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**Fresno City Employees Health & Welfare Trust
Agenda for the Regular Board Meeting
March 13, 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

Consultants

Andrew Desa
David Broome

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

Roll Call 8:30 A.M.

1. Approval of Agenda**

Approve Agenda for March 13, 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 January 10, 2024
- b. Correspondence
 - i). *Correspondence from CFMEA President, Yvonne Diaz Dated February 5, 2024 Reappointing Kim Jackson as a Trustee*
 - ii). *Correspondence from City Manager, Georgeanne White Dated March 8, 2024 Reappointing Georgeanne White as Vice Chairperson*
- c. Blue Shield of California
 - i). *Utilization Report*

- d. Halcyon
 - i). *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 January 18, 2024 Announcing EGWP 2022 annual Reconciliation.*
 - iv). *Correspondence Dated February 13, 2024 Announcing Inflation Reduction Act (IRA) Summary / 2025 Medicare Part D Benefit Redesign*
 - v). *Correspondence Dated February 13, 2024 Announcing Rx Government Programs with EGWP Clients*
- g. Delta Dental
 - i). *Financial Reporting Package*
- h. PhysMetrics
 - i). *Utilization Report*
- i. EyeMed
- j. Teladoc
- k. EPIC
 - i). *Utilization Report*
 - ii). *Member Communication for Contributory and Non-Contributory Plans*
- l. Body Scan International
 - i). *Approval by the Chairperson and Vice Chairperson of the Body Scan International Upcoming Events and Announcement Letter*
 - ii). *Ratification by the Chairperson and Vice Chairperson of Execution of the Amended Contract Through June 30, 2024*
- m. HealthComp
- n. Elite Medical
- o. Fiduciary Policy
 - i). *Fiduciary Policy 2024-2025*
- p. Subcommittee Meeting Attendees

5. 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). *HealthComp Announcement of Merger Name Change to Personify*
- vii). *Membership Outreach*
 - Review, Discuss and Approve Proposed Membership Outreach*
 - ⇒ Action as required
- viii). *Review of Vendor Contracts and Business Associates Agreements*
 - Review and Discuss Status of Vendor Contracts and Business Associates Agreements*
- ix). *Thrive Summit*
 - Review, Discuss and Approve Attendance at Thrive Summit*
 - ⇒ Action as required
- x). *Open Enrollment*
 - Review, Discuss and Approve Open Enrollment Materials for Plan Year 2024-2025*
 - ⇒ Action as required
- b. Appeals
- c. Blue Shield
 - i). Gender Affirming Care
 - Review, Discuss and Approve Gender Affirming Care*
 - ⇒ Action as required
- d. International Foundation of Employee Benefit Plans
 - i). Annual Employee Benefits Conference 2023
 - Review and Discuss Annual Employee Benefits Conference 2023*
 - i). Annual Employee Benefits Conference 2024
 - Review, Discuss and Approve Attendance at Annual Employee Benefits Conference Scheduled for November 10, 2024- November 13, 2024 in San Diego, CA*
 - ⇒ Action as required
- e. OptumRx
 - i). Change Healthcare Outage
 - Review and Discuss OptumRx Change Healthcare Outage*
 - ⇒ Action as required
 - ii). Consolidated Appropriations Act (CAA) Section 204 RxDC Reporting -Reference Year 2023
 - Review and Discuss OptumRx Consolidated Appropriations Act (CAA) Section 204 RxDC Reporting -Reference Year 2023*
 - ⇒ Action as required
- f. Delta Dental
 - i). Third Party Cyber Event
 - Review and Discuss Delta Dental Cyber Event*

6. Consultant's Report

a. 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

iv). EPIC Hearing Renewal and Network Analysis

Review, Discuss and Approve EPIC Hearing Renewal Effective July 1, 2024

⇒ Action as required

v). OptumRx Renewal

Review, Discuss and Approve Optum Rx Renewal Effective July 1, 2024

⇒ Action as required

vi). Rael & Letson Pharmacy Benefit Management Consulting Services

Review, Discuss and Approve Benefit Management Consulting Services

⇒ Action as required

b. Financial Projections for the 2024-2025 Fiscal Year

i). *Review and discuss Financial Projections*

c. Contribution Rates for the 2024-2025 Fiscal Year

i). *Review, Discuss, and Approve Contribution Rates for the 2024-2025 Fiscal Year*

⇒ Action as required

d. Submission of Request for Plan Document Changes for the 2024-2025 Fiscal Year

i). *Review, Discuss, and Approve Document Changes for the 2024-2025 Fiscal Year*

⇒ Action as required

e. 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

7. Attorney's Report

- a. Consolidated Appropriation Act
 - i). *Review and Discuss Consolidated Appropriation Act, Prohibition on Gag Clauses*
 - ii). *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. Trust Agreement
 - i). *Review and Discuss Trust Agreement*
 - ⇒ 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, April 1, 2024 at 4:00 p.m.

Committee Members to Attend: Jeff LaBlue, Jesse Gonzalez, TJ Miller

FRESNO CITY EMPLOYEES
HEALTH AND WELFARE TRUST

ADMINISTRATION OFFICE



621 Santa Fe
Fresno, CA 93721

TELEPHONE (559) 499-2450
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FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST MINUTES OF THE REGULAR BOARD MEETING January 10, 2024

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 8:36 A.M., Wednesday, January 10, 2024 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:**

Keola Park
William Dearson
Jeff LaBlue
Anna Pine

Jesse Gonzalez
Kim Jackson
Shane Archer
Terri Hauschel

EMPLOYEE TRUSTEES ABSENT:

Sam Frank

Sam Hernandez

EMPLOYER TRUSTEES PRESENT:

Jennifer Misner

TJ Miller

EMPLOYER TRUSTEES ABSENT:

Georgeanne White

OTHERS PRESENT:

HealthComp
Tom Georgouses
Diana Cavazos

Delta Dental
Duab Xiaochay
Rhett Davis

**Halcyon/PhysMetrics/
ChiroMetrics**
Sandra Carnahan
Camin Turner

Rael & Letson
David Broome
Andrew Desa
Joseph Feliciani

EPIC
Sara Santana
Heather Ragusa

Blue Shield
Linda Patron

Law Office of Michael E. Moss
Mike Moss

Body Scan International
Bill Penzo

Optum Rx
Carolyn Martinez
Amy Speakman

Benefits, COF
Phillip Carbajal

FORCE
Cheri Detweiler

- Item 1 Approval of Agenda - A Motion** was made by Trustee Jeff LaBlue and Seconded by Trustee Anna Pine to approve the agenda. The **Motion** was **unanimously approved**.
- Item 2 Executive Session - None**
- Item 3 Public Discussion - None**
- Item 4 Consent Calendar – A Motion** was made by Trustee Jeff LaBlue and Seconded by Trustee Anna Pine to approve the Consent Calendar. The **Motion** was **unanimously approved**.
- Item 5 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 the applicable vendors associated with the Fresno City Employee Health and Welfare Trust Plan provided their confirmation that no gag clauses existed in their current contract. Mr. Mike Moss also reported the Chairperson completed the required attestation with the government providing notice the plan does not have any gag clauses in its contracts.
- ii) **Ratify Chairperson Submission of GAG Clause Attestation - A Motion** was made by Trustee Keola Park and Seconded by Trustee Terri Hauschel to ratify the submission of the Gag Clause attestation. The **Motion** was **unanimously approved**
- iii) **Review and Discuss Rx Transparency Requirements -** Mr. Tom Georgouses explained the proposed regulations and guidance pertaining to Rx Transparency have not been finalized and the plan professionals will work with OptumRx once they have been published. A **Motion** was made by Trustee Kim Jasckson and Seconded by Trusee Keola Park to give authority to the Chairperson and Vice Chairperson to authorize and approve any necessary documents to comply with the requirements. The **Motion** was **unanimously approved**.

- 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 stated the Delta Dental cyber breach was on the last Agenda although little was known at that time. Mr. Moss explained further information has been provided by Delta Dental that incident involves their use of the data transfer company Moveit; it relates to a nationwide breach affecting numerous companies; the incident has been reported to the Office of Civil Rights and other required agencies; and 1,195 members of the Trust had some level of information compromised. Mr. Moss stated that Delta Dental has presented options for next steps to notify for the 1,195 members and the Trust has until January 26, 2024 to Opt-In or Out-Out for this notification to members. A **Motion** was made by Trustee Jeff LaBlue and Seconded by Trustee Kim Jackson to Opt-In for notices from Delta Dental to members; for Delta Dental to continue with any necessary filings; and for authority to the Chairperson and Vice Chairperson to execute and approve any additional necessary documents related to the cyber event. The **Motion** was **unanimously approved**. Direction was provided to the Plan Professionals to draft a letter to provide to members to notify them of the possible impact with a request to the City of Fresno to distribute the notice by City email.
- d.) **Blue Shield Vendor Third Party CyberEvent** - Mr. Mike Moss reported Blue Shield had a breach of information impacting one member. Blue Shield has provided notice to this memeber. A **Motion** was made to ratify the Opt-In notification submitted by HealthComp and to authorize the Chairperson and Vice Chairperson to review, approve and execute any additional documents that may be necessary. The **Motion** was **unanimously approved**.
- e.) **Trust Agreement-** Mr. Mike Moss informed the Trustees a meeting will be scheduled with the Subcommittee to review the Trust agreement. No action is needed at this time.
- f.) **Trustee Term Limits-** Mr. Mike Moss referred to

the memorandum and informed the Trustees to provide a reappointment if their two-year limit has expired. No action is needed at this time.

- g.) **Assembly Bill 716 Related to Ground Ambulance Payments** - Mr. Mike Moss stated the state bill pertains to balance billing for ground ambulance services but that it does not apply to the Trust as it is not regulated by the Department of Managed Health Care. No action is needed at this time.

Item 6 General Calendar

a. HealthComp Administrators

- i. **Claim and Benefits Reports** - Mr. Tom Georgouses reviewed the reports on Claims and Benefits ending December 31, 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. Direction was provided to the plan professionals to add closure date and amount on reports.
- v. **HealthComp HCOOnline Complaint Form**- Ms. Diana Cavazos provided an overview of the complaints received.
- vi. **HCOOnline Open Enrollment** – Mr. Tom Georgouses stated HealthComp will sunset this platform that provides the HCOOnline Open Enrollment service after completion of the 2024 open enrollment in July. Mr. Georgouses stated HealthComp understands the City is looking into a platform to administer and process open enrollment and HealthComp will work with the City to transition to a new platform for

Open Enrollment 2025.

- vii. **Employer Mandate Reporting HealthComp 1094/1095 Process** – Mr. Tom Georgouses stated HealthComp will sunset this service following completion of the 2023 forms and filing. Mr. Georgouses stated HealthComp understands the City is looking into a platform to prepare and file the 1094/1095 forms and HealthComp will work with the City to transition to a new platform for the 2024 required filings.
 - viii. **Membership Outreach** - Ms. Diana Cavazos stated there will be outreach done by HealthComp to schedule this meeting with the Subcommittee.
 - ix. **Review of Vendor Contracts and Business Associates Agreements** – Mr. Tom Georgouses explained a shared folder has been setup through the City for the vendor contracts. Mr. Georgouses further stated his understanding that Mr. Moss has completed his review of the existing vendor contracts and believes they are satisfactory although the HealthComp agreement will be updated. Mr. Georgouses explained a meeting will be set up with the Subcommittee to discuss the vendor agreements.
- b. **Appeals** – None
 - c. **Transgender Services and Coverage-** Ms. Cavazos stated a member had called in to question the Plan Document language for Transgender Services. Direction was given to the Plan Professionals to provide a summary of the issues, consult with Blue Shield and suggest options that are available at the next meeting.
 - d. **Annual Employee Benefits Conference** - Deferred to next meeting.

Item 7 Consultant's Report –

- a.) **COVID-19 Annual Report** – Mr. Desa stated future Covid-19 reports will be provided on a calendar year annual basis at the first meeting of

the next calendar year. Mr. Andrew Desa reported COVID-19 statistics through December 31, 2023 reflecting that there had been 24,437 diagnostic tests and 543 antibody tests administered; 2,204 individuals with a positive diagnostic test for COVID-19 with 954 being members; approximately \$3.9 million paid for testing; approximately \$652,000 paid for screening; and approximately \$3.4 million paid for treatment. Mr. Andrew Desa reported that for the last five months of 2023 there had been 193 diagnostic tests and 2 antibody tests administered; approximately \$100,000 paid for testing; approximately \$100,000 paid for treatment.

- b.) **Elite Medical** – Mr. David Broome referred to his memorandum on the Elite Wellness vaccination and screening event held from October 25, 2023 to November 7, 2023. Mr. Broome stated the total cost for the event was \$10,721 and provided the vendor invoice showing the amount due.

- a.) **Vendor Rates**

- i) **Blue Shield of California** - Mr. David Broome referred to his memorandum. Blue Shield's current fee guarantee expires June 30, 2025. Blue Shield is proposing an early renewal effective July 1, 2024 for three years expiring on June 30, 2027. Blue Shield has proposed a 4% fee increase for fiscal year 2025 and 2026. Mr. Broome stated that the renewal offer is preliminary and no action is needed at this time as negotiations will continue.
- ii) **Body Scan International Renewal Effective January 1, 2024** – Mr. David Broome referred to this memorandum stating the current agreement will extend to June 30, 2024 at the current rates and the new agreement will be effective on July 1, 2024 at \$1,315 per scan. Mr. Broome stated that Body Scan International declined to provide a contract for more than one year. No Action is needed at this time.
- iii) **UHC Renewal** – Mr. David Broome referred to his memorandum and stated

UHC is proposing a rate reduction of 2% to \$42.32. No Action needed at this time as negotiations will continue.

- iv) **Epic Hearing Renewal and Network Analysis** - Mr. David Broome referred to his memorandum. Mr. Broome presented the renewal offer for the administration fee of no increase, effective July 1, 2024, for three years through June 30, 2027. Mr. Broome presented a list of providers and stated 18 members had called and 11 purchased In network. Mr. Broome explained 11 members went out of network. Mr. Broome suggested preparation of a communication explaining the benedit. No Action needed at this time.
- v) **OptumRx Renewal** - Mr. Andrew Desa referred to memorandum and stated Rael & Letson representative Joseph Feliciani will be working with OptumRx on a three and five year renewal option with a proposal to be presented at the next meeting. Direction was given to provide additional information on Rael & Letson Pharmacy Consultation Services during the next meeting. No Action needed at this time. The Pharmacy Consulting Services proposal will also be presented at the March board meeting.
- a.) **Fiduciary Liability Renewal** - Mr. Andrew Desa referred to his memorandum and explained the Trust Fiduciary Liability Policy has been with Chubb since 2013 with a current limit of three million dollars. Mr. Desa stated the policy quotes come through the broker NuWest and the quote for the 2024-2025 policy is \$12,492 which is the same as the expiring policy. Mr, Desa stated that the total annual premium does not include the \$25 waiver of recourse per fiduciary. A **Motion** was made by Trustee Keola Park and Seconded by Trustee Kim Jackson to renew the policy and to give authority to the Chairperson and Vice Chairperson to execute all necessary documents. The **Motion** was **unanimously approved**.

- b.) **Financial Projections for the 2024-2025 Fiscal Year** – Mr. Andrew Desa referred to his memorandum for the financial projections for Fiscal Year 2024 - 2025. Mr. Desa stated the projections include claims data through December of 2023; and financial data through June 30, 2023 noting that financial statements beyond June, 30, 2023 were not yet available. The 2024-2025 Fiscal Year projected claims are based on a blended experience from the past three years of data. The projected net reserve months as of June 30, 2024 are 3.7. Mr. Desa stated that 2.2 months of net reserves are projected as of June 30, 2025 assuming no change to the current contribution rate. Mr. Desa stated the projection includes the renewal rates for vendors. Mr. Desa stated that based on current information the contribution amount will need to increase 17.5% for Fiscal Year 2024-2025 to maintain 4 months of net reserves at the end of Fiscal Year 2024-2025. Mr. Desa recommended revisiting the projections at the next meeting at which time he hopes to have 6 additional months of financial experience and an additional 2 months of claim data which will assist in his projection for Fiscal Year 2024-2025. Mr. Mike Moss then explained the history, purpose and procedure to establish the required projected net reserve of 4 months.
- c.) **Contribution Rates for the 2024-2025 Fiscal Year** - This item was discussed above under item d.
- d.) **Submission of Request for Plan Document Changes for the 2024-2025 Fiscal Year** - Deferred to next meeting.
- e.) **Submission of Benefits Reduction Percentage for Non-Contributory Participants for the 2024-2025 Fiscal Year** - Deferred to next meeting.

Item 8 Board Meeting Schedule – A Motion was made Trustee Keola Park and Seconded by Trustee Kim Jackson to have the next Board meeting on March 13, 2024 at 8:30 am. The **Motion** was **unanimously approved**.

Item 9 Future Agenda Items –

- 1. Employee Benefits Conference
- 2. Delta Dental Data Breach

Item 10 Adjournment - A Motion to adjourn was made by Trustee Jeff LaBlue and Seconded by Trustee Keola Park. The **Motion** was **unanimously approved**, and the meeting adjourned at 11:52 AM.

Shane Archer, Chairperson
Fresno City Employees Health &
Welfare Trust

Date

Tom Georgouses, Administrator
HealthComp

Date



City of Fresno Management Employees Association (CFMEA)

DATE: February 5, 2024

TO: City of Fresno Employee Health & Welfare Trust Board

THROUGH: S KIM JACKSON, Administrative Manager of ISD, CFMEA Advisor 

FROM: YVONNE L. DIAZ, CFMEA President 

SUBJECT: Reappointment of CFMEA Representative

The Health and Welfare Trust Agreement originally dated in 1972 and all following amendments provides that a representative of each bargaining unit representing employees of the City of Fresno (Employee Trustees) be entitled to be represented by one Trustee for the Trust and designated in writing by the Authorized elective officer of each Union or Association.

I, Yvonne L. Diaz current President of CFMEA, is hereby taking the opportunity to formally reappoint S Kim Jackson, CFMEA Advisor, to the Health and Welfare Trust Board for an additional two-year term effectively immediately.



GEORGEANNE A. WHITE
CITY MANAGER

March 8, 2024

Thomas J. Georgouses, Esq., Administrator
City of Fresno Employees Health and Welfare Trust
P.O. Box 45018
Fresno, CA 93718

RE: City of Fresno Health and Welfare Trust Reappointment

Dear Mr. Georgouses:

Please be advised that I am reappointing myself to serve as the Vice Chairperson of the City of Fresno Health and Welfare Trust Board of Trustees effective upon receipt of this notification.

If you have any questions, please let me know.

Sincerely,

Georgeanne A. White
City Manager



Fresno City Employees H&W Trust Shield Support Program Report

Customer number: W0052295

Reporting period: 01/01/2023 - 12/31/2023

Eligible members: 10,942

Shield Support

The top 1% of members represents approximately 20% of total healthcare costs. That's where Shield Support comes in. We connect with the highest risk individuals to help contain total healthcare costs.

We support your employees and their families through personalized coaching from a team of registered nurses, social workers, health coaches, dietitians, behavioral health clinicians, medical directors, and pharmacists. Support may be short or long term, for acute or chronic needs, and always provided holistically.

- Frequent telephonic coaching
- Home visits
- Digital cognitive behavioral therapy
- Digital and printed educational materials
- Personalized care planning
- Care coordination
- Pre/post hospitalization support
- Chronic condition education
- Decision-making support
- Integrated behavioral health support
- Navigation guidance
- Medication support
- Lifestyle education

Member testimonials

Nurse Lily is the best. Thanks to her I am back to work and I am doing so much better. I am recovering from breast cancer surgery and other issues. Thanks to her I have hope again. I cannot thank her enough and Blue Shield for their support during this time.

Thank you so much for your support over the past months. I have been on a persistent path to improve my health. I appreciate the tools that you have provided me. I feel better than I have in a long time, and I am committed to continuing my progress. Your help has been beyond invaluable.

Executive Summary

Identification

2,198



unique members identified for outreach

Outreach

627



unique members outreached

108



unique members reached

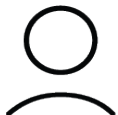
Engagement

72%



engaged, of members who were reached

78



unique members engaged

1%

engaged* of total population

*Benchmark is 1-2%

Top Interventions

Members can be concurrently engaged in multiple interventions



34 members engaged with a nurse for acute care management



0 members engaged with a nurse for chronic condition management



0 members engaged with a nurse or behavioral health clinician for pain management



0 members engaged with a nurse or behavioral health clinician for depression

High Cost Claimants

\$100K+ in past 12 months

41

identified

20

outreached

7

engaged

Identification and Engagement

78



unique members
engaged in the past
12 months

Data-driven
identification based
on authorizations,
medical and
pharmacy claims,
well-being
assessment and
direct referrals

How members are identified and engaged

- Innovative predictive modeling results in timely identification of member needs, targeting those who may become high risk
- Nurse outreach including evenings and weekends
- Unified outreach team seamlessly connects members to the program that best matches their needs and preferences
- Holistic population health approach with a comprehensive range of services including telephone, online and home visits

Engagement	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Active cases (beginning of period)	8	10	10	10
Cases opened (current period)	27	35	30	29
Cases closed (current period)	25	35	30	28
Active cases (end of period)	10	10	10	11

Outcomes

87%

overall
satisfaction



Quality of Life

- 77% improved confidence in ability to manage condition
- 72% improved ability to focus on achieving goals and tasks
- 79% improved access to care through support from care manager
- 76% increased understanding of treatment plan and condition
- 66% improved ability to participate in daily activities, including attending work or school

Utilization Impact

- 54% reduction in inpatient admissions and ER visits for members with musculoskeletal or pain management needs
- 43% reduction in ER visits for members with depression
- 22% reduction in inpatient admissions for members with diabetes

Program Impact

The Patient Activation Measure® (PAM®) assesses a member's underlying knowledge, skills and confidence integral to managing his or her own health and healthcare.

49%

of engaged members increased activation level, developing strong self-management skills and resilience

75% of engaged members improved scores on Pain Self Efficacy Questionnaire (PSEQ), associated with clinically-significant outcomes for those with chronic pain.

87% of engaged members in behavioral health condition management improved self-efficacy as measured by Health-Related Quality of Life (HRQOL).

Glossary

Member Testimonials

A sample of outstanding feedback from members served by the program, updated quarterly.

Executive Summary

Identification

The total number of unique members who were identified for outreach in the past 12 months.

Outreach

- The total number of unique members who were outreached in the past 12 months.
- The total number of unique members who were reached in the past 12 months.

Engagement

- The percent of members who were reached and engaged in the past 12 months.
- The total number of unique members who were engaged in the past 12 months.
- The percent of the total population of members who were engaged.

Top Interventions

- The total number of members who engaged with a nurse for acute care management (examples may include but are not limited to inpatient, emergency room, or other immediate needs) in the past 12 months.

- The total number of members who engaged with a nurse for chronic condition management (examples may include asthma, diabetes, coronary artery disease, chronic obstructive pulmonary disease, or heart failure) in the past 12 months.
- The total number of members who engaged with a behavioral health clinician for pain management in the past 12 months.
- The total number of members engaged with a behavioral health clinician for depression in the past 12 months.

High Cost Claimants

- The total number of unique members with an aggregated total of \$100K or more in medical and pharmacy claims in the past 12 months.
- The total number of unique members outreached who had an aggregated total of \$100K or more in medical and pharmacy claims in the past 12 months.
- The total number of unique members engaged who had an aggregated total of \$100K or more in medical and pharmacy claims in the past 12 months.

Identification and Engagement

The total number of unique members who were engaged in the past 12 months.

Engagement (table)

- Active cases (beginning of period): the total number of cases that remain active from the prior quarter.
- Cases opened (current period): the total number of new cases that were opened in the quarter.
- Cases closed (current period): the total number of cases closed in the quarter.
- Active cases (end of period): the total number of cases remaining open at the end of the quarter.

Glossary

Interventions

The average number of contacts each member received in the past 12 months.

Support (table)

The primary ways our care managers provided support and the percentage of members who received that support.

Outcomes

Member Satisfaction

Member satisfaction surveys are administered upon case closure. Member satisfaction is measured using a scale of 0-10. Results reflect the percent of members who selected one of the top five ratings for their interaction. This is an annual Book of Business metric.

Quality of Life

These measures are reported by members as part of the satisfaction survey administered upon case closure. These are annual Book of Business metrics.

Utilization Impact

These measures are calculated using historical claims analysis by comparing program participants to a matched control group. These are annual Book of Business metrics.

Program Impact

Patient Activation Measure® (PAM®)

The percent of engaged members who increased activation level, thereby developing strong self-management skills and resilience. PAM® is an annual Book of Business metric.

Health-Related Quality of Life (HRQOL)

The percent of engaged members in behavioral health condition management with improved HRQOL scores, this indicates improved health engagement and activation. HRQOL is an annual Book of Business metric.

Pain Self-Efficacy Questionnaire (PSEQ)

The percent of engaged members whose PSEQ scores improved, this is associated with clinically-significant outcomes for those with chronic pain. PSEQ is an annual Book of Business metric.

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

Fresno City Employees' Health & Welfare Trust

Reporting Period: 01/01/2024 - 02/29/2024

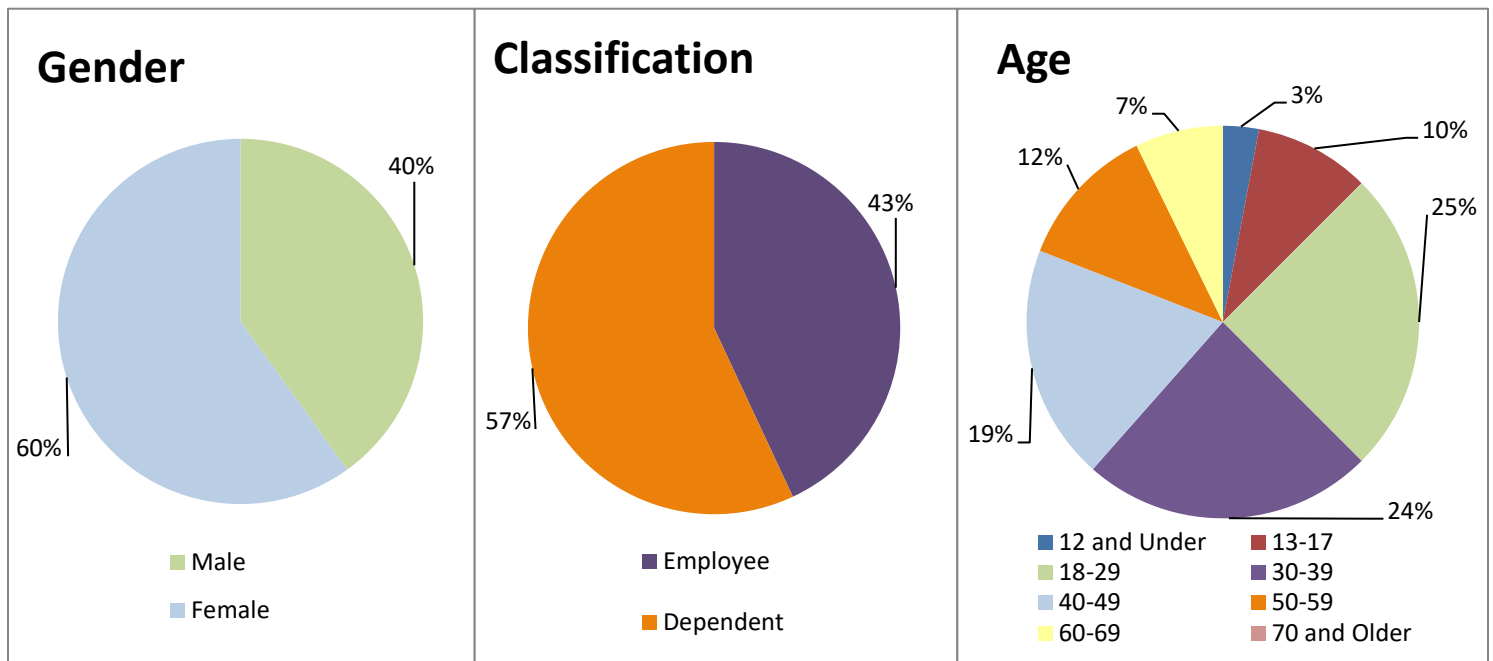
Presented by:



Overall Mental Health & Substance Abuse Benefit Utilization

	January 2024	February 2024	July 2023 – February 2024
Covered Employees	4,366	4,336	
Covered Dependents	7,164	7,111	
Total Covered Members	11,530	11,447	
Unique Employees Accessing Benefit	129	131	288
Unique Dependents Accessing Benefit	166	178	418
Total Unique Members Accessing Benefits	295	309	706
Access Rate	2.6%	2.7%	6.1%
Unique Dates of Service Priced	757	856	6,129

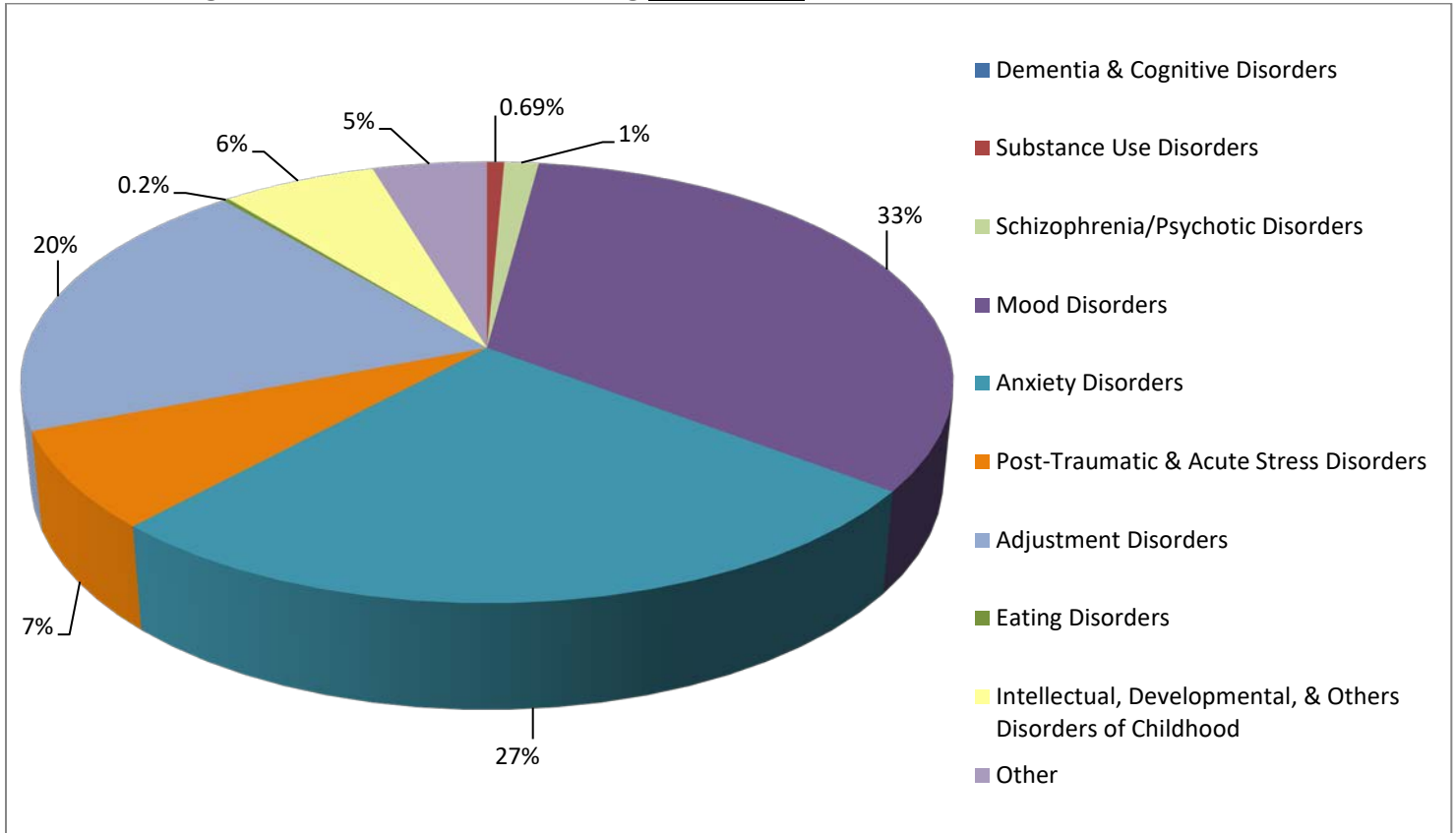
Member Demographics



Routine Outpatient Treatment Service Utilization

	January 2024	February 2024
Psychotherapy		
Total Cases	221	232
Medication Evaluation and Management		
Total Cases	84	88
Crisis Services		
Total Cases	1	1

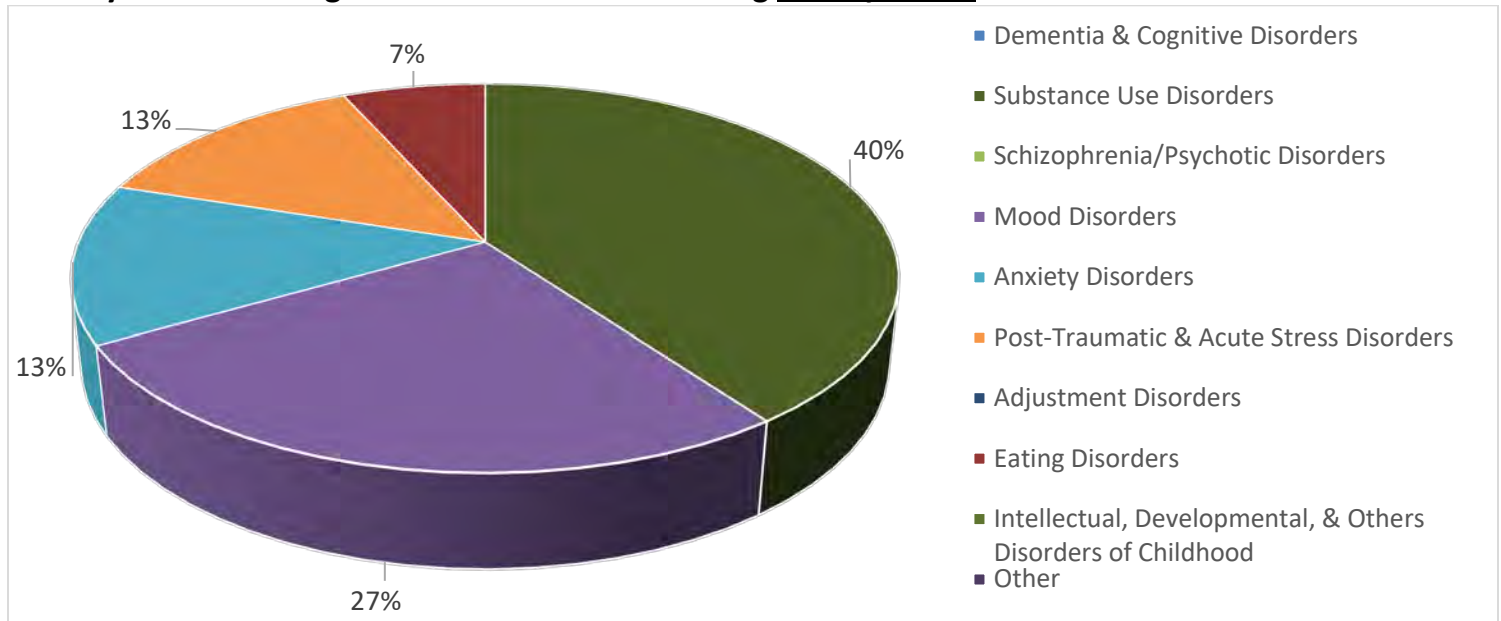
Conditions Diagnosed for Members Receiving Outpatient Treatment



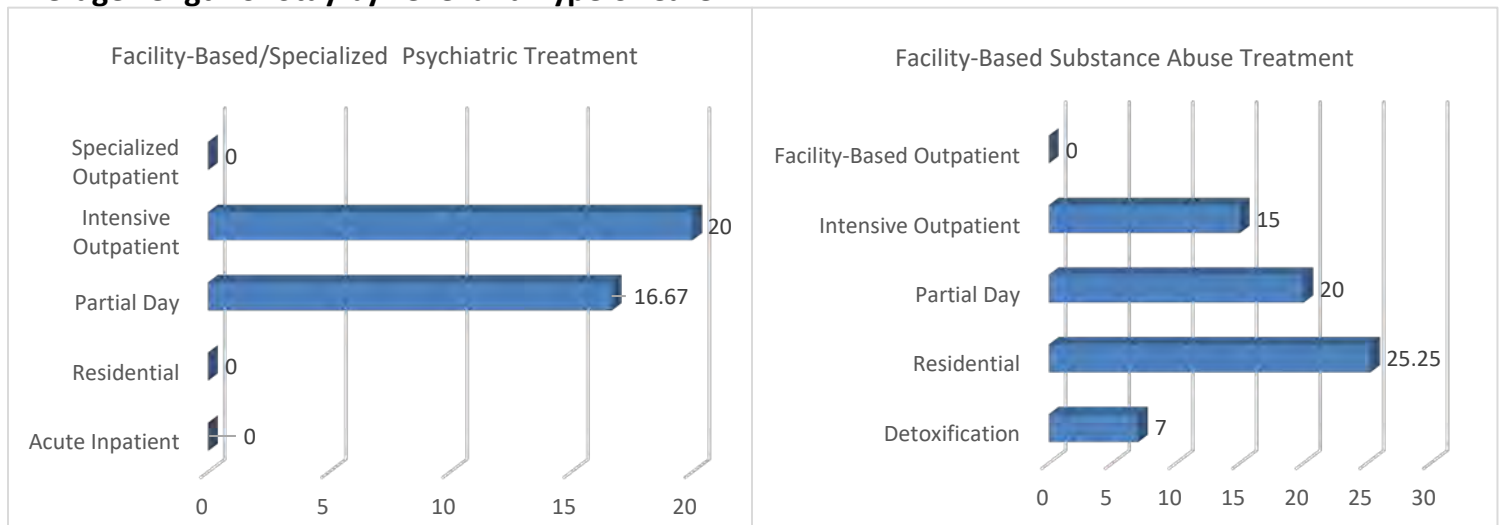
Intensive / Facility-Based Benefit Utilization

All Facility-Based/Intensive Psychiatric Treatment	
	Specific case information removed to preserve member confidentiality
	Throughout the reporting period there were nine (9) cases included in this category
All Facility Based Substance Abuse Treatment	
	Specific case information removed to preserve member confidentiality
	Throughout the reporting period there were six (6) cases included in this category

Primary Condition Diagnosed for Members Receiving Facility-Based Treatment



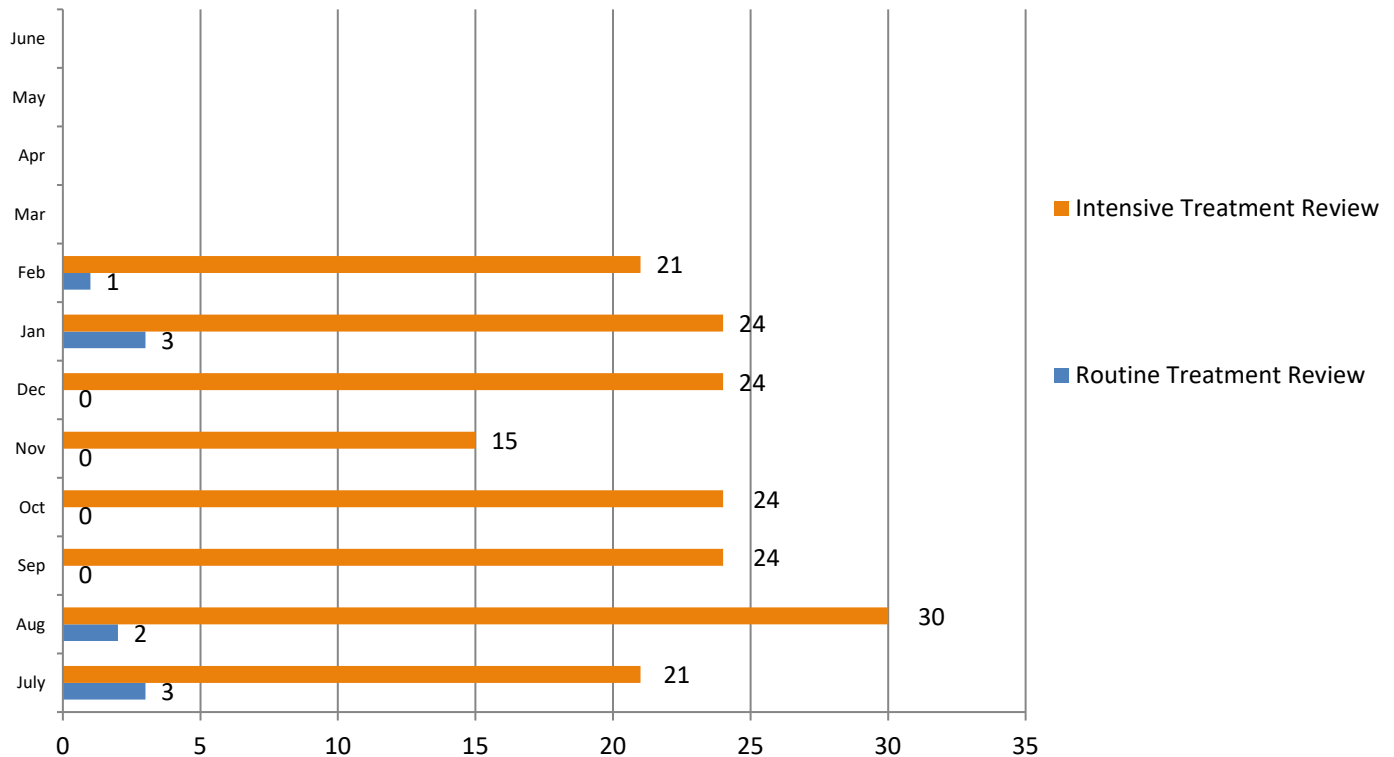
Average Length of Stay by Level and Type of Care



Care Management

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

2023-2024 Clinical Treatment Review



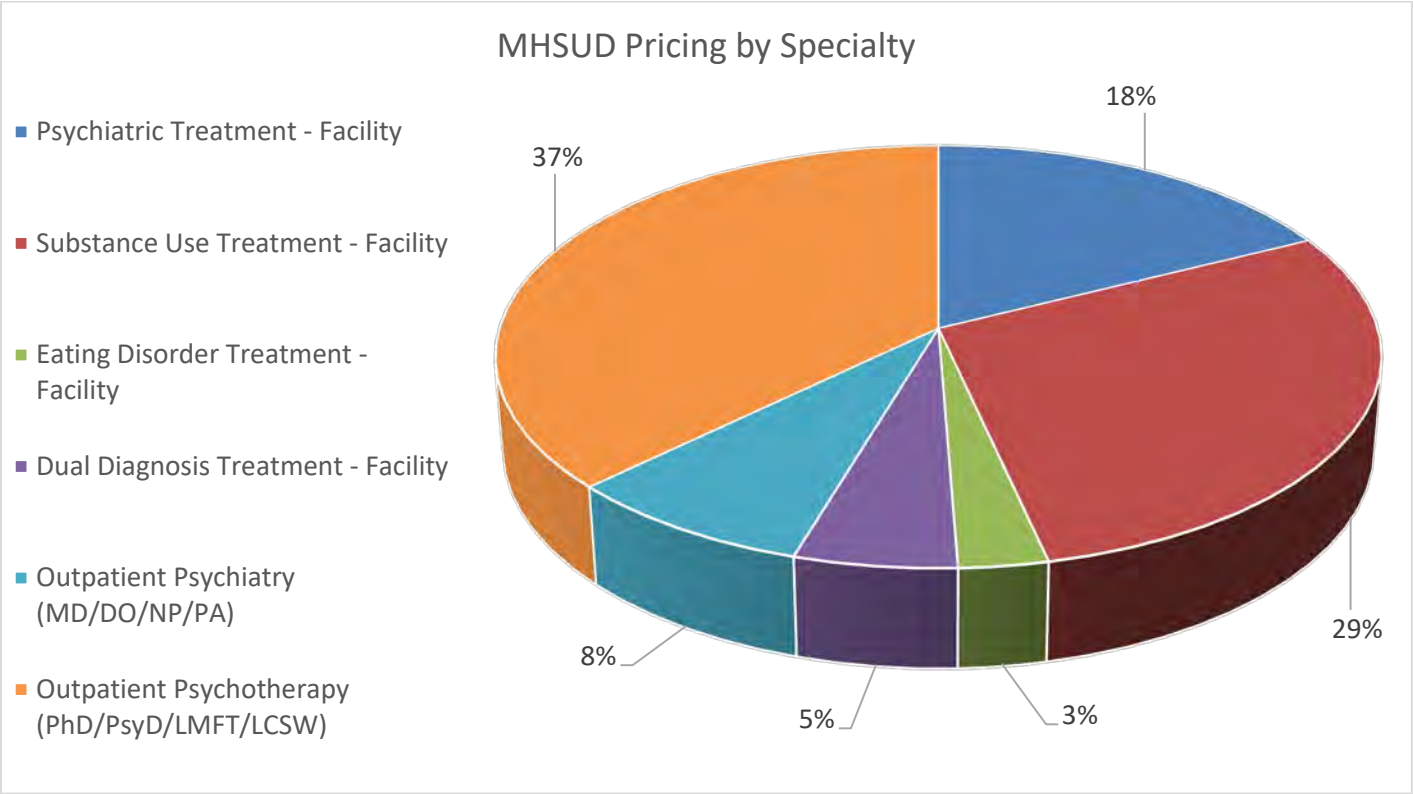


Claims Experience (Pricing: January-February)

Top 5 Facility/Program Provider Activity by Total Pricing for Period: January-February 2024	% Total Pricing
My Time Recovery	17.9%
Willow Springs	12.8%
Touchstone Recovery Center	5.9%
My Time Mental Health (Shine)	5.2%
Silicon Valley Recovery	5.1%

Top 10 Outpatient Provider Activity by Total Pricing for Period: January-February 2024	% Total Pricing
Amy Parks, LCSW	2.8%
Adriana Ramirez, LMFT	1.3%
M. David McOmber, LCSW	1.2%
Terri Thomas, LMFT	1.1%
Celeste Penrose, LMFT	1.0%
Michelle McCoy, LMFT	1.0%
Jagmeet Chann, MD	1.0%
Nirmal Brar, MD	1.0%
Amber Saldate-Stubbs, LMFT	0.9%
Erika Eagerton, PhD	0.99

Claims Experience (Pricing: January-February)



Network Savings*

Network Savings January 2024 - February 2024	Amount
Total Billed	\$880,641.89
Network Pricing	\$343,314.45
Network Savings	\$537,327.44

*Estimate based on Halcyon network pricing before benefits have been applied

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RXT1020DM - Executive Summary by Time Period
Date Filled From March 2023 Through February 2024
Client: Fresno City Employees H&W Trust Commercial Plan

Measures	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	Rolling Total
Membership													
Avg Eligible Members	10,817	10,887	11,028	11,025	11,123	11,109	11,093	11,086	11,088	11,148	11,229	11,365	11,083
Total Utilizing Members	2,816	2,723	2,792	2,710	2,567	2,651	2,711	2,875	2,769	2,892	2,873	2,891	2,773
% Utilizing Members	26.0%	25.0%	25.3%	24.6%	23.1%	23.9%	24.4%	25.9%	25.0%	25.9%	25.6%	25.4%	25.0%
Avg Member Age	31.57	31.58	31.53	31.51	31.36	31.28	31.34	31.36	31.34	31.38	31.39	31.30	31.41
Rx and Cost													
Total Rxs	7,053	6,519	6,864	6,606	6,203	6,365	6,460	6,920	6,669	6,888	7,093	6,800	80,440
Total Drug Cost	\$1,607,713.93	\$1,467,764.83	\$1,668,572.76	\$1,595,061.50	\$1,516,268.79	\$1,566,650.66	\$1,652,700.60	\$1,703,357.59	\$1,605,360.55	\$1,613,907.72	\$1,695,405.30	\$1,669,289.49	\$19,362,053.72
Total Plan Paid	\$1,456,707.36	\$1,336,555.78	\$1,514,004.53	\$1,454,821.27	\$1,360,765.45	\$1,391,703.59	\$1,495,010.14	\$1,539,011.14	\$1,463,214.91	\$1,468,644.34	\$1,534,759.06	\$1,517,292.70	\$17,532,490.27
Total Member Paid	\$151,006.57	\$131,209.05	\$154,568.23	\$140,240.23	\$155,503.34	\$174,947.07	\$157,690.46	\$164,346.45	\$142,145.64	\$145,263.38	\$160,646.24	\$151,996.79	\$1,829,563.45
Total Ingredient Cost	\$1,597,327.43	\$1,459,109.71	\$1,661,099.74	\$1,587,266.36	\$1,509,063.42	\$1,558,335.04	\$1,626,112.32	\$1,665,078.61	\$1,582,378.59	\$1,597,527.62	\$1,685,866.52	\$1,660,917.98	\$19,190,083.34
Total Dispensing Fee	\$9,621.22	\$7,990.44	\$7,089.90	\$7,516.98	\$6,887.03	\$7,768.73	\$26,320.43	\$38,109.26	\$22,762.80	\$16,107.97	\$9,391.86	\$8,292.12	\$167,858.74
Total Sales Tax	\$110.78	\$88.18	\$99.10	\$112.16	\$21.84	\$54.84	\$21.84	\$33.21	\$45.06	\$35.02	\$41.92	\$26.87	\$690.82
Total Incentive Fee	\$654.50	\$576.50	\$284.02	\$166.00	\$296.50	\$492.05	\$246.01	\$136.51	\$174.10	\$237.11	\$105.00	\$52.52	\$3,420.82
% Plan Paid	90.6%	91.1%	90.7%	91.2%	89.7%	88.8%	90.5%	90.4%	91.1%	91.0%	90.5%	90.9%	90.6%
% Member Paid	9.4%	8.9%	9.3%	8.8%	10.3%	11.2%	9.5%	9.6%	8.9%	9.0%	9.5%	9.1%	9.4%
Avg Drug Cost / Rx	\$227.95	\$225.15	\$243.09	\$241.46	\$244.44	\$246.14	\$255.84	\$246.15	\$240.72	\$234.31	\$239.03	\$245.48	\$240.70
Avg Plan Paid / Rx	\$206.54	\$205.02	\$220.57	\$220.23	\$219.37	\$218.65	\$231.43	\$224.62	\$219.41	\$213.22	\$216.38	\$223.13	\$217.96
Avg Member Paid / Rx	\$21.41	\$20.13	\$22.52	\$21.23	\$25.07	\$27.49	\$24.41	\$23.75	\$21.31	\$21.09	\$22.65	\$22.35	\$22.74
Per Member Per Month													
Avg Rxs PMPM	0.65	0.60	0.62	0.60	0.56	0.57	0.58	0.62	0.60	0.62	0.63	0.60	0.60
Avg Drug Cost PMPM	\$148.63	\$134.82	\$151.30	\$144.68	\$136.32	\$141.03	\$148.99	\$153.65	\$144.78	\$144.77	\$150.98	\$146.88	\$145.58
Avg Plan Paid PMPM	\$134.67	\$122.77	\$137.29	\$131.96	\$122.34	\$125.28	\$134.77	\$138.82	\$131.96	\$131.74	\$136.68	\$133.51	\$131.83
Avg Member Paid PMPM	\$13.96	\$12.05	\$14.02	\$12.72	\$13.98	\$15.75	\$14.22	\$14.82	\$12.82	\$13.03	\$14.31	\$13.37	\$13.76
Drug Type													
% Single-Source Brand Rxs	14.9%	15.5%	16.9%	15.5%	14.5%	16.4%	18.1%	18.9%	16.9%	15.1%	14.1%	13.8%	15.9%
% Multi-Source Brand Rxs	0.4%	0.5%	0.3%	0.5%	0.4%	0.3%	0.6%	0.4%	0.4%	0.4%	0.3%	0.5%	0.4%
% Generic Rxs	84.6%	84.0%	82.8%	84.0%	85.1%	83.3%	81.3%	80.7%	82.8%	84.5%	85.6%	85.8%	83.7%
% Generic Efficiency	99.5%	99.4%	99.6%	99.4%	99.6%	99.6%	99.3%	99.6%	99.6%	99.5%	99.6%	99.5%	99.5%
Drug Channel													
% Retail Rxs	72.6%	72.8%	72.2%	71.3%	70.5%	71.7%	72.7%	72.4%	73.8%	74.0%	71.7%	73.3%	72.4%
% Retail 90 Rxs	20.5%	21.4%	21.3%	22.1%	23.4%	21.9%	21.0%	20.8%	20.2%	19.0%	22.1%	19.9%	21.1%
% Mail Rxs	6.9%	5.8%	6.5%	6.6%	6.1%	6.4%	6.4%	6.8%	6.0%	7.0%	6.2%	6.8%	6.5%
Specialty Drugs													
Total Specialty Rxs	94	95	103	95	96	99	102	109	107	93	102	89	1,184
Total Specialty Drug Cost	\$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	\$699,615.68	\$816,343.92	\$729,697.69	\$8,750,070.74
Total Specialty Plan Paid	\$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	\$676,408.01	\$776,853.91	\$696,878.48	\$8,356,264.17
Total Specialty Member Paid	\$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	\$23,207.67	\$39,490.01	\$32,819.21	\$393,806.57
% Specialty Rxs	1.3%	1.5%	1.5%	1.4%	1.5%	1.6%	1.6%	1.6%	1.6%	1.4%	1.4%	1.3%	1.5%
% Specialty of Total Drug Cost	42.1%	45.6%	43.8%	42.3%	48.2%	40.6%	49.2%	48.4%	46.6%	43.3%	48.2%	43.7%	45.2%
% Specialty of Total Plan Paid	44.1%	48.3%	46.1%	44.5%	50.9%	43.0%	52.0%	49.1%	51.0%	46.1%	50.6%	45.9%	47.7%
% Specialty of Total Member Paid	22.8%	18.0%	21.1%	19.7%	23.9%	21.3%	22.5%	24.3%	21.2%	16.0%	24.6%	21.6%	21.5%
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	\$62.58	\$61.42	\$66.29	\$61.23	\$65.65	\$57.22	\$73.34	\$74.43	\$67.49	\$62.76	\$72.70	\$64.21	\$65.79
Avg Specialty Plan Paid PMPM	\$59.40	\$59.25	\$63.33	\$58.72	\$62.30	\$53.86	\$70.14	\$70.82	\$64.78	\$60.68	\$69.18	\$61.32	\$62.83
Avg Specialty Member Paid PMPM	\$3.18	\$2.17	\$2.95	\$2.50	\$3.34	\$3.36	\$3.20	\$3.60	\$2.71	\$2.08	\$3.52	\$2.89	\$2.96
Avg Non-Specialty Rxs PMPM	0.64	0.59	0.61	0.59	0.55	0.56	0.57	0.61	0.59	0.61	0.62	0.59	0.60
Avg Non-Specialty Drug Cost PMPM	\$86.05	\$73.40	\$85.02	\$83.45	\$70.67	\$83.81	\$75.65	\$79.22	\$77.30	\$82.01	\$78.28	\$82.67	\$79.79
Avg Non-Specialty Plan Paid PMPM	\$75.27	\$63.52	\$73.95	\$73.23	\$60.03	\$71.42	\$64.64	\$68.00	\$67.19	\$71.07	\$67.50	\$72.19	\$69.00
Avg Non-Specialty Member Paid PMPM	\$10.78	\$9.88	\$11.06	\$10.22	\$10.64	\$12.39	\$11.01	\$11.22	\$10.11	\$10.95	\$10.79	\$10.49	\$10.80

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RXT1025DM - Comparative Executive Summary

Current Period: Date Filled From March 2023 Through February 2024

Previous Period: Date Filled From March 2022 Through February 2023

Client: Fresno City Employees H&W Trust Commercial Plan

Measures	Current Period	Previous Period	% Change
Membership			
Avg Eligible Members	11,083	10,494	5.6%
% Utilizing Members	5.2%	5.4%	-4.2%
Total Utilizing Members	6,878	6,795	1.2%
Avg Member Age	31.41	31.85	-1.4%
Rx and Cost			
Total Days Supply	3,274,883	3,203,214	2.2%
Total Rxs	80,440	79,842	0.7%
Total Drug Cost	\$19,362,053.72	\$15,794,817.61	22.6%
Total Plan Paid	\$17,532,490.27	\$14,355,470.40	22.1%
Total Member Paid	\$1,829,563.45	\$1,439,347.21	27.1%
Total Ingredient Cost	\$19,190,083.34	\$15,627,056.08	22.8%
Total Dispensing Fee	\$167,858.74	\$123,224.46	36.2%
Total Sales Tax	\$690.82	\$911.41	-24.2%
Total Incentive Fee	\$3,420.82	\$43,625.66	-92.2%
% Plan Paid	90.6%	90.9%	-0.4%
% Member Paid	9.4%	9.1%	3.7%
Days Supply / Rx	40.71	40.12	1.5%
Drug Cost / Rx	\$240.70	\$197.83	21.7%
Plan Paid / Rx	\$217.96	\$179.80	21.2%
Member Paid / Rx	\$22.74	\$18.03	26.2%
Per Member Per Month			
Days Supply PMPM	24.62	25.44	-3.2%
Rxs PMPM	0.60	0.63	-4.6%
Drug Cost PMPM	\$145.58	\$125.43	16.1%
Plan Paid PMPM	\$131.83	\$114.00	15.6%
Member Paid PMPM	\$13.76	\$11.43	20.4%
Drug Type			
% Single-Source Brand Rxs	15.9%	16.4%	-3.1%
% Multi-Source Brand Rxs	0.4%	0.5%	-18.6%
% Generic Rxs	83.7%	83.1%	0.7%
% Generic Efficiency	99.5%	99.4%	0.1%
Drug Channel			
% Retail Rxs	72.4%	73.3%	-1.1%
% Retail 90 Rxs	21.1%	20.4%	3.4%
% Mail Rxs	6.5%	6.3%	2.3%
Specialty Drugs			
Total Specialty Days Supply	37,295	33,800	10.3%
Total Specialty Rxs	1,184	1,102	7.4%
Total Specialty Drug Cost	\$8,750,070.74	\$7,323,557.98	19.5%
Total Specialty Plan Paid	\$8,356,264.17	\$7,005,951.24	19.3%
Total Specialty Member Paid	\$393,806.57	\$317,606.74	24.0%

% Specialty Rxs	1.5%	1.4%	6.6%
% Specialty of Total Drug Cost	45.2%	46.4%	-2.5%
% Specialty of Total Plan Paid	47.7%	48.8%	-2.3%
% Specialty of Total Member Paid	21.5%	22.1%	-2.5%
Specialty Days Supply PMPM	0.28	0.27	4.5%
Specialty Rxs PMPM	0.01	0.01	1.7%
Specialty Drug Cost PMPM	\$65.79	\$58.16	13.1%
Specialty Plan Paid PMPM	\$62.83	\$55.64	12.9%
Specialty Member Paid PMPM	\$2.96	\$2.52	17.4%
Non-Specialty Rxs PMPM	0.60	0.63	-4.7%
Non-Specialty Drug Cost PMPM	\$79.79	\$67.27	18.6%
Non-Specialty Plan Paid PMPM	\$69.00	\$58.36	18.2%
Non-Specialty Member Paid PMPM	\$10.80	\$8.91	21.2%

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RXT1020DM - Executive Summary by Time Period

Date Filled From March 2023 Through February 2024

Client: Fresno City Employees H&W Trust EGWP

Measures	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	Rolling Total
Membership													
Avg Eligible Members	227	229	223	222	221	220	223	222	223	222	215	213	222
Total Utilizing Members	165	166	165	167	158	163	171	163	169	174	155	151	164
% Utilizing Members	72.7%	72.5%	74.0%	75.2%	71.5%	74.1%	76.7%	73.4%	75.8%	78.4%	72.1%	70.9%	73.9%
Avg Member Age	76.35	76.29	76.65	76.50	76.62	76.62	76.47	76.64	76.61	76.65	76.80	76.74	76.58
Rx and Cost													
Total Rxs	595	532	562	571	556	574	601	589	567	547	566	497	6,757
Total Drug Cost	\$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	\$121,899.53	\$129,964.33	\$83,417.83	\$1,386,485.85
Total Plan Paid	\$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	\$82,436.89	\$110,380.06	\$73,908.03	\$1,013,372.23
Total Member Paid	\$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	\$40,290.35	\$19,535.69	\$9,509.80	\$377,520.07
Total Ingredient Cost	\$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	\$121,300.43	\$129,573.98	\$83,013.23	\$1,380,935.85
Total Dispensing Fee	\$361.20	\$296.95	\$328.00	\$330.15	\$337.05	\$345.35	\$381.80	\$322.00	\$338.95	\$359.10	\$348.85	\$364.10	\$4,113.50
Total Sales Tax	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Incentive Fee	\$20.00	\$10.50	\$20.00	\$0.00	\$42.00	\$60.00	\$361.00	\$250.50	\$350.50	\$240.00	\$41.50	\$40.50	\$1,436.50
% Plan Paid	87.6%	77.7%	73.5%	66.6%	58.0%	73.7%	62.3%	67.7%	73.7%	67.6%	84.9%	88.6%	73.1%
% Member Paid	12.7%	22.3%	26.6%	33.5%	42.0%	26.5%	38.5%	32.8%	27.4%	33.1%	15.0%	11.4%	27.2%
Avg Drug Cost / Rx	\$195.64	\$192.98	\$194.92	\$232.48	\$173.35	\$189.34	\$228.23	\$224.83	\$203.15	\$222.85	\$229.62	\$167.84	\$205.19
Avg Plan Paid / Rx	\$171.31	\$150.04	\$143.29	\$154.89	\$100.57	\$139.56	\$142.14	\$152.17	\$149.65	\$150.71	\$195.02	\$148.71	\$149.97
Avg Member Paid / Rx	\$24.76	\$42.98	\$51.83	\$77.92	\$72.83	\$50.12	\$87.82	\$73.70	\$55.57	\$73.66	\$34.52	\$19.13	\$55.87
Per Member Per Month													
Avg Rxs PMPM	2.62	2.32	2.52	2.57	2.52	2.61	2.70	2.65	2.54	2.46	2.63	2.33	2.54
Avg Drug Cost PMPM	\$512.80	\$448.31	\$491.24	\$597.96	\$436.11	\$494.01	\$615.10	\$596.50	\$516.54	\$549.10	\$604.49	\$391.63	\$521.24
Avg Plan Paid PMPM	\$449.03	\$348.55	\$361.12	\$398.38	\$253.01	\$364.13	\$383.07	\$403.74	\$380.49	\$371.34	\$513.40	\$346.99	\$380.97
Avg Member Paid PMPM	\$64.91	\$99.85	\$130.63	\$200.41	\$183.24	\$130.77	\$236.68	\$195.53	\$141.30	\$181.49	\$90.86	\$44.65	\$141.92
Drug Type													
% Single-Source Brand Rxs	12.9%	12.4%	11.6%	13.3%	12.4%	10.3%	15.6%	14.1%	13.6%	15.2%	12.5%	13.5%	13.1%
% Multi-Source Brand Rxs	1.2%	1.3%	1.6%	1.2%	1.1%	0.5%	0.8%	1.2%	0.9%	0.2%	0.9%	1.6%	1.0%
% Generic Rxs	85.9%	86.3%	86.8%	85.5%	86.5%	89.2%	83.5%	84.7%	85.5%	84.6%	86.6%	84.9%	85.8%
% Generic Efficiency	98.6%	98.5%	98.2%	98.6%	98.8%	99.4%	99.0%	98.6%	99.0%	99.8%	99.0%	98.1%	98.8%
Drug Channel													
% Retail Rxs	47.2%	43.8%	48.2%	44.7%	46.9%	47.4%	46.6%	46.0%	49.7%	45.9%	43.3%	48.5%	46.5%
% Retail 90 Rxs	32.6%	36.5%	32.4%	31.0%	30.9%	31.5%	29.8%	31.6%	30.3%	32.2%	39.2%	28.6%	32.2%
% Mail Rxs	20.2%	19.7%	19.4%	24.3%	22.1%	21.1%	23.6%	22.4%	19.9%	21.9%	17.5%	22.9%	21.3%
Specialty Drugs													
Total Specialty Rxs	5	4	6	7	5	4	4	6	2	6	5	2	56
Total Specialty Drug Cost	\$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	\$28,622.67	\$841.99	\$295,223.50
Total Specialty Plan Paid	\$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	\$22,935.16	\$757.79	\$269,911.53
Total Specialty Member Paid	\$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	\$5,687.51	\$84.20	\$25,311.97
% Specialty Rxs	0.8%	0.8%	1.1%	1.2%	0.9%	0.7%	1.0%	0.4%	1.1%	1.1%	0.9%	0.4%	0.8%
% Specialty of Total Drug Cost	20.8%	21.6%	27.7%	23.7%	15.2%	34.9%	18.2%	22.2%	18.8%	23.7%	22.0%	1.0%	21.3%
% Specialty of Total Plan Paid	22.5%	25.8%	35.3%	30.1%	21.7%	44.9%	27.8%	31.3%	24.2%	33.1%	20.8%	1.0%	26.6%
% Specialty of Total Member Paid	8.6%	6.9%	6.7%	10.9%	6.3%	6.7%	2.4%	3.3%	3.7%	3.8%	29.1%	0.9%	6.7%
Avg Specialty Rxs PMPM	0.02	0.02	0.03	0.03	0.02	0.02	0.02	0.03	0.01	0.03	0.02	0.01	0.02
Avg Specialty Drug Cost PMPM	\$106.46	\$96.81	\$136.16	\$141.78	\$66.49	\$172.30	\$112.12	\$132.71	\$97.20	\$129.94	\$133.13	\$3.95	\$110.99
Avg Specialty Plan Paid PMPM	\$100.89	\$89.92	\$127.43	\$119.84	\$55.03	\$163.57	\$106.33	\$126.26	\$91.95	\$123.02	\$106.68	\$3.56	\$101.47
Avg Specialty Member Paid PMPM	\$5.58	\$6.89	\$8.73	\$21.94	\$11.46	\$8.72	\$5.79	\$6.44	\$5.25	\$6.92	\$26.45	\$0.40	\$9.52
Avg Non-Specialty Rxs PMPM	2.60	2.31	2.49	2.54	2.49	2.59	2.68	2.63	2.53	2.44	2.61	2.32	2.52
Avg Non-Specialty Drug Cost PMPM	\$406.34	\$351.50	\$355.08	\$456.18	\$369.63	\$321.71	\$502.98	\$463.80	\$419.34	\$419.16	\$471.36	\$387.68	\$410.25
Avg Non-Specialty Plan Paid PMPM	\$348.14	\$258.64	\$233.69	\$278.54	\$197.98	\$200.56	\$276.74	\$277.47	\$288.54	\$248.32	\$406.72	\$343.43	\$279.50
Avg Non-Specialty Member Paid PMPM	\$59.34	\$92.96	\$121.90	\$178.47	\$171.78	\$122.05	\$230.89	\$189.08	\$136.05	\$174.57	\$64.41	\$44.25	\$132.41

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RXT1025DM - Comparative Executive Summary

Current Period: Date Filled From March 2023 Through February 2024

Previous Period: Date Filled From March 2022 Through February 2023

Client: Fresno City Employees H&W Trust EGWP

Measures	Current Period	Previous Period	% Change
Membership			
Avg Eligible Members	222	223	-0.8%
% Utilizing Members	8.4%	8.5%	-1.9%
Total Utilizing Members	223	229	-2.6%
Avg Member Age	76.58	76.34	0.3%
Rx and Cost			
Total Days Supply	396,294	387,437	2.3%
Total Rxs	6,757	6,773	-0.2%
Total Drug Cost	\$1,386,485.85	\$1,551,937.00	-10.7%
Total Plan Paid	\$1,013,372.23	\$1,219,621.09	-16.9%
Total Member Paid	\$377,520.07	\$332,501.53	13.5%
Total Ingredient Cost	\$1,380,935.85	\$1,546,856.24	-10.7%
Total Dispensing Fee	\$4,113.50	\$4,529.65	-9.2%
Total Sales Tax	\$0.00	\$0.00	0.0%
Total Incentive Fee	\$1,436.50	\$551.11	160.7%
% Plan Paid	73.1%	78.6%	-7.0%
% Member Paid	27.2%	21.4%	27.1%
Days Supply / Rx	58.65	57.20	2.5%
Drug Cost / Rx	\$205.19	\$229.14	-10.4%
Plan Paid / Rx	\$149.97	\$180.07	-16.7%
Member Paid / Rx	\$55.87	\$49.09	13.8%
Per Member Per Month			
Days Supply PMPM	148.98	144.51	3.1%
Rxs PMPM	2.54	2.53	0.6%
Drug Cost PMPM	\$521.24	\$578.86	-10.0%
Plan Paid PMPM	\$380.97	\$454.91	-16.3%
Member Paid PMPM	\$141.92	\$124.02	14.4%
Drug Type			
% Single-Source Brand Rxs	13.1%	12.5%	5.3%
% Multi-Source Brand Rxs	1.0%	1.1%	-7.7%
% Generic Rxs	85.8%	86.4%	-0.7%
% Generic Efficiency	98.8%	98.7%	0.1%
Drug Channel			
% Retail Rxs	46.5%	49.2%	-5.4%
% Retail 90 Rxs	32.2%	32.0%	0.8%
% Mail Rxs	21.3%	18.9%	12.8%
Specialty Drugs			
Total Specialty Days Supply	2,218	2,194	1.1%
Total Specialty Rxs	56	63	-11.1%
Total Specialty Drug Cost	\$295,223.50	\$582,972.54	-49.4%
Total Specialty Plan Paid	\$269,911.53	\$542,478.93	-50.2%
Total Specialty Member Paid	\$25,311.97	\$40,493.61	-37.5%

% Specialty Rxs	0.8%	0.9%	-10.9%
% Specialty of Total Drug Cost	21.3%	37.6%	-43.3%
% Specialty of Total Plan Paid	26.6%	44.5%	-40.1%
% Specialty of Total Member Paid	6.7%	12.2%	-44.9%
Specialty Days Supply PMPM	0.83	0.82	1.9%
Specialty Rxs PMPM	0.02	0.02	-10.4%
Specialty Drug Cost PMPM	\$110.99	\$217.45	-49.0%
Specialty Plan Paid PMPM	\$101.47	\$202.34	-49.9%
Specialty Member Paid PMPM	\$9.52	\$15.10	-37.0%
Non-Specialty Rxs PMPM	2.52	2.50	0.7%
Non-Specialty Drug Cost PMPM	\$410.25	\$361.42	13.5%
Non-Specialty Plan Paid PMPM	\$279.50	\$252.57	10.7%
Non-Specialty Member Paid PMPM	\$132.41	\$108.92	21.6%

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Diana Cavazos

From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Thursday, January 18, 2024 12:57 PM
To: Diana Cavazos
Cc: Thomas Georgouses; Andrew Desa; David Broome; Ross, Shannon C
Subject: FCEHWT EGWP 2022 Annual Reconciliation **Action Required**

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.

Hi Diana,

We have completed the 2022 annual reconciliation for Medicare Part D low-income cost-sharing subsidy (LICS) and catastrophic coverage (reinsurance) programs. These payments represent the true-up/reconciliation payment based upon the CMS final review of the actual 2022 claim experience. About 94% of these payments are for the reinsurance program and the remaining 6% for the LICS. The Reinsurance is designed to reduce the risk of participating in the Medicare Part D program, where CMS subsidizes 80% of covered Part D drug costs incurred and actually paid by the plan in the catastrophic phase of the benefit, net of Direct and Indirect Remuneration (DIR). We receive monthly prospective/advance payments from CMS for the reinsurance program based upon a flat per member per month (PMPM) determined by them and pass these along to our clients. This annual reconciliation payment makes our clients whole for the entire 2022 plan year based on actual claim experience.

Fresno City Employees Health and Welfare Trust's EGWP had a credit **(\$64,382.48)** meaning their prospective payment throughout 2022 was more than the reinsurance based on actual claims. We will need to recoup this amount. Below are the two options to recoup the credit. Please confirm which option is preferred by 1/31/2024. We will start applying the credit against future subsidies starting in February if we have not heard back.

1. Payment can be sent by check
2. We can recoup the amount against the monthly subsidy/Quarterly GAP payment (This is the option which has been utilized in previous years.)

CARRIER	LICS_SUBSIDY	GDCB	GDCA	PROSPECT
EGWPS003	9,099.66	1,416,357.83	161,673.71	
Carrier	DIR Reported to CMS	Reinsurance DIR Ratio	Reinsurance Portion of DIR Amt	Allowabl
EGWPS003	332,835.95	0.1025	33,908.88	

Thank you,
Carolyn

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

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M 1-702-708-1849
carolyn.martinez@optum.com



Upcoming PTO Alert: 1/29
Business Travel: 1/25 – 1/27 & 2/27 – 2/28
Office Closure:

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Diana Cavazos

From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Tuesday, February 13, 2024 2:06 PM
To: Andrew Desa; David Broome; Joseph Feliciani; Thomas Georgouses; Diana Cavazos
Subject: Inflation Reduction Act (IRA) Summary / 2025 Medicare Part D Benefit Redesign
Attachments: EGWP - IRA Summary - Feb 2024.pdf

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.

Good afternoon,

I hope everyone is doing well.

I am reaching out regarding Fresno City Employees Health and Welfare Trust's EGWP. I wanted to make sure you are aware of upcoming regulatory changes under the Inflation Reduction Act which will impact their plan benefit structure.

In 2025, the Medicare Part D benefit is being redesigned into 3 phases: Deductible, Coverage Period and Catastrophic with MOOP.

- Coverage Gap is eliminated
- Mandatory \$2,000 maximum out-of-pocket threshold established
- Government Reinsurance is reduced to 20% (former 80%) in catastrophic phase
- Brand manufacturers pay 10% rebate on prescriptions in the coverage period and 20% on prescriptions in catastrophic
- "Cost smoothing" gives members the option to make monthly installment payments for their prescription medications over the plan year

Within the upcoming weeks, I will be reaching out regarding Optum's "cost-smoothing" product offering. In the interim, I wanted to share a slide deck with you regarding IRA changes and how the 2025 redesign will impact EGWPs and Medicare PDPs.

Please let me know if you have any questions.

Thank you,
Carolyn

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

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Upcoming PTO Alert:
Business Travel: 2/27 – 2/28
Office Closure:

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Medicare Part D/EGWP

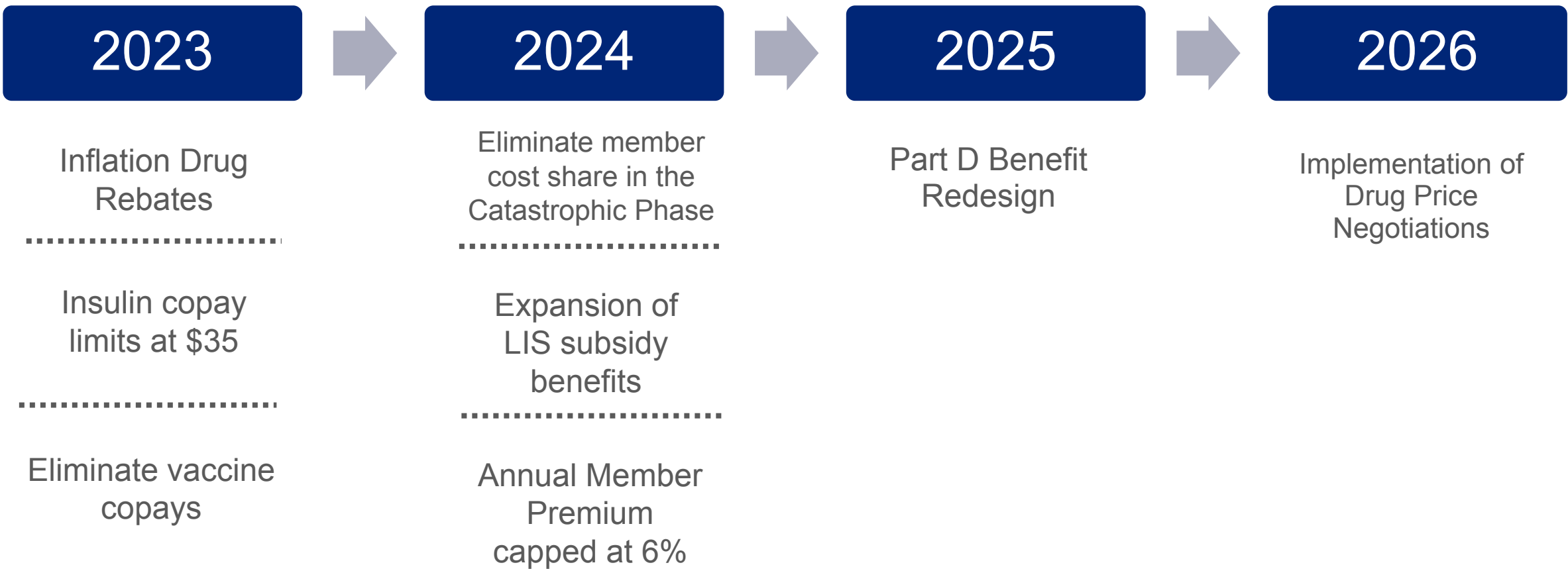
Inflation Reduction Act (IRA) Summary

Sanjit Puri, Sr. Director of Clinical Formulary Strategy

February 2024



Implementation Timeline for Key Pharmacy Considerations



Other Consideration: Pharmacy DIR at the Point of Sale begins in 2024

Key Pharmacy Considerations (2023)

Provision	Description
Inflation Rebates	<p>For all Part D covered drugs and Part B covered single source drugs and biologicals, manufacturers would be required to pay an annual rebate if drug prices increases greater than the rate of inflation.</p> <ul style="list-style-type: none">• Rebate excludes drugs with average annual charges of less than \$100 per individual.• 2021 - Benchmark year for measuring price changes• 2023 – Implementation of inflation rebate provision• Manufacturers who refuse to provide rebates are subject to a penalty of 125% of the rebate amount.
Insulin Cost-sharing	<p>Starting in 2023, members will pay no more than \$35 per month for insulins covered under Part B or Part D. Plans must not apply a deductible or any cost-sharing in excess of the lesser of, for a 30-day supply:</p> <ul style="list-style-type: none">• \$35, or• the amount equal to 25% of the negotiated price, net of price concessions.
Eliminates cost sharing for adult vaccines	<p>2023 – Eliminates cost sharing for adult vaccines under Medicare Part D</p>

Key Pharmacy Considerations (2024)

Provision	Description
Medicare Part D Low Income Subsidy Expansion	2024 – Individuals with incomes between 135% and 150% of Federal Poverty Level (FPL), eligible for full LIS benefits. Currently, these members are only receiving partial subsidies.
Elimination of member payments in the Catastrophic Phase	Starting in 2024, member cost sharing is eliminated in the catastrophic phase, currently the phase exceeding the maximum TrOOP levels
Annual Member Premium Growth Cap	2024 – 2030, the national average member premium increases will be capped at 6%

Key Pharmacy Considerations (2025 and beyond)

Provision	Description
Part D Benefit Redesign	<p><u>Part D Benefit reduced to 3 phases as the Coverage Gap is eliminated!</u></p> <p>Establishes \$2,000 out-of-pocket (OOP) threshold, beginning in 2025</p> <p>Deductible</p> <ul style="list-style-type: none">- Beneficiary: 100% <p>Initial Coverage Phase</p> <ul style="list-style-type: none">- Beneficiary: 25%- Plan: 65% of costs for brands; 75% of costs for generic drugs- Manufacturer: 10% of costs for brands; 0% of costs for generic drugs <p>Coverage Gap</p> <ul style="list-style-type: none">- Eliminated <p>Catastrophic Phase</p> <ul style="list-style-type: none">- Member: 0%- Reinsurance: 20% of costs for brands; 40% of costs for generics- Plan: 60% of costs- Manufacturer: 20% of costs for brands; 0% of costs for generics <p>Includes phase-in for manufacturer discounts for LIS claims for certain small manufacturers, and all claims for certain “specified small” manufacturers.</p>
Cost smoothing	Enrollees can make coinsurance payments in the form of equal monthly installments over the remaining portion of the plan year.

Key Pharmacy Considerations (2025 and beyond)

Provision	Description
Drug Price Negotiations	<p>Starting in 2026, the HHS Secretary is authorized to negotiate maximum drug prices for some Part B and D covered drugs. These drugs will be selected from a pool of the 50 highest Part B and Part D drugs based on highest Medicare spending.</p> <p>Some exclusions are:</p> <ul style="list-style-type: none">• A portion of small bio-tech drugs or drugs with small market share• Drugs with a generic or biosimilar available for at least 9 months• Orphan drugs <p>The number of drugs to be negotiated in 2026 will be 10 drugs and this will increase each year to a maximum of 80 drugs by 2030.</p>
Manufacturer Rebate Rule delayed	Manufacturer rebates that were to be reflected at the point of sale in 2026 has been delayed to 2032.

2025 Part D Benefit Redesign (NLI)

Legend
Member
Plan
Manufacturer
Government

Key Benefit Design Changes

Current Benefit Design

80% Federal Reinsurance
70% Gap Manufacturer Liability – NLI
Uncapped Member Cost Sharing



New Part D Benefit Design - 2025

20%/40% - Brand/Generic
10%/20% - Liability across all members
Maximum Out-of-Pocket

2023 Benefit Design vs 2025 Part D Benefit Design

Deductible	Generic	100%		
	Brand	100%		
ICL	Generic	25%	75%	
	Brand	25%	75%	
Coverage Gap	Generic	25%	75%	
	Brand	25%	5%	70%
Catastrophic Phase	Generic	5%	15%	80%
	Brand	5%	15%	80%

Deductible	Generic	100%		
	Brand	100%		
ICL	Generic	25%	75%	
	Brand	25%	10%	65%
Catastrophic Phase	Generic	40%		60%
	Brand	20%	20%	60%

* Member Maximum Out-of-Pocket (MOOP): \$2000

2025 IRA EGWP MOOP Adjudication

For employers offering a rich Part D Employer Group Waiver Plan (EGWP) design, the original IRA bill provisions (HR 5376, released 9/27/21) would have materially increased plan sponsor costs and EGWP premiums. In this version, fewer members may reach the catastrophic phase and be eligible for federal reinsurance with a rich EGWP design, as manufacturer discounts would no longer accumulate to the out-of-pocket threshold. There would also be a material decrease in manufacturer payments, as EGWPs would only receive a 10% discount payment for spending below the MOOP. EGWPs with leaner benefit designs (e.g., plans offering specialty coinsurance) would be less impacted.

However, this dynamic changed in the final version of Inflation Reduction Act signed into law on 8/16/22. Our understanding is that with this approach, the enhancement from an Other Health Insurance (OHI) design offered by an EGWP would count towards the MOOP. We expect this would be effectively the same as using the Part D defined standard cost-sharing to determine when a beneficiary reaches the MOOP. This would accelerate beneficiaries towards the MOOP, where claims are eligible for federal reinsurance and receive higher MDP payments. These changes would decrease plan liability for many EGWPs relative to the original IRA bill.

EGWP Member OOP Example using Humira

Category	2023	2024	2025 (\$150 Copay)	2025 (30% coinsurance)	2025 (25% coinsurance)
Gross Drug Cost	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000
Member Cost Share	\$150	\$150	\$150	30%	25%
# of Scripts per Year	12	12	12	12	12
# of Scripts to Reach MOOP	N/A	3	1	1	1
Defined Standard Cost Share	N/A	N/A	\$2,000	\$2,000	\$2,000
Total Member Copay	\$1,800	\$450	\$150	\$2,000	\$2,000

In 2025, EGWP members that utilize higher cost specialty drugs that are on copay tiers will pay substantially less in copays compared to 2023. This is due to the change in accumulation under the IRA, where CMS will estimate member MOOP using the Defined Standard plan design rather than the EGWP design.

Once the member reaches the \$2,000 MOOP using the Defined Standard benefit, the plan cannot collect any more copays from the member. As a result, members will pay significantly lower copays for their specialty drugs

2025 IRA EGWP Pricing Impacts – Liability splits by Stakeholder

Plan Liability

- Plan liability will be largely impacted by 2025 IRA benefit design changes. This increase will be offset at least partially by changes in the direct subsidy, set by national average bid amounts
- Plan liability on average in 2025 increases by 8% for Defined Standard benefit (leanest benefit) to 61% for current 3 Tier benefit (\$5G/\$20PB/\$50NPB – richer benefit)
- Most of the plan liability increase in 2025 is due to rich EGWP design and manufacturer discount not contributing to MOOP

Member Liability

- Most Members will be unaffected by IRA plan design changes in their existing plan
- In 2025, very few members will reach MOOP due to rich EGWP benefit and manufacturer discount not contributing to MOOP

Government Liability

- Government liability is going down significantly due to benefit changes in the catastrophic phase from 80% in 2023 to 20% for brands and 40% for generics in 2025
- Richer the benefit the lower the Reinsurance since very few members in rich EGWP design would enter the catastrophic phase
- Government liability would switch from reinsurance to Direct Subsidy (lower reinsurance and higher direct subsidy)

Things to Consider

Introduction of \$2,000 MOOP in 2025 and cost smoothing of \$167/Month could have unintended consequences of higher utilization overall and members choosing brand over generic

Operational considerations for plans that need a mechanism to allow for spreading the members copay throughout the year, starting in 2025.

Direct Subsidy impacts (most likely increase) due to regulatory changes, for example the 6% cap on increases in the national average member premium.

Modeling the EGWP plan liability under the final IRA provisions will significantly reduce plan liability for the existing benefit compared to the original House Bill version

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From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Tuesday, February 13, 2024 2:44 PM
To: Thomas Georgouses; Diana Cavazos; Andrew Desa; David Broome; Joseph Feliciani
Cc: Ross, Shannon C; Duarte, Nissa
Subject: Optum Rx Government Programs *Client Notice* Paxlovid Coverage Guidance EGWP
Attachments: CCINF402_Paxlovid Coverage Guidance for Optum Rx EGWP.pdf; 02.07.2024 COVID-19 Oral Antiviral Drug Paxlovid Claim Submission.pdf

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.

Please see the below notification from Optum Rx Government Programs. There are zero claims for FCEHWT EGWP members which require reprocessing. Please don't hesitate to reach out if you have any questions. Thank you – Carolyn



Optum Rx Government Programs

Attention: Optum Rx Medicare Part D Clients

Attached is a notice detailing the coverage of Paxlovid regarding participation in the Part D-Plan Facilitated Patient Assistance Plan (PAP). Also included is the fax blast sent on **February 7, 2024**.

If you have any questions regarding this communication, please contact your Optum Rx Account Team immediately.

Thank you,
Optum Rx Government Programs



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Upcoming PTO Alert:
Business Travel: 2/27 – 2/28
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Paxlovid Coverage Guidance EGWP



February 13, 2024

The purpose of this notice is to provide Optum Rx Employer Group Waiver Plan (“EGWP”) clients with information related to recently released guidance on coverage of Paxlovid and the Part D-plan facilitated Patient Assistance Plan (PAP) option, leveraging Optum Rx’s agreement with Pfizer.

Introduction of Prescription Oral Antivirals for COVID-19 to the Commercial Market (1/4/2024)

CMS provides two pathways for members to access Paxlovid at \$0 cost sharing through December 31, 2024 in order to serve the dual goals of ensuring beneficiary access to these medications at no cost sharing for as long as possible and to utilize the supply that has already been procured by the United States Government (USG):

- The Standalone USG PAP Operated by Pfizer and which is independent of the Part D benefit, and
- The Part D-Plan Facilitated PAP which is available to members of Part D plans that voluntarily choose to facilitate the USG PAP via an agreement with Pfizer.

Summary of Part D-Plan Facilitated Requirements

- Add commercial Paxlovid to the formulary without any prior authorization or step therapy requirements.
- Process in-network claims at no cost for dates of service between November 1, 2023 and December 31, 2024.
- Process out-of-network claims that are approved at no cost for all dates of service between November 1, 2023 and December 31, 2024.
- Refund members who paid cost sharing between November 1, 2023 and December 31, 2024 if benefits were not set up to pay at \$0 (also adjust PDEs, accumulators and coverage gap discount programs).
- Members may still apply for the Standalone USG PAP Operated by Pfizer. These claims will pay without involving their Part D plan.
- Expedite coverage determination requests if the standard decision timeframe risks delaying therapy to the point that the drugs are no longer effective for treatment.
- Report the negotiated price of Paxlovid in the PDE as Estimated Remuneration at Point of Sale (ERPOSA).
- Include ERPOSA on the DIR report for Payment reconciliation.

Optum Rx Implementation Update

- Optum Rx finalized its agreement with Pfizer on February 1, 2024, with retroactive application to November 1, 2023. All EGWP clients will be covered by the Part D-plan facilitated PAP.
- Optum Rx added commercial Paxlovid to all EGWP client formularies without prior authorization or step therapy requirements.
- As permitted by the guidance, Optum Rx applied a Quantity Limit on the drug to prevent stockpiling.
- Optum Rx will process both in-network and out-of-network pharmacy claims at \$0 cost share for EGWP clients.
- Optum Rx will invoice Pfizer for rebates related to all paid claims.
- A process to expedite all Paxlovid and Lagevrio coverage requests is expected to be implemented by March 1, 2024.
- Optum Rx expects to complete configuration and implement the \$0 cost share coding no later than March 1, 2024.
- EGWP clients should consider if their members would benefit from notification of the availability of Paxlovid at \$0 cost share.

IMPORTANT REMINDER

COVID-19 Oral Antiviral Drug Paxlovid Claim Submission

Through December 31, 2024, Medicare patients can access commercial, NDA-labeled Paxlovid for free through the U.S. Government patient assistance program (USG PAP) operated by Pfizer. The USG PAP is available to Medicare members through either the standalone USG PAP or a Part D Plan-Facilitated USG PAP.

Standalone USG PAP:

- Pharmacies are encouraged to inform Medicare patients that the USG PAP pathway is available to them. Please note that:
 - Patients must enroll in the USG PAP through <https://www.paxlovid.com/paxcess>.
 - Retail pharmacies must also participate in the USG PAP by contacting the program vendor at PharmacyNetworkContract102101@assistrx.com.
- When submitting a claim to the standalone USG PAP, it is the responsibility of the pharmacy provider to submit the claim directly to the USG PAP primary and bypass the patient's Medicare Part D benefit completely.
- Pharmacies that are participating in the USG PAP will be paid a dispensing fee upon adjudication of the USG PAP claim.

Part D-Plan Facilitated USG PAP:

- Medicare Part D patients may also obtain Paxlovid at \$0 cost share through their Part D plan if their plan has chosen to participate in the USG PAP by contracting with Pfizer.
- In order to know if a patient's plan has contracted with Pfizer, the pharmacy will submit a Paxlovid claim through the patient's Medicare Part D plan (using their plan benefit billing information). If the claim adjudicates with a \$0 member cost share, this means the Part D-Plan Facilitated USG PAP has paid for the claim.
- Medicare patients may still choose to use the standalone USG PAP, even if their Part D plan participates in the Part D-Plan Facilitated USG PAP.

ISSUES / QUESTIONS

Should you have any questions or require assistance regarding the Part D-Plan Facilitated USG PAP, please contact the OptumRx Pharmacy Help Desk (24 hours a day, 7 days a week), call the pharmacy help desk number on the patient's ID card.

Please distribute immediately.



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

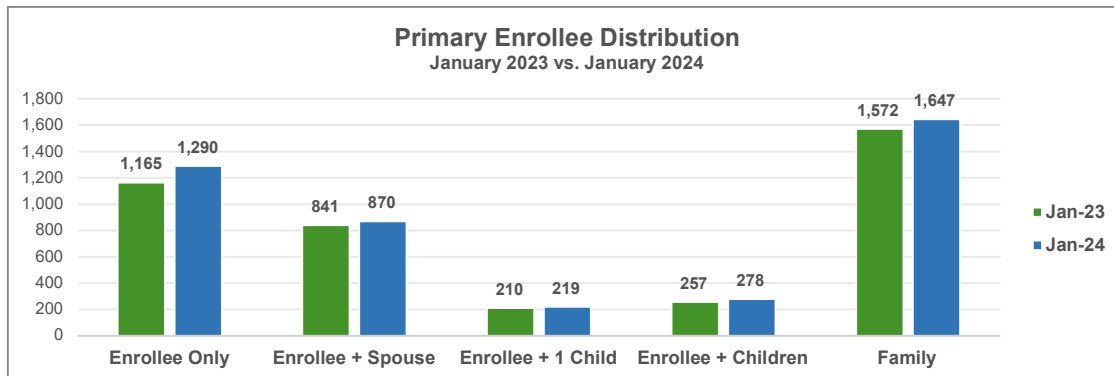
Paid Period: February 1, 2022 - January 31, 2023 compared to February 1, 2023 - January 31, 2024

Financial Summary

- For paid period ended January 31, 2024, the group had an average exposure of 4,191 primary enrollees. This represents a year / year increase of 7.0% from the previous period's average exposure of 3,918 primary enrollees.
- For the current period, claims paid PEPM was \$65.25, compared to \$66.84 during the previous period; This represents a year / year decrease of 2.4%.
- During the current period, 70.6% of primary enrollees had enrolled dependents vs. 72.4% of primary enrollees during the previous period.

	02/1/2022 - 01/31/2023	02/1/2023 - 01/31/2024
<i>Claims Paid</i>	\$3,142,259	\$3,281,405
<i>Exposure**</i>	47,010	50,293
<i>Avg. Exposure</i>	3,918	4,191
<i>Avg. Member Count</i>	10,518	11,118

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



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



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

Paid Period: February 1, 2022 - January 31, 2024

Date	Number of Claims	Paid Amount	Enrollee Only	Enrollee + Spouse	Enrollee + 1 Child	Enrollee + Children	Family	Total Primary Enrollees	Adult Dependents	Child Dependents	Total Members
Feb-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	212	280	1,625	4,201	2,485	4,492	11,178
Sep-23	1,615	\$256,956	1,226	865	215	281	1,622	4,209	2,487	4,495	11,191
Oct-23	1,643	\$269,239	1,227	866	216	281	1,624	4,214	2,490	4,489	11,193
Nov-23	1,870	\$321,629	1,241	866	219	280	1,631	4,237	2,497	4,497	11,231
Dec-23	1,473	\$238,834	1,256	868	220	278	1,640	4,262	2,508	4,507	11,277
Jan-24	1,379	\$199,752	1,290	870	219	278	1,647	4,304	2,517	4,514	11,335
Total	39,238	\$6,423,664	27,769	20,289	5,102	6,248	37,895	97,303	58,200	104,122	259,625

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



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

Paid Period: February 1, 2022 - January 31, 2024

Group- Division	Date	Number of Claims	Paid Amount	Enrollee Only	Enrollee + Spouse	Enrollee + 1 Child	Enrollee + Children	Family	Total Primary Enrollees	Adult Dependents	Child Dependents	Total Members
00273-00001	Feb-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	206	273	1,553	3,630	2,065	4,352	10,047
00273-00001	Sep-23	1,403	\$226,741	1,088	517	208	274	1,549	3,636	2,066	4,347	10,049
00273-00001	Oct-23	1,454	\$235,560	1,088	516	209	273	1,551	3,637	2,067	4,340	10,044
00273-00001	Nov-23	1,619	\$277,724	1,100	515	212	272	1,556	3,655	2,071	4,343	10,069
00273-00001	Dec-23	1,248	\$198,207	1,113	515	213	270	1,565	3,676	2,080	4,354	10,110
00273-00001	Jan-24	1,206	\$172,131	1,148	515	211	270	1,574	3,718	2,089	4,362	10,169
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	58	297	230	117	644

00273-00002	Oct-23	106	\$18,644	58	174	4	8	58	302	232	118	652
00273-00002	Nov-23	129	\$24,429	58	176	4	8	59	305	235	121	661
00273-00002	Dec-23	123	\$21,063	59	179	4	8	59	309	238	121	668
00273-00002	Jan-24	91	\$14,900	58	183	5	8	58	312	241	121	674
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
00273-00003	Nov-23	115	\$17,047	75	160	1	0	9	245	169	15	429
00273-00003	Dec-23	91	\$17,852	76	159	1	0	9	245	168	15	428
00273-00003	Jan-24	71	\$11,251	76	157	1	0	9	243	166	15	424
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
00273-00004	Nov-23	4	\$2,102	8	15	2	0	1	26	16	3	45
00273-00004	Dec-23	11	\$1,713	8	15	2	0	1	26	16	3	45
00273-00004	Jan-24	6	\$1,147	8	15	2	0	0	25	15	2	42
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
00273-09001	Nov-23	3	\$326	0	0	0	0	6	6	6	15	27
00273-09001	Dec-23	0	\$0	0	0	0	0	6	6	6	14	26
00273-09001	Jan-24	5	\$323	0	0	0	0	6	6	6	14	26
Total		39,238	\$6,423,664	27,769	20,289	5,102	6,248	37,895	97,303	58,200	104,122	259,625

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



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

Paid Period: February 1, 2022 - January 31, 2024

Group	Division	Paid Month/Year	Incurred Month/Year	Paid Amount
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
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00273	All	Jun-22	Jun-20	\$483
00273	All	Jun-22	Jul-20	\$156
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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
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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
00273	All	Nov-23	May-22	\$1,231
00273	All	Nov-23	Dec-22	\$1,282
00273	All	Nov-23	Jan-23	\$308
00273	All	Nov-23	Feb-23	\$20
00273	All	Nov-23	Apr-23	\$3,330
00273	All	Nov-23	Jun-23	\$331
00273	All	Nov-23	Jul-23	\$5,035
00273	All	Nov-23	Aug-23	\$4,661
00273	All	Nov-23	Sep-23	\$11,385
00273	All	Nov-23	Oct-23	\$136,789
00273	All	Nov-23	Nov-23	\$157,258
00273	All	Dec-23	Jan-22	\$263
00273	All	Dec-23	Apr-22	\$391
00273	All	Dec-23	Jun-22	\$272
00273	All	Dec-23	Nov-22	\$1,982
00273	All	Dec-23	Feb-23	\$742
00273	All	Dec-23	Mar-23	\$246
00273	All	Dec-23	May-23	\$115
00273	All	Dec-23	Jun-23	\$380
00273	All	Dec-23	Jul-23	\$2,450
00273	All	Dec-23	Aug-23	\$2,750
00273	All	Dec-23	Sep-23	\$1,180
00273	All	Dec-23	Oct-23	\$10,265
00273	All	Dec-23	Nov-23	\$91,476
00273	All	Dec-23	Dec-23	\$126,323
00273	All	Jan-24	Sep-22	\$1,180
00273	All	Jan-24	Jan-23	\$139
00273	All	Jan-24	Feb-23	\$72
00273	All	Jan-24	Mar-23	\$146
00273	All	Jan-24	Apr-23	\$90
00273	All	Jan-24	May-23	\$121
00273	All	Jan-24	Jun-23	\$811
00273	All	Jan-24	Jul-23	\$44
00273	All	Jan-24	Aug-23	\$819
00273	All	Jan-24	Sep-23	\$2,119
00273	All	Jan-24	Oct-23	\$2,691
00273	All	Jan-24	Nov-23	\$4,496

00273	All	Jan-24	Dec-23	\$72,888
00273	All	Jan-24	Jan-24	\$114,136
Total				\$6,423,664

Group	Division	Paid Month/Year	Incurred Month/Year	Paid Amount
00273	00001	Feb-22	Sep-19	\$86
00273	00001	Feb-22	Jan-21	\$64
00273	00001	Feb-22	Mar-21	\$178
00273	00001	Feb-22	Aug-21	\$2,122
00273	00001	Feb-22	Sep-21	\$203
00273	00001	Feb-22	Oct-21	\$603
00273	00001	Feb-22	Nov-21	\$7,778
00273	00001	Feb-22	Dec-21	\$7,598
00273	00001	Feb-22	Jan-22	\$78,293
00273	00001	Feb-22	Feb-22	\$95,038
00273	00001	Mar-22	Apr-19	\$93
00273	00001	Mar-22	Jun-19	\$111
00273	00001	Mar-22	Nov-20	\$182
00273	00001	Mar-22	Mar-21	\$646
00273	00001	Mar-22	Apr-21	\$88
00273	00001	Mar-22	Jul-21	\$76
00273	00001	Mar-22	Aug-21	\$64
00273	00001	Mar-22	Sep-21	\$309
00273	00001	Mar-22	Oct-21	\$421
00273	00001	Mar-22	Nov-21	\$1,572
00273	00001	Mar-22	Dec-21	\$4,118
00273	00001	Mar-22	Jan-22	\$5,803
00273	00001	Mar-22	Feb-22	\$96,537
00273	00001	Mar-22	Mar-22	\$141,924
00273	00001	Apr-22	Feb-21	\$283
00273	00001	Apr-22	Mar-21	\$73
00273	00001	Apr-22	Jun-21	\$100
00273	00001	Apr-22	Jul-21	-\$389
00273	00001	Apr-22	Aug-21	\$1,182
00273	00001	Apr-22	Sep-21	\$129
00273	00001	Apr-22	Oct-21	\$1,012
00273	00001	Apr-22	Nov-21	\$1,529
00273	00001	Apr-22	Dec-21	\$1,912
00273	00001	Apr-22	Jan-22	\$3,990
00273	00001	Apr-22	Feb-22	\$7,870
00273	00001	Apr-22	Mar-22	\$83,562
00273	00001	Apr-22	Apr-22	\$108,912
00273	00001	May-22	Jul-19	\$62
00273	00001	May-22	Aug-19	\$263
00273	00001	May-22	Sep-19	\$8
00273	00001	May-22	Oct-19	\$263
00273	00001	May-22	Nov-19	\$48

00273	00001	May-22	Jan-20	\$47
00273	00001	May-22	Feb-20	\$144
00273	00001	May-22	Jul-20	\$55
00273	00001	May-22	Aug-20	\$62
00273	00001	May-22	Sep-20	\$539
00273	00001	May-22	Oct-20	\$87
00273	00001	May-22	Apr-21	\$86
00273	00001	May-22	Jul-21	\$275
00273	00001	May-22	Aug-21	\$94
00273	00001	May-22	Sep-21	\$1,511
00273	00001	May-22	Oct-21	\$792
00273	00001	May-22	Nov-21	\$267
00273	00001	May-22	Dec-21	\$3,069
00273	00001	May-22	Jan-22	\$2,555
00273	00001	May-22	Feb-22	\$6,647
00273	00001	May-22	Mar-22	\$6,378
00273	00001	May-22	Apr-22	\$92,698
00273	00001	May-22	May-22	\$125,660
00273	00001	Jun-22	Jul-19	\$276
00273	00001	Jun-22	Aug-19	\$320
00273	00001	Jun-22	Sep-19	\$434
00273	00001	Jun-22	Oct-19	\$115
00273	00001	Jun-22	Nov-19	\$88
00273	00001	Jun-22	Dec-19	\$145
00273	00001	Jun-22	Jan-20	\$166
00273	00001	Jun-22	Feb-20	\$672
00273	00001	Jun-22	Mar-20	\$291
00273	00001	Jun-22	Jun-20	\$483
00273	00001	Jun-22	Jul-20	\$156
00273	00001	Jun-22	Aug-20	\$116
00273	00001	Jun-22	Sep-20	\$265
00273	00001	Jun-22	Oct-20	\$499
00273	00001	Jun-22	Nov-20	\$417
00273	00001	Jun-22	Dec-20	\$207
00273	00001	Jun-22	Mar-21	\$335
00273	00001	Jun-22	Jun-21	\$228
00273	00001	Jun-22	Jul-21	\$1,617
00273	00001	Jun-22	Aug-21	\$297
00273	00001	Jun-22	Sep-21	\$304
00273	00001	Jun-22	Oct-21	\$45
00273	00001	Jun-22	Nov-21	\$2,039
00273	00001	Jun-22	Dec-21	\$2,005
00273	00001	Jun-22	Jan-22	\$939
00273	00001	Jun-22	Feb-22	\$2,696
00273	00001	Jun-22	Mar-22	\$2,297
00273	00001	Jun-22	Apr-22	\$6,360
00273	00001	Jun-22	May-22	\$94,615
00273	00001	Jun-22	Jun-22	\$120,107
00273	00001	Jul-22	Sep-21	\$137

00273	00001	Jul-22	Oct-21	\$240
00273	00001	Jul-22	Nov-21	\$65
00273	00001	Jul-22	Dec-21	\$24
00273	00001	Jul-22	Jan-22	\$739
00273	00001	Jul-22	Feb-22	\$147
00273	00001	Jul-22	Mar-22	\$1,122
00273	00001	Jul-22	Apr-22	\$4,778
00273	00001	Jul-22	May-22	\$9,289
00273	00001	Jul-22	Jun-22	\$79,702
00273	00001	Jul-22	Jul-22	\$128,995
00273	00001	Aug-22	Jan-20	\$39
00273	00001	Aug-22	Feb-21	\$152
00273	00001	Aug-22	Oct-21	\$336
00273	00001	Aug-22	Nov-21	\$68
00273	00001	Aug-22	Dec-21	\$116
00273	00001	Aug-22	Jan-22	\$211
00273	00001	Aug-22	Feb-22	-\$62
00273	00001	Aug-22	Mar-22	\$659
00273	00001	Aug-22	Apr-22	\$273
00273	00001	Aug-22	May-22	\$1,506
00273	00001	Aug-22	Jun-22	\$5,437
00273	00001	Aug-22	Jul-22	\$87,614
00273	00001	Aug-22	Aug-22	\$141,156
00273	00001	Sep-22	Jan-20	\$55
00273	00001	Sep-22	Dec-20	\$12
00273	00001	Sep-22	Sep-21	\$44
00273	00001	Sep-22	Oct-21	\$26
00273	00001	Sep-22	Nov-21	\$182
00273	00001	Sep-22	Jan-22	\$88
00273	00001	Sep-22	Feb-22	\$104
00273	00001	Sep-22	Mar-22	\$1,684
00273	00001	Sep-22	Apr-22	\$769
00273	00001	Sep-22	May-22	\$1,955
00273	00001	Sep-22	Jun-22	\$1,209
00273	00001	Sep-22	Jul-22	\$9,473
00273	00001	Sep-22	Aug-22	\$114,910
00273	00001	Sep-22	Sep-22	\$125,803
00273	00001	Oct-22	Jun-21	\$72
00273	00001	Oct-22	Feb-22	\$182
00273	00001	Oct-22	Mar-22	\$255
00273	00001	Oct-22	Apr-22	\$357
00273	00001	Oct-22	May-22	\$1,142
00273	00001	Oct-22	Jun-22	\$2,515
00273	00001	Oct-22	Jul-22	\$1,930
00273	00001	Oct-22	Aug-22	\$4,988
00273	00001	Oct-22	Sep-22	\$95,083
00273	00001	Oct-22	Oct-22	\$123,290
00273	00001	Nov-22	Jan-21	\$1,494
00273	00001	Nov-22	Nov-21	\$216

00273	00001	Nov-22	Jan-22	\$324
00273	00001	Nov-22	Feb-22	\$59
00273	00001	Nov-22	Mar-22	\$84
00273	00001	Nov-22	Apr-22	\$162
00273	00001	Nov-22	May-22	-\$218
00273	00001	Nov-22	Jun-22	\$1,108
00273	00001	Nov-22	Jul-22	\$2,815
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00273	00001	Dec-22	Oct-22	\$11,727
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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	00004	Nov-23	Oct-23	\$939
00273	00004	Nov-23	Nov-23	\$1,163
00273	00004	Dec-23	Nov-23	\$361
00273	00004	Dec-23	Dec-23	\$1,352
00273	00004	Jan-24	Dec-23	\$260
00273	00004	Jan-24	Jan-24	\$887
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

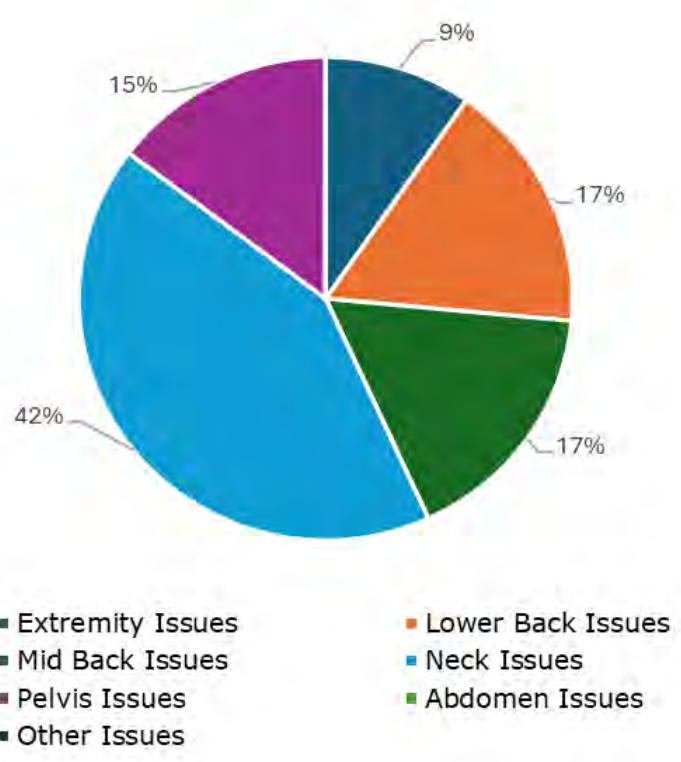
00273	09001	Dec-22	Dec-22	\$840
00273	09001	Jan-23	Dec-22	\$295
00273	09001	Jan-23	Jan-23	\$39
00273	09001	Feb-23	Jan-23	\$402
00273	09001	Feb-23	Feb-23	\$302
00273	09001	Mar-23	Feb-23	\$392
00273	09001	May-23	Apr-23	\$175
00273	09001	Jun-23	May-23	\$678
00273	09001	Jul-23	Jun-23	\$105
00273	09001	Aug-23	Jul-23	\$473
00273	09001	Aug-23	Aug-23	\$122
00273	09001	Nov-23	Oct-23	\$66
00273	09001	Nov-23	Nov-23	\$260
00273	09001	Jan-24	Dec-23	\$323
Total				\$6,423,664



Fresno City Employees' Health and Welfare Trust

			Benefit Year
	January 2024	February 2024	July 2023 To June 2024
Benefit Utilization			
Covered Employees	4,366	4,336	
Covered Dependents	7,161	7,108	
Total Covered Members	11,527	11,444	
Unique Employees Accessing Benefit	163	209	567
Unique Dependents Accessing Benefit	166	181	573
Total Unique Members Accessing Benefit	329	390	1,140
Unique Dates of Service Paid	823	986	7,234
Utilization Management			
		January 2024	February 2024
Pre-Treatment Requests Reviewed for Medical Necessity:			
<ul style="list-style-type: none"> After 12th Visit Massage Minor (Under Age 18) 			
Chiropractic		33	35
Pre-Treatment Requests Reviewed for Medical Necessity:			
<ul style="list-style-type: none"> After 10th Visit 			
Physical Therapy		20	12
Occupational Therapy		0	1
Speech and Language Therapy		4	2
Total Physical Medicine Requests Reviewed		57	50

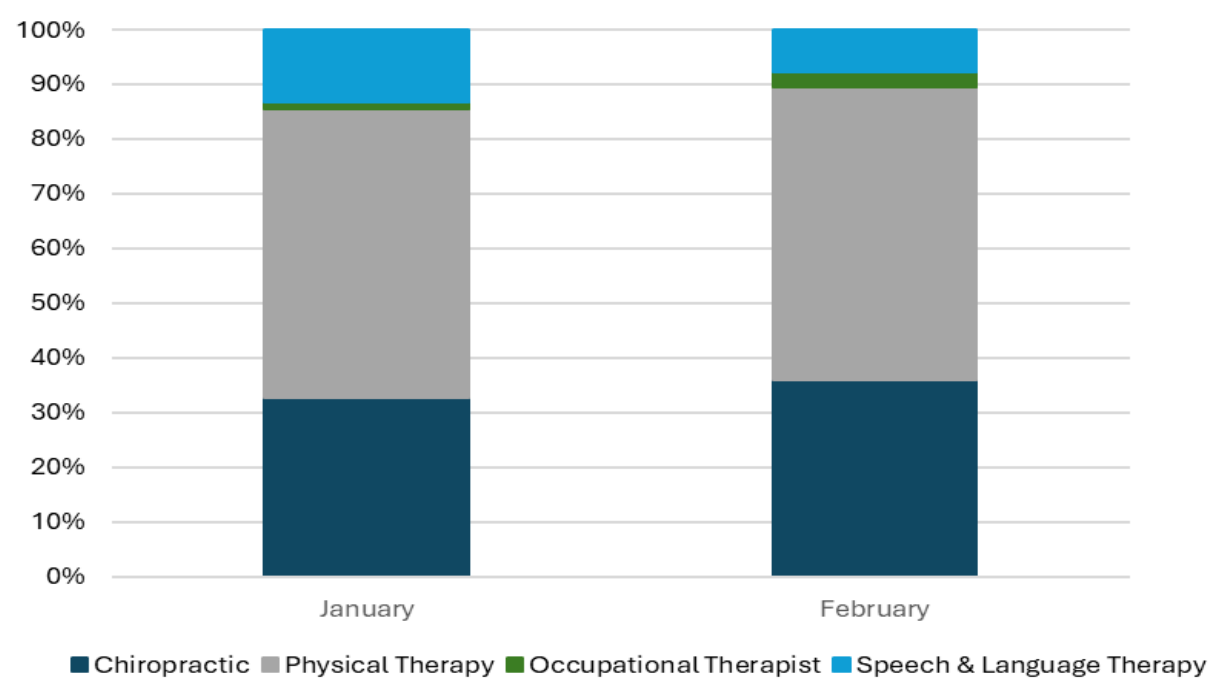
Diagnosis Code Activity



Issues	Percent (%) *
Extremity Issues	9
Lower Back Issues	17
Mid Back Issues	17
Neck Issues	42
Pelvis Issues	15
Abdomen	0
Other	0

*Average over two (2) months (Jan-Feb 2024)

Monthly Utilization by Specialty



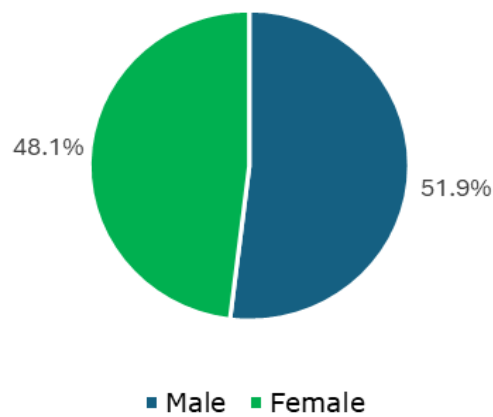
Top 10 Procedure Code Activity by Total Pricing for Month of: January 2024	# of Unique Patients	Percentage (%) of Total Pricing
97110-THERAPEUTIC EXERCISES	109	16.6%
98941-CHIROPRACT MANJ 3-4 REGIONS	185	10.5%
97530-THERAPEUTIC ACTIVITIES	44	9.6%
92507-SPEECH/HEARING THERAPY	9	9.0%
98940-CHIROPRACT MANJ 1-2 REGIONS	74	5.2%
97140-MANUAL THERAPY 1/> REGIONS	47	4.9%
97112-NEUROMUSCULAR REEDUCATION	41	4.4%
98943-CHIROPRACT MANJ XTRSPINL 1/>	70	1.5%
97161-PT EVAL LOW COMPLEX 20 MIN	10	1.2%
97014-ELECTRIC STIMULATION THERAPY	43	1.1%

Top 10 Procedure Code Activity by Total Pricing for Month of: February 2024	# of Unique Patients	Percentage (%) Of Total Pricing
97110-THERAPEUTIC EXERCISES	143	16.9%
98941-CHIROPRACT MANJ 3-4 REGIONS	196	11.6%
97530-THERAPEUTIC ACTIVITIES	50	8.9%
97112-NEUROMUSCULAR REEDUCATION	53	7.9%
98940-CHIROPRACT MANJ 1-2 REGIONS	104	7.6%
92507-SPEECH/HEARING THERAPY	7	5.6%
97140-MANUAL THERAPY 1/> REGIONS	53	4.4%
97161-PT EVAL LOW COMPLEX 20 MIN	23	2.3%
97012-MECHANICAL TRACTION THERAPY	70	1.7%
97162-PT EVAL MOD COMPLEX 30 MIN	18	1.6%

Top 10 Provider Activity by Total Pricing for Month of: January 2024	# of Unique Patients	Percentage (%) of Total Pricing
Valley Children's Hospital	6	7.5%
Joshua Ritter DC	72	5.3%
Noriko Simpson SLP	3	3.9%
Torrey Schroeder DC	21	2.7%
Clovis Community - Outpatient Therapy	2	2.5%
San Joaquin Valley Rehab	1	2.5%
Sergio Balli DC	18	2.2%
Eric Little PT	3	1.8%
Lanthan Hakanson PT	2	1.7%
Matthew Vinson DC	15	1.5%

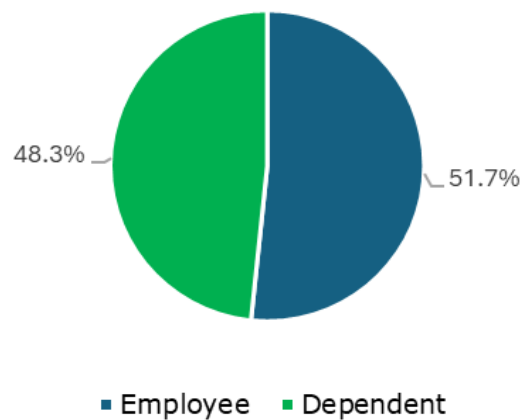
Top 10 Provider Activity by Total Pricing for Month of: February 2024	# of Unique Patients	Percentage (%) of Total Pricing
Torrey Schroeder DC	35	4.0%
Valley Children's Hospital	10	3.9%
Jason Bowen DC	25	3.5%
Joshua Ritter DC	47	3.1%
Andrea Manganiello PT	3	2.8%
Community Outpatient Rehabilitation Center (CORC)	1	2.7%
Joanne Steele PT	6	2.5%
Daniel Barrows PT	3	2.0%
David Markovich DC	16	1.9%
Robert Pauline PT	3	1.8%

Gender



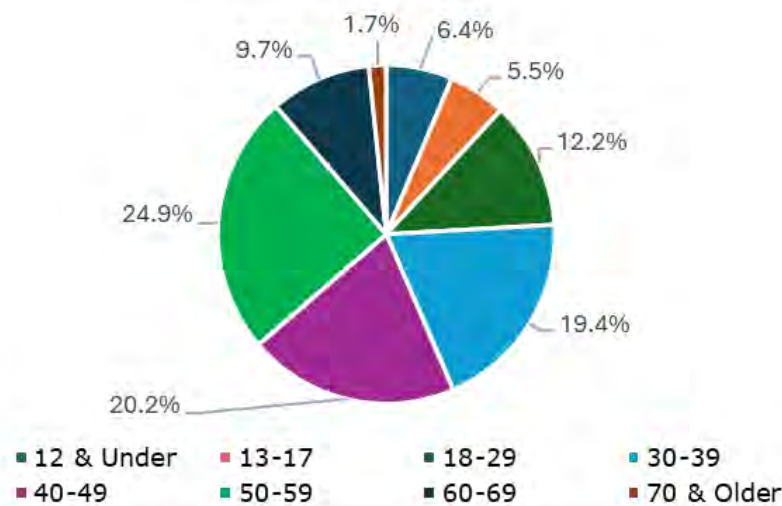
Gender	Percent (%) *
Male	51.9
Female	48.1
Total	

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	

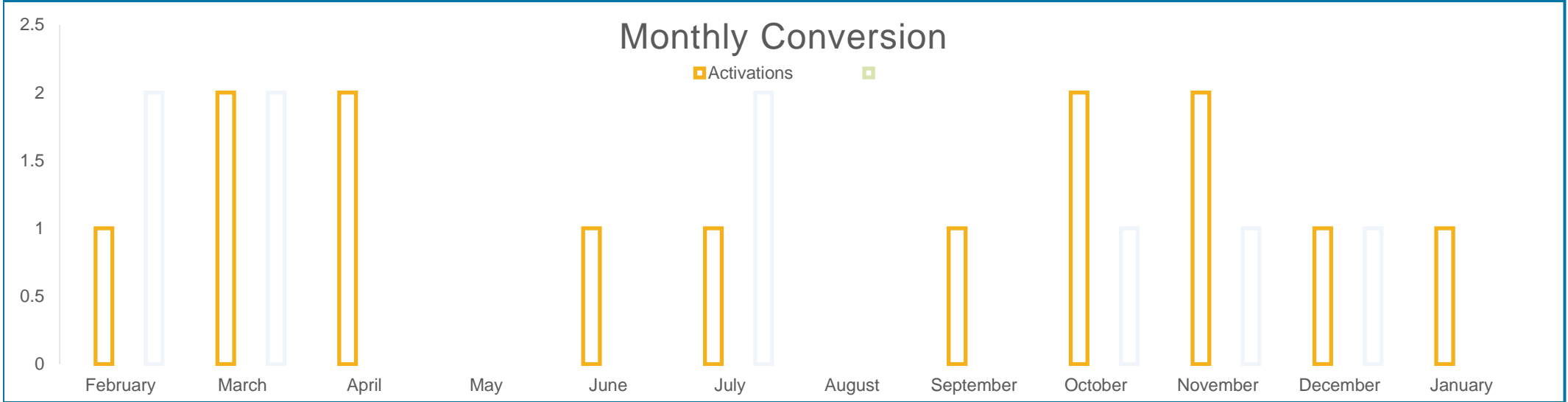
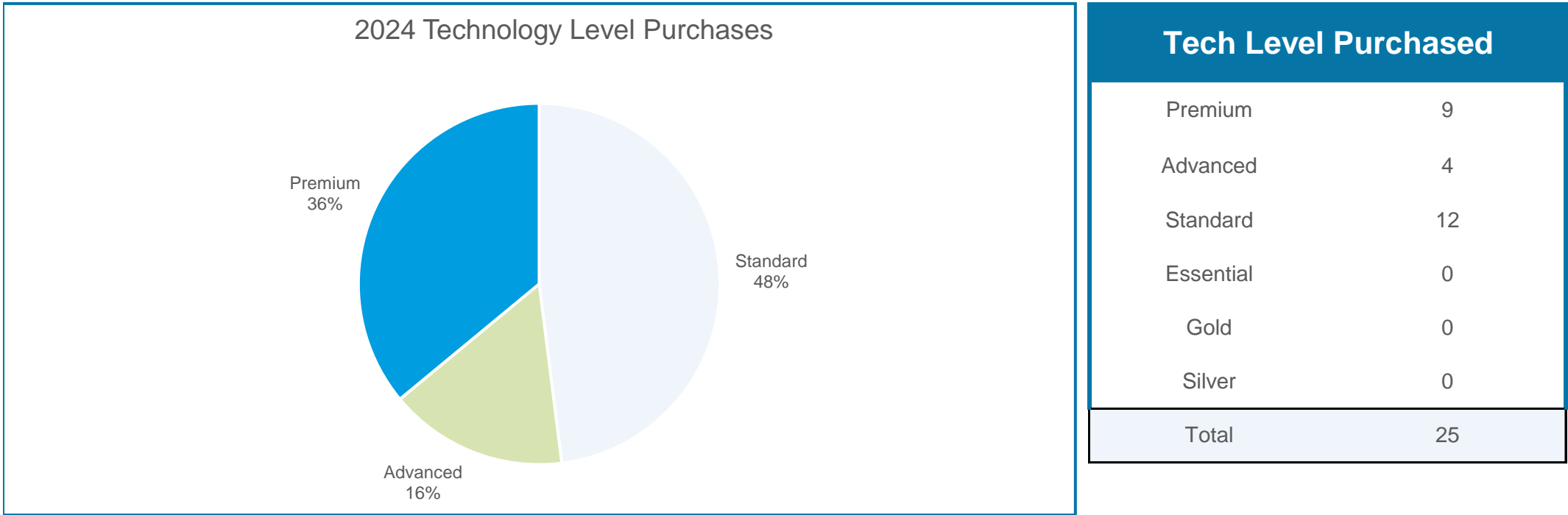
*Average over two (2) months (January – February 2024)

UTILIZATION REPORT - Rolling 12 Months



Fresno City Employees Health and Welfare Trust

12 Months	Activations	Members Purchased	Devices Purchased	Conversion	Average Purchase Price
	14	9	25	64%	\$1,879



Month	Activations	Members Purchased	Devices Purchased	Average Purchase Price
February	1	2	4	1,974
March	2	2	5	2,499
April	2	0	2	2,499
May	0	0	0	0
June	1	0	0	0
July	1	2	4	1,649
August	0	0	2	1,899
September	1	0	2	1,399
October	2	1	2	1,399
November	2	1	0	0
December	1	1	4	1,399
January	1	0	0	0
TOTAL	14	9	25	\$1,879



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	9	25	\$ 46,975
Grand Total	14	9	25	\$ 46,975

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

Premium	The most advanced features and technology for the best hearing experience in all settings. Perfect for active indoor and outdoor lifestyles, sporting events, busy restaurants and other noisy social gatherings.
Advanced	The ideal balance of price and performance for help hearing more clearly in a wide variety of situations, from meetings and gatherings to concerts and the theatre.
Standard	A great value name brand option balancing price and technology to support hearing demands in small group settings and a more active lifestyle.
Essential	A practical name brand option with features suitable for communication in mostly quiet environments with mild background noise.
Gold	High-quality, affordable hearing aids featuring state-of-the art technology helpful in noisy environments and a more active lifestyle.
Silver	High-quality, affordable hearing aids perfect for quieter environments, one-on-one conversations and small gatherings.

Because your hearing health is part of your overall health.



Hearing Benefit Plan

Hearing Plan Name:
Fresno City Employees
Health and Welfare
Trust - Contributory
Plan

Hearing exam frequency:
Annually

Hearing aid benefit:
\$1,500 per ear, every 36 months

Be sure to have your plan name handy when you call to schedule your appointment.

Get started with two easy steps:

Call EPIC at **1-866-956-5400** to schedule an appointment

Visit **EPICHearing.com** to learn more about your hearing health

EPIC Hearing Healthcare is here to make it easier

1 Contact EPIC to schedule an initial hearing exam and consultation.

Treat hearing loss and protect your hearing health. Call 1-866-956-5400 to schedule an appointment.

2 Your provider will help you find the perfect solution.

At your consultation and exam, your provider will assess your hearing and provide a personalized recommendation. Plus, they'll be able to answer any questions you have.

Hear better, live better

Treating hearing loss may help you rediscover parts of your life that may have felt missing — including engaging in daily activities and staying connected to the people you love. You'll also support your long-term health and can potentially reduce the risk of diseases such as dementia.¹

Good-to-know details:

- ✓ You have 60 days to try out hearing aids purchased from a provider
- ✓ Your plan includes a 3-year extended warranty for repairs and a one-time loss or damage replacement²
- ✓ Schedule up to 3 follow-up visits at no cost,³ with additional support available

Choose from high-quality hearing aids, including:



Ready to go?



Call 1-866-956-5400

6 a.m. to 6 p.m. PT, Monday through Friday
Be sure to have your plan name handy.



Visit EPICHearing.com to learn more



Scan QR code

¹ *Journal of the American Medical Association*, Hearing Loss and Dementia Prevalence in Older Adults in the US. 1/10/2023

² One-time professional fee may apply.

³ Hearing aids purchased in the Silver technology level will receive 1 follow-up visit.

All trademarks property of respective owners.

Hearing aids must be ordered through the Ear Professionals International Corporation (EPIC) Hearing Healthcare provider network. Price per hearing aid, based on suggested manufacturer pricing. Hearing aids ordered through providers outside of the EPIC Hearing Healthcare provider network will not be covered. Home delivery may not be available on all plans. EPIC Hearing Healthcare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Because your hearing health is part of your overall health.



Hearing Benefit Plan

Hearing Plan Name:
Fresno City Employees
Health and Welfare
Trust - Non-Contributory
Plan

Hearing exam frequency:
Annually

Hearing aid benefit:
\$975 per ear, every 36 months

Be sure to have your plan name handy when you call to schedule your appointment.

Get started with two easy steps:

Call EPIC at **1-866-956-5400** to schedule an appointment

Visit **EPICHearing.com** to learn more about your hearing health

EPIC Hearing Healthcare is here to make it easier

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All trademarks property of respective owners.

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Diana Cavazos

From: Shane Archer <Shane.Archer@fresno.gov>
Sent: Monday, February 26, 2024 10:23 AM
To: Georgeanne White; Diana Cavazos
Cc: Toni Machado; Andrew Desa; Thomas Georgouses
Subject: Re: Action Required: Approval for Body Scan International (BSI) - Spring Visit for Scans

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.

Approved

From: Georgeanne White
Sent: Friday, February 23, 2024 12:13:37 PM
To: Diana Cavazos; Shane Archer
Cc: Toni Machado; Andrew Desa; Thomas Georgouses
Subject: RE: Action Required: Approval for Body Scan International (BSI) - Spring Visit for Scans

approved

From: Diana Cavazos <dcavazos@healthcomp.com>
Sent: Friday, February 23, 2024 11:42 AM
To: Georgeanne White <Georgeanne.White@fresno.gov>; Shane Archer <Shane.Archer@fresno.gov>
Cc: Toni Machado <Toni.Machado@fresno.gov>; Andrew Desa <andrewd@rael-letson.com>; Thomas Georgouses <tgeorgouses@healthcomp.com>
Subject: [WARNING: UNSCANNABLE EXTRACTION FAILED]Action Required: Approval for Body Scan International (BSI) - Spring Visit for Scans

External Email: Use caution with links and attachments

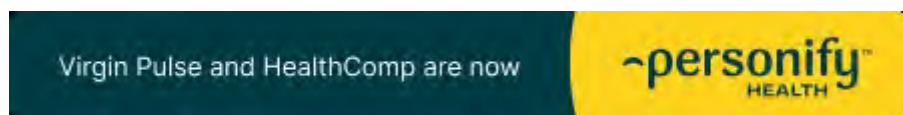
Hello Shane and Georgeanne, I hope this email finds you both well

Thank you for previously approving the spring visits for BSI. Please see attached drafted letter and email blast.

I will need both of your approvals; as usually HealthComp will send a letter to the members and the email blast will be provided to Phillip to distribute.

Please let me know if you have any questions,

Diana Cavazos | Account Management
dcavazos@healthcomp.com
W 559-312-2295 PST



Confidentiality Notice: This email was sent securely using Transport Layer Security (TLS) Encryption. Please ensure your email systems support TLS before replying with any confidential information. The information contained in this e-mail, including any attachment(s), is intended solely for use by the designated recipient(s). Unauthorized use, dissemination, distribution, or reproduction of this message by anyone other than the intended recipient(s), or a person designated as responsible for delivering such messages to the intended recipient, is strictly prohibited and may be unlawful. This e-mail may contain proprietary, confidential, or privileged information. Any views or opinions expressed are solely those of the author and do not necessarily represent those of HealthComp, LLC or Virgin Pulse, Inc. If you have received this message in error, or are not the named recipient(s), please immediately notify the sender and delete this e-mail message.

Diana Cavazos

From: Georgeanne White <Georgeanne.White@fresno.gov>
Sent: Wednesday, January 31, 2024 7:09 PM
To: David Broome
Cc: Shane Archer; Diana Cavazos; Andrew Desa
Subject: Re: Action Required: Approval for Body Scan International (BSI) - Spring Visit for Scans

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.

David, I think the dates are fine.

On Jan 31, 2024, at 4:26 PM, David Broome <davidb@rael-letson.com> wrote:

External Email: Use caution with links and attachments

Hello Georgeanne and Shane, at the last board meeting, we discussed the BSI rate extension and renewal. As you'll recall, they are extending their current rate through June 30, 2024, and proposing a rate increase on July 1, 2024, for one year. They have proposed to visit Fresno in the Spring with a start date of March 25, 2024, and an end date of April 5, 2024. The BSI services performed during this timeframe will be under the current rate.

[Please email back if you approve of the proposed visit dates.](#)

Concurrently, we are working on the contract amendments.

Should you have any questions, please let me know.

Thank you, David

David W. Broome
Consultant

California License 0B49636

160 Bovet Road, Suite 203
San Mateo, CA 94402
650-356-2345 Tel
415-306-6850 Cell
206-445-1840 Fax
DavidB@rael-letson.com
www.rael-letson.com

<image001.png>

Diana Cavazos

From: Diana Cavazos
Sent: Friday, March 8, 2024 5:52 PM
To: Diana Cavazos
Subject: RE: Action Required: Approval for Body Scan International (BSI) - Spring Visit for Scans

From: Shane Archer <Shane.Archer@fresno.gov>
Sent: Wednesday, January 31, 2024 6:36 PM
To: Andrew Desa <andrewd@rael-letson.com>; Georgeanne White <Georgeanne.White@fresno.gov>
Cc: Diana Cavazos <dcavazos@healthcomp.com>; Thomas Georgouses <tgeorgouses@healthcomp.com>
Subject: Re: Action Required: Approval for Body Scan International (BSI) - Spring Visit for Scans

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.

Sounds good.

Thanks

From: David Broome <davidb@rael-letson.com>
Sent: Wednesday, January 31, 2024 4:27 PM
To: Georgeanne White <Georgeanne.White@fresno.gov>; Shane Archer <Shane.Archer@fresno.gov>
Cc: Diana Cavazos HealthComp <dcavazos@healthcomp.com>; Andrew Desa <andrewd@rael-letson.com>
Subject: Action Required: Approval for Body Scan International (BSI) - Spring Visit for Scans

External Email: Use caution with links and attachments

Hello Georgeanne and Shane, at the last board meeting, we discussed the BSI rate extension and renewal. As you'll recall, they are extending their current rate through June 30, 2024, and proposing a rate increase on July 1, 2024, for one year. They have proposed to visit Fresno in the Spring with a start date of March 25, 2024, and an end date of April 5, 2024. The BSI services performed during this timeframe will be under the current rate.

Please email back if you approve of the proposed visit dates.

Concurrently, we are working on the contract amendments.

Should you have any questions, please let me know.

Thank you, David

David W. Broome

Consultant

California License 0B49636

160 Bovet Road, Suite 203

San Mateo, CA 94402

650-356-2345 Tel

415-306-6850 Cell

206-445-1840 Fax

DavidB@rael-letson.com

www.rael-letson.com

<image001.png>

Fresno City Employees Health and Welfare Trust

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



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

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

March 4, 2024

Dear Trust Participant:

As previously announced, the Trust has contracted with Body Scan International (BSI) to provide Preventive Medicine Body Scans to active employees. BSI's mobile unit will visit Fresno periodically so that eligible members can participate in BSI's Body Scan Program at a convenient location. **The Trust has scheduled for BSI to visit Fresno from March 25 through April 5, 2024.**

To learn more about the Body Scan Program or to make an appointment, please call the BSI center at (877) 274-5577 or go to <http://bodyscanintl.com/fcehwt> (provide your contact information, and a BSI representative will reach out to you for more information). **Walk-in appointments are not available.** A priority waitlist is maintained for those who are unable to secure an appointment. You must provide your contact information to BSI to be added to the waitlist. BSI will prioritize the waitlist for subsequent Fresno visits in chronological order according to when they receive a participant's contact information. It is anticipated, but not assured, that BSI's next visit will occur in Fall 2024.

Place	Date	Scan Hours
Fresno Public Safety Wellness Center 1617 S Cedar Fresno CA, 93702	March 25 - 29 April 1 - 5 2024	Monday - Friday 6:30 am – 1:30 pm

WHAT TO EXPECT

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

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

WHAT YOU WILL NEED TO BRING WITH YOU

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

WHO IS ELIGIBLE FOR THE BODY SCAN PROGRAM

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

IN RESPONSE TO COVID-19

If you or anyone in your family is feeling ill, please do not participate in this event. All participants will be required to fill out a COVID screening survey. If the patient does not pass the screening, they will not be permitted to participate. Participants will be provided with masks upon request. Our healthcare staff follows the CDC guidelines for a risk-based assessment. Social distancing protocols are in effect. Hand sanitizer will be available, and stations will be sanitized after each participant.

Sincerely,
Board of Trustees.

Fresno Public Safety
Wellness Center
1617 S. Cedar Avenue
Fresno, CA 93702



BSI MEDICAL BODY SCAN PROGRAM

UPCOMING CITY OF FRESNO DATES:

MARCH 25 - 29, APRIL 1 - 5, 2024

Body Scan International is looking forward to a return visit to the City of Fresno to provide the BSI Body Scan Program onsite.

BSI provides you with a preventive medicine screening program designed to confidentially look for early signs of heart/cardiovascular diseases, lower back and neck pathologies, over 20 different types of cancer, chronic lung disease, and many other health issues.

Have your scan onsite in Fresno, followed by a BSI physician scan review/consultation conducted securely into a location of your choosing via the BSI HIPAA-compliant WebEx portal.

Coverage for this examination is currently available once every three plan years for a copayment of \$200 to qualified active employees enrolled in the Fresno City Employees Health and Welfare Trust Medical Plan.

Examinations are by appointment only.
To schedule (or for more information) contact BSI directly
at 877-274-5577, or scan/click the QR code

You may also go to www.bodyscaninternational.com/fcehwt



BODY SCAN INTERNATIONAL 877-BSI-5577 www.bodyscaninternational.com

Diana Cavazos

From: Georgeanne White <Georgeanne.White@fresno.gov>
Sent: Tuesday, February 6, 2024 6:51 PM
To: Shane Archer; David Broome
Cc: Andrew Desa; Diana Cavazos; Thomas Georgouses
Subject: RE: ACTION REQUIRED - Approval of Body Scan International (BSI) contract amendments

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.

I approve as well.

From: Shane Archer <Shane.Archer@fresno.gov>
Sent: Tuesday, February 6, 2024 4:39 PM
To: David Broome <davidb@rael-letson.com>; Georgeanne White <Georgeanne.White@fresno.gov>
Cc: Andrew Desa <andrewd@rael-letson.com>; Diana Cavazos HealthComp <dcavazos@healthcomp.com>; Tom Georgouses <tgeorgouses@healthcomp.com>
Subject: Re: ACTION REQUIRED - Approval of Body Scan International (BSI) contract amendments

I approve. Do I need to sign them?

From: David Broome <davidb@rael-letson.com>
Sent: Tuesday, February 6, 2024 11:40:47 AM
To: Georgeanne White; Shane Archer
Cc: Andrew Desa; Diana Cavazos HealthComp; Tom Georgouses
Subject: ACTION REQUIRED - Approval of Body Scan International (BSI) contract amendments

External Email: Use caution with links and attachments

Hello, Georgeanne and Shane, I hope you are both well. We have reviewed the two attached BSI amendments, and Mike Moss has also reviewed and approved them.

Please email back if you approve both of the proposed amendments.

We are working on the member notices which will be sent for your approval later this month. Should you have any questions, please let me know.

David

David W. Broome
Consultant

California License 0B49636

160 Bovet Road, Suite 203
San Mateo, CA 94402
650-356-2345 Tel
415-306-6850 Cell
206-445-1840 Fax
DavidB@rael-letson.com
www.rael-letson.com



We understand your plans.

From: Michael Moss <mmoss@mossfirm.org>
Sent: Tuesday, February 6, 2024 11:11 AM
To: David Broome <davidb@rael-letson.com>
Cc: Andrew Desa <andrewd@rael-letson.com>
Subject: Re: FW: FCEHWT - HPMC Body Scan Amendment Drafts

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

The Amendments are fine. Thanks.

On Tue, Feb 6, 2024 at 11:03 AM David Broome <davidb@rael-letson.com> wrote:

Hello Mike, I hope you are well. Attached to this e-mail are the two amendments for Body Scan International to 1) extend their current fee from January 1, 2024, through June 30, 2024, and 2) renew their fee effective July 1, 2024, through June 30, 2025.

Separately, both Georgeanne and Shane have approved the proposed Spring dates for BSI to visit Fresno, targeting March 25, 2024, until April 5, 2024.

Can you please review these amendments?

Thank you, David

David W. Broome
Consultant

California License 0B49636

160 Bovet Road, Suite 203
San Mateo, CA 94402
650-356-2345 Tel
415-306-6850 Cell
206-445-1840 Fax
DavidB@rael-letson.com
www.rael-letson.com



We understand your plans.

--

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

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

Confidentiality Notice

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Thank you.



AMENDMENT

1. This Amendment is entered into by and between HealthView Preventive Medical Center ("HPMC") 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:
HPMC 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.
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]* _____
(Signature) (Title)

HealthView Preventive Medical Center

By: _____
(Signature) (Title)



AMENDMENT

1. This Amendment is entered into by and between HealthView Preventive Medical Center ("HPMC") 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:
HPMC 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.
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 14th day of February, at 2:30

By: Shane D Archer Chair
(Signature) (Title)

By: _____
(Signature) (Title)

HealthView Preventive Medical Center

By: _____
(Signature) (Title)

November 6, 2023

Kelly D. Grant
MARSH & MCLENNAN AGENCY LLC BARNEY& BARNEY
1 POLARIS WAY STE 300
ALISO VIEJO, CA 92656-0000

RE: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Insuring Company: Federal Insurance Company

Dear Kelly:

Enclosed is our Labor Management Trust Fiduciary Liability Policy for the above referenced Insured.

I want to thank you for the opportunity to underwrite this account.

Please let me know if I can be of further assistance.

Sincerely,

Mary Howard-Longmuir

CHUBB

r m

PREMIUM BILL

Date: 11/06/2023

FRESNO CITY EMPLOYEES
HEALTH AND WELFARE
Insured: TRUST

Producer: MARSH & MCLENNAN AGENCY LLC BARNEY& BARNEY
1 POLARIS WAY STE 300
ALISO VIEJO, CA 92656-0000

Company: Federal Insurance Company

THIS BILLING IS TO BE ATTACHED TO AND FORM A PART OF THE POLICY REFERENCED BELOW.

Policy Number: 8170-8103

Policy Period: January 15, 2024 to January 15, 2025

NOTE: - PLEASE RETURN THIS BILL WITH REMITTANCE AND NOTE HEREON ANY CHANGES. BILL WILL BE RECEIPTED AND RETURNED TO YOU PROMPTLY UPON REQUEST.

PLEASE REMIT TO PRODUCER INDICATED ABOVE. PLEASE REFER TO 8170-8103

Product	Effective Date	Commission Rate	Premium
LMT97	01/15/2024	15.00	\$12,492.00
WOR			\$350.00

TOTAL POLICY PREMIUM	\$12,842.00
TOTAL INSTALLMENT PREMIUM DUE	

WHEN REMITTING PLEASE INDICATE POLICY OR CERTIFICATE NUMBER

**POLICYHOLDER
DISCLOSURE NOTICE OF
TERRORISM INSURANCE COVERAGE**
(for policies with no terrorism exclusion or sublimit)
Insuring Company: Federal Insurance Company

You are hereby notified that, under the Terrorism Risk Insurance Act (the “Act”), this policy makes available to you insurance for losses arising out of certain acts of terrorism. Terrorism is defined as any act certified by the Secretary of the Treasury of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that the insurance provided by your policy for losses caused by acts of terrorism is partially reimbursed by the United States under the formula set forth in the Act. Under this formula, the United States pays 85% of covered terrorism losses that exceed the statutorily established deductible to be paid by the insurance company providing the coverage. Beginning in 2016, the Federal share will be reduced by 1% per year until it reaches 80%, where it will remain.

However, if aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

If aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

The portion of your policy's annual premium that is attributable to insurance for such acts of terrorism is: \$ **-0-**.

If you have any questions about this notice, please contact your agent or broker.

PREMIUM BILL

Insured: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Date: November 6, 2023

Producer: MARSH & MCLENNAN AGENCY LLC BARNEY& BARNEY
1 POLARIS WAY STE 300
ALISO VIEJO, CA 92656-0000

Company: Federal Insurance Company

THIS BILLING IS TO BE ATTACHED TO AND FORM A PART OF THE POLICY REFERENCED BELOW.

NOTE: - PLEASE RETURN THIS BILL WITH REMITTANCE AND NOTE HEREON ANY CHANGES. BILL WILL BE RECEIPTED AND RETURNED TO YOU PROMPTLY UPON REQUEST.

PLEASE REMIT TO PRODUCER INDICATED ABOVE. PLEASE REFER TO

EFFECTIVE DATE	POLICY OR CERTIFICATE NUMBER	COVERAGE	PREMIUM
January 15, 2024	8170-8103	WAIVER OF RECOURSE	\$350.00
To			
January 15, 2025			
		TOTAL	\$350.00

WHEN REMITTING PLEASE INDICATE POLICY OR CERTIFICATE NUMBER



Chubb Producer Compensation Practices & Policies

Chubb believes that policyholders should have access to information about Chubb's practices and policies related to the payment of compensation to brokers and independent agents. You can obtain that information by accessing our website at <http://www.chubbproducercompensation.com> or by calling the following toll-free telephone number:

1-866-512-2862.

Notice of Loss Control Services

Insuring Company: Federal Insurance Company

As a Chubb policyholder, you have loss prevention information and/or services available to you, as listed in this Notice. You may order any brochure by email to formsordering@chubb.com and to view our full suite of loss prevention brochures/services go to www.chubb.com/us/fl-lossprevention

Directors and Officers (D&O) Liability Loss Prevention Services

- **Directors and Officers Liability Loss Prevention Manuals:**
Directors and Officers Liability Loss Preventions – #14-01-0035
Directors and Officers Securities Litigation Loss Preventions – #14-01-0448
Director Liability Loss Prevention in Mergers and Acquisitions – #14-01-1099
Directors and Officers Liability Loss Prevention for Not-for-Profit- -#14-01-0036
Cyber Loss Mitigation for Directors -#14-01-1199

Employment Practices Liability (EPL) Loss Prevention Services

- **Toll-free Hot Line**
Have a question on how to handle an employment situation? Simply call **1.888.249.8425** to access the nationally known employment law firm of Jackson Lewis P.C. We offer customers an unlimited number of calls to the hot line at no additional charge.
- **ChubbWorks.com**
ChubbWorks.com is a web-based platform that offers multiple services including overviews of employment laws, sample employment policies and procedures, and on-line training. To gain immediate access to ChubbWorks go to www.chubbworks.com and register using your policy number.
- **Employment Practices Loss Prevention Guidelines Manual**
Employment Practices Loss Prevention Guidelines - #14-01-0061
- **Loss Prevention Consultant Services**
Chubb has developed a network of more than 120 law firms, human resources consulting firms, and labor economist/statistical firms that offer specialized services for employment issues.
- **Public Company EPL Customers**
Employment Practices Loss Prevention Guidelines – Written by Seyfarth Shaw exclusively for Chubb this manual provides an overview of key employment issues faced by for-profit companies and offers proactive idea for avoiding employment lawsuits.
- **Private Company EPL Customers**
Employment Practices Loss Prevention Guidelines – Written by Seyfarth Shaw exclusively for Chubb this manual provides an overview of key employment issues for –profit companies and offers proactive idea for avoiding employment lawsuits.

Fiduciary Liability Loss Prevention Services

- **Fiduciary Liability Loss Prevention Manual**
Who May Sue You and Why: How to Reduce Your ERISA Risks and the Role of Fiduciary Liability Insurance #14-01-1019

Crime Loss Prevention Services

- **Crime/Kidnap, Ransom & Extortion Loss Prevention Manual**
Preventing Fraud: How Anonymous Hotlines Can Help #14-01-1090

Cyber Security Loss Prevention Services

Visit: <https://www2.chubb.com/us-en/business-insurance/cyber-security.aspx> to learn more about Chubb's Cyber Services for our policyholders.

Health Care Directors and Officers (D&O) Liability Loss Prevention Services

- **Readings in Health Care Governance Manual**
Readings in Health Care Governance -#14-01-0788
- **ChubbWorks.com**
ChubbWorks.com for Health Care Organizations – The Health Care Zone is a free online resource containing health care specific loss prevention information for employment practices liability, directors and officers (D&O) liability, and fiduciary liability exposures. To gain immediate access to ChubbWorks go to www.chubbworks.com and register using your policy number.
- **Health Care D&O Loss Prevention Consultant Services**
Health Care D& O Loss Prevention Consultant Services- #14-01-1164

The services provided are advisory in nature. While this program is offered as a resource in developing or maintaining a loss prevention program, you should consult competent legal counsel to design and implement your own program. No liability is assumed by reason of the services, access or information provided. All services are subject to change without notice.

CHUBB® Labor Management Trust Fiduciary Liability Policy

DECLARATIONS

Policy Number 8170-8103

Federal Insurance Company,
a stock insurance company,
incorporated
under the laws of Indiana,
herein called the
Company.

THIS IS A CLAIMS MADE POLICY WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD" OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE PAYMENT OF "DEFENSE COSTS" AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. THE COMPANY SHALL NOT BE LIABLE FOR "DEFENSE COSTS" OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY.

Item 1. **Insurance Representative:**
Tom Georgouses c/o Healthcomp

Item 2. **Principal Address:**
P.O. Box 45018
Fresno, CA 93718

Item 3. **Limits of Liability:**
(A) Each **Loss:** \$3,000,000.00
(B) Each **Policy Period:** \$3,000,000.00

Note that the limits of liability and any deductible amount are reduced or exhausted by **Defense Costs.**

Item 4. **Deductible Amount:** \$10,000.00

Item 5. **Insured Trusts or Plans:**
Fresno City Employees Health & Welfare Trust

Item 6. **Policy Period:** From 12:01 A.M. on January 15, 2024
To 12:01 A.M. January 15, 2025
Local time at the address shown in Item 2.

THIS IS A CLAIMS MADE POLICY. EXCEPT AS OTHERWISE PROVIDED HEREIN, THIS POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. PLEASE READ CAREFULLY.

Item 7. **Extended Reporting Period:**
(A) Additional Premium: \$12,492.00 (100% of the total annual premium)
(B) Additional Period: one year

Item 8. **Pending or Prior Date:** January 15, 2003

Item 9. **Continuity Date:** January 15, 2003

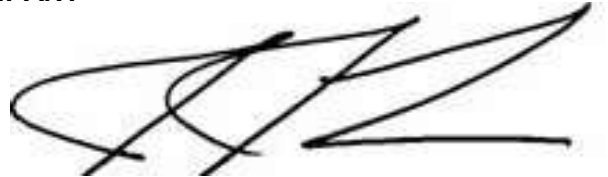
Item 10. Termination of Prior Policies:8170-8103 (January 15, 2023 - January 15, 2024)

In witness whereof, the Company issuing this policy has caused this policy to be signed by its authorized officers, but it shall not be valid unless also signed by a duly authorized representative of the Company.

FEDERAL INSURANCE COMPANY



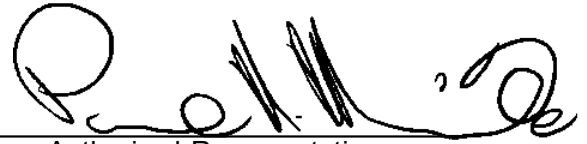
Secretary



President

11/06/2023

Date



Authorized Representative

In consideration of the payment of the premium and subject to the Declarations, limitations, conditions, provisions and other terms of this policy, the Company agrees as follows:

**Fiduciary Liability
Coverage**

1. The Company shall pay on behalf of each of the **Insureds** all **Loss** for which the **Insured** becomes legally obligated to pay on account of any **Claim** first made against the **Insured** during the **Policy Period** or, if exercised, the Extended Reporting Period, for a **Wrongful Act** committed, attempted, or allegedly committed or attempted, before or during the **Policy Period** by an **Insured** or by any person whose **Wrongful Acts** the **Insured** is legally responsible.

Defense Provisions

2. The Company shall have the right and duty to defend any **Claim** covered by this policy. Coverage shall apply even if any of the allegations are groundless, false or fraudulent. The Company's duty to defend shall cease upon exhaustion of the Company's applicable Limit of Liability as set forth in Item 3 of the Declarations.

Defense Costs incurred by the Company, or by the **Insured** with the written consent of the Company, are part of and not in addition to the Company's applicable Limit of Liability set forth in Item 3 of the Declarations, and the payment by the Company of **Defense Costs** reduces such applicable Limit of Liability.

The **Insureds** agree to provide the Company with all information, assistance and cooperation which the Company reasonably requests and agree that in the event of a **Claim** the **Insureds** will do nothing that may prejudice the Company's position or its potential or actual rights of recover.

The **Insureds** agree to not to settle any **Claim**, incur any **Defense Costs** or otherwise assume any contractual obligation or admit any liability with respect to any **Claim** without the Company's written consent, which shall not be unreasonably withheld. The Company shall not be liable for any settlement, **Defense Costs**, assumed obligation or admission to which it has not consented

**Estates and Legal
Representatives,
Spousal Liability**

3. Subject to the limitations, conditions, provisions and other terms of this policy:

(a) Coverage shall extend to **Claims** for the **Wrongful Acts** of **Insureds** made against the estates, heirs, legal representatives or assigns of **Insureds** who are deceased or against the legal representatives or assigns of **Insureds** who are incompetent, insolvent or bankrupt.

(b) If a **Claim** against an **Insured** includes a claim against the lawful uninsured spouse of such **Insured** solely by reason of such spouse's status as a spouse or such spouse's ownership interest in property which the claimant seeks as recovery for an alleged **Wrongful Act** of such **Insured**, all loss which such spouse becomes legally obligated to pay on

account of such **Claim** shall be treated for purposes of this policy as **Loss** which such **Insured** becomes legally obligated to pay on account of a **Claim** made against such **Insured**. All limitations, conditions, provisions and other terms of coverage applicable to such **Insured's Loss** shall also be applicable to such spousal loss. However, coverage shall not apply to the extent any **Claim** alleges any act or omission by such **Insured's** spouse.

Extended Reporting Period

4. If this policy is terminated or is not renewed for any reason other than for nonpayment of premium, the **Insureds** shall have the right, upon payment of the additional premium in Item 7(A) of the Declarations, to an extension of the coverage granted by this policy for the period in Item 7(B) of the Declarations following the effective date of termination or nonrenewal, but only for any **Wrongful Act** committed, attempted or allegedly committed or attempted, prior to the effective date of the termination or nonrenewal. This right of extension shall lapse unless written notice of such election, together with payment of additional premium due, is received by the Company within 30 days following the effective date of termination or nonrenewal. Any **Claim** made during the Extended Reporting Period shall be deemed to have been made during the immediately preceding **Policy Period**.

The offer of renewal terms and conditions or premiums different from those in effect prior to renewal shall not constitute refusal to renew.

Exclusions

5. The Company shall not be liable for **Loss** on account of any **Claim** made against any **Insured**:
 - (a) based upon, arising from, or in consequence of any circumstance if written notice of such circumstance has been given under any policy of which this policy is a renewal or replacement and if such prior policy affords coverage (or would afford such coverage except for the exhaustion of its limits of liability) for such **Loss**, in whole or in part, as a result of such notice;
 - (b) based upon, arising from, or in consequence of any deliberately fraudulent act or omission or any willful violation of any statute or regulation by such **Insured**, if a judgment or other final adjudication adverse to the **Insured** establishes such a deliberately fraudulent act or omission or willful violation;
 - (c) for libel or slander;
 - (d) for bodily injury, mental or emotional distress, sickness, disease or death of any person or damage to or destruction of any tangible property including loss of use thereof;
 - (e) based upon, arising from, or in consequence of liability of others assumed by the **Insured** under any contract or agreement, either oral or written, except to the extent that the **Insured** would have been liable in the absence of the contract or agreement or unless the liability was assumed in accordance with or under the agreement or declaration of trust pursuant to which the **Trust** or **Plan** were established;
 - (f) based upon, arising from, or in consequence of the failure of the **Insured** to comply with any law governing workers' compensation, unemployment, social security or disability benefits or any similar law;

- (g) based upon, arising from, or in consequence of any demand, suit or other proceeding pending, or order, decree or judgment rendered against any **Insured** on or prior to the Pending or Prior Date set forth in Item 8 of the Declarations, or the same or any substantially similar fact, circumstance or situation underlying or alleged therein;
 - (h) based upon, arising from, or in consequence of such **Insured** having gained in fact any personal profit, remuneration or advantage to which such **Insured** was not legally entitled; or
 - (i) based upon, arising from, or in consequence of (i) the actual, alleged or threatened discharge, release, escape or disposal of **Pollutants** into or on real or personal property, water or the atmosphere; or (ii) any direction or request that the **Insured** test for, monitor, clean up, remove, contain, treat, detoxify or neutralize **Pollutants**, or any voluntary decision to do so; including but not limited to any financial loss to any **Insured**, its beneficiaries, security holders or creditors based upon, arising from, or in consequence of the matters described in (i) or (ii) of this exclusion.
6. The Company shall not be liable for that part of **Loss**, other than **Defense Costs**:
- (a) which constitutes fines or penalties or the multiple portion of any multiplied damage award, other than the five percent or less, or the twenty percent or less, civil penalties imposed upon an **Insured** as a fiduciary under Section 502 (i) or (l), respectively, of the Employee Retirement Income Security Act of 1974, as amended;
 - (b) for the return of any contributions to any employer if such amounts are or could be chargeable to the **Trust** or **Plan**;
 - (c) which constitutes benefits due or to become due under the terms of a **Plan** or **Trust** unless, and to the extent that, (i) the **Insured** is a natural person and the benefits are payable by such **Insured** as a personal obligation, and (ii) recovery for the benefits is based upon a covered **Wrongful Act**.

Severability of Exclusions

7. With respect to the Exclusions in subsection 5 and 6 of this policy, no fact pertaining to or knowledge possessed by any **Insured** shall be imputed to any other **Insured** to determine if coverage is available.

Territory

8. Coverage shall extend anywhere in the world.

Limit of Liability and Deductible

9. For purposes of this policy, all **Loss** arising out of the same **Wrongful Act** and all **Interrelated Wrongful Acts** of any **Insured** shall be deemed one **Loss**, and such **Loss** shall be deemed to have originated in the earliest **Policy Period** in which a **Claim** is first made against any **Insured** alleging any such **Wrongful Act** or **Interrelated Wrongful Acts**.

The Company's maximum liability for each **Loss** shall be the Limit of Liability for each **Loss** set forth in Item 3(A) of the Declarations. The Company's maximum aggregate liability for all **Loss** on account of all **Claims** first made during the same **Policy Period** shall be the Limit of Liability for each **Policy Period** set forth in Item 3(B) of the Declarations.

The Company's liability hereunder shall apply to that part of **Loss** which is excess of the Deductible Amounts set forth in Item 4 of the

Declarations and such Deductible Amount shall be borne by the **Insureds** uninsured and at their own risk.
For purposes of this section 9 only, the Extended Reporting Period, if exercised, shall be part of and not in addition to the immediately preceding **Policy Period**.

Other Insurance

10. If any **Loss** arising from any **Claim** made against any **Insured** is insured under any other valid policy(ies), prior or current, then this policy shall cover such **Loss**, subject to its limitations, conditions, provisions and other terms, only to the extent that the amount of such **Loss** is in excess of the amount of payment from such other insurance whether such other insurance is stated to be primary, contributory, excess, contingent or otherwise, unless such other insurance is written only as specific excess insurance over the Limit of Liability provided in this policy.

Changes in Exposure

11. If a **Trust** or **Plan** merges into or consolidates with another trust or plan not enumerated in Item 5 of the Declarations, coverage under this policy for such **Insureds** thereof who were **Insureds** prior to such merger or consolidation shall continue until termination of this policy.

If the responsibilities for the administration or as a fiduciary of a **Trust** or **Plan** is fully assumed by another person or entity, coverage under this policy for **Insureds** who were **Insureds** prior to such assumption of responsibilities shall continue until termination of this policy but only with respect to **Claims** for **Wrongful Acts** committed, attempted, or allegedly committed or attempted prior to such assumption of responsibilities.

The **Insured** shall give written notice to the Company of such merger, consolidation or assumption of responsibilities as soon as practicable together with such information as the Company may require

Termination of Trust or Plan

12. If a **Trust** or **Plan** terminates before or after the inception date of this policy, coverage with respect to such terminated **Trust** or **Plan** shall continue until termination of this policy for those who were **Insureds** at the time of such **Trust** or **Plan** termination, or who would have been **Insureds** at the time of such termination if this policy had been in effect, with respect to **Wrongful Acts** committed, attempted or allegedly committed or attempted by such **Insureds** prior to or after the date of such **Trust** or **Plan** termination.

Reporting Notice

13. The **Insureds** shall, as a condition precedent to exercising their rights under this policy, give to the Company written notice as soon as practicable of any **Claim** made against any of them for a **Wrongful Act**.

If during the **Policy Period** or Extended Reporting Period (if exercised) an **Insured** becomes aware of circumstances which could give rise to a **Claim** and gives written notice of such circumstance(s) to the Company, then any **Claims** subsequently arising from such circumstances shall be considered to have been made during the **Policy Period** or the Extended Reporting Period in which the circumstances were first reported to the Company.

The **Insureds** shall, as a condition precedent to exercising their rights under this policy, give to the Company such information and cooperation as it may reasonably require, including but not limited to a description of the **Claim** or circumstances, the nature of the alleged **Wrongful Act**, the nature of the alleged or potential damage, the names of actual or potential claimants, and the manner in which the **Insured** first became aware of the **Claim** or circumstances.

Notice to the Company under this policy shall be given in writing addressed to:

- a. Notice of any **Claim** or circumstances which could give rise to any **Claim**:
Claims Department
Chubb Group of Insurance Companies
202B Hall's Mill Road
Whitehouse Station, NJ 08889
- b. All other notices:
Executive Protection Practice
Chubb Group of Insurance Companies
202B Hall's Mill Road
Whitehouse Station, NJ 08889

Such notice shall be effective on the date of receipt by the Company at such address.

Arbitration and Allocation

14. Any dispute, including but not limited to claims sounding in contract or, tort between the **Insureds** and the Company arising in connection with or relating to this policy shall be submitted to binding arbitration.

The rules of the American Arbitration Association shall apply except with respect to the selection of the arbitration panel. The panel shall consist of one arbitrator selected by the **Insureds**, one arbitrator selected by the Company, and a third independent arbitrator selected by the first two arbitrators.

If both **Loss** covered by this policy and loss not covered by this policy are incurred, either because a **Claim** against any **Insured** includes both covered and uncovered matters or because a **Claim** is made against both an **Insured** and others, the **Insureds** and the Company shall allocate such amount between covered **Loss** and uncovered loss based upon the relative legal exposures of such parties to such matters.

Representations and Severability

15. In granting coverage to any one of the **Insureds**, the Company has relied upon the declarations and statements in the written application for this policy and upon any declarations and statements in the original written application submitted to another insurer with respect to the prior coverage incepting as of the Continuity Date set forth in Item 9 of the Declarations. All such declarations and statements are the basis of such coverage and shall be considered as incorporated in and constituting part of this policy.

Such written applications for coverage shall be construed as a separate application for coverage by each **Insured**. With respect to the

declarations and statements contained in such written applications for coverage, no statement in the application or knowledge possessed by any **Insured** shall be imputed to any other **Insured** for the purpose of determining if coverage is available.

Investigation and Settlement

16. The Company may make any investigation it deems necessary and may, with the written consent of the **Insured**, make any settlement of a claim it deems expedient. If the **Insured** withholds consent to such settlement, the Company's liability for all **Loss** on account of such **Claim** shall not exceed the amount for which the Company could have settled such **Claim** plus costs, charges and expenses accrued as of the date such settlement was proposed in writing by the Company to the **Insured**.

Subrogation and Waiver of Recourse

17. In the event of any payment under this policy, the Company shall be subrogated to the extent of such payment to all the **Insureds'** rights of recovery, and the **Insureds** shall execute all papers required and shall do everything necessary to secure and preserve such rights, including the execution of such documents necessary to enable the Company effectively to bring suit in the name of the **Insured**.

The Company shall have no right of recourse against any **Insured**, if this policy was purchased by an **Insured** other than a **Trust** or **Plan**.

Valuation and Foreign Currency

18. All premiums, limits, retentions, **Loss** and other amounts under this policy are expressed and payable in the currency of the United States of America. If judgment is rendered, settlement is denominated or any element of **Loss** under this policy is stated in a currency other than United States of America dollars, payment under this policy shall be made in United States dollars at the rate of exchange published in The Wall Street Journal on the date the final judgment is reached, the amount of the settlement is agreed upon or any element of **Loss** is due, respectively.

Action Against the Company

19. No action shall lie against the Company unless, as a condition precedent thereto, there shall have been full compliance with all the terms of this policy. No person or organization shall have any right under this policy to join the Company as a party to any action against the **Insured** to determine the **Insured's** liability nor shall the Company be impleaded by the **Insured** or the **Insured's** legal representatives.

Bankruptcy or Insolvency

20. Bankruptcy or insolvency of an **Insured** shall not relieve the Company of its obligations nor deprive the Company of its rights under this policy.

Authorization Clause

21. By acceptance of this policy, the **Insurance Representative** agrees to act on behalf of all **Insureds** with respect to the giving and receiving of notice of **Claim** or termination, the payment of premiums and the receiving of any return premiums that may become due under this policy,

the negotiation, agreement to and acceptance of endorsements, and the giving or receiving of any notice provided for in this policy (except notice to apply for the Extended Reporting Period), and the **Insureds** agree that the **Insurance Representative** shall act on their behalf.

Alteration and Assignment

22. No change in, modification of, or assignment of interest under this policy shall be effective except when made by a written endorsement to this policy which is signed by an authorized representative of the Company or designated affiliate.

Termination of Policy

23. This policy shall terminate at the earliest of the following times:
- (a) sixty days after the **Insurance Representative** receives written notice of termination from the Company,
 - (b) upon receipt by the Company of written notice of termination from the **Insurance Representative**,
 - (c) upon expiration of the **Policy Period** as set forth in Item 6 of the Declarations, or
 - (d) at such other time as may be agreed upon by the Company and the **Insurance Representative**.

The Company shall refund the unearned premium computed at customary short rates if the policy is terminated by the **Insurance Representative**. Under any other circumstances the refund shall be computed pro rata.

Termination of Prior Policies

24. Any policies issued by the Company or its affiliates and specified in Item 10 of the Declarations of this policy shall terminate, if not already terminated, as of the inception date of this policy

Definitions

25. When used in this policy:

Administration means giving advice to participants and beneficiaries with respect to a **Trust** or **Plan**, interpreting a **Trust** or **Plan**, and handling the records, effecting enrollment, and termination or cancellation of participants under a **Trust** or **Plan**.

Claim means:

- (i) a written demand for monetary damages or injunctive relief,
- (ii) a civil proceeding commenced by the service of a complaint or similar pleading,
- (iii) a criminal proceeding commenced by a return of an indictment.
- (iv) a formal administrative or regulatory proceeding commenced by the filing of a notice of charges, formal investigative order or similar document, or
- (v) a written notice by the Department of Labor or the Pension Benefit Guaranty Corporation of commencement of an investigation,

against any **Insured** for a **Wrongful Act**, including any appeal therefrom.

Defense Costs means that part of **Loss** consisting of reasonable costs, charges, fees (including but not limited to attorneys' fees and experts' fees) and expenses (other than regular or overtime wages, salaries or

fees of the directors, officers, trustees or employees of the **Insured**) incurred in defending or investigating **Claims** and the premium for appeal, attachment or similar bonds.

Insured, either in the singular or plural, means any one or more:

- (a) **Trust or Plans**;
- (b) natural person serving as a past, present or future trustee or employee of a **Trust or Plan**; and
- (c) other natural person or organization designated as an additional insured by endorsement to this policy.

Insurance Representative means the person or organization authorized to represent the **Insureds** and designated in Item 1 of the Declarations.

Interrelated Wrongful Acts means all causally connected **Wrongful Acts**.

Loss means the total amount which any **Insured** becomes legally obligated to pay on account of each **Claim** and for all **Claims** in each **Policy Period** and the Extended Reporting Period, if exercised, made against them for **Wrongful Acts** for which coverage applies, including, but not limited to, damages, judgments, settlements, costs and **Defense Costs**. **Loss** does not include matters uninsurable under the law pursuant to which this policy is construed.

Plan means those plans enumerated in Item 5 of the Declarations.

Policy Period means the period of time specified in Item 6 of the Declarations, subject to prior termination in accordance with section 23. If this period is less than or greater than one year, then the Limits of Liability specified in the Declarations shall be the Company's maximum limit of liability under such coverage for the entire period.

Pollutants means any substance located anywhere in the world exhibiting any hazardous characteristics as defined by, or identified on a list of hazardous substances issued by, the United States Environmental Protection Agency or a state, county, municipality or locality counterpart thereof. Such substances shall include, without limitation, solids, liquids, gaseous or thermal irritants, contaminants, or smoke, vapor, soot, fumes, acids, alkalis, chemicals or waste materials. **Pollutants** shall also mean any other air emission, odor, waste water, oil or oil products, infectious or medical waste, asbestos, or asbestos products and any noise.

Trust means those trusts enumerated in Item 5 of the Declarations.

Wrongful Act means:

- (a) with respect to any **Trust or Plan**, any breach of the responsibilities, obligations or duties imposed upon fiduciaries of the **Trust or Plan** by the Employee Retirement Income Security Act of 1974, as amended or by the common or statutory law of the United States, or any state or other jurisdiction anywhere in the world; or
- (b) any negligent act, error or omission in the **Administration** or any **Trust or Plan**.

Labor Management Trust Fiduciary Liability

Schedule of Forms

To be attached to and form part of
Policy No. 8170-8103

Company: Federal Insurance Company

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

14-02-10631 (12/04 ed.)
14-02-10709 (3/05 ed.)
14-02-12456 (9/06 ed.)
14-02-12500 (2/18 ed.)
14-02-12576 (11/06 ed.)
14-02-12854 (3/07 ed.)
14-02-13361 (8/07 ed.)
14-02-1350 (1/95 ed.)
14-02-13592 (5/08 ed.)
14-02-14269 (6/08 ed.)
14-02-14450 (8/08 ed.)
14-02-17516 (5/11 ed.)
14-02-17518 (12/12 ed.)
14-02-19726 (12/18 ed.)
14-02-19912 (5/13 ed.)
14-02-21996 (3/16 ed.)
14-02-21997 (7/18 ed.)
14-02-21998 (3/16 ed.)
14-02-21999 (11/20 ed.)
14-02-22814 (12/17 ed.)
14-02-3052 (11/99 ed.)
14-02-5936 (6/09 ed.)
14-02-7299 (9/02 ed.)
14-02-8815 (8/06 ed.)
14-02-9228 (2/10 ed.)
FL-211615 (12/17 ed.)

ENDORSEMENT

Effective date of
this endorsement: January 15, 2024

Company: Federal Insurance Company

Endorsement No. 1

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

AMENDED DEFINITION OF CLAIM ENDORSEMENT (INCLUDE NON-MONETARY DEMANDS)

In consideration of the premium charged, it is agreed that:

- (1) Subpart (i) of the definition of **Claim** in Subsection 25 is deleted in its entirety and replaced with the following:
 - (i) a written demand for monetary damages or non-monetary relief,
- (2) The following is added to **Exclusions** Section 6:
 - (d) which constitutes any costs incurred by an **Insured** to comply with any order for injunctive or other non-monetary relief, or to comply with an agreement to provide such relief.

The title and any headings in this endorsement are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this policy shall remain unchanged.



Authorized Representative

ENDORSEMENT

Effective date of
this endorsement: January 15, 2024

Company: Federal Insurance Company

Endorsement No. 2

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

EPCRS SANCTIONS ENDORSEMENT

In consideration of the premium charged, it is agreed that:

- (1) Exclusion 6(a) of this policy shall not apply to (i) any sanctions imposed upon an **Insured** as a fiduciary, or (ii) any compliance fees incurred by an **Insured** as a fiduciary, under the Employee Plans Compliance Resolution System described in any applicable Internal Revenue Service Revenue Procedure ("**EPCRS Sanctions/Fees**"). Accordingly, the term **Loss**, as defined in Section 25 Definitions of this policy, is amended to include **EPCRS Sanctions/Fees**.
- (2) The Company's maximum liability for all **EPCRS Sanctions/Fees** on account of any **Claim** shall be \$250,000, which amount shall be part of and not in addition to the Limit of Liability for each **Loss** set forth in Item 3(A) of the Declarations for this policy. The Company's maximum aggregate liability for all **EPCRS Sanctions/Fees** on account of all **Claims** shall be \$250,000, which amount shall be part of and not in addition to the Limit of Liability for each **Policy Period** set forth in Item 3(B) of the Declarations for this policy.
- (3) No coverage will be available under this policy for **Loss** on account of any **Claim** based upon, arising from, or in consequence of:
 - (a) any fact, circumstance or situation of which any **Insured** had knowledge as of January 15, 2007 and which:
 - (i) a reasonable person would have concluded might constitute or give rise to a claim falling within the scope of coverage under this policy; or
 - (ii) indicated the probability of a claim; or
 - (b) any **Insured's** participation in, examination under, or decision to seek participation in or examination under the Employee Plans Compliance Resolution System (including but not limited to the Self-Correction Program, the Voluntary Correction Program, or the Audit Closing Agreement Program) on or before January 15, 2007.

The title and any headings in this endorsement are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this policy shall remain unchanged.

A handwritten signature in black ink, consisting of a large capital 'P' followed by several loops and a final flourish.

Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 3

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

AMEND DEFINITION OF INSURED

In consideration of the premium charged, it is agreed that the term **Insured**, as defined in Section 25 Definitions of this policy, is amended to include any natural person trustee or employee of a **Trust** or **Plan** that is also performing functions as a trustee or employee of any other **Trust** or **Plan**.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 4

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

PUBLIC ENTITY FIDUCIARY LIABILITY ENDORSEMENT (With Government Defense Option)

In consideration of the premium charged, it is agreed that:

- (1) The title of this policy "Labor Management Trust Fiduciary Liability Policy" is deleted and replaced with the following:

"Public Entity Fiduciary Liability Policy"

- (2) Section 2., Defense Provisions, of this policy is deleted and replaced with the following:

Defense Provisions

2. If there exists an applicable statute or agreement which provides defense of any **Claim** to which this insurance applies at no specific additional cost to the **Insured** or to the Company, then the Company shall not be called upon to assume charge of the investigation, settlement or defense of such **Claim** made or brought against the **Insured**, but shall have the right and be given the opportunity to be associated in the defense of any such **Claims** which, in the opinion of the Company may create liability on the part of the Company under the terms of the policy. If the Company avails itself of such right and opportunity, the Company shall do so at its own expense.

In the absence of any applicable statute or agreement which provides defense as outlined in the preceding paragraph, the Company shall have the right and duty to defend any **Claim** covered by this policy. Coverage shall apply even if any of the allegations are groundless, false or fraudulent. The Company's duty to defend shall cease upon exhaustion of the Company's applicable Limit of Liability as set forth in Item 3 of the Declarations.

Defense Costs incurred by the Company, or by the **Insured** with the written consent of the Company, are part of and not in addition to the Company's applicable Limit of Liability set forth in Item 3 of the Declarations, and the payment by the Company of **Defense Costs** reduces such applicable Limit of Liability.

The **Insureds** agree to provide the Company with all information, assistance and cooperation which the Company reasonably requests and agree that in the event of a **Claim** the **Insureds** will do nothing that may prejudice the Company's position or its potential or actual rights of recovery.

The **Insureds** agree to not to settle any **Claim**, incur any **Defense Costs** or otherwise assume any contractual obligation or admit any liability with respect to any **Claim** without the Company's written consent, which shall not be unreasonably withheld. The Company shall not be liable for any settlement, **Defense Costs**, assumed obligation or admission to which it has not consented.

- (3) Section 6., Exclusions, is amended by deleting Exclusion (a) and replacing it with the following:
- (a) which constitutes fines or penalties or the multiple portion of any multiplied damage award; ; provided however, this exclusion shall not apply to punitive, exemplary or multiplied damages, if and to the extent such damages are insurable under the law of the jurisdiction most favorable to the insurability of such damages, provided such jurisdiction has a substantial relationship to the **Insured**, the Company, or the **Claim** giving rise to such damages;
- (4) Section 25., Definitions, is amended as follows:
- A. Paragraph (v) of the Definition of **Claim** is deleted in its entirety.
 - B. Paragraph (a) of the Definition of **Wrongful Act** is deleted and replaced with the following:
 - (a) with respect to any **Trust** or **Plan**, any breach of the responsibilities, obligations or duties imposed upon fiduciaries of the **Trust** or **Plan** by the common or statutory law of the United States, or any state or other jurisdiction therein; or

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 5

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

AMEND SECTION 17. SUBROGATION AND WAIVER OF RECOURSE ENDORSEMENT

In consideration of the premium charged, it is agreed that the second paragraph of Section 17. Subrogation and Waiver of Recourse, is deleted in its entirety and replaced with the following:

The Company shall have no right of recourse against any **Insured**, if the premium for this policy (or any prior policy issued by the Company or its affiliates, of which this policy is a continuous renewal), or any portion thereof, was purchased by or on behalf of an **Insured** who is a natural person serving as a past, present or future trustee or employee of a **Trust** or **Plan**; provided that this policy (or any prior policy issued by the Company or its affiliates, of which this policy is a continuous renewal) was not purchased by a **Trust** or **Plan** on behalf of such natural person **Insured**.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 6

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

TRUSTEE ENDORSEMENT (NON-FIDUCIARY DEFENSE COSTS)

In consideration of the premium charged, it is agreed that this Policy is amended as follows:

- (1) The term **Wrongful Act**, as defined in 25., Definitions, is amended by adding the following to the end thereof:
 - (c) with respect to the **Trust** or **Plan**, any negligent act, error or omission by an **Insured** solely in such **Insured's** capacity as a trustee of the **Trust** or **Plan**.
- (2) No coverage will be available under this policy for **Loss**, other than **Defense Costs**, on account of any **Claim** solely alleging **Wrongful Acts**, as defined in subparagraph (c) as amended within this endorsement.
- (3) Section 9., Limit of Liability and Deductible, of this policy, is amended by adding the following to the end thereof:

The Company's maximum aggregate liability for all **Defense Costs** on account of all **Claims** solely alleging **Wrongful Acts**, as defined in subparagraph (c) as amended within this endorsement, committed, attempted, or allegedly committed or attempted by an **Insured** shall be the lesser of either twenty-five percent (25%) of the maximum aggregate limit of liability set forth in Item 3.(B) of the Declarations of this policy or two million dollars (\$2,000,000); which amount is part of, and not in addition to, the Company's maximum aggregate limit of liability set forth in Item 3.(B) of the Declarations of this policy.
- (4) It is agreed that the terms of the foregoing paragraphs (2) and (3) of this endorsement shall not apply to reduce coverage for any **Claim** otherwise covered as a result of an actual or alleged **Wrongful Act** as defined in Section 25., Definitions, subparagraphs (a) or (b).
- (5) Section 17., Subrogation and Waiver of Recourse, of this policy, is amended by adding the following to the end thereof:

The Company shall also be subrogated to the extent of any payment under this policy with respect to the coverage afforded pursuant to this endorsement to all of each and every **Insured's** rights of recovery against any third party, other than an **Insured**, under any contract or agreement.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.

A handwritten signature in black ink, consisting of a large capital 'P' followed by several loops and a final flourish.

Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 7

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

COBRA EXTENSION ENDORSEMENT

In consideration of the premium charged, it is agreed that:

- (1) Paragraph (f) of Section 5, Exclusions, of the policy shall not apply to the failure of the **Insured** to comply with the Consolidated Omnibus Budget Reconciliation Act of 1985 and any rules or regulations promulgated thereunder ("COBRA").
- (2) The term **Wrongful Act** as defined in Section 25, Definitions, of the policy is amended to include the following with respect to any **Trust** or **Plan**:
 - (a) any breach of the responsibilities, obligations or duties imposed upon fiduciaries of the **Trust** or **Plan** by the Consolidated Omnibus Budget Reconciliation Act of 1985 and any rules or regulations promulgated thereunder ("COBRA");
 - (b) any other violation of COBRA by a natural person **Insured** due solely to such **Insured's** service as a fiduciary of any **Trust** or **Plan**; or
 - (c) any negligent violation of COBRA by any natural person **Insured** in the **Administration** of any **Trust** or **Plan**.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative

ENDORSEMENT

Effective date of
this endorsement: January 15, 2024

Company: Federal Insurance Company

Endorsement No. 8

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

CALIFORNIA PREMIUM ENDORSEMENT

In consideration of the premium charged, it is agreed that:

It is agreed that in compliance with the ruling of the Commissioner of Insurance of the State of California and the opinion of the Attorney-General of that state requiring that the premium for all bonds or policies be endorsed thereon, the basic premium charged for the attached bond/policy for the period

From: January 15, 2024

To: January 15, 2025

Is: Twelve Thousand Four Hundred Ninety-Two Dollars and 00/100 (\$12,492.00)

CALIFORNIA SURCHARGE \$0.00

ALL OTHER TERMS AND CONDITIONS REMAINED UNCHANGED.



Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 9

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

AMEND ARBITRATION AND ALLOCATION ENDORSEMENT

In consideration of the premium charged, it is agreed that Section 14., Arbitration and Allocation, of this policy is deleted and replaced with the following:

Allocation

14. If both **Loss** covered by this policy and loss not covered by this policy are incurred, either because a **Claim** against any **Insured** includes both covered and uncovered matters or because a **Claim** is made against both an **Insured** and others, the **Insureds** and the Company shall allocate such amount between covered **Loss** and uncovered loss based upon the relative legal exposures of such parties to such matters.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 10

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

AMEND DEFINITION OF CLAIM ENDORSEMENT

In consideration of the premium charged, it is agreed that the term **Claim** as defined in Section 25., Definitions, of this policy is amended to include the following:

(vi) a written demand for arbitration proceeding commenced by receipt of a demand for arbitration or similar document,

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 11

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

AMEND INVESTIGATION AND SETTLEMENT ENDORSEMENT

In consideration of the premium charged, it is agreed that Section 16., Investigation and Settlement of this policy is deleted and replaced with the following:

16. The Company may make any investigation it deems necessary and may, with the written consent of the **Insured**, make any settlement of a claim it deems expedient.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 12

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

PPACA CIVIL MONEY PENALTIES ENDORSEMENT

In consideration of the premium charged, it is agreed that:

- (1) Exclusion 6(a) of this Policy shall not apply to any civil money penalties imposed upon an **Insured** for inadvertent violation of the Patient Protection and Affordable Care Act, as amended ("PPACA Civil Money Penalties"), and any rules or regulations promulgated thereunder.
- (2) The Company's maximum aggregate liability for all such PPACA Civil Money Penalties on account of all **Claims** first made during the **Policy Period** shall be \$250,000, which amount shall be part of, and not in addition to, the Company's maximum Aggregate Limit of Liability set forth in Item 3(B) of the Declarations for this Policy;
- (2) No Deductible Amount shall apply to **Loss** constituting PPACA Civil Money Penalties imposed upon an **Insured** for inadvertent violation of PPACA, and any rules or regulations promulgated thereunder.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 13

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

PPA CIVIL MONEY PENALTIES ENDORSEMENT

In consideration of the premium charged, it is agreed that:

- (1) Subject to paragraph (2) below, Exclusion (a) of Section 6, Exclusions, of this policy shall not apply to any civil money penalties imposed upon an **Insured** for violation of Section 507 of Title V of the Pension Protection Act of 2006 (the "PPA").
- (2) The Company's maximum aggregate limit of liability for all **Loss** on account of all **Claims** for violation of Section 507 of Title V of the PPA shall be \$250,000, which amount shall be part of, and not in addition to, the Company's maximum aggregate Limit of Liability set forth in Item 3 of the Declarations for this policy.
- (3) No deductible amount shall apply to that part of **Loss** constituting civil money penalties imposed upon an **Insured** for violation of Section 507 of Title V of the PPA.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 14

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

PRO RATA CANCELLATION ENDORSEMENT

In consideration of the premium charged, it is agreed that, notwithstanding anything to the contrary in the policy or any endorsements thereto, in the event that this policy is cancelled, any premium refund due to the insured shall be computed on a pro rata basis.

The cancellation will be effective even if a refund has not been made or offered.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 15

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

AMEND CONDUCT EXCLUSIONS ENDORSEMENT

In consideration of the premium charged, it is agreed that Section 5., Exclusions, of this policy is amended as follows:

- (1) Exclusion (b) is deleted and replaced with the following:
 - (b) based upon, arising from or in consequence of any deliberately fraudulent act or omission or any willful violation of any statute or regulation by such **Insured**, if a final, non-appealable adjudication in any underlying proceeding or action (other than a declaratory proceeding or action brought by or against the Company) establishes such a deliberately fraudulent act or omission or willful violation;
- (2) Exclusion (h) is deleted and replaced with the following
 - (h) based upon, arising from or in consequence of any **Insured** having gained any profit, remuneration or other advantage to which such **Insured** was not legally entitled, if a final, non-appealable adjudication in any underlying proceeding or action (other than a declaratory proceeding or action brought by or against the Company) establishes the gaining of such a profit, remuneration or advantage; or

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 16

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

SECTION 203 OF THE BIPARTISAN BUDGET ACT COVERAGE ENDORSEMENT

In consideration of the premium charged, it is agreed that:

- (1) The definition of **Loss** as set forth in Section 25., Definitions, of this Policy is amended to include the following:

Loss shall include civil money penalties imposed upon an **Insured** under Section 203 of the Bipartisan Budget Act of 2013.

- (2) The Company's maximum aggregate liability under this Policy for all civil money penalties as set forth in paragraph (1) of this endorsement shall be \$250,000, which amount shall be part of, and not in addition to, the Company's maximum Aggregate Limit of Liability set forth in Item 3 of the Declarations for this Policy.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 17

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

UMBRELLA SUBLIMIT ENDORSEMENT

In consideration of the premium charged, it is agreed that solely with respect to any civil fine, tax, or penalty, or Voluntary Settlement Program Coverage, afforded sublimited liability coverage under this policy, or in any endorsement attached thereto, the Company shall provide an additional maximum aggregate sublimit of liability of \$250,000 in excess of such sublimits of liability. This additional sublimit shall be part of, and not in addition to, the Company's maximum aggregate limit of liability for all **Loss** as set forth in Item 3. of the Declarations.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 18

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

OTHER FINES, TAXES OR PENALTIES COVERAGE ENDORSEMENT

In consideration of the premium charged, it is agreed that:

- (1) The definition of **Loss** as set forth in Section 25., Definitions, of this Policy is amended to include the following:

Other fines, taxes or penalties imposed by the Department of Labor, Internal Revenue Service or similar regulatory bodies not otherwise covered under this policy and not uninsurable by law.
- (2) Provided the Company's maximum limit of liability for all such other fines, taxes or penalties as set forth in paragraph (1) of this endorsement on account of all **Claims** shall be \$250,000, which amount shall be part of, and not in addition to, the Company's maximum Aggregate Limit of Liability set forth in Item 3 of the Declarations for this Policy.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 19

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

BENEFIT OVERPAYMENT COVERAGE ENDORSEMENT

In consideration of the premium charged, it is agreed that:

- (1) The Company shall pay on behalf of the **Insureds, Benefit Overpayment** with respect to a **Benefit Overpayment Notice** that is first given to the Company during the **Policy Period**, provided that the Company's maximum aggregate liability under this policy for all **Benefit Overpayment** for the **Policy Period** shall be \$100,000, which amount shall be part of, and not in addition to, the Company's maximum Aggregate Limit of Liability set forth in Item 3 of the Declarations for this policy.

- (2) For the purposes of this endorsement, the following terms shall have the following meanings:

Benefit Overpayment means the amount of overpayment by an **Insured** of a **Trust** or **Plan** benefit resulting from any negligent act, error or omission which:

- (a) results in an overpayment to a participant or beneficiary of a **Trust** or **Plan** that would otherwise not be covered by the **Trust** or **Plan**;
- (b) cannot be recovered by the **Trust** or **Plan** after reasonable effort; and
- (c) for which no **Claim** has been made against an **Insured**.

Benefit Overpayment shall not include salaries, wages, commissions, bonuses, benefits of, or paid to, any **Insured**, or any costs associated with the investigation or recovery of any amounts overpaid.

Benefit Overpayment Notice means written notice to the Company by an **Insured** of a **Benefit Overpayment**.

- (3) An **Insured** shall, as a condition precedent to coverage under this Endorsement, give to the Company any **Benefit Overpayment Notice** as soon as practicable after the **Insured** first becomes aware of such **Benefit Overpayment**.
- (4) If during the **Policy Period** an **Insured** gives a **Benefit Overpayment Notice** to the Company, then any **Claim** subsequently arising from such **Benefit Overpayment Notice**, or arising from the same or related facts, circumstances or situations alleged therein, shall be deemed to have been first made during the **Policy Period** in which such **Benefit Overpayment Notice** was first given to the Company.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.

A handwritten signature in black ink, appearing to be "P. M. S.", written above a horizontal line.

Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 20

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

In consideration of the premium charged, it is agreed that:

- A. If aggregate insured losses attributable to terrorist acts certified under the federal Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

“Certified act of terrorism” means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, to be an act of terrorism pursuant to such Act. The criteria contained in the Terrorism Risk Insurance Act for a “certified act of terrorism” include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
 2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
- B. The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any “loss” that is otherwise excluded under this Policy.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.

A handwritten signature in black ink, consisting of a large capital 'P' followed by several loops and a final flourish.

Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 21

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

AMEND RECOURSE CLAUSE ENDORSEMENT

In consideration of the premium charged, it is agreed that the Subrogation and Waiver of Recourse provision is amended by deleting the second paragraph in its entirety and replacing it with the following:

The Company shall have no right of recourse against any **Insured**, if the premium for this policy, or any portion thereof, was purchased by the **Insured** who is a natural person serving as a past, present or future trustee or employee of a **Trust** or **Plan**.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 22

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

HIPAA EXTENSION ENDORSEMENT

In consideration of the premium charged, it is agreed that:

1. Paragraph (f) of Section 5, Exclusions, of the policy is amended to read in its entirety as follows:
 - (f) based upon, arising from, or in consequence of the failure of the **Insured** to comply with any law governing workers' compensation, unemployment, social security or disability benefits or any similar law, except the Health Insurance Portability and Accountability Act of 1996 and any rules or regulations promulgated thereunder ("HIPAA").
2. Paragraph (a) of Section 6, Exclusions, of the policy shall not apply to civil money penalties imposed upon an **Insured** for violation of the privacy provisions of the Health Insurance Portability and Accountability Act ("HIPAA"); provided the Company's maximum aggregate liability for all such civil money penalties on account of all **Claims** first made during the **Policy Period** shall be \$1,000,000.00, which amount shall be part of and not in addition to the Company's maximum aggregate Limit of Liability set forth in Item 3(B) of the Declarations.
3. Paragraph (c) of Section 6, Exclusions, of the policy is amended to read in its entirety as follows:
 - (c) which constitutes benefits due or to become due under the terms of a **Plan** or **Trust**, or benefits that would be due under a **Plan** or **Trust** if such **Plan** or **Trust** complied with applicable law, except to the extent that:
 - (i) the **Insured** is a natural person and the benefits are payable by such **Insured** as a personal obligation, and
 - (ii) recovery for the benefits is based upon a covered **Wrongful Act**.
4. The definition of "**Wrongful Act**," as defined in Section 25, Definitions, of the policy is amended to include the following with respect to any **Trust** or **Plan**:

- (a) any breach of the responsibilities, obligations or duties imposed upon fiduciaries of the **Trust** or **Plan** by the Health Insurance Portability and Accountability Act of 1996 and any rules or regulations promulgated thereunder ("HIPAA"); or
- (b) any other violation of HIPAA by a natural person **Insured** due solely to such **Insured's** service as a fiduciary of any **Trust** or **Plan**; or
- (c) any negligent violation of HIPAA by any natural person **Insured** in the **Administration** of any **Trust** or **Plan**.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 23

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

**PENDING OR PRIOR LITIGATION EXCLUSION
FOR INCREASED LIMITS ENDORSEMENT**

In consideration of the premium charged, it is agreed that:

- (1) The Company shall not be liable for **Loss** on account of any **Claim** based upon, arising from, or in consequence of any demand, suit or other proceeding pending, or order, decree or judgment rendered against any **Insured** on or prior to January 15, 2023, or the same or any substantially similar fact, circumstance or situation underlying or alleged therein.
- (2) This endorsement shall apply only to the Limit of Liability of \$2,000,000 in excess of \$1,000,000 for each **Loss** and \$2,000,000 in excess of \$1,000,000 for each **Policy Period**.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 24

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

SPOUSAL EXTENSION ENDORSEMENT

In consideration of the premium charged, it is agreed that Section 3, Estates and Legal Representatives, Spousal Liability, subparagraph (b), of this policy is amended to read in its entirety as follows:

- (b) If a **Claim** against an **Insured** includes a claim against the lawful uninsured spouse or **Domestic Partner** of such **Insured** solely by reason of such spouse or **Domestic Partner's** status as a spouse or **Domestic Partner** or such spouse or **Domestic Partner's** ownership interest in property which the claimant seeks as recovery for an alleged **Wrongful Act** of such **Insured**, all loss which such spouse or **Domestic Partner** becomes legally obligated to pay on account of such **Claim** shall be treated for purposes of the policy as **Loss** which such **Insured** becomes legally obligated to pay on account of a **Claim** made against such **Insured**. All limitations, conditions, provisions and other terms of coverage applicable to such **Insured's Loss** shall also be applicable to such spousal or **Domestic Partner's** loss. However, coverage shall not apply to the extent any **Claim** alleges any act or omission by such **Insured's** spouse or **Domestic Partner**.

Domestic Partner means any individual person qualifying as such, either under the provisions of any: (i) applicable federal, state or local law; or (ii) formal program established by the **Insurance Representative** or its subsidiary(ies).

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 25

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

COMPLIANCE WITH APPLICABLE TRADE SANCTION LAWS

It is agreed that this insurance does not apply to the extent that trade or economic sanctions or other similar laws or regulations prohibit the coverage provided by this insurance.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative

ENDORSEMENT/RIDER

Effective date of
this endorsement/rider: January 15, 2024

Federal Insurance Company

Endorsement/Rider No. 26

To be attached to and
form a part of Policy No. 8170-8103

Issued to: FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

ADDITIONAL INSURED – THIRD PARTY ADMINISTRATOR ENDORSEMENT

In consideration of the premium charged, it is agreed that:

- (1) The term **Insured**, as defined in Section 25, Definitions, of this policy is amended to include:

HealthComp Administrators and any natural person, director, officer or employee thereof, (hereinafter each an "Additional Insured"),

but only with respect to any "Additional Insured Claim" (as defined below).
- (2) The Company shall not be liable to make any payment under this policy in connection with any **Claim** made against an "Additional Insured" other than an "Additional Insured Claim".
- (3) For purpose of this endorsement, the term "Additional Insured Claim" means a **Claim** made against an "Additional Insured", during the **Policy Period**, or any applicable Extended Reporting Period, as a result of any actual or alleged **Wrongful Act** committed, attempted, or allegedly committed or attempted by an "Additional Insured", but only when acting as a fiduciary and/or in the **Administration of a Trust or Plan**.
- (4) No coverage will be available under this policy for **Loss** on account of any **Claim** brought or maintained by a **Trust or Plan** against an "Additional Insured".

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Fresno City Employee Health & Welfare Trust Subcommittees

Member Outreach -Listening Tour

Sam Frank

Jennifer Misner

Jeff LaBlue

Vendor Contracts / BAA

Kim Jackson

Sam Frank

Georgeanne White

Trust Agreement

Kim Jackson

Sam Frank

Georgeanne White

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

**MONTHLY CLAIMS EXPERIENCE ANALYSIS
MEDICAL AND PRESCRIPTION DRUGS
SEVEN MONTHS ENDING JANUARY 31, 2024**

		<u>PER ELIGIBLE</u>
ACTIVES	\$ 34,651,419.82	\$ 1,271.33
COBRA	233,817.58	6,153.09
RETIREEES	2,925,957.13	2,300.28
	<u>\$ 37,811,194.53</u>	\$ 1,323.64
 MEDICARE SUPPLEMENT	 \$ 1,113,804.49	 \$ 1,026.55
SELF-PAY OVER 65	263,013.91	1,765.19
	<u><u>\$ 39,188,012.93</u></u>	\$ 1,315.03
 AVERAGE MONTHLY COST - YTD	 <u><u>\$ 5,598,287.56</u></u>	 \$ 1,315.03
 PRIOR YEAR AVERAGE MONTHLY COST - YTD SIX MONTHS ENDING JANUARY 31, 2023	 4,831,542.90	 \$ 1,216.53
 PRIOR PLAN YEAR AVERAGE MONTHLY COST JULY 2022 - JUNE 2023	 \$ 5,216,004.03	 \$ 1,290.69
 TWELVE MONTH ROLLING AVERAGE February 1, 2023 - January 31, 2024	 \$ 5,663,271.75	 \$ 1,345.89

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

**MONTHLY CLAIMS EXPERIENCE ANALYSIS
DENTAL BENEFIT SECTION
SEVEN MONTHS ENDING JANUARY 31, 2024**

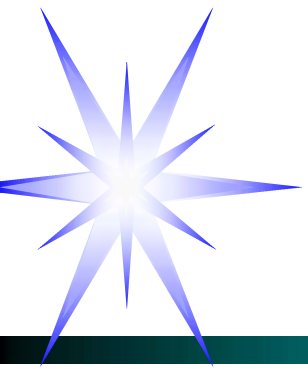
<u>DELTA DENTAL</u>	<u>PAYMENTS</u>	<u>PER ELIGIBLE</u>
ACTIVES	\$ 1,666,746.84	\$ 67.11
RETIREEES	250,695.63	\$ 66.83
 TOTAL FOR DELTA DENTAL	 <u>\$ 1,917,442.47</u>	 \$ 67.08
 AVERAGE MONTHLY COST	 \$ 273,920.35	 \$ 67.08
PUD HMO AVG MONTHLY PREM	14,292.58	\$ 43.18
 TOTAL AVG MONTHLY COST - YTD	 <u>\$ 288,212.93</u>	 \$ 65.28

**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
February 1, 2023 - January 31, 2024**

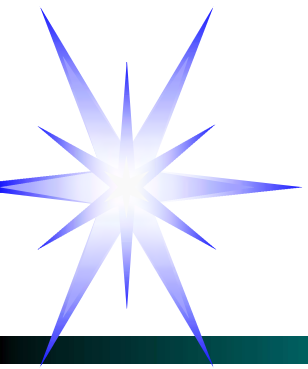
\$ 61.74



Average Cost Per Participant Monthly

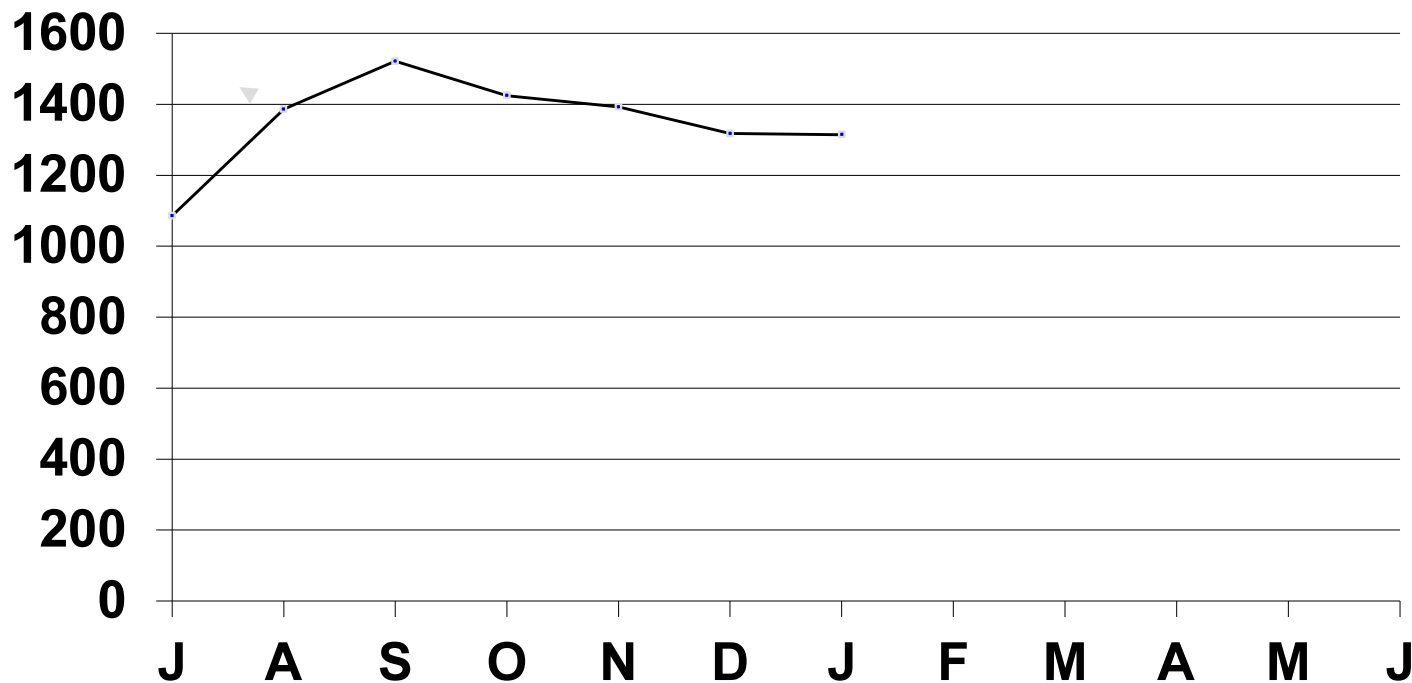
Fresno City Employees H & W Trust
July 23 – Jun 24

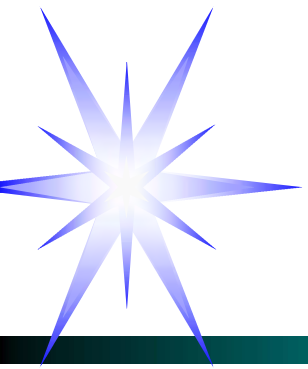




Average Cost Per Participant Year to Date

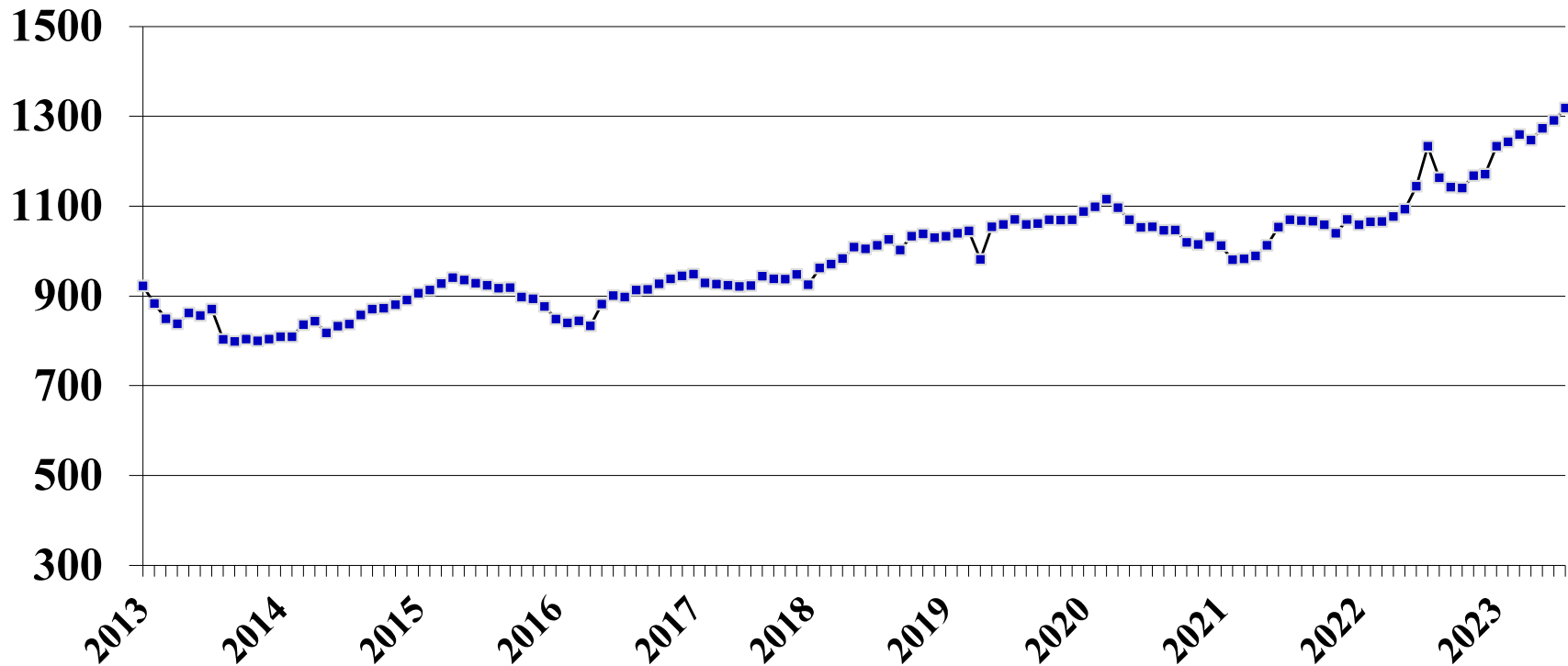
Fresno City Employees H & W Trust
July 23 – Jun 24





Average Cost Per Participant 12 Month Rolling Average

Fresno City Employees H & W Trust
Jun 2013 – Jan 2024



FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST
FINANCIAL ANALYSIS FOR MEDICAL, VISION AND PRESCRIPTION DRUG
SEVEN MONTHS ENDING JANUARY 31, 2024

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
ACTIVES								
PPO Contributing	2,635	\$ 1,681.16	\$ 126.12	\$ 1,807.28	\$ 1,323.00	\$ 3.38	\$ (480.90)	\$ (8,870,200.50)
PPO Non-Cont 35	1,217	\$ 426.86	\$ 126.12	\$ 552.98	\$ 895.00	\$ 3.38	\$ 345.40	\$ 2,942,462.60
PPO Non-Cont 25	42	\$ 31.72	\$ 126.12	\$ 157.84	\$ 1,037.00	\$ 3.38	\$ 882.54	\$ 259,466.76
								\$ -
TOTAL (a)	3894	\$ 1,271.36	\$ 126.12	\$ 1,397.48	\$ 1,186.15	\$ 3.38	\$ (207.95)	\$ (5,668,271.14)
RETIREES								
PPO Plan	182	\$ 2,300.28	\$ 126.12	\$ 2,426.40	\$ 1,323.00	\$ 3.38	\$ (1,100.02)	\$ (1,399,226.41)
TOTAL	182	2,300.28	\$ 126.12	\$ 2,426.40	\$ 1,323.00	\$ 3.38	\$ (1,100.02)	\$ (1,399,226.41)
COBRA								
PPO Plan	5	\$ 6,153.09	\$ 126.12	\$ 6,279.21	\$ 1,349.46	\$ 3.38	\$ (4,926.37)	\$ (172,422.95)
TOTAL	5	\$ 6,153.09	\$ 126.12	\$ 6,279.21	\$ 1,349.46	\$ 3.38	\$ (4,926.37)	\$ (172,422.95)
MEDICARE SUPP								
PPO Plan	155	\$ 1,026.55	\$ 29.54	\$ 1,056.09	\$ 725.00	\$ 3.38	\$ (327.71)	\$ (355,565.35)
TOTAL	155	\$ 1,026.55	\$ 29.54	\$ 1,056.09	\$ 725.00	\$ 3.38	\$ (327.71)	\$ (355,565.35)
SELF-PAY								
PPO Plan	21	\$ 1,765.19	\$ 126.12	\$ 1,891.31	\$ 1,595.00	\$ 3.38	\$ (292.93)	\$ (43,060.71)
TOTAL	21	\$ 1,765.19	\$ 126.12	\$ 1,891.31	\$ 1,595.00	\$ 3.38	\$ (292.93)	\$ (43,060.71)
Stop-Loss Reimbursement								\$ 5,295,017.06
Prescription Drug Rebates								\$ 4,079,694.00
TOTAL								\$ 1,736,164.50

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. 2/7/2024

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

FINANCIAL ANALYSIS FOR DENTAL SEVEN MONTHS ENDING JANUARY 31, 2024

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
Delta PPO	4084	\$ 67.08	\$ 5.60	\$ 72.68	\$105.00		\$ 32.32	\$ 923,964.16
PUD HMO	331	\$ -	\$ 43.18	\$ 43.18	\$105.00		\$ 61.82	\$ 143,236.94
TOTAL								\$ 1,067,201.10

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
EIGHT MONTHS ENDING FEBRUARY 29, 2024**

		<u>PER ELIGIBLE</u>
ACTIVES	\$ 38,870,098.92	\$ 1,243.80
COBRA	271,278.95	6,165.43
RETIREEES	3,337,272.66	2,293.66
	<u>\$ 42,478,650.53</u>	\$ 1,297.06
 MEDICARE SUPPLEMENT	 \$ 1,279,888.27	 \$ 1,035.51
SELF-PAY OVER 65	272,091.17	1,610.01
	<u><u>\$ 44,030,629.97</u></u>	\$ 1,289.14
 AVERAGE MONTHLY COST - YTD	 <u><u>\$ 5,503,828.75</u></u>	 \$ 1,289.14
 PRIOR YEAR AVERAGE MONTHLY COST - YTD		
EIGHT MONTHS ENDING FEBRUARY 29, 2023	4,868,958.39	\$ 1,222.05
 PRIOR PLAN YEAR AVERAGE MONTHLY COST		
JULY 2022 - JUNE 2023	\$ 5,216,004.03	\$ 1,290.69
 TWELVE MONTH ROLLING AVERAGE		
March 1, 2023 - February 29, 2024	\$ 5,639,250.94	\$ 1,332.74

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

MONTHLY CLAIMS EXPERIENCE ANALYSIS DENTAL BENEFIT SECTION EIGHT MONTHS ENDING FEBRUARY 29, 2024

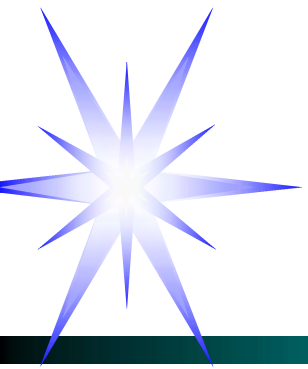
<u>DELTA DENTAL</u>	<u>PAYMENTS</u>	<u>PER ELIGIBLE</u>
ACTIVES	\$ 1,950,257.52	\$ 68.36
RETIREEES	303,002.06	\$ 70.70
 TOTAL FOR DELTA DENTAL	 <u>\$ 2,253,259.58</u>	 \$ 68.67
 AVERAGE MONTHLY COST	 \$ 281,657.45	 \$ 68.67
PUD HMO AVG MONTHLY PREM	14,292.58	\$ 43.18
 TOTAL AVG MONTHLY COST - YTD	 <u>\$ 295,950.03</u>	 \$ 66.76

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

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

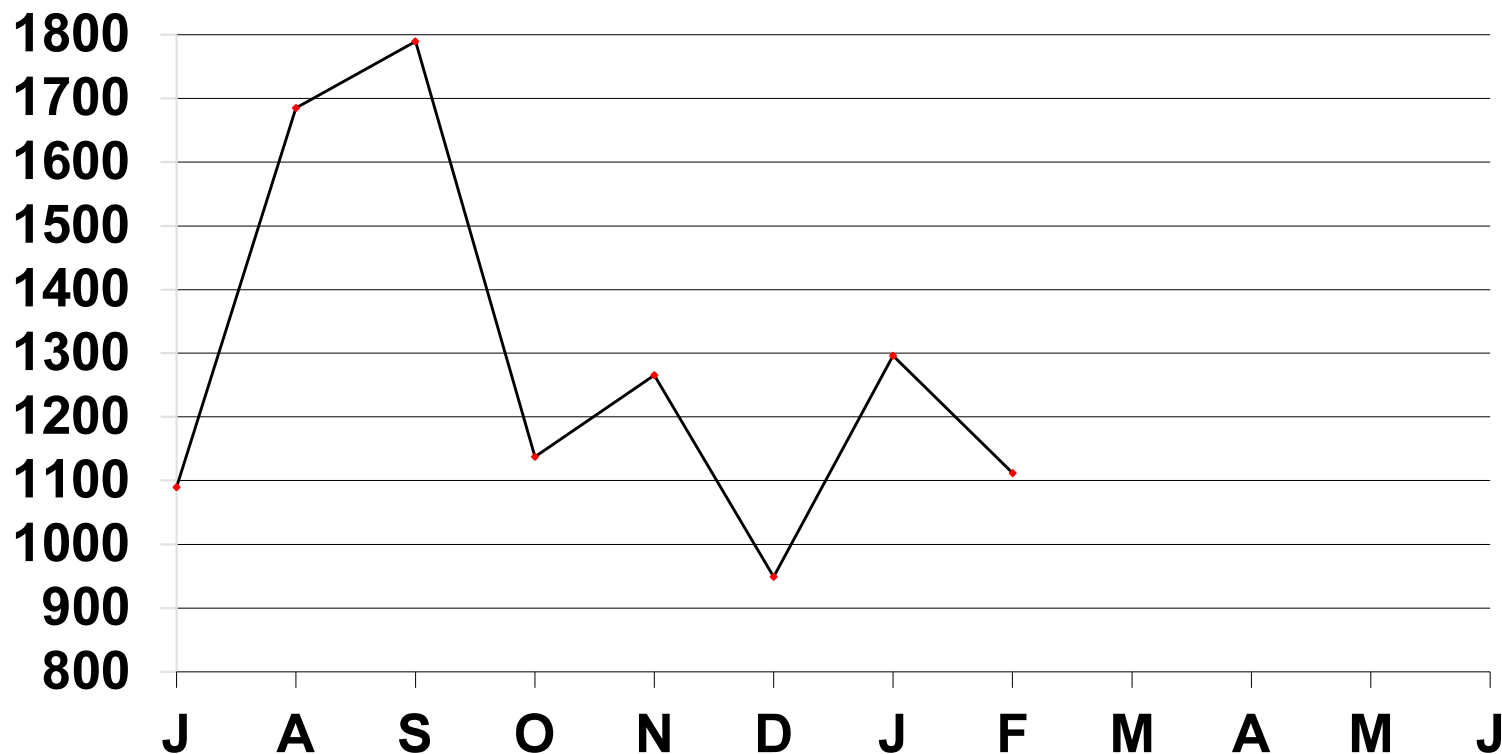
TWELVE MONTH ROLLING AVERAGE DELTA DENTAL March 1, 2023 - February 29, 2024

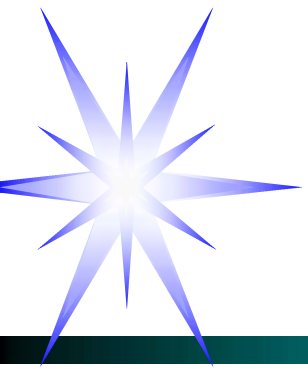
\$ 64.45



Average Cost Per Participant Monthly

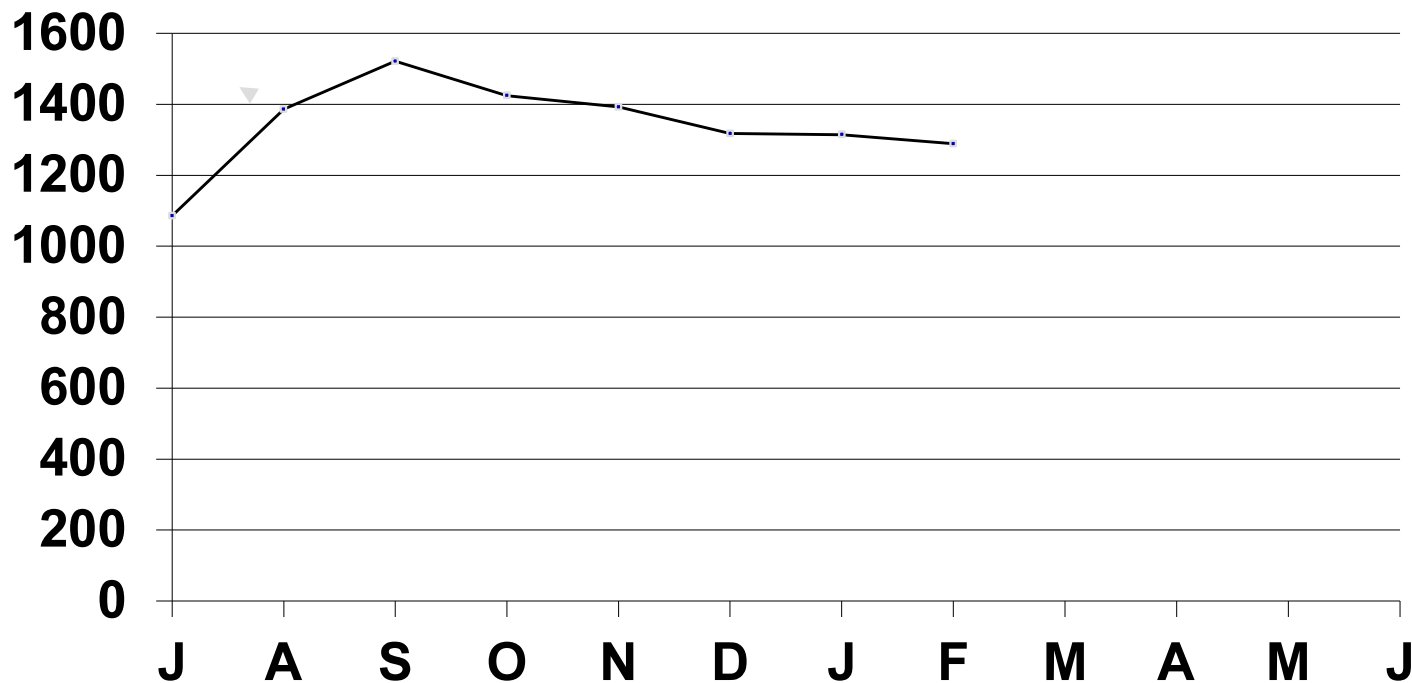
Fresno City Employees H & W Trust
July 23 – Jun 24

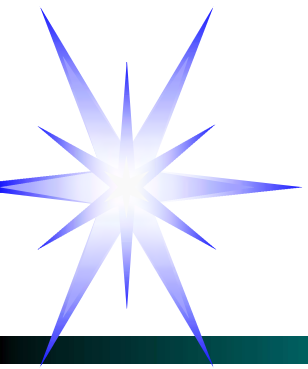




Average Cost Per Participant Year to Date

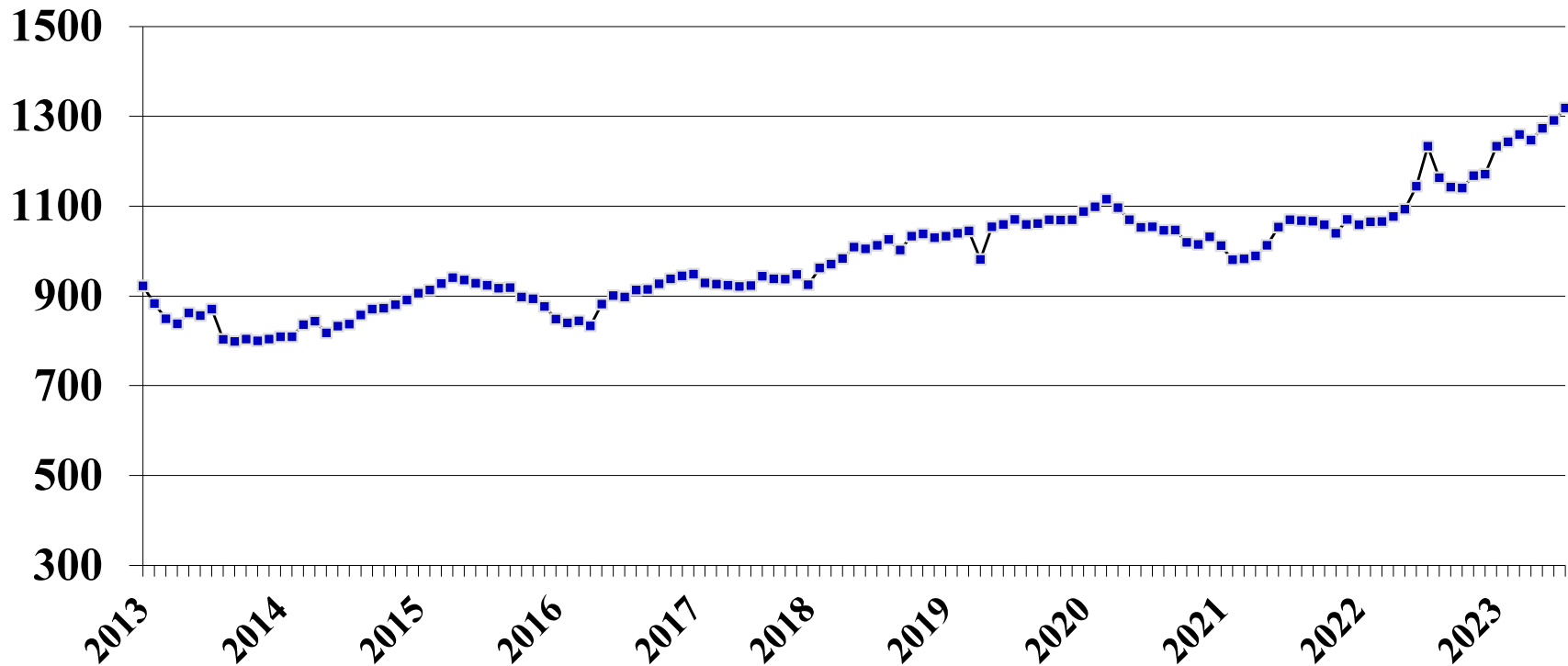
Fresno City Employees H & W Trust
July 23 – Jun 24





Average Cost Per Participant 12 Month Rolling Average

Fresno City Employees H & W Trust
Jun 2013 – Feb 2024



FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST
FINANCIAL ANALYSIS FOR MEDICAL, VISION AND PRESCRIPTION DRUG
EIGHT MONTHS ENDING FEBRUARY 29, 2024

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
ACTIVES								
PPO Contributing	2,634	\$ 1,648.70	\$ 126.12	\$ 1,774.82	\$ 1,323.00	\$ 3.37	\$ (448.45)	\$ (9,449,738.40)
PPO Non-Cont 35	1,229	\$ 418.45	\$ 126.12	\$ 544.57	\$ 895.00	\$ 3.37	\$ 353.80	\$ 3,478,561.60
PPO Non-Cont 25	44	\$ 47.85	\$ 126.12	\$ 173.97	\$ 1,037.00	\$ 3.37	\$ 866.40	\$ 304,972.80
								\$ -
TOTAL (a)	3907	\$ 1,243.68	\$ 126.12	\$ 1,369.80	\$ 1,185.15	\$ 3.37	\$ (181.28)	\$ (5,666,204.00)
RETIREEES								
PPO Plan	182	\$ 2,293.66	\$ 126.12	\$ 2,419.78	\$ 1,323.00	\$ 3.37	\$ (1,093.41)	\$ (1,590,908.91)
TOTAL	182	2,293.66	\$ 126.12	\$ 2,419.78	\$ 1,323.00	\$ 3.37	\$ (1,093.41)	\$ (1,590,908.91)
COBRA								
PPO Plan	6	\$ 6,165.43	\$ 126.12	\$ 6,291.55	\$ 1,349.46	\$ 3.37	\$ (4,938.72)	\$ (237,058.56)
TOTAL	6	\$ 6,165.43	\$ 126.12	\$ 6,291.55	\$ 1,349.46	\$ 3.37	\$ (4,938.72)	\$ (237,058.56)
MEDICARE SUPP								
PPO Plan	155	\$ 1,035.51	\$ 29.54	\$ 1,065.05	\$ 725.00	\$ 3.37	\$ (336.68)	\$ (417,483.20)
TOTAL	155	\$ 1,035.51	\$ 29.54	\$ 1,065.05	\$ 725.00	\$ 3.37	\$ (336.68)	\$ (417,483.20)
SELF-PAY								
PPO Plan	21	\$ 1,610.01	\$ 126.12	\$ 1,736.13	\$ 1,595.00	\$ 3.37	\$ (137.76)	\$ (23,143.68)
TOTAL	21	\$ 1,610.01	\$ 126.12	\$ 1,736.13	\$ 1,595.00	\$ 3.37	\$ (137.76)	\$ (23,143.68)
Stop-Loss Reimbursement								\$ 6,607,180.86
Prescription Drug Rebates								\$ 4,178,554.80
TOTAL								\$ 2,850,937.31

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. 3/8/2024

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

FINANCIAL ANALYSIS FOR DENTAL EIGHT MONTHS ENDING FEBRUARY 29, 2024

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
Delta PPO	4102	\$ 68.67	\$ 5.60	\$ 74.27	\$105.00		\$ 30.73	\$ 1,008,435.68
PUD HMO	331	\$ -	\$ 43.18	\$ 43.18	\$105.00		\$ 61.82	\$ 163,699.36
TOTAL								\$ 1,172,135.04

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.

**SPECIFIC STOP LOSS
THROUGH 01/31/2024**

OVER \$550,000.00

LASERED \$1,400,000.00

LASERED \$1,400,000.00

MEMBER	NET PAID	STILL TO MEET
2	\$492,039.58	\$907,960.42
TOTAL	\$492,039.58	\$907,960.42

LASERED \$975,000.00

MEMBER	NET PAID	STILL TO MEET
3	\$296,710.73	\$678,289.27
TOTAL	\$296,710.73	\$678,289.27

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	\$ 176.20	\$ 5,035,972.20	\$ 576,668.92	\$ (4,459,303.28)
350,000	\$ 90.13	\$ 2,576,005.53	\$ 142,039.58	\$ (2,433,965.95)
550,000	\$ 48.84	\$ 1,395,896.04	\$ -	\$ (1,395,896.04)

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

1,728,273.54

SPECIFIC STOP LOSS
THROUGH 02/29/2024

OVER \$550,000.00

LASERED \$1,400,000.00

LASERED \$1,400,000.00

MEMBER	NET PAID	STILL TO MEET
2	\$542,668.68	\$857,331.32
TOTAL	\$542,668.68	\$857,331.32

LASERED \$975,000.00

MEMBER	NET PAID	STILL TO MEET
3	\$298,232.00	\$676,768.00
TOTAL	\$298,232.00	\$676,768.00

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	\$ 176.20	\$ 5,774,955.00	\$ 903,424.24	\$ (4,871,530.76)
350,000	\$ 90.13	\$ 2,954,010.75	\$ 192,668.68	\$ (2,761,342.07)
550,000	\$ 48.84	\$ 1,600,731.00	\$ 42,668.68	\$ (1,558,062.32)

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

444, 246.17

Paid Claims Lag Time Analysis by Input Date

INCURRED: 01/01/1990 - 01/31/2024 | PAID: 01/01/2024 - 01/31/2024

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	6,231	44.7 %	44.7 %	13,900	99.6 %	99.6 %	13,574	97.3 %	97.3 %	13,178	94.4 %	94.4 %
11 - 14	1,321	9.5 %	54.1 %	35	0.3 %	99.9 %	345	2.5 %	99.7 %	676	4.8 %	99.3 %
15 - 21	1,580	11.3 %	65.4 %	13	0.1 %	99.9 %	16	0.1 %	99.9 %	56	0.4 %	99.7 %
22 - 28	1,018	7.3 %	72.7 %	4	0.0 %	100.0 %	18	0.1 %	100.0 %	27	0.2 %	99.9 %
Over 28	3,805	27.3 %	100.0 %	3	0.0 %	100.0 %	2	0.0 %	100.0 %	18	0.1 %	100.0 %

Total # of claims: 13,955

Average days from incurred to input: 31.5

Average days from input to processed: 1.1

Average days from processed to paid: 4.3

Average days from input to paid: 5.4

Paid Claims Lag Time Analysis by Input Date

INCURRED: 01/01/1990 - 02/29/2024 | PAID: 02/01/2024 - 02/29/2024

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	4,759	49.4 %	49.4 %	9,588	99.6 %	99.6 %	9,610	99.8 %	99.8 %	9,411	97.7 %	97.7 %
11 - 14	966	10.0 %	59.4 %	8	0.1 %	99.6 %	5	0.1 %	99.8 %	162	1.7 %	99.4 %
15 - 21	1,099	11.4 %	70.9 %	18	0.2 %	99.8 %	13	0.1 %	100.0 %	29	0.3 %	99.7 %
22 - 28	588	6.1 %	77.0 %	5	0.1 %	99.9 %	2	0.0 %	100.0 %	14	0.1 %	99.8 %
Over 28	2,219	23.0 %	100.0 %	12	0.1 %	100.0 %	1	0.0 %	100.0 %	15	0.2 %	100.0 %

Total # of claims: 9,631

Average days from incurred to input: 33.2

Average days from input to processed: 1.1

Average days from processed to paid: 3.7

Average days from input to paid: 4.8

Please check box(s) that apply for vendor	Brief Summary of Complaint	How can we improve our services	HC Actions
HealthComp -Plan Administrator	I called Teladoc and they said I dont have a plan		HC unable to identify the member. Blue Shield identified a file disruption that caused some members status to show incorrectly. This has since been resolved- closed
HealthComp -Plan Administrator	No one answers the incoming phone calls	Answering phones promptly to provide proper customer service	Due to the start of the new year, HealthComp was handling a high call volume of calls which resulted in delays and longer wait times. HealthComp has since hired additional member service agents to assist with call volumes-closed
OptumRx -Prescriptions	I received a prescription and have been going back and forth between the doctors office and the Prior Authorization Appeals department for Optum RX. The person I spoke with gave me an incorrect fax number for the Appeals department. I believe that one department within Optum RX does not speak with each other. My doctors office supervisor received a call indicating that my medication was approved. I was told otherwise.	Communicate within your departments. Don't give out incorrect fax numbers.	HC has reached out to the Account Manager for OptumRx to request for a member outreach to go over their prescription's PA process.
Halcyon -Mental Health	Requested referral for substance abuse programs once and a psychiatric referral twice, but did not hear back from Halcyon		HC has reached out to the Account Manager for Halcyon to request for a member outreach.

Diana Cavazos

From: Diana Cavazos
Sent: Wednesday, February 7, 2024 11:34 AM
To: Andrew Desa; David Broome; Michael Moss
Cc: Thomas Georgouses
Subject: 200/Fresno City -Introducing Personify Health (Virgin Pulse and HealthComp)

Hello!

You all have heard it here first! We will include this announcement for the March meeting.

We have an exciting development in the evolution of the Virgin Pulse/HealthComp organization. Our combined company brand is now: [Personify Health](#). Personalized, human-centric, and powerfully simple, Personify Health helps businesses optimize investments in their members while empowering people to more deeply engage with their health.

Why Personify Health? Imagine this:

You're managing health - for yourself and your employees.
You're bracing for complexity, jargon, and off-the-shelf solutions.
But instead, you find something simpler.
With everything all in one place, on a single platform.
With experiences that engage your members, rather than exhaust you.
And solutions that have more of what you need and less of what you don't.
That's a big idea. And it's why we're here.
We're Personify Health.

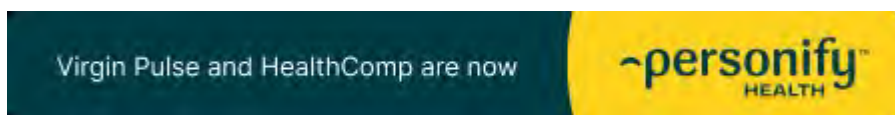
What does this mean for you?

We understand this update may spark some questions for you. Here are the important details:

- **We're not flipping a switch** – We'll be transitioning from the Virgin Pulse and HealthComp brands to Personify Health over the course of 2024. We won't be changing our brand for members (i.e., member communication, what's in the app store or on ID cards) until 1/1/25. For now, there is nothing for you to do.
- **We will be by your side** – We will be working on an appropriate change management approach between now and then, providing updates and support.
- **Near-term milestones to expect** – Our next milestone will be around [Thrive Summit](#) in April (hope to see you there!), when we will launch a new website and additional assets. Beyond that, you'll see things like "Virgin Pulse/HealthComp is now Personify Health" in select settings.

It's an exciting new era! [Learn more about Personify Health, including a preview of our new look and feel.](#)

Diana Cavazos | Account Management
dcavazos@healthcomp.com
W 559-312-2295 PST



Confidentiality Notice: This email was sent securely using Transport Layer Security (TLS) Encryption. Please ensure your email systems support TLS before replying with any confidential information. The information contained in this e-mail, including any attachment(s), is intended solely for use by the designated recipient(s). Unauthorized use,

dissemination, distribution, or reproduction of this message by anyone other than the intended recipient(s), or a person designated as responsible for delivering such messages to the intended recipient, is strictly prohibited and may be unlawful. This e-mail may contain proprietary, confidential, or privileged information. Any views or opinions expressed are solely those of the author and do not necessarily represent those of HealthComp, LLC or Virgin Pulse, Inc. If you have received this message in error, or are not the named recipient(s), please immediately notify the sender and delete this e-mail message.

Hi Fresno City EE H&W Trust

I am reaching out to you today with an exciting invitation to join Virgin Pulse + HealthComp at the most immersive event of the year. A major benefit of this merger, we're bringing together Virgin Pulse + HealthComp industry leaders, experts, clients, and innovators to educate and inspire you to grow your programs. **Join us in Atlanta, GA on April 9-11, 2024, at [Thrive Summit 2024](#).**

Thrive Summit is a comprehensive yet intimate experience, attended by health executives, experts and innovators, brokers, employers, health plans, health systems, and more, who are facing similar challenges and driving to real results.

Over the course of the three-day summit, you'll gain actionable, real-life strategies for evolving programs and achieving positive outcomes and we'll tackle big topics like **care and benefits navigation, claims management, enrollment and eligibility management, provider network management, cost containment, clinical advocacy, health plan administration, medical management, payment integrity, and more.**

And I am pleased to share that you'll receive one comped pass for in person and/or livestream tickets when you use code **Client Unique Code**. Space is limited!

Please let me know if you have any questions.

Thank you,

Diana Cavazos

Fresno City Employees Health and Welfare Trust

Fiscal Year July '23 -June '24

P.O. BOX45018
FRESNO, CA 93718-5018



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

June x, 2024

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

Dear Plan Participant:

The annual open enrollment for the Fresno City Employees Health & Welfare Trust Plan was recently conducted. The elections made during this open enrollment will go into effect on July 1, 2024, You were mailed an open enrollment packet at the end of April 2024. To date, we have either not received your response or have received only a partial response. The completion and return of the forms contained in the packet is required.

In an effort to accommodate all circumstances which may have prevented participants from returning their open enrollment information, the Board of Trustees has provided a grace period through June 30, 2024. You are strongly encouraged to complete your open Enrollment forms and return them to HealthComp Administrators by the grace period deadline.

Certain information requested on the Open Enrollment forms is necessary for the accurate processing and payment of your health claims. It will therefore be necessary for us to hold payment of all claims submitted on your behalf for dates of service after June 30, 2024, until such time as we receive the completed Open Enrollment forms from you.

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

We look forward to your reply,

THE BOARD OF TRUSTEES

Fresno City Employees Health and Welfare Trust

Fiscal Year July '23-June '24

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



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

June x, 2024

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

Dear Plan Participant:

The annual open enrollment for the Fresno City Employees Health & Welfare Trust Plan was recently conducted. The elections made during this open enrollment will go into effect on July 1, 2024. You were mailed an announcement for the online open enrollment at the end of April 2024. To date, you have not completed the enrollment.

In an effort to accommodate all circumstances which may have prevented participants from completing their open enrollment, the Board of Trustees has provided a grace period through June 30, 2024. You are strongly encouraged to complete your open enrollment by the grace period deadline.

Certain information during Open Enrollment process is necessary for the accurate processing and payment of your health claims. It will therefore be necessary for us to hold payment of all claims submitted on your behalf for dates of service after June 30, 2024, until such time as you complete your Open Enrollment process.

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

We look forward to your reply,

THE BOARD OF TRUSTEES

Fresno City Employees Health and Welfare Trust

Fiscal Year July '23-June '24



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

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

June x, 2024

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

Dear Plan Participant:

The Fresno City Employees Health & Welfare Trust recently conducted an open enrollment for an effective date of July 1, 2024. An open enrollment announcement regarding the online open enrollment was sent to you at the end of April 2024. On June X, 2024, a letter was mailed to you providing a grace period extension to June 30, 2024 for the completion of your open enrollment process.

To date you have not completed the online open enrollment.

Certain information requested during Open Enrollment is necessary for the accurate processing and payment of your health claims. It will therefore be necessary for us to deny payment of all claims submitted on your behalf for dates of service after June 30, 2024, until such time as you complete the Open Enrollment process.

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

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

THE BOARD OF TRUSTEES

Fresno City Employees Health and Welfare Trust

Fiscal Year July '23-June '24

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



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

June x, 2024

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

Dear Plan Participant:

The Fresno City Employees Health & Welfare Trust recently conducted an open enrollment for an effective date of July 1, 2024. Open enrollment materials were sent to you at the end of April 2024. On June X, 2024, a letter was mailed to you providing a grace period extension to June 30, 2024 for the return of your open enrollment forms.

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

Certain information requested on the Open Enrollment forms is necessary for the accurate processing and payment of your health claims. It will therefore be necessary for us to deny payment of all claims submitted on your behalf for dates of service after June 30, 2024, until such time as we receive the completed Open Enrollment forms from you subject to all plan provisions.

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

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

THE BOARD OF TRUSTEES

Fresno City Employees Health and Welfare Trust

Fiscal Year July '24 – June '25



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

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

IMPORTANT ANNOUNCEMENT

May 1, 2024

TO: FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST ACTIVE PARTICIPANTS

RE: OPEN ENROLLMENT MAY 1 – MAY 31

The annual open enrollment period will be from May 1 to May 31, 2024. During open enrollment you have the opportunity to change your dental/vision plan selection, your contribution election and verify or update any information we have about you or your dependents.

EVEN IF YOU ARE NOT MAKING ANY CHANGES, YOU MUST COMPLETE THE ONLINE OPEN ENROLLMENT BY MAY 31, 2024. ANY CHANGES YOU MAKE WILL BE EFFECTIVE JULY 1, 2024.

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

The contribution election you made on your most recent Premium Conversion Plan/Payroll Deduction Authorization will remain in effect for the 2024/2025 plan year and require no action on your part unless you change your election.

The rate for medical, dental and vision benefits will increase for the new plan year beginning July 1, 2024. A contribution equal to 70% of the Trust rate of \$TBD or \$TBD will be made by the City on behalf of eligible employees defined under the MOU. The contribution from the City of Fresno into the Trust Fund is not enough to cover the full rate. In order to receive full benefits, active employees will be required to contribute by payroll deduction, the difference between the \$TBD Trust Fund rate and the City contribution. In order to receive full benefits, the employee's 30% contribution will be \$TBD per month.

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

IF YOU DO NOT MAKE THE CONTRIBUTION OF \$TBD AND THE TRUST FUND RECEIVES ONLY A \$1000.00 CONTRIBUTION FROM THE CITY, FOR MEDICAL AND MENTAL HEALTH CARE SERVICES, A DEDUCTIBLE OF \$1,300 PER INDIVIDUAL AND \$2,600 PER FAMILY WILL APPLY; AND AFTER MEETING THE DEDUCTIBLE, A MEMBER CO-INSURANCE RESPONSIBILITY OF 48% FOR IN-NETWORK SERVICES WILL APPLY UNTIL THE OUT-OF-POCKET IN-NETWORK LIMIT OF \$4,600 PER INDIVIDUAL AND \$9,200 PER FAMILY IS REACHED. (SIMILAR REDUCTIONS WILL APPLY FOR PRESCRIPTION DRUG EXPENSES INCLUDING A SEPARATE OUT-OF-POCKET LIMIT OF \$2,000 PER INDIVIDUAL AND \$4,000 PER FAMILY.)

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

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

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

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

A full description of your benefits may be found in the July 1, 2024 Fresno City Employees Health and Welfare Trust Plan Booklet, which will be posted on the Fresno City website when finalized. Up-to-date links to provider directories from Blue Shield, EyeMed, United HealthCare Dental, and Delta Dental will also be posted on the Fresno City website when made available:

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

Checklist for Open Enrollment Completion

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

☐ **Other Insurance Information Questionnaire Form (REQUIRED)**

If you have any questions regarding your open enrollment selection or would like to receive a printed version of the July 1, 2024 Plan Booklet, please contact HealthComp at (559) 499-2450.

The Board of Trustees

Fresno City Employees Health and Welfare Trust

Fiscal Year July '24 – June '25



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

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

IMPORTANT ANNOUNCEMENT

May 1, 2024

TO: FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST ACTIVE PARTICIPANTS

RE: OPEN ENROLLMENT MAY 1 – MAY 31

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

EVEN IF YOU ARE NOT MAKING ANY CHANGES, YOU MUST COMPLETE THE ONLINE OPEN ENROLLMENT BY MAY 31, 2024. ANY CHANGES YOU MAKE WILL BE EFFECTIVE JULY 1, 2024.

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

The contribution election you made on your most recent Premium Conversion Plan/Payroll Deduction Authorization will remain in effect for the 2024/2025 plan year and require no action on your part unless you change your election.

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

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

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

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

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

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

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

A full description of your benefits may be found in the July 1, 2024 Fresno City Employees Health and Welfare Trust Plan Booklet, which will be posted on the Fresno City website when finalized. Up-to-date links to provider directories from Blue Shield, EyeMed, United HealthCare Dental, and Delta Dental will also be posted on the Fresno City website when made available:

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

Checklist for Open Enrollment Completion

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

If you have any questions regarding your open enrollment selection or would like to receive a printed version of the July 1, 2024 Plan Booklet, please contact HealthComp at (559) 499-2450.

The Board of Trustees

Fresno City Employees Health and Welfare Trust
Open Enrollment Verification/Change Form for the Fiscal Year July '24 – June '25

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



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

April 24, 2024

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

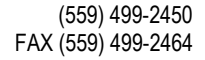
Member ID #: XEL «cert»
Bargaining «dept»
Unit:

You need to Complete Open Enrollment on HCOOnline by May 31, 2024.

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

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

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



Member ID #: XEL T
Bargaining
Unit:

You MUST RETURN this form to HealthComp by May 31, 2024.

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

[illegible]

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

Signature of Employee

Date _____

Fresno City Employees Health and Welfare Trust
Other Insurance Information Questionnaire Form for the Fiscal Year July`24 – June`25



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

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

OTHER INSURANCE INFORMATION QUESTIONNAIRE

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

Employee Name _____ Member ID # _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Dependent name: _____	DOB: _____	Dependent name: _____	DOB: _____
_____	_____	_____	_____
_____	_____	_____	_____

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

Signature of Employee: _____ Date: _____

Fresno City Employees Health and Welfare Trust

Fiscal Year July '24 – June '25



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

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

IMPORTANT ANNOUNCEMENT

May 1, 2024

TO: RETIRED FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST PARTICIPANTS

RE: OPEN ENROLLMENT MAY 1 – MAY 31

The annual open enrollment period will be from May 1 to May 31, 2024. During open enrollment you have the opportunity to change your dental plan selection and/or verify or update any information we have about you or your dependents.

EVEN IF YOU ARE NOT MAKING ANY CHANGES, YOU MUST COMPLETE THE ONLINE OPEN ENROLLMENT BY MAY 31, 2024. ANY CHANGES YOU MAKE WILL BE EFFECTIVE JULY 1, 2024.

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

The monthly rates for Medical and Dental benefits will increase for the new plan year beginning July 1, 2024:

	<u>Rate</u>
<u>Retirees under 65:</u>	
Health only	\$TBD
Dental only	\$TBD
Health and Dental	\$TBD
<u>Over 65 (with Medicare):</u>	
Health only (per individual)	\$TBD
Dental only (per family)	\$TBD
Health and Dental:	
One Person	\$TBD
Two Person	\$TBD
<u>Over 65 (without Medicare):</u>	
Health only	\$TBD
Dental only	\$TBD
Health and Dental	\$TBD

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

A full description of your benefits may be found in the July 1, 2024 Fresno City Employees Health and Welfare Trust Plan Booklet, which will be posted on the Fresno City website when finalized. Up-to-date links to provider directories from Blue Shield, EyeMed, United HealthCare Dental, and Delta Dental will also be posted on the Fresno City website when made available:

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

Checklist for Open Enrollment Completion

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

If you have any questions regarding your open enrollment selection or would like to receive a printed version of the July 1, 2024 Plan Booklet, please contact HealthComp at (559) 499-2450.

The Board of Trustees

Fresno City Employees Health and Welfare Trust

Fiscal Year July '24 – June '25

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



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

IMPORTANT ANNOUNCEMENT

May 1, 2024

**TO: RETIRED FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST
PARTICIPANTS**

RE: OPEN ENROLLMENT MAY 1 – MAY 31

The annual open enrollment period will be from May 1 to May 31, 2024. During open enrollment you have the opportunity to change your dental plan selection and/or verify or update any information we have about you or your dependents.

EVEN IF YOU ARE NOT MAKING ANY CHANGES, YOU MUST COMPLETE AND RETURN THE ENCLOSED FORMS TO HEALTHCOMP BY MAY 31, 2024. ANY CHANGES YOU MAKE WILL BE EFFECTIVE JULY 1, 2024.

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

The monthly rates for Medical and Dental benefits will increase for the new plan year beginning July 1, 2024:

	<u>Rate</u>
<u>Retirees under 65:</u>	
Health only	\$TBD
Dental only	\$TBD
Health and Dental	\$TBD
<u>Over 65 (with Medicare):</u>	
Health only (per individual)	\$TBD
Dental only (per family)	\$TBD
Health and Dental:	
One Person	\$TBD
Two Person	\$TBD
<u>Over 65 (without Medicare):</u>	
Health only	\$TBD
Dental only	\$TBD
Health and Dental	\$TBD

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

A full description of your benefits may be found in the July 1, 2024 Fresno City Employees Health and Welfare Trust Plan Booklet, which will be posted on the Fresno City website when finalized. Up-to-date links to provider directories from Blue Shield, EyeMed, United HealthCare Dental, and Delta Dental will also be posted on the Fresno City website when made available:

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

Checklist for Open Enrollment Completion

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

If you have any questions regarding your open enrollment selection or would like to receive a printed version of the July 1, 2024 Plan Booklet, please contact HealthComp at (559) 499-2450.

The Board of Trustees

BSC7.02 Gender Affirmation Surgery			
Original Policy Date:	June 28, 2013	Effective Date:	October 1, 2023
Section:	7.0 Surgery	Page:	Page 1 of 26

Policy Statement

Note: This policy only applies to (self-funded) Administrative Service Organizations (ASO). For (fully-insured) commercial lines of business, the nonprofit professional society [Standards of Care](#) developed by the World Professional Association for Transgender Health (WPATH) will be used as guidelines when making determinations in accordance with [SB 855](#).

- I. Gender affirmation surgery for confirmed gender dysphoria may be considered **medically necessary** when **all** of the following criteria are met:
 - A. The individual is age 18 or older (the legal age of majority in the United States of America); see Policy Guidelines for [possible exceptions](#).
 - B. The individual has a documented [DSM-5 diagnosis](#) of gender dysphoria including **all** of the following:
 1. A strong desire to be treated as a gender other than that assigned. This may be accompanied by the desire to make their body as congruent as possible with the preferred gender through hormone therapy and/or gender affirmation surgery
 2. Disorder is not a symptom of another mental disorder (e.g., schizophrenia)
 3. Disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
 - C. If significant medical or mental health concerns are present, they must be reasonably well-controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (e.g., psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder) an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated.
 - D. Medical record documentation to support the medical necessity of **any** of the following gender affirmation surgeries and **all** associated criteria (as applicable):
 1. Mastectomy, subcutaneous mastectomy, breast reduction (creation of a male chest), including nipple tattooing, (*female-to-male*) and;
 - a. At least one letter of recommendation written from a [qualified mental health professional](#) who consistently monitored the individual throughout the individual's psychotherapy
Note: Hormone therapy is not a prerequisite for mastectomy and creation of a male chest.
 2. Hysterectomy and salpingo-oophrectomy (*female-to-male*) and orchiectomy (*male-to-female*) when **both** of the following criteria are met:
 - a. Individual has received 12 months of continuous hormone sex affirmation therapy unless the individual has a medical contraindication to take hormones (may be simultaneous with real-life experience)
 - b. Recommendations for sex affirmation surgery by two [qualified mental health professionals](#) who have independently assessed the individual
Note: If the first referral is from the individual's psychotherapist, the second referral should be from the person who has only had an evaluative role with the individual) (See Policy Guidelines section)
 3. **Any** combination of the following genital reconstructive surgeries (as applicable to gender affirmation) when **all** of the additional criteria listed below are met: Vaginectomy, metoidioplasty, scrotoplasty, urethroplasty, urethromeatoplasty, implantation of a testicular prosthesis, and phalloplasty (employing a pedicled or free vascularized flap) (*female-to-male*); **or**

Vaginoplasty, penectomy, clitoroplasty, vulvuloplasty (including colovaginoplasty, labiaplasty, penile skin inversion, repair of introitus, construction of vagina with graft, coloproctostomy) (*male-to-female*)

- a. Individual has received 12 months of continuous hormone sex affirmation therapy unless the individual has a medical contraindication to take hormones (may be simultaneous with real-life experience)
- b. Individual has successfully lived and worked within the desired gender role [full-time for at least 12 continuous months](#) (real-life experience) without returning to the original gender (See Policy Guidelines section)
- c. Recommendations for sex affirmation surgery by two [qualified mental health professionals](#) who have independently assessed the individual

Note: If the first referral is from the individual's psychotherapist, the second referral should be from the person who has only had an evaluative role with the individual) (See Policy Guidelines section)

Other Associated Surgical Procedures and Services

Additional surgeries may be proposed (i.e., body feminization or masculinization) for an individual who is planning to undergo or has undergone gender affirmation surgery.¹ Including, but not limited to, the following surgical procedures need to be reviewed for medical necessity (see [documentation needed for medical necessity determination](#) in the Policy Guidelines section).

- A. Breast enlargement procedures, including augmentation mammoplasty, implants, and silicone injections of the breast
- B. Blepharoplasty/Brow reduction/brow lift (removal of redundant skin of the upper and/or lower eyelids and protruding periorbital fat)
- C. Calf implants
- D. Chin augmentation (reshaping or enhancing the size of the chin)
- E. Chin/nose/cheek implants
- F. Cricothyroid approximation (voice modification that raises the vocal pitch by stimulating contractions of the cricothyroid muscles with sutures)
- G. Face lift/forehead lift (e.g., rhytidectomy)
- H. Facial reconstruction for feminization or masculinization (e.g., facial bone reduction)
- I. Forehead augmentation
- J. Electrolysis or laser hair removal for facial, or body areas other than pubic region. Re-evaluation by a qualified medical provider is needed if treatment exceeds 6 months or 30 hours.
- K. Pubic area electrolysis or laser hair removal may be considered medically necessary when there is a recommendation from the surgeon (with documentation in the medical record) of the need to be done related to a planned genital reconstructive surgery. This treatment can be done during the same time period as hormonal therapy and living in the preferred gender role full time. Photographic and endocrinologist documentation is not required. Re-evaluation by a qualified medical provider is needed if treatment exceeds 6 months or 30 hours.
- L. Gluteal and hip augmentation (implants/lipofilling)
- M. Hair reconstruction (hair removal/hair transplantation)
- N. Jaw/mandibular reduction or augmentation
- O. Laryngoplasty (reshaping of laryngeal framework)
- P. Liposuction (removal of fat in the hips, thighs, or buttocks)
- Q. Lipofilling
- R. Lip reduction/enhancement (decreasing/enlarging lip size)
- S. Pectoral implants
- T. Rhinoplasty (reshaping of the nose) including nose implants
- U. Suction-assisted lipoplasty of the waist
- V. Trachea shave (Adam's apple shaving)/reduction thyroid chondroplasty (reduction of the thyroid cartilage)

W. Voice modification surgery and voice retraining (speech therapy)

NOTE: Refer to [Appendix A](#) to see the policy statement changes (if any) from the previous version.

Policy Guidelines

Exceptions for surgery before age 18:

Chest surgery in FtM (Female to Male) patients could be carried out earlier, preferably after ample time of living in the desired gender role and after one year of testosterone treatment. The intent of this suggested sequence is to give adolescents sufficient opportunity to experience and socially adjust in a more masculine gender role, before undergoing irreversible surgery.

Diagnostic and Statistical Manual of Mental Disorders-V (DSM-5) Criteria for the Diagnosis of Gender Dysphoria (in Adolescents or Adults)²

A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by **two or more** of the following indicators:

- A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or, in young adolescents, the anticipated secondary sex characteristics)
- A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or, in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
- A strong desire for the primary and/or secondary sex characteristics of the other gender
- A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
- A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
- A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)

The most recent edition of World Professional Association for Transgender Health [WPATH], Standards of Care [SOC] for the Health of Transsexual, and Gender-Nonconforming People is used in the formation of some of the guidelines in this policy where applicable.

Referrals/Recommendations from Qualified Mental Health Providers

The minimal credentials for qualified mental health professionals who work with adults presenting with gender dysphoria include a master's degree or its equivalent or a more advanced degree (e.g., Ph.D., M.D., Ed.D., D.Sc., D.S.W., Psy.D., or LCSW) in a clinical behavioral science field with established competence in the assessment and treatment of gender dysphoria. At least one of the professionals must be capable of adequately evaluating comorbid psychiatric conditions, with competence in using the Diagnostic Statistical Manual of Mental Disorders.

When two letters are required, they should be based on independent assessments. The second referral is intended to be an evaluative consultation, not a representation of an ongoing long-term therapeutic relationship (e.g., consulting psychologist or psychiatrist or by a medical practitioner of sufficient experience with gender dysphoria). Two separate letters, or one letter signed by both (e.g., if practicing within the same clinic) may be sent.

Each recommendation letter for surgery from a qualified mental health provider should include **all** of the following content:

- The client's general identifying characteristics
- Summary of the patient's personal and treatment history including progress and eligibility for the requested surgical procedure

- Results of the individual's psychosocial assessment, including any diagnoses
- The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date
- An explanation that the Blue Shield of California criteria for surgery have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery
- A statement that informed consent has been obtained from the patient
- A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this

Note: For providers working within a multidisciplinary specialty team, a letter may not be necessary, rather, a clearly documented assessment and recommendation can be documented in the patient's chart. Although recommended, psychotherapy is not an absolute requirement to be eligible for surgery.

Full-Time Living in the Gender Role

This criterion for some types of genital reconstructive surgeries is based on expert clinical consensus that this experience provides ample opportunity for patients to experience and socially adjust in their desired gender role, before undergoing irreversible surgery. The duration of 12 months allows for a range of different life experiences and events that may occur through the year (e.g., family events, holidays, vacations, season-specific work or school experiences). It is recommended during this time, individuals present consistently, on a day-to-day basis and across all settings of life, including coming out to partners, family, friends, and community members, in their desired role.¹

Health professionals should clearly document a patient's experience in the gender role in the medical chart, including the start date of living full-time for those who are preparing for genital surgery.

Other Associated Surgical Procedures and Services

Cosmetic surgery is distinguished from medically necessary surgery. Cosmetic surgery is performed to alter or reshape normal structures of the body in order to try to further improve appearance. Medically necessary procedures are done to create a normal appearance to the extent possible when structures or features are outside the range of normal for the desired gender.

WPATH standards of care (SOC) do not state specific criteria for other surgical procedures, such as feminizing or masculinizing facial surgery, or what is clearly reconstructive or cosmetic (excluding genital and breast surgery).

In interpreting whether a proposed procedure meets the definition of medically necessary, the procedure may be denied as **not medically necessary** under **any** of the following conditions:

- The features or structures to be altered are considered to be within the range of normal for the preferred gender
- The treating surgeon cannot or will not provide sufficient documentation, including (when appropriate) quality color photographs, which accurately depicts the extent of the clinical issue or documentation of appropriate sex hormone use
- There is an alternative approved medical or surgical intervention with equal or superior clinical outcomes

The following documentation is needed to determine medical necessity for any other associated surgical procedures and services:

- Documentation (e.g., quality color photographs) clearly showing the extent of the characteristics proposed for further treatment that are outside the range of normal for the preferred gender (except for electrolysis of the pubic area, including the arm or similar region if needed prior to being used as a graft site)

- Documentation from an endocrinologist or medical provider with experience in providing hormonal therapy stating that maximal appropriate hormonal therapy has been used for at least 2 years (may include the time prior to other procedures as appropriate). Documentation should include regular clinical evaluations for response (including laboratory monitoring at least twice a year) to sex steroid hormones. Per WPATH guidelines, MtF patients undergoing breast augmentation surgery should have a minimum of 12 months of feminizing hormone therapy prior to the procedure.
- Current (updated after any prior surgery or other treatments for gender dysphoria) documentation from a qualified mental health professional that DSM-5 criteria for gender dysphoria is present and directly related to the treatment requested
- For voice retraining therapy or voice modification surgery, a recommendation from a speech therapist outlining the need (including whether the patient's vocal characteristics are currently outside the range of normal for the preferred gender) and treatment plan. If voice modification surgery is requested, documentation that a trial of speech therapy was tried and failed first and that surgery is likely to provide further benefit must also be submitted. Hormonal (testosterone) therapy is likely to be of benefit for FtM to deepen the voice and should be used for 1-2 years before considering other treatments. However, it (estrogen) is unlikely to alter the voice for MtF, so a trial of hormonal therapy is not required prior to further treatment for MtF transitions.

Note: Although sex hormone use may not be expected to alter some structures (bone, cartilage, etc.), the fat distribution and soft tissue changes around them may alter appearance enough to change the need for surgical intervention to achieve a normal appearance for the preferred gender. It also allows enough time for the individual to further assess their degree of dysphoria related to appearance, function or other factors prior to seeking a permanent surgical solution.

Coding

Female-to-Male Intersex Surgery

Intersex surgery (*female-to-male*) is identified by CPT code **55980**. The following staged procedures to form a penis and scrotum using pedicle flap grafts and free skin grafts are included:

- Portions of the clitoris are used, as well as the adjacent skin
- Protheses are often placed in the penis to create a sexually functional organ
- Prosthetic testicles are implanted in the scrotum
- The vagina is closed or removed

Combinations of individual procedures are billed separately. For example, 55980 (female-to-male intersex surgery) may be billed with any combination of the following CPT codes (not all inclusive):

- **19303:** Mastectomy, simple, complete
- **53430:** Urethroplasty, reconstruction of female urethra
- **55175:** Scrotoplasty; simple
- **55180:** Scrotoplasty; complicated
- **56625:** Vulvectomy simple; complete
- **57110:** Vaginectomy, complete removal of vaginal wall
- **58150:** Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
- **58262:** Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
- **58291:** Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
- **58552:** Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
- **58554:** Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

- **58571:** Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
- **58573:** Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
- **58661:** Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)

Male-to-Female Intersex Surgery

Intersex surgery (*male-to-female*) is identified by CPT code **55970**. The following staged procedures to remove portions of the male genitalia and form female external genitala are included:

- The penis is dissected, and portions are removed with care to preserve vital nerves and vessels in order to fashion a clitoris-like structure
- The urethral opening is moved to a position similar to that of a female
- A vagina is made by dissecting and opening the perineum. This opening is lined using pedicle or split-thickness grafts
- Labia are created out of skin from the scrotum and adjacent tissue
- A stent or obturator is usually left in place in the newly created vagina for three weeks or longer

Combinations of individual procedures are billed separately. For example, 55970 (male-to-female intersex surgery) may be billed with any combination of the following CPT codes (not all inclusive):

- **54125:** Amputation of penis; complete
- **54520:** Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
- **54690:** Laparoscopy, surgical; orchiectomy
- **56800:** Plastic repair of introitus
- **56805:** Clitoroplasty for intersex state (Female procedure)
- **57291:** Construction of artificial vagina; without graft
- **57292:** Construction of artificial vagina; with graft
- **57335:** Vaginoplasty for intersex state (Female procedure)

Electrolysis

The following codes may be billed for esthetician services:

- **17380:** Electrolysis epilation, each 30 minutes
- **17999:** Unlisted procedure, skin, mucous membrane and subcutaneous tissue

Description

Gender affirmation surgery or gender transition surgery, also known as sex reassignment surgery, is a term for surgical procedures by which an individual's physical appearance and function of their existing sexual characteristics are altered to resemble that of the other sex (i.e., either female-to-male [transgender man] or male-to-female [transgender woman]). Gender affirmation surgery may be performed for an intersex condition (i.e., born with sex characteristics of an indeterminate sex) or as a treatment option for gender dysphoria. This medical policy addresses gender affirmation surgery for the treatment of gender dysphoria.

Related Policies

- Blepharoplasty, Blepharoptosis Repair (Levator Resection) and Brow Lift (Repair of Brow Ptosis)
- Orthognathic Surgery

- Reconstructive Breast Surgery/Management of Breast Implants
- Reconstructive Services

Benefit Application

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates (e.g., Federal Employee Program [FEP]) prohibits plans from denying Food and Drug Administration (FDA)-approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

Regulatory Status

- N/A

Rationale

Gender dysphoria is defined as discomfort or distress that is caused by a discrepancy between an individual's gender identity and that individual's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics).¹ Individuals with gender dysphoria have persistent feelings of gender discomfort and inappropriateness of their anatomical sex, strong and ongoing cross-gender identification, and a desire to live and be accepted as a gender other than that assigned. A variety of therapeutic options can be considered for individuals seeking care for gender dysphoria and may include the following:

- Changes in gender expression and role which may involve living part-time or full-time in another gender role consistent with one's gender identity (real-life experience)
- Hormone therapy to feminize or masculinize the body
- Surgery to change primary and/or secondary sex characteristics
- Psychotherapy

Because gender affirmation surgery is intended to be a permanent change to the individual's identity, comprehensive evaluations and ongoing medical and psychosocial therapy by qualified mental health and medical professionals are required to determine whether surgery is the appropriate option for the individual.

Gender affirmation surgery, also known as sex reassignment surgery, genital reconstructive surgery, sex affirmation surgery, or sex-change operation, is a means of transitioning the body to a different gender through surgical alteration of the body (transgender). Men who are transitioning to female are known as male to female (MTF) or transgender women, and women who are transitioning to male are known as female to male (FTM) or transgender men. Gender affirmation surgery involves genital reconstruction and other additional procedures, proposed as part of a treatment approach for individuals with gender dysphoria, formerly known as gender identity disorder (GID), and transsexualism.

Gender, being male or female, is a basic element that helps make up an individual's personality and sense of self. Gender-nonconformity refers to the extent to which an individual's gender identity, role or expression differs from the cultural norms prescribed for people of a particular sex.³ Gender identity disorder formally replaced an older term, transsexualism, in the Diagnostic and Statistical

Manual of Mental Disorders–Fourth Edition, Text Revision.⁴ Gender identity disorder is defined as a condition in which a male or female feels a strong identification with the opposite sex, and has persistent discomfort with his or her anatomical sex, usually from childhood. Transsexualism is a term that is most often used in studies of gender affirmation and is considered an extreme expression of GID.

Although the total number of transgender people in the United States is unknown, studies suggest they make up a small, though substantial, population. Transgender is a broad umbrella term that includes people whose gender identity and/or gender expression differs from their assigned sex at birth. Female-to-male, male-to-female, cross dressers, bi-gendered, and intersex are the major groups that fall under the term transgender.⁵

Gender Dysphoria

Gender dysphoria is a new diagnostic class in the DSM-5 (released in May of 2013) that reflects a change in the conceptualization of the disorder's defining features by emphasizing the phenomenon of "gender incongruence" rather than cross-gender identification, as was the case with GID described in the DSM-IV.² In the DSM-IV-TR, GID focused on the "identity" issue; namely, the incongruity between someone's birth gender and the gender with which he or she identifies. While this incongruity is still crucial to gender dysphoria, the authors of the new DSM-5 emphasize the importance of "distress" about the incongruity for a diagnosis. The DSM-5 also uses the term gender rather than sex to allow for those born with both male and female genitalia to have the condition. Gender dysphoria has its own chapter in the DSM-5 and is separated from Sexual Dysfunctions and Paraphilic Disorders.

According to the 2013 American Psychiatric Association (APA) Highlights of Changes from DSM-IV-TR to DSM-5⁶:

In DSM-IV, the chapter "Sexual and Gender Identity Disorders" included three relatively disparate diagnostic classes: gender identity disorders, sexual dysfunctions, and paraphilias. Gender identity disorder, however, is neither a sexual dysfunction nor a paraphilia. Gender dysphoria is a unique condition in that it is a diagnosis made by mental health care providers, although a large proportion of the treatment is endocrinological and surgical (at least for some adolescents and most adults). In contrast to the dichotomized DSM-IV gender identity disorder diagnosis, the type and severity of gender dysphoria can be inferred from the number and type of indicators and from the severity measures.

The experienced gender incongruence and resulting gender dysphoria may take many forms. Gender dysphoria thus is considered to be a multicategory concept rather than a dichotomy, and DSM-5 acknowledges the wide variation of gender -incongruent conditions. Separate criteria sets are provided for gender dysphoria in children and in adolescents and adults. The adolescent and adult criteria include a more detailed and specific set of polythetic symptoms.

The APA² also advised that it was important to note that gender-nonconformity is not in and of itself a mental disorder. Additionally, replacing the word "disorder" with "dysphoria" in the diagnosis label, removed the connotation that the patient is "disordered." The shift in the DSM-5 reflects recognition that the disagreement between birth gender and identity may not necessarily be pathological if it does not cause the individual distress.

Gender dysphoria and formerly GID, describe a condition that results in intense discomfort and distress that is caused by a discrepancy between an individual's gender identity and that individual's sex assigned at birth, including the associated gender role and/or primary and secondary sex characteristics.^{1,7-8} The "critical element of gender dysphoria is the presence of clinically significant distress associated with the condition."²

The DSM-5 criteria for the diagnosis of gender dysphoria (in adolescents or adults) include the following²:

A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by two or more of the following indicators:

- A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or, in young adolescents, the anticipated secondary sex characteristics)
- A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or, in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
- A strong desire for the primary and/or secondary sex characteristics of the other gender
- A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
- A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
- A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)

Therapeutic Options for Gender Dysphoria

According to the WPATH¹, a variety of therapeutic options can be considered for individuals seeking care for gender dysphoria. These options include:

- Changes in gender expression and role (which may involve living part time or full time in another gender role, consistent with one's gender identity)
- Hormone therapy to feminize or masculinize the body
- Surgery to change primary and/or secondary characteristics (e.g., breasts/chest, external and/or internal genitalia, facial features, body contouring)
- Psychotherapy (individual, couple, family, or group) for purposes such as exploring gender identity, role, and expression; addressing the negative impact of gender dysphoria and stigma on mental health; alleviating internalized transphobia; enhancing social and peer support; improving body image; or promoting resilience

Typically, the order of this therapy, sometimes referred to as triadic therapy includes: 1) a real-life experience in the desired role; 2) hormones of the desired gender; and 3) surgery to change the genitalia or other sex characteristics. However, the order, number, and type of interventions vary from individual to individual. The difference between hormone therapy and gender affirmation surgery is that the surgery is considered an irreversible physical intervention.

Mental Health Professionals

Mental health professionals play an important role in assisting individuals with gender dysphoria in providing counseling of treatment options, and psychotherapy (as needed). Clinical training and knowledge about gender-nonconforming identities and expressions, and the assessment and treatment of gender dysphoria is required. Qualified mental health professionals (Master's degree or equivalent) should be trained to assess, recognize, diagnose, and treat (or refer to treatment for) coexisting mental health problems.¹ The presence of coexisting mental health concerns does not necessarily preclude possible changes in gender role or access to hormonal therapy or surgery; rather these concerns need to be optimally managed prior to, or concurrent with, treatment of gender dysphoria. Additionally, individuals should be assessed for their ability to provide educated and informed consent for medical treatments. After evaluation, the mental health professional should provide documentation and formal recommendations to medical and surgical specialists (as applicable). According to the WPATH¹, the documentation recommending hormonal or surgical treatment for the individual should include all of the following:

- The client's general identifying characteristics

- Results of the individual's psychosocial assessment, including any diagnoses
- The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date
- An explanation that the WPATH criteria for surgery have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery
- A statement that informed consent has been obtained from the patient
- A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this

Real-Life Experience

A real-life experience is defined as the act of fully adopting a new or evolving gender role or gender presentation, and is an essential step in transitioning to the gender role that is in agreement with the patient's gender identity. The decision to change one's gender presentation should be preceded by an awareness of its familial, vocational, interpersonal, educational, economic, and legal consequences.¹ This process assists in confirming the individual's desire for a gender role change, ability to function in this role long term, and determines the adequacy of the individual's support system. During this period, the individual is expected to maintain his/her normal functional lifestyle, participate in community, work, or school activities, and provide an indication that others are aware of the change in gender role. According to the WPATH¹, the rationale for a preoperative, 12-month experience of living in an identity-congruent role for when undergoing genital surgery is based on expert clinical consensus that this experience provides ample opportunity for patients to experience and socially adjust in their desired gender role, before undergoing irreversible surgery.

Hormone Therapy

When indicated, hormone therapy plays an important role in the gender transition process by altering body hair, breast size, skin appearance and texture, body fat distribution, and the size and function of sex organs. "In rare cases, hormone therapy may be contraindicated due to serious individual health conditions. Health professionals should assist these patients with accessing nonhormonal interventions for gender dysphoria."¹ Hormone therapy is a recommended criterion for some, but not all, surgical treatments of gender dysphoria (e.g., mastectomy or creation of a male chest).

Initiation of feminizing/masculinizing hormone therapy may be provided after a psychosocial assessment has been conducted and informed consent has been obtained by a health professional.

The criteria for feminizing/masculinizing hormone therapy are as follows:

- Persistent, well-documented gender dysphoria
- Capacity to make a fully informed decision and to consent for treatment
- Member must be at least 18 years of age
- If significant medical or mental health concerns are present, they must be reasonably well controlled*

*The presence of co-existing mental health concerns does not necessarily preclude access to feminizing/masculinizing hormones. These concerns should be managed prior to or concurrent with treatment of gender dysphoria.

Feminizing/masculinizing hormonal interventions are not without risk for complications, including irreversible physical changes. Medical records should indicate that an extensive evaluation was completed to explore psychological, family, and social issues prior to and post treatment. Providers should also document that all information has been provided and understood regarding all aspects associated with the use of cross-sex hormone therapy, including both benefits and risks.

Biological males are often treated with estrogens and anti-androgens to increase breast size, redistribute body fat, soften skin, decrease body hair, and decrease testicular size and erections. Biological females are treated with testosterone to deepen voice, increase muscle and bone mass, decrease breast size, increase clitoris size, and increase facial and body hair. In both sexes, hormone therapy may be effective in reducing the adverse psychological impact of gender dysphoria.¹ With appropriate training, hormone therapy can be administered by a variety of providers, including nurse practitioners, physician assistants, and primary care physicians.⁹ Ongoing medical management, including physical examination and laboratory evaluation studies to manage dosage, side effects, etc., is required. Lifelong hormone maintenance is usually recommended.

Gender Affirmation Surgery

Some of the guidelines in this Blue Shield of California medical policy for gender affirmation surgery were formed using the WPATH SOC for the health of transsexual, transgender, and gender-nonconforming people, as applicable.

Gender affirmation surgical procedures are not without risk for complications; therefore, individuals should undergo an extensive evaluation to explore psychological, family, and social issues prior to and postsurgery. Readiness criteria for gender affirmation surgery includes the individual demonstrating progress in consolidating gender identity, and demonstrating progress in dealing with work, family, and interpersonal issues resulting in an improved state of mental health. In order to check the eligibility and readiness criteria for gender affirmation surgery, it is important for the individual to discuss the matter with a professional provider who is well-versed in the relevant medical and psychological aspects of gender dysphoria. The mental health and medical professional providers responsible for the individual's treatment should work together in making a decision about the use of cross-sex hormones during the months before the gender affirmation surgery. Transsexual individuals should regularly participate in psychotherapy in order to have smooth transitions and adjustments to the new social and physical outcomes.

Gender affirmation surgery should be performed by a gynecologist, urologist, plastic surgeon, or general surgeon who has specialized competence and training in this field.^{1,5} Surgeries may be performed in stages. Monstrey et al.¹⁰ and Schlatterer et al.¹¹ described the importance of a close cooperation between medical and behavioral specialties that is essential for appropriate and proper treatment of individuals with GID who desire gender affirmation surgery.

Feminizing Surgeries (Male-to-Female)

Feminizing surgeries for male-to-female (MTF) patients are intended to reshape a male body into the appearance of and, to the extent possible, the function of a female body; all of which require skilled surgery and postoperative care.¹

- Orchiectomy (removal of the testicles)
- Penectomy (removal of the penis)
- Vaginoplasty (creation of vagina)
- Clitoroplasty (creation of clitoris)
- Labiaplasty (creation of labia)
- Vulvoplasty (including colovaginoplasty, labiaplasty, penile skin inversion, repair of introitus, construction of vagina with graft, coloproctostomy)

Sexual sensation is an important goal with vaginoplasty, along with creation of a functional vagina and acceptable cosmesis. Vaginoplasty includes orchiectomy, creation of a vaginal cavity and neoclitoris, labiaplasty, and penile dissection with partial penectomy. It is usually performed by a plastic surgeon in a single operative setting, although some surgeons prefer to perform labiaplasty and clitoroplasty as a second surgery following healing of the initial vaginoplasty. The penile inversion technique is most commonly used to create the neovagina. In this technique the majority of skin from the shaft of the penis is inverted and used to line the inner walls of the neovagina. In some

cases, extra skin is required to line the inner vagina. This is usually harvested from the patient's lower abdomen, or scrotal skin grafts may be used. Use of a segment of the colon (rectosigmoid pedicled transplant) or from the sigmoid colon (i.e., colovaginoplasty) may be used if penile inversion or skin grafts from other locations fail.¹²

Masculinizing Surgeries (Female-to-Male)

Masculinizing surgeries for female-to-male (FTM) patients are intended to reshape the female body into the appearance of a male body.¹ The gender affirmation surgeries that may be performed for FTM patients include:

- Mastectomy (removal of the breast, and nipple tattooing)
- Reduction mammoplasty (reduction of breast size)
- Hysterectomy (removal of the uterus)
- Salpingo-oophorectomy (removal of fallopian tubes and ovaries)
- Vaginectomy (removal of vagina)
- Metoidioplasty (creation of micro-penis, using the clitoris tissue)
- Phalloplasty (skin graft is used to create a penis, with or without urethra)
- Urethroplasty (creation of urethra within the penis)
- Scrotoplasty (creation of scrotum)
- Placement of a testicular prostheses (the labia majora is dissected forming cavities allowing for implantation of artificial testes (testicular implant))

There are various operative techniques for phalloplasty, and the choice of techniques may be limited by anatomical or surgical considerations.^{1,12} If the objectives of phalloplasty are a neophallus of good appearance, standing micturition, sexual sensation, and/or coital ability, the patient should be clearly informed that the surgery involves several stages and that frequent technical difficulties may require additional operations.

Summary of Evidence

Gender affirmation surgical treatments for gender dysphoria are not merely another set of elective procedures, and present with significant medical and psychological risks, some of which are irreversible. A cohesive multidisciplinary specialty team including physicians, surgeons, and mental health providers are required in order to provide the best results and benefits from gender affirmation surgery for the individual with gender dysphoria. An individual's sexual satisfaction after the surgery can vary depending on the success of the surgical affirmation technique and the psychological stability of the individual.

In conclusion, while the scientific evidence concerning gender affirmation surgery in both MTF and FTM is limited¹³, gender affirmation surgery has been accepted as a treatment option for individuals who satisfy the formal diagnostic criteria for gender dysphoria and undergo a real-life experience and hormone therapy (as applicable) prior to surgery, when in accordance with the WPATH SOC medically necessary criteria.¹ While additional surgeries have been proposed for improving appearance (i.e., body feminization or masculinization); in general, if clinical review determines the transgender individual's appearance is within the wide range of appearance variation for people of the desired gender, these enhancement surgeries would not be considered medically necessary.¹⁴

Supplemental Information

Practice Guidelines and Position Statements

The most recent edition of World Professional Association for Transgender Health (WPATH) has established medical necessity criteria through publication of the "Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People".¹ This document is widely accepted as the definitive document in the area of gender dysphoria treatment and has been adopted in several countries as the standard of care. The WPATH recommendations for the standards of care are based on scientific evidence and expert consensus.

In 2017, the Endocrine Society published "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline."¹⁵ The Endocrine Society concluded and recommended the following:

"Gender affirmation is multidisciplinary treatment in which endocrinologists play an important role. Gender-dysphoric/gender-incongruent persons seek and/or are referred to endocrinologists to develop the physical characteristics of the affirmed gender. They require a safe and effective hormone regimen that will (1) suppress endogenous sex hormone secretion determined by the person's genetic/gonadal sex and (2) maintain sex hormone levels within the normal range for the person's affirmed gender. Hormone treatment is not recommended for prepubertal gender-dysphoric/gender-incongruent persons. Those clinicians who recommend gender-affirming endocrine treatments—appropriately trained diagnosing clinicians (required), a mental health provider for adolescents (required) and mental health professional for adults (recommended)—should be knowledgeable about the diagnostic criteria and criteria for gender-affirming treatment, have sufficient training and experience in assessing psychopathology, and be willing to participate in the ongoing care throughout the endocrine transition. We recommend treating gender-dysphoric/gender-incongruent adolescents who have entered puberty at Tanner Stage G2/B2 by suppression with gonadotropin-releasing hormone agonists. Clinicians may add gender-affirming hormones after a multidisciplinary team has confirmed the persistence of gender dysphoria/gender incongruence and sufficient mental capacity to give informed consent to this partially irreversible treatment. Most adolescents have this capacity by age 16 years old. We recognize that there may be compelling reasons to initiate sex hormone treatment prior to age 16 years, although there is minimal published experience treating prior to 13.5 to 14 years of age. For the care of peripubertal youths and older adolescents, we recommend that an expert multidisciplinary team comprised of medical professionals and mental health professionals manage this treatment. The treating physician must confirm the criteria for treatment used by the referring mental health practitioner and collaborate with them in decisions about gender-affirming surgery in older adolescents. For adult gender-dysphoric/gender-incongruent persons, the treating clinicians (collectively) should have expertise in transgender-specific diagnostic criteria, mental health, primary care, hormone treatment, and surgery, as needed by the patient. We suggest maintaining physiologic levels of gender-appropriate hormones and monitoring for known risks and complications. When high doses of sex steroids are required to suppress endogenous sex steroids and/or in advanced age, clinicians may consider surgically removing natal gonads along with reducing sex steroid treatment. Clinicians should monitor both transgender males (female to male) and transgender females (male to female) for reproductive organ cancer risk when surgical removal is incomplete. Additionally, clinicians should persistently monitor adverse effects of sex steroids."

Additionally, the Endocrine Society¹⁵ recommended the following on surgery for sex reassignment and gender confirmation:

- 5.1. We recommend that a patient pursue genital gender-affirming surgery only after the MHP and the clinician responsible for endocrine transition therapy both agree that surgery is medically necessary and would benefit the patient's overall health and/or well-being.
- 5.2. We advise that clinicians approve genital gender-affirming surgery only after completion of at least 1 year of consistent and compliant hormone treatment, unless hormone therapy is not desired or medically contraindicated.
- 5.3. We advise that the clinician responsible for endocrine treatment and the primary care provider ensure appropriate medical clearance of transgender individuals for genital gender-affirming surgery and collaborate with the surgeon regarding hormone use during and after surgery.
- 5.4. We recommend that clinicians refer hormone-treated transgender individuals for genital surgery when: (1) the individual has had a satisfactory social role change, (2) the individual is satisfied about the hormonal effects, and (3) the individual desires definitive surgical changes.

- 5.5. We suggest that clinicians delay gender-affirming genital surgery involving gonadectomy and/or hysterectomy until the patient is at least 18 years old or legal age of majority in his or her country.
- 5.6. We suggest that clinicians determine the timing of breast surgery for transgender males based upon the physical and mental health status of the individual. There is insufficient evidence to recommend a specific age requirement.

In 2011, the American College of Obstetricians and Gynecologists (ACOG) published a Committee Opinion (Number 512) entitled "Health Care for Transgender Individuals".⁵ The ACOG document advised the following:

"Obstetrician–gynecologists should be prepared to assist or refer transgender individuals. Physicians are urged to eliminate barriers to access to care for this population through their own individual efforts. An important step is to identify the sexual orientation and gender identity status of all patients as a routine part of clinical encounters and recognize that many transgender individuals may not identify themselves. The American College of Obstetricians and Gynecologists urges health care providers to foster nondiscriminatory practices and policies to increase identification and to facilitate quality health care for transgender individuals, both in assisting with the transition if desired as well as providing long-term preventive health care."

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Documentation for Clinical Review

Please provide the following documentation:

For Mastectomy, Subcutaneous Mastectomy, Breast Reduction Surgeries*:

- Age 18 or older or documentation of living in the preferred role and testosterone use for at least one year
- DSM-5 diagnosis of gender dysphoria
- Any other medical/mental health conditions present are well-controlled
- One letter of support from a mental health professional who monitored the patient throughout psychotherapy

For Hysterectomy and Salpingo-Oophrectomy Surgeries*:

- Age 18 or older
- DSM-5 diagnosis of gender dysphoria
- Any other medical/mental health conditions present are well-controlled
- Twelve months of continuous hormone therapy or reason patient is unable to take hormones
- Two letters of support from different mental health professionals (one from the patient's psychotherapist and one that is only evaluating for surgery)

For Genital Reconstructive Surgeries*:

- Age 18 or older
- DSM-5 diagnosis of gender dysphoria
- Any other medical/mental health conditions present are well-controlled
- Twelve months of continuous hormone therapy or reason patient is unable to take hormones
- Two letters of support from different mental health professionals (one from the patient's psychotherapist and one that is only evaluating for surgery)
- Lived and worked in the desired gender role continuously for 12 months

Other Related Procedures

- Documentation (e.g., quality color photographs) clearly showing the extent of the characteristics proposed for further treatment that are outside the range of normal for the preferred gender (except for electrolysis of the pubic area, including the arm or similar region if needed prior to being used as a graft site).
- Documentation from an endocrinologist or medical provider with experience in providing hormonal therapy stating that maximal appropriate hormonal therapy has been used for at least 2 years (may include the time prior to other procedures as appropriate). Documentation should include regular clinical evaluations for response (including laboratory monitoring at least twice a year) to sex steroid hormones.
- Current (updated after any prior surgery or other treatments for gender dysphoria) documentation from a qualified mental health professional that DSM-5 criteria for gender dysphoria is present and directly related to the treatment requested.
- For voice retraining therapy or voice modification surgery, a recommendation from a speech therapist outlining the need (including whether the patient's vocal characteristics are

currently outside the range of normal for the preferred gender) and treatment plan. If voice modification surgery is requested, documentation that a trial of speech therapy was tried and failed first and that surgery is likely to provide further benefit must also be submitted.

*Please refer to the Medical Policy Statement/Medical Policy Guidelines for specific details regarding requested documentation.

Post Service (in addition to the above, please include the following):

- Operative report(s)

Coding

This Policy relates only to the services or supplies described herein. Benefits may vary according to product design; therefore, contract language should be reviewed before applying the terms of the Policy.

The following codes are included below for informational purposes. Inclusion or exclusion of a code(s) does not constitute or imply member coverage or provider reimbursement policy. Policy Statements are intended to provide member coverage information and may include the use of some codes for clarity. The Policy Guidelines section may also provide additional information for how to interpret the Policy Statements and to provide coding guidance in some cases.

Type	Code	Description
CPT®	11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
	11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
	11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
	11950	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less
	11951	Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc
	11952	Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc
	11954	Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc
	11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
	11970	Replacement of tissue expander with permanent implant
	11971	Removal of tissue expander without insertion of implant
	15770	Graft; derma-fat-fascia
	15775	Punch graft for hair transplant; 1 to 15 punch grafts
	15776	Punch graft for hair transplant; more than 15 punch grafts
	15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (i.e., breast, trunk) (List separately in addition to code for primary procedure)
	15824	Rhytidectomy; forehead
	15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
	15826	Rhytidectomy; glabellar frown lines
	15828	Rhytidectomy; cheek, chin, and neck
	15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap

Type	Code	Description
	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
	15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
	15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
	15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
	15876	Suction assisted lipectomy; head and neck
	15877	Suction assisted lipectomy; trunk
	15878	Suction assisted lipectomy; upper extremity
	15879	Suction assisted lipectomy; lower extremity
	17380	Electrolysis epilation, each 30 minutes
	17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
	19300	Mastectomy for gynecomastia
	19301	Mastectomy, partial (e.g., lumpectomy, tylectomy, quadrantectomy, segmentectomy);
	19303	Mastectomy, simple, complete
	19316	Mastopexy
	19318	Breast reduction
	19325	Breast augmentation with implant
	19340	Insertion of breast implant on same day of mastectomy (i.e., immediate)
	19342	Insertion or replacement of breast implant on separate day from mastectomy
	19350	Nipple/areola reconstruction
	19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)
	21087	Impression and custom preparation; nasal prosthesis
	21088	Impression and custom preparation; facial prosthesis
	21089	Unlisted maxillofacial prosthetic procedure
	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
	21121	Genioplasty; sliding osteotomy, single piece
	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)
	21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
	21125	Augmentation, mandibular body or angle; prosthetic material
	21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
	21137	Reduction forehead; contouring only
	21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
	21193	Reduction forehead; contouring and setback of anterior frontal sinus wall

Type	Code	Description
	21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
	21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
	21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
	21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
	21209	Osteoplasty, facial bones; reduction
	21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
	21270	Malar augmentation, prosthetic material
	21299	Unlisted craniofacial and maxillofacial procedure
	30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
	30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
	30420	Rhinoplasty, primary; including major septal repair
	30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
	30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
	30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
	31587	Laryngoplasty, cricoid split, without graft placement
	31599	Unlisted procedure, larynx
	31750	Tracheoplasty; cervical
	53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
	53430	Urethroplasty, reconstruction of female urethra
	54125	Amputation of penis; complete
	54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
	54401	Insertion of penile prosthesis; inflatable (self-contained)
	54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
	54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
	54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
	54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
	54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
	54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
	54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
	54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
	54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach

Type	Code	Description
	54660	Insertion of testicular prosthesis (separate procedure)
	54690	Laparoscopy, surgical; orchiectomy
	55150	Resection of scrotum
	55175	Scrotoplasty; simple
	55180	Scrotoplasty; complicated
	55970	Intersex surgery; male to female
	55980	Intersex surgery; female to male
	56620	Vulvectomy simple; partial
	56625	Vulvectomy simple; complete
	56800	Plastic repair of introitus
	56805	Clitoroplasty for intersex state
	56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
	57106	Vaginectomy, partial removal of vaginal wall;
	57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
	57110	Vaginectomy, complete removal of vaginal wall;
	57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
	57291	Construction of artificial vagina; without graft
	57292	Construction of artificial vagina; with graft
	57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
	57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach
	57335	Vaginoplasty for intersex state
	57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
	57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
	58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
	58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
	58260	Vaginal hysterectomy, for uterus 250 g or less;
	58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
	58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
	58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
	58275	Vaginal hysterectomy, with total or partial vaginectomy;
	58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
	58285	Vaginal hysterectomy, radical (Schauta type operation)
	58290	Vaginal hysterectomy, for uterus greater than 250 g;
	58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
	58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
	58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele

Type	Code	Description
	58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
	58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
	58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
	58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
	58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
	58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
	58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
	58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
	58555	Hysteroscopy, diagnostic (separate procedure)
	58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
	58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
	58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
	58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
	58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
	58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
	58940	Oophorectomy, partial or total, unilateral or bilateral;
	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
HCPCS	C1813	Prosthesis, penile, inflatable
	C2622	Prosthesis, penile, noninflatable

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action
06/28/2013	New Medical Policy
04/30/2015	Policy revision with position change
07/31/2015	Policy revision with position change
03/01/2016	Coding update
06/01/2016	Policy revision without position change
07/01/2017	Policy revision without position change
04/01/2018	Policy revision without position change
07/01/2018	Policy revision without position change
03/01/2019	Policy revision without position change

Effective Date	Action
07/01/2019	Coding update
03/01/2020	Coding update
05/01/2020	Annual review. Policy statement, guidelines and documentation for clinical review updated.
06/01/2020	Administrative update. Policy guidelines updated.
01/01/2021	Coding update
04/01/2021	Annual review. Policy statement and guidelines updated.
04/01/2022	Annual review. Policy statement, guidelines and literature updated. Policy title changed from Gender Reassignment Surgery to current one.
10/01/2022	Administrative update.
03/01/2023	Annual review. Policy statement clarification.
10/01/2023	Administrative update.

Definitions of Decision Determinations

Medically Necessary: Services that are Medically Necessary include only those which have been established as safe and effective, are furnished under generally accepted professional standards to treat illness, injury or medical condition, and which, as determined by Blue Shield, are: (a) consistent with Blue Shield medical policy; (b) consistent with the symptoms or diagnosis; (c) not furnished primarily for the convenience of the patient, the attending Physician or other provider; (d) furnished at the most appropriate level which can be provided safely and effectively to the patient; and (e) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the Member's illness, injury, or disease.

Investigational/Experimental: A treatment, procedure, or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a split evaluation, where a treatment, procedure, or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Prior Authorization Requirements (as applicable to your plan)

Within five days before the actual date of service, the provider must confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department at (800) 541-6652, or the Transplant Case Management Department at (800) 637-2066 ext. 3507708 or visit the provider portal at www.blueshieldca.com/provider.

We are interested in receiving feedback relative to developing, adopting, and reviewing criteria for medical policy. Any licensed practitioner who is contracted with Blue Shield of California or Blue Shield of California Promise Health Plan is welcome to provide comments, suggestions, or concerns. Our internal policy committees will receive and take your comments into consideration.

For utilization and medical policy feedback, please send comments to: MedPolicy@blueshieldca.com

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.

Appendix A

POLICY STATEMENT	
BEFORE Red font: Verbiage to be removed	AFTER
<p>Gender Affirmation Surgery BSC7.02</p> <p>Policy Statement: Note: This policy only applies to (self-funded) Administrative Service Organizations (ASO). For (fully-insured) commercial lines of business, the nonprofit professional society Standards of Care developed by the World Professional Association for Transgender Health (WPATH) will be used as guidelines when making determinations in accordance with SB 855. Implementation of the most recent version of Standards of Care is subject to availability of training program (SB 855, SEC. 5. Section 1374.721) from the association.</p> <ol style="list-style-type: none"> I. Gender affirmation surgery for confirmed gender dysphoria may be considered medically necessary when all of the following criteria are met: <ol style="list-style-type: none"> A. The individual is age 18 or older (the legal age of majority in the United States of America); see Policy Guidelines for possible exceptions. B. The individual has a documented DSM-5 diagnosis of gender dysphoria including all of the following: <ol style="list-style-type: none"> 1. A strong desire to be treated as a gender other than that assigned. This may be accompanied by the desire to make their body as congruent as possible with the preferred gender through hormone therapy and/or gender affirmation surgery 2. Disorder is not a symptom of another mental disorder (e.g., schizophrenia) 3. Disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning C. If significant medical or mental health concerns are present, they must be reasonably well-controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (e.g., psychotic episodes, bipolar disorder, 	<p>Gender Affirmation Surgery BSC7.02</p> <p>Policy Statement: Note: This policy only applies to (self-funded) Administrative Service Organizations (ASO). For (fully-insured) commercial lines of business, the nonprofit professional society Standards of Care developed by the World Professional Association for Transgender Health (WPATH) will be used as guidelines when making determinations in accordance with SB 855.</p> <ol style="list-style-type: none"> I. Gender affirmation surgery for confirmed gender dysphoria may be considered medically necessary when all of the following criteria are met: <ol style="list-style-type: none"> A. The individual is age 18 or older (the legal age of majority in the United States of America); see Policy Guidelines for possible exceptions. B. The individual has a documented DSM-5 diagnosis of gender dysphoria including all of the following: <ol style="list-style-type: none"> 1. A strong desire to be treated as a gender other than that assigned. This may be accompanied by the desire to make their body as congruent as possible with the preferred gender through hormone therapy and/or gender affirmation surgery 2. Disorder is not a symptom of another mental disorder (e.g., schizophrenia) 3. Disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning C. If significant medical or mental health concerns are present, they must be reasonably well-controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (e.g., psychotic episodes, bipolar disorder,

POLICY STATEMENT

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<p>dissociative identity disorder, borderline personality disorder) an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated.</p> <p>D. Medical record documentation to support the medical necessity of any of the following gender affirmation surgeries and all associated criteria (as applicable):</p> <ol style="list-style-type: none"> 1. Mastectomy, subcutaneous mastectomy, breast reduction (creation of a male chest), including nipple tattooing, <i>(female-to-male)</i> and; <ol style="list-style-type: none"> a. At least one letter of recommendation written from a qualified mental health professional who consistently monitored the individual throughout the individual's psychotherapy Note: Hormone therapy is not a prerequisite for mastectomy and creation of a male chest. 2. Hysterectomy and salpingo-oophrectomy <i>(female-to-male)</i> and orchiectomy <i>(male-to-female)</i> when both of the following criteria are met: <ol style="list-style-type: none"> a. Individual has received 12 months of continuous hormone sex affirmation therapy unless the individual has a medical contraindication to take hormones (may be simultaneous with real-life experience) b. Recommendations for sex affirmation surgery by two qualified mental health professionals who have independently assessed the individual Note: If the first referral is from the individual's psychotherapist, the second referral should be from the person who has only had an evaluative role with the individual) (See Policy Guidelines section) 3. Any combination of the following genital reconstructive surgeries (as applicable to gender affirmation) when all of the additional criteria listed below are met: Vaginectomy, metoidioplasty, scrotoplasty, urethroplasty, urethromeatoplasty, implantation of a testicular prosthesis, and phalloplasty (employing a pedicled or free vascularized 	<p>dissociative identity disorder, borderline personality disorder) an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated.</p> <p>D. Medical record documentation to support the medical necessity of any of the following gender affirmation surgeries and all associated criteria (as applicable):</p> <ol style="list-style-type: none"> 1. Mastectomy, subcutaneous mastectomy, breast reduction (creation of a male chest), including nipple tattooing, <i>(female-to-male)</i> and; <ol style="list-style-type: none"> a. At least one letter of recommendation written from a qualified mental health professional who consistently monitored the individual throughout the individual's psychotherapy Note: Hormone therapy is not a prerequisite for mastectomy and creation of a male chest. 2. Hysterectomy and salpingo-oophrectomy <i>(female-to-male)</i> and orchiectomy <i>(male-to-female)</i> when both of the following criteria are met: <ol style="list-style-type: none"> a. Individual has received 12 months of continuous hormone sex affirmation therapy unless the individual has a medical contraindication to take hormones (may be simultaneous with real-life experience) b. Recommendations for sex affirmation surgery by two qualified mental health professionals who have independently assessed the individual Note: If the first referral is from the individual's psychotherapist, the second referral should be from the person who has only had an evaluative role with the individual) (See Policy Guidelines section) 3. Any combination of the following genital reconstructive surgeries (as applicable to gender affirmation) when all of the additional criteria listed below are met: Vaginectomy, metoidioplasty, scrotoplasty, urethroplasty, urethromeatoplasty, implantation of a testicular prosthesis, and phalloplasty (employing a pedicled or free vascularized

POLICY STATEMENT

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<p>flap) (<i>female-to-male</i>), or Vaginoplasty, penectomy, clitoroplasty, vulvuloplasty (including colovaginoplasty, labiaplasty, penile skin inversion, repair of introitus, construction of vagina with graft, coloproctostomy) (<i>male-to-female</i>)</p> <ol style="list-style-type: none"> Individual has received 12 months of continuous hormone sex affirmation therapy unless the individual has a medical contraindication to take hormones (may be simultaneous with real-life experience) Individual has successfully lived and worked within the desired gender role <u>full-time for at least 12 continuous months</u> (real-life experience) without returning to the original gender (See Policy Guidelines section) Recommendations for sex affirmation surgery by two <u>qualified mental health professionals</u> who have independently assessed the individual <p>Note: If the first referral is from the individual's psychotherapist, the second referral should be from the person who has only had an evaluative role with the individual) (See Policy Guidelines section)</p>	<p>flap) (<i>female-to-male</i>), or Vaginoplasty, penectomy, clitoroplasty, vulvuloplasty (including colovaginoplasty, labiaplasty, penile skin inversion, repair of introitus, construction of vagina with graft, coloproctostomy) (<i>male-to-female</i>)</p> <ol style="list-style-type: none"> Individual has received 12 months of continuous hormone sex affirmation therapy unless the individual has a medical contraindication to take hormones (may be simultaneous with real-life experience) Individual has successfully lived and worked within the desired gender role <u>full-time for at least 12 continuous months</u> (real-life experience) without returning to the original gender (See Policy Guidelines section) Recommendations for sex affirmation surgery by two <u>qualified mental health professionals</u> who have independently assessed the individual <p>Note: If the first referral is from the individual's psychotherapist, the second referral should be from the person who has only had an evaluative role with the individual) (See Policy Guidelines section)</p>
<p>Other Associated Surgical Procedures and Services Additional surgeries may be proposed (i.e., body feminization or masculinization) for an individual who is planning to undergo or has undergone gender affirmation surgery.¹ Including, but not limited to, the following surgical procedures need to be reviewed for medical necessity (see <u>documentation needed for medical necessity determination</u> in the Policy Guidelines section).</p> <ol style="list-style-type: none"> Breast enlargement procedures, including augmentation mammoplasty, implants, and silicone injections of the breast Blepharoplasty/Brow reduction/brow lift (removal of redundant skin of the upper and/or lower eyelids and protruding periorbital fat) Calf implants Chin augmentation (reshaping or enhancing the size of the chin) Chin/nose/cheek implants 	<p>Other Associated Surgical Procedures and Services Additional surgeries may be proposed (i.e., body feminization or masculinization) for an individual who is planning to undergo or has undergone gender affirmation surgery.¹ Including, but not limited to, the following surgical procedures need to be reviewed for medical necessity (see <u>documentation needed for medical necessity determination</u> in the Policy Guidelines section).</p> <ol style="list-style-type: none"> Breast enlargement procedures, including augmentation mammoplasty, implants, and silicone injections of the breast Blepharoplasty/Brow reduction/brow lift (removal of redundant skin of the upper and/or lower eyelids and protruding periorbital fat) Calf implants Chin augmentation (reshaping or enhancing the size of the chin) Chin/nose/cheek implants

POLICY STATEMENT

BEFORE Red font: Verbiage to be removed	AFTER
<p>F. Cricothyroid approximation (voice modification that raises the vocal pitch by stimulating contractions of the cricothyroid muscles with sutures)</p> <p>G. Face lift/forehead lift (e.g., rhytidectomy)</p> <p>H. Facial reconstruction for feminization or masculinization (e.g., facial bone reduction)</p> <p>I. Forehead augmentation</p> <p>J. Electrolysis or laser hair removal for facial, or body areas other than pubic region. Re-evaluation by a qualified medical provider is needed if treatment exceeds 6 months or 30 hours.</p> <p>K. Pubic area electrolysis or laser hair removal may be considered medically necessary when there is a recommendation from the surgeon (with documentation in the medical record) of the need to be done related to a planned genital reconstructive surgery. This treatment can be done during the same time period as hormonal therapy and living in the preferred gender role full time. Photographic and endocrinologist documentation is not required. Re-evaluation by a qualified medical provider is needed if treatment exceeds 6 months or 30 hours.</p> <p>L. Gluteal and hip augmentation (implants/lipofilling)</p> <p>M. Hair reconstruction (hair removal/hair transplantation)</p> <p>N. Jaw/mandibular reduction or augmentation</p> <p>O. Laryngoplasty (reshaping of laryngeal framework)</p> <p>P. Liposuction (removal of fat in the hips, thighs, or buttocks)</p> <p>Q. Lipofilling</p> <p>R. Lip reduction/enhancement (decreasing/enlarging lip size)</p> <p>S. Pectoral implants</p> <p>T. Rhinoplasty (reshaping of the nose) including nose implants</p> <p>U. Suction-assisted lipoplasty of the waist</p> <p>V. Trachea shave (Adam's apple shaving)/reduction thyroid chondroplasty (reduction of the thyroid cartilage)</p> <p>W. Voice modification surgery and voice retraining (speech therapy)</p>	<p>F. Cricothyroid approximation (voice modification that raises the vocal pitch by stimulating contractions of the cricothyroid muscles with sutures)</p> <p>G. Face lift/forehead lift (e.g., rhytidectomy)</p> <p>H. Facial reconstruction for feminization or masculinization (e.g., facial bone reduction)</p> <p>I. Forehead augmentation</p> <p>J. Electrolysis or laser hair removal for facial, or body areas other than pubic region. Re-evaluation by a qualified medical provider is needed if treatment exceeds 6 months or 30 hours.</p> <p>K. Pubic area electrolysis or laser hair removal may be considered medically necessary when there is a recommendation from the surgeon (with documentation in the medical record) of the need to be done related to a planned genital reconstructive surgery. This treatment can be done during the same time period as hormonal therapy and living in the preferred gender role full time. Photographic and endocrinologist documentation is not required. Re-evaluation by a qualified medical provider is needed if treatment exceeds 6 months or 30 hours.</p> <p>L. Gluteal and hip augmentation (implants/lipofilling)</p> <p>M. Hair reconstruction (hair removal/hair transplantation)</p> <p>N. Jaw/mandibular reduction or augmentation</p> <p>O. Laryngoplasty (reshaping of laryngeal framework)</p> <p>P. Liposuction (removal of fat in the hips, thighs, or buttocks)</p> <p>Q. Lipofilling</p> <p>R. Lip reduction/enhancement (decreasing/enlarging lip size)</p> <p>S. Pectoral implants</p> <p>T. Rhinoplasty (reshaping of the nose) including nose implants</p> <p>U. Suction-assisted lipoplasty of the waist</p> <p>V. Trachea shave (Adam's apple shaving)/reduction thyroid chondroplasty (reduction of the thyroid cartilage)</p> <p>W. Voice modification surgery and voice retraining (speech therapy)</p>

Diana Cavazos

From: Martinez, Carolyn <carolyn.martinez@optum.com>
Sent: Monday, March 4, 2024 1:53 PM
To: Diana Cavazos
Cc: Thomas Georgouses; Michael Moss; Ross, Shannon C; Duarte, Nissa; Nikki Vang
Subject: Update on Change Healthcare Outage 3/4/2024
Attachments: Change Healthcare Member Flyer 240304_v3.pdf

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.

Hi Diana,

Below you will find our most recent update regarding the Change Healthcare outage. I've also attached a member FAQ which can be shared.



Update on Change Healthcare Outage

March 4, 2024

Dear Diana,

I wanted to provide you with an update on cyber security issue Change Healthcare is experiencing as some great progress has been made over the weekend.

- We continue to have a high-level of confidence that Optum, UnitedHealthcare and UnitedHealth Group systems have not been affected by this issue.
- Our top priority continues to be continuity of care for every consumer.
- We are monitoring claims activity closely and our contact centers are leveraging an enhanced "Med 911" process to support members with urgent needs.
- Optum Rx is applying its deep industry knowledge and expertise to Change Healthcare and its clients through this disruption.
- We are proactively providing solutions, including claims processing alternatives, and are partnering with pharmacies to help members receive their medications.

Change Healthcare operates as a “switch” vendor for many provider and pharmacy partners to enable them to submit claims to PBMs. **We expect the switch to be back online and operational in the very near future.**

- Impacted e-prescriptions to pharmacies using the Change Healthcare switch are now fully operational.
- Sometime soon, pharmacies should be able to adjudicate claims through the Change Healthcare switch.
- Claims processed through offline methods during the outage will need to be reprocessed once systems are online.
- We will work with pharmacies to reimburse claims filled with the good faith understanding that a medication should be covered. We hope other PBMs will consider a similar approach.
- To assist pharmacies to continue to dispense medications, we will be providing pharmacies with payment solutions to pay for medications, if needed. This process includes a review for reasonable and fraudulent activity.
- The Change Healthcare switch continues to be unavailable so all coupon vouchers / copay cards managed by Change Healthcare cannot be processed. We are working to move coupon voucher claims to a solution on another system or to another vendor.

We will provide continued updates as more information becomes available and ongoing status updates. Please reach out to me with any further questions or clarification needed.

Sincerely,

Carolyn

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Change Healthcare Outage

March 4, 2024

Change Healthcare, a subsidiary of UnitedHealth Group/Optum, is currently experiencing a cyber security issue and our experts are working to address the matter. Once we became aware of the outside threat, in the interest of protecting patients, we took immediate action to disconnect Change Healthcare's systems to prevent further impact.

Frequently Asked Questions

Am I able to fill my prescriptions?

Yes, most large retail pharmacies are not impacted by this issue. Some pharmacies may be impacted and have a process to submit 'off-line' claims and have been guided to help you obtain you needed medication without having you pay the full price of the medication. If you experience any issues, please call the 1-800 number on your ID card.

If a pharmacy cannot process my claim, can I still get my medication?

We are committed to helping you continue to have access to your medications. Optum Rx has communicated processes with pharmacy partners to inform them how to fill prescriptions for you during this outage so that you do not experience any therapy disruptions or be required to pay the full price of the prescription.

How are pharmacies calculating the copayment/coinsurance for my prescription(s) if my eligibility/insurance information is unavailable online due to the Change Healthcare outage?

Pharmacies are either referencing previous copay information for similar prescriptions, contacting the Optum Rx Pharmacy Help Desk for eligibility and copay information, and/or preparing to later properly process the claim and assess you member cost share once Change Healthcare systems are up and running. You are not required to pay the full price of the prescription.

Can I use my coupon voucher and/or copay card at the pharmacy?

Some pharmacies utilizing Change Healthcare software may not be able to process coupon vouchers and/or copay cards at this time.

Has my health information/data been compromised?

Optum's privacy office and security information teams are actively engaged and working to understand the potential impact to members.

Still having issues?

Please call the number on the back of your ID card for 24/7 customer support.

Diana Cavazos

From: Shane Archer <Shane.Archer@fresno.gov>
Sent: Friday, January 26, 2024 2:30 PM
To: Georgeanne White; Diana Cavazos
Cc: Toni Machado; Andrew Desa; David Broome; Thomas Georgouses
Subject: Re: ACTION REQUIRED -Delta Breach Opt-In

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.

I approve as well

From: Georgeanne White
Sent: Friday, January 26, 2024 12:37:26 PM
To: Diana Cavazos
Cc: Shane Archer; Toni Machado; Andrew Desa; David Broome; Thomas Georgouses
Subject: Re: ACTION REQUIRED -Delta Breach Opt-In

Approve staff recommendation

On Jan 26, 2024, at 11:54 AM, Diana Cavazos <dcavazos@healthcomp.com> wrote:

External Email: Use caution with links and attachments

Hello,

As you may recall from our last Board Meeting it was decided to opt in for all member offered services. For any additional Opt-in we will need approval from both the chair and co-chair. It is the plan professionals recommendation to opt-in for all available notifications Delta Dental will file with the regulatory agencies.

Please see below for the member services that are eligible to be opted in for:

1. Consumer Notification
2. Call Center Support
3. Single Bureau Credit Monitoring
4. \$1 million identify Fraud Loss Reimbursement
5. Consumer Consultation
6. Identity Restoration

<image001.png>

In addition there are additional services that can be opted in for which include:

1. Health and Human Services Office of Civil Rights notification of the event
2. Regulator notice assistance

<image003.png>

<image004.png>

Please let me know if you have any questions, if not, please provide approval.

Thank you,

Diana Cavazos

Account Management

dcavazos@healthcomp.com

W 559-312-2295 PST

<image005.png>

Confidentiality Notice: This email was sent securely using Transport Layer Security (TLS) Encryption. Please ensure your email systems support TLS before replying with any confidential information. The information contained in this e-mail, including any attachment(s), is intended solely for use by the designated recipient(s). Unauthorized use, dissemination, distribution, or reproduction of this message by anyone other than the intended recipient(s), or a person designated as responsible for delivering such messages to the intended recipient, is strictly prohibited and may be unlawful. This e-mail may contain proprietary, confidential, or privileged information. Any views or opinions expressed are solely those of the author and do not necessarily represent those of HealthComp, LLC or Virgin Pulse, Inc. If you have received this message in error, or are not the named recipient(s), please immediately notify the sender and delete this e-mail message.

Dear Members,

We regret to inform you that there has been a cyber breach affecting certain individuals within our member community with Delta Dental. The privacy and security of your personal information is of utmost importance to us, and we want to ensure that you have all the necessary information to protect yourself.

Additionally, we want to assure you that Delta is taking immediate action to address this situation. They will be sending out personalized letters to those members who have been impacted by the breach. These letters will provide you with specific details regarding the incident and steps you can take to safeguard your information.

If you believe that you may have been impacted by this cyber breach and would like more information, we encourage you to contact Health Comp. Their dedicated team will be available to assist you in determining whether or not your data has been affected. Please reach out to them at 559-499-2450

We understand that this may raise concerns and questions, and Delta Dental is committed to providing support and guidance throughout this process. Our priority is to keep you informed and protected. We apologize for any inconvenience this may cause and appreciate your patience and cooperation.

Thank you for your understanding and cooperation.



560 Mission Street
Suite 1300
San Francisco, CA 94105

<<Date>> (Format: Month Day, Year)

<<first_name>> <<middle_name>> <<last_name>> <<suffix>>
<<address_1>>
<<address_2>>
<<city>>, <<state_province>> <<postal_code>>
<<country>>

<<b2b_text_1(Notice of Data Security Incident / Notice of Data Breach - CA residents only)>>

Dear <<first_name>> <<middle_name>> <<last_name>> <<suffix>>,

Delta Dental of California and affiliates (“Company”)¹ experienced a data security incident involving the MOVEit Transfer (“MOVEit”) software, an application used by our company and many organizations worldwide. We take the privacy and security of your information seriously, and sincerely apologize for any concern or inconvenience this may cause you. This letter provides information about what happened, how to help protect your information and resources offered to assist you.

What Happened?

Progress Software announced a previously unknown vulnerability within their widely used MOVEit file-transfer software program. This vulnerability led to a global data security incident that is reported to have impacted many organizations, including corporations, government agencies, insurance providers, pension funds, financial institutions, state education systems and more.

On June 1, 2023, the Company learned unauthorized actors exploited a vulnerability affecting the MOVEit file transfer software application. Immediately after being alerted of the incident, we launched a thorough investigation and took steps to contain and remediate the incident. We stopped access to the MOVEit software, removed the malicious files, conducted a thorough analysis of the MOVEit database, applied the recommended patches, and reset administrative passwords to the MOVEit system. We also enhanced unauthorized access monitoring related to MOVEit Transfer file access, malicious activity, and ransomware activity.

On July 6, 2023, our investigation confirmed that the Company information on the MOVEit platform had been accessed and acquired without authorization between May 27, 2023 and May 30, 2023. At that time, we promptly engaged independent third-party experts in computer forensics, analytics, and data mining to determine what information was impacted and with whom it is associated.

This extensive investigation and analysis of the data recently concluded and was a critical component in enabling us to identify specific personal information that was acquired from the MOVEit platform. Upon that determination, we have worked diligently to identify any impacted individuals to provide notification. On November 27, 2023, we determined your personal information was affected. In addition to our own investigation, we have also notified law enforcement of the incident and have been cooperating with them since.

¹ The Delta Dental of California enterprise includes its affiliates Delta Dental Insurance Company, Delta Dental of the District of Columbia, Delta Dental of Delaware, Inc., Delta Dental of Pennsylvania, Delta Dental of New York, Inc., Delta Dental of West Virginia, and their affiliated companies, as well as the national DeltaCare USA* network, and covers enrollees in all 50 states, plus Washington, D.C. and Puerto Rico.

*DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA — Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states.

What Information Was Involved?

Your affected information included, <<b2b_text_2(data elements)>>.

What We Are Doing:

In addition to the steps already described, we are offering you **24 months of free** identity monitoring services through Kroll. To take advantage of these free services, please follow the instructions below.

Data security is a priority for our Company. We apply security patches for known vulnerabilities provided by third-party software vendors, regularly update our capabilities to monitor potential security threats and consistently manage access to our systems and data.

What You Can Do:

We encourage you to remain vigilant by reviewing your account statements and credit reports closely and immediately reporting any suspicious activity to the company that maintains the account for you. At the end of this letter, we have provided you with additional information regarding steps you can take to help protect yourself and your personal information, including recommendations by the Federal Trade Commission regarding identity theft protection and details on how to place a fraud alert or a security freeze on your credit file. **We encourage you to review that additional information.**

To help relieve concerns and restore confidence following this incident, we have secured the services of Kroll to provide identity monitoring at no cost to you for twenty-four months. Kroll is a global leader in risk mitigation and response, and their team has extensive experience helping people who have sustained an unintentional exposure of confidential data. Your identity monitoring services include Credit Monitoring, \$1 Million Identity Fraud Loss Reimbursement, Fraud Consultation, and Identity Theft Restoration.

Visit <https://enroll.krollmonitoring.com> to activate and take advantage of your identity monitoring services.

You have until <<b2b_text_6(activation deadline)>> to activate your identity monitoring services.

Membership Number: <<Membership Number s_n>>

For more information about Kroll and your Identity Monitoring services, you can visit info.krollmonitoring.com.

For More Information:

If you have questions, please call [TFN](#), 8:00 a.m. to 5:30 p.m. Central Time, Monday through Friday, excluding major U.S. holidays. Please have your membership number ready. Helping protect your information is important to us. We sincerely apologize for any inconvenience this incident may cause you.

Sincerely,

Delta Dental of California and affiliates

Recommended Steps to Help Protect Your Information

1. Website and Enrollment. Go to <https://enroll.krollmonitoring.com> and follow instructions for enrollment using your Membership Number provided in the letter.

2. Activate the credit monitoring provided as part of your Kroll identity monitoring membership. Note: You must have established credit and access to a computer and the internet to use this service. If you need assistance, Kroll will be able to assist you.

3. Telephone. Contact Kroll at [TFN](tel:1-800-368-6868) to gain additional information about this event and speak with knowledgeable representatives about the appropriate steps to take to protect your credit identity.

4. Review your credit reports. We recommend that you remain vigilant by reviewing account statements and monitoring credit reports. Under federal law, you also are entitled every 12 months to one free copy of your credit report from each of the three major credit reporting companies. To obtain a free annual credit report, go to www.annualcreditreport.com or call 1-877-322-8228. You may wish to stagger your requests so that you receive a free report by one of the three credit bureaus every four months.

You should also know that you have the right to file a police report if you ever experience identity fraud. Please note that in order to file a crime report or incident report with law enforcement for identity theft, you will likely need to provide some kind of proof that you have been a victim. A police report is often required to dispute fraudulent items. You can report suspected incidents of identity theft to local law enforcement or to the Attorney General.

5. Place Fraud Alerts with the three credit bureaus. If you choose to place a fraud alert, we recommend you do this after activating your credit monitoring. You can place a fraud alert at one of the three major credit bureaus by phone and also via Experian's or Equifax's website. A fraud alert tells creditors to follow certain procedures, including contacting you, before they open any new accounts or change your existing accounts. For that reason, placing a fraud alert can protect you, but also may delay you when you seek to obtain credit. The contact information for all three bureaus is as follows:

Credit Bureaus

Equifax Fraud Reporting
1-866-349-5191
P.O. Box 105069
Atlanta, GA 30348-5069
www.equifax.com

Experian Fraud Reporting
1-888-397-3742
P.O. Box 9554
Allen, TX 75013
www.experian.com

TransUnion Fraud Reporting
1-800-680-7289
P.O. Box 2000
Chester, PA 19022-2000
www.transunion.com

It is necessary to contact only ONE of these bureaus and use only ONE of these methods. As soon as one of the three bureaus confirms your fraud alert, the others are notified to place alerts on their records as well.

You will receive confirmation letters in the mail and will then be able to order all three credit reports, free of charge, for your review. An initial fraud alert will last for one year.

Please Note: No one is allowed to place a fraud alert on your credit report except you.

6. Security Freeze. By placing a security freeze, someone who fraudulently acquires your personal identifying information will not be able to use that information to open new accounts or borrow money in your name. You will need to contact the three national credit reporting bureaus listed above to place the freeze. Keep in mind that when you place the freeze, you will not be able to borrow money, obtain instant credit, or get a new credit card until you temporarily lift or permanently remove the freeze. There is no cost to freeze or unfreeze your credit files.

7. You can obtain additional information about the steps you can take to avoid identity theft from the following agencies. The Federal Trade Commission also encourages those who discover that their information has been misused to file a complaint with them.

California Residents: Visit the California Office of Privacy Protection (www.oag.ca.gov/privacy) for additional information on protection against identity theft.

Kentucky Residents: Office of the Attorney General of Kentucky, 700 Capitol Avenue, Suite 118 Frankfort, Kentucky 40601, www.ag.ky.gov, Telephone: 1-502-696-5300.

Maryland Residents: Office of the Attorney General of Maryland, Consumer Protection Division 200 St. Paul Place Baltimore, MD 21202, www.oag.state.md.us/Consumer, Telephone: 1-888-743-0023.

New Mexico Residents: You have rights pursuant to the Fair Credit Reporting Act, such as the right to be told if information in your credit file has been used against you, the right to know what is in your credit file, the right to ask for your credit score, and the right to dispute incomplete or inaccurate information. Further, pursuant to the Fair Credit Reporting Act, the consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information; consumer reporting agencies may not report outdated negative information; access to your file is limited; you must give your consent for credit reports to be provided to employers; you may limit “prescreened” offers of credit and insurance you get based on information in your credit report; and you may seek damages from a violator. You may have additional rights under the Fair Credit Reporting Act not summarized here. Identity theft victims and active duty military personnel have specific additional rights pursuant to the Fair Credit Reporting Act. You can review your rights pursuant to the Fair Credit Reporting Act by visiting www.consumerfinance.gov/f/201504_cfpb_summary_your-rights-under-fcra.pdf, or by writing Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

New York Residents: the Attorney General may be contacted at: Office of the Attorney General, The Capitol, Albany, NY 12224-0341; 1-800-771-7755; <https://ag.ny.gov/>.

North Carolina Residents: Office of the Attorney General of North Carolina, 9001 Mail Service Center Raleigh, NC 27699-9001, www.ncdoj.gov, Telephone: 1-919-716-6400.

Oregon Residents: Oregon Department of Justice, 1162 Court Street NE, Salem, OR 97301-4096, www.doj.state.or.us/, Telephone: 877-877-9392.

Rhode Island Residents: Office of the Attorney General, 150 South Main Street, Providence, Rhode Island 02903, www.riag.ri.gov, Telephone: 401-274-4400. **XX Rhode Island residents were notified of this incident.**

All US Residents: Identity Theft Clearinghouse, Federal Trade Commission, 600 Pennsylvania Avenue, NW Washington, DC 20580, www.consumer.gov/idtheft, 1-877-IDTHEFT (438-4338), TTY: 1-866-653-4261.

KROLL

TAKE ADVANTAGE OF YOUR IDENTITY MONITORING SERVICES

You have been provided with access to the following services from Kroll:

Single Bureau Credit Monitoring

You will receive alerts when there are changes to your credit data—for instance, when a new line of credit is applied for in your name. If you do not recognize the activity, you’ll have the option to call a Kroll fraud specialist, who will be able to help you determine if it is an indicator of identity theft.

\$1 Million Identity Fraud Loss Reimbursement

Reimburses you for out-of-pocket expenses totaling up to \$1 million in covered legal costs and expenses for any one stolen identity event. All coverage is subject to the conditions and exclusions in the policy.

Fraud Consultation

You have unlimited access to consultation with a Kroll fraud specialist. Support includes showing you the most effective ways to protect your identity, explaining your rights and protections under the law, assistance with fraud alerts, and interpreting how personal information is accessed and used, including investigating suspicious activity that could be tied to an identity theft event.

Identity Theft Restoration

If you become a victim of identity theft, an experienced Kroll licensed investigator will work on your behalf to resolve related issues. You will have access to a dedicated investigator who understands your issues and can do most of the work for you. Your investigator will be able to dig deep to uncover the scope of the identity theft, and then work to resolve it.

Kroll’s activation website is only compatible with the current version or one version earlier of Chrome, Firefox, Safari and Edge.

To receive credit services, you must be over the age of 18 and have established credit in the U.S., have a Social Security number in your name, and have a U.S. residential address associated with your credit file.



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

Memorandum

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

From: Andrew Desa, Consulting Actuary
David Broome, Consultant

Date: March 8, 2024

Re: Consultant's Report for March 13, 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, 2026. We presented the initial renewal offer at the January 10, 2024 meeting. After discussions with Blue Shield, they have revised their renewal offer to a 2.8% reduction effective July 1, 2024, and offered a 3% fee increase for July 1, 2025, and July 1, 2026, down from 4% initially proposed. Blue Shield's final 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	\$ 16.21	\$ 16.70
Shield Support	\$ 4.55	\$ 3.64	\$ 3.75	\$ 3.86
Teladoc	\$ 0.89	\$ 0.91	\$ 0.94	\$ 0.97
Total	\$ 20.87	\$ 20.29	\$ 20.90	\$ 21.53
 \$ Annual Cost ²	 \$1,027,054	 \$998,511	 \$1,028,531	 \$1,059,534
 \$ Annual Increase/(Decrease)		 (\$28,543)	 \$ 30,019	 \$ 31,004
% Increase/(Decrease)		-2.8%	2.9%	3.0%

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

² Cost estimates are based on the current enrollment of 4,101 subscribers.

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 retained by Blue Shield.

The revised early renewal proposal from Blue Shield is attached to this memo. This item will be discussed at your March 13, 2024 meeting. If there are any questions before or after that meeting, please let us 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	\$16.21	\$16.70
Purchased Services			
Shield Support	\$3.64	\$3.75	\$3.86
Teladoc General Medicine	\$0.91	\$0.94	\$0.97
Optional Services			
Shield Advocate*	\$3.17	\$3.27	\$3.36
Family Building	\$0.54	\$0.56	\$0.57
Prenatal Program	\$1.17	\$1.21	\$1.24
Postpartum	\$0.40	\$0.41	\$0.42
Parenting & Pediatrics	\$0.37	\$0.38	\$0.39
Family Building & Prenatal Bundle	\$1.40	\$1.44	\$1.49
Menopause	\$0.20	\$0.21	\$0.21
Maven Wallet	\$0.40	\$0.41	\$0.42
LifeReferrals 24/7	\$1.65	\$1.70	\$1.75
NurseHelp 24/7	\$0.94	\$0.97	\$1.00
Teladoc Behavioral Health**	\$0.30	\$0.31	\$0.32
Teladoc Dermatology	\$0.05	\$0.05	\$0.05
Teladoc EMS	\$2.11	\$2.17	\$2.24
Advanced Imaging	\$1.22	\$1.26	\$1.29
Spine and Pain Management	\$1.19	\$1.23	\$1.26
Wellvolution	\$0.29	\$0.30	\$0.31
Wellvolution Plus	\$0.78	\$0.80	\$0.83
Brightline	\$0.60	\$0.62	\$0.64

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.
- Proposed core fee rates reflect Immature fees and do not include claims run-out.
- Blue Shield will retain any rebates it receives directly from pharmaceutical manufacturers for prescription drugs covered under the Plan's medical
- 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 fee 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.

By signature below, Plan Sponsor's duly authorized officer accepts this Final Proposal, including all fees, assumptions, drug rebate terms (if applicable), and other terms and conditions set forth above and related attachments. Plan Sponsor agrees that the terms and conditions of this Final Proposal shall be incorporated as part of an ASO Agreement, Group Health Service Contract, or other agreement (as applicable) between Plan Sponsor and Blue Shield, which will set forth additional terms and conditions for Blue Shield's services. Subsequent to Plan Sponsor's acceptance of this Final Proposal, Blue Shield will issue the applicable agreement(s).

Plan Sponsor Authorized Representative

Signature:

Name:

Title:



Memorandum

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

From: Andrew Desa, Consulting Actuary
David Broome, Consultant

Date: March 8, 2024

Re: Consultant's Report for March 13, 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. We presented BSI's offer at the January 10, 2024 meeting.

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 BSI proposal is attached to this memo. This item will be discussed at your meeting on March 13, 2024. Please let us know if there are any questions before or after that meeting.

AD/DB:tl
Enclosure



AMENDMENT

1. This Amendment is entered into by and between HealthView Preventive Medical Center ("HPMC") and Fresno City Employees Health and Welfare Trust ("FCEHWT" or "Client"), parties to the agreement dated January 20, 2021 ("The Agreement") and previous amendment dated January 1, 2024 ("Amendment 010124").
2. The Agreement and Amendment 010124 are amended as follows:
HPMC and FCEHWT agree to adjust the Body Scan fee ("Contracted Rate") for Body Scans provided by HPMC to qualified eligible participants in Client Medical Plan to \$1,315.00 per Body Scan for scans occurring on or after July 1, 2024. The adjusted Contracted Rate 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 July 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: March 8, 2024

Re: Consultant's Report for March 13, 2024, Board of Trustees Meeting -
UnitedHealthcare Dental HMO Plan Revised Renewal Effective July 1, 2024

The UnitedHealthcare ("UHC") Dental HMO Plan is under a two-year rate guarantee through June 30, 2024. We have received the renewal, which is effective July 1, 2024. We presented UHC's initial, early renewal offer at the January 10, 2024 meeting.

1. The current composite premium rate is \$43.18. **UHC is proposing a 2% rate reduction to \$42.32.**
2. The initial proposed fee was guaranteed for two years through June 30, 2026. After discussions with UHC, they have revised the renewal offer to extend the rate guarantee period to 3 years through June 30, 2027.
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 Eff. 07/01/24 – 06/30/27
Premium Rate	\$ 43.18	\$ 42.32
% Increase/(Decrease)		(2.0%)
Annual Plan Cost ¹	\$118,700	\$116,300
Annual \$ Increase/(Decrease)		(\$ 2,400)

¹ Costs and Increase/(Decrease) are estimated and based on current enrollment of 229 subscribers.

This item will be discussed at your meeting on March 13, 2024. Please let us know if there are any questions before or after that meeting.

AD/DB:tl



Dental Renewal offer for Fresno City Employees Health & Welfare Trust

January 8, 2024

Andrew Desa, Consultant

Rael & Letson
Consultants and Actuaries
160 Bovet Road, Suite 203
San Mateo, CA 94402

Via Email

Dear Andrew:

On behalf of UnitedHealthcare, I appreciate the opportunity to present renewal information for **Fresno City Employees Health & Welfare Trust**, for the period **07/01/2024 – 06/30/2027**.

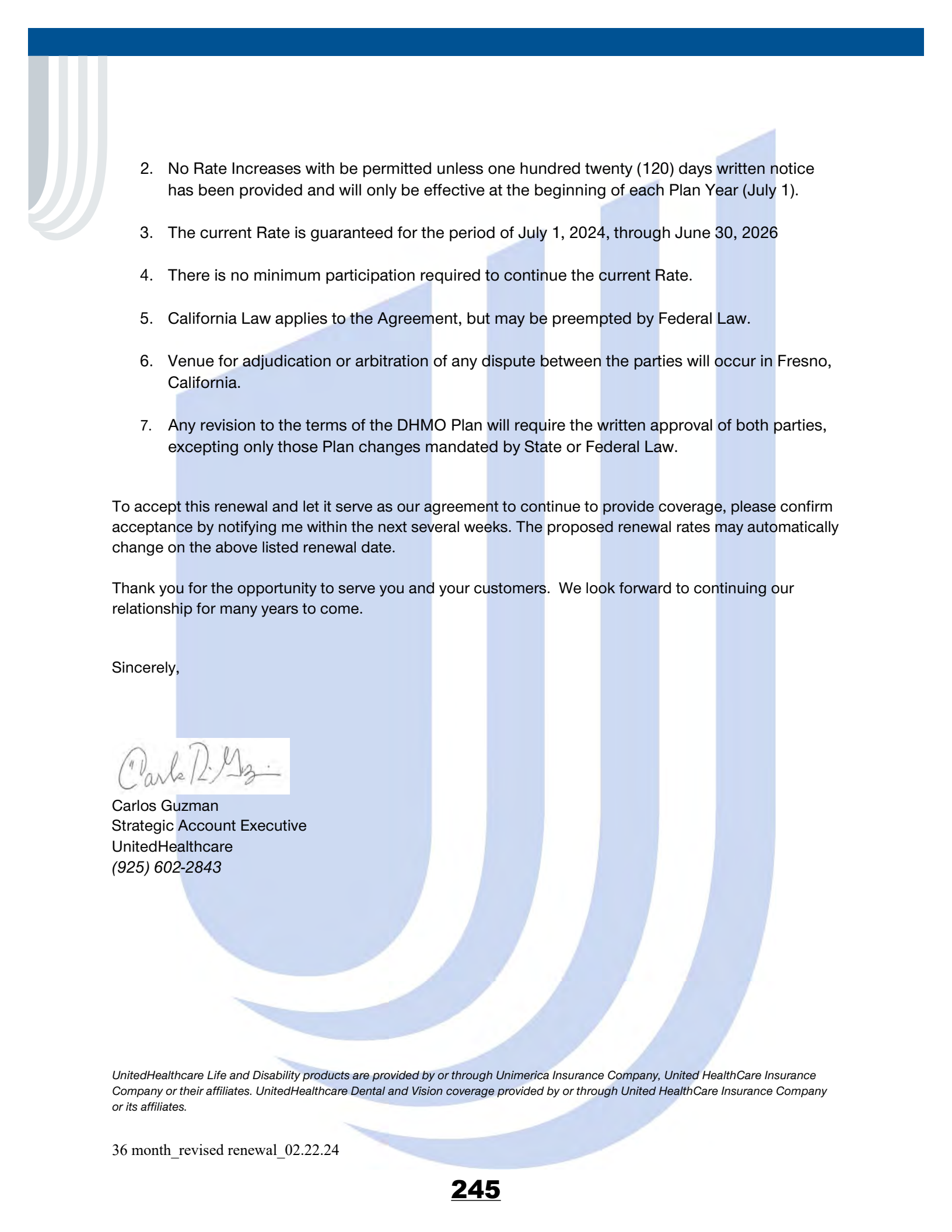
UnitedHealthcare Insurance Company has created plans that offer our members quality dental health services at significant savings. We have contracted with quality local dental professionals to provide services at no cost or for low fixed copayments. In addition to substantial savings, there are many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

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

We understand the importance of maintaining the highest quality dental care at the most competitive price possible especially in today's economy. Upon review of the plan design, we are pleased to offer a **2% rate decrease for 36 months rate guarantee**. We appreciate the opportunity to partner with **Fresno City Employees Health & Welfare Trust** and are hopeful this favorable renewal will secure the dental renewal with UnitedHealthcare.

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

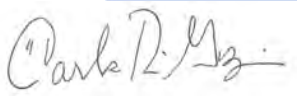
1. The Contract remains subject to a ninety (90) day written notice right to terminate by either party.

- 
2. No Rate Increases will be permitted unless one hundred twenty (120) days written notice has been provided and will only be effective at the beginning of each Plan Year (July 1).
 3. The current Rate is guaranteed for the period of July 1, 2024, through June 30, 2026
 4. There is no minimum participation required to continue the current Rate.
 5. California Law applies to the Agreement, but may be preempted by Federal Law.
 6. Venue for adjudication or arbitration of any dispute between the parties will occur in Fresno, California.
 7. Any revision to the terms of the DHMO Plan will require the written approval of both parties, excepting only those Plan changes mandated by State or Federal Law.

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

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

Sincerely,



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

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

Renewal for Fresno City Employees Health & Welfare Trust

Dental Plan Overview

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

Dental HMO Direct Compensation - D1085 Actives		
Effective Date: July 1, 2024 - Rate Guarantee 36 months		
Tier	Current Rates D1085	Renewal Rates D1085
Employee Only	\$43.18	\$42.32
Employee + Spouse	\$43.18	\$42.32
Employee + Dependents	\$43.18	\$42.32
Employee + Family	\$43.18	\$42.32

Rate impact – -2% decrease for 24 months

Acceptance of Renewal

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

Authorized Signature: _____ Date: _____
Chair

Printed Name: _____

Authorized Signature: _____ Date: _____
Co-Chair

Printed Name: _____

UnitedHealthcare

Authorized Signature:



Date: 02/22/2024

36 month_revised renewal_02.22.24



Memorandum

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

From: Andrew Desa, Consulting Actuary
David Broome, Consultant

Date: March 8, 2024

Re: Consultant's Report for March 13, 2024, Board of Trustees Meeting -
EPIC Hearing – Renewal and Analysis

The Plan has contracted with EPIC Hearing to provide hearing aid devices and exams. This benefit network and benefit 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. We presented the renewal in the January 10, 2024 meeting. 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 March 13, 2024. Please let us know if there are any questions before or after that meeting.

AD/DB:tl

¹ As of November 2023.



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

Relate[®] 4.0 Platinum

- A true premium product at an affordable price point
- Offers seamless automation of premium features to provide optimal listening in every environment
- Includes the latest high-end features, including:
 - Rechargeable options
 - Superior performance hearing in noise
 - Seamless Bluetooth connectivity to Android and iPhones
 - Premium Sound Quality
 - **AutoFocus 360** enhances speech from all directions, even in the most challenging listening environments.
- Platinum comes in a variety of styles and colors to meet the needs of members





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

Memorandum

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

From: Joe Feliciani, Pharmacy Benefit Consultant

Date: March 8, 2024

Re: Consultant's Report for March 13, 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 will terminate on June 30, 2024. Optum's renewal offer continues to be on a pass-through financial basis and provides 100% rebate retention by the Trust.

We are in receipt of the OptumRx PBM renewal offer effective July 1, 2024. We presented our initial findings at the meeting on January 10, 2024. Our Pharmacy Benefits Consulting Practice has worked with OptumRx to refine the renewal contract terms and conditions. Optum has proposed five-year and three-year contract options effective July 1, 2024, with annual financial improvements over the prior contract. For the Commercial plan we have two renewal offers for consideration:

OptumRx Summary	Current - 5 Year Term	Renewal - 3 Year Term ¹	Renewal - 5 Year Term ¹
Contract Type	(Pass-Thru)	(Pass-Thru)	(Pass-Thru)
Contract Term	July 1, 2023 - June 30, 2024	July 1, 2024 - June 30, 2027	July 1, 2024 - June 30, 2029
Generic Drugs			
Retail 30	80.50%	83.50%	84.50%
Retail 90	81.50%	86.75%	87.30%
Preferred Brand Drugs			
Retail 30	18.00%	19.00%	19.25%
Retail 90	20.50%	20.50%	21.50%

OptumRx Summary	Current - 5 Year Term	Renewal - 3 Year Term ¹	Renewal - 5 Year Term ¹
Mail Order Drugs			
Generic	85.00%	87.00%	87.50%
Preferred Brand	24.50%	24.00%	24.50%
Specialty Drugs	19.50%	21.00%	21.00%
Dispensing Fee	\$0.85/claim	\$0.75/claim	\$0.75/claim
Administration Fee	\$1.50/claim	\$1.50/claim ²	\$1.50/claim

¹ The discounts shown in the table apply to the first year of the contract, effective July 1, 2024. Discount improvements following the first year will apply to Generic and Specialty Drugs.

² Administrative fee increases by \$0.10 each year for years two and three of the 3-year contract.

There are opportunities for modernizing clinical and utilization management programs to ensure drug costs are managed appropriately and adequate oversight of the program follows prevailing market practices.

While the Employee Group Waiver Plan (EGWP) portion of the renewal is significantly smaller in volume than the commercial plan, it aligns with our benchmarking data from similar-sized Trusts with OptumRx.

Each renewal option has a \$3.00 PMPY Pharmacy Management Allowance, which the Trust may use at its discretion for additional OptumRx programs and/or to offset the Trust's expenses related to PBM consulting services.

This item will be discussed at your meeting on March 13, 2024. Please let us know if there are any questions before or after that meeting.

JF:tl

cc: Andrew Desa
David Broome

Client: Fresno City

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

Administrative Fee
Administrative Fee

Base Administrative Fee

\$1.50 / \$1.60 / \$1.70 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-19.00%	\$0.75 PNPC	AWP-83.50%	\$0.75 PNPC
Year 2	AWP-19.00%	\$0.75 PNPC	AWP-83.60%	\$0.75 PNPC
Year 3	AWP-19.00%	\$0.75 PNPC	AWP-83.70%	\$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-20.50%	\$0.00 PNPC	AWP-86.75%	\$0.00 PNPC
Year 2	AWP-20.50%	\$0.00 PNPC	AWP-86.85%	\$0.00 PNPC
Year 3	AWP-20.50%	\$0.00 PNPC	AWP-86.95%	\$0.00 PNPC

Home Delivery Pharmacy

	Brand Drug Discount	Brand Drug Dispensing Fee	Generic Drug Discount	Generic Drug Dispensing Fee
Year 1	AWP-23.00%	\$0.00 PNPC	AWP-87.00%	\$0.00 PNPC
Year 2	AWP-23.00%	\$0.00 PNPC	AWP-87.10%	\$0.00 PNPC
Year 3	AWP-23.00%	\$0.00 PNPC	AWP-87.20%	\$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

Rebate Management – Premium

Rebate Guaranteed Amount	Retail Pharmacy	Retail 90 Pharmacy	Home Delivery	Specialty
Year 1	\$218.00 PNPB	\$525.00 PNPB	\$910.00 PNPB	\$1,904.00 PNPB
Year 2	\$258.00 PNPB	\$575.00 PNPB	\$950.00 PNPB	\$2,104.00 PNPB
Year 3	\$298.00 PNPB	\$625.00 PNPB	\$990.00 PNPB	\$2,304.00 PNPB

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.
- Premium Rebates: The Guaranteed Rebate Amount is contingent upon Client's adoption, without deviation, of OptumRx's Formulary, exclusions 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

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 / \$1.50 / \$1.50 / \$1.50 / \$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 – Premium

Rebate Guaranteed Amount	Retail Pharmacy	Retail 90 Pharmacy	Home Delivery	Specialty
Year 1	\$300.00 PNPB	\$750.00 PNPB	\$975.00 PNPB	\$2,169.00 PNPB
Year 2	\$345.00 PNPB	\$825.00 PNPB	\$1,025.00 PNPB	\$2,273.00 PNPB
Year 3	\$395.00 PNPB	\$900.00 PNPB	\$1,075.00 PNPB	\$2,974.00 PNPB
Year 4	\$445.00 PNPB	\$975.00 PNPB	\$1,125.00 PNPB	\$3,048.00 PNPB
Year 5	\$495.00 PNPB	\$1,050.00 PNPB	\$1,175.00 PNPB	\$3,229.00 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 \$4.00 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(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.
- Premium Rebates: The Guaranteed Rebate Amount is contingent upon Client's adoption, without deviation, of OptumRx's Formulary, exclusions 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).
- Market Check. Fresno City Employees Health and Welfare Trust may conduct one market check during the Initial Term to confirm its financial terms / rebates guarantees are competitive with those currently available in the market for substantially similar customers. Such analysis shall be:
 - Initiated in the third quarter after the first anniversary of the Effective Date of the Agreement
 - Conducted by a mutually agreed upon third party
 - Include no less than four substantially similar customers under active contracts, including at minimum the following, which must be included in the market check report:
 - Within 10% of total membership count
 - Same customer type (direct, coalition, TPA, etc.)
 - Same line of business (commercial, Medicare, Medicaid, etc.)
 - Same types of services (retail, home delivery, specialty, etc.)
 - Comparison of pricing for same contract year
 - Pricing quoted within past six-month period
 - Customer's average member age must be within, plus or minus, 5 years
 - A majority of membership located in a comparable geographic region
- The market check will compare the aggregate value of pricing terms including the combined net value of:
 - Ingredient cost discounts and dispensing fees from retail pharmacies, home delivery pharmacies, and specialty pharmacies

- Rebates, including manufacturer derived administrative fees
- Administrative fees.
- Client Credits
- If the market check report validates an annualized savings of greater than three percent between the median of the financial terms for such substantially similar customers and Fresno City Employees Health and Welfare Trust's financial terms for time period that is the subject of the market check, the parties will negotiate in good faith to revise the financial terms. OptumRx responds to Fresno City Employees Health and Welfare Trust within 30 days of receipt of the complete market check report containing sufficient information for OptumRx to validate that the analysis was conducted in accordance with the above criteria. Any revisions to financial terms resulting from the parties' negotiations are effective the first day of the following contract year, subject to the parties having executed an amendment to the Agreement at least 60 days prior to the effective date.



**Rael &
Letson**

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www.rael-letson.com

Memorandum

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

From: Joe Feliciani, Pharmacy Benefit Consultant

Date: March 8, 2024

Re: Consultant's Report for March 13, 2024, Board of Trustees Meeting -
Pharmacy Management Consulting Services

The Trust's pharmacy plan claim cost continues to grow and is projected to exceed \$18,000,000 in fiscal year 2024. The prescription drug market is evolving rapidly with new technologies, new FDA-approved drugs, increased demand, and rising prices. Managing pharmacy plan costs and utilization in an ever-changing environment can be a challenge for large plans.

At the January 10, 2024 meeting, we introduced a consideration for the Board to evaluate retaining a PBM consultant to advise and guide the Board on an ongoing basis to ensure the pharmacy plan is continually monitored and optimized and the contractual and financial obligations of the PBM are met.

We have prepared a proposal for the Board's consideration. This item will be discussed at your meeting on March 13, 2024.

Please let us know if there are any questions before or after that meeting.

JF:tl

cc: Andrew Desa
David Broome



**Rael &
Letson**

Fresno City Employees Health and Welfare Trust

Pharmacy Benefit Management - Consulting Proposal

March 8, 2024

About the Consultant

Joseph Feliciani, Pharmacy Benefits Consultant

Mr. Feliciani has 20+ years of experience in pharmacy benefit management. His career began in several pharmacy settings, retail, home infusion, hospital and mail order. He further refined his skills in state Medicaid Programs handling monthly reporting, analytics and identification of plan setup issues. He furthered his experience with a large auditing firm specializing in PBM Audits and Pharmacy Network Audits/Fraud, Waste and Abuse identification. He has held director and vice president level positions in pharmacy networks, analytics and client relations departments at regional Blue's plans and several PBMs both large and small. He has a deep understanding of the pharmacy supply chain and how best to engage clients in a full understanding of the benefits they have, what the market is doing today and where benefits are moving towards.

Mr. Feliciani graduated from Thomas Edison State University with a Bachelors in Mathematics and Natural Sciences and a Master's in Business Administration with a focus on Health Care Management. He is a licensed Life, Accident and Health insurance producer in several states.

Ongoing Healthcare Consulting vs. PBM Consulting

Area of Service	Description	Ongoing Healthcare Consulting	Ongoing PBM Consulting
Claims Review	Review of Summary Level PBM Reporting	X	X
	Comparison of Summary Level Stats to Expectations	X	X
	Review of Detailed Claims Level Data		X
	Quarterly Tracking of PBM Performance to Contract		X
PBM Recommendation Vetting	Discuss PBM Recommendations with PBM	X	X
	Review PBM reporting on Impact	X	X
	Discussion and Monitoring of Clinical Programs and Specialty Savings Strategies		X
	Independent Analysis/Recalculation of PBM Estimates		X
Board of Trustees Reporting	Report out Summary PBM Level Stats	X	X
	Report out Independent Calculations of actual Agreement Performance vs. Contract		X
PBM RFPs/Market Checks/Contracting & Implementation Support	One PBM RFP is included once every three years. If the RFP process results in the selection of a new vendor, all work to support the Plan during implementation and contracting would be included at no additional charge. The contract contains a market check provision, all market check work will be included at no additional charge as frequently as allowed by the contract. Any re-contracting as a result of a market check would be supported at no additional charge.		X
Financial Audit/PBM Payout Negotiations	Independent calculations performed at the end of each contract year to ensure PBMs have met annual financial guarantees		X
Support of PBM Subject Expert Matter	If questions or issues arise related to the pharmacy benefit or dealings with the PBM, you will have a PBM expert on call to assist in issue resolution and amendment/ program review.		X

Detail on PBM Request for Proposals

Detailed Description of PBM RFP Process:

Rael & Letson shall perform a Pharmacy Benefit Manager (PBM) Request for Proposal (RFP) process for PBM services (subject to Trustee approval). Rael & Letson will solicit proposals from at least six PBMs and will perform an evaluation of the PBM proposals from both a quantitative and qualitative perspective. The objective of this process is to identify the best PBM vendor for the Fund based on the projected costs of each vendor's cost proposal as well as their service commitments. The solicitation will consist of a detailed Rael & Letson RFP questionnaire with pricing input tables and a redacted claims level data file which will provide the bidders with what they need to put forth their most compelling financial offers.

- 1) Rael & Letson will review initial RFP results with the Trustees so they can determine who they would like to advance to the finalist stage.
- 2) Rael & Letson will then request best and final pricing and contract terms from the finalists.
- 3) Rael & Letson will perform a final evaluation of the pricing and present those results to the Board of Trustees at an in-person meeting.
- 4) Rael & Letson will have the final analysis prepared for the Board of Trustees so the Board can have the information they need to make a decision at that time, if they so wish to do so.
- 5) Rael & Letson will also support the Fund through the vendor contracting and implementation process if a new PBM RFP vendor is selected.

Performance Monitoring Reporting SAMPLE

Performance Monitoring Example - 3 Months of 12 Month Contract Period

Claims period 1/1/2023 to 3/31/2024

Contract period 1/1/2023 to 12/31/24

Discount Channel	Average Wholesale Price	Ingredient Cost	Actual Performance Discount	Guarantee	Overperformance (Underperformance)
Mail Brand	\$71,339.98	\$52,564.69	26.3%	25.0%	\$940.29
Mail Generic	\$72,247.05	\$13,032.08	82.0%	85.3%	(\$2,411.76)
Retail Brand	\$305,757.88	\$255,813.06	16.3%	17.8%	(\$4,480.08)
Retail Generic 30	\$529,573.14	\$129,651.00	75.5%	83.0%	(\$39,623.57)
Retail Generic 90	\$974.24	\$467.53	52.0%	83.5%	(\$306.78)
Total Discount Overperformance (Underperformance)					(\$45,881.90)

Dispensing Fee Channel	Rx Count	Actual \$	Actual \$/Rx	Guarantee \$/Rx	Overperformance (Underperformance)
Retail Brand 30	939	\$911.75	\$0.97	\$0.75	(\$207.50)
Retail Generic 30	4,992	\$5,215.74	\$1.04	\$0.75	(\$1,471.74)
Retail Brand & Generic 90	5	\$2.25	\$0.45	\$0.00	(\$2.25)
Total Discount Overperformance (Underperformance)					(\$1,681.49)

Total Discount and Dispensing Fee Overperformance (Underperformance)					(\$47,563.39)
Total Projected Discount and Dispensing Fee Shortfall for 12 months					(\$190,253.55)

Statement of Work - PMB Consulting

Ongoing PBM Consulting	Monthly Fee
Year 1	\$3,500.00
Year 2	\$3,600.00
Year 3	\$3,700.00

Services Included in Monthly Fee:

Rael & Letson will provide ongoing pharmacy benefit consulting services commencing on a date requested by the Fund. Ongoing pharmacy benefit consulting services will include:

- **Quarterly Performance Checks**, which are quarterly analytics Rael & Letson performs to verify that the Pharmacy Benefit Manager (PBM) is performing on target to meet contractual pricing guarantees and to identify discrepancies, errors or other issues or opportunities for the Plan;
- **Initial Implementation Verification**, which is a detailed review of the first month of claims in each new PBM contract year that serves to validate both pricing and benefit design setup;
- **Benefit Design Consulting**, which includes, as requested, the modeling of various plan design options and making recommendations;
- **Ongoing PBM verification**, which is a proactive and ongoing effort by Consultant to verify and ensure that the PBM's claims adjudication and utilization management services are performed consistent with the terms of the Plan and the PBM's agreement with the Plan;
- **PBM Recommendation Vetting**, which is an independent review and recommendation by the Consultant on any benefit design or clinical recommendations or suggestions from the PBM;
- **Request for Proposals (RFP) for PBM Services (once every three years)**, which involves the solicitation and analysis of competitive proposals from PBM vendors along with the support of the implementation activities if the Plan elects a new vendor as a part of the RFP process;
- **PBM Vendor Contract Reviews**, where any PBM contract or amendment is reviewed by the pharmacy benefit consultant in collaboration with Plan Counsel;
- **Market Checks** as allowed by the Plan's PBM contract, which is a mechanism used to keep the PBM contract more market competitive;
- **Financial Audits**, which are Independent calculations performed at the end of each contract year to ensure PBM has met annual financial discount and dispensing fee guarantees; and
- **Attendance at Board of Trustees meetings**, virtually up to two times per year and in-person to present results of RFPs and special projects.





Memorandum

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

From: Andrew Desa, Consulting Actuary
David Broome, Consultant

Date: March 8, 2024

Re: Consultant's Report for March 13, 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 seven months of actual claims for the 2023/24 Fiscal Year (claims experience through January 31, 2024) and five 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 April 1, 2021 through January 31, 2024 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 \$20.3M.** 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 January 31, 2024, we are aware of \$7.1M in total stop loss reimbursements, paid or outstanding, after June 30, 2023. These amounts are reflected in Exhibit C.
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 \$76.5M in receipts and \$73.0M in disbursements, which would result in a \$3.5M surplus. This period reflects the \$7.1M in stop-loss reimbursements noted above. Reimbursements received through January were \$5.3M, and the outstanding \$1.8M 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 \$23.1M, which is equal to 3.8 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 the Claims tab. As described earlier, this is calculated using a blended experience using claims from April 1, 2021 through January 31, 2024. **Net reserve months as of June 30, 2025, are projected to be 3.0, assuming no change to the current contribution rate.**
5. **Exhibit E:** This exhibit shows various scenarios for the contribution rate. Based on the projections, a **9.0% 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 March 13, 2024 meeting. If there are any questions before or after that meeting, please let us know.

AD/DB:tl

Fresno City Employees Health & Welfare Trust

Financial Projections
Contribution Rates

2024 / 2025 Fiscal Year

(Presented at 3/13/2024 Trust Meeting)

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

Exhibit A
(Presented at 3/13/2024 Trust Meeting)

	(Projected) ¹ Claims FY 24-25			Monthly	PEPM	(Projected) ¹ Claims FY 23-24			Monthly	PEPM	Claims FY 22-23			Monthly	PEPM	Claims FY 21-22			Monthly	PEPM	Claims FY 20-21			Monthly	PEPM	Claims FY 19-20			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	\$40,472,234	\$3,372,686	\$871.27	\$40,144,283	\$3,345,357	\$864.21	\$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								\$28,210,769	\$2,350,897	\$710.24		
Prescription Drug Claims	16,187,128	1,348,927	348.47	15,564,207	1,297,017	335.06	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								11,067,868	922,322	278.65		
Dental Claims (Plans 1 & 2)	2,776,901	231,408	59.78	2,695,610	224,634	58.03	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								2,330,625	194,219	58.68		
	\$59,436,263	\$4,953,022	\$1,279.52	\$58,404,100	\$4,867,008	\$1,257.30	\$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								\$41,609,262	\$3,467,439	\$1,047.56		
	Projected Trend:					Trend					Trend					Trend						Trend					Trend			
	Medical Claims				1%	Medical Claims				-6%	Medical Claims				17%	Medical Claims				3%	Medical Claims				7%	Medical Claims				-8%
	Prescription Drug Claims				4%	Prescription Drug Claims				7%	Prescription Drug Claims				-3%	Prescription Drug Claims				12%	Prescription Drug Claims				3%	Prescription Drug Claims				3%
	Dental Claims (Plans 1 & 2)				3%	Dental Claims (Plans 1 & 2)				15%	Dental Claims (Plans 1 & 2)				-13%	Dental Claims (Plans 1 & 2)				-15%	Dental Claims (Plans 1 & 2)				17%	Dental Claims (Plans 1 & 2)				-11%
	TOTAL				1.8%	TOTAL				-2.2%	TOTAL				10.3%	TOTAL				4.4%	TOTAL				6.6%	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	\$2,958,934	\$246,578	\$1,377.53	\$2,947,636	\$245,636	\$1,372.27	\$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								\$4,035,776	\$336,315	\$1,698.56		
Prescription Drug Claims	1,312,729	109,394	611.14	1,262,251	105,188	587.64	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								1,135,981	94,665	478.11		
Dental Claims (Plans 1 & 2) *	426,206	35,517	99.21	413,791	34,483	96.32	364,157	30,346	83.83	408,401	34,033	91.49	445,186	37,099	98.93	339,371	28,281	75.22								339,371	28,281	75.22		
	\$4,697,869	\$391,489	\$2,087.88	\$4,623,677	\$385,306	\$2,152.55	\$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								\$5,511,128	\$459,261	\$2,319.50		
	Projected Trend:					Trend					Trend					Trend						Trend					Trend			
	Medical Claims				0%	Medical Claims				-22%	Medical Claims				30%	Medical Claims				78%	Medical Claims				-55%	Medical Claims				61%
	Prescription Drug Claims				4%	Prescription Drug Claims				-10%	Prescription Drug Claims				48%	Prescription Drug Claims				10%	Prescription Drug Claims				-16%	Prescription Drug Claims				7%
	Dental Claims (Plans 1 & 2)				3%	Dental Claims (Plans 1 & 2)				15%	Dental Claims (Plans 1 & 2)				-8%	Dental Claims (Plans 1 & 2)				-8%	Dental Claims (Plans 1 & 2)				32%	Dental Claims (Plans 1 & 2)				-11%
	TOTAL				-3.0%	TOTAL				-16.9%	TOTAL				29.5%	TOTAL				47.6%	TOTAL				-41.6%	TOTAL				40.2%

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	\$566,255	\$47,188	\$300.56	\$552,690	\$46,058	\$293.36	\$470,230	\$39,186	\$234.65	\$420,391	\$35,033	\$200.19	\$426,397	\$35,533	\$233.77	\$454,587	\$37,882	\$255.96								\$454,587	\$37,882	\$255.96		
Prescription Drug Claims	1,391,164	115,930	738.41	1,337,659	111,472	710.01	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								1,075,081	89,590	605.34		
	\$1,957,419	\$163,118	\$1,038.97	\$1,890,349	\$157,529	\$1,003.37	\$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								\$1,529,668	\$127,472	\$861.30		
	Projected Trend:					Projected Trend:					Projected Trend:					Projected Trend:						Projected Trend:					Projected Trend:			
	Medical Claims				2%	Medical Claims				25%	Medical Claims				17%	Medical Claims				-14%	Medical Claims				-9%	Medical Claims				-5%
	Prescription Drug Claims				4%	Prescription Drug Claims				8%	Prescription Drug Claims				-3%	Prescription Drug Claims				-3%	Prescription Drug Claims				15%	Prescription Drug Claims				-8%
	TOTAL				3.5%	TOTAL				12.8%	TOTAL				1.6%	TOTAL				-5.9%	TOTAL				8.0%	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	\$934,256	\$77,855	\$3,538.85	\$923,052	\$76,921	\$3,496.41	\$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								\$573,930	\$47,828	\$1,594.25		
	\$934,256	\$77,855	\$3,538.85	\$923,052	\$76,921	\$3,496.41	\$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								\$573,930	\$47,828	\$1,594.25		
	Projected Trend:					Trend					Trend					Trend						Trend					Trend			
	Medical Claims				1%	Medical Claims				-27%	Medical Claims				38%	Medical Claims				114%	Medical Claims				2%	Medical Claims				34%
	TOTAL				1.2%	TOTAL				-26.9%	TOTAL				37.8%	TOTAL				113.9%	TOTAL				1.7%	TOTAL				33.9%

Total Members	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	\$44,931,680	\$3,744,307	\$885.39	\$44,567,661	\$3,713,972	\$878.22	\$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								\$33,275,062	\$2,772,922	\$752.28		
Prescription Drug Costs	18,891,022	1,574,252	372.25	18,164,117	1,513,676	357.93	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								13,278,930	1,106,578	300.21		
Dental Claims (Plans 1 & 2)	3,203,107	266,926	63.12	3,109,400	259,117	61.27	2,598,694	216,558	53.58	2,809,176	234,098	61.64	3,183,486	265,291	71.87	2,669,996	222,500	60.36								2,669,996	222,500	60.36		
	\$67,025,808	\$5,585,484	\$1,320.76	\$65,841,178	\$5,486,765	\$1,297.41	\$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								\$49,223,988	\$4,101,999	\$1,112.86		
	Projected Trend:					Trend					Trend					Trend						Trend					Trend			
	Medical Claims				1%	Medical Claims				-8%	Medical Claims				18%	Medical Claims				8%	Medical Claims				-1%	Medical Claims				-2%
	Prescription Drug Costs				4%	Prescription Drug Costs				6%	Prescription Drug Costs				0%	Prescription Drug Costs				11%	Prescription Drug Costs				2%	Prescription Drug Costs				2%
	Dental Claims (Plans 1 & 2)				3%	Dental Claims (Plans 1 & 2)				14%	Dental Claims (Plans 1 & 2)				-13%	Dental Claims (Plans 1 & 2)				-14%	Dental Claims (Plans 1 & 2)				19%	Dental Claims (Plans 1 & 2)				-11%
	TOTAL				1.8%	TOTAL				-3.5%	TOTAL				11.5%	TOTAL				7.1%	TOTAL				1.2%	TOTAL				-1.6%

¹ Projected claims for FY23-24 and FY24-25 are net of any expected stop loss reimbursements.

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

Exhibit B
(Presented at 3/13/2024 Trust Meeting)

Receipts

	<i>AVERAGE</i>	<i>TOTAL</i>	<i>2022 July</i>	<i>2022 August</i>	<i>2022 September</i>	<i>2022 October</i>	<i>2022 November</i>	<i>2022 December</i>	<i>2023 January</i>	<i>2023 February</i>	<i>2023 March</i>	<i>2023 April</i>	<i>2023 May</i>	<i>2023 June</i>
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	49,227	590,726	43,586	45,871	48,764	51,905	51,627	50,742	54,783	53,268	24,140	54,903	55,746	55,391
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
H & W Trust Cash Receipts	\$5,610,523	\$67,326,278	\$6,925,165	\$5,736,984	\$5,398,119	\$6,113,104	\$5,052,711	\$5,027,831	\$6,403,851	\$4,901,987	\$5,001,339	\$6,162,633	\$5,102,439	\$5,500,115

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
Chirometrics	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	(\$474,117)	(\$5,689,404)	\$1,124,366	\$696,741	\$970,921	\$847,356	(\$987,877)	(\$1,405,807)	\$213,942	(\$963,756)	(\$1,320,288)	\$208,626	(\$2,678,086)	(\$2,395,542)
Cash Balance (Gross Fund Reserve)			\$32,024,110	\$32,744,011	\$33,368,563	\$34,221,173	\$34,267,117	\$32,031,285	\$32,024,801	\$31,070,222	\$29,729,639	\$29,925,184	\$27,634,152	\$25,252,198
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	\$29,226,995	\$29,216,524	\$26,924,277	\$26,861,378	\$25,850,384	\$24,453,386	\$24,592,516	\$22,245,069	\$20,281,403
Cash Balance / Total Expenses			5.3	5.4	5.5	5.6	5.6	5.3	5.3	5.1	4.9	4.9	4.5	4.2
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	3.7	3.3

One Month of Avg Expenses in 2022/23: \$6,084,640

Net Fund Balance as of 6/30/23: \$20,281,403

Four Months of Avg Expenses in 2022/23: \$24,338,561

Difference: (\$4,057,158)

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

Exhibit C
(Presented at 3/13/2024 Trust Meeting)

Receipts			2023	2023	2023	2023	2023	2023	2024	2024	2024	2024	2024	2024
	<u>AVERAGE</u>	<u>TOTAL</u>	<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>
Contributions - Actives	\$5,013,000	\$60,156,000	\$5,013,000	\$5,013,000	\$5,013,000	\$5,013,000	\$5,013,000	\$5,013,000	\$5,013,000	\$5,013,000	\$5,013,000	\$5,013,000	\$5,013,000	\$5,013,000
Retirees - Health	412,000	4,944,000	412,000	412,000	412,000	412,000	412,000	412,000	412,000	412,000	412,000	412,000	412,000	412,000
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	587,583	7,051,000	<u>0</u>	<u>638,000</u>	<u>938,000</u>	<u>417,000</u>	<u>857,000</u>	<u>40,000</u>	<u>2,405,000</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,756,000</u>
H & W Trust Cash Receipts	\$6,372,583	\$76,471,000	\$5,785,000	\$6,423,000	\$6,723,000	\$6,202,000	\$6,642,000	\$5,825,000	\$8,190,000	\$5,785,000	\$5,785,000	\$5,785,000	\$5,785,000	\$7,541,000
Disbursements														
Claims Paid	5,228,000	62,736,000	\$5,228,000	\$5,228,000	\$5,228,000	\$5,228,000	\$5,228,000	\$5,228,000	\$5,228,000	\$5,228,000	\$5,228,000	\$5,228,000	\$5,228,000	\$5,228,000
Claims Paid - Delta Dental	259,000	3,108,000	259,000	259,000	259,000	\$259,000	259,000	259,000	259,000	259,000	259,000	259,000	259,000	259,000
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)	<u>191,000</u>	<u>2,292,000</u>	<u>191,000</u>	<u>191,000</u>	<u>191,000</u>	<u>191,000</u>	<u>191,000</u>	<u>191,000</u>	<u>191,000</u>	<u>191,000</u>	<u>191,000</u>	<u>191,000</u>	<u>191,000</u>	<u>191,000</u>
H & W Cash Disbursements	\$6,084,500	\$73,014,000	\$6,083,500	\$6,083,500	\$6,083,500	\$6,083,500	\$6,083,500	\$6,095,500	\$6,083,500	\$6,083,500	\$6,083,500	\$6,083,500	\$6,083,500	\$6,083,500
Receipts Over Disbursements	\$288,083	\$3,457,000	(\$298,500)	\$339,500	\$639,500	\$118,500	\$558,500	(\$270,500)	\$2,106,500	(\$298,500)	(\$298,500)	(\$298,500)	(\$298,500)	\$1,457,500
Cash Balance (Gross Fund Reserve)			\$24,954,000	\$25,293,500	\$25,933,000	\$26,051,500	\$26,610,000	\$26,339,500	\$28,446,000	\$28,147,500	\$27,849,000	\$27,550,500	\$27,252,000	\$28,709,500
Beginning Stop Loss Reserve			(\$871,000)	(\$934,000)	(\$997,000)	(\$1,060,000)	(\$1,123,000)	(\$1,186,000)	(\$1,249,000)	(\$1,312,000)	(\$1,375,000)	(\$1,438,000)	(\$1,501,000)	(\$1,564,000)
Stop Loss Reserve (\$15 PEPM)			(\$63,000)	(\$63,000)	(\$63,000)	(\$63,000)	(\$63,000)	(\$63,000)	(\$63,000)	(\$63,000)	(\$63,000)	(\$63,000)	(\$63,000)	(\$63,000)
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			\$19,020,000	\$19,296,500	\$19,873,000	\$19,928,500	\$20,424,000	\$20,090,500	\$22,134,000	\$21,772,500	\$21,411,000	\$21,049,500	\$20,688,000	\$23,082,500
Cash Balance / Total Expenses			4.1	4.2	4.3	4.3	4.4	4.3	4.7	4.6	4.6	4.5	4.5	4.7
Net Fund Balance / Total Expenses			3.1	3.2	3.3	3.3	3.4	3.3	3.6	3.6	3.5	3.5	3.4	3.8

Estimated One Month of Avg Expenses in 2023/24:

\$6,084,500

Estimated Net Fund Balance as of 6/30/24:

\$23,082,500

Estimated Four Months of Avg Expenses in 2023/24:

\$24,338,000

Difference:

(\$1,255,500)

¹ Includes \$5.3M of stop loss reimbursements received as of January 31, 2024 and \$1.8M 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	\$5,028,000	\$60,336,000	\$5,028,000	\$5,028,000	\$5,028,000	\$5,028,000	\$5,028,000	\$5,028,000	\$5,028,000	\$5,028,000	\$5,028,000	\$5,028,000	\$5,028,000	\$5,028,000
Retirees - Health	412,000	4,944,000	412,000	412,000	412,000	412,000	412,000	412,000	412,000	412,000	412,000	412,000	412,000	412,000
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	\$5,850,000	\$70,200,000	\$5,850,000	\$5,850,000	\$5,850,000	\$5,850,000	\$5,850,000	\$5,850,000	\$5,850,000	\$5,850,000	\$5,850,000	\$5,850,000	\$5,850,000	\$5,850,000

Disbursements

Claims Paid	5,319,000	63,828,000	\$5,319,000	\$5,319,000	\$5,319,000	\$5,319,000	\$5,319,000	\$5,319,000	\$5,319,000	\$5,319,000	\$5,319,000	\$5,319,000	\$5,319,000	\$5,319,000
Claims Paid - Delta Dental	267,000	3,204,000	267,000	267,000	267,000	267,000	267,000	267,000	267,000	267,000	267,000	267,000	267,000	267,000
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	\$6,211,050	\$74,532,600	\$6,209,800	\$6,209,800	\$6,209,800	\$6,209,800	\$6,209,800	\$6,224,800	\$6,209,800	\$6,209,800	\$6,209,800	\$6,209,800	\$6,209,800	\$6,209,800

Receipts Over Disbursements	(\$361,050)	(\$4,332,600)	(\$359,800)	(\$359,800)	(\$359,800)	(\$359,800)	(\$359,800)	(\$374,800)	(\$359,800)	(\$359,800)	(\$359,800)	(\$359,800)	(\$359,800)	(\$359,800)
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Cash Balance (Gross Fund Reserve)	\$28,349,700	\$27,989,900	\$27,630,100	\$27,270,300	\$26,910,500	\$26,535,700	\$26,175,900	\$25,816,100	\$25,456,300	\$25,096,500	\$24,736,700	\$24,376,900
Beginning Stop Loss Reserve	(\$627,000)	(\$690,000)	(\$753,000)	(\$816,000)	(\$879,000)	(\$942,000)	(\$1,005,000)	(\$1,068,000)	(\$1,131,000)	(\$1,194,000)	(\$1,257,000)	(\$1,320,000)
Stop Loss Reserve (\$15 PEPM)	(\$63,000)	(\$63,000)	(\$63,000)	(\$63,000)	(\$63,000)	(\$63,000)	(\$63,000)	(\$63,000)	(\$63,000)	(\$63,000)	(\$63,000)	(\$63,000)
Estimated Stop Loss Claims (Between \$350k and \$550k)												\$1,000,000
Estimated Claims IBNR	(\$5,090,000)	(\$5,090,000)	(\$5,090,000)	(\$5,090,000)	(\$5,090,000)	(\$5,090,000)	(\$5,090,000)	(\$5,090,000)	(\$5,090,000)	(\$5,090,000)	(\$5,090,000)	(\$5,090,000)
Net Fund Balance	\$22,569,700	\$22,146,900	\$21,724,100	\$21,301,300	\$20,878,500	\$20,440,700	\$20,017,900	\$19,595,100	\$19,172,300	\$18,749,500	\$18,326,700	\$18,903,900

Cash Balance / Total Expenses	4.6	4.5	4.4	4.4	4.3	4.3	4.2	4.2	4.1	4.0	4.0	3.9
Net Fund Balance / Total Expenses	3.6	3.6	3.5	3.4	3.4	3.3	3.2	3.2	3.1	3.0	3.0	3.0

Estimated One Month of Avg Expenses in 2024/25: \$6,211,050

Estimated Net Fund Balance as of 6/30/25: \$18,903,900

Estimated Four Months of Avg Expenses in 2024/25: \$24,844,200

Difference: (\$5,940,300)

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	9.0% Increase	Additional Amount	6.6% Increase	Additional Amount	7.0% Increase	Additional Amount	-0.4% Decrease	Additional Amount	18.4% Increase	Additional Amount
<u>Active</u>											
Health + Dental	\$1,428	\$1,557	\$129	\$1,522	\$94	\$1,529	\$101	\$1,422	(\$6)	\$1,691	\$263
<u>Regular Retiree</u>											
Health + Dental	\$1,428	\$1,557	\$129	\$1,522	\$94	\$1,529	\$101	\$1,422	(\$6)	\$1,691	\$263
Dental Only	\$105	\$115	\$10	\$112	\$7	\$113	\$8	\$105	\$0	\$125	\$20
Health	\$1,323	\$1,442	\$119	\$1,410	\$87	\$1,416	\$93	\$1,317	(\$6)	\$1,566	\$243
<u>Medicare Supplement</u>											
Health	\$675	\$736	\$61	\$720	\$45	\$723	\$48	\$673	(\$2)	\$800	\$125
Health + Dental	\$780	\$851	\$71	\$832	\$52	\$836	\$56	\$778	(\$2)	\$925	\$145
<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	\$1,739	\$144	\$1,700	\$105	\$1,707	\$112	\$1,589	(\$6)	\$1,889	\$294
Health + Dental	\$1,700	\$1,854	\$154	\$1,812	\$112	\$1,820	\$120	\$1,694	(\$6)	\$2,014	\$314

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

Fresno City Employees Health and Welfare Trust
Contribution Rate History

Exhibit F
(Presented at 3/13/2024 Trust Meeting)

	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 (per family)	\$1,428 5.8%	\$1,350 0.0%	\$1,350 0.0%	\$1,350 4.7%	\$1,290 4.0%	\$1,240 3.3%	\$1,200 2.0%	\$1,176 0.0%	\$1,176 8.5%	\$1,084 0.0%	\$1,084 10.0%	\$985 0.0%	\$985 8.1%	\$911 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 (per family)	\$1,323 5.8%	\$1,251 0.0%	\$1,251 0.0%	\$1,251 4.7%	\$1,195 4.0%	\$1,149 3.3%	\$1,112 2.0%	\$1,090 0.0%	\$1,090 8.5%	\$1,005 0.0%	\$1,004 10.0%	\$913 0.0%	\$913 8.1%	\$845 25.0%
<u>Medicare Supplement</u>														
Health + Dental	\$780 *	\$737 *	\$737 *	\$737 *	\$705 *	\$678 *	\$656 *	\$643 *	\$643 *	\$592 *	\$592 *	\$534 *	\$534 *	\$486 *
Health (per person)	\$675 * 5.8%	\$638 * 0.0%	\$638 * 0.0%	\$638 * 4.5%	\$610 * 4.0%	\$587 * 3.4%	\$568 * 2.0%	\$557 * 0.0%	\$557 * 8.6%	\$513 * 0.0%	\$513 * 10.9%	\$462 * 0.0%	\$462 * 9.9%	\$420 * 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 (per family)	\$1,595 5.9%	\$1,507 0.0%	\$1,507 0.0%	\$1,507 4.6%	\$1,440 4.0%	\$1,385 3.3%	\$1,341 2.0%	\$1,315 0.0%	\$1,315 8.5%	\$1,212 0.0%	\$1,212 10.0%	\$1,102 0.0%	\$1,102 8.9%	\$1,011 25.1%
<u>Annualized Trend as of July 1, 2023</u>														
3-Year:	1.9%													
5-Year:	2.9%													
10-Year:	2.8%													