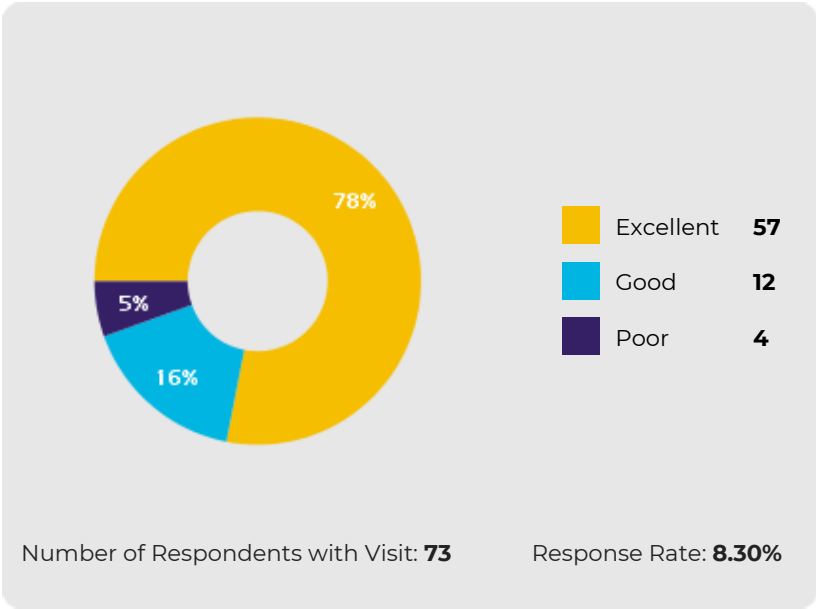
Telehealth Utilization Report

October 2023
Fresno City Trust

	Visits		Visit Utilization*	Total Net Claim Savings*
	Report Period	YTD	Annualized	YTD
Primary Care	N/A	N/A	N/A	**
General Medical	74	879	23.9%	\$409,166
Mental Health	N/A	N/A	N/A	N/A
Dermatology	N/A	N/A	N/A	N/A
Grand Total				\$409,166

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

Overall member satisfaction YTD





General Medical

Annualized Utilization

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

23.9%

Claim Savings Per Episode

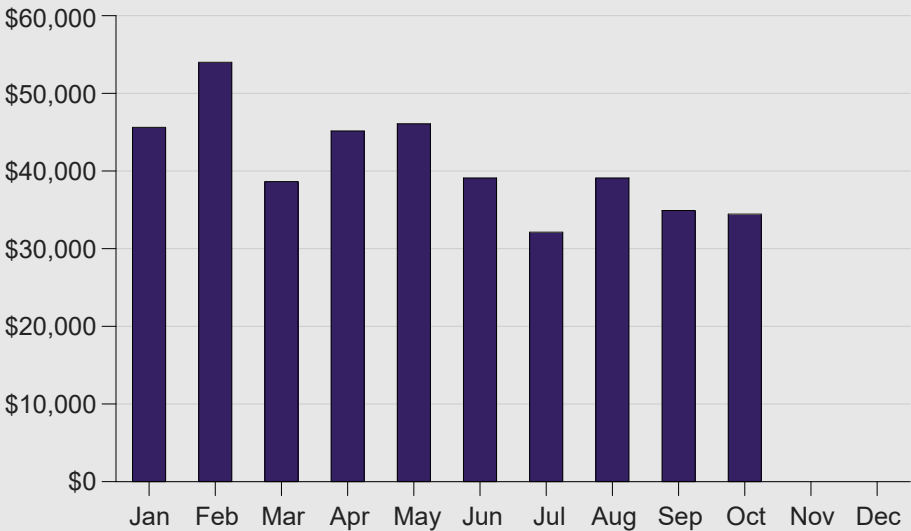
\$465

Total Net Claim Savings YTD

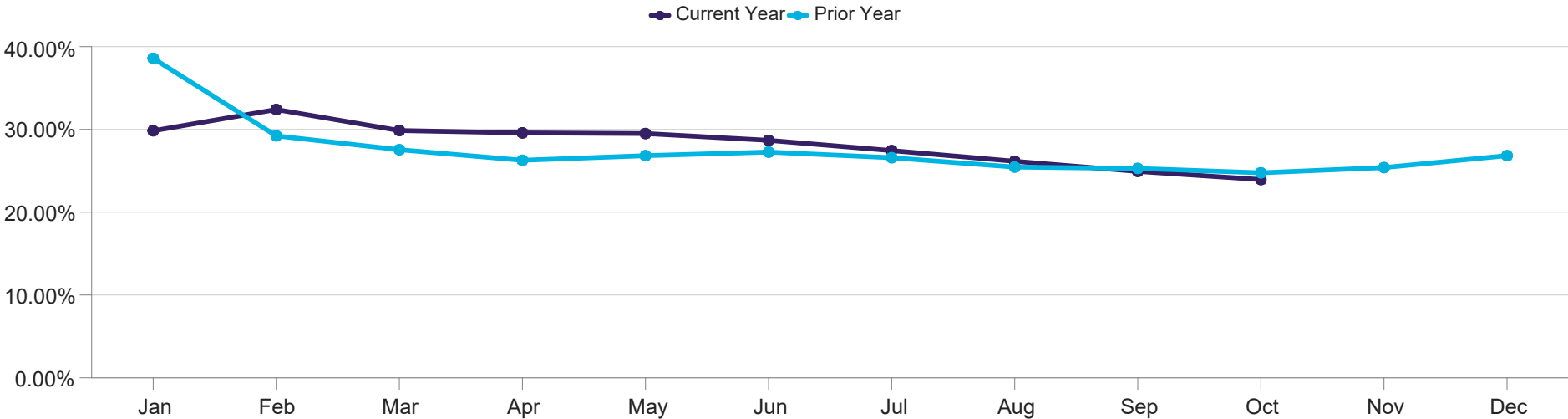
$$\text{Claim Savings Per Episode} \times \text{Number of Visits YTD}$$

\$409,166

Net Claim Savings

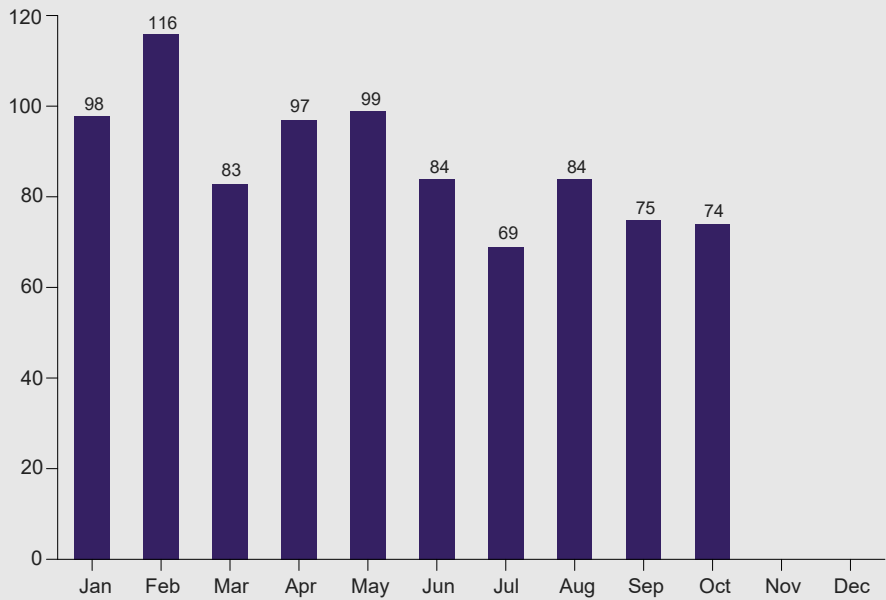


Annualized utilization trend



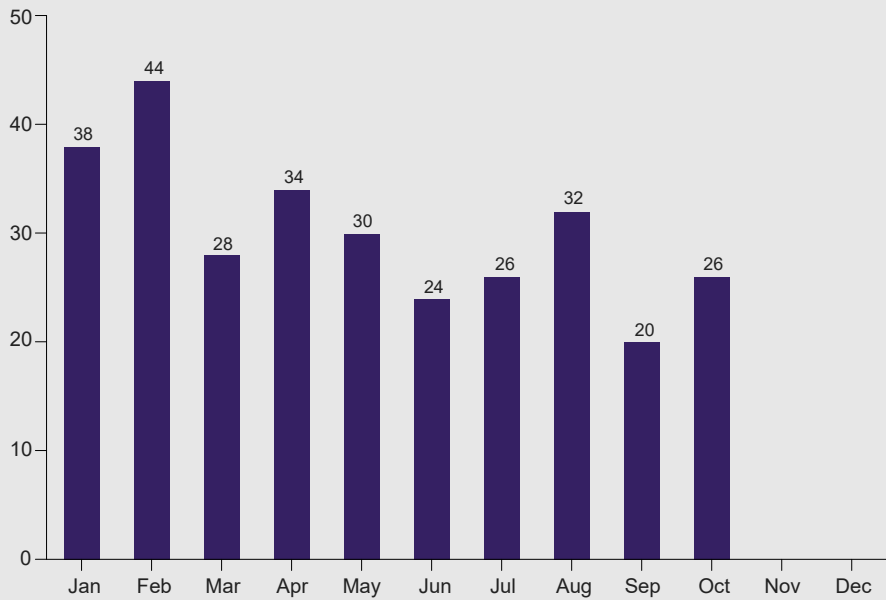
Visits this period **74**

Total Number of Unique Users this period **68**



YTD **879**

Registrations this period **26**



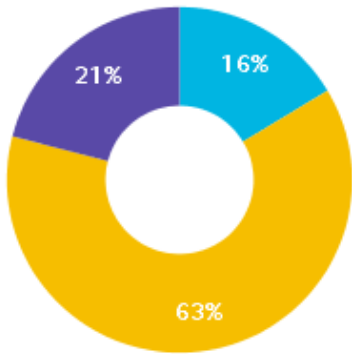
YTD **302**

	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	49	553	5,306	4,406	14	1,435	13	1,151
Dependents	25	326	8,701	7,343	12	1,172	11	988
Eligible Lives	74	879	14,007	11,749	26	2,607	24	2,139

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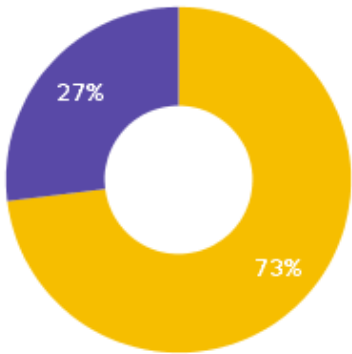
How your members received care YTD

Visit request method



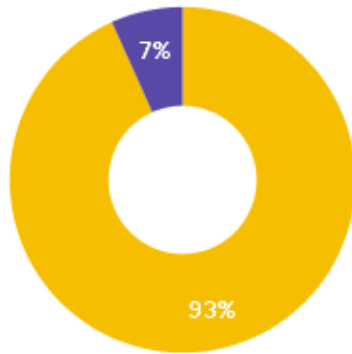
Website Mobile app Call center

Visit method



Phone Visualized

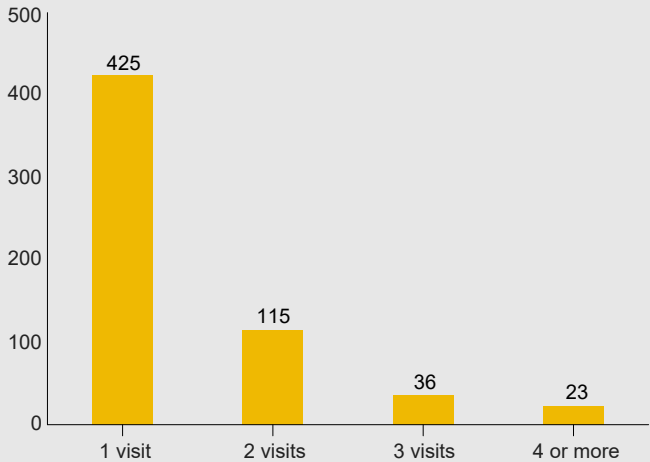
On demand vs scheduled



On demand Scheduled

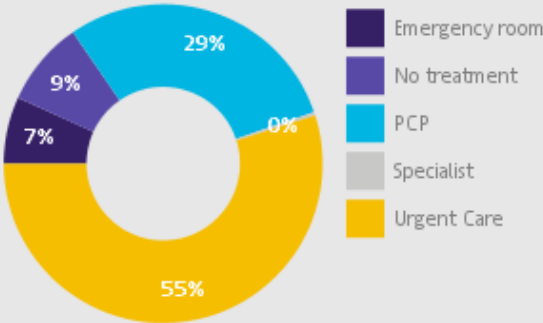
Visit frequency

Total number of unique users: 599



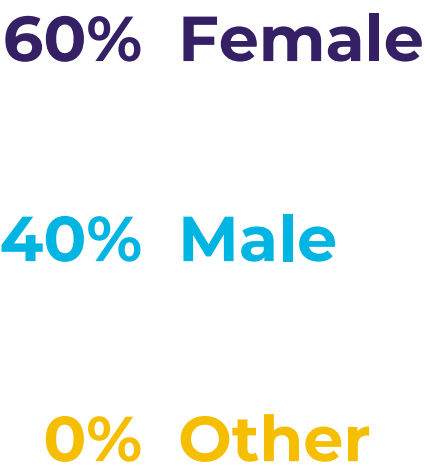
Consults	Percent
1 visit	71%
2 visits	19%
3 visits	6%
4 or more	4%

Where member would have gone if Teladoc were not available

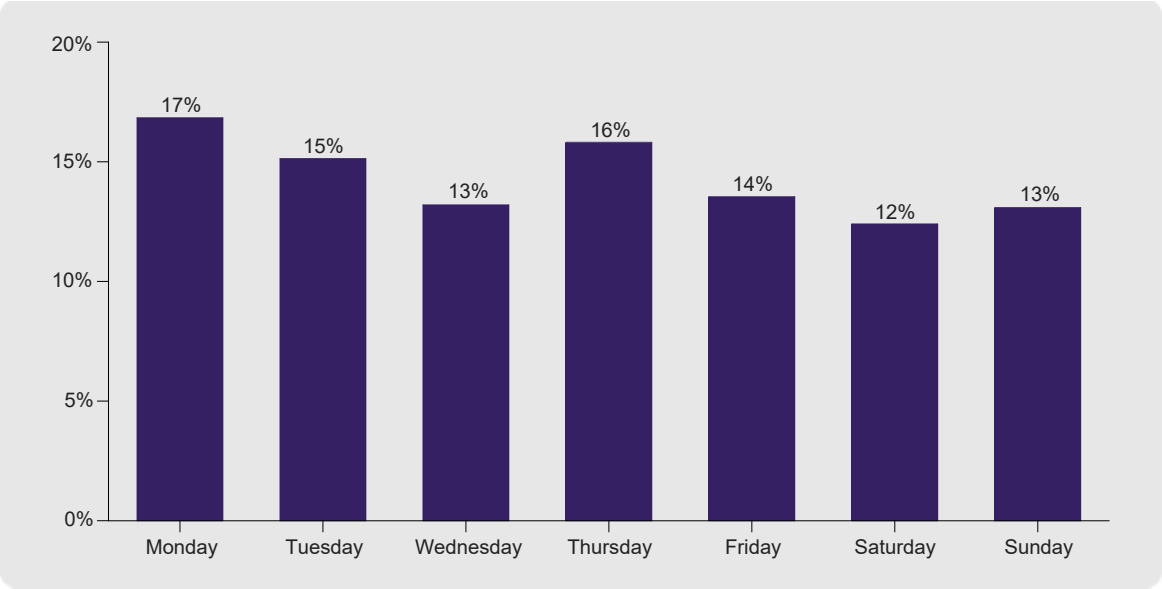


Who received care and when YTD

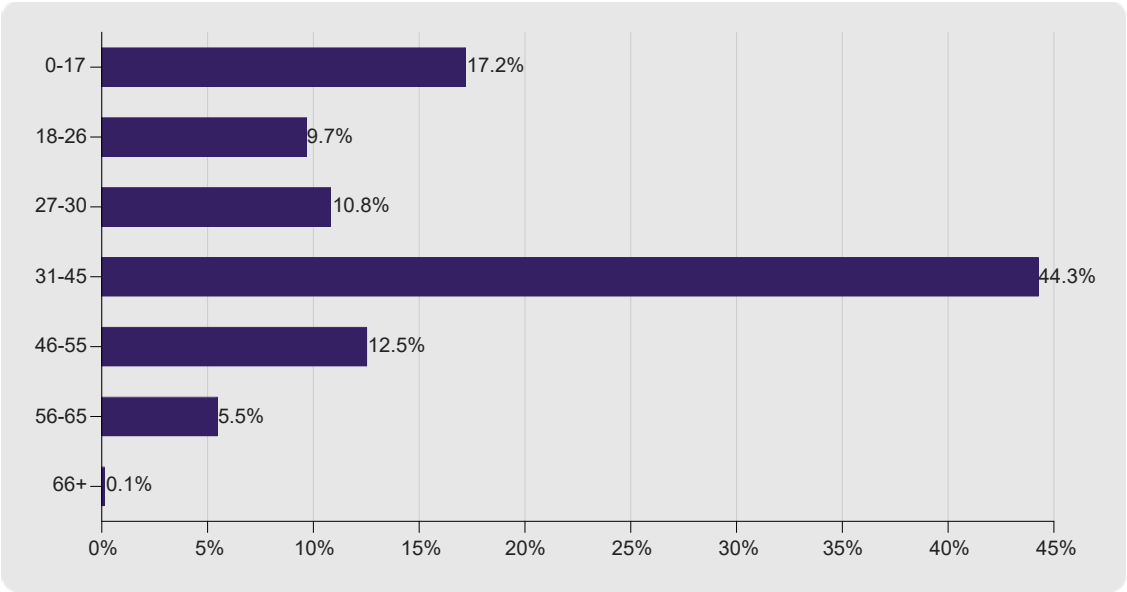
Gender



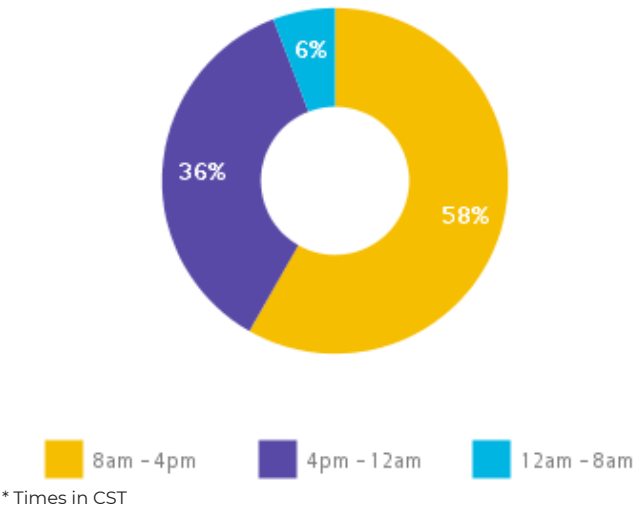
Day of week



Utilization by age



Time of day*





AVERAGE RESPONSE TIME

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

YTD

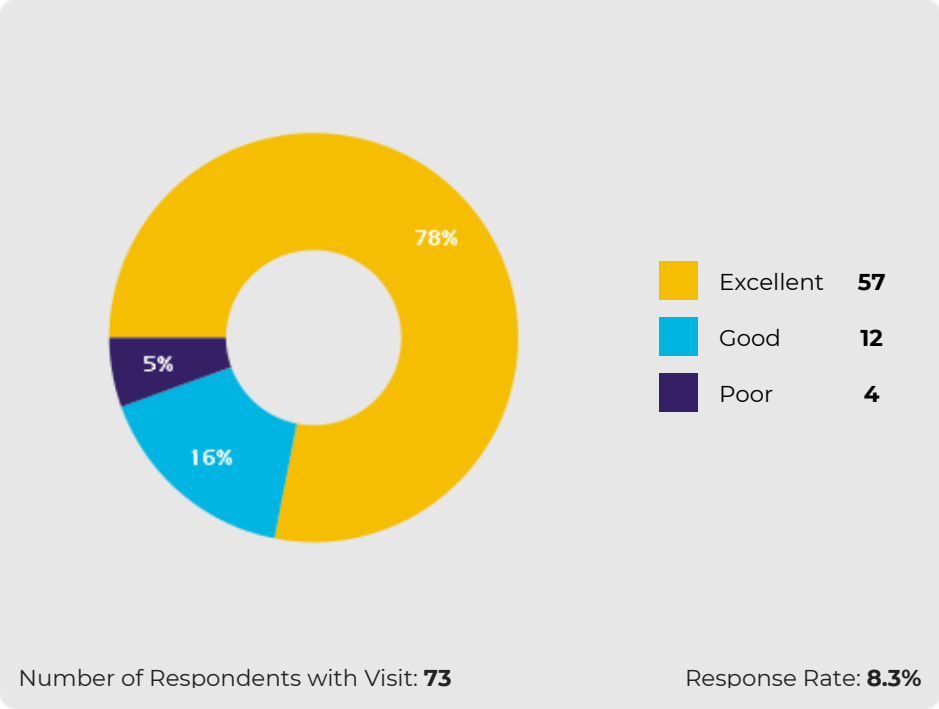
7 minutes

Report Period

5 min

State	Visits	% Visits
CALIFORNIA	869	98.9%
IDAHO	2	0.2%
INDIANA	2	0.2%
TEXAS	2	0.2%
GEORGIA	1	0.1%
HAWAII	1	0.1%
NEVADA	1	0.1%
TENNESSEE	1	0.1%

Member satisfaction



Prescriptions by visit

Total Visits:.....

879

Visits with Rx:.....

652

Total Rx:.....

1,296

% Visits with Rx:.....

74%

Visits without Rx:.....

227

Average Rx per Visit*...1.5

Top diagnoses

ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	12%
URINARY TRACT INFECTION, SITE NOT SPECIFIED	5%
ACUTE PHARYNGITIS, UNSPECIFIED	4%
ACUTE SINUSITIS, UNSPECIFIED	4%
ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	3%
RASH AND OTHER NONSPECIFIC SKIN ERUPTION	3%
STREPTOCOCCAL PHARYNGITIS	3%
ACUTE CYSTITIS WITHOUT HEMATURIA	2%
ACUTE COUGH	2%
OTHER ACUTE SINUSITIS	2%

Top prescriptions written

BENZONATATE 200 MG ORAL CAPSULE	6%
MACROBID MACROCRYSTALS-MONOHYDRATE 100 MG ORAL	6%
AMOXICILLIN-CLAVULANATE 875 MG-125 MG ORAL TABLET	5%
AZITHROMYCIN 5 DAY DOSE PACK 250 MG ORAL TABLET	4%
TESSALON PERLES 100 MG ORAL CAPSULE	3%
VALTREX 1 G ORAL TABLET	3%
IPRATROPIUM BROMIDE NASAL 42 MCG/INH NASAL SPRAY	2%
AMOXICILLIN 875 MG ORAL TABLET	2%
AZELASTINE HYDROCHLORIDE NASAL 137 MCG/INH NASAL	2%
DIFLUCAN 150 MG ORAL TABLET	2%

*Average Rx is calculated as Total Rx / Total Visits.
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Telehealth Utilization Report

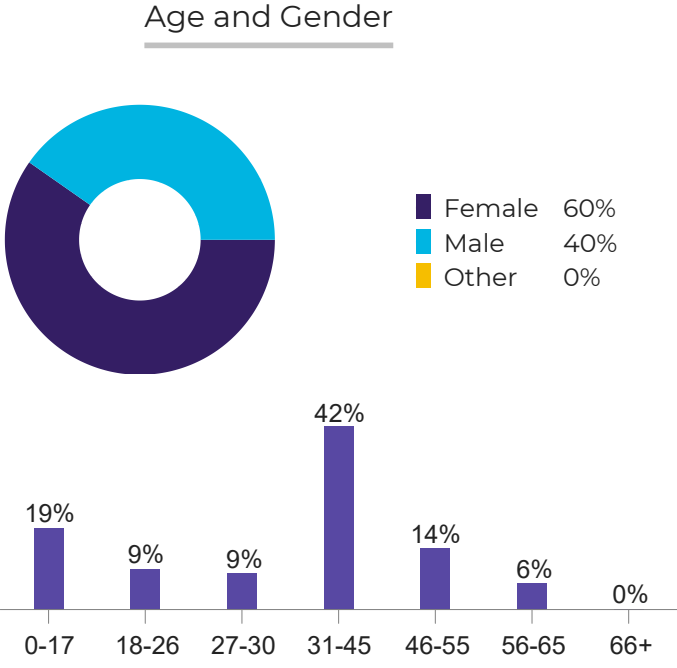
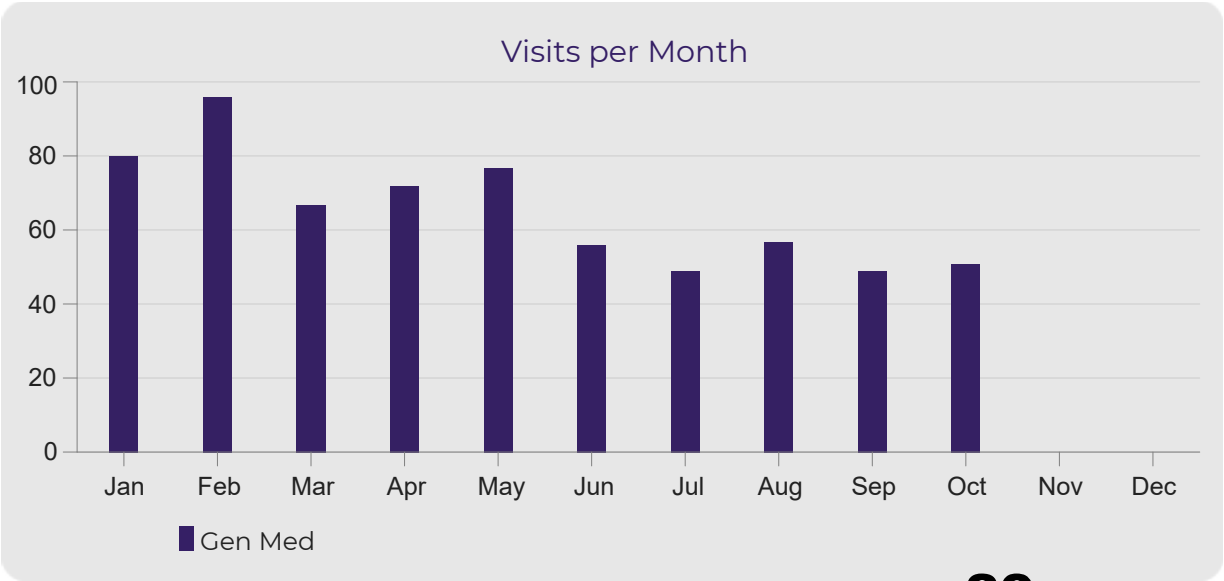
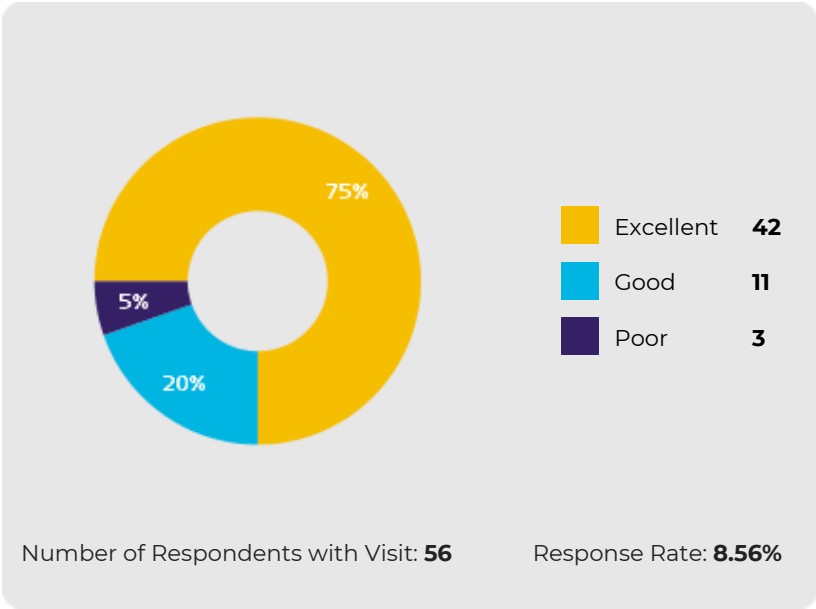
October 2023

Fresno City Trust PPO High Option

	Visits		Visit Utilization*	Total Net Claim Savings*
	Report Period	YTD	Annualized	YTD
Primary Care	N/A	N/A	N/A	**
General Medical	51	654	26.4%	\$304,430
Mental Health	N/A	N/A	N/A	N/A
Dermatology	N/A	N/A	N/A	N/A
Grand Total				\$304,430

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

Overall member satisfaction YTD





General Medical

Annualized Utilization

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

26.4%

Claim Savings Per Episode

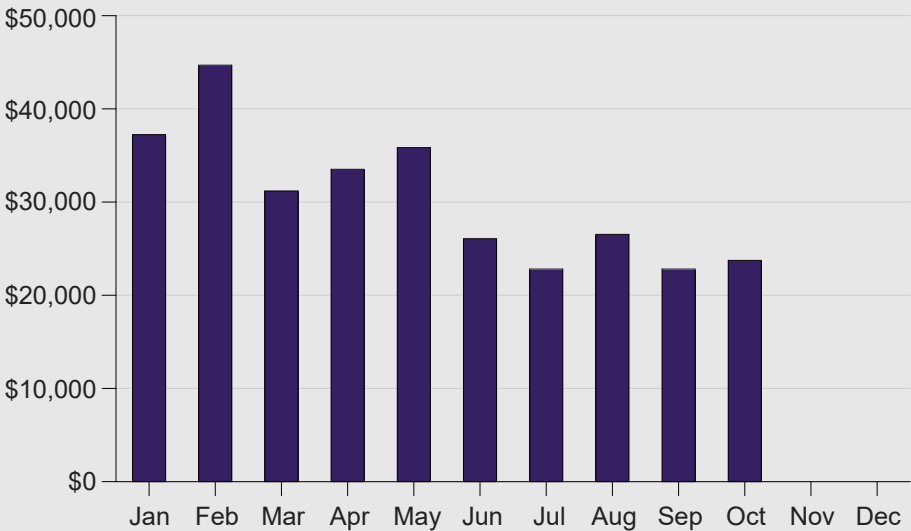
\$465

Total Net Claim Savings YTD

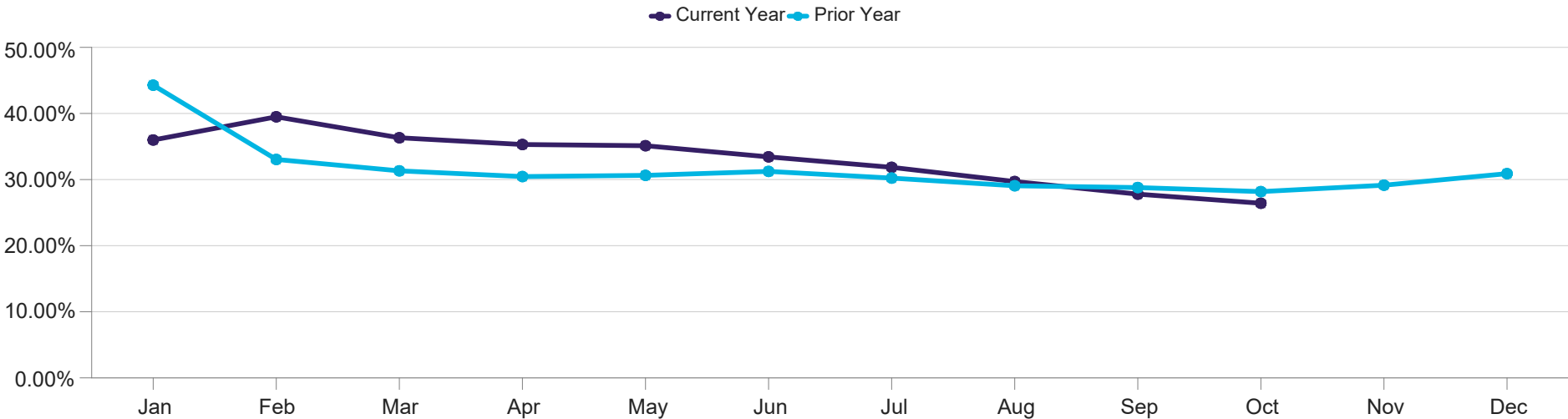
$$\text{Claim Savings Per Episode} \times \text{Number of Visits YTD}$$

\$304,430

Net Claim Savings

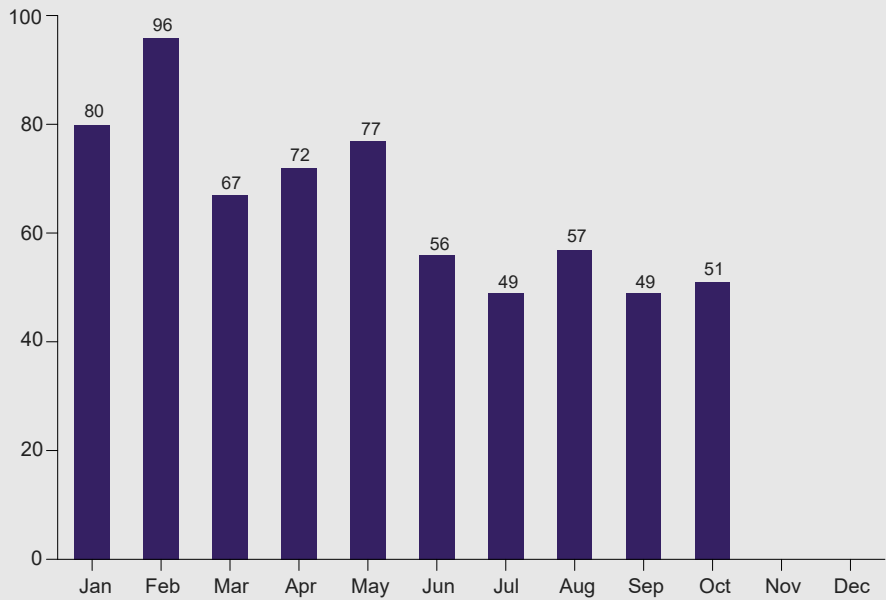


Annualized utilization trend



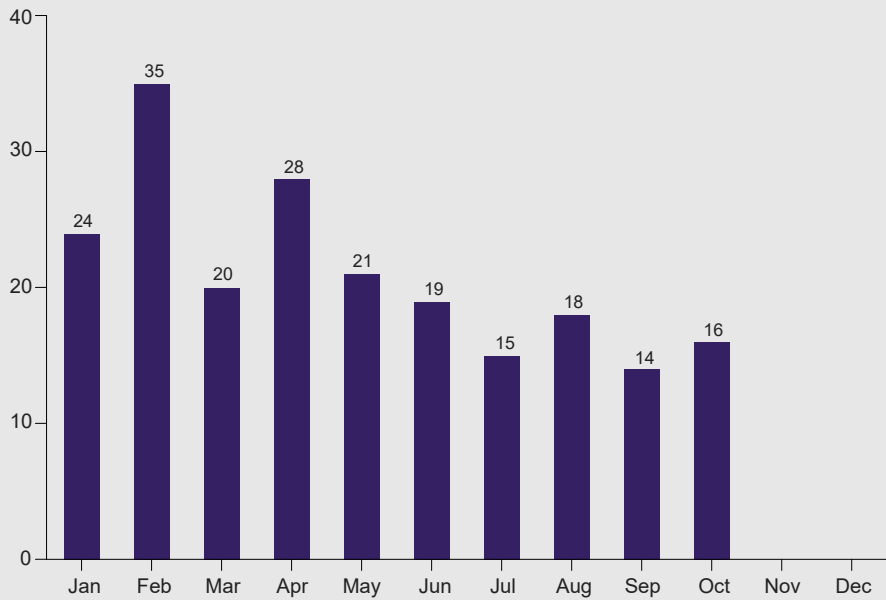
Visits this period **51**

Total Number of Unique Users this period **49**



YTD **654**

Registrations this period **16**



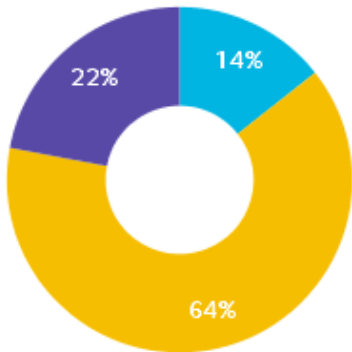
YTD **210**

	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	31	382	3,675	2,971	8	1,130	8	885
Dependents	20	272	6,766	5,514	8	1,000	7	836
Eligible Lives	51	654	10,441	8,485	16	2,130	15	1,721

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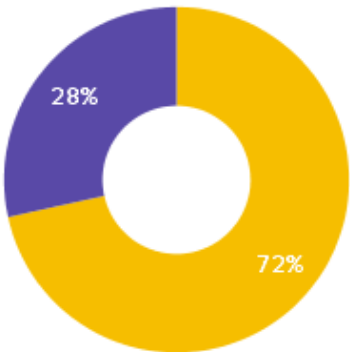
How your members received care YTD

Visit request method



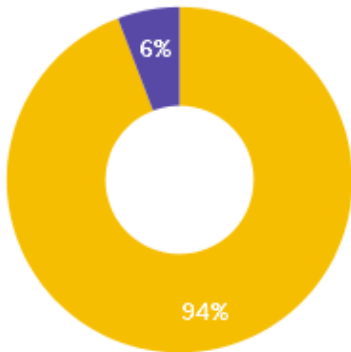
Website Mobile app Call center

Visit method



Phone Visualized

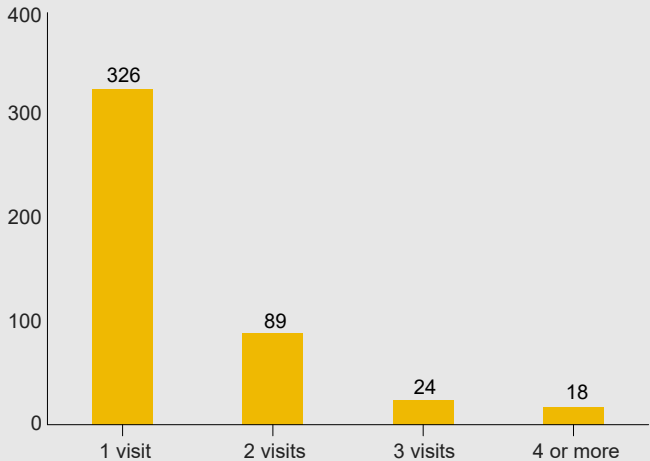
On demand vs scheduled



On demand Scheduled

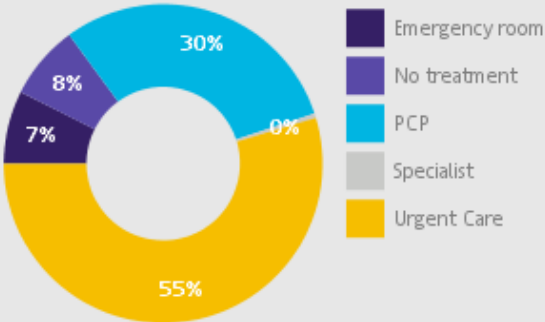
Visit frequency

Total number of unique users: **457**



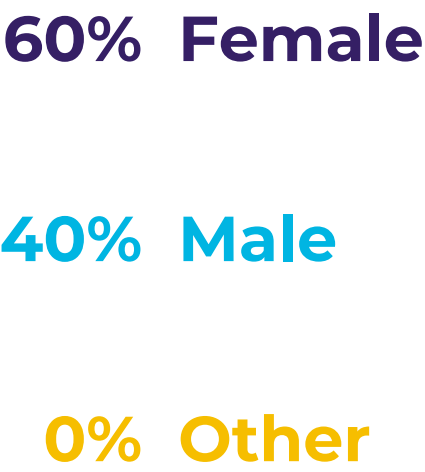
Consults	Percent
1 visit	71%
2 visits	19%
3 visits	5%
4 or more	4%

Where member would have gone if Teladoc were not available

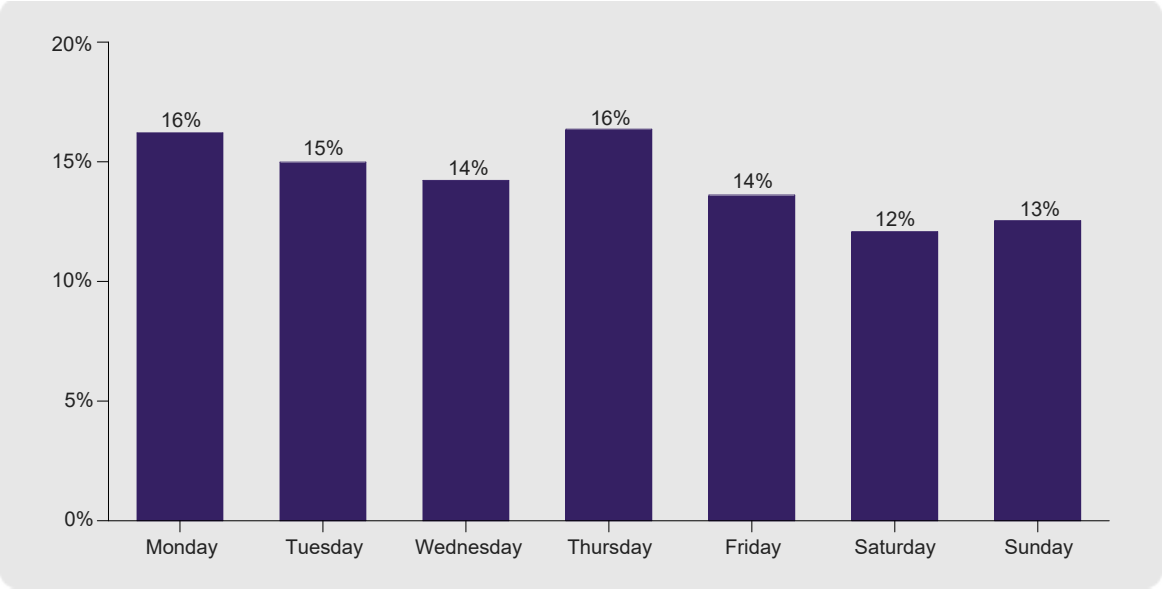


Who received care and when YTD

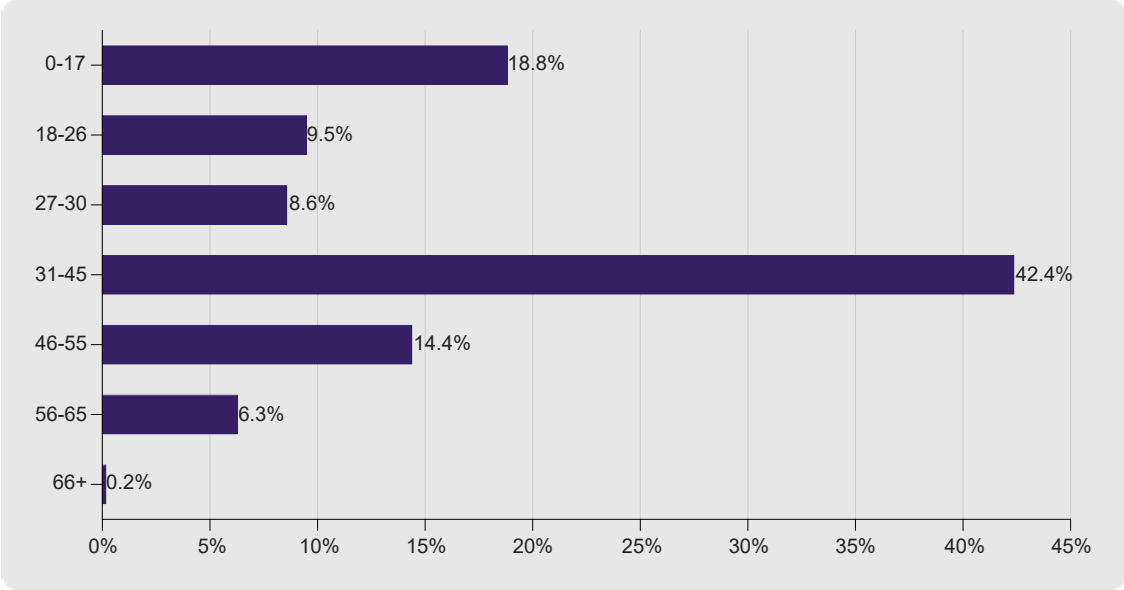
Gender



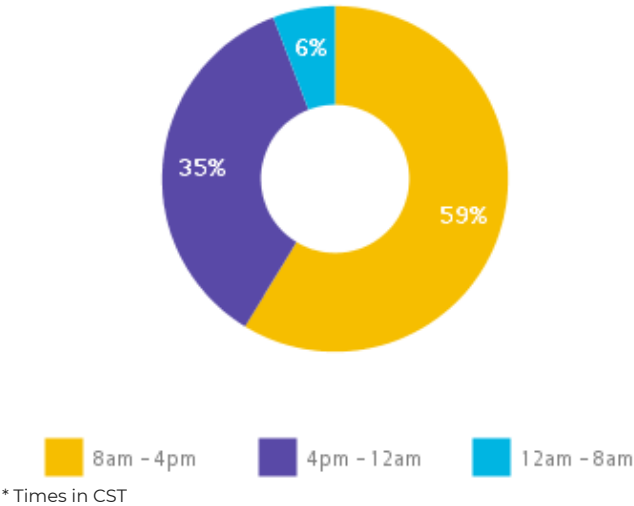
Day of week



Utilization by age



Time of day*





AVERAGE RESPONSE TIME

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

YTD

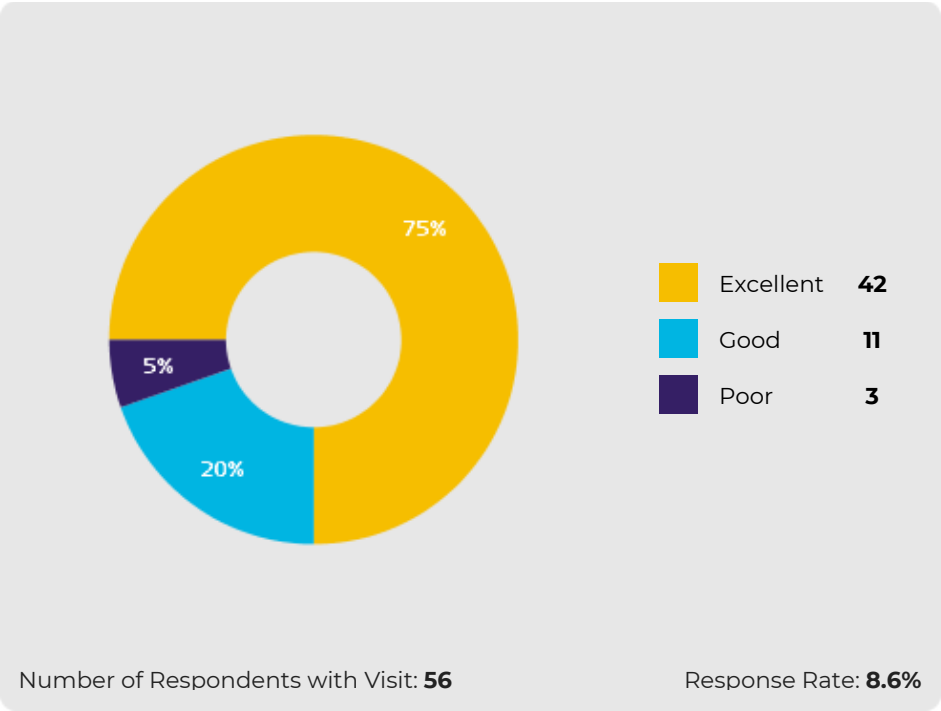
7 minutes

Report Period

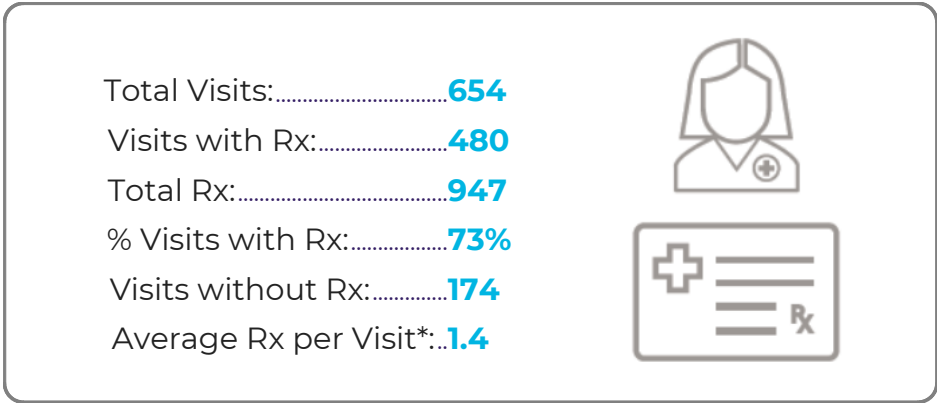
6 min

State	Visits	% Visits
CALIFORNIA	647	98.9%
IDAHO	2	0.3%
INDIANA	2	0.3%
TEXAS	2	0.3%
GEORGIA	1	0.2%

Member satisfaction



Prescriptions by visit



Top diagnoses

ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	13%
URINARY TRACT INFECTION, SITE NOT SPECIFIED	5%
ACUTE PHARYNGITIS, UNSPECIFIED	5%
ACUTE SINUSITIS, UNSPECIFIED	4%
ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	4%
RASH AND OTHER NONSPECIFIC SKIN ERUPTION	4%
STREPTOCOCCAL PHARYNGITIS	2%
ACUTE CYSTITIS WITHOUT HEMATURIA	2%
ACUTE COUGH	2%
OTHER ACUTE SINUSITIS	2%

Top prescriptions written

BENZONATATE 200 MG ORAL CAPSULE	6%
AMOXICILLIN-CLAVULANATE 875 MG-125 MG ORAL TABLET	5%
MACROBID MACROCRYSTALS-MONOHYDRATE 100 MG ORAL	5%
AZITHROMYCIN 5 DAY DOSE PACK 250 MG ORAL TABLET	4%
TESSALON PERLES 100 MG ORAL CAPSULE	4%
VALTREX 1 G ORAL TABLET	3%
IPRATROPIUM BROMIDE NASAL 42 MCG/INH NASAL SPRAY	3%
AZELASTINE HYDROCHLORIDE NASAL 137 MCG/INH NASAL	2%
AMOXICILLIN 875 MG ORAL TABLET	2%
DIFLUCAN 150 MG ORAL TABLET	2%

*Average Rx is calculated as Total Rx / Total Visits.
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Telehealth Utilization Report

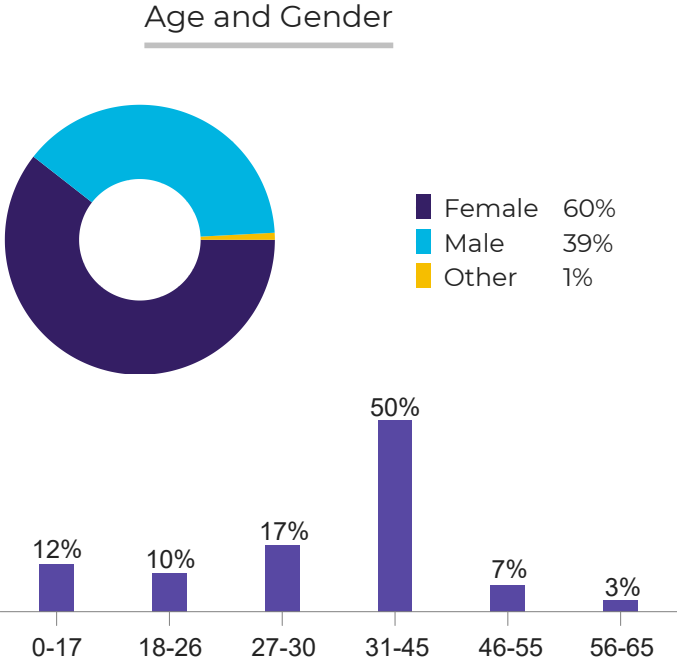
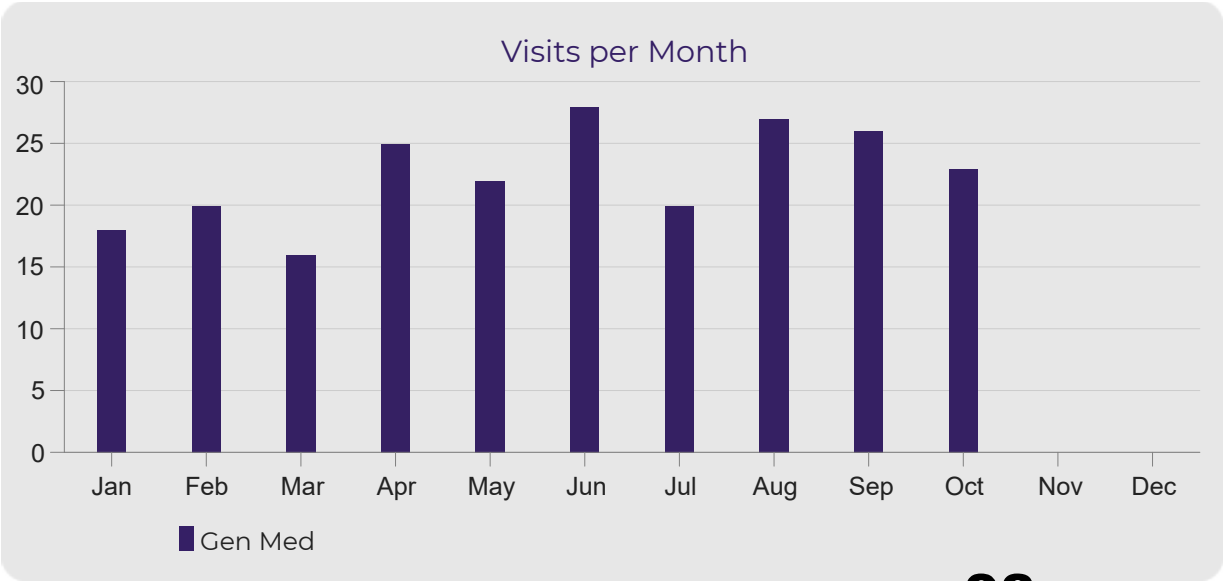
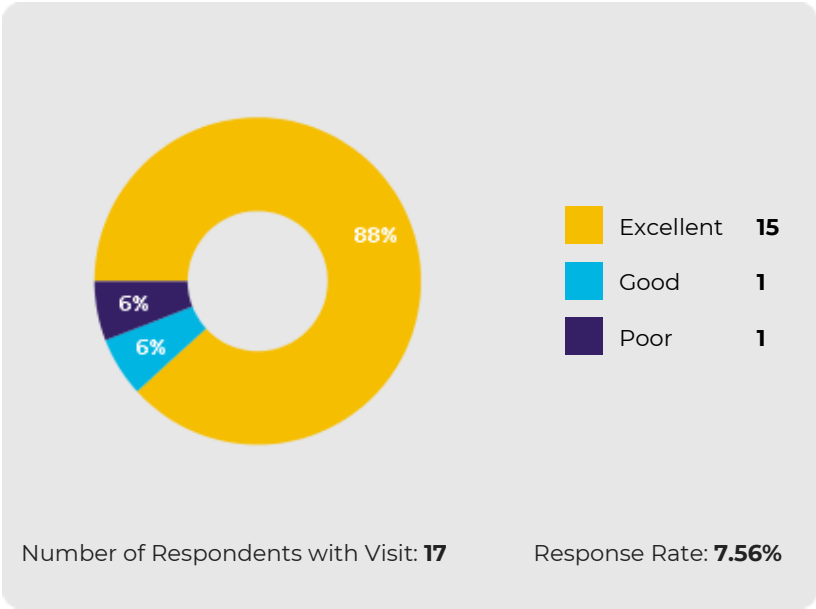
October 2023

Fresno City Trust PPO Low Option

	Visits		Visit Utilization*	Total Net Claim Savings*
	Report Period	YTD	Annualized	YTD
Primary Care	N/A	N/A	N/A	**
General Medical	23	225	18.8%	\$104,735
Mental Health	N/A	N/A	N/A	N/A
Dermatology	N/A	N/A	N/A	N/A
Grand Total				\$104,735

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

Overall member satisfaction YTD





General Medical

Annualized Utilization

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

18.8%

Claim Savings Per Episode

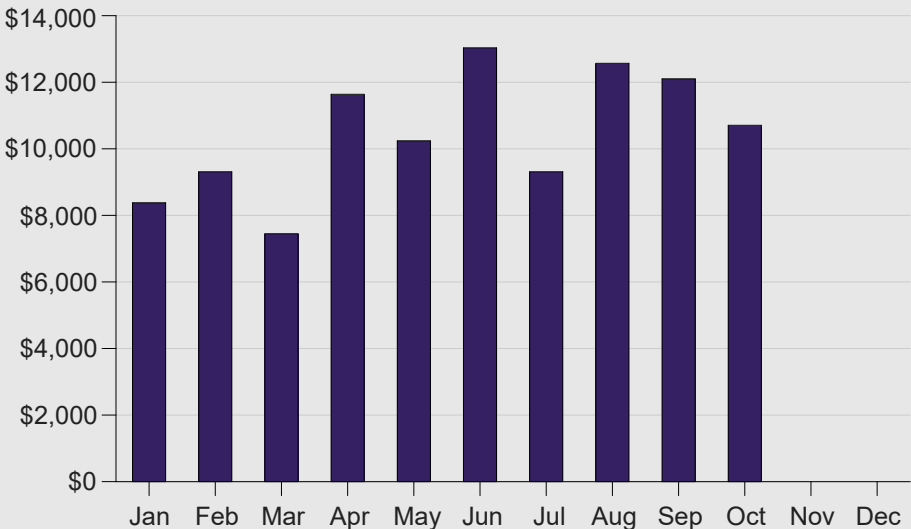
\$465

Total Net Claim Savings YTD

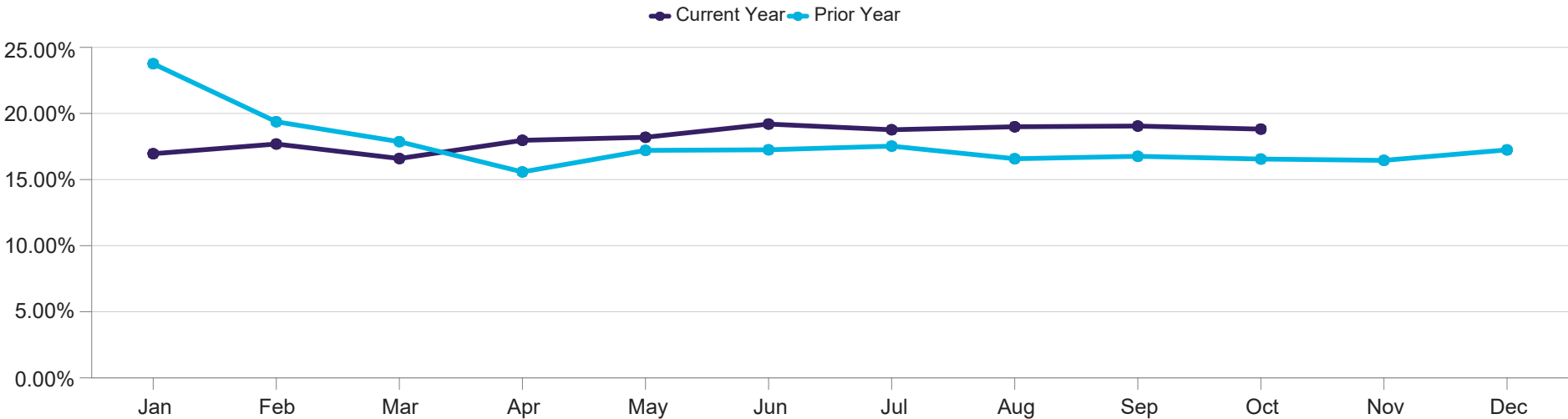
$$\text{Claim Savings Per Episode} \times \text{Number of Visits YTD}$$

\$104,735

Net Claim Savings

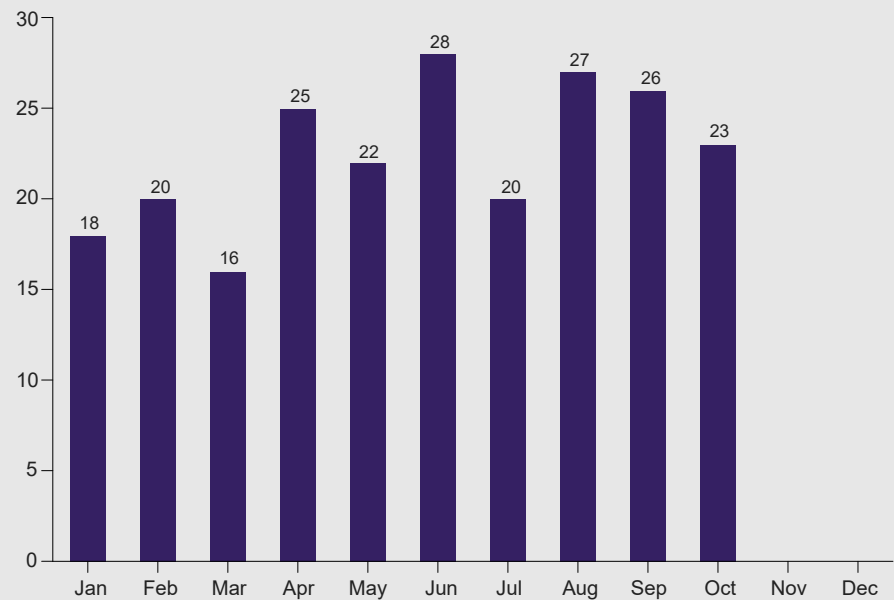


Annualized utilization trend



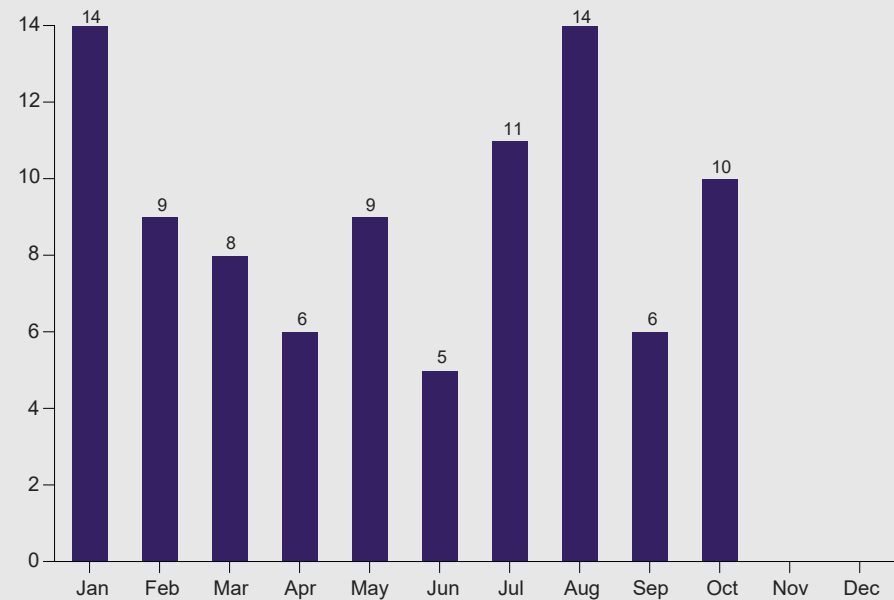
Visits this period **23**

Total Number of Unique Users this period **19**



YTD **225**

Registrations this period **10**



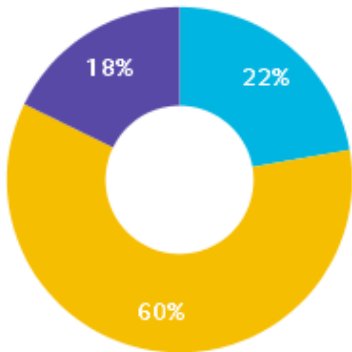
YTD **92**

	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	18	171	1,631	1,435	6	305	5	266
Dependents	5	54	1,935	1,829	4	172	4	152
Eligible Lives	23	225	3,566	3,264	10	477	9	418

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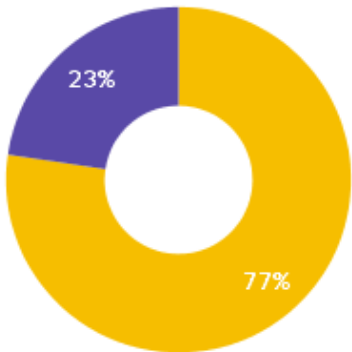
How your members received care YTD

Visit request method



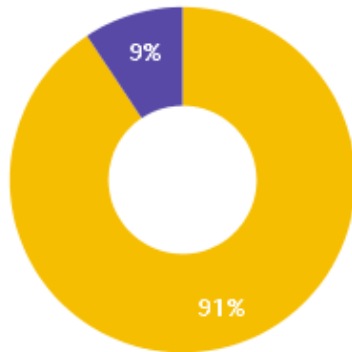
Website Mobile app Call center

Visit method



Phone Visualized

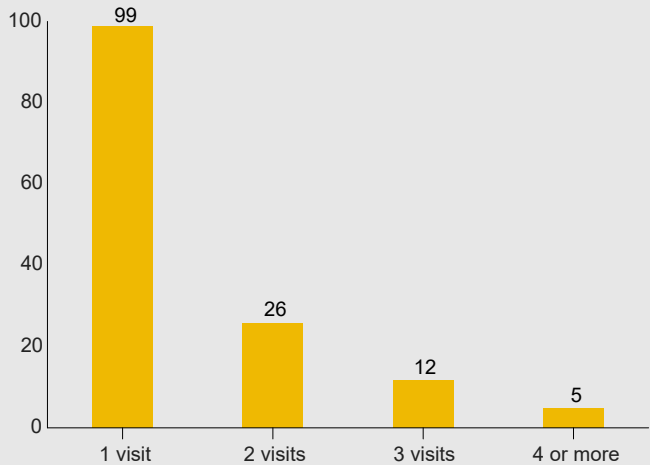
On demand vs scheduled



On demand Scheduled

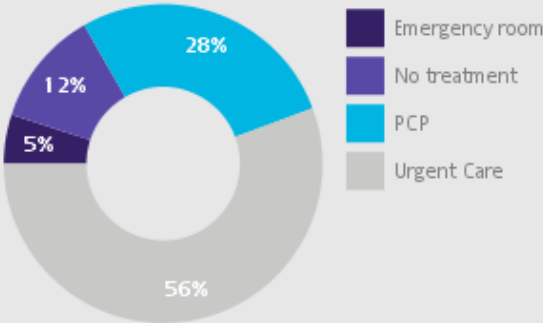
Visit frequency

Total number of unique users: **142**



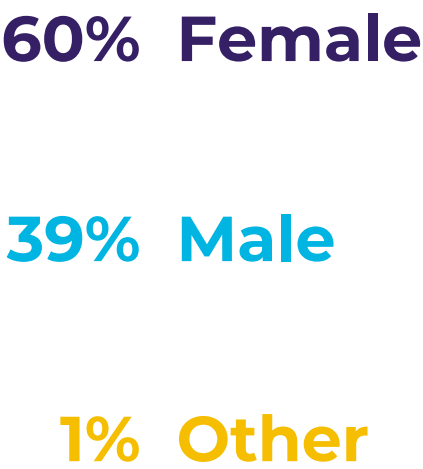
Consults	Percent
1 visit	70%
2 visits	18%
3 visits	8%
4 or more	4%

Where member would have gone if Teladoc were not available

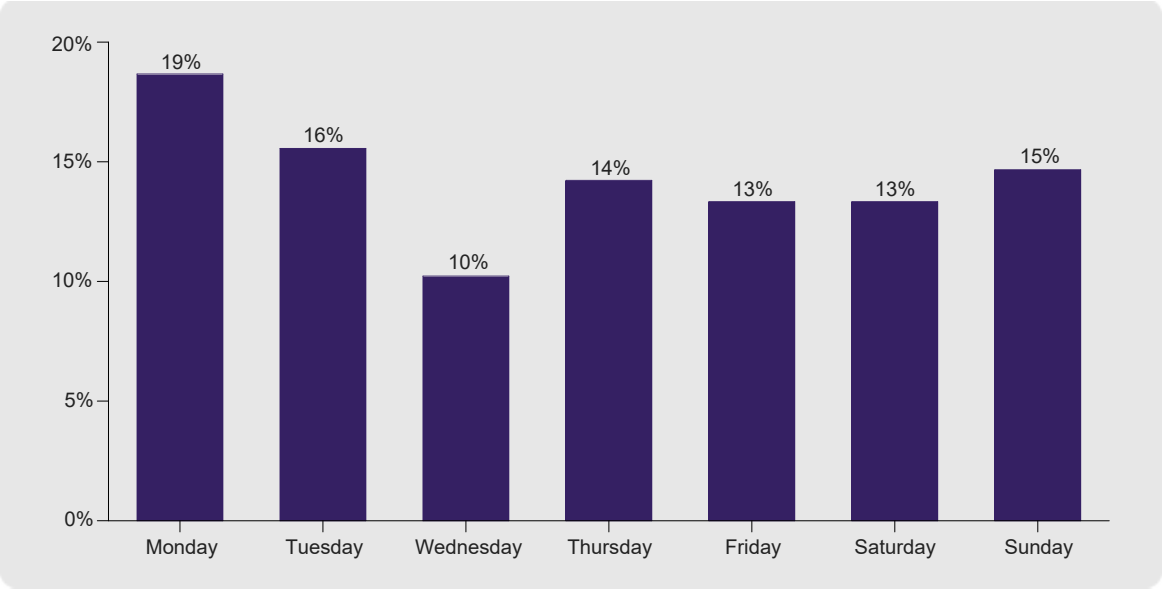


Who received care and when YTD

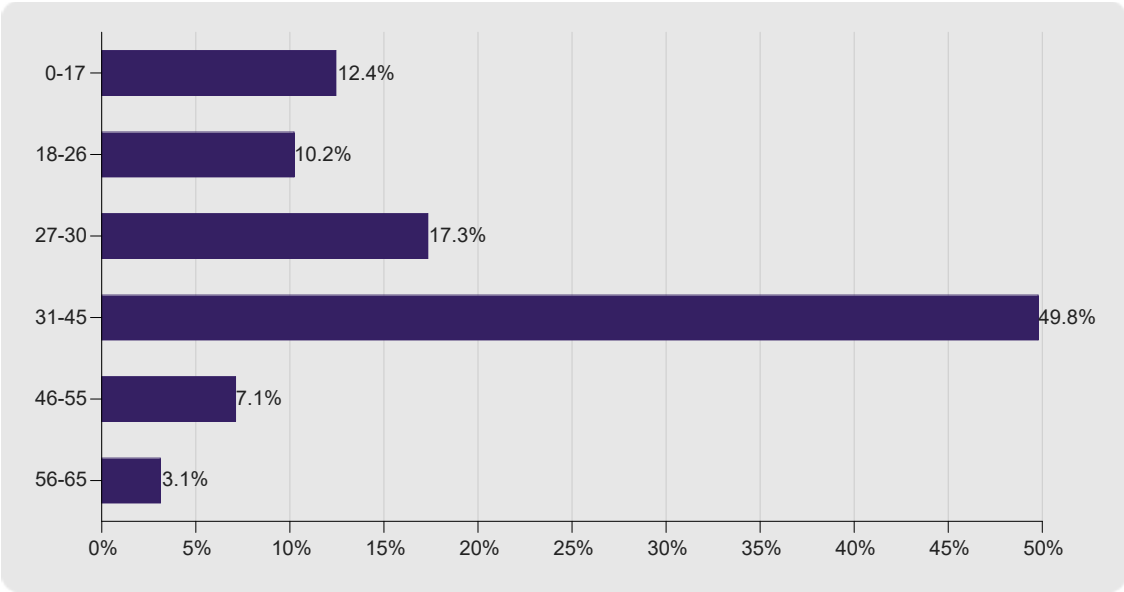
Gender



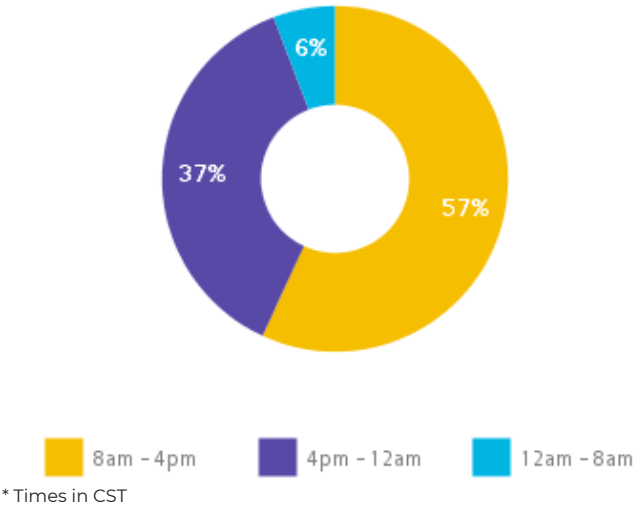
Day of week



Utilization by age



Time of day*





AVERAGE RESPONSE TIME

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

YTD

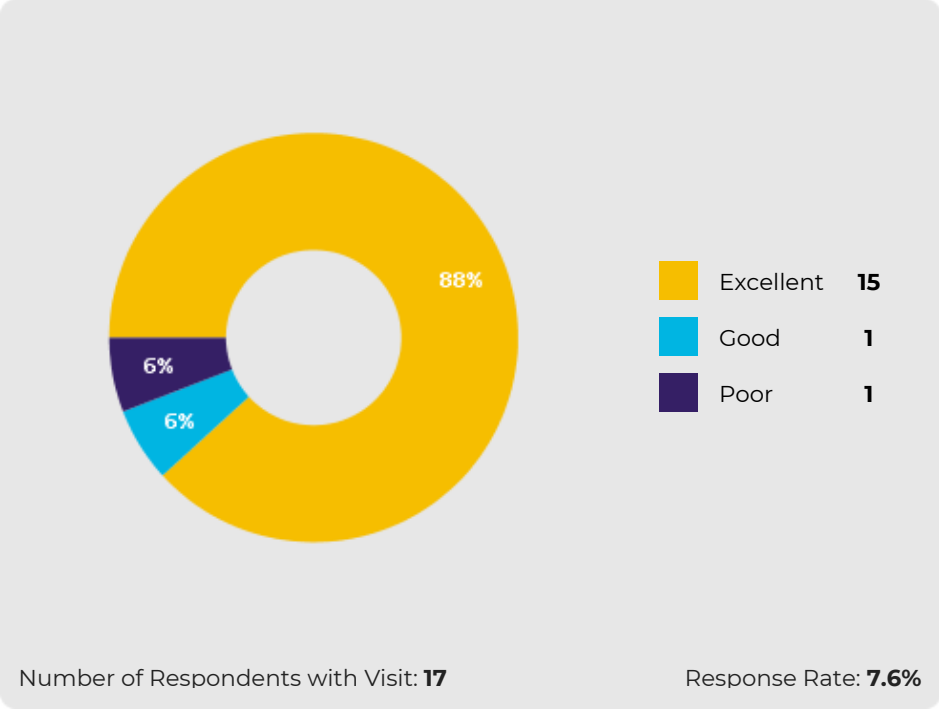
6 minutes

Report Period

4 min

State	Visits	% Visits
CALIFORNIA	222	98.7%
HAWAII	1	0.4%
NEVADA	1	0.4%
TENNESSEE	1	0.4%

Member satisfaction



Prescriptions by visit

Total Visits:.....225

Visits with Rx:.....172

Total Rx:.....349

% Visits with Rx:.....76%

Visits without Rx:.....53

Average Rx per Visit*...1.6

The icon depicts a doctor's head and shoulders in a simple line-art style, positioned above a rectangular icon representing a prescription pad with a cross and 'Rx' symbol.

Top diagnoses

ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	10%
URINARY TRACT INFECTION, SITE NOT SPECIFIED	7%
ACUTE PHARYNGITIS, UNSPECIFIED	3%
DYSURIA	3%
INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED	3%
STREPTOCOCCAL PHARYNGITIS	3%
ACUTE CYSTITIS WITHOUT HEMATURIA	2%
ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	2%
OTHER MUCOPURULENT CONJUNCTIVITIS, RIGHT EYE	2%
ACUTE BRONCHITIS, UNSPECIFIED	2%

Top prescriptions written

MACROBID MACROCRYSTALS-MONOHYDRATE 100 MG ORAL	7%
BENZONATATE 200 MG ORAL CAPSULE	7%
AZITHROMYCIN 5 DAY DOSE PACK 250 MG ORAL TABLET	4%
ALBUTEROL (EQV-PROAIR HFA) 90 MCG/INH INHALATION	3%
ALBUTEROL (EQV-PROVENTIL HFA) 90 MCG/INH INHALATION	3%
ONDANSETRON HYDROCHLORIDE 4 MG ORAL TABLET,	3%
AMOXICILLIN-CLAVULANATE 875 MG-125 MG ORAL TABLET	3%
DIFLUCAN 150 MG ORAL TABLET	3%
AMOXICILLIN 875 MG ORAL TABLET	2%
IPRATROPIUM BROMIDE NASAL 42 MCG/INH NASAL SPRAY	2%

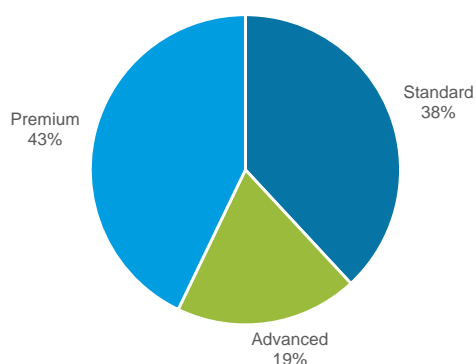
*Average Rx is calculated as Total Rx / Total Visits.
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UTILIZATION REPORT - Rolling 12 Months

Fresno City Employees Health and Welfare Trust

12 Months	Activations	Members Purchased	Devices Purchased	Conversion	Average Purchase Price
	14	12	23	86%	\$1,970

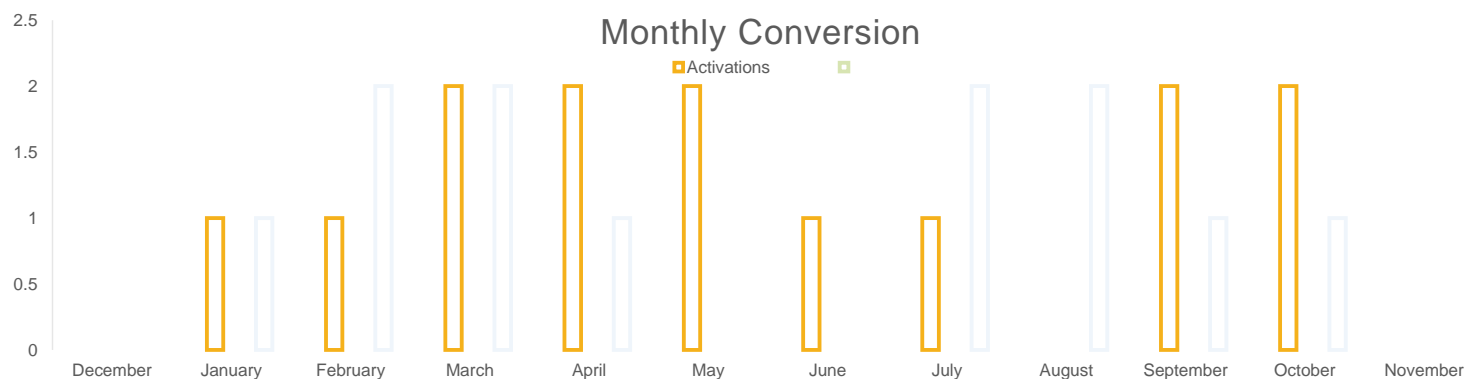
Technology Level Purchases



Tech Level Purchased

Silver	0
Gold	0
Essential	0
Standard	10
Advanced	4
Premium	9
Total	23

Monthly Conversion



Month	Activations	Members Purchased	Devices Purchased	Average Purchase Price
December	0	0	0	0
January	1	1	2	0
February	1	2	4	1,974
March	2	2	5	2,499
April	2	1	2	2,499
May	2	0	0	0
June	1	0	0	0
July	1	2	4	1,649
August	0	2	2	1,899
September	2	1	2	1,399
October	2	1	2	1,399
November	0	0	0	0
TOTAL	14	12	23	\$1,970

Insurance Plan Name	Activations	Purchases	Devices Sold	Sales (\$)
Fresno City Employees Health and Welfare Trust - Non-Contributory	1	-	-	\$ -
Fresno City Employees Health and Welfare Trust - Contributory Plan	13	12	23	\$ 44,177
Grand Total	14	12	23	\$ 44,177

GLOSSARY

Program Activations	Number of members that contacted EPIC to start their journey with a EPIC provider
Members Purchased	Number of members that purchased one or more hearing aids or accessories
Devices Purchased	Number of total hearing aids and accessories purchased after exchanges and returns
Conversion	The difference between the number of members that contacted EPIC to start their journey(Activations) and those that purchased hearing aids(Members Purchased)
Average Purchase Price	The average price of a single device purchased

Technology Levels

Silver	Delivers an effective solution geared toward communication in moderate sized group environments and at maximum affordability.
Gold	State-of-the art technology delivering on the high demands of an active social lifestyle and larger group gathering environments.
Essential	Practical, economical features suitable for communication in smaller groups and mostly quiet environments.
Standard	Ideal for people who expect value in state-of-the art technology. Supports the hearing demands in environments with moderate noise.
Advanced	Perfect balance of performance and price. Impressive features enhance the hearing ability in vibrant settings.
Premium	Satisfies those who expect nothing but the best. Supports extremely active lifestyles, including the most difficult listening situations.



Comprehensive Service Package

Fresno City Employees H&W Trust

Potential Participants	Staff Assigned
300-400	2 LVN's, 2 MA's *Depending on sign-ups*

Location	Dates	Time
1910 E. University Ave. Fresno, CA 93703	10.25.2023	7:00AM – 12:00PM
5607 W. Jensen Ave. Fresno, CA 93706	10.25.2023	2:00PM – 4:00PM
1325 E. El Dorado St. Fresno, CA 93706	10.26.2023	7:00AM – 10:00AM
2600 Fresno St. Fresno, CA 93721	10.26.2023	12:00PM – 5:30PM
1325 E. El Dorado St. Fresno, CA 93706	11.07.2023	7:00AM – 10:00AM

Influenza, HDF, COVID, Pneumonia Vaccinations & Biometric Screenings

- On-Site Administration in Health Fair setting
- Standard biometric screening performed
- Evaluation of symptoms (as needed)
- One-on-one single technician interaction for comfort of each participant
- Disposal of all biohazard material
- FDA approved vaccinations

Pricing

Influenza **\$28.50** per vaccination

Influenza High Dose **\$72.50** per vaccination

COVID-19 Vaccine **\$40.00** per vaccination – *Bivalent mRNA COVID vaccines are no longer authorized to administer by FDA*

Pneumonia Vaccine **\$300.00** per vaccination

Biometric Health Screening **\$49** per screening

Designated Event Coordinator

Name: Phillip Carbajal

Email: phillip.carbajal@fresno.gov

Phone: 559-621-6992

Billing Information

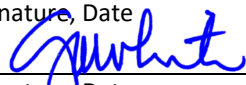
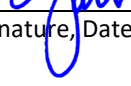
Name: Diana Cavazos

Email: dcavazos@healthcomp.com

Phone: 559-312-2295

Terms and Conditions

- The agreement contained in this contract constitutes the sole agreement between Fresno City Employees H&W Trust and Elite Corporate Wellness, regarding all items included in this agreement.
- Fees to Elite Corporate Wellness are due within 30 days of invoice receipt.
- Due to event dates requested, if Elite has not received its vaccination supply, flu vaccinations will be subject to cancellation. Make-up service & dates can be renegotiated at a later time, if desired.
- The agreement becomes effective when signed by agents of Fresno City Employees H&W Trust and Elite Corporate Wellness.

Print Name, Title	Signature, Date
Print Name, Title Georgianne A. White, Co-Chair	Signature, Date  10/20/2023
Print Name, Title Tiffany Atteberry, Accounting Manager	Signature, Date 



Comprehensive Service Package

Fresno City Employees H&W Trust

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1325 E. El Dorado St. Fresno, CA 93706	11.07.2023	7:00AM – 10:00AM

Influenza, HDF, COVID, Pneumonia Vaccinations & Biometric Screenings

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Designated Event Coordinator

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Phone: 559-621-6992

Billing Information

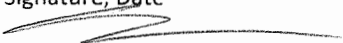
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Print Name, Title SHANE D. ARCHER, CHAIR	Signature, Date  10-20-23
Print Name, Title	Signature, Date
Print Name, Title Tiffany Atteberry, Accounting Manager	Signature, Date

ELITE CORPORATE WELLNESS

319 N. CHURCH STREET

Vis 100 93291

P. 855.733.7772



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

**Labor Management Trust
Fiduciary Liability Coverage**

Underwritten in Federal Insurance Company or Vigilant Insurance Company

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

Defense Cost Provision:

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

1. GENERAL INFORMATION

Name of trust or plan Fresno City Employees Health & Welfare Trust

Insurance Representative NuWest Insurance Service, A Division of Marsh McLennan Agency, LLC

Address of Insurance Representative 1 Polaris Way, Suite 300, Aliso Viejo, CA 92656

Industries or Trades Represented City Employees

2. MATERIAL CHANGE

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

3. UNDERWRITING INFORMATION

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

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

4. LIMIT REQUESTED

Coverage

Limit Requested

Labor Management Trust
Fiduciary Liability

\$ 3000000

5. POLICY PERIOD REQUESTED

From 01/15/2024 to 01/01/2025 both days at 12:01 am at the principal address of the Insurance Representative.

6. PLAN ADMINISTRATION

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

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

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

Who administers the daily operations of the trust or plan? Please give the name of the firm HealthComp

How often are formal trustee meetings held? Monthly



7. SIZE OF PLAN	Year	Total Assets	Annual Contributions	Number of Participants
	2022	\$24,880,768.00	\$66,873,774.00	4462

8. RECENT PLAN CHANGES

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

If yes, when _____ and attach details.

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

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

If yes, attach details.

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

If yes, attach details.

Please list annuity carrier _____

9. COMPLIANCE

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

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

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

If no, please explain: _____

If yes, by whom and when? CPA- Annually

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

If no, please explain: N/A

Are there any outstanding delinquent contributions? ☐ Yes ☒ No

If yes, attach details.

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

If yes, attach details.

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

If yes, attach details.

10. PAST ACTIVITIES

Has any fiduciary been:

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

If yes, attach details.

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

If yes, attach details.

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

If yes, attach details.

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

If yes, attach details.



11. PRIOR INSURANCE

Does the applicant currently have fiduciary liability Insurance?

☒ Yes ☐ No

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

Insurer	Limits	Deductible	Policy Period
<u>Chubb</u>	<u>3000000</u>	<u>\$0.00</u>	<u>01/01/2023-24</u>

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

☐ Yes ☒ No

If yes, attach details.

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

☐ Yes ☒ No

If yes, attach details.

12. CONTINUITY WITH PRIOR COVERAGE

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

Continuity date requested: 01/15/2003

If continuity of coverage is requested:

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

13. PRIOR KNOWLEDGE/WARRANTY

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

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

Not needed for renewal

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



14. FALSE INFORMATION

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

15. DECLARATION AND SIGNATURE

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

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

11-08-23

Date

Signature

Title

False Information

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

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

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

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

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

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

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

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

Diana Cavazos

From: Georgeanne White <Georgeanne.White@fresno.gov>
Sent: Wednesday, November 8, 2023 12:13 PM
To: Diana Cavazos
Cc: Shane Archer; sdarcher007@gmail.com; Thomas Georgouses; Andrew Desa; David Broome; Michael Moss
Subject: Re: 200/Fresno City H&W Trust -ACTION REQUIRED Fiduciary Policy

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Approved

On Nov 8, 2023, at 9:31 AM, Diana Cavazos <dcavazos@healthcomp.com> wrote:

External Email: Use caution with links and attachments

Hello Shane and Georgeanne

It's time for renewal of the fiduciary policy. Enclosed is the application and attachments. Please review the application with attachments.

It will require approval from both of you however only 1 signature.

Shane, sign and return.

Georgeanne, provide approval

Please let us know if you have any questions.

Diana Cavazos | Account Management

(o) 559-312-2295 Pacific Time Zone

<image001.png>

<2024 Fiduciary Liability Renewal.pdf>

<1223 HW 063023.pdf>

<COF PLAN DOC 2023.pdf>

<H&W Trust Roster.pdf>

<List of Outside Professional Staff.pdf>

Diana Cavazos

From: Tom Georgouses | HealthComp
Sent: Thursday, September 21, 2023 10:06 AM
To: Mike Moss (mmoss@mossfirm.org); 'Andrew Desa'
Cc: Diana Cavazos | HealthComp
Subject: FW: CAA Gag Clauses Annual Attestation

Correspondence from Blue Shield regarding their compliance with the Gag Clause. We will include in the consent calendar.

Thanks

Thomas J. Georgouses | General Counsel
Pacific Time Zone 559-312-2493 tgeorgouses@healthcomp.com



Your Workforce Is Unique.
Your Benefits Should Be Too.

From: Havens, Jill <Jill.Havens@blueshieldca.com>
Sent: Thursday, September 21, 2023 6:07 AM
To: Havens, Jill <Jill.Havens@blueshieldca.com>
Cc: Briggs, Heidi <Heidi.Briggs@blueshieldca.com>; Ratliff, Roxane <Roxane.Ratliff@blueshieldca.com>
Subject: CAA Gag Clauses Annual Attestation

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Hello,

The Consolidated Appropriations Act, Section 201, Gag Clauses provision, prohibits health plans and issuers from entering into agreements with providers that prevent the disclosure of cost and quality information.

While the provision itself became effective on December 27, 2020, and Blue Shield determined our provider contracts to be compliant, the first annual compliance attestation is due December 31 of this year, and annually thereafter, to the Centers for Medicare and Medicaid Services (CMS).

Blue Shield will not be filing the CAA Gag Clauses Annual attestation on behalf of our SA/SA+ clients, however we are providing a confirmation of compliance statement for Blue Shield's provider networks for the TPAs to use to submit the attestation to CMS.

You will need to submit an attestation on behalf of your groups or provide the following statement to any client who is filing this on their own. You may use Blue Shield's Confirmation of Compliance statement below to submit the attestation to the CMS directly. Instructions are available [here](#).

Blue Shield's Confirmation of Compliance

Blue Shield of California confirms it is compliant with the federal Consolidated Appropriations Act, Section 201, Gag Clauses provision. We ensure our provider contracts exclude any gag clauses which prevent the sharing of cost and quality data.

We are committed to supporting you in complying with health coverage related regulatory requirements. If you have any additional questions, please reach out.

Thanks

Jill Havens
Program Manager, Consultant
Blue Shield of California
4700 Bechelli Ln, Redding CA 96001
Jill.Havens@blueshieldca.com

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Diana Cavazos

From: Camin Turner <camin.turner@simpletherapy.com>
Sent: Wednesday, December 20, 2023 1:23 PM
To: Diana Cavazos
Subject: Fwd: FW: 200/Fresno City -Gag Clause Attestation Halcyon/Physmetrics

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Hi Diana,

I can confirm that there are no gag clauses in any of our provider contracts and there never have been.

Let me know if you need anything else.

halcyonbehavioral.com



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From: Diana Cavazos <dcavazos@healthcomp.com>
Date: Wednesday, December 20, 2023 at 9:50 AM
To: Sandra Carnahan <Sandra.Carnahan@Halcyonbehavioral.com>
Subject: 200/Fresno City -Gag Clause Attestation Halcyon/Physmetrics

Hello, I hope all is well with you two!

We are currently confirming there are no gag clauses with any of the FCEHWT contracts

Can you confirm Halcyon/Physmetrics does not have gag clauses in its contracts with FCEHWT?

Diana Cavazos

Account Management

dcavazos@healthcomp.com

W 559-312-2295 PST



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--



Camin Turner
VP, Operations
Account Management

559-400-6206 | 209-609-5921

camin.turner@simpletherapy.com

www.simpletherapy.com

1080 W Shaw Ave., # 105, Fresno CA 93711



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2023 Increasing Transparency by Removing Gag Clauses on Price and Quality Information Sub-Attestation

For Group health plans, including non-federal governmental plans, and health insurance issuers offering group health insurance coverage

Optum Rx attests that, in accordance with section 9824(a)(1) of the Internal Revenue Code, section 724(a)(1) of the Employee Retirement Income Security Act, and section 2799A-9(a)(1) of the Public Health Service Act, it has not entered into an agreement, and has not, subsequent to December 27, 2020, entered into an agreement with a health care provider, network or association of providers, third-party administrator, or other service provider offering access to a network of providers that would be directly or indirectly restrict the group health plan(s) or health plan(s) or health insurance issuer(s) from—

1. Providing provider-specific cost or quality of care information or data, through a consumer engagement tool or any other means, to referring providers, the plan sponsor, participants, beneficiaries, or enrollees, or individuals eligible to become participants, beneficiaries, or enrollees of the plan or coverage.
2. Electronically accessing de-identified claims and encounter information or data for each participant, beneficiary, or enrollee in the plan or coverage, upon request and consistent with the privacy regulations promulgated pursuant to section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the amendments made by the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Americans with Disabilities Act of 1990 (ADA), including, on a per claim basis—
 - a. Financial information, such as the allowed amount, or any other claim-related financial obligations included in the provider contract.
 - b. Provider information, including name and clinical designation.
 - c. Service codes; or d. Any other data element included in claim or encounter transactions; or
3. Sharing information or data described in items (1) or (2), or directing that such data be shared, with a business associate as defined in section 160.103 of title 45, Code of Federal Regulations (or successor regulations), consistent with the privacy regulations promulgated pursuant to section 264(c) of HIPAA, the amendments made by GINA, and the ADA.

For Health insurance issuers offering individual health insurance coverage

Optum Rx attests that in accordance with section 2799A-9(a)(2) of the Public Health Service Act, will not enter into an agreement, and has not, subsequent to December 27, 2020, entered into an agreement with a health care provider, network or association of providers, third-party

administrator, or other service provider offering access to a network of providers that would be directly or indirectly restrict the group health plan(s) or health insurance issuer(s) from—

1. Providing provider-specific price or quality of care information, through a consumer engagement tool or any other means, to referring providers, enrollees, or individuals eligible to become enrollees of the plan or coverage; or
2. Sharing, for plan design, plan administration, and plan, financial, legal, and quality improvement activities, data described in item (1) with a business associate as defined in section 160.103 of title 45, Code of Federal Regulations (or successor regulations), consistent with the privacy regulations promulgated pursuant to section 264(c) of Health Insurance Portability and Accountability Act of 1996 (HIPAA), the amendments made by the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Americans with Disabilities Act of 1990 (ADA).

On behalf of Optum Rx, Inc.,



July 25, 2023

J. Craig Boon
Vice President, Client Management

Date

✓ **Submission Successful**

✕ Close

Shane Archer successfully submitted 35138 - Gag Clause Prohibition Compliance Attestation on 12/21/2023 01:21 PM.

[Return to dashboard](#)

📄 [Download receipt](#)

Diana Cavazos

From: Michael Moss <moss@mossfirm.org>
Sent: Wednesday, January 3, 2024 11:53 PM
To: Duab Xaochay
Cc: Thomas Georgouses; Andrew Desa (andrewd@rael-letson.com); Diana Cavazos; Georgeanne White; shane archer
Subject: Fwd: Data breach

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Duab- As you know, I have been periodically inquiring regarding the status of Delta Dental's investigation of the data breach. You indicated that your legal team was still in the process of determining what had happened and who was impacted. Per my email below, I suggested this would be brought up at the January Trust meeting if no further information was provided by you.

One of our Board member's IT staff has now received a couple of articles suggesting that Delta Dental had completed its inquiry and was sending out notices to potentially impacted individuals. One was a news report and the other was a solicitation from an attorney who specializes in suing entities with data breach issues.

Why has nothing been formally sent to the FCEHT Trust Board? Have any of our Participants/Dependents already been contacted by Delta Dental regarding this situation without notification to the Trust Administrator or me?

We need your response before the January 10 meeting. Thanks.

----- Forwarded message -----

From: **Michael Moss** <moss@mossfirm.org>
Date: Tue, Dec 12, 2023 at 7:23 AM
Subject: Re: Data breach

To: Duab Xaochay <DXaochay@delta.org>

Cc: Tom Georgouses <tgeorgouses@healthcomp.com>, Andrew Desa <andrewd@rael-letson.com>, Diana Cavazos <dcavazos@healthcomp.com>

Duab- We are aware of your September email. Our concern is that it has been 3 months and there has been no further communication on the topic.

Absent Delta Dental addressing the issues in the interim, this matter will be placed on the January Trust Meeting Agenda. The Plan Professionals recommendation will be for the Trust to take appropriate action to inform our Participants and their Dependents of the breach. The Trust will look to Delta Dental for the defraying of the cost of such an endeavor. The failure of Delta Dental to act these many months after discovery of the breach will also be a topic for the Board's consideration.

On Mon, Dec 11, 2023 at 7:46 PM Duab Xaochay <DXaochay@delta.org> wrote:

Hi Michael,

Yes, I provided a response back in September (email attached). At this time Delta Dental has not completed their investigation. We are all hoping to get an update very soon. I provide an update as soon as there is an update.

Thank you,

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

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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:

Christmas Eve/Day: 12/22/2023 & 12/25/2023

New Year's Eve/Day: 12/29/2023 & 1/1/2024

PTO: 12/18/2023 – 1/5/2024

-----Original Message-----

From: Michael Moss <mmoss@mossfirm.org>

Sent: Monday, December 11, 2023 12:03 PM

To: Duab Xaochay <DXaochay@delta.org>

Cc: Tom Georgouses <tgeorgouses@healthcomp.com>; Andrew Desa <andrewd@rael-letson.com>; Diana Cavazos <dcavazos@healthcomp.com>

Subject: Re: Data breach

Duab- I misread Andrew's email to me asking if you had responded to my email of several months ago. Doesn't change the issue- what is the status of your company's inquiry.

Michael E. Moss

The Law Office of Michael E. Moss

559-269-4744

> On Dec 11, 2023, at 11:45 AM, Michael Moss <mmoss@mossfirm.org> wrote:

>

> Dian- I join in Andrew's inquiry. A few months ago you suggested a website notice had been posted, but nothing else would be done until your staff investigation was completed.

>

> As Andrew intimates, should my client be compelled to initiate its own Participant notifications, it will be rather costly and embarrassing for Delta Dental.

>

> Please advise.

> Michael E. Moss

> The Law Office of Michael E. Moss

> 559-269-4744

--

The Law Office of Michael E. Moss

Michael E. Moss, Esq.

mmoss@mossfirm.org

Direct Dial: (559) 269-4744

Facsimile: (415) 757-3416

www.mossfirm.org

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

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Thank you.

--

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

THE LAW OFFICE OF MICHAEL E. MOSS
201 SPEAR STREET, SUITE 1100
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Thank you.

Diana Cavazos

From: Jeri, Yenny <Yenny.Jeri@blueshieldca.com>
Sent: Thursday, January 4, 2024 12:39 PM
To: Thomas Georgouses; Mike Moss (mmoss@mossfirm.org); 'Andrew Desa'; Diana Cavazos
Cc: Patron, Linda; Hammack, Georgia
Subject: RE: Group Notification-Cybersecurity Incident 2023-08-002592
Attachments: PMS Blue Shield Model Individual Notice Letter.docx

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello Thomas,

For your records, attached please find a copy of the template letter for the member breach notification that will be sent out by Prospect Medical Systems for their security incident.

Please note that due to the large impact of this incident, we are unable to make updates to the letter at this time.

Regards,

Yenny Jeri
Sr. Analyst, Privacy Office
3840 Kilroy Airport Way
Long Beach, CA 90806
yenny.jeri@blueshieldca.com



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From: Thomas Georgouses <Tgeorgouses@healthcomp.com>
Sent: Thursday, December 28, 2023 1:19 PM
To: Jeri, Yenny <Yenny.Jeri@blueshieldca.com>; Mike Moss (mmoss@mossfirm.org) <mmoss@mossfirm.org>; 'Andrew Desa' <andrewd@rael-letson.com>; Diana Cavazos <dcavazos@healthcomp.com>
Cc: Patron, Linda <Linda.Patron@blueshieldca.com>
Subject: RE: Group Notification-Cybersecurity Incident 2023-08-002592

Blue Shield Security Notice! This email originates from a Blue Shield business partner. If this email is unexpected be cautious of opening attachments and clicking links within.

Yenny:

Thank you for the call yesterday.

Attached is the completed form with "yes" responses to all questions.

We would like to preview the letter to the member before it is sent. Please provide it to this group as soon as possible.

Please call me if you have any questions.

Thanks

Thomas J. Georgouses

Senior Vice President HealthComp Legal

tgeorgouses@healthcomp.com

W 559.312.2493



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From: Jeri, Yenny <Yenny.Jeri@blueshieldca.com>

Sent: Tuesday, December 26, 2023 4:32 PM

To: Thomas Georgouses <Tgeorgouses@healthcomp.com>

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

Subject: Group Notification-Cybersecurity Incident 2023-08-002592

Importance: High

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello Tom,

Just a friendly reminder the ASO notification letter is due back to Blue Shield by **December 29, 2023.**

Please let me know if you have any questions.

Thank you,

Yenny Jeri

Sr. Analyst, Privacy Office

3840 Kilroy Airport Way
Long Beach, CA 90806
yenny.jeri@blueshieldca.com



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From: Jeri, Yenny
Sent: Friday, December 15, 2023 5:34 PM
To: Tgeorgouses@healthcomp.com
Cc: Patron, Linda <Linda.Patron@blueshieldca.com>
Subject: Group Notification-Cybersecurity Incident 2023-08-002592
Importance: High

Good afternoon,

I am providing notification of a Blue Shield of California contracted vendor's cybersecurity incident that has impacted your plan members. A summary of the facts and status of the investigation is stated below. I have attached our notification form for you to complete and return to me and your account manager by December 29, 2023. A copy of the member notification letter will be provided to you shortly.

On August 4, 2023, Blue Shield of California ("Blue Shield") received notification from a contracted vendor, Prospect Medical Systems ("Prospect Medical"), that it was the recent victim of a cybersecurity incident. Prospect Medical manages delegated administrative services for many of our Blue Shield members. Blue Shield took immediate steps to safeguard its network and at this time there is no indication that our systems have been infiltrated or that any data on our systems was inappropriately accessed, used, or disclosed because of the Prospect Medical's cybersecurity incident.

On August 1, 2023, Prospect Medical discovered unusual activity in its Information Technology (IT) environment. Prospect Medical took immediate containment action by taking all its systems, including its servers and workstations, offline, engaged a cybersecurity forensics firm and reported the matter to the FBI. It was determined that the unauthorized third-party exfiltrated information from Prospect Medical systems from July 31, 2023, to August 3, 2023.

On November 17, 2023, Prospect Medical provided a list of impacted members to Blue Shield. Following a detailed analysis to accurately identify potentially impacted individuals and their affected data, Blue Shield recently determined that the information affected may have included: member name, member date of birth, address, subscriber ID number, addresses; dates of birth; diagnosis, lab results, medication, and other treatment information; health insurance and claims information; provider names; and dates of treatment. For some members, the information involved included: Social Security numbers; driver's license numbers; and financial information.

Blue Shield of California takes all cybersecurity issues very seriously and remains committed to protecting our members and their personal information.

Thank you,

Yenny Jeri

Sr. Analyst, Privacy Office

3840 Kilroy Airport Way

Long Beach, CA 90806

yenny.jeri@blueshieldca.com



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

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<<Name 1>> <<Name 2>>
<<Address 1>>
<<Address 2>>
<<City>><<State>><<Zip>>
<<Country>>

Re: Notice of Data Security Incident

Dear <<Name 1>> <<Name 2>>:

<<Date>>

Prospect Medical Holdings, Inc. ("Prospect Medical") is committed to protecting the confidentiality of the information we maintain. Prospect Medical and its subsidiaries, including Prospect Medical Systems, LLC provides administrative services for health care providers that contract with Blue Shield of California ("Blue Shield"). We are writing to notify you of a data security incident that involved your information. This notice explains the incident, measures we have taken, and some additional steps you may consider taking in response.

What Happened: On August 4, 2023, Prospect Medical notified Blue Shield of a data security incident which involved unusual activity in Prospect Medical's Information Technology ("IT") environment, which was first identified by Prospect Medical on August 1, 2023. Upon learning of this, Prospect Medical's IT team took immediate containment action by taking all its systems, including its servers and workstations, offline, and reported the matter to law enforcement. A third party forensic firm was engaged to assist with the investigation. Through Prospect Medical's ongoing investigation of the incident, we learned that unauthorized parties accessed Prospect Medical's IT environment between July 31, 2023, and August 3, 2023, and accessed and/or acquired files containing your information. On November 17, 2023, Prospect Medical provided a list of members whose information was involved in the incident to Blue Shield.

What Information Was Involved: The information involved may include your [types of information involved will be tailored per patient].

What We Are Doing: To help prevent something like this from happening again, we have implemented and will continue to adopt additional safeguards and technical security measures to further protect and monitor our systems. We have arranged for you to receive credit monitoring and identity protection services through the company IDX at no cost to you. These identity protection services include one-year of credit and CyberScan monitoring, a \$1,000,000 insurance reimbursement policy, and fully managed identity theft recovery services. These services are completely free to you, and enrolling in this program will not hurt your credit score. Also, to help prevent something like this from happening again, we have implemented, and will continue to adopt, additional safeguards and technical security measures to further protect and monitor our systems.

What You Can Do: For more information on the services, including instructions on how to activate your complimentary one-year membership, please visit <http://response.idx.us/prospectmedical> or call 1-888-979-0012 or scan the QR image and use the Enrollment Code provided above. Please note the deadline to enroll is [DEADLINE]. For more information on identity protection as well as some additional steps you can take in response, please see the pages that follow this letter.

For More Information: We deeply regret any inconvenience or concern this incident may cause and take this matter seriously. If you have questions about this incident, a dedicated call center has been established to answer any questions. Please call 888-979-0012, Monday through Friday, 6:00 am – 6:00 pm, Pacific Time, except for national holidays.

Sincerely,

Enrollment Code: <<Enrollment Code>>

To Enroll, Scan the QR Code Below:



Or Visit:

<https://response.idx.us/prospectmedical>

Michelle Amador

Michelle Amador
Compliance and Privacy Officer

IDX IDENTITY PROTECTION

- 1. Website and Enrollment.** Scan the QR image or go to <http://response.idx.us/prospectmedical> and follow the instructions for enrollment using your Enrollment Code provided at the top of the letter. The enrollment deadline is February 28, 2024.
- 2. Activate the credit monitoring** provided as part of your IDX identity protection membership. The monitoring included in the membership must be activated to be effective. Note: You must have established credit and access to a computer and the internet to use this service. If you need assistance, IDX will be able to assist you.
- 3. Telephone.** Contact IDX at 1-888-979-0012 to gain additional information about this event and speak with knowledgeable representatives about the appropriate steps to take to protect your credit identity.

IDX Identity will include one-year enrollments into the following service components:

SINGLE BUREAU CREDIT MONITORING - Monitoring of credit bureau for changes to the member's credit file such as new credit inquiries, new accounts opened, delinquent payments, improvements in the member's credit report, bankruptcies, court judgments and tax liens, new addresses, new employers, and other activities that affect the member's credit record.

CYBERSCAN™ - Dark Web monitoring of underground websites, chat rooms, and malware, 24/7, to identify trading or selling of personal information like SSNs, bank accounts, email addresses, medical ID numbers, driver's license numbers, passport numbers, credit and debit cards, phone numbers, and other unique identifiers.

IDENTITY THEFT INSURANCE - Identity theft insurance will reimburse members for expenses associated with restoring their identity should they become a victim of identity theft. If a member's identity is compromised, the policy provides coverage for up to \$1,000,000, with no deductible, from an A.M. Best "A-rated" carrier. Coverage is subject to the terms, limits, and/or exclusions of the policy.

FULLY MANAGED IDENTITY RECOVERY – IDX's fully managed recovery service provides restoration for identity theft issues such as (but not limited to): account creation, criminal identity theft, medical identity theft, account takeover, rental application, tax fraud, benefits fraud, and utility creation. This service includes a complete triage process for affected individuals who report suspicious activity, a personally assigned IDCare Specialist to fully manage restoration of each case, and expert guidance for those with questions about identity theft and protective measures.

ADDITIONAL STEPS YOU CAN TAKE

We remind you it is always advisable to be vigilant for incidents of fraud or identity theft by reviewing your account statements and free credit reports for any unauthorized activity. You may obtain a copy of your credit report, free of charge, once every 12 months from each of the three nationwide credit reporting companies. To order your annual free credit report, please visit www.annualcreditreport.com or call toll free at 1-877-322-8228. Contact information for the three nationwide credit reporting companies is as follows:

- *Equifax*, PO Box 740241, Atlanta, GA 30374, www.equifax.com, 1-800-685-1111
- *Experian*, PO Box 2002, Allen, TX 75013, www.experian.com, 1-888-397-3742
- *TransUnion*, PO Box 2000, Chester, PA 19016, www.transunion.com, 1-800-916-8800

If you believe you are the victim of identity theft or have reason to believe your personal information has been misused, you should immediately contact the Federal Trade Commission and/or the Attorney General's office in your state. You can obtain information from these sources about steps an individual can take to avoid identity theft as well as information about fraud alerts and security freezes. You should also contact your local law enforcement authorities and file a police report. Obtain a copy of the police report in case you are asked to provide copies to creditors to correct your records. Contact information for the Federal Trade Commission is as follows:

- *Federal Trade Commission*, Consumer Response Center, 600 Pennsylvania Avenue NW, Washington, DC 20580, 1-877-IDTHEFT (438-4338), www.ftc.gov/idtheft

Fraud Alerts: There are two types of general fraud alerts you can place on your credit report to put your creditors on notice that you may be a victim of fraud—an initial alert and an extended alert. You may ask that an initial fraud alert be placed on your credit report if you suspect you have been, or are about to be, a victim of identity theft. An initial fraud alert stays on your credit report for one year. You may have an extended alert placed on your credit report if you have already been a victim of identity theft with the appropriate documentary proof. An extended fraud alert stays on your credit report for seven years. To place a fraud alert on your credit reports, contact one of the nationwide credit bureaus. A fraud alert is free. The credit bureau you contact must tell the other two, and all three will place an alert on their versions of your report. For those in the military who want to protect their credit while deployed, an Active Duty Military Fraud Alert lasts for one year and can be renewed for the length of your deployment. The credit bureaus will also take you off their marketing lists for pre-screened credit card offers for two years, unless you ask them not to.

Credit or Security Freezes: You have the right to put a credit freeze, also known as a security freeze, on your credit file, free of charge, which makes it more difficult for identity thieves to open new accounts in your name. That's because most creditors need to see your credit report before they approve a new account. If they can't see your report, they may not extend the credit.

How do I place a freeze on my credit reports? There is no fee to place or lift a security freeze. Unlike a fraud alert, you must separately place a security freeze on your credit file at each credit reporting company. For information and instructions to place a security freeze, contact each of the credit reporting agencies at the addresses below:

- **Experian Security Freeze**, PO Box 9554, Allen, TX 75013, www.experian.com
- **TransUnion Security Freeze**, PO Box 2000, Chester, PA 19016, www.transunion.com
- **Equifax Security Freeze**, PO Box 105788, Atlanta, GA 30348, www.equifax.com

You'll need to supply your name, address, date of birth, Social Security number and other personal information.

After receiving your freeze request, each credit bureau will provide you with a unique PIN (personal identification number) or password. Keep the PIN or password in a safe place. You will need it if you choose to lift the freeze.

How do I lift a freeze? A freeze remains in place until you ask the credit bureau to temporarily lift it or remove it altogether. If the request is made online or by phone, a credit bureau must lift a freeze within one hour. If the request is made by mail, then the bureau must lift the freeze no later than three business days after getting your request.

If you opt for a temporary lift because you are applying for credit or a job, and you can find out which credit bureau the business will contact for your file, you can save some time by lifting the freeze only at that particular credit bureau. Otherwise, you need to make the request with all three credit bureaus.

Prospect Medical Holdings, Inc. is located at 600 City Parkway West, 10th Floor Orange, CA 92868 and can be reached at (310) 943-4500.



To: Fresno City Employees H&W Trust

Care of: Tom Georgouses Tgeorgouses@healthcomp.com
Acct. Mgr.: Linda Patron
From: Yenny Jeri Yenny.Jeri@blueshieldca.com

Date: December 13, 2023

Re: Report of HIPAA Violation

Please be advised that Blue Shield of California (BSC), as your Plan's Business Associate, has become aware of the following incident involving an improper access of your Plan's Protected Health Information (PHI) in a manner not permitted by the terms of our Business Associate Agreement (BAA) and/or in violation of the Health Insurance Portability and Accountability Act (HIPAA) and state privacy laws.

Date of Incident:	August 1, 2023
Date Incident Discovered by Vendor:	August 1, 2023
Date BSC Notified:	August 4, 2023
Number of Members Impacted:	1 of your Plan members
Names of Impacted Members:	Available Upon Request
What Happened:	<p>On August 4, 2023, Blue Shield of California ("Blue Shield") received notification from a contracted vendor, Prospect Medical Systems ("Prospect Medical"), that it was the recent victim of a cybersecurity incident. Prospect Medical manages delegated administrative services for many of our Blue Shield members. Blue Shield took immediate steps to safeguard its network and at this time there is no indication that our systems have been infiltrated or that any data on our systems was inappropriately accessed, used, or disclosed because of the Prospect Medical's cybersecurity incident.</p> <p>On August 1, 2023, Prospect Medical discovered unusual activity in its Information Technology (IT) environment. Prospect Medical took immediate containment action by taking all its systems, including its servers and workstations, offline, engaged a cybersecurity forensics firm and reported the matter to the FBI. It was determined that the unauthorized third-party exfiltrated</p>

blueshieldca.com

601 12th Street | Oakland, CA 94607

Blue Shield of California is an independent member of the Blue Shield Association L52000-W (1/20)

	information from Prospect Medical systems from July 31, 2023, to August 3, 2023.
	<p>On November 17, 2023, Prospect Medical provided a list of impacted members to Blue Shield. Following a detailed analysis to accurately identify potentially impacted individuals and their affected data, we identified that your Plan members were affected.</p> <p>Blue Shield of California takes all cybersecurity issues very seriously and remains committed to protecting our members and their personal information.</p>
What PHI Was Involved:	Blue Shield recently determined that the information affected may have included: member name, member date of birth, address, subscriber ID number, addresses; dates of birth; diagnosis, lab results, medication, and other treatment information; health insurance and claims information; provider names; and dates of treatment. For some members, the information involved may have included: Social Security numbers; driver's license numbers; and financial information.
Steps Taken to Investigate, Mitigate and Remediate the Incident:	<p>BSC IT Security and Privacy Teams met with the vendor to exchange information regarding the incident and discuss and confirm the vendor's mitigation and remediation efforts.</p> <ul style="list-style-type: none"> - The BSC Chief Information Security Officer (CISO) received a written timeline of response efforts from the vendor and was assured that IT connections with the vendor were not impacted and remain intact. - The vendor reported the incident to Law Enforcement and contracted with KROLL, an IT forensic company, to investigate the extent of the incident and to immediately remediate the threat. - The data contained in the 13 files in question was confirmed to be data subject to our Business Associate Agreement (BAA) with the

	<p>vendor, and therefore, subject to our BAA with you.</p> <ul style="list-style-type: none"> - BSC's vendor provided a copy of the 13 impacted files to BSC on November 17, 2023. BSC was able to identify both the impacted members and the associated lines of business on December 4, 2023.
BSC Assessment of Incident:	BSC assesses this incident to be a Breach.
BSC Recommendations:	BSC recommends that the Plan find, after its review and consideration of the information provided, that there is a high probability of compromise to the PHI involved in the incident and that this incident is a reportable HIPAA/HITECH breach.

As the Covered Entity, you are responsible for making the ultimate determination as to whether this incident constitutes a breach under federal and state privacy laws. If you believe a breach has occurred, legal notice and reporting requirements must be met.

Do you agree this incident constitutes a breach?	<input checked="" type="checkbox"/> Yes If yes, continue to next question. <input type="checkbox"/> No If no, stop here. Please sign and date this form and return it to your BSC account manager.
Do you want BSC to provide written notification of the breach to the impacted members?	<input checked="" type="checkbox"/> Yes If yes, continue to next question. <input type="checkbox"/> No If no, you acknowledge you will take responsibility for the required member notification.
Do you want BSC to offer members complimentary credit monitoring, fraud protection services, and a toll-free call center for 90 days to answer members' questions/concerns?	<input checked="" type="checkbox"/> Yes If yes, continue to next question. <input type="checkbox"/> No If no, you acknowledge you will take responsibility for all required toll-free call center requirements.
Do you want BSC to make any and all required media, website, and substitute notifications as a result of this breach?	<input checked="" type="checkbox"/> Yes If yes, continue to next question. <input type="checkbox"/> No If no, you acknowledge you will take responsibility for all required media and website/substitute notice requirements.
Do you want BSC to report the breach to the California Attorney General and OCR (Office for Civil Rights) on your behalf?	<input checked="" type="checkbox"/> Yes If yes, please sign and date this form and return it to your BSC account manager. Proof of reporting will be provided to the Plan upon reporting. <input type="checkbox"/> No if no, you acknowledge you will take responsibility for reporting the breach to the California Attorney General and OCR. Please sign

	and date this form and return it to your BSC account manager.
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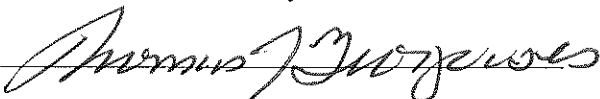
PLEASE RETURN THIS FORM TO Yenny Jeri at Yenny.Jeri@blueshieldca.com and your BSC Account Manager

NO LATER THAN NOON on December 29, 2023

Please be advised that Blue Shield may be unable to perform notification obligations as delegated by the Plan if the response is received after the date indicated above.

If you find this to be a reportable breach, please provide the following information for OCR reporting purposes:

Plan Name:	FRESNO CITY EMPLOYEES HEALTH + WELFARE TINS
Plan Contact Name:	THOMAS J. GEORGIOUSE
Address:	621 SANTA FE, FRESNO, CA 93721
Email:	TGEORGIOUSE@HEALTHLUMP.COM
Phone:	559-312-2493

Signature: 

Printed Name: THOMAS J. GEORGIOUSE

Title: SVP LEGAL HEALTHLUMP

Date: 12/28/23

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

**MONTHLY CLAIMS EXPERIENCE ANALYSIS
MEDICAL AND PRESCRIPTION DRUGS
FOUR MONTHS ENDING OCTOBER 31, 2023**

		<u>PER ELIGIBLE</u>
ACTIVES	\$ 21,512,426.96	\$ 1,391.31
COBRA	96,230.73	4,811.54
RETIREEES	1,661,371.67	2,317.12
	<u>\$ 23,270,029.36</u>	\$ 1,436.51
 MEDICARE SUPPLEMENT	 \$ 647,088.22	 \$ 1,033.69
SELF-PAY OVER 65	185,069.30	2,103.06
	<u><u>\$ 24,102,186.88</u></u>	\$ 1,425.07
 AVERAGE MONTHLY COST - YTD	 <u><u>\$ 6,025,546.72</u></u>	 \$ 1,425.07
 PRIOR YEAR AVERAGE MONTHLY COST - YTD FOUR MONTHS ENDING OCTOBER 31, 2022	 4,376,917.36	 \$ 1,110.40
 PRIOR PLAN YEAR AVERAGE MONTHLY COST JULY 2022 - JUNE 2023	 \$ 5,216,004.03	 \$ 1,290.69
 TWELVE MONTH ROLLING AVERAGE November 1, 2022 - October 31, 2023	 \$ 5,765,547.16	 \$ 1,393.74

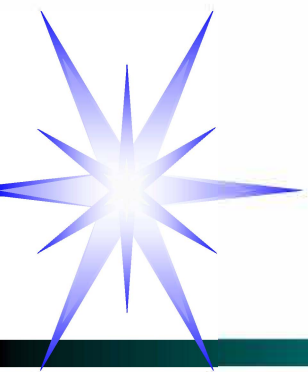
FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

**MONTHLY CLAIMS EXPERIENCE ANALYSIS
DENTAL BENEFIT SECTION
FOUR MONTHS ENDING OCTOBER 31, 2023**

DELTA DENTAL	PAYMENTS	PER ELIGIBLE
ACTIVES	\$ 1,018,109.82	\$ 73.04
RETIREEES	139,117.78	\$ 65.22
TOTAL FOR DELTA DENTAL	<u>\$ 1,157,227.60</u>	\$ 72.00
AVERAGE MONTHLY COST	\$ 289,306.90	\$ 72.00
PUD HMO AVG MONTHLY PREM	14,292.58	\$ 43.18
TOTAL AVG MONTHLY COST - YTD	<u>\$ 303,599.48</u>	\$ 69.81

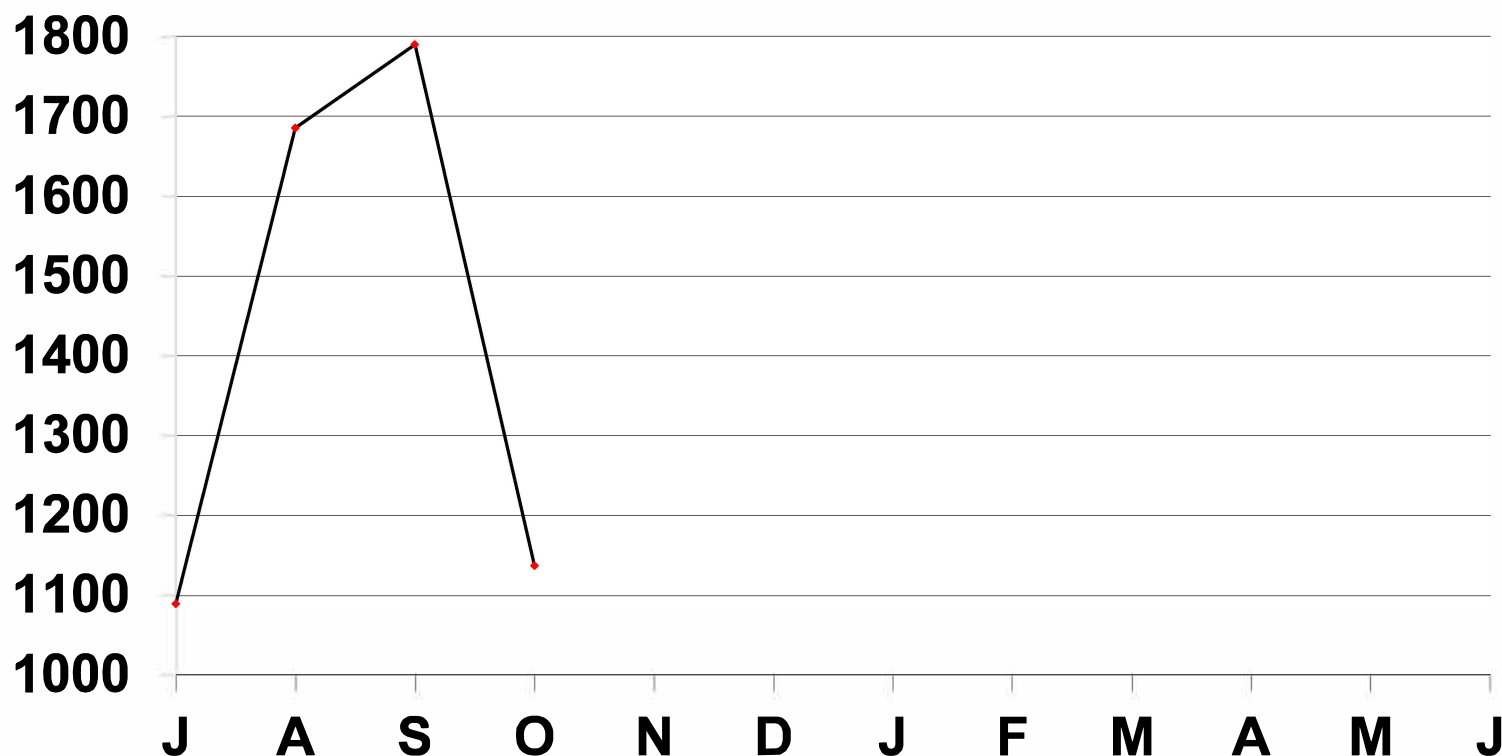
**PRIOR YEAR AVERAGE MONTHLY COST: DELTA DENTAL
JULY 2022 - JUNE 2023**

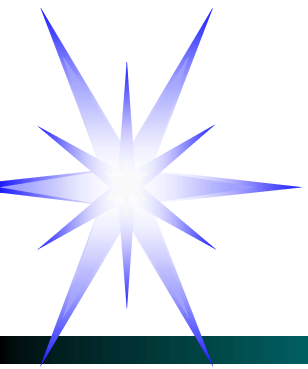
ACTIVES	\$ 55.15
RETIREEES	\$ 57.37
COMBINED	\$ 55.45
TWELVE MONTH ROLLING AVERAGE DELTA DENTAL November 1, 2022 - October 31, 2023	\$ 61.06



Average Cost Per Participant Monthly

**Fresno City Employees H & W Trust
July 23 – Jun 24**

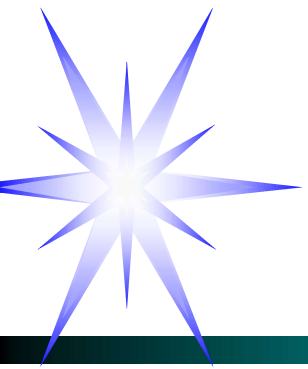




Average Cost Per Participant Year to Date

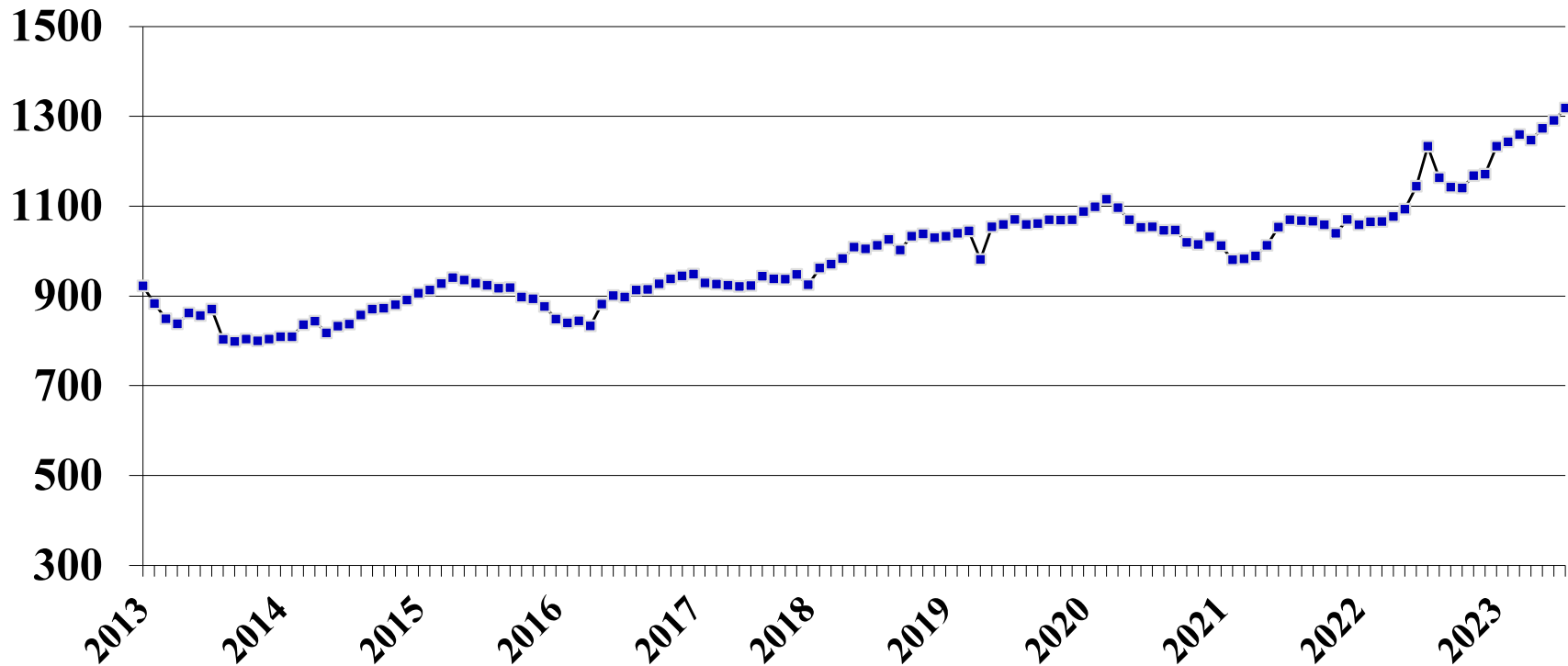
Fresno City Employees H & W Trust
July 23 – Jun 24





Average Cost Per Participant 12 Month Rolling Average

Fresno City Employees H & W Trust
Jun 2013 – Oct 2023



FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST
FINANCIAL ANALYSIS FOR MEDICAL, VISION AND PRESCRIPTION
DRUG FOUR MONTHS ENDING OCTOBER 31, 2023

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
ACTIVES								
PPO Contributing	2,635	\$ 1,841.60	\$ 126.12	\$ 1,967.72	\$ 1,323.00	\$ 3.40	\$ (641.32)	\$ (6,759,512.80)
PPO Non-Cont 35	1,192	\$ 440.00	\$ 126.12	\$ 566.12	\$ 895.00	\$ 3.40	\$ 332.28	\$ 1,584,311.04
PPO Non-Cont 25	39	\$ 35.00	\$ 126.12	\$ 161.12	\$ 1,037.00	\$ 3.40	\$ 879.28	\$ 137,167.68
								\$ -
TOTAL (a)	3866	\$ 1,391.22	\$ 126.12	\$ 1,517.34	\$ 1,188.15	\$ 3.40	\$ (325.79)	\$ (5,038,034.08)
RETIREEES								
PPO Plan	179	\$ 2,317.12	\$ 126.12	\$ 2,443.24	\$ 1,323.00	\$ 3.40	\$ (1,116.84)	\$ (800,770.91)
TOTAL	179	2,317.12	\$ 126.12	\$ 2,443.24	\$ 1,323.00	\$ 3.40	\$ (1,116.84)	\$ (800,770.91)
COBRA								
PPO Plan	5	\$ 4,811.54	\$ 126.12	\$ 4,937.66	\$ 1,349.46	\$ 3.40	\$ (3,584.80)	\$ (71,696.00)
TOTAL	5	\$ 4,811.54	\$ 126.12	\$ 4,937.66	\$ 1,349.46	\$ 3.40	\$ (3,584.80)	\$ (71,696.00)
MEDICARE SUPP								
PPO Plan	157	\$ 1,033.69	\$ 29.54	\$ 1,063.23	\$ 725.00	\$ 3.40	\$ (334.83)	\$ (210,273.24)
TOTAL	157	\$ 1,033.69	\$ 29.54	\$ 1,063.23	\$ 725.00	\$ 3.40	\$ (334.83)	\$ (210,273.24)
SELF-PAY								
PPO Plan	22	\$ 2,103.06	\$ 126.12	\$ 2,229.18	\$ 1,595.00	\$ 3.40	\$ (630.78)	\$ (55,508.64)
TOTAL	22	\$ 2,103.06	\$ 126.12	\$ 2,229.18	\$ 1,595.00	\$ 3.40	\$ (630.78)	\$ (55,508.64)
Stop-Loss Reimbursement								\$ 1,993,009.32
Prescription Drug Rebates								\$ 2,378,862.81
TOTAL								\$ (1,804,410.74)

NOTES:

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

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

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

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

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

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

FINANCIAL ANALYSIS FOR DENTAL FOUR MONTHS ENDING OCTOBER 31, 2023

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
Delta PPO	4018	\$ 72.00	\$ 5.60	\$ 77.60	\$105.00		\$ 27.40	\$ 440,372.80
PUD HMO	331	\$ -	\$ 43.18	\$ 43.18	\$105.00		\$ 61.82	\$ 81,849.68
TOTAL								\$ 522,222.48

NOTES:

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

All interest revenue has been allocated to Medical.

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

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

**MONTHLY CLAIMS EXPERIENCE ANALYSIS
MEDICAL AND PRESCRIPTION DRUGS
FIVE MONTHS ENDING NOVEMBER 30, 2023**

		<u>PER ELIGIBLE</u>
ACTIVES	\$ 26,244,012.33	\$ 1,355.65
COBRA	106,738.29	4,269.53
RETIREEES	2,149,144.14	2,385.29
	<u>\$ 28,499,894.76</u>	\$ 1,404.97
 MEDICARE SUPPLEMENT	 \$ 782,429.13	 \$ 1,003.11
SELF-PAY OVER 65	210,969.06	1,953.42
	<u><u>\$ 29,493,292.95</u></u>	\$ 1,392.97
 AVERAGE MONTHLY COST - YTD	 <u><u>\$ 5,898,658.59</u></u>	 \$ 1,392.97
 PRIOR YEAR AVERAGE MONTHLY COST - YTD FIVE MONTHS ENDING NOVEMBER 30, 2022	 4,702,354.46	 \$ 1,189.81
 PRIOR PLAN YEAR AVERAGE MONTHLY COST JULY 2022 - JUNE 2023	 \$ 5,216,004.03	 \$ 1,290.69
 TWELVE MONTH ROLLING AVERAGE December 1, 2022 - November 30, 2023	 \$ 5,714,464.09	 \$ 1,374.03

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

**MONTHLY CLAIMS EXPERIENCE ANALYSIS
DENTAL BENEFIT SECTION
FIVE MONTHS ENDING NOVEMBER 30, 2023**

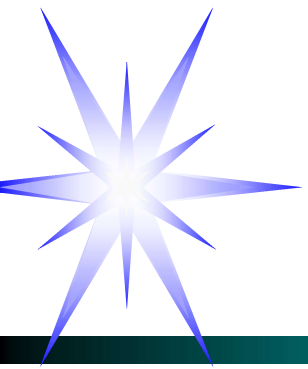
<u>DELTA DENTAL</u>	<u>PAYMENTS</u>	<u>PER ELIGIBLE</u>
ACTIVES	\$ 1,296,160.25	\$ 73.91
RETIREEES	182,695.98	\$ 68.50
TOTAL FOR DELTA DENTAL	<u>\$ 1,478,856.23</u>	\$ 73.20
AVERAGE MONTHLY COST	\$ 295,771.25	\$ 73.20
PUD HMO AVG MONTHLY PREM	14,292.58	\$ 43.18
TOTAL AVG MONTHLY COST - YTD	<u>\$ 310,063.83</u>	\$ 70.93

**PRIOR YEAR AVERAGE MONTHLY COST: DELTA DENTAL
JULY 2022 - JUNE 2023**

ACTIVES	\$ 55.15
RETIREEES	\$ 57.37
COMBINED	\$ 55.45

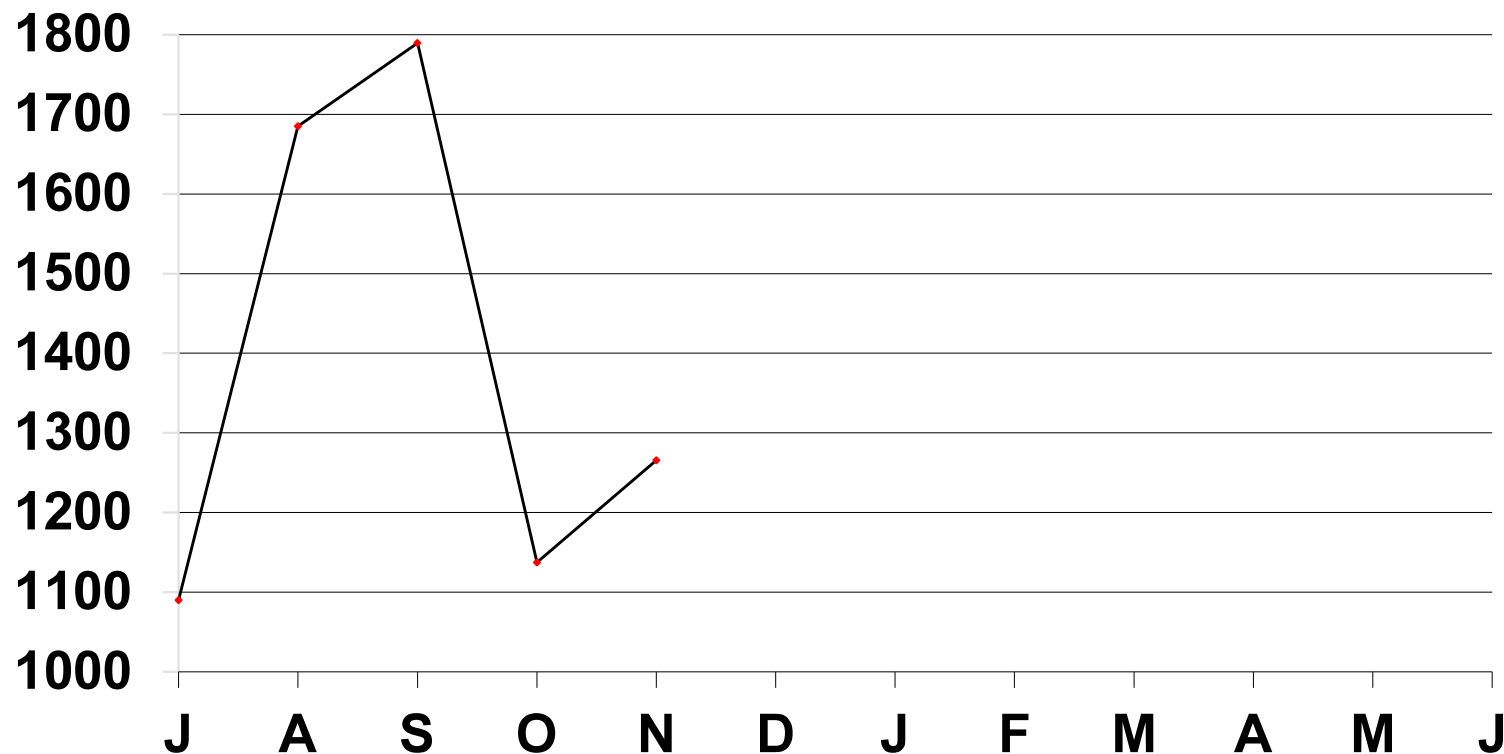
**TWELVE MONTH ROLLING AVERAGE
DELTA DENTAL
December 1, 2022 - November 30, 2023**

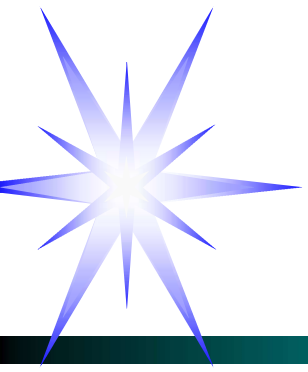
\$ 62.45



Average Cost Per Participant Monthly

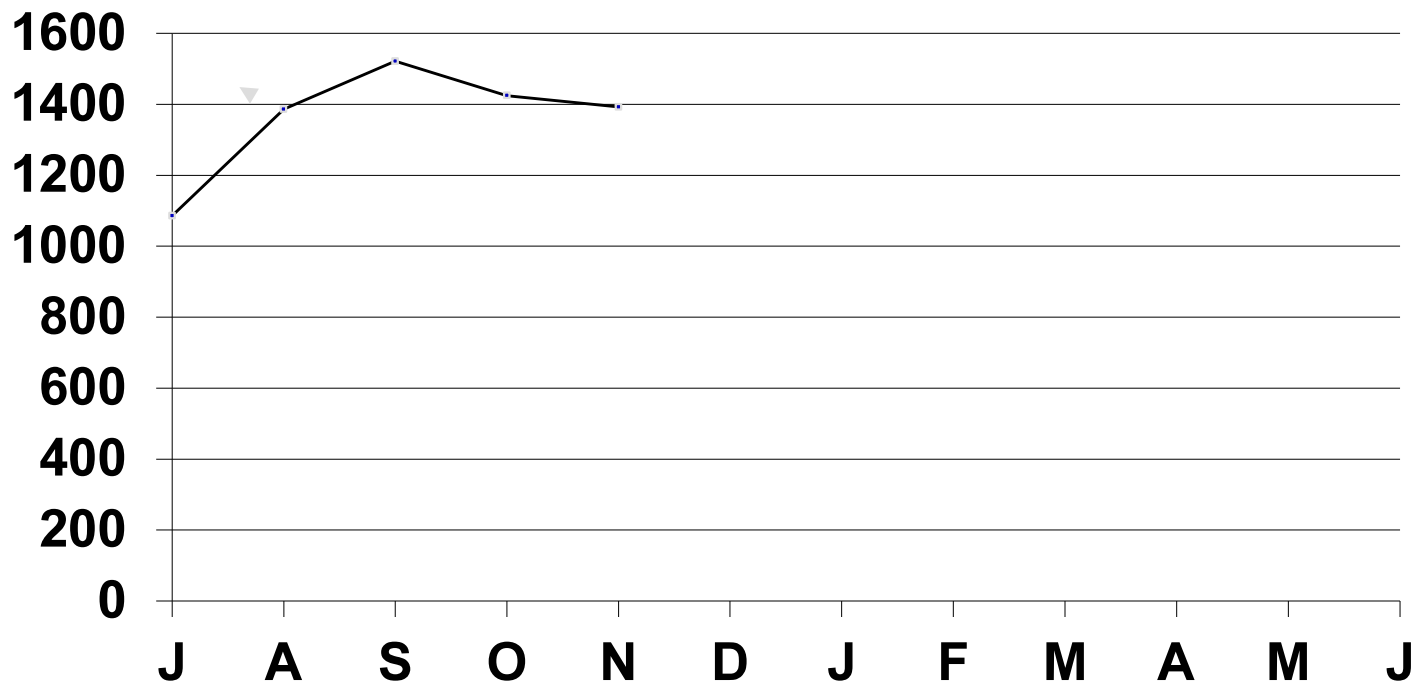
Fresno City Employees H & W Trust
July 23 – Jun 24

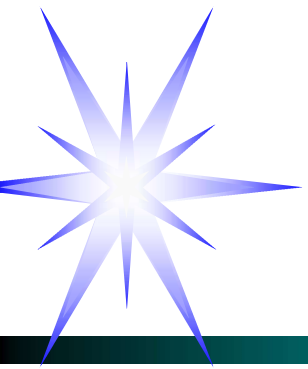




Average Cost Per Participant Year to Date

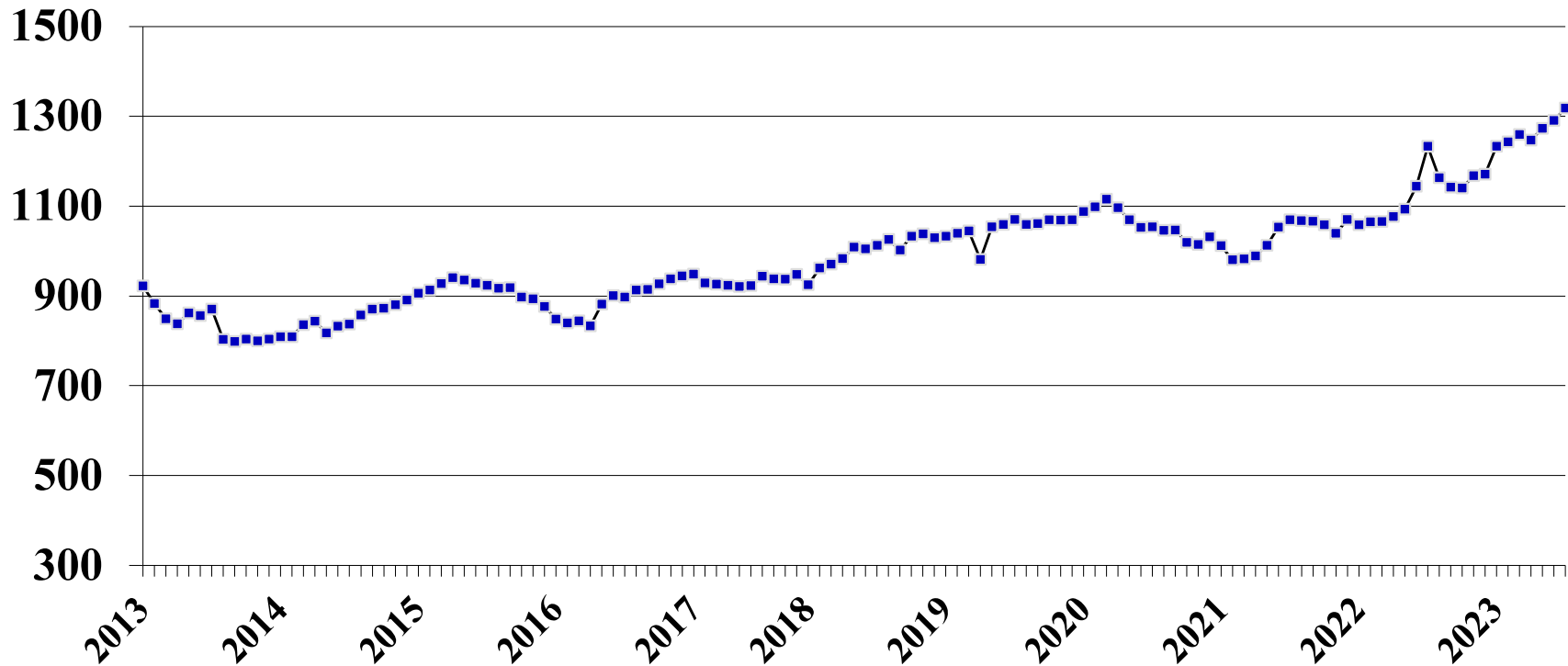
Fresno City Employees H & W Trust
July 23 – Jun 24





Average Cost Per Participant 12 Month Rolling Average

Fresno City Employees H & W Trust
Jun 2013 – Nov 2023



FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST
FINANCIAL ANALYSIS FOR MEDICAL, VISION AND PRESCRIPTION DRUG
FIVE MONTHS ENDING NOVEMBER 30, 2023

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
ACTIVES								
PPO Contributing	2,633	\$ 1,789.50	\$ 126.12	\$ 1,915.62	\$ 1,323.00	\$ 3.40	\$ (589.22)	\$ (7,757,081.30)
PPO Non-Cont 35	1,198	\$ 446.90	\$ 126.12	\$ 573.02	\$ 895.00	\$ 3.40	\$ 325.38	\$ 1,949,026.20
PPO Non-Cont 25	40	\$ 36.60	\$ 126.12	\$ 162.72	\$ 1,037.00	\$ 3.40	\$ 877.68	\$ 175,536.00
								\$ -
TOTAL (a)	3871	\$ 1,355.88	\$ 126.12	\$ 1,482.00	\$ 1,187.59	\$ 3.40	\$ (291.01)	\$ (5,632,519.10)
RETIREEES								
PPO Plan	180	\$ 2,385.29	\$ 126.12	\$ 2,511.41	\$ 1,323.00	\$ 3.40	\$ (1,185.01)	\$ (1,067,691.86)
TOTAL	180	2,385.29	\$ 126.12	\$ 2,511.41	\$ 1,323.00	\$ 3.40	\$ (1,185.01)	\$ (1,067,691.86)
COBRA								
PPO Plan	5	\$ 4,269.53	\$ 126.12	\$ 4,395.65	\$ 1,349.46	\$ 3.40	\$ (3,042.79)	\$ (76,069.75)
TOTAL	5	\$ 4,269.53	\$ 126.12	\$ 4,395.65	\$ 1,349.46	\$ 3.40	\$ (3,042.79)	\$ (76,069.75)
MEDICARE SUPP								
PPO Plan	156	\$ 1,003.11	\$ 29.54	\$ 1,032.65	\$ 725.00	\$ 3.40	\$ (304.25)	\$ (237,315.00)
TOTAL	156	\$ 1,003.11	\$ 29.54	\$ 1,032.65	\$ 725.00	\$ 3.40	\$ (304.25)	\$ (237,315.00)
SELF-PAY								
PPO Plan	22	\$ 1,953.42	\$ 126.12	\$ 2,079.54	\$ 1,595.00	\$ 3.40	\$ (481.14)	\$ (52,925.40)
TOTAL	22	\$ 1,953.42	\$ 126.12	\$ 2,079.54	\$ 1,595.00	\$ 3.40	\$ (481.14)	\$ (52,925.40)
Stop-Loss Reimbursement								\$ 2,849,979.09
Prescription Drug Rebates								\$ 2,477,869.54
TOTAL								\$ (1,738,672.48)

NOTES:

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

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

Interest revenue is based upon \$14,400 per month, and has been entirely allocated to the above benefits. Rates are calculated on an average basis over the reporting period.

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

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

FINANCIAL ANALYSIS FOR DENTAL FIVE MONTHS ENDING NOVEMBER 30, 2023

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
Delta PPO	4041	\$ 73.20	\$ 5.60	\$ 78.80	\$105.00		\$ 26.20	\$ 529,371.00
PUD HMO	331	\$ -	\$ 43.18	\$ 43.18	\$105.00		\$ 61.82	\$ 102,312.10
TOTAL								\$ 631,683.10

NOTES:

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

All interest revenue has been allocated to Medical.

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

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

**MONTHLY CLAIMS EXPERIENCE ANALYSIS
MEDICAL AND PRESCRIPTION DRUGS
SIX MONTHS ENDING DECEMBER 31, 2023**

		<u>PER ELIGIBLE</u>
ACTIVES	\$ 29,841,240.13	\$ 1,281.95
COBRA	118,632.68	3,707.27
RETIREEES	2,428,757.50	2,236.42
	<hr/>	
	\$ 32,388,630.31	\$ 1,327.62
 MEDICARE SUPPLEMENT	 \$ 947,907.68	 \$ 1,015.98
SELF-PAY OVER 65	223,373.20	1,731.58
	<hr/>	
	\$ 33,559,911.19	\$ 1,318.25
	<hr/>	
 AVERAGE MONTHLY COST - YTD	 \$ 5,593,318.53	 \$ 1,318.25
	<hr/>	
 PRIOR YEAR AVERAGE MONTHLY COST - YTD		
SIX MONTHS ENDING DECEMBER 31, 2022	4,796,296.83	\$ 1,210.73
 PRIOR PLAN YEAR AVERAGE MONTHLY COST		
JULY 2022 - JUNE 2023	\$ 5,216,004.03	\$ 1,290.69
 TWELVE MONTH ROLLING AVERAGE		
January 1, 2023 - December 31, 2023	\$ 5,614,514.89	\$ 1,342.54

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

MONTHLY CLAIMS EXPERIENCE ANALYSIS DENTAL BENEFIT SECTION SIX MONTHS ENDING DECEMBER 31, 2023

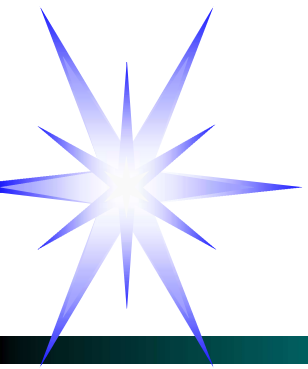
<u>DELTA DENTAL</u>	<u>PAYMENTS</u>	<u>PER ELIGIBLE</u>
ACTIVES	\$ 1,494,367.50	\$ 70.64
RETIREEES	223,322.83	\$ 69.57
 TOTAL FOR DELTA DENTAL	 <u>\$ 1,717,690.33</u>	 \$ 70.50
 AVERAGE MONTHLY COST	 \$ 286,281.72	 \$ 70.50
PUD HMO AVG MONTHLY PREM	14,292.58	\$ 43.18
 TOTAL AVG MONTHLY COST - YTD	 <u>\$ 300,574.30</u>	 \$ 68.44

PRIOR YEAR AVERAGE MONTHLY COST: DELTA DENTAL JULY 2022 - JUNE 2023

ACTIVES	\$ 55.15
RETIREEES	\$ 57.37
COMBINED	\$ 55.45

TWELVE MONTH ROLLING AVERAGE DELTA DENTAL January 1, 2023 - December 31, 2023

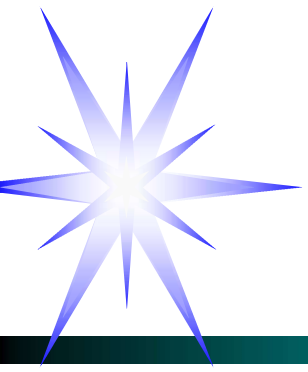
\$ 61.34



Average Cost Per Participant Monthly

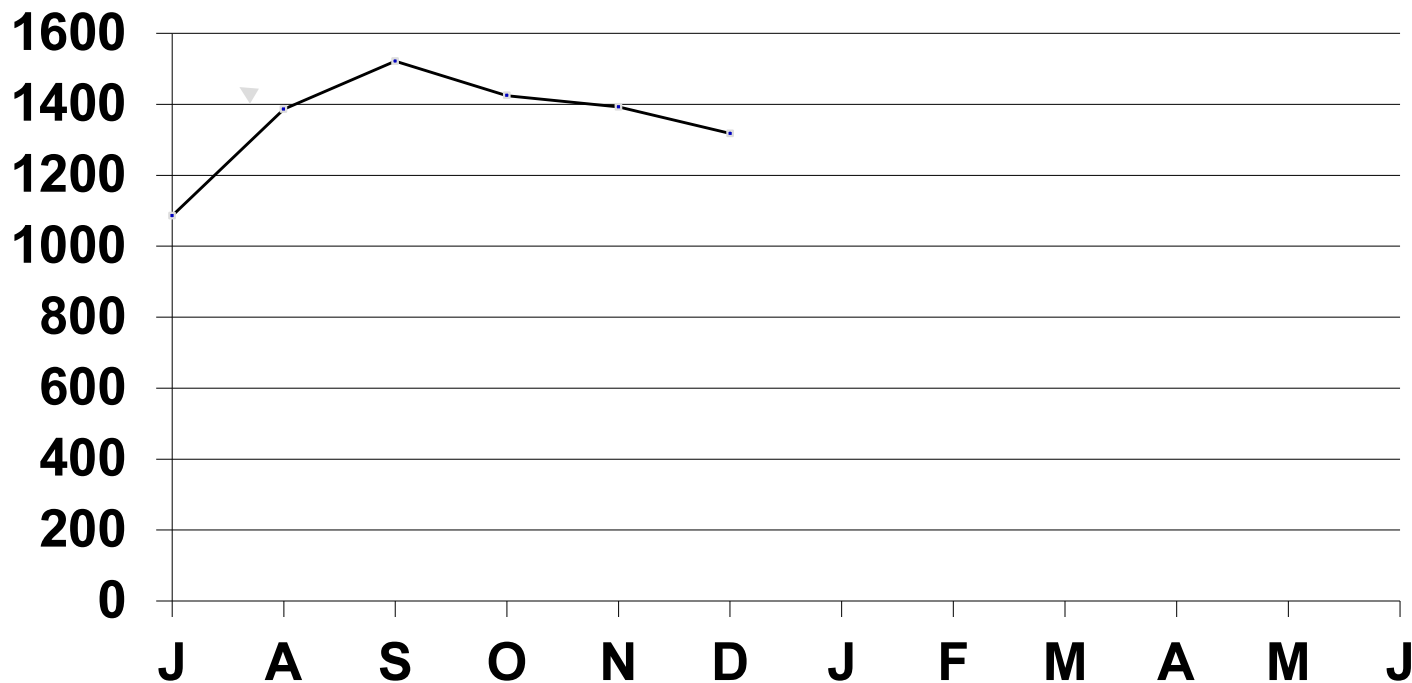
Fresno City Employees H & W Trust
July 23 – Jun 24

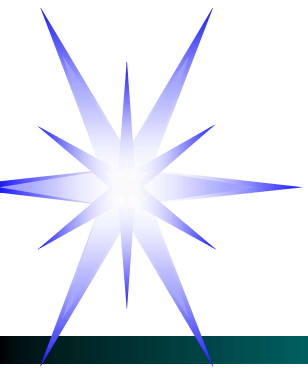




Average Cost Per Participant Year to Date

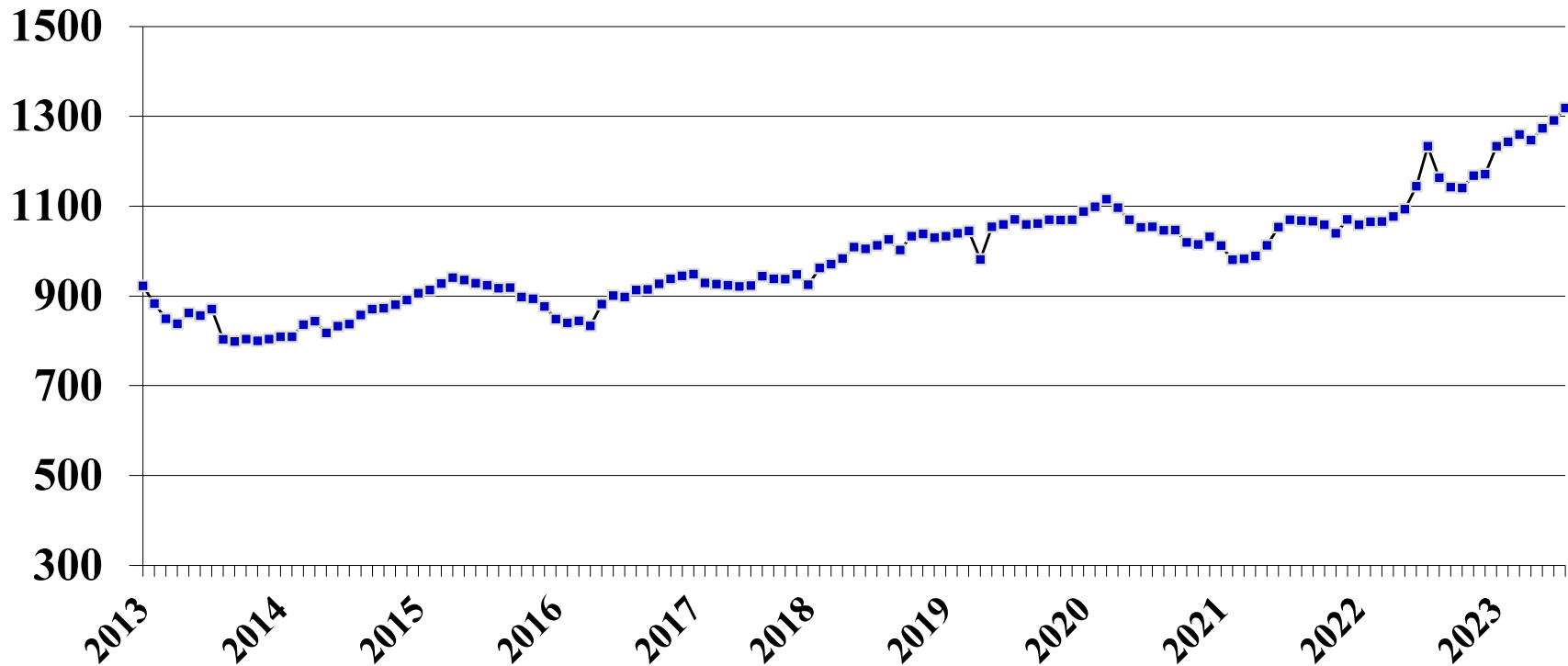
Fresno City Employees H & W Trust
July 23 – Jun 24





Average Cost Per Participant 12 Month Rolling Average

Fresno City Employees H & W Trust
Jun 2013 – Dec 2023



FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST
FINANCIAL ANALYSIS FOR MEDICAL, VISION AND PRESCRIPTION DRUG
SIX MONTHS ENDING DECEMBER 31, 2023

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
ACTIVES								
PPO Contributing	2,632	\$ 1,689.70	\$ 126.12	\$ 1,815.82	\$ 1,323.00	\$ 3.39	\$ (489.43)	\$ (7,729,078.56)
PPO Non-Cont 35	1,207	\$ 435.74	\$ 126.12	\$ 561.86	\$ 895.00	\$ 3.39	\$ 336.53	\$ 2,437,150.26
PPO Non-Cont 25	42	\$ 33.27	\$ 126.12	\$ 159.39	\$ 1,037.00	\$ 3.39	\$ 881.00	\$ 222,012.00
								\$ -
TOTAL (a)	3881	\$ 1,281.79	\$ 126.12	\$ 1,407.91	\$ 1,186.80	\$ 3.39	\$ (217.72)	\$ (5,069,916.30)
RETIREEES								
PPO Plan	181	\$ 2,236.42	\$ 126.12	\$ 2,362.54	\$ 1,323.00	\$ 3.39	\$ (1,036.15)	\$ (1,125,264.28)
TOTAL	181	2,236.42	\$ 126.12	\$ 2,362.54	\$ 1,323.00	\$ 3.39	\$ (1,036.15)	\$ (1,125,264.28)
COBRA								
PPO Plan	5	\$ 3,707.27	\$ 126.12	\$ 3,833.39	\$ 1,349.46	\$ 3.39	\$ (2,480.54)	\$ (74,416.20)
TOTAL	5	\$ 3,707.27	\$ 126.12	\$ 3,833.39	\$ 1,349.46	\$ 3.39	\$ (2,480.54)	\$ (74,416.20)
MEDICARE SUPP								
PPO Plan	156	\$ 1,015.98	\$ 29.54	\$ 1,045.52	\$ 725.00	\$ 3.39	\$ (317.13)	\$ (296,833.68)
TOTAL	156	\$ 1,015.98	\$ 29.54	\$ 1,045.52	\$ 725.00	\$ 3.39	\$ (317.13)	\$ (296,833.68)
SELF-PAY								
PPO Plan	22	\$ 1,731.58	\$ 126.12	\$ 1,857.70	\$ 1,595.00	\$ 3.39	\$ (259.31)	\$ (34,228.92)
TOTAL	22	\$ 1,731.58	\$ 126.12	\$ 1,857.70	\$ 1,595.00	\$ 3.39	\$ (259.31)	\$ (34,228.92)
Stop-Loss Reimbursement								\$ 2,890,130.92
Prescription Drug Rebates								\$ 2,542,755.57
TOTAL								\$ (1,167,772.89)

NOTES:

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

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

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

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

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

Prepared by HealthComp Inc. 1/2/2024

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

FINANCIAL ANALYSIS FOR DENTAL SIX MONTHS ENDING DECEMBER 31, 2023

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
Delta PPO	4061	\$ 70.50	\$ 5.60	\$ 76.10	\$105.00		\$ 28.90	\$ 704,177.40
PUD HMO	331	\$ -	\$ 43.18	\$ 43.18	\$105.00		\$ 61.82	\$ 122,774.52
TOTAL								\$ 826,951.92

NOTES:

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

All interest revenue has been allocated to Medical.

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

FRESNO CITY EMPLOYEES
HEALTH & WELFARE TRUST
SPECIFIC STOP LOSS
THROUGH 10/31/2023

INCURRED: 07/01/22 - 6/30/2023
PAID: 07/01/22 THRU: 10/31/2023

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

OVER \$550,000.00

MEMBER	NET PAID	CLAIM AMOUNT
15	\$3,893,667.00	\$3,343,667.00
1	\$866,132.59	\$316,132.59
3	\$952,302.72	\$402,302.72
7	\$638,196.51	\$88,196.51
6	\$739,637.85	\$189,637.85
2	\$1,448,644.39	\$898,644.39
14	\$1,821,660.36	\$1,271,660.36
28	\$916,999.47	\$366,999.47
	\$11,277,240.89	\$6,877,240.89

50% OVER \$275,000.00

MEMBER	NET PAID	STILL TO MEET
27	\$372,883.11	\$177,116.89
24	\$296,444.40	\$253,555.60
5	\$460,155.06	\$89,844.94
8	\$336,294.59	\$213,705.41
9	\$322,362.01	\$227,637.99
10	\$355,574.08	\$194,425.92
11	\$308,125.86	\$241,874.14
12	\$342,559.12	\$207,440.88
13	\$530,996.11	\$19,003.89
27	\$343,732.97	\$206,267.03
20	\$332,776.82	\$217,223.18
21	\$505,094.31	\$44,905.69
23	\$293,991.71	\$256,008.29
	\$4,800,990.15	\$2,349,009.85

PREMIUM

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	\$ 146.80	\$ 6,820,181.20	\$ 12,403,231.04	\$ 5,583,049.84
350,000	\$ 75.09	\$ 3,488,606.31	\$ 8,951,943.56	\$ 5,463,337.25
550,000	\$ 40.69	\$ 1,890,416.71	\$ 7,313,331.31	\$ 5,422,914.60

PRIOR YEAR RESULTS

FISCAL YEAR	MEMBERS OVER \$175K	SAVINGS/(LOSS) \$500 DEDUCTIBLE	SAVINGS/(LOSS) \$350 DEDUCTIBLE	SAVINGS/(LOSS) \$175 DEDUCTIBLE
2008/2009	11	\$ 298,037.47	\$ 660,094.16	\$ 696,657.85
2009/2010	7	\$ 571,249.08	\$ 901,645.80	\$ 2,451,452.16
2010/2011	12	\$ 392,141.96	\$ 562,653.55	\$ 1,543,342.62
2011/2012	4	\$ 690,024.10	\$ 1,115,261.30	\$ 3,286,763.75
2012/2013	11	\$ 892,384.76	\$ 1,450,290.57	\$ 3,807,297.67
2013/2014	11	\$ 546,018.60	\$ 941,346.55	\$ 3,782,202.62
2014/2015	13	\$ 324,590.15	\$ 264,268.88	\$ 374,381.62
2015/2016	14	\$ 2,588,355.84	\$ 2,919,146.55	\$ 3,042,900.18
2016/2017	15	\$ (618,495.03)	\$ (1,101,491.19)	\$ (1,626,992.21)
2017/2018	23	\$ (808,434.00)	\$ (1,099,684.13)	\$ (1,999,825.30)
2018/2019	27	\$ (717,892.65)	\$ (696,340.65)	\$ (258,654.91)
2019/2020	29	\$ (403,675.83)	\$ 34,344.25	\$ 231,492.59
2020/2021	23	\$ 3,553.03	\$ 36,225.35	\$ (1,104,531.07)
2021/2022	23	\$ 1,829,245.00	\$ 1,719,923.64	\$ 1,675,827.25
TOTAL	223	\$ 5,587,102.48	\$ 7,707,684.63	\$ 15,902,314.82

Current Outstanding Submission

As of October 31, 2023 \$ 4,884,231.57

SPECIFIC STOP LOSS
THROUGH 10/31/2023

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

MEMBER	NET PAID	CLAIM AMOUNT
	\$0.00	\$0.00

[illegible]

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	\$ 176.20	\$ 2,863,602.40	\$ 103,043.83	\$ (2,760,558.57)
350,000	\$ 90.13	\$ 1,464,792.76	\$ -	\$ (1,464,792.76)
550,000	\$ 48.84	\$ 793,747.68	\$ -	\$ (793,747.68)

FISCAL YEAR	MEMBERS OVER \$175K	SAVINGS/(LOSS) \$500 DEDUCTIBLE	SAVINGS/(LOSS) \$350 DEDUCTIBLE	SAVINGS/(LOSS) \$175 DEDUCTIBLE
2008/2009	11	\$ 298,037.47	\$ 660,094.16	\$ 696,657.85
2009/2010	7	\$ 571,249.08	\$ 901,645.80	\$ 2,451,452.16
2010/2011	12	\$ 392,141.96	\$ 562,653.55	\$ 1,543,342.62
2011/2012	4	\$ 690,024.10	\$ 1,115,261.30	\$ 3,286,763.75
2012/2013	11	\$ 892,384.76	\$ 1,450,290.57	\$ 3,807,297.67
2013/2014	11	\$ 546,018.60	\$ 941,346.55	\$ 3,782,202.62
2014/2015	13	\$ 324,590.15	\$ 264,268.88	\$ 374,381.62
2015/2016	14	\$ 2,588,355.84	\$ 2,919,146.55	\$ 3,042,900.18
2016/2017	15	\$ (618,495.03)	\$ (1,101,491.19)	\$ (1,626,992.21)
2017/2018	23	\$ (808,434.00)	\$ (1,099,684.13)	\$ (1,999,825.30)
2018/2019	27	\$ (717,892.65)	\$ (696,340.65)	\$ (258,654.91)
2019/2020	29	\$ (403,675.83)	\$ 34,344.25	\$ 231,492.59
2020/2021	23	\$ 3,553.03	\$ 36,225.35	\$ (1,104,531.07)
2021/2022	23	\$ 1,829,245.00	\$ 1,719,923.64	\$ 1,675,827.25
TOTAL	223	\$ 7,707,102.48	\$ 15,902,314.82	

\$

FRESNO CITY EMPLOYEES
HEALTH & WELFARE TRUST
SPECIFIC STOP LOSS
THROUGH 11/30/2023

INCURRED: 07/01/22 - 6/30/2023
PAID: 07/01/22 THRU: 11/30/2023

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

OVER \$550,000.00

MEMBER	NET PAID	CLAIM AMOUNT
15	\$3,894,012.21	\$3,344,012.21
1	\$1,073,501.59	\$523,501.59
3	\$952,302.72	\$402,302.72
7	\$638,330.45	\$88,330.45
6	\$779,697.85	\$229,697.85
2	\$1,448,644.39	\$898,644.39
14	\$1,821,660.36	\$1,271,660.36
28	\$916,999.47	\$366,999.47
	\$11,525,149.04	\$7,125,149.04

50% OVER \$275,000.00

MEMBER	NET PAID	STILL TO MEET
27	\$372,883.11	\$177,116.89
24	\$296,444.40	\$253,555.60
5	\$465,462.49	\$84,537.51
8	\$336,294.59	\$213,705.41
9	\$322,362.01	\$227,637.99
10	\$355,574.08	\$194,425.92
11	\$311,530.82	\$238,469.18
12	\$368,567.79	\$181,432.21
13	\$531,333.76	\$18,666.24
27	\$343,732.97	\$206,267.03
20	\$332,776.82	\$217,223.18
21	\$505,094.31	\$44,905.69
23	\$293,991.71	\$256,008.29
	\$4,836,048.86	\$2,313,951.14

PREMIUM

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	\$ 146.80	\$ 6,820,181.20	\$ 12,686,197.90	\$ 5,866,016.70
350,000	\$ 75.09	\$ 3,488,606.31	\$ 9,224,064.58	\$ 5,735,458.27
550,000	\$ 40.69	\$ 1,890,416.71	\$ 7,561,577.11	\$ 5,671,160.40

PRIOR YEAR RESULTS

FISCAL YEAR	MEMBERS OVER \$175K	SAVINGS/(LOSS) \$500 DEDUCTIBLE	SAVINGS/(LOSS) \$350 DEDUCTIBLE	SAVINGS/(LOSS) \$175 DEDUCTIBLE
2008/2009	11	\$ 298,037.47	\$ 660,094.16	\$ 696,657.85
2009/2010	7	\$ 571,249.08	\$ 901,645.80	\$ 2,451,452.16
2010/2011	12	\$ 392,141.96	\$ 562,653.55	\$ 1,543,342.62
2011/2012	4	\$ 690,024.10	\$ 1,115,261.30	\$ 3,286,763.75
2012/2013	11	\$ 892,384.76	\$ 1,450,290.57	\$ 3,807,297.67
2013/2014	11	\$ 546,018.60	\$ 941,346.55	\$ 3,782,202.62
2014/2015	13	\$ 324,590.15	\$ 264,268.88	\$ 374,381.62
2015/2016	14	\$ 2,588,355.84	\$ 2,919,146.55	\$ 3,042,900.18
2016/2017	15	\$ (618,495.03)	\$ (1,101,491.19)	\$ (1,626,992.21)
2017/2018	23	\$ (808,434.00)	\$ (1,099,684.13)	\$ (1,999,825.30)
2018/2019	27	\$ (717,892.65)	\$ (696,340.65)	\$ (258,654.91)
2019/2020	29	\$ (403,675.83)	\$ 34,344.25	\$ 231,492.59
2020/2021	23	\$ 3,553.03	\$ 36,225.35	\$ (1,104,531.07)
2021/2022	23	\$ 1,829,245.00	\$ 1,719,923.64	\$ 1,675,827.25
TOTAL	223	\$ 5,587,102.48	\$ 7,707,684.63	\$ 15,902,314.82

Current Outstanding Submission

As of November 30, 2023 \$ 4,275,169.95

**SPECIFIC STOP LOSS
THROUGH 11/30/2023**

OVER \$550,000.00

LASERED \$1,400,000.00

LASERED \$1,400,000.00

MEMBER	NET PAID	CLAIM AMOUNT
2	\$348,413.39	\$1,051,586.61
TOTAL	\$348,413.39	\$1,051,586.61

LASERED \$975,000.00

MEMBER	NET PAID	CLAIM AMOUNT
3	\$288,732.10	\$686,267.90
TOTAL	\$288,732.10	\$686,267.90

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	\$ 176.20	\$ 3,586,551.00	\$ 420,212.32	\$ (3,166,338.68)
350,000	\$ 90.13	\$ 1,834,596.15	\$ -	\$ (1,834,596.15)
550,000	\$ 48.84	\$ 994,138.20	\$ -	\$ (994,138.20)

FISCAL YEAR	MEMBERS OVER \$175K	SAVINGS/(LOSS) \$500 DEDUCTIBLE	SAVINGS/(LOSS) \$350 DEDUCTIBLE	SAVINGS/(LOSS) \$175 DEDUCTIBLE
2008/2009	11	\$ 298,037.47	\$ 660,094.16	\$ 696,657.85
2009/2010	7	\$ 571,249.08	\$ 901,645.80	\$ 2,451,452.16
2010/2011	12	\$ 392,141.96	\$ 562,653.55	\$ 1,543,342.62
2011/2012	4	\$ 690,024.10	\$ 1,115,261.30	\$ 3,286,763.75
2012/2013	11	\$ 892,384.76	\$ 1,450,290.57	\$ 3,807,297.67
2013/2014	11	\$ 546,018.60	\$ 941,346.55	\$ 3,782,202.62
2014/2015	13	\$ 324,590.15	\$ 264,268.88	\$ 374,381.62
2015/2016	14	\$ 2,588,355.84	\$ 2,919,146.55	\$ 3,042,900.18
2016/2017	15	\$ (618,495.03)	\$ (1,101,491.19)	\$ (1,626,992.21)
2017/2018	23	\$ (808,434.00)	\$ (1,099,684.13)	\$ (1,999,825.30)
2018/2019	27	\$ (717,892.65)	\$ (696,340.65)	\$ (258,654.91)
2019/2020	29	\$ (403,675.83)	\$ 34,344.25	\$ 231,492.59
2020/2021	23	\$ 3,553.03	\$ 36,225.35	\$ (1,104,531.07)
2021/2022	23	\$ 1,829,245.00	\$ 1,719,923.64	\$ 1,675,827.25
TOTAL	223	\$ 7,707,684.63	\$ 15,902,314.82	

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FRESNO CITY EMPLOYEES
HEALTH & WELFARE TRUST
SPECIFIC STOP LOSS
THROUGH 12/31/2023

INCURRED: 07/01/22 - 6/30/2023
PAID: 07/01/22 THRU: 12/31/2023

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

OVER \$550,000.00

MEMBER	NET PAID	CLAIM AMOUNT
15	\$3,896,664.31	\$3,346,664.31
1	\$1,073,981.40	\$523,981.40
3	\$952,597.66	\$402,597.66
7	\$640,609.09	\$90,609.09
6	\$779,697.85	\$229,697.85
2	\$1,477,809.60	\$927,809.60
14	\$1,823,009.77	\$1,273,009.77
28	\$917,305.19	\$367,305.19
	\$11,561,674.87	\$7,161,674.87

50% OVER \$275,000.00

MEMBER	NET PAID	STILL TO MEET
27	\$372,931.75	\$177,068.25
24	\$296,444.40	\$253,555.60
5	\$465,653.92	\$84,346.08
8	\$336,294.59	\$213,705.41
9	\$322,362.01	\$227,637.99
10	\$355,574.08	\$194,425.92
11	\$312,079.76	\$237,920.24
12	\$368,567.79	\$181,432.21
13	\$532,470.75	\$17,529.25
27	\$343,732.97	\$206,267.03
20	\$332,776.82	\$217,223.18
21	\$508,930.73	\$41,069.27
23	\$294,808.13	\$255,191.87
	\$4,842,627.70	\$2,307,372.30

PREMIUM

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	\$ 146.80	\$ 6,820,181.20	\$ 12,729,302.57	\$ 5,909,121.37
350,000	\$ 75.09	\$ 3,488,606.31	\$ 9,265,803.89	\$ 5,777,197.58
550,000	\$ 40.69	\$ 1,890,416.71	\$ 7,603,076.35	\$ 5,712,659.64

PRIOR YEAR RESULTS

FISCAL YEAR	MEMBERS OVER \$175K	SAVINGS/(LOSS) \$500 DEDUCTIBLE	SAVINGS/(LOSS) \$350 DEDUCTIBLE	SAVINGS/(LOSS) \$175 DEDUCTIBLE
2008/2009	11	\$ 298,037.47	\$ 660,094.16	\$ 696,657.85
2009/2010	7	\$ 571,249.08	\$ 901,645.80	\$ 2,451,452.16
2010/2011	12	\$ 392,141.96	\$ 562,653.55	\$ 1,543,342.62
2011/2012	4	\$ 690,024.10	\$ 1,115,261.30	\$ 3,286,763.75
2012/2013	11	\$ 892,384.76	\$ 1,450,290.57	\$ 3,807,297.67
2013/2014	11	\$ 546,018.60	\$ 941,346.55	\$ 3,782,202.62
2014/2015	13	\$ 324,590.15	\$ 264,268.88	\$ 374,381.62
2015/2016	14	\$ 2,588,355.84	\$ 2,919,146.55	\$ 3,042,900.18
2016/2017	15	\$ (618,495.03)	\$ (1,101,491.19)	\$ (1,626,992.21)
2017/2018	23	\$ (808,434.00)	\$ (1,099,684.13)	\$ (1,999,825.30)
2018/2019	27	\$ (717,892.65)	\$ (696,340.65)	\$ (258,654.91)
2019/2020	29	\$ (403,675.83)	\$ 34,344.25	\$ 231,492.59
2020/2021	23	\$ 3,553.03	\$ 36,225.35	\$ (1,104,531.07)
2021/2022	23	\$ 1,829,245.00	\$ 1,719,923.64	\$ 1,675,827.25
2022/2023	21	\$ 5,712,659.64	\$ 5,777,197.58	\$ 5,909,121.37
TOTAL	244	\$ 5,587,102.48	\$ 7,707,684.63	\$ 15,902,314.82

Current Outstanding Submission

As of December 31, 2023 \$ 4,243,112.58

**SPECIFIC STOP LOSS
THROUGH 12/31/2023**

OVER \$550,000.00

LASERED \$1,400,000.00

LASERED \$1,400,000.00

MEMBER	NET PAID	CLAIM AMOUNT
2	\$293,344.42	\$1,106,655.58
TOTAL	\$293,344.42	\$1,106,655.58

LASERED \$975,000.00

MEMBER	NET PAID	CLAIM AMOUNT
3	\$401,557.07	\$573,442.93
TOTAL	\$401,557.07	\$573,442.93

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	\$ 176.20	\$ 4,313,023.60	\$ 477,968.32	\$ (3,835,055.28)
350,000	\$ 90.13	\$ 2,206,202.14	\$ 51,557.07	\$ (2,154,645.07)
550,000	\$ 48.84	\$ 1,195,505.52	\$ -	\$ (1,195,505.52)

FISCAL YEAR	MEMBERS OVER \$175K	SAVINGS/(LOSS) \$500 DEDUCTIBLE	SAVINGS/(LOSS) \$350 DEDUCTIBLE	SAVINGS/(LOSS) \$175 DEDUCTIBLE
2008/2009	11	\$ 298,037.47	\$ 660,094.16	\$ 696,657.85
2009/2010	7	\$ 571,249.08	\$ 901,645.80	\$ 2,451,452.16
2010/2011	12	\$ 392,141.96	\$ 562,653.55	\$ 1,543,342.62
2011/2012	4	\$ 690,024.10	\$ 1,115,261.30	\$ 3,286,763.75
2012/2013	11	\$ 892,384.76	\$ 1,450,290.57	\$ 3,807,297.67
2013/2014	11	\$ 546,018.60	\$ 941,346.55	\$ 3,782,202.62
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2015/2016	14	\$ 2,588,355.84	\$ 2,919,146.55	\$ 3,042,900.18
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2017/2018	23	\$ (808,434.00)	\$ (1,099,684.13)	\$ (1,999,825.30)
2018/2019	27	\$ (717,892.65)	\$ (696,340.65)	\$ (258,654.91)
2019/2020	29	\$ (403,675.83)	\$ 34,344.25	\$ 231,492.59
2020/2021	23	\$ 3,553.03	\$ 36,225.35	\$ (1,104,531.07)
2021/2022	23	\$ 1,829,245.00	\$ 1,719,923.64	\$ 1,675,827.25
2022/2023	21	\$ 5,712,659.64	\$ 5,777,197.58	\$ 5,909,121.37
TOTAL	244	\$ 5,587,102.48	\$ 7,707,684.63	\$ 15,902,314.82

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Paid Claims Lag Time Analysis by Input Date

INCURRED: 01/01/1990 - 10/31/2023 | PAID: 10/01/2023 - 10/31/2023

FRESNO CITY EMP H&W TRUST Summary

Range of Days Lagged	Incurred Date to Input Date			Input Date to Processed Date			Processed Date to Paid Date			Input Date to Paid Date		
	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum
0 - 10	4,807	44.4 %	44.4 %	10,684	98.7 %	98.7 %	10,808	99.9 %	99.9 %	9,625	88.9 %	88.9 %
11 - 14	1,113	10.3 %	54.7 %	91	0.8 %	99.6 %	9	0.1 %	99.9 %	993	9.2 %	98.1 %
15 - 21	1,404	13.0 %	67.7 %	24	0.2 %	99.8 %	6	0.1 %	100.0 %	161	1.5 %	99.6 %
22 - 28	859	7.9 %	75.6 %	10	0.1 %	99.9 %	0	0.0 %	100.0 %	26	0.2 %	99.8 %
Over 28	2,640	24.4 %	100.0 %	14	0.1 %	100.0 %	0	0.0 %	100.0 %	18	0.2 %	100.0 %

Total # of claims: 10,823

Average days from incurred to input: 34.6

Average days from input to processed: 2.3

Average days from processed to paid: 3.6

Average days from input to paid: 5.9

Paid Claims Lag Time Analysis by Input Date

INCURRED: 01/01/1990 - 11/30/2023 | PAID: 11/01/2023 - 11/30/2023

FRESNO CITY EMP H&W TRUST Summary												
Range of Days Lagged	Incurred Date to Input Date			Input Date to Processed Date			Processed Date to Paid Date			Input Date to Paid Date		
	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum
0 - 10	5,348	46.63%	46.63%	11,287	98.41%	98.41%	11,424	99.61%	99.61%	10,702	93.31%	93.31%
11 - 14	1,249	10.89%	57.52%	135	1.18%	99.59%	21	0.18%	99.79%	566	4.94%	98.25%
15 - 21	1,401	12.22%	69.74%	19	0.17%	99.76%	24	0.21%	100.0%	150	1.31%	99.56%
22 - 28	897	7.82%	77.56%	20	0.17%	99.93%	0	0.0%	100.0%	39	0.34%	99.9%
Over 28	2,574	22.44%	100.0%	8	0.07%	100.0%	0	0.0%	100.0%	12	0.1%	100.0%

Total # of claims: 11,469

Average days from incurred to input: 31.2

Average days from input to processed: 1.5

Average days from processed to paid: 3.7

Average days from input to paid: 5.3

Paid Claims Lag Time Analysis by Input Date

INCURRED: 01/01/1990 - 12/31/2023 | PAID: 12/01/2023 - 12/31/2023

FRESNO CITY EMP H&W TRUST Summary												
Range of Days Lagged	Incurred Date to Input Date			Input Date to Processed Date			Processed Date to Paid Date			Input Date to Paid Date		
	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum
0 - 10	3,435	40.6 %	40.6 %	8,053	95.2 %	95.2 %	8,446	99.8 %	99.8 %	6,950	82.1 %	82.1 %
11 - 14	856	10.1 %	50.7 %	365	4.3 %	99.5 %	10	0.1 %	99.9 %	1,079	12.8 %	94.9 %
15 - 21	1,147	13.6 %	64.3 %	32	0.4 %	99.9 %	6	0.1 %	100.0 %	406	4.8 %	99.7 %
22 - 28	738	8.7 %	73.0 %	5	0.1 %	99.9 %	0	0.0 %	100.0 %	19	0.2 %	99.9 %
Over 28	2,286	27.0 %	100.0 %	7	0.1 %	100.0 %	0	0.0 %	100.0 %	8	0.1 %	100.0 %

Total # of claims: 8,462

Average days from incurred to input: 38.7

Average days from input to processed: 2.7

Average days from processed to paid: 3.4

Average days from input to paid: 6.1

ACTIVE CASES
1/1/24

	Case Number:	Date of Accident	Status	Paid amount
1	20230710-002622	09/15/2022	Active	\$ 370.74
2	20230711-004650	11/04/2022	Active	\$ 1,597.45
3	20230616-001315	12/28/2022	Active	\$ 19,074.86
4	20230502-000535	01/06/2023	Active	\$ 36,145.72
5	20230709-012367	10/29/2021	Active	\$ 533.12
6	20230403-000614	02/13/2022	Active	\$ 5,604.64
7	20230715-003721	12/31/2022	Active	\$ -
8	20230708-014779	11/09/2021	Active	\$ 555.77
9	20230915-000003	10/16/2021	Active	\$ -
10	20230708-022093	11/30/2021	Active	\$ 465.41
11	20231117-000419	10/25/2023	Active	\$ 6,983.80
12	20230709-014271	04/18/2022	Active	\$ 81.31
13	20230605-000074	02/04/2023	Active	\$ 131,868.99
14	20230818-003487	06/05/2023	Active	\$ 6,942.23
15	20230906-001532	06/28/2022	Active	\$ 50.00
16	20230807-000426	05/04/2023	Active	\$ 101.24
17	20230502-000420	06/23/2022	Active	\$ 19,637.34
18	20230502-000372	11/24/2022	Active	\$ 466.34
19	20230502-000049	02/20/2022	Active	\$ 2,104.96
20	20230818-002609	05/30/2023	Active	\$ 8,289.53
21	20230715-009263	12/31/2022	Active	\$ -
22	20230715-017824	12/31/2022	Active	\$ -
23	20230709-016698	05/01/2022	Active	\$ 1,655.11
24	20230502-001002	04/27/2022	Active	\$ 648.69
25	20230715-009652	12/22/2022	Active	\$ 368,393.85
26	20230708-027396	11/30/2021	Active	\$ 7,422.74
27	20230715-015845	11/05/2022	Active	\$ 190.54
28	20230708-015865	09/24/2021	Active	\$ 5,638.68
29	20230708-014127	08/31/2021	Active	\$ 3,403.40
30	20230708-003429	08/04/2021	Active	\$ 3,439.80
31	20230715-015399	02/15/2023	Active	\$ 96.19
32	20230709-025612	06/13/2022	Active	\$ 1,961.04
33	20230818-000076	06/20/2023	Active	\$ 351.36
34	20230407-001196	09/27/2022	Active	\$ 11,606.02
35	20230502-000712	09/07/2021	Active	\$ 27,174.92
36	20230502-000529	08/02/2019	Active	\$ 25,276.37
37	20230502-000040	08/02/2019	Active	\$ 39,041.80
38	20230502-000526	10/29/2021	Active	\$ 612.34
39	20230605-000072	02/04/2023	Active	\$ 2,970.58
40	20230502-000097	05/31/2021	Active	\$ 3,134.82
41	20230704-009446	11/10/2020	Active	\$ 3,643.32
42	20230708-027138	01/22/2022	Active	\$ 66.57
43	20230710-002633	09/17/2022	Active	\$ 152.85
44	20230502-000748	05/31/2021	Active	\$ 35.41
45	20230912-001013	08/14/2023	Active	\$ 8,714.79
46	20230502-000652	05/23/2022	Active	\$ 1,313,611.58
47	20231120-002135	05/14/2023	Active	\$ -
48	20230817-002288	05/14/2023	Active	\$ 25,455.66
49	20230502-000020	07/04/2021	Active	\$ 9,671.52
50	20230719-001247	05/30/2023	Active	\$ -
51	20230502-001078	09/06/2020	Active	\$ 2,042.57

Total: \$2,107,285.97

CLOSED CASES

Case Number:	Status	Closed date:	Paid Amount:
20230707-004411	Closed	12/01/2023	\$ 15,657.64
20230709-021978	Closed	12/04/2023	\$ 2,876.00
20231012-001302	Closed	12/07/2023	\$ 882.00
20230716-000891	Closed	12/05/2023	\$ 38,168.12
20230819-002244	Closed	12/04/2023	\$ 18,674.00
20230927-001337	Closed	12/06/2023	\$ 24,837.70
20230819-002570	Closed	12/07/2023	\$ 3,705.00



Memorandum

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

From: Andrew Desa, Consulting Actuary
David Broome, Consultant

Date: January 5, 2024

Re: Consultant's Report for January 10, 2024, Board of Trustees Meeting -
Elite Wellness Vaccine and Health Screening Event Summary

We have received a summary of the Elite Wellness events that took place from October 25, 2023, to November 7, 2023. Participants included employees, spouses, and dependents four years and older.

1. Participants were able to register for influenza vaccines, high-dose influenza vaccines, pneumonia vaccines, and biometric health screenings. COVID-19 vaccines were not able to be provided at this year's event due to the bivalent vaccine being replaced with updated vaccines shortly before the event.
2. The number of services administered by Elite Wellness was as follows:

Service	2023	2022
Influenza Vaccine	191	355
Pneumonia Vaccine	9	25
High-Dose Influenza Vaccine	20	16
COVID-19 Vaccine	0	103
Health Screening	23	55
Total Services Provided	243	554

3. Total cost for the 2023 event was \$10,721 with 56% fewer services provided. Historical costs are as follows:
 - \$23,589 in 2022
 - \$14,377 in 2021
 - \$25,400 in 2020
 - \$38,900 in 2019
 - \$42,500 in 2018
4. Due to the limited number of participants taking part in this year's health screenings, we are unable to provide aggregate health screening data.

The invoice from Elite Wellness is attached to this memo. This item will be discussed at your January 10, 2024 meeting. Please let me know if there are any questions before or after that meeting.

AD/DB:tl
enclosure



RTO Systems Inc dba
Elite Corporate Wellness
319 N. Church St. Visalia, CA 93291

Invoice

Date	Invoice #
11/15/2023	32441

Bill To

Fresno City Emp. Health & Welfare Trust
PO Box 45018
Fresno, CA 93725

P.O. No.	Terms	Due Date
2023 Flu & Screenings	Net 30	12/15/2023

Description	Quantity	Rate	Amount
Waste Water Treatment			
Influenza Vaccinations	26	28.50	741.00
High Dose Influenza Vaccinations	2	72.50	145.00
Biometric Screening	1	49.00	49.00
Pneumonia Vaccinations	3	300.00	900.00
Water Yard			
Influenza Vaccinations	15	28.50	427.50
High Dose Influenza Vaccinations	3	72.50	217.50
Pneumonia Vaccinations	1	300.00	300.00
Municipal Service Center (10.25.2023)			
Influenza Vaccinations	51	28.50	1,453.50
High Dose Influenza Vaccinations	4	72.50	290.00
Biometric Screening	8	49.00	392.00
Municipal Service Center (11.07.2023)			
Influenza Vaccination	22	28.50	627.00
High Dose Influenza Vaccinations	4	72.50	290.00
Biometric Screening	1	49.00	49.00
Pneumonia Vaccinations	1	300.00	300.00
City Hall			
Influenza Vaccinations	77	28.50	2,194.50
High Dose Influenza Vaccinations	7	72.50	507.50
Biometric Screening	13	49.00	637.00
Pneumonia Vaccinations	4	300.00	1,200.00

Total \$10,720.50

Payments/Credits \$0.00

Balance Due \$10,720.50



Memorandum

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

From: Andrew Desa, Consulting Actuary
David Broome, Consultant

Date: January 5, 2024

Re: Consultant's Report for January 10, 2024, Board of Trustees Meeting -
Blue Shield of California Renewal effective July 1, 2024

Blue Shield of California is the Trust's medical PPO network, utilization, and case management provider, and they provide telehealth services through a partnership with Teladoc. The current contract provides guaranteed fees for three years starting July 1, 2022, with an expiry of June 30, 2025.

1. We received an optional, early renewal offer from Blue Shield, guaranteeing fees for two additional years through June 30, 2027. Blue Shield's proposal is as follows:

Product	Current ¹		Proposed	
	7/1/2023	7/1/2024	7/1/2025	7/1/2026
Shared Advantage Base Fee	\$ 15.43	\$ 15.74	\$ 16.37	\$ 17.02
Shield Support	\$ 4.55	\$ 4.64	\$ 4.83	\$ 5.02
Teladoc	\$ 0.89	\$ 0.91	\$ 0.95	\$ 0.98
Total	\$ 20.87	\$ 21.29	\$ 22.15	\$ 23.02
 \$ Annual Cost ²	 \$1,027,000	 \$1,048,000	 \$1,090,000	 \$1,133,000
 \$ Annual Increase/(Decrease)		 \$ 21,000	 \$ 42,000	 \$ 43,000
% Increase/(Decrease)		2.0%	4.0%	3.9%

2. The renewal offer includes a new financial disclosure related to medical pharmacy rebates earned by the Trust on certain physician administered drugs paid through the medical plan. These rebates have been paid to and are retained by Blue Shield.

¹ Fees are under a current guarantee expiring June 30, 2025.

² Costs based on current enrollment of 4,101 subscribers.

The early renewal proposal from Blue Shield is attached to this memo. This item will be discussed at your January 10, 2024 meeting. If there are any questions before or after that meeting, please let me know.

AD/DB:tl
Enclosure



Blue Shield of California Proposed Shared Advantage Plus Fees - Fresno City Employees H&W Trust			
(All rates are Per Contract per Month)			
	7/1/2024	7/1/2025	7/1/2026
Shared Advantage Core Fees (Immature)	\$15.74	\$16.37	\$17.02
<u>Purchased Services</u>			
Shield Support	\$4.64	\$4.83	\$5.02
Teladoc	\$0.91	\$0.95	\$0.98
<u>Optional Services</u>			
Shield Advocate*	\$3.17	\$3.30	\$3.43
Family Building	\$0.54	\$0.56	\$0.58
Prenatal Program	\$1.17	\$1.22	\$1.27
Postpartum	\$0.40	\$0.42	\$0.43
Parenting & Pediatrics	\$0.37	\$0.38	\$0.40
Family Building & Prenatal Bundle	\$1.40	\$1.46	\$1.51
Menopause	\$0.20	\$0.21	\$0.22
Maven Wallet	\$0.40	\$0.42	\$0.43
LifeReferrals 24/7	\$1.65	\$1.72	\$1.78
NurseHelp 24/7	\$0.94	\$0.98	\$1.02
Teladoc Behavioral Health**	\$0.30	\$0.31	\$0.32
Teladoc Dermatology	\$0.05	\$0.05	\$0.05
Teladoc EMS	\$2.11	\$2.19	\$2.28
Advanced Imaging	\$1.22	\$1.27	\$1.32
Spine and Pain Management	\$1.19	\$1.24	\$1.29
Wellvolution	\$0.29	\$0.30	\$0.31
Wellvolution Plus	\$0.78	\$0.81	\$0.84
Brightline	\$0.60	\$0.62	\$0.65

Note: BSCs three year fee proposal for the Shared Advantage Plus product for CA based membership and out of state membership.

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

General Information

Case Name: Fresno City Employees H&W Trust

TPA: HealthComp

Broker: Rael and Letson Insurance Services

Assumptions

- Fees are effective 07/01/2024. A change to the effective date may require fees to be re-evaluated.
- Fees are subject to an annual increase (as shown above) effective the first day of each July of the Agreement.
- Fees are based on 4,101 total subscribers and 11,041 total members. If subscribers, members or average contract size change by +/- 10% from the anticipated enrollment, BSC may re-evaluate the fees based on the final enrollment.
- Core fee includes costs for out-of-state claims processing, all administrative fees for the use of the BlueCard network. Access fees are billed separately.
- Pharmacy rebates under the medical program are retained by Blue Shield.
- Proposed core fee rates reflect Immature fees and do not include claims run-out.

*• Blue Shield's Accountable Care Organization (ACO) Value Based Program is an innovative program designed to improve care coordination and facilitate better health care outcomes. Blue Shield's ACOs utilize a team approach across the continuum of care to support the healthcare needs of attributed members. Blue Shield pays ACO providers a care coordination fee for its members attributed to a Value Based Program as an incentive for providing better and more efficient care. In addition, Blue Shield will also pay providers a shared savings amount if total ACO cost of healthcare emerges below a preset target. Payable shared savings are subject to quality improvement targets. Blue Shield will pass these provider payments directly through to Client on a Per Attributed Member Per Attributed Month (PaMPaM) basis. These provider payments are not included in the Shared Advantage fees contained in this proposal. The calculation will be provided upon notification the group is interested in participating.

• Advance Notification and Right of Approval/Refusal for Third Party Stop Loss Vendor: If Blue Shield Life and Health is not selected as the stop loss carrier and a third-party stop loss vendor is selected, Blue Shield of California reserves the right to approve or reject any Third Party Stop Loss vendor. Blue Shield of California must receive a minimum of 60-day advance notification of the selected Third-Party Stop Loss vendor prior the Third-Party Stop-Loss effective date. Failure to appropriately notify Blue Shield of California may result in unavailability of reporting and/or limited and/or delayed reporting impacting the reimbursement of stop loss claims.

• In setting administrative fees on renewal, Blue Shield of California estimates anticipated pharmacy rebates for drugs processed under the group's medical plan and offsets that amount from the group's per member per month administrative fees. We retain the rebates received during the plan year as we have already accounted for those rebates in the fee pricing.



Memorandum

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

From: Andrew Desa, Consulting Actuary
David Broome, Consultant

Date: January 5, 2024

Re: Consultant's Report for January 10, 2024, Board of Trustees Meeting -
Body Scan International renewal effective July 1, 2024

We have received the Body Scan International (BSI) renewal, effective July 1, 2024.

1. BSI currently provides preventive body scans for active members. Members pay a \$200 copay per scan, the Plan deductible does not apply, and the out-of-pocket maximum does not accumulate to the Plan. There is a frequency limit of one scan every three fiscal years.
2. The current contracted rate per scan has been \$1,140 for three years. This rate is guaranteed through December 31, 2023. BSI is proposing to extend the current rate an additional six months to June 30, 2024. Effective July 1, 2024, BSI proposes a 15.4% increase in the contracted rate per scan to \$1,315. They are providing a one-year rate guarantee through June 30, 2025.

A summary of the renewal and projected cost impact is shown below:

Body Scan International	Current	Proposed 7/1/2024
Contracted Rate Per Scan	\$ 1,140	\$ 1,315
% Increase/(Decrease)		15.4%
Annual Total Cost	\$313,500	\$361,600
\$200 Member Copay	<u>- 55,000</u>	<u>- 55,000</u>
Annual Plan Cost ¹	\$258,500	\$306,600
Annual \$ Increase/(Decrease)		\$ 48,100
Annual % Increase/(Decrease)		18.6%

¹ Annual cost calculated assuming 275 scans per year.

The amendment from BSI is attached to this memo. This has been reviewed by the plan professionals. This item will be discussed at your meeting on January 10, 2024. Please let me know if there are any questions before or after that meeting.

AD/DB:cn
Enclosure

Summary of Amendment with HealthView Preventative Medical Center (Body Scan International)

Attached is the Amendment with HealthView Preventative Medical Center (Body Scan International) for \$1140.00 (inclusive of \$200.00 member co-pay) per scan for each employee the period through June 30, 2024; and for \$1,35 (inclusive of \$200.00 member co-pay) per scan for each employee the period of July 1, 2024 through June 30, 2025.

The Amendment has been approved by Counsel.



AMENDMENT

1. This Amendment is entered into by and between HealthView Preventive Medical Center ("HMPC") and Fresno City Employees Health and Welfare Trust ("FCEHWT" or "Client"), parties to the agreement dated January 20, 2021 ("The Agreement").
2. The Agreement is amended as follows:
HMPC agrees to extend the Body Scan fee ("Contracted Rate") of \$1,140.00 per Body Scan to Client as detailed in The Agreement through June 30, 2024. Effective on July 1, 2024, the Contracted Rate to the Client will change to \$1,315.00. The Contracted Rate of \$1,315.00 shall be in effect for a period of one year through June 30, 2025.
3. Except as set forth in this Amendment, the Agreement is unaffected and shall continue in full force and effect in accordance with its terms. If there is a conflict between this amendment and the Agreement, the terms of this amendment will prevail.
4. The Effective Date of this Amendment is January 1, 2024.

Executed this _____ day of _____, at _____

By: _____
(Signature) (Title)

By: _____
(Signature) (Title)

HealthView Preventive Medical Center

By: _____
(Signature) (Title)



Memorandum

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

From: Andrew Desa, Consulting Actuary
David Broome, Consultant

Date: January 5, 2024

Re: Consultant's Report for January 10, 2024, Board of Trustees Meeting
- UnitedHealthcare Dental HMO - Renewal Effective July 1, 2024

The UnitedHealthcare ("UHC") Dental HMO Plan is currently under a two-year rate guarantee through June 30, 2024. We have received the renewal effective July 1, 2024.

1. The current composite premium rate is \$43.18. **UHC is proposing a 2% rate reduction to \$42.32.**
2. The proposed fee is guaranteed for two years through June 30, 2026.
3. As a reminder, an alternative plan design with reduced copays was reviewed last year, along with utilization, but the decision was made to remain with the current plan.

A summary of the renewal and projected annual cost impact is shown below:

UHC DHMO	Current Plan	Renewal Effective July 1, 2024
Premium Rate	\$ 43.18	\$ 42.32
% Increase/(Decrease)		(2.0%)
Annual Plan Cost ¹	\$118,700	\$116,300
Annual \$ Increase/(Decrease)		(\$2,400)

This item will be discussed at your meeting on January 10, 2024. Please let me know if there are any questions before or after that meeting.

AD/DB:cn

¹ Based on 229 enrollees.



Memorandum

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

From: Andrew Desa, Consulting Actuary
David Broome, Consultant

Date: January 5, 2024

Re: Consultant's Report for January 10, 2024, Board of Trustees Meeting -
EPIC Hearing Renewal Effective July 1, 2024

The Plan has contracted with EPIC Hearing to provide hearing aid devices and exams. This benefit, network, and allowance was introduced on July 1, 2022. Members must visit the EPIC Hearing website or call the customer service phone number to locate contracted network providers.

1. An allowance of \$1,500 is provided per device per ear every 36 months for contributing members. An allowance of \$975 is provided per device per ear every 36 months for non-contributory members. Members must use EPIC contracted providers to access EPIC discounts and services. Covered services from non-EPIC providers are paid by the Plan at 100% of Usual and Customary charges.
2. EPIC Hearing has provided an administration fee pass at \$0.05 PMPM for 3 years, starting July 1, 2024, through June 30, 2027. Based on the current invoice showing approximately 11,000 members, the fee is approximately \$6,600 per year. They have confirmed that there will be no change in device pricing.
3. EPIC Hearing is proposing a new Platinum device level for the Relate hearing aids. This will be in addition to the current device levels offered. A summary of the device levels and costs is attached to this memo.

A summary of EPIC network access information for the counties where most of the Plan's members reside is on the following page.

County	EPIC Hearing Providers ¹
Fresno	Belton Central California Gateway 2 Hearing Golden State Hearing Aid Center Inc Hearinglife Hearing Aid Center Lowe Audiology The Hearing Aid Center
Madera	Garret Hearing Aid Center The Hearing Aid Center
Tulare	Optimum Audiology The Hearing Aid Center The Hearing Aid Center of the San Joaquin
Kings	Jannette Days Allied The Hearing Aid Center

The Plan has members accessing both EPIC network providers and non-network providers for hearing aid devices. We requested utilization information from EPIC and HealthComp.

- EPIC reports that fourteen members have contacted them to inquire (12 months through October 2023). Among those who called, eleven members purchased hearing aid devices from EPIC network providers at an average purchase price of \$1,921 per device.
- Members purchasing hearing aid devices from non-EPIC providers account for eleven unique members with dates of service from July 2022 to November 2023.

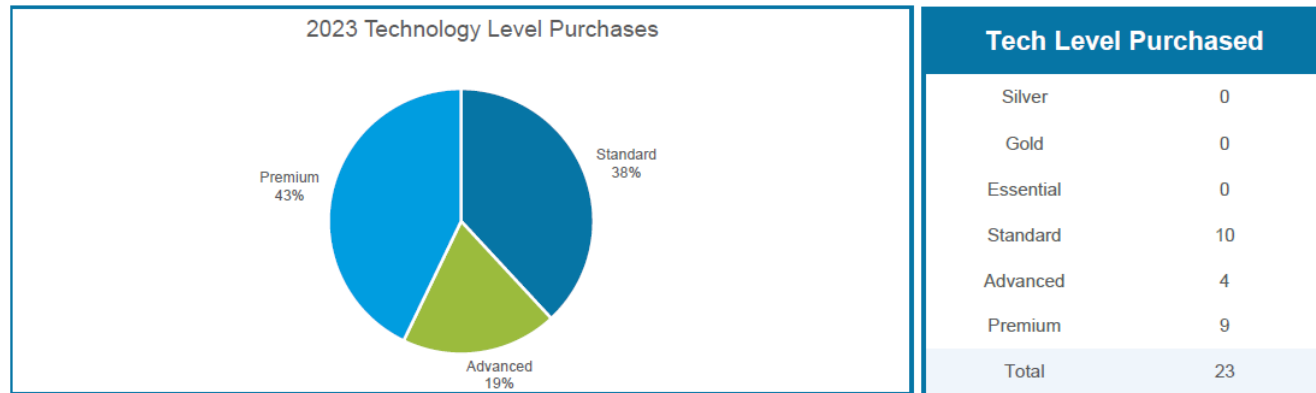
This item will be discussed at your meeting on January 10, 2024. Please let me know if there are any questions before or after that meeting.

AD/DB:cn
Enclosure

¹ As of November 2023.

Utilization – Rolling 12 Months

12 Months	Activations	Members Purchased	Devices Purchased	Conversion	Average Purchase Price
	14	11	23	79%	\$1,921



Insurance Plan Name	Activations	Purchases	Devices Sold	Sales (\$)
Fresno City Employees Health and Welfare Trust - Non-Contributory	1	-	-	\$ -
Fresno City Employees Health and Welfare Trust - Contributory Plan	13	11	23	\$ 44,177
Grand Total	14	11	23	\$ 44,177

Activations = Number of Members that contacted EPIC to start their journey with an EPIC provider

Members Purchased = Number of members that purchased one or more hearing aids or accessories

Devices Purchased = Number of total hearing aids and accessories purchased after exchanges and returns

Conversion = The difference between the number of members that contacted EPIC to start their journey (activations) and those that purchased hearing aids (Members Purchased)

Average Purchase Price = The average price of a single device purchased



Fresno City

\$0.05 PMPM

Relate	2023 Price per Aid	2024 Price per Aid	Brand Name	2023 Price per Aid	2024 Price per Aid
Platinum	N/A	\$1,399	Premium	\$2,399	\$2,399
Gold	\$899	\$899	Advanced	\$1,899	\$1,899
Silver	\$649	\$649	Standard	\$1,399	\$1,399
			Essential	\$1,099	\$1,099

- **NEW for 2024! Relate Platinum**
 - A premium level device at an affordable price
 - Enhanced features including Auto Focus 360



**Rael &
Letson**

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Memorandum

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

From: Andrew Desa, Consulting Actuary
David Broome, Consultant

Date: January 5, 2024

Re: Consultant's Report for January 10, 2024, Board of Trustees Meeting -
OptumRx Pharmacy Benefit Management – July 1, 2024 Renewal

OptumRx currently provides pharmacy benefit management (PBM) services to the Trust under two arrangements: 1- Commercial Pharmacy and 2- Employer Group Waiver Plan (EGWP). The current five-year contract is expiring on June 30, 2024. We are in receipt of the OptumRx PBM renewal offer effective July 1, 2024.

Optum's current renewal offer continues to be on a pass-through financial basis and provides 100% rebate retention by the Trust. Optum has proposed a five-year contract effective July 1, 2024, through June 30, 2029, with annual financial improvements over the prior contract.

Rael & Letson has experienced PBM consulting professionals in our Pharmacy Benefit Consulting Practice who have reviewed the renewal offer, including the terms, definitions, inclusions and exclusions, and the financial arrangements. Below are our initial observations:

1. Given the pace of change within the pharmacy benefit management sector, we typically recommend a shorter, three-year renewal with annual market checks to ensure that the contract terms and financials align with evolving market dynamics. However, currently Optum is unable to match the proposed five-year terms on a three-year basis and the five-year proposal is providing more favorable terms.
2. The renewal contract will allow the Trust to terminate without cause at any time with the 90-day written notice. There may be financial considerations for the Trust in the event of a mid-contract termination. We recommend performing periodic market checks during the contract term to ensure market competitiveness.
3. Optum is projecting total savings over the five-year period of \$2.7 million. This includes projected savings of approximately \$500,000 should the Trust adopt more current utilization management edits for both retail and specialty drugs.

We understand your plans.®

4. We believe the Optum offer will need to be revisited with respect to administrative fees, minimum guarantees for specialty and limited distribution drugs, and rebate distribution.
5. With the increasing demand for GLP-1 medications for weight management, it is recommended that the Trust consider utilization management programs offered by Optum to ensure that these emerging, high-demand drugs align with the plan document.
6. Optum is providing \$3 per member per year which can be used for services such as customizations, implementation of clinical or other programs, auditing, and/or consulting fees.

More discussion, evaluation, and negotiation with Optum are still needed to achieve a viable renewal contract. We recommend the Board direct Rael & Letson to continue negotiating and developing a final proposal for the Board's consideration at your March 2024 meeting.

We will discuss this at the upcoming board meeting on January 10, 2024. Please let us know if you have any questions now or after the meeting.

AD/DB:cn
Enclosure



**Rael &
Letson**

We understand your plans.®

Pharmacy Benefit Management (PBM) Consulting



Optimize your self-funded pharmacy benefits program with expert guidance from Rael & Letson

The pharmacy benefit is often one of the most complicated, costly and confusing part of any healthcare benefits package. Compliance, regulatory changes, and other issues that affect your plan are always evolving. This can make it difficult to monitor and feel confident you're receiving the most value to your Trust and, most importantly, your participants.

Rael & Letson's PBM consulting team is here to help:

Manage Costs

Our consulting team can ensure claims are paid correctly and help identify cost savings.

Stay Current on Compliance & Regulatory Changes

We keep up with regulatory requirements and can help you take advantage of the latest industry trends.

Increase Participant Satisfaction

We can help tailor your pharmacy benefits program to meet your organization's and participants' needs.

Increase Transparency

Our audits and detailed reporting can help you to better understand the cost drivers of your pharmacy benefits program.

The Rael & Letson PBM Consulting Team

- **We understand your plans.** Our team has 30 years of combined experience auditing and managing pharmacy benefits programs.
- **We put people first.** We take a personalized approach, delivering customized solutions to improve your participant's health and quality of life.
- **We're a part of your success.** We approach our work as a partner; your success is our success.



About Rael & Letson

Rael & Letson is an actuarial and consulting services firm founded in 1963 and headquartered in San Mateo, California with offices in San Mateo, San Diego, Seattle, and Honolulu. With a focus on providing personalized service and deep expertise in delivering innovative advice to health & welfare and retirement plans, Rael & Letson offers industry-leading advisory and analytic services focused on optimizing benefits, increasing participant engagement, controlling costs and mitigating risk for hundreds of multi-employer, public sector and single-employer plans across the country.

Our Industry-Leading Advisory and Analytic Services



Health & Welfare

Creative solutions for managing costs and strengthening performance



Pharmacy Benefits

Plan, develop and maintain your pharmacy benefits program



Retirement

Maximize the longevity and security of your retirement programs



Communications

Increase engagement and improve participant experience



Fresno City Employees Health and Welfare Trust

July 1, 2024 Renewal Summary



July 1, 2024 Renewal

Total Estimated Savings: \$2.7M

- ❖ **5-year** Pharmacy Benefit Manager (PBM) contract renewal with Optum Rx
- ❖ **\$2.7M** estimated savings consists of:
 - Increased pricing guarantees
 - Increased rebates
 - Adoption of Optum Rx's Traditional Comprehensive Utilization Management (UM) program
 - Fresno City Employees Health and Welfare Trust has Comprehensive Specialty UM in place today
 - Impacted members will be lettered 60-days in advance
- ❖ Offer includes **\$3.00** per member per year Pharmacy Management Allowance (PMA)
 - PMA can be used to offset the cost of actions intended to maximize the value of the pharmacy program. Funds may be used for items including, but not restricted to, programming for customization, design and implementation of clinical or other programs, communications, documented expenses related to staff education and industry conference attendance, auditing, data integration and analytics, consulting fees (excluding market checks), and engagement of relevant vendors that impact the pharmacy program strategy and results



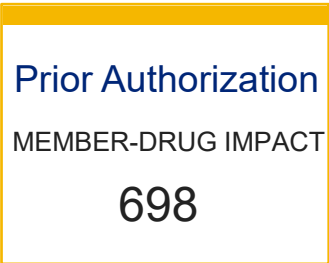
Traditional Comprehensive UM Analysis

I Total Estimated Savings: \$683,252

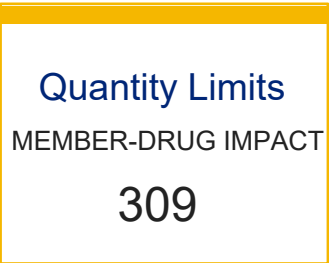
Viewing: Jul 2022 - Jun 2023



Utilization Management (UM) evaluates the application of prescribed medication therapy. Our committee of independent doctors and pharmacist establishes criteria using evidence-based medicine, established treatment guidelines and FDA approved dosing. OptumRx UM promotes improvements in affordability, care quality, clinical consistency and patient safety. Based on analysis by OptumRx, its estimated that Fresno City Employees Health and Welfare Trust can save **\$683,252**.



Prior Authorization: We recommend pre-approval for certain medications before they are covered. This process, known as prior authorization, makes sure the medications your members take are appropriate and effective. This helps keep pharmacy plan costs in check while making sure members get the right medications.



Quantity Limits: Quantity limits make sure your members get the dose that's right for them. Our committee of independent doctors and pharmacists meets regularly to review medications, recommend quantity limit guidelines and discuss coverage levels. Quantity limits help members get the best result from their medication therapy while controlling overall health care costs.

Prior Authorization

I Estimated Savings: \$615,114

Viewing: Jul 2022 - Jun 2023



Top 5 Therapy Class	Member-drug Impact	Plan Paid Savings
Anti-infective Agents	14	\$184,532
Migraine Products	81	\$156,280
Antihyperlipidemics	93	\$53,610
Diabetic Monitoring and Testing	181	\$49,366
HIV Multiclass Combo	6	\$31,304

- **Anti-infective Agents:** Xifaxan is often prescribed for off-label, non-FDA approved diagnoses. Our prior authorization criteria reviews for approved or industry recognized diagnoses. It ensures trial and failure of first-line treatments which are typically also lower cost options.
- **Migraine Products:** Nurtec, Ubrelvy & Qulipta are included within the newest class of migraine products (the CGRP inhibitors). They are higher in cost than first-line therapies. First-line therapies should be utilized before moving on to second-line treatment. Prior authorizations assess for diagnosis (i.e. acute treatment vs. prevention of migraines) and the amount of headaches per month.
- **Antihyperlipidemics:** Vascepa is used to treat severely high triglycerides. Prior authorization criteria reviews lab values to make sure it is clinically appropriate to be on this medication.
- **Diabetic Monitoring and Testing:** Continuous glucose monitors and supplies require authorization to confirm diagnosis, confirm the member is utilizing insulin or has history of problematic hypoglycemia (low blood sugar).
- **HIV Multiclass Combo:** Descovy is the only product in use within this category. Descovy is very similar to Truvada which now has a generic available. Prior authorization confirms the diagnosis for treatment or prevention (PrEP). If PrEP, the authorization drives members to generic Truvada which is \$0 member cost-share with approved copay-waiver under Health Care Reform coverage.

Quantity Limits



Top 5 Therapy Class	Member-drug Impact	Plan Paid Savings
GLP-1 Receptor Agonists	12	\$37,179
Atypical Antipsychotics	42	\$13,096
ADHD & Narcolepsy	26	\$3,277
Migraine Products	2	\$3,236
Immunosuppressive Agents - Topical	17	\$2,048

Quantity limits (QL) are based on FDA dosing guidelines. They ensure safe and appropriate use. Our QL criteria makes sure that FDA dosing is being followed and proper quantity is being dispensed (i.e. prescriber is requesting sixty 10mg tablets per month when a single 20mg tablet is available; this leads to increased cost to the plan).

- **GLP-1 Receptor Agonists:** Ozempic is the top drug with approximately \$20k savings potential.
- **Migraine Products:** Products in this category are the triptans, not CGRPs discussed in the PA section. Triptans are used for acute treatment of migraines. Quantity limits ensure they are not being used too often. Members above the QL may benefit from exploring preventative treatment options.

Client: Fresno City Employees Health and Welfare Trust

Members: 10,872

Pricing Model: Pass-Through

Implementation Date: July 1, 2024

**Term of
Contract:**

Year 1:	07/01/2024 to 06/31/2025
Year 2:	07/01/2025 to 06/31/2026
Year 3:	07/01/2026 to 06/31/2027
Year 4:	07/01/2027 to 06/31/2028
Year 5:	07/01/2028 to 06/31/2029

Administrative Fee

Administrative Fee

Base Administrative Fee

\$1.50 PNPC

PNPC = Per Net Paid Claim
PMPM = Per Member Per Month

Broad Retail Pharmacy Network

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 1	AWP-19.25%	\$0.75 PNPC	AWP-84.50%	\$0.75 PNPC
Year 2	AWP-19.25%	\$0.75 PNPC	AWP-84.60%	\$0.75 PNPC
Year 3	AWP-19.25%	\$0.75 PNPC	AWP-84.70%	\$0.75 PNPC
Year 4	AWP-19.25%	\$0.75 PNPC	AWP-84.80%	\$0.75 PNPC
Year 5	AWP-19.25%	\$0.75 PNPC	AWP-84.90%	\$0.75 PNPC

Broad Retail 90 Pharmacy Network

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 1	AWP-21.50%	\$0.00 PNPC	AWP-87.30%	\$0.00 PNPC
Year 2	AWP-21.50%	\$0.00 PNPC	AWP-87.40%	\$0.00 PNPC
Year 3	AWP-21.50%	\$0.00 PNPC	AWP-87.50%	\$0.00 PNPC
Year 4	AWP-21.50%	\$0.00 PNPC	AWP-87.60%	\$0.00 PNPC
Year 5	AWP-21.50%	\$0.00 PNPC	AWP-87.70%	\$0.00 PNPC

Home Delivery Pharmacy

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 1	AWP-24.50%	\$0.00 PNPC	AWP-87.50%	\$0.00 PNPC
Year 2	AWP-24.50%	\$0.00 PNPC	AWP-87.60%	\$0.00 PNPC
Year 3	AWP-24.50%	\$0.00 PNPC	AWP-87.70%	\$0.00 PNPC

Year 4	AWP-24.50%	\$0.00 PNPC	AWP-87.80%	\$0.00 PNPC
Year 5	AWP-24.50%	\$0.00 PNPC	AWP-87.90%	\$0.00 PNPC

Specialty Pharmacy

Brand Non-Limited Distribution/ Generic Overall Aggregate Guarantee	Discount	Dispensing Fee
Year 1	AWP-21.00%	\$0.00 PNPC
Year 2	AWP-21.10%	\$0.00 PNPC
Year 3	AWP-21.20%	\$0.00 PNPC
Year 4	AWP-21.30%	\$0.00 PNPC
Year 5	AWP-21.40%	\$0.00 PNPC

Rebate Management – Select Comprehensive

Rebate Guaranteed Amount	Retail Pharmacy	Retail 90 Pharmacy	Home Delivery	Specialty
Year 1	\$205.00 PNPB	\$550.00 PNPB	\$750.00 PNPB	\$1,800.00 PNPB
Year 2	\$230.00 PNPB	\$600.00 PNPB	\$800.00 PNPB	\$2,000.00 PNPB
Year 3	\$275.00 PNPB	\$650.00 PNPB	\$850.00 PNPB	\$2,250.00 PNPB
Year 4	\$300.00 PNPB	\$700.00 PNPB	\$900.00 PNPB	\$2,350.00 PNPB
Year 5	\$315.00 PNPB	\$750.00 PNPB	\$950.00 PNPB	\$2,500.00 PNPB

PNPB = Per Net Paid Brand Drug covered by Client's benefit design or formulary.

Credits and Allowances

Pharmacy Management Allowance

Client shall receive a pharmacy management allowance (PMA) of up to \$3.00 per Member annually, which must be utilized within the applicable year and will not carry over to the following year. This PMA allowance is to be used by Client to offset the cost of actions intended to maximize the value of the pharmacy program. Funds may be used for items including, but not restricted to, programming for customization, design and implementation of clinical or other programs, communications, documented expenses related to staff education and industry conference attendance, auditing, data integration and analytics, consulting fees (excluding market checks), and engagement of relevant vendors that impact the pharmacy program strategy and results. Client will be required to submit documentation to support the expenses for which it seeks reimbursement. If Client terminates this Agreement for any reason before the end of the Initial Term, Client shall refund to OptumRx within 30 days after the effective date of such termination the full PMA allowance applicable to the year of termination. It is the intention of the parties that, for the purposes of the Federal Anti-Kickback Statute, this PMA allowance shall constitute and shall be treated as a discount against the price of drugs within the meaning of 42 U.S.C. 1320a-7b(b)(3)(A). To the extent required by Laws or contractual commitment, Client agrees to fully and accurately disclose and report any such discount to Medicare, Medicaid or other government health care programs as a discount against the price of the Prescription Drugs provided under this Agreement.

General Financial Terms

- All other services, conditions and fees not listed in the proposal but included in the current contract will continue to apply.
- The pricing guarantees included in Optum Rx's offer do not account for the financial impact of manufacturer action in response to recent regulatory changes (i.e. the Inflation Reduction Act's AMP Cap provision); accordingly, Optum Rx may invoke certain contractual rights in response to the financial impacts caused by these changes.
- Select Comprehensive Rebates: The Guaranteed Rebate Amount is contingent upon Client's adoption, without deviation, of OptumRx's Formulary and utilization management programs. Clients must have a Rebate qualifying benefit design which includes a minimum of \$10 difference in member cost between preferred and non-preferred drugs, and that Members, after the deductible phase, must not be responsible for more than 50 percent of the ingredient cost (e.g. a 50% or more co-insurance plan).

Client: Fresno City Employees Health and Welfare Trust EGWP

Members: 226

Pricing Model: Pass-Through

Implementation Date: July 1, 2024

**Term of
Contract:**

Year 1:	07/01/2024 to 06/31/2025
Year 2:	07/01/2025 to 06/31/2026
Year 3:	07/01/2026 to 06/31/2027
Year 4:	07/01/2027 to 06/31/2028
Year 5:	07/01/2028 to 06/31/2029

Administrative Fee

Administrative Fee	
Base Administrative Fee	\$1.50 PNPC
EGWP Administrative Fee	\$10.50 PMPM

PNPC = Per Net Paid Claim
PMPM = Per Member Per Month

Broad Retail Pharmacy Network

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 1	AWP-19.30%	\$1.00 PNPC	AWP-84.50%	\$1.00 PNPC
Year 2	AWP-19.30%	\$1.00 PNPC	AWP-84.60%	\$1.00 PNPC
Year 3	AWP-19.30%	\$1.00 PNPC	AWP-84.70%	\$1.00 PNPC
Year 4	AWP-19.30%	\$1.00 PNPC	AWP-84.80%	\$1.00 PNPC
Year 5	AWP-19.30%	\$1.00 PNPC	AWP-84.90%	\$1.00 PNPC

Broad Retail 90 Pharmacy Network

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 1	AWP-22.00%	\$0.00 PNPC	AWP-87.50%	\$0.00 PNPC
Year 2	AWP-22.00%	\$0.00 PNPC	AWP-87.60%	\$0.00 PNPC
Year 3	AWP-22.00%	\$0.00 PNPC	AWP-87.70%	\$0.00 PNPC
Year 4	AWP-22.00%	\$0.00 PNPC	AWP-87.80%	\$0.00 PNPC
Year 5	AWP-22.00%	\$0.00 PNPC	AWP-87.90%	\$0.00 PNPC

Home Delivery Pharmacy

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 1	AWP-24.00%	\$0.00 PNPC	AWP-88.00%	\$0.00 PNPC
Year 2	AWP-24.00%	\$0.00 PNPC	AWP-88.10%	\$0.00 PNPC

Year 3	AWP-24.00%	\$0.00 PNPC	AWP-88.20%	\$0.00 PNPC
Year 4	AWP-24.00%	\$0.00 PNPC	AWP-88.30%	\$0.00 PNPC
Year 5	AWP-24.00%	\$0.00 PNPC	AWP-88.40%	\$0.00 PNPC

Specialty Pharmacy

Overall Aggregate Guarantee	Discount	Dispensing Fee
Year 1	NDC Level Guarantees	NDC Level Guarantees
Year 2	NDC Level Guarantees	NDC Level Guarantees
Year 3	NDC Level Guarantees	NDC Level Guarantees
Year 4	NDC Level Guarantees	NDC Level Guarantees
Year 5	NDC Level Guarantees	NDC Level Guarantees

Rebate Management – Premium

Rebate Guaranteed Amount	Retail Pharmacy	Retail 90 Pharmacy	Home Delivery	Specialty
Year 1	100% Pass Through	100% Pass Through	100% Pass Through	100% Pass Through
Year 2	100% Pass Through	100% Pass Through	100% Pass Through	100% Pass Through
Year 3	100% Pass Through	100% Pass Through	100% Pass Through	100% Pass Through
Year 4	100% Pass Through	100% Pass Through	100% Pass Through	100% Pass Through
Year 5	100% Pass Through	100% Pass Through	100% Pass Through	100% Pass Through

PNPB = Per Net Paid Brand Drug covered by Client's benefit design or formulary.

General Financial Terms

- All other services, conditions and fees not listed in the proposal but included in the current contract will continue to apply.
- The pricing guarantees included in Optum Rx's offer do not account for the financial impact of manufacturer action in response to recent regulatory changes (i.e. the Inflation Reduction Act's AMP Cap provision); accordingly, Optum Rx may invoke certain contractual rights in response to the financial impacts caused by these changes.



**Rael &
Letson**

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San Mateo, California 94402
650-341-3311 Tel
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www.rael-letson.com

Memorandum

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

From: Andrew Desa, Consulting Actuary
David Broome, Consultant

Date: January 5, 2024

Re: Consultant's Report for January 10, 2024, Board of Trustees Meeting -
Fiduciary Liability Policy Renewal Effective January 15, 2024

We have received the fiduciary liability policy renewal effective January 15, 2024, from the broker NuWest Insurance Services. This policy renewal has a one-year term.

1. This policy has been in place with Chubb since 2013.
2. Chubb is proposing no change to the annual premium. **The annual premium would remain \$12,492 if renewed with the current policy terms.** The total annual premium does **not** include the \$25 waiver of recourse per fiduciary.
3. The current policy has a liability limit of \$3 million.

The full proposal provided by NuWest is attached to this memo. This item will be discussed at your meeting on January 10, 2024. Please let me know if there are any questions before or after that meeting.

AD/DB:cn
Enclosure



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



December 18, 2023

Ms. Diana Cavazos, Administrator
HealthComp
PO Box 45018
Fresno, CA 93718

RE: Fresno City Employees Health & Welfare Trust
Fiduciary Liability Renewal Policy #8170-8103
Chubb Insurance Company
Renewal Date – January 15, 2024

Dear Diana:

We have received the proposed renewal terms from Chubb Insurance Company for the Fiduciary Liability policy covering the Fresno City Employees Health & Welfare Trust for the January 15, 2024-25 term. The comparison to the current coverage is on the attached exhibit.

As you will note, Chubb has proposed the coverages, limits, terms, and conditions remain the same as the expiring policy with no increase in premium. It is our recommendation that the Trustees renew this policy with Chubb.

After your review, please let us know if the terms are acceptable to you and the Trustees. We will follow up with you prior to January 15, 2024 to see if we may renew this policy.

Thank you for the opportunity to be of service. If you have any questions or concerns, please feel free to reach out to me.

Best Regards,

Kelly D. Grant
Client Service Executive
CA Insurance License #0F46563
kelly.grant@marshmma.com

cc: Andrew Desa, Consulting Actuary
Nikki Vang, Account Specialist
Tom Georgouses, Administrator

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

2024 Fiduciary Liability Renewal Proposal

Fiduciary Liability	Current Policy 1/15/2023-24	Proposed Policy 1/15/2024-25
	Chubb	Chubb
A.M. Best Rating	'A+' XV	'A+' XV
Admitted in California	Yes	Yes
Coverage Form	Claims Made	Claims Made
Each Claim	\$3,000,000	\$3,000,000
Aggregate	\$3,000,000	\$3,000,000
Deductible	\$10,000	\$10,000
ERISA Section 502 (I) – 20% Penalty	Included	Included
ERISA 502 (i) - 5% Party-In Interest	Included	Included
ERISA 502 (c) Penalties - Sublimit	\$100,000	\$100,000
Voluntary Compliance - Sublimit	\$250,000	\$250,000
HIPAA Fines and Penalties – Sublimit	\$1,000,000	\$1,000,000
PPACA Fines and Penalties – Sublimit	\$250,000	\$250,000
PPA Fines and Penalties – Sublimit	\$250,000	\$250,000
Trustee Claims Expenses - Sublimit	\$250,000	\$250,000
Trustee Non-Fiduciary (Settlor functions)	\$750,000	\$750,000
Sections 4975 & 4976 (excise tax penalties)	\$100,000	\$100,000
Pre-Claim Investigation & Interview Coverage	Included	Included
Section 203 of the Bipartisan Budget Act -Sublimit	\$250,000	\$250,000
Other Fines, Penalty and Tax - Sublimit	\$250,000	\$250,000
Benefit Overpayment	\$100,000	\$100,000
Umbrella Sublimit Endorsement	\$250,000	\$250,000
Total Annual Premium Plus 'Waiver of Recourse'	\$12,492	\$12,492
– per fiduciary/per policy	\$25	\$25



Disclaimer: This document is for presentation purposes only. The precise coverage afforded is subject to the terms, conditions, exclusions of the policies as issued. NuWest a division of Marsh & McLennan Insurance Agency LLC Company makes representations, either expressed or implied, as to the adequacy of any limits of protection. Determination of the adequacy of the limits of protection is the insured's responsibility.

Fiduciary Liability

Glossary of Terms

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

ERISA Section 502(i) - The DOL can assess a penalty against a fiduciary, not to exceed 5%, for party-in-interest violations or other prohibited transactions.

ERISA Section 502(l) - The DOL will assess a 20% civil penalty on the fiduciaries, up and above any damage award, for their breach of fiduciary duty.

ERISA Section 502(c) - Sarbanes-Oxley added a new subsection requiring administrators of individual account plans (IAP) to provide notice to affected participants and beneficiaries in advance of a black out period which temporarily restricts the ability to direct or diversify assets credited to their accounts or obtain loans or distributions. It established a civil penalty of up to a \$100 a day for such failure.

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

COBRA - It is important to make sure the definition of 'wrongful act' includes violations of COBRA.

'Settlor' Functions - In addition to fiduciary functions performed by Trustees, they also perform 'settlor' functions. Settlor functions are defined as establishing, modifying and monitoring the plan. It is the administrative operation of the Plan. Fiduciary Liability underwriters agree within their policies to cover breaches of ERISA and some limited administrative functions (enrollment, eligibility and etc.). Fiduciary Liability policies did not, until recently cover 'settlor' functions.

Trustee Claim Expense - Defense cost coverage for a non-fiduciary claim against a Trustee. This broadens coverage beyond 'fiduciary', 'settlor' and 'administrative' claims.

PPA Civil Money Penalties - The Pension Protection Act (PPA) establishes various guidelines for Pension Plans. One area of concern is where a Pension Plan holds 'employer securities'. This endorsement adds a 'sublimit' for civil penalties arising out of such violations of the PPA.

PPACA Fines & Penalties - Provides a specific 'sublimit' amount that can be used to offset civil penalties resulting from alleged violations of the Patient Protection and Affordable Care Act (PPACA).

Investigation & Settlement (Hammer) Clause - A Strict Hammer clause requires the Insured to pay all defense and indemnity above what the Insurer can settle a claim for. This clause can sometimes be modified where the Insured participates in expenses above what the insurer can settle for or, in some cases, can be deleted.

Section 4975 Penalties - Addresses prohibited transactions/failure to transmit participant contributions into chosen investment types in a timely manner – 401K/Annuity Plans. (15% excise tax penalty).

Section 4976 Penalties - Addresses 'CIGNA v. Amara' decision regarding errors or ambiguities in the SPD resulting in denial of benefits. (15% excise penalty).

HIPAA and HITECH Fines & Penalties – for all Losses in the form of civil fines and penalties imposed pursuant to HIPAA and HITECH.

- **Health Insurance Portability and Accountability Act (HIPAA)** - is a federal law that applies to healthcare organizations and healthcare employees. HIPAA requires healthcare organizations to develop policies and procedures to protect the privacy of patients and implement safeguards to ensure the confidentiality, integrity, and availability of protected health information (PHI). HIPAA places restrictions on the uses of health data, who can be provides with copies of health information, and gives patients the right to obtain copies of their health data.
- **Health Information Technology for Economic and Clinical Health (HITECH)** - is defined as the act that was signed into law in 2009 to encourage the use of technology with health information and records and to allow stiff penalties to be given for non-compliance with the Health Insurance Portability and Accountability Act (HIPAA).

ERISA Section 502 (a)(3) Equitable Relief - Arising out of CIGNA v. Amara. Provides a sublimit of insurance to cover this provision.

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

Section 203 Bipartisan Act of 2013 - If a fund uses the Death Master List on SSI's portal, they can be fined for inappropriate use and not following their guidelines for use. (Came about because of a H&W Fund's use of the site to verify information in order to pay benefits).

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

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

Other fines, taxes or penalties coverage OR Miscellaneous/Other Penalties Endorsement - Definition of Loss is amended to include other fines, taxes or penalties imposed by the DOL, IRS or similar regulatory body and not uninsurable by law under civil money penalties

Pre-Approved Fund Counsel Endorsement - Allows insured to select legal counsel to defend any claim other than "Mass or Class Action Claim but requires there be no settlement or defense costs to be incurred without insurer's consent.

Umbrella Sublimit Endorsement OR Penalty Box Endorsement - This endorsement provides an excess umbrella sublimit to the Covered Penalties, subject to the Aggregate Limit of Liability.

Internal Revenue Service Endorsement - The carrier will pay IRS Expenses incurred by an insured resulting from an IRS Notice if, at the Insured's option, it is reported to the Company in writing during the Policy Period.

Reinstatement of the Voluntary Compliance Program Expenditures Sublimit Endorsement - This endorsement provides an automatic reinstatement of the Voluntary Compliance Program Expenditures Sublimit for a new Claim if the original sublimit is exhausted due to a Claim.

Plan Purchasers (Managed Care) - This has been referred to as Trustee Malpractice Coverage as it would cover the Trustees should they be named in a claim by a participant or dependent for Bodily Injury at the hands of a panel doctor or malpractice of a hospital selected by the Trustees.

A.M. BEST RATING CLASSIFICATIONS

ADMITTED VS. NON-ADMITTED INSURER

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

SECURE RATINGS:

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

AFFILIATION CODES:

G	Group
P	Pooled
R	Reinstated

RATING MODIFIERS:

U	Under Review
Q	Qualified

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

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

Compensation Disclosure

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

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

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

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

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

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



Memorandum

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

From: Andrew Desa, Consulting Actuary
David Broome, Consultant

Date: January 5, 2024

Re: Consultant's Report for January 10, 2024 Board of Trustees Meeting -
FY24-25 Projections

Included in your meeting packet are the Financial Projections for the 2024/2025 Fiscal Year. The following is a summary of specific action items that still need decisions and other issues or items of attention.

1. **Exhibit A:** The claims experience report takes into account five months of actual claims for the 2023/24 Fiscal Year (claims experience through November 30, 2023) and seven months of projected claims to complete the current year. Claims are then projected for the 2024/25 Fiscal Year. Both the current year and projection year use blended claims experience based on July 1, 2021 through November 30, 2023 data. Projected claims are net of any expected stop loss reimbursements.
2. **Exhibit B:** During the 2022/23 Fiscal Year (last full year), the Plan had approximately \$67.3M in receipts and \$73.0M in disbursements resulting in a deficit of \$5.7M for the 12 months ending June 30, 2023. **The net fund balance as of June 30, 2023 is estimated to be \$19.9M.** While the net reserve months were 4.0 as of April 30, 2023, significant claims activity in May and June resulted in net reserves of 3.3 months as of June 30, 2023. It is important to note that this fiscal year includes significant large loss claims in excess of the \$550k stop loss deductible. The receipts and corresponding cash balance provided by the City financials do not include stop-loss reimbursements received after June 30, 2023 for claims paid during this 2022/23 Fiscal Year. As of November 30, 2023, we are aware of \$7.1M in total stop loss reimbursements, both paid or outstanding after June 30, 2023. These amounts are reflected in Exhibit C. Unlike previous years, this exhibit is estimated due to the final interest income line item not being available.
3. **Exhibit C:** The 2023/24 Fiscal Year (current year) takes into account zero months of actual financial experience and projects financial experience for twelve months. For the 12 months ending June 30, 2024, the Plan is projected to have \$76.4M in receipts and \$73.3M in disbursements, which would result in a \$3.1M surplus. This period reflects the \$7.1M in stop loss reimbursements noted above. Received reimbursements through November were \$2.8M and the outstanding \$4.3M is assumed to be received as of June 30, 2024. Under these assumptions, the **net fund balance as of June 30, 2024 is projected to be \$22.4M**, which is equal to **3.7 months of net reserves**.

4. **Exhibit D:** The 2024/25 Fiscal Year (projection year) uses projected claims, latest available enrollment, and latest premium/fee information to project experience for the 12 months ending June 30, 2025. The self-funded claims are based on the projected claims from Exhibit A. As described earlier, this is calculated using a blended experience using claims from July 1, 2021 to November 30, 2023. **Net reserve months as of June 30, 2025 are projected to be 2.2 assuming no change to the current contribution rate.**
5. **Exhibit E:** This exhibit shows various scenarios to the contribution rate. Based on the projections, a **17.5% increase is required in order to have 4.0 net reserve months as of June 30, 2025.**
6. **Exhibit F:** This exhibit shows the rate history going back to July 1, 2010. 3-year, 5-year, and 10-year annualized contribution trends are shown at the bottom of the exhibit.
7. As a reminder, the current Active Rate is \$1,428 (\$1,000 by the City and \$428 by the Employee). The City contribution share is currently 70%. The Plan Document states, "If the Trust Fund receives only the City's contribution, a reduction will be applied to Fund payments for benefits. The reduction will be equal to the percentage of the Trust Fund rate not received, plus an additional 5%." The reduction in benefits is currently 35%. Therefore, for an 80% benefit after the deductible is satisfied, the employee pays 48% until the maximum out of pocket is satisfied.

These items will be discussed at your January 10, 2024 meeting. If there are any questions before or after that meeting, please let me know.

AD/DB:tl
Enclosures

Fresno City Employees Health & Welfare Trust

Financial Projections
Contribution Rates

2024 / 2025 Fiscal Year

(Presented at 1/10/2024 Trust Meeting)

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

Exhibit A
(Presented at 1/10/2024 Trust Meeting)

	(Projected) ¹ Claims FY 24-25			(Projected) ¹ Claims FY 23-24			Claims FY 22-23			Claims FY 21-22			Claims FY 20-21			Claims FY 19-20			
	Monthly	PEPM		Monthly	PEPM		Monthly	PEPM		Monthly	PEPM		Monthly	PEPM		Monthly	PEPM		
Active	Enrollment:	3,871	0.0%	Enrollment:	3,871	5.2%	Enrollment:	3,680	7.4%	Enrollment:	3,426	3.3%	Enrollment:	3,316	0.2%	Enrollment:	3,310	1.3%	
Medical Claims	\$42,188,171	\$3,515,681	\$908.21	\$39,866,964	\$3,322,247	\$858.24	\$40,755,515	\$3,396,293	\$922.91	\$32,332,519	\$2,694,377	\$786.45	\$30,290,888	\$2,524,241	\$761.23	\$28,210,769	\$2,350,897	\$710.24	
Prescription Drug Claims	17,445,978	1,453,831	375.57	16,153,683	1,346,140	347.75	13,777,819	1,148,152	312.00	13,199,481	1,099,957	321.06	11,411,754	950,980	286.79	11,067,868	922,322	278.65	
Dental Claims (Plans 1 & 2)	2,855,404	237,950	61.47	2,772,255	231,021	59.68	2,234,537	186,211	50.60	2,400,775	200,065	58.40	2,738,300	228,192	68.82	2,330,625	194,219	58.68	
	\$62,489,553	\$5,207,463	\$1,345.25	\$58,792,903	\$4,899,409	\$1,265.67	\$56,767,871	\$4,730,656	\$1,285.50	\$47,932,775	\$3,994,398	\$1,165.91	\$44,440,942	\$3,703,412	\$1,116.83	\$41,609,262	\$3,467,439	\$1,047.56	
	Projected Trend:			Trend			Trend			Trend			Trend			Trend			
Medical Claims	6%			Medical Claims			-7%			Medical Claims			3%			Medical Claims			-8%
Prescription Drug Claims	8%			Prescription Drug Claims			11%			Prescription Drug Claims			12%			Prescription Drug Claims			3%
Dental Claims (Plans 1 & 2)	3%			Dental Claims (Plans 1 & 2)			18%			Dental Claims (Plans 1 & 2)			-15%			Dental Claims (Plans 1 & 2)			-11%
TOTAL	6.3%			TOTAL			-1.5%			TOTAL			4.4%			TOTAL			-5.3%

Regular Retiree	Enrollment:	179	0.0%	Enrollment:	179	3.5%	Enrollment:	173	1.2%	Enrollment:	171	-11.4%	Enrollment:	193	-2.5%	Enrollment:	198	-5.7%
Medical Claims	\$2,866,527	\$238,877	\$1,334.51	\$2,704,268	\$225,356	\$1,258.97	\$3,662,285	\$305,190	\$1,764.11	\$2,794,245	\$232,854	\$1,361.72	\$1,767,027	\$147,252	\$762.97	\$4,035,776	\$336,315	\$1,698.56
Prescription Drug Claims	1,472,153	122,679	685.36	1,363,099	113,592	634.59	1,351,806	112,651	651.16	900,866	75,072	439.02	926,655	77,221	400.11	1,135,981	94,665	478.11
Dental Claims (Plans 1 & 2) *	418,946	34,912	97.52	406,745	33,895	94.68	364,157	30,346	83.83	408,401	34,033	91.49	445,186	37,099	98.93	339,371	28,281	75.22
	\$4,757,627	\$396,469	\$2,117.39	\$4,474,112	\$372,843	\$2,082.92	\$5,378,248	\$448,187	\$2,590.68	\$4,103,512	\$341,959	\$1,999.76	\$3,138,868	\$261,572	\$1,355.30	\$5,511,128	\$459,261	\$2,319.50
Dental Claims costs are for all Retirees																		
Projected Trend:	Trend			Trend			Trend			Trend			Trend			Trend		
Medical Claims	6% Medical Claims			-29% Medical Claims			30% Medical Claims			78% Medical Claims			-55% Medical Claims			61% Medical Claims		
Prescription Drug Claims	8% Prescription Drug Claims			-3% Prescription Drug Claims			48% Prescription Drug Claims			10% Prescription Drug Claims			-16% Prescription Drug Claims			7% Prescription Drug Claims		
Dental Claims (Plans 1 & 2)	3% Dental Claims (Plans 1 & 2)			13% Dental Claims (Plans 1 & 2)			-8% Dental Claims (Plans 1 & 2)			-8% Dental Claims (Plans 1 & 2)			32% Dental Claims (Plans 1 & 2)			-11% Dental Claims (Plans 1 & 2)		
TOTAL	1.7% TOTAL			-19.6% TOTAL			29.5% TOTAL			47.6% TOTAL			-41.6% TOTAL			40.2% TOTAL		

Medicare Supplement	Enrollment:	157	0.0%	Enrollment:	157	-6.0%	Enrollment:	167	-4.6%	Enrollment:	175	15.1%	Enrollment:	152	2.7%	Enrollment:	148	-3.3%			
Medical Claims	\$593,215	\$49,435	\$314.87	\$559,642	\$46,637	\$297.05	\$470,230	\$39,186	\$234.65	\$420,391	\$35,033	\$200.19	\$426,397	\$35,533	\$233.77	\$454,587	\$37,882	\$255.96			
Prescription Drug Claims	1,477,094	123,091	784.02	1,367,671	113,973	725.94	1,312,404	109,367	654.89	1,418,069	118,172	675.27	1,270,681	105,890	696.65	1,075,081	89,590	605.34			
	\$2,070,309	\$172,526	\$1,098.89	\$1,927,313	\$160,609	\$1,022.99	\$1,782,634	\$148,553	\$889.54	\$1,838,460	\$153,205	\$875.46	\$1,697,078	\$141,423	\$930.42	\$1,529,668	\$127,472	\$861.30			
Projected Trend:	Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:					
Medical Claims	6%			Medical Claims			27%			Medical Claims			-14%			Medical Claims			-5%		
Prescription Drug Claims	8%			Prescription Drug Claims			11%			Prescription Drug Claims			-3%			Prescription Drug Claims			-8%		
TOTAL	7.4%			TOTAL			15.0%			TOTAL			-5.9%			TOTAL			-7.0%		

Non-Medicare Retiree	Enrollment:	22	0.0%	Enrollment:	22	0.0%	Enrollment:	22		Enrollment:	26	-13.3%	Enrollment:	30	0.0%	Enrollment:	30	20.0%															
	Medical Claims	\$1,028,584	\$85,715	\$3,896.15	\$970,364	\$80,864	\$3,675.62	\$1,261,989	\$105,166	\$4,780.26	\$1,082,197	\$90,183	\$3,468.58	\$583,750	\$48,646	\$1,621.53	\$573,930	\$47,828	\$1,594.25														
		\$1,028,584	\$85,715	\$3,896.15	\$970,364	\$80,864	\$3,675.62	\$1,261,989	\$105,166	\$4,780.26	\$1,082,197	\$90,183	\$3,468.58	\$583,750	\$48,646	\$1,621.53	\$573,930	\$47,828	\$1,594.25														
	Rx is included in Regular Retirees																																
	Projected Trend:	Trend			Trend			Trend			Trend			Trend			Trend																
Medical Claims	6%			Medical Claims			-23%			Medical Claims			38%			Medical Claims			114%			Medical Claims			34%								
TOTAL	6.0%			TOTAL			-23.1%			TOTAL			37.8%			TOTAL			113.9%			TOTAL			1.7%			TOTAL			33.9%		

<u>Total Members</u>		Enrollment:	4,229	0.0%	Enrollment:	4,229	4.6%	Enrollment:	4,042	6.4%	Enrollment:	3,798	2.9%	Enrollment:	3,691	0.1%	Enrollment:	3,686	0.9%
Medical Claims	\$46,676,497	\$3,889,708	\$919.77	\$44,101,238	\$3,675,103	\$869.02	\$46,150,019	\$3,845,835	\$951.47	\$36,629,352	\$3,052,446	\$803.70	\$33,068,062	\$2,755,672	\$746.59	\$33,275,062	\$2,772,922	\$752.28	
Prescription Drug Costs	20,395,225	1,699,602	401.89	18,884,453	1,573,704	372.12	16,442,029	1,370,169	338.98	15,518,416	1,293,201	340.50	13,609,090	1,134,091	307.26	13,278,930	1,106,578	300.21	
Dental Claims (Plans 1 & 2)	<u>3,274,350</u>	<u>272,863</u>	<u>64.52</u>	<u>3,179,001</u>	<u>264,917</u>	<u>62.64</u>	<u>2,598,694</u>	<u>216,558</u>	<u>53.58</u>	<u>2,809,176</u>	<u>234,098</u>	<u>61.64</u>	<u>3,183,486</u>	<u>265,291</u>	<u>71.87</u>	<u>2,669,996</u>	<u>222,500</u>	<u>60.36</u>	
	\$70,346,072	\$5,862,173	\$1,386.18	\$66,164,692	\$5,513,724	\$1,303.79	\$65,190,742	\$5,432,562	\$1,344.03	\$54,956,944	\$4,579,745	\$1,205.83	\$49,860,638	\$4,155,053	\$1,125.73	\$49,223,988	\$4,101,999	\$1,112.86	
Projected Trend:		Trend		Trend		Trend		Trend		Trend		Trend		Trend		Trend		Trend	
Medical Claims		6%	Medical Claims		-9%	Medical Claims		18%	Medical Claims		8%	Medical Claims		-1%	Medical Claims		-2%		
Prescription Drug Costs		8%	Prescription Drug Costs		10%	Prescription Drug Costs		0%	Prescription Drug Costs		11%	Prescription Drug Costs		2%	Prescription Drug Costs		2%		
<u>Dental Claims (Plans 1 & 2)</u>		<u>3%</u>	<u>Dental Claims (Plans 1 & 2)</u>		<u>17%</u>	<u>Dental Claims (Plans 1 & 2)</u>		<u>-13%</u>	<u>Dental Claims (Plans 1 & 2)</u>		<u>-14%</u>	<u>Dental Claims (Plans 1 & 2)</u>		<u>19%</u>	<u>Dental Claims (Plans 1 & 2)</u>		<u>-11%</u>		
TOTAL		6.3%	TOTAL		-3.0%	TOTAL		11.5%	TOTAL		7.1%	TOTAL		1.2%	TOTAL		-1.6%		

Fresno City Employees Health and Welfare Trust
Receipts and Disbursements
FY 2022-2023 (Estimated) ¹

Exhibit B
(Presented at 1/10/2024 Trust Meeting)

Receipts			2022	2022	2022	2022	2022	2022	2023	2023	2023	2023	2023	2023
	AVERAGE	TOTAL	July	August	September	October	November	December	January	February	March	April	May	June
Contributions - Actives	\$4,432,033	\$53,184,397	\$4,346,876	\$3,881,392	\$4,855,112	\$4,416,889	\$4,439,593	\$4,459,211	\$4,487,026	\$4,035,011	\$4,419,799	\$4,579,191	\$4,631,809	\$4,632,488
RDA Employees Contribution	1,350	16,200	0	0	4,050	1,350	1,350	1,350	1,350	1,350	1,350	1,350	1,350	1,350
Self Pay - LWOP	623	7,477	0	404	1,212	790	631	1,618	404	404	407	603	1,004	0
Self Pay - COBRA	9,330	111,959	0	16,200	13,500	12,051	18,603	10,800	3,951	5,400	5,400	9,450	11,204	5,400
Self Pay - FPOA Police Admin Staff	3,150	37,800	0	1,350	4,050	2,700	2,700	2,700	4,050	4,050	4,050	4,050	4,050	4,050
Retirees - Health	345,414	4,144,966	638,217	315,747	316,029	313,201	317,022	324,714	319,759	321,118	317,762	319,085	323,072	319,240
Retirees - HRA	92,717	1,112,607	0	209,967	99,946	103,435	105,852	102,965	104,171	103,406	101,308	102,417	1,202	77,938
Retirees - Self-Pay	8,404	100,846	5,350	6,158	6,966	6,158	6,158	6,158	11,558	8,858	16,908	808	8,858	16,908
Refunds	668,275	8,019,300	1,891,136	1,259,895	48,490	1,204,625	109,175	67,573	1,416,799	369,122	110,215	1,090,776	64,144	387,350
Interest ¹	45,268	543,221	43,586	45,871	48,764	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
H & W Trust Cash Receipts	\$5,606,564	\$67,278,773	\$6,925,165	\$5,736,984	\$5,398,119	\$6,106,199	\$5,046,084	\$5,022,089	\$6,394,068	\$4,893,719	\$5,022,199	\$6,152,730	\$5,091,693	\$5,489,724
Disbursements														
Claims Paid	5,278,062	63,336,745	\$4,896,845	\$4,877,245	\$3,679,912	\$4,475,370	\$5,625,155	\$5,347,262	\$5,389,347	\$5,155,350	\$5,466,023	\$4,778,145	\$6,921,501	\$6,724,590
Claims Paid - Delta Dental	235,774	2,829,292	254,624	0	226,230	263,845	246,018	301,281	183,402	246,885	312,475	249,185	319,808	225,539
Blue Shield	91,756	1,101,070	160,402	0	82,720	83,804	0	83,743	168,631	0	85,461	172,764	87,303	176,242
Chiometrics	13,468	161,617	11,952	0	24,106	12,250	0	12,396	24,637	0	12,340	25,280	12,790	25,866
Delta Dental of California	23,047	276,562	41,174	0	20,740	20,946	0	41,934	21,199	0	21,384	43,222	21,843	44,120
Refunds	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Flu Shot Progam	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OptumRx	25,923	311,073	35,554	0	19,887	17,045	0	56,473	27,419	0	26,874	52,620	23,526	51,675
Halcyon	18,602	223,226	28,489	11,094	16,645	11,484	5,320	27,610	28,585	0	17,243	34,887	17,620	24,249
United Dental	11,047	132,563	28,672	0	10,061	9,931	10,320	20,899	0	0	20,597	10,363	10,968	10,752
EPIC Hearing	528	6,338	0	0	389	202	0	2,003	518	0	526	1,060	537	1,103
EyeMed	67,403	808,835	0	0	64,579	64,764	0	201,180	67,267	0	66,394	136,735	68,258	139,658
Other - Claims	2,799	33,590	0	0	0	10,000	0	23,590	0	0	0	0	0	0
City Admin Fees	130	1,560	130	130	130	130	130	130	130	130	130	130	130	130
Consulting	7,242	86,900	13,200	0	6,700	6,700	0	13,400	6,700	0	6,700	13,400	6,700	13,400
Healthcomp, Inc.	140,669	1,688,031	259,327	0	120,015	133,555	0	140,438	256,732	0	123,967	271,662	126,576	255,759
Legal	3,088	37,050	5,700	0	2,850	2,850	0	5,700	2,850	0	2,850	5,700	2,850	5,700
MES Vision	5,394	64,730	64,730	0	0	0	0	0	0	0	0	0	0	0
Other (Stop Loss Ins)	159,708	1,916,500	0	151,774	152,234	152,872	153,645	155,599	12,492	463,378	158,663	158,854	160,115	196,874
H & W Cash Disbursements	\$6,084,640	\$73,015,682	\$5,800,799	\$5,040,243	\$4,427,198	\$5,265,748	\$6,040,588	\$6,433,638	\$6,189,909	\$5,865,743	\$6,321,627	\$5,954,007	\$7,780,525	\$7,895,657
Receipts Over Disbursements	(\$478,076)	(\$5,736,909)	\$1,124,366	\$696,741	\$970,921	\$840,451	(\$994,504)	(\$1,411,549)	\$204,159	(\$972,024)	(\$1,299,428)	\$198,723	(\$2,688,832)	(\$2,405,933)
Cash Balance (Gross Fund Reserve)			\$32,024,110	\$32,744,011	\$33,368,563	\$34,221,172	\$34,216,836	\$31,935,744	\$31,877,106	\$30,854,645	\$29,510,168	\$29,669,509	\$27,313,981	\$24,880,768
Beginning Stop Loss Reserve			(\$668,518)	(\$724,933)	(\$781,348)	(\$837,763)	(\$894,178)	(\$950,593)	(\$1,007,008)	(\$1,063,423)	(\$1,119,838)	(\$1,176,253)	(\$1,232,668)	(\$1,289,083)
Stop Loss Reserve (\$15 PEPM)			(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)	(\$56,415)
Stop Loss Claims (Between \$350k and \$550k)														\$474,703
Estimated Claims IBNR			(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)	(\$4,100,000)
Net Fund Balance			\$27,199,177	\$27,862,663	\$28,430,800	\$29,226,994	\$29,166,243	\$26,828,736	\$26,713,683	\$25,634,807	\$24,233,915	\$24,336,841	\$21,924,898	\$19,909,973
Cash Balance / Total Expenses			5.3	5.4	5.5	5.6	5.6	5.2	5.2	5.1	4.8	4.9	4.5	4.1
Net Fund Balance / Total Expenses			4.5	4.6	4.7	4.8	4.8	4.4	4.4	4.2	4.0	4.0	3.6	3.3
One Month of Avg Expenses in 2022/23:													\$6,084,640	
Net Fund Balance as of 6/30/23:													\$19,909,973	
Four Months of Avg Expenses in 2022/23:													\$24,338,561	
Difference:													(\$4,428,588)	

¹ Interest Income assumed for October 2022 - June 2023.

Fresno City Employees Health and Welfare Trust
Receipts and Disbursements
FY 2023-2024 (0 Months Actual/12 Months Projected)

Exhibit C
(Presented at 1/10/2024 Trust Meeting)

Receipts			2023	2023	2023	2023	2023	2023	2024	2024	2024	2024	2024	2024
			July	August	September	October	November	December	January	February	March	April	May	June
Contributions - Actives	\$4,999,000	\$59,988,000	\$4,999,000	\$4,999,000	\$4,999,000	\$4,999,000	\$4,999,000	\$4,999,000	\$4,999,000	\$4,999,000	\$4,999,000	\$4,999,000	\$4,999,000	\$4,999,000
Retirees - Health	418,000	5,016,000	418,000	418,000	418,000	418,000	418,000	418,000	418,000	418,000	418,000	418,000	418,000	418,000
Retirees - Dental	65,000	780,000	65,000	65,000	65,000	65,000	65,000	65,000	65,000	65,000	65,000	65,000	65,000	65,000
Refunds	250,000	3,000,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000
Interest	45,000	540,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000
Other (Stop Loss Reimbursements) ¹	593,750	7,125,000	0	638,000	938,000	417,000	857,000	0	0	0	0	0	0	4,275,000
H & W Trust Cash Receipts	\$6,370,750	\$76,449,000	\$5,777,000	\$6,415,000	\$6,715,000	\$6,194,000	\$6,634,000	\$5,777,000	\$5,777,000	\$5,777,000	\$5,777,000	\$5,777,000	\$5,777,000	\$10,052,000
Disbursements														
Claims Paid	5,249,000	62,988,000	\$5,249,000	\$5,249,000	\$5,249,000	\$5,249,000	\$5,249,000	\$5,249,000	\$5,249,000	\$5,249,000	\$5,249,000	\$5,249,000	\$5,249,000	\$5,249,000
Claims Paid - Delta Dental	265,000	3,180,000	265,000	265,000	265,000	265,000	265,000	265,000	265,000	265,000	265,000	265,000	265,000	265,000
Blue Shield	93,000	1,116,000	93,000	93,000	93,000	93,000	93,000	93,000	93,000	93,000	93,000	93,000	93,000	93,000
Chirometrics	13,000	156,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000	13,000
Delta Dental of California	23,000	276,000	23,000	23,000	23,000	23,000	23,000	23,000	23,000	23,000	23,000	23,000	23,000	23,000
Flu Shot Progam	1,000	12,000	0	0	0	0	0	12,000	0	0	0	0	0	0
OptumRx	26,000	312,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000
Halcyon	18,000	216,000	18,000	18,000	18,000	18,000	18,000	18,000	18,000	18,000	18,000	18,000	18,000	18,000
United Dental	11,000	132,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000
EPIC Hearing	500	6,000	500	500	500	500	500	500	500	500	500	500	500	500
Consulting	7,000	84,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000
Healthcomp, Inc.	146,000	1,752,000	146,000	146,000	146,000	146,000	146,000	146,000	146,000	146,000	146,000	146,000	146,000	146,000
Legal	3,000	36,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000
EyeMed	65,000	780,000	65,000	65,000	65,000	65,000	65,000	65,000	65,000	65,000	65,000	65,000	65,000	65,000
Other (Stop Loss Ins)	191,000	2,292,000	191,000	191,000	191,000	191,000	191,000	191,000	191,000	191,000	191,000	191,000	191,000	191,000
H & W Cash Disbursements	\$6,111,500	\$73,338,000	\$6,110,500	\$6,110,500	\$6,110,500	\$6,110,500	\$6,110,500	\$6,122,500	\$6,110,500	\$6,110,500	\$6,110,500	\$6,110,500	\$6,110,500	\$6,110,500
Receipts Over Disbursements	\$259,250	\$3,111,000	(\$333,500)	\$304,500	\$604,500	\$83,500	\$523,500	(\$345,500)	(\$333,500)	(\$333,500)	(\$333,500)	(\$333,500)	(\$333,500)	\$3,941,500
Cash Balance (Gross Fund Reserve)			\$24,547,000	\$24,851,500	\$25,456,000	\$25,539,500	\$26,063,000	\$25,717,500	\$25,384,000	\$25,050,500	\$24,717,000	\$24,383,500	\$24,050,000	\$27,991,500
Beginning Stop Loss Reserve			(\$871,000)	(\$932,000)	(\$993,000)	(\$1,054,000)	(\$1,115,000)	(\$1,176,000)	(\$1,237,000)	(\$1,298,000)	(\$1,359,000)	(\$1,420,000)	(\$1,481,000)	(\$1,542,000)
Stop Loss Reserve (\$15 PEPM)			(\$61,000)	(\$61,000)	(\$61,000)	(\$61,000)	(\$61,000)	(\$61,000)	(\$61,000)	(\$61,000)	(\$61,000)	(\$61,000)	(\$61,000)	(\$61,000)
Estimated Stop Loss Claims (Between \$350k and \$550k)			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,000,000
Estimated Claims IBNR			(\$5,000,000)	(\$5,000,000)	(\$5,000,000)	(\$5,000,000)	(\$5,000,000)	(\$5,000,000)	(\$5,000,000)	(\$5,000,000)	(\$5,000,000)	(\$5,000,000)	(\$5,000,000)	(\$5,000,000)
Net Fund Balance			\$18,615,000	\$18,858,500	\$19,402,000	\$19,424,500	\$19,887,000	\$19,480,500	\$19,086,000	\$18,691,500	\$18,297,000	\$17,902,500	\$17,508,000	\$22,388,500
Cash Balance / Total Expenses			4.0	4.1	4.2	4.2	4.3	4.2	4.2	4.1	4.0	4.0	3.9	4.6
Net Fund Balance / Total Expenses			3.0	3.1	3.2	3.2	3.3	3.2	3.1	3.1	3.0	2.9	2.9	3.7

Estimated One Month of Avg Expenses in 2023/24: \$6,111,500

Estimated Net Fund Balance as of 6/30/24: \$22,388,500

Estimated Four Months of Avg Expenses in 2023/24: \$24,446,000

Difference: (\$2,057,500)

¹ Includes \$2.85M of stop loss reimbursements received as of November 30, 2023 and \$4.28M of outstanding reimbursements (not yet reimbursed).

Contribution Change Assumption: 0.0%

Receipts

	AVERAGE	TOTAL	2024 July	2024 August	2024 September	2024 October	2024 November	2024 December	2025 January	2025 February	2025 March	2025 April	2025 May	2025 June
Contributions - Actives	\$4,999,000	\$59,988,000	\$4,999,000	\$4,999,000	\$4,999,000	\$4,999,000	\$4,999,000	\$4,999,000	\$4,999,000	\$4,999,000	\$4,999,000	\$4,999,000	\$4,999,000	\$4,999,000
Retirees - Health	418,000	5,016,000	418,000	418,000	418,000	418,000	418,000	418,000	418,000	418,000	418,000	418,000	418,000	418,000
Retirees - Dental	65,000	780,000	65,000	65,000	65,000	65,000	65,000	65,000	65,000	65,000	65,000	65,000	65,000	65,000
Refunds	300,000	3,600,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000
Interest	45,000	540,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
H & W Trust Cash Receipts	\$5,827,000	\$69,924,000	\$5,827,000	\$5,827,000	\$5,827,000	\$5,827,000	\$5,827,000	\$5,827,000	\$5,827,000	\$5,827,000	\$5,827,000	\$5,827,000	\$5,827,000	\$5,827,000

Disbursements

Claims Paid	5,589,000	67,068,000	\$5,589,000	\$5,589,000	\$5,589,000	\$5,589,000	\$5,589,000	\$5,589,000	\$5,589,000	\$5,589,000	\$5,589,000	\$5,589,000	\$5,589,000	\$5,589,000
Claims Paid - Delta Dental	273,000	3,276,000	273,000	273,000	273,000	273,000	273,000	273,000	273,000	273,000	273,000	273,000	273,000	273,000
Blue Shield	95,000	1,140,000	95,000	95,000	95,000	95,000	95,000	95,000	95,000	95,000	95,000	95,000	95,000	95,000
Chiometrics	14,000	168,000	14,000	14,000	14,000	14,000	14,000	14,000	14,000	14,000	14,000	14,000	14,000	14,000
Delta Dental of California	23,000	276,000	23,000	23,000	23,000	23,000	23,000	23,000	23,000	23,000	23,000	23,000	23,000	23,000
Flu Shot Progam	1,250	15,000	0	0	0	0	0	15,000	0	0	0	0	0	0
OptumRx	26,000	312,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000
Halcyon	19,000	228,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000	19,000
United Dental	11,000	132,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000	11,000
EPIC Hearing	600	7,200	600	600	600	600	600	600	600	600	600	600	600	600
Consulting	7,200	86,400	7,200	7,200	7,200	7,200	7,200	7,200	7,200	7,200	7,200	7,200	7,200	7,200
Healthcomp, Inc.	150,000	1,800,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000
Legal	3,000	36,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000
EyeMed	65,000	780,000	65,000	\$65,000	\$65,000	\$65,000	\$65,000	\$65,000	\$65,000	\$65,000	\$65,000	\$65,000	\$65,000	\$65,000
Other (Stop Loss Ins)	210,000	2,520,000	210,000	210,000	210,000	210,000	210,000	210,000	210,000	210,000	210,000	210,000	210,000	210,000
H & W Cash Disbursements	\$6,487,050	\$77,844,600	\$6,485,800	\$6,485,800	\$6,485,800	\$6,485,800	\$6,485,800	\$6,500,800	\$6,485,800	\$6,485,800	\$6,485,800	\$6,485,800	\$6,485,800	\$6,485,800
Receipts Over Disbursements	(\$660,050)	(\$7,920,600)	(\$658,800)	(\$658,800)	(\$658,800)	(\$658,800)	(\$658,800)	(\$673,800)	(\$658,800)	(\$658,800)	(\$658,800)	(\$658,800)	(\$658,800)	(\$658,800)

Cash Balance (Gross Fund Reserve)	\$27,332,700	\$26,673,900	\$26,015,100	\$25,356,300	\$24,697,500	\$24,023,700	\$23,364,900	\$22,706,100	\$22,047,300	\$21,388,500	\$20,729,700	\$20,070,900
Beginning Stop Loss Reserve	(\$603,000)	(\$664,000)	(\$725,000)	(\$786,000)	(\$847,000)	(\$908,000)	(\$969,000)	(\$1,030,000)	(\$1,091,000)	(\$1,152,000)	(\$1,213,000)	(\$1,274,000)
Stop Loss Reserve (\$15 PEPM)	(\$61,000)	(\$61,000)	(\$61,000)	(\$61,000)	(\$61,000)	(\$61,000)	(\$61,000)	(\$61,000)	(\$61,000)	(\$61,000)	(\$61,000)	(\$61,000)
Estimated Stop Loss Claims (Between \$350k and \$550k)												\$1,000,000
Estimated Claims IBNR	(\$5,316,000)	(\$5,316,000)	(\$5,316,000)	(\$5,316,000)	(\$5,316,000)	(\$5,316,000)	(\$5,316,000)	(\$5,316,000)	(\$5,316,000)	(\$5,316,000)	(\$5,316,000)	(\$5,316,000)
Net Fund Balance	\$21,352,700	\$20,632,900	\$19,913,100	\$19,193,300	\$18,473,500	\$17,738,700	\$17,018,900	\$16,299,100	\$15,579,300	\$14,859,500	\$14,139,700	\$14,419,900
Cash Balance / Total Expenses	4.2	4.1	4.0	3.9	3.8	3.7	3.6	3.5	3.4	3.3	3.2	3.1
Net Fund Balance / Total Expenses	3.3	3.2	3.1	3.0	2.8	2.7	2.6	2.5	2.4	2.3	2.2	2.2

Estimated One Month of Avg Expenses in 2024/25: \$6,487,050

Estimated Net Fund Balance as of 6/30/25: \$14,419,900
Estimated Four Months of Avg Expenses in 2024/25: \$25,948,200
Difference: (\$11,528,300)

Fresno City Employees Health and Welfare Trust
Contribution Rate Calculations
For Contributions beginning July 1, 2024

		4 Months Reserve Unencumbered		Break Even (Dollars)		Break Even (Reserve)		3 Months Reserve Unencumbered		5 Months Reserve Unencumbered	
	Jul-23 Rate	17.5% Increase	Additional Amount	12.0% Increase	Additional Amount	14.2% Increase	Additional Amount	7.7% Increase	Additional Amount	27.4% Increase	Additional Amount
<u>Active</u>											
Health + Dental	\$1,428	\$1,679	\$251	\$1,600	\$172	\$1,631	\$203	\$1,538	\$110	\$1,819	\$391
<u>Regular Retiree</u>											
Health + Dental	\$1,428	\$1,679	\$251	\$1,600	\$172	\$1,631	\$203	\$1,538	\$110	\$1,819	\$391
Dental Only	\$105	\$124	\$19	\$118	\$13	\$120	\$15	\$114	\$9	\$134	\$29
Health	\$1,323	\$1,555	\$232	\$1,482	\$159	\$1,511	\$188	\$1,424	\$101	\$1,685	\$362
<u>Medicare Supplement</u>											
Health	\$675	\$794	\$119	\$757	\$82	\$771	\$96	\$727	\$52	\$860	\$185
Health + Dental	\$780	\$917	\$137	\$875	\$95	\$891	\$111	\$841	\$61	\$994	\$214
<i>(This rate is for the Medicare Supplement retiree only. To add a Spouse, the rate is 2x the above rate)</i>											
<u>Non-Medicare Retiree</u>											
Health	\$1,595	\$1,875	\$280	\$1,788	\$193	\$1,821	\$226	\$1,718	\$123	\$2,032	\$437
Health + Dental	\$1,700	\$1,999	\$299	\$1,906	\$206	\$1,941	\$241	\$1,832	\$132	\$2,166	\$466

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

	1-Jul-23 Contribution Rate	1-Jul-22 Contribution Rate	1-Jul-21 Contribution Rate	1-Jul-20 Contribution Rate	1-Jul-19 Contribution Rate	1-Jul-18 Contribution Rate	1-Jul-17 Contribution Rate	1-Jul-16 Contribution Rate	1-Jul-15 Contribution Rate	1-Jul-14 Contribution Rate	1-Jul-13 Contribution Rate	1-Jul-12 Contribution Rate	1-Jul-11 Contribution Rate	1-Jul-10 Contribution Rate
<u>Active</u>														
Health + Dental	\$1,428	\$1,350	\$1,350	\$1,350	\$1,290	\$1,240	\$1,200	\$1,176	\$1,176	\$1,084	\$1,084	\$985	\$985	\$911
(per family)	5.8%	0.0%	0.0%	4.7%	4.0%	3.3%	2.0%	0.0%	8.5%	0.0%	10.0%	0.0%	8.1%	25.0%
<u>Regular Retiree</u>														
Health + Dental	\$1,428	\$1,350	\$1,350	\$1,350	\$1,290	\$1,240	\$1,200	\$1,176	\$1,176	\$1,084	\$1,084	\$985	\$985	\$911
Dental Only	\$105	\$99	\$99	\$99	\$95	\$91	\$88	\$86	\$86	\$79	\$79	\$72	\$72	\$66
Health	\$1,323	\$1,251	\$1,251	\$1,251	\$1,195	\$1,149	\$1,112	\$1,090	\$1,090	\$1,005	\$1,004	\$913	\$913	\$845
(per family)	5.8%	0.0%	0.0%	4.7%	4.0%	3.3%	2.0%	0.0%	8.5%	0.0%	10.0%	0.0%	8.1%	25.0%
<u>Medicare Supplement</u>														
Health + Dental	\$780 *	\$737 *	\$737 *	\$737 *	\$705 *	\$678 *	\$656 *	\$643 *	\$643 *	\$592 *	\$592 *	\$534 *	\$534 *	\$486 *
Health	\$675 *	\$638 *	\$638 *	\$638 *	\$610 *	\$587 *	\$568 *	\$557 *	\$557 *	\$513 *	\$513 *	\$462 *	\$462 *	\$420 *
(per person)	5.8%	0.0%	0.0%	4.5%	4.0%	3.4%	2.0%	0.0%	8.6%	0.0%	10.9%	0.0%	9.9%	13.3%
* EGWP participation required														
<u>Non-Medicare Retiree</u>														
Health + Dental	\$1,700	\$1,606	\$1,606	\$1,606	\$1,535	\$1,476	\$1,429	\$1,401	\$1,401	\$1,291	\$1,291	\$1,174	\$1,174	\$1,078
Health	\$1,595	\$1,507	\$1,507	\$1,507	\$1,440	\$1,385	\$1,341	\$1,315	\$1,315	\$1,212	\$1,212	\$1,102	\$1,102	\$1,011
(per family)	5.9%	0.0%	0.0%	4.6%	4.0%	3.3%	2.0%	0.0%	8.5%	0.0%	10.0%	0.0%	8.9%	25.1%
<u>Annualized Trend as of July 1, 2023</u>														
3-Year:	1.9%													
5-Year:	2.9%													
10-Year:	2.8%													