

FRESNO CITY EMPLOYEES
HEALTH AND WELFARE TRUST

ADMINISTRATION OFFICE



621 Santa Fe
Fresno, CA 93721

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

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

**Fresno City Employees Health & Welfare Trust
Agenda for the Regular Board Meeting
March 12, 2025**

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	Employee Trustees Shane Archer, Chairperson Jeff LaBlue, Trustee Eric Hoopingarner, Trustee William Dearsan, Trustee Sam Frank, Trustee Jesse Gonzalez, Trustee Kim Jackson, Trustee Keola Park, Trustee Terri Hauschel, Trustee Anna Pine, Trustee Vacant, Trustee	FFA FPOA ATU IBEW FCEA CFPEA CFMEA FFA Local 39 FPOA FAPSS
Administrator Thomas J. Georgouses, Esq. General Counsel		
Legal Counsel Michael E. Moss, Esq.	Consultants Rael & Letson Andrew Desa David Broome Martin Fornataro	

Roll Call 8:30 A.M.

1. Approval of Agenda**

Approve Agenda for March 12, 2025

⇒ 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 16, 2025

b. Correspondence

- i). *Correspondence Dated January 16, 2025 from FPOA President Jeff La Blue Reappointing Anna Pine and Jeff La Blue*
- ii). *Correspondence Dated January 22, 2025 from CFMEA President Erin Evans Reappointing Kim Jackson*

c. Blue Shield of California

d. SimpleBehavioral

- 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). *Ratification by the Chairperson and Vice Chairperson of Approval to Utilize the Pharmacy Medical Allowance for Mailing Services Performed by OptumRx*
- iv). *Approval by the Chairperson and Vice Chairperson for One-Time Override of Prescription Qelbree*
- v). *Ratification by the Chairperson and Vice Chairperson of Execution of the Price Edge Program*

g. Delta Dental

- i). *Financial Reporting Package*

h. SimpleMSK

- i). *Utilization report*

i. EyeMed

- i). *Utilization report*

j. Teladoc

- i). *Utilization report*

k. EPIC

- i). *Utilization report*
- ii). *Request for Approval for Over-The-Counter Device Pricing Hearing Aid Benefit Allowance*

l. Body Scan International

- i). *Utilization report*

m. MedExpert

- i). *Ratification by the Chairperson and Vice Chairperson's Execution of the MedExpert Contract*

5. General Calendar

a. Personify Health

- i). *Claim and Benefits Reports*
- ii). *Specific Stop-Loss Reports*
- iii). *Turnaround Time Reports*
- iv). *Subrogation*
- v). *Personify Health HCOOnline Complaints*
Review and Discuss
- vi). *HCOOnline Open Enrollment Sunset of Platform*
Review and Discuss

- vii). *Employer Mandate Reporting -Personify Health 1094/1095 Process*
Review and Discuss Employer Mandate Reporting -Personify Health 1094/1095 Process
- viii). *Review of Vendor Contracts and Business Associates Agreements*
Review and Discuss Status of Vendor Contracts and Business Associates Agreements
- ix). *Ambulance Claim Processing*
Review and Discuss Ambulance Benefit and Claim Processing
⇒Action as required
- x). *Open Enrollment 2025- 2026*
Review, Discuss and Approve Open Enrollment Materials for Plan Year 2025-2026
⇒Action as required
- b. Appeals
- c. International Foundation of Employee Benefit Plans Conference 2024
 - i). *Discuss Attendance and Information From The International Foundation Employee Benefit Conference 2024*
- d. International Foundation of Employee Benefit Plans Conference 2025
 - i). *Review and Discuss Update for International Foundation Employee Benefit Conference 2025*
- e. Appointment of Secretary and Treasurer
 - i). *Review and Discuss Responsibilities of Secretary and Treasurer*

6. Consultant's Report

- a. Financial Projections for the 2025-2026 Fiscal Year
 - i). *Review and Discuss Financial Projections*
- b. Contribution Rates for the 2025-2026 Fiscal Year
 - i). *Review, Discuss, and Approve Contribution Rates for the 2025-2026 Fiscal Year*
⇒Action as required
- c. Vendor Rates and Submissions for 2025-2026 Fiscal Year
 - i). *Request for Proposal of Exploratory Imaging*
Review, Discuss and Approve Request for Proposal of Exploratory Imaging
⇒Action as required
 - ii). *Body Scan International Renewal*
Review, Discuss, and Approve Body Scan International's Renewal Effective July 1, 2025
⇒Action as required
- d. Musculoskeletal Point Solution Overview
Review and Discuss Musculoskeletal Point Solution Overview
⇒Action as required

- e. Submission of Benefits Reduction Percentage for Non-Contributory Participants for the 2025-2026 Fiscal Year

Review, Discuss, and Approve Benefit Reduction Percentage for Non-Contributory Participants for the 2025-2026 Fiscal Year

⇒ Action as required

- f. Fiduciary Liability Cyber Security Coverage

Review, Discuss, and Approve Fiduciary Liability Cyber Security Coverage

⇒ Action as required

7. Pharmacy Benefit Manager Consultant

- a. Pharmacy Plan Review 2024-2025

- i). *Review and Discuss Pharmacy Plan Review 2024-2025*

8. Attorney's Report

- a. Consolidated Appropriation Act

- i). *Review and Discuss Consolidated Appropriation Act, Rx Reporting*

- ii). *Review and Discuss Consolidated Appropriation Act, Prohibition on Gag Clauses*

⇒ 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. Fresno City Employee Health and Welfare Trust Agreement Revision

- i). *Review and Discuss Fresno City Employee Health and Welfare Trust Agreement Revision*

⇒ Action as required

9. Board Meeting Schedule

⇒ Action as required

10. Future Agenda Items

11. 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, March 31, 2025 at 4:00 p.m.

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



January 16, 2025

Board of Directors
Fresno City Employee Health and Welfare Trust

Dear Fresno City Employee Health and Welfare Trust Board,

The FPOA Board reappointed Jeff LaBlue, FPOA President, as Trustee and Anna Pine, FPOA Business Manager-Treasurer, at the January 15, 2025, Board meeting.

Contact Information:

Jeff La Blue, FPOA President
FPOA 994 N. Van Ness Avenue
Fresno, CA 93728
(559) 442-3762 ext. 104. Cell (559) 259-7963
president@fresnopoa.org

Anna Pine, FPOA Business Manager- Treasurer
FPOA 994 N. Van Ness Avenue
Fresno, CA 93728
(559) 442-3762 ext. 101. Cell (559) 352-3035
Anna.pine@fresnopoa.org

Kindest regards,

Jeff La Blue
FPOA President




City of Fresno Management Employees Association (CFMEA)

DATE: January 22, 2025

TO: City of Fresno Employee Health & Welfare Trust Board

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

FROM: ERIN EVANS, CFMEA President 

SUBJECT: Reappointment of CFMEA Representative S. Jackson

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, Erin Evans, 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.

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

Fresno City Employees' Health & Welfare Trust

Reporting Period: 12/01/2024 - 02/28/2025

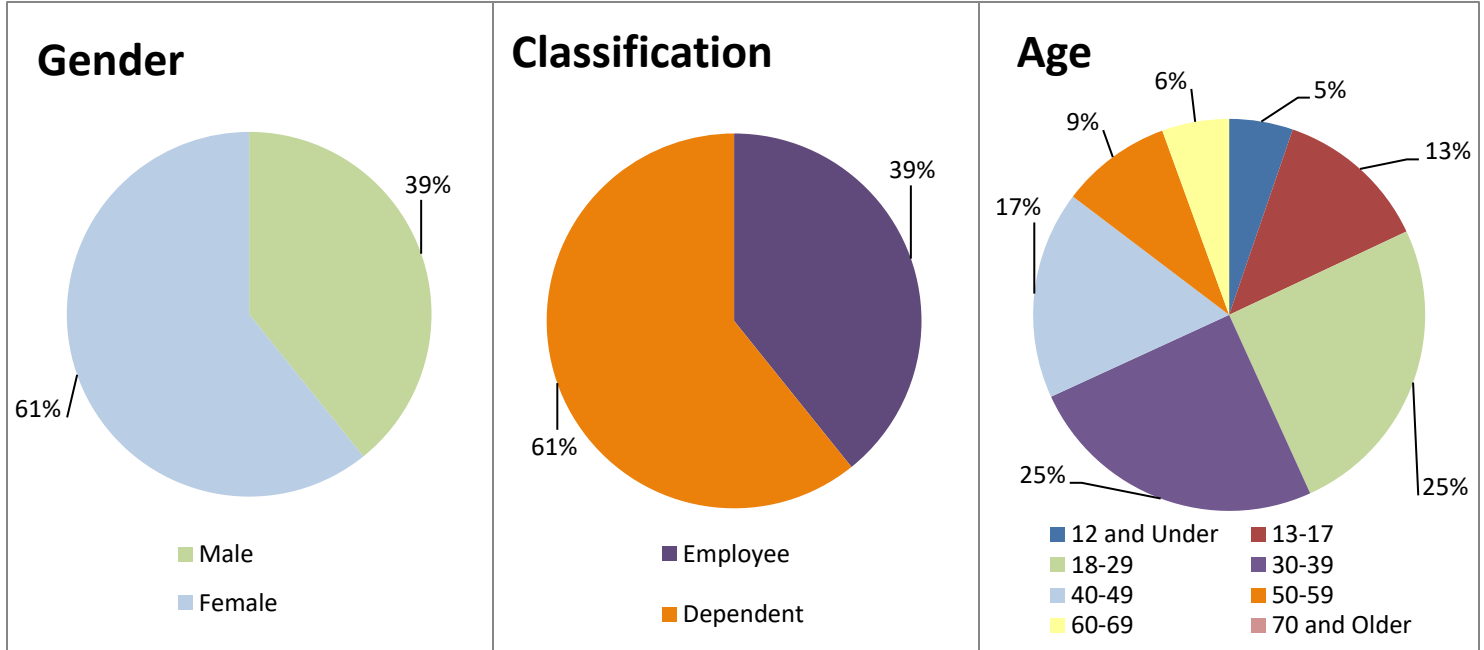
Presented by:



Overall Mental Health & Substance Abuse Benefit Utilization

	December 2024	January 2025	February 2025	Benefit Year July 2024 – June 2025
Covered Employees	4,401	4,401	4,401	
Covered Dependents	7,235	7,235	7,235	
Total Covered Members	11,636	11,636	11,636	Average: 11,636
Unique Employees Accessing Benefit	147	134	145	341
Unique Dependents Accessing Benefit	234	206	219	490
Total Unique Members Accessing Benefits	381	340	364	831
Access Rate	3.3%	2.9%	3.1%	7.1%
Unique Dates of Service Priced	1,075	727	833	Total: 7,722

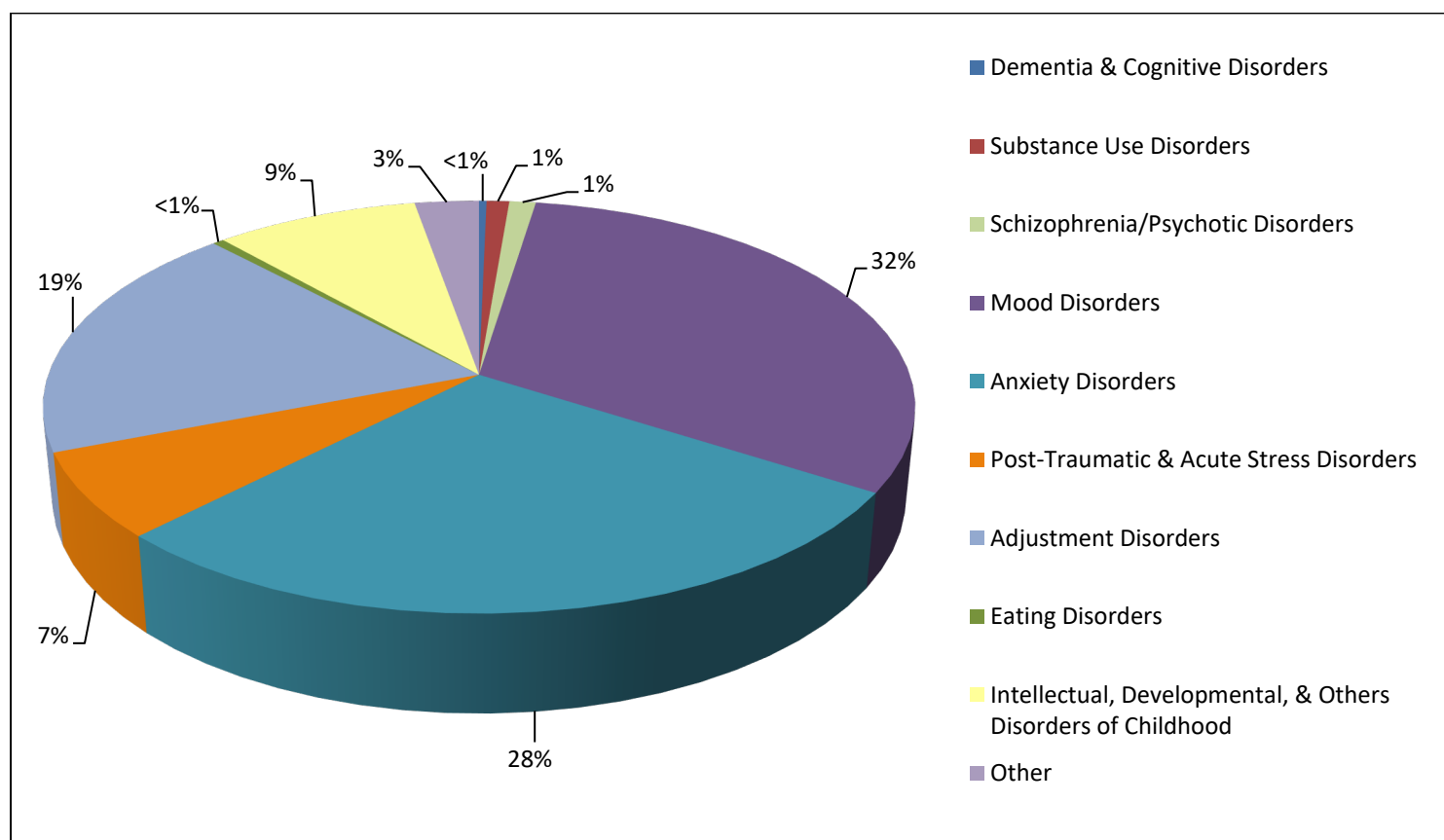
Member Demographics



Routine Outpatient Treatment Service Utilization (Paid Date)

	December 2024	January 2025	February 2025
Psychotherapy & Psychological Testing			
Total Cases	265	236	255
Medication Evaluation and Management			
Total Cases	128	112	130
Crisis Services			
Total Cases	1	2	2

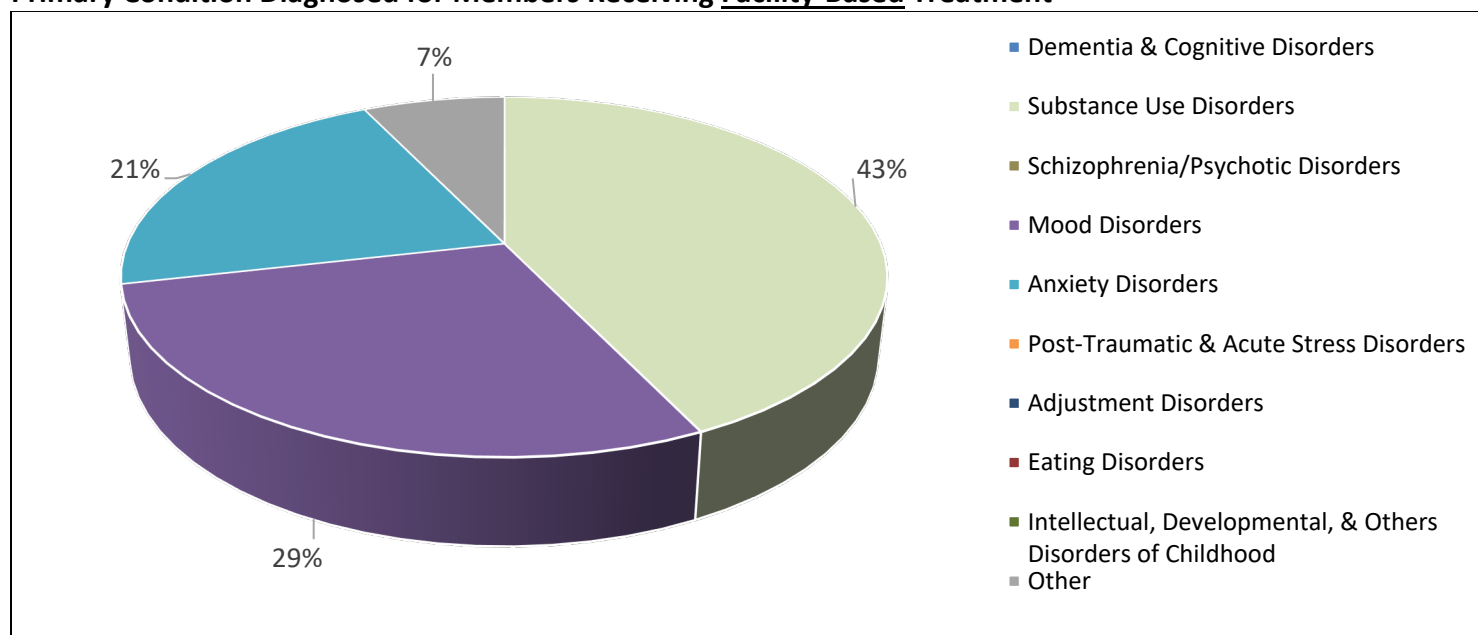
Conditions Diagnosed for Members Receiving Outpatient Treatment (Paid Date)



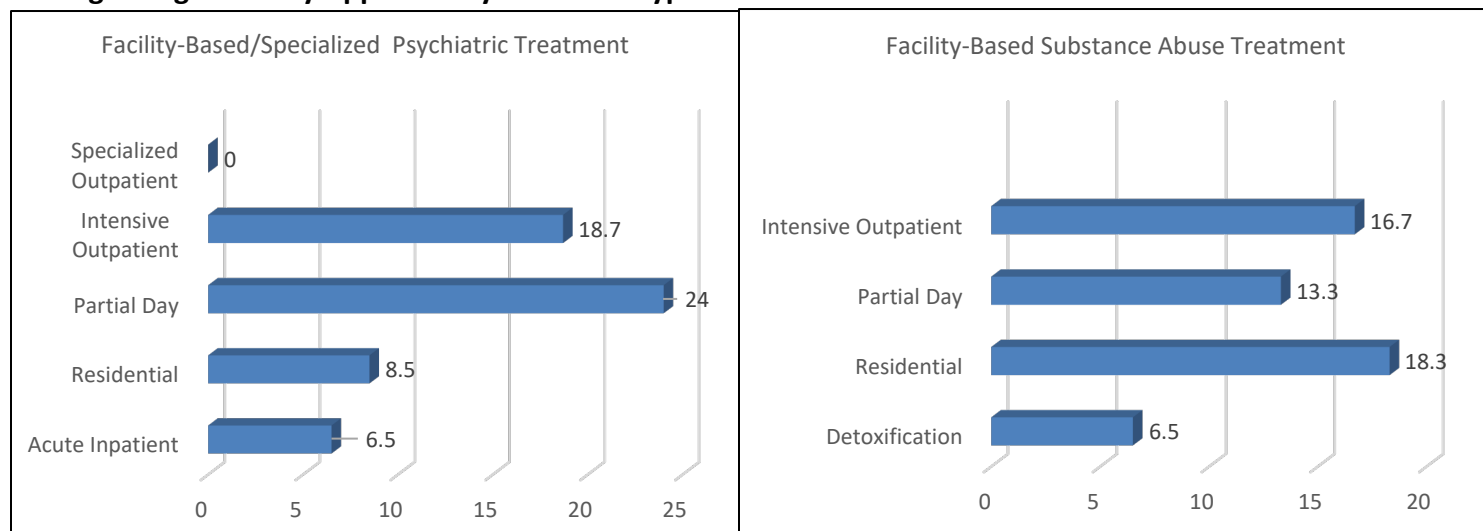
Intensive / Facility-Based Benefit Utilization (Authorization Date)

All Facility-Based/Intensive Psychiatric Treatment	
	Specific case information removed to preserve member confidentiality
	Throughout the reporting period there were eight (8) 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



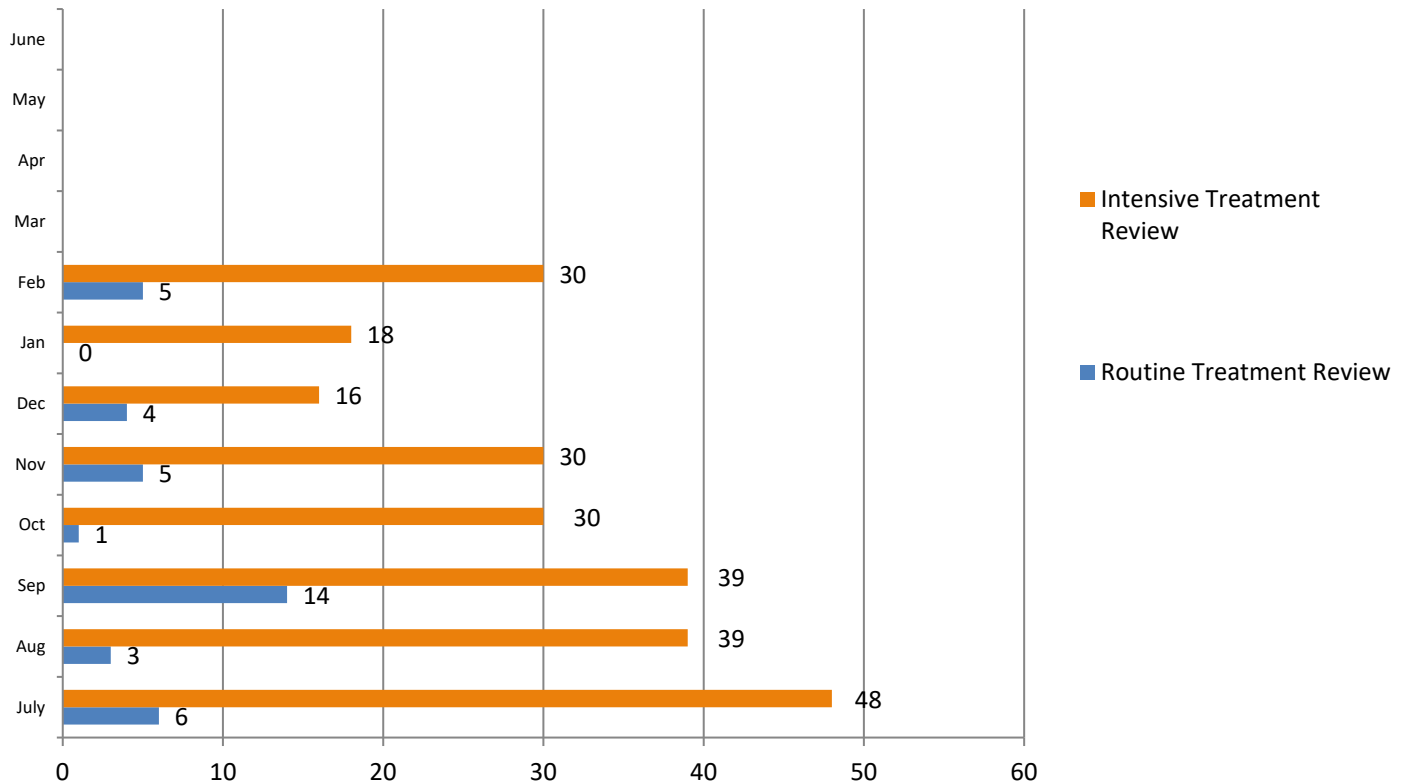
Average Length of Stay Approved by Level and Type of Care



Care Management

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

2024-2025 Clinical Treatment Review



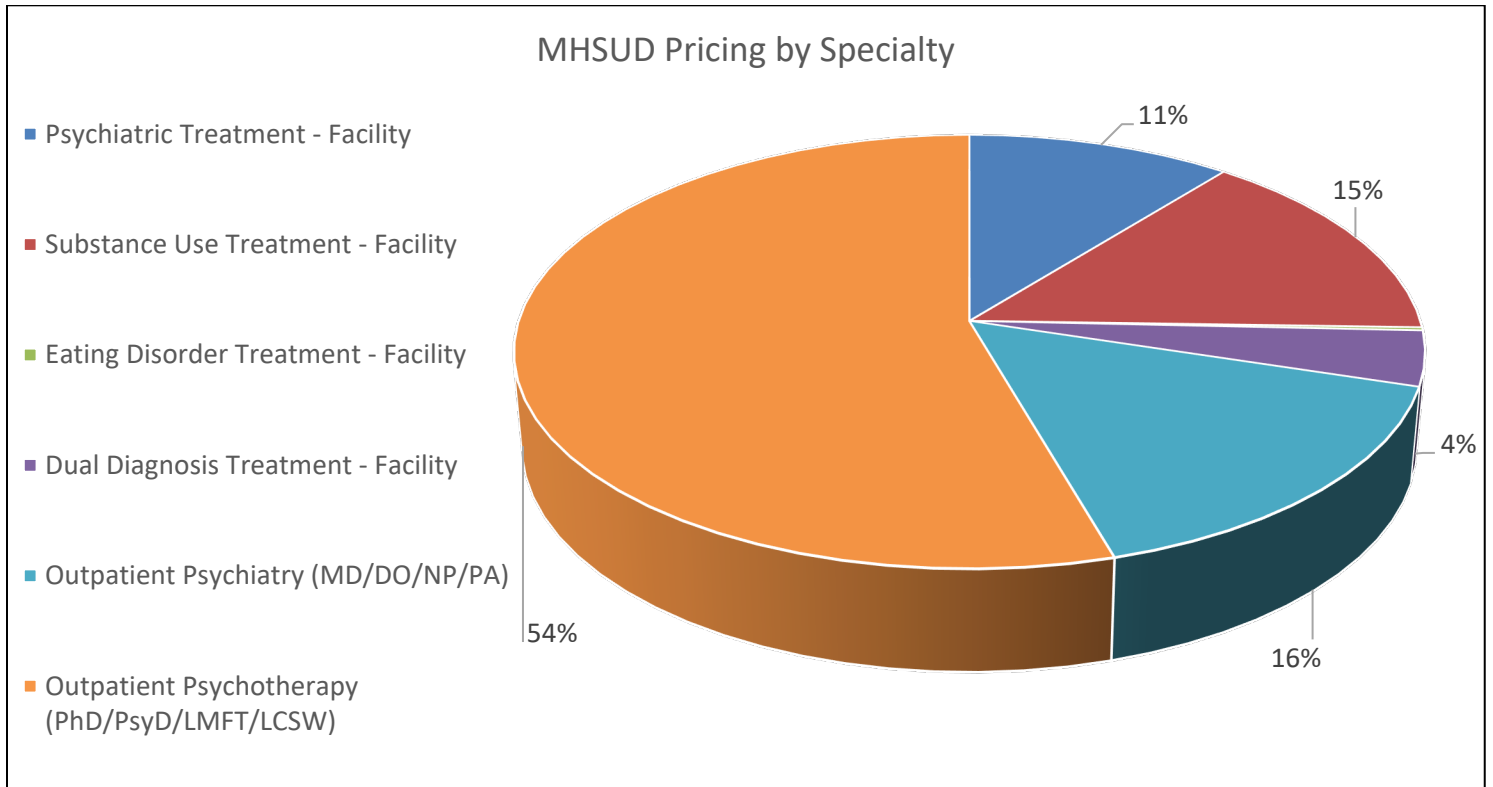
Claims Experience (Pricing: December 2024 – February 2025)*

Top 10 Facility/Program Provider Activity by Total Pricing for Period: December 2024 - February 2025	% Total Pricing
My Time Recovery	14.7%
Bakersfield Behavioral Healthcare Hospital	6.6%
Sierra Meadows Behavioral Health	2.4%
Forward Mental Health	1.9%
Ascend Behavioral Health	1.6%
Community Behavioral Health Centers	0.7%
Exodus Recovery	0.7%
Shine Mental Health	0.4%
Oasis Eating Disorder Recovery	0.2%
Aspire	0.2%

Top 10 Outpatient Provider Activity by Total Pricing for Period: December 2024 - February 2025	% Total Pricing
Amy Parks, LMFT	2.6%
Nirmal Brar, MD	2.3%
Debra Winegarden, PhD	2.0%
M. David McOmber, LCSW	1.9%
Amber Saldate-Stubbs, LMFT	1.6%
Andre Avakian, NP	1.6%
Dwight Sievert, MD	1.5%
Michelle McCoy, LMFT	1.4%
Ana Collins, LMFT	1.3%
Adriana Ramirez, LMFT	1.3%

*Based on SimpleBehavioral network pricing before benefits have been applied

Claims Experience (Pricing: December 2024 - February 2025)



Network Savings*

Network Savings December 2024 - February 2025	Amount
Total Billed	\$1,228,492.04
Network Pricing	\$349,054.80
Network Savings	\$879,437.24

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



CONFIDENTIAL

RXT1020DM - Executive Summary by Time Period

Date Filled From March 2024 Through February 2025

Client: Fresno City Employees Health and Welfare Trust

Measures	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025	Rolling Total
Membership													
Avg Eligible Members	11,471	11,491	11,493	11,504	11,714	11,648	11,686	11,636	11,656	11,656	11,658	11,607	11,602
Total Utilizing Members	2,883	2,903	2,919	2,792	2,767	2,749	2,745	2,993	2,856	2,744	3,067	3,020	2,870
% Utilizing Members	25.1%	25.3%	25.4%	24.3%	23.6%	23.6%	23.5%	25.7%	24.5%	23.5%	26.3%	26.0%	24.7%
Avg Member Age	31.26	31.21	31.23	31.22	31.11	31.10	31.09	31.16	31.20	31.18	31.20	31.21	31.18
Rx and Cost													
Total Rxs	6,934	7,214	7,104	6,550	6,415	6,307	6,383	7,157	6,369	6,576	7,316	6,842	81,167
Total Drug Cost	\$1,667,235.86	\$1,817,407.70	\$1,864,244.14	\$1,929,117.63	\$1,819,360.00	\$1,837,182.40	\$1,761,520.15	\$2,063,408.21	\$1,755,648.80	\$1,933,108.43	\$1,994,945.11	\$1,948,031.57	\$22,391,210.00
Total Plan Paid	\$1,532,229.41	\$1,668,305.89	\$1,714,692.98	\$1,771,959.65	\$1,651,961.18	\$1,654,114.46	\$1,599,617.39	\$1,900,396.79	\$1,616,831.66	\$1,792,970.84	\$1,844,970.25	\$1,784,482.06	\$20,532,532.56
Total Member Paid	\$135,006.45	\$149,101.81	\$149,551.16	\$157,157.98	\$167,398.82	\$183,067.94	\$161,902.76	\$163,011.42	\$138,817.14	\$140,137.59	\$149,974.86	\$163,549.51	\$1,858,677.44
Total Ingredient Cost	\$1,660,844.60	\$1,811,278.58	\$1,856,771.17	\$1,921,312.60	\$1,815,861.32	\$1,833,466.52	\$1,757,132.42	\$2,058,209.93	\$1,751,806.77	\$1,929,557.76	\$1,990,889.06	\$1,944,405.76	\$22,331,536.49
Total Dispensing Fee	\$6,339.24	\$6,078.04	\$7,427.97	\$7,724.55	\$3,498.68	\$3,455.88	\$3,067.73	\$3,315.76	\$3,061.52	\$3,210.67	\$3,575.54	\$3,385.26	\$54,140.84
Total Sales Tax	\$52.02	\$51.08	\$45.00	\$80.48	\$0.00	\$0.00	\$0.00	\$2.52	\$0.51	\$0.00	\$0.51	\$0.55	\$232.67
Total Incentive Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$260.00	\$1,320.00	\$1,880.00	\$780.00	\$340.00	\$480.00	\$240.00	\$5,300.00
% Plan Paid	91.9%	91.8%	92.0%	91.9%	90.8%	90.0%	90.8%	92.1%	92.1%	92.8%	92.5%	91.6%	91.7%
% Member Paid	8.1%	8.2%	8.0%	8.1%	9.2%	10.0%	9.2%	7.9%	7.9%	7.2%	7.5%	8.4%	8.3%
Avg Drug Cost / Rx	\$240.44	\$251.93	\$262.42	\$294.52	\$283.61	\$291.29	\$275.97	\$288.31	\$275.66	\$293.96	\$272.68	\$284.72	\$275.87
Avg Plan Paid / Rx	\$220.97	\$231.26	\$241.37	\$270.53	\$257.52	\$262.27	\$250.61	\$265.53	\$253.86	\$272.65	\$252.18	\$260.81	\$252.97
Avg Member Paid / Rx	\$19.47	\$20.67	\$21.05	\$23.99	\$26.09	\$29.03	\$25.36	\$22.78	\$21.80	\$21.31	\$20.50	\$23.90	\$22.90
Per Member Per Month													
Avg Rxs PMPM	0.60	0.63	0.62	0.57	0.55	0.54	0.55	0.62	0.55	0.56	0.63	0.59	0.58
Avg Drug Cost PMPM	\$145.34	\$158.16	\$162.21	\$167.69	\$155.32	\$157.73	\$150.74	\$177.33	\$150.62	\$165.85	\$171.12	\$167.83	\$160.83
Avg Plan Paid PMPM	\$133.57	\$145.18	\$149.19	\$154.03	\$141.02	\$142.01	\$136.88	\$163.32	\$138.71	\$153.82	\$158.26	\$153.74	\$147.48
Avg Member Paid PMPM	\$11.77	\$12.98	\$13.01	\$13.66	\$14.29	\$15.72	\$13.85	\$14.01	\$11.91	\$12.02	\$12.86	\$14.09	\$13.35
Drug Type													
% Single-Source Brand Rxs	13.2%	12.7%	14.2%	15.5%	13.3%	15.3%	18.0%	19.1%	16.3%	14.2%	13.7%	13.8%	14.9%
% Multi-Source Brand Rxs	0.3%	0.4%	0.4%	0.4%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.1%	0.0%	0.2%
% Generic Rxs	86.5%	86.9%	85.3%	84.1%	86.6%	84.7%	81.9%	80.9%	83.7%	85.6%	86.2%	86.2%	84.9%
% Generic Efficiency	99.6%	99.6%	99.5%	99.6%	99.9%	100.0%	99.9%	99.9%	100.0%	99.9%	99.9%	100.0%	99.8%
Drug Channel													
% Retail Rxs	72.6%	71.7%	72.1%	72.0%	66.4%	67.4%	68.6%	68.6%	68.4%	67.2%	67.4%	68.3%	69.3%
% Retail 90 Rxs	19.9%	21.2%	20.6%	20.4%	26.0%	24.8%	23.6%	24.1%	24.4%	24.8%	25.3%	23.9%	23.2%
% Mail Rxs	7.5%	7.1%	7.3%	7.5%	7.6%	7.7%	7.8%	7.3%	7.2%	8.0%	7.3%	7.8%	7.5%
Specialty Drugs													
Total Specialty Rxs	90	99	98	92	101	97	96	113	95	99	100	97	1,177
Total Specialty Drug Cost	\$687,034.16	\$869,466.93	\$767,849.32	\$815,891.88	\$854,842.41	\$809,653.76	\$716,557.84	\$979,365.57	\$796,026.48	\$886,589.66	\$846,754.41	\$867,710.49	\$9,897,742.91
Total Specialty Plan Paid	\$670,947.13	\$841,672.00	\$742,108.83	\$781,933.10	\$816,456.74	\$778,259.76	\$692,656.96	\$952,087.35	\$775,146.00	\$869,645.25	\$829,180.17	\$827,987.76	\$9,578,081.05
Total Specialty Member Paid	\$16,087.03	\$27,794.93	\$25,740.49	\$33,958.78	\$38,385.67	\$31,394.00	\$23,900.88	\$27,278.22	\$20,880.48	\$16,944.41	\$17,574.24	\$39,722.73	\$319,661.86
% Specialty Rxs	1.3%	1.4%	1.4%	1.4%	1.6%	1.5%	1.5%	1.6%	1.5%	1.5%	1.4%	1.4%	1.5%
% Specialty of Total Drug Cost	41.2%	47.8%	41.2%	42.3%	47.0%	44.1%	40.7%	47.5%	45.3%	45.9%	42.4%	44.5%	44.2%
% Specialty of Total Plan Paid	43.8%	50.5%	43.3%	44.1%	49.4%	47.0%	43.3%	50.1%	47.9%	48.5%	44.9%	46.4%	46.6%
% Specialty of Total Member Paid	11.9%	18.6%	17.2%	21.6%	22.9%	17.1%	14.8%	16.7%	15.0%	12.1%	11.7%	24.3%	17.2%
Avg Specialty Rxs PMPM	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
Avg Specialty Drug Cost PMPM	\$59.89	\$75.67	\$66.81	\$70.92	\$72.98	\$69.51	\$61.32	\$84.17	\$68.29	\$76.06	\$72.63	\$74.76	\$71.09
Avg Specialty Plan Paid PMPM	\$58.49	\$73.25	\$64.57	\$67.97	\$69.70	\$66.81	\$59.27	\$81.82	\$66.50	\$74.61	\$71.13	\$71.34	\$68.80
Avg Specialty Member Paid PMPM	\$1.40	\$2.42	\$2.24	\$2.95	\$3.28	\$2.70	\$2.05	\$2.34	\$1.79	\$1.45	\$1.51	\$3.42	\$2.30
Avg Non-Specialty Rxs PMPM	0.60	0.62	0.61	0.56	0.54	0.53	0.54	0.61	0.54	0.56	0.62	0.58	0.57
Avg Non-Specialty Drug Cost PMPM	\$85.45	\$82.49	\$95.40	\$96.77	\$82.34	\$88.22	\$89.42	\$93.16	\$82.33	\$89.78	\$98.49	\$93.07	\$89.74
Avg Non-Specialty Plan Paid PMPM	\$75.08	\$71.94	\$84.62	\$86.06	\$71.33	\$75.19	\$77.61	\$81.50	\$72.21	\$79.21	\$87.13	\$82.41	\$78.68
Avg Non-Specialty Member Paid PMPM	\$10.37	\$10.56	\$10.77	\$10.71	\$11.01	\$13.02	\$11.81	\$11.66	\$10.12	\$10.57	\$11.36	\$10.67	\$11.05

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

Comparative Executive Summary

Current Period: Date Filled From March 2024 Through February 2025

Previous Period: Date Filled From March 2023 Through February 2024

Client: Fresno City Employees Health and Welfare Trust

Measures	Current Period	Previous Period	% Change
Membership			
Avg Eligible Members	11,602	11,083	4.7%
% Utilizing Members	8.2%	5.2%	59.3%
Total Utilizing Members	11,465	6,874	66.8%
Avg Member Age	31.18	31.41	-0.7%
Rx and Cost			
Total Days Supply	3,443,362	3,267,993	5.4%
Total Rxs	81,167	80,279	1.1%
Total Drug Cost	\$22,391,210.00	\$19,313,873.40	15.9%
Total Plan Paid	\$20,532,532.56	\$17,492,466.25	17.4%
Total Member Paid	\$1,858,677.44	\$1,821,407.15	2.0%
Total Ingredient Cost	\$22,331,536.49	\$19,141,914.66	16.7%
Total Dispensing Fee	\$54,140.84	\$167,847.11	-67.7%
Total Sales Tax	\$232.67	\$690.82	-66.3%
Total Incentive Fee	\$5,300.00	\$3,420.81	54.9%
% Plan Paid	91.7%	90.6%	1.2%
% Member Paid	8.3%	9.4%	-12.0%
Days Supply / Rx	42.42	40.71	4.2%
Drug Cost / Rx	\$275.87	\$240.58	14.7%
Plan Paid / Rx	\$252.97	\$217.90	16.1%
Member Paid / Rx	\$22.90	\$22.69	0.9%
Per Member Per Month			
Days Supply PMPM	24.73	24.57	0.7%
Rxs PMPM	0.58	0.60	-3.4%
Drug Cost PMPM	\$160.83	\$145.22	10.8%
Plan Paid PMPM	\$147.48	\$131.52	12.1%
Member Paid PMPM	\$13.35	\$13.69	-2.5%
Drug Type			
% Single-Source Brand Rxs	14.9%	15.9%	-6.0%
% Multi-Source Brand Rxs	0.2%	0.4%	-60.7%
% Generic Rxs	84.9%	83.7%	1.4%
% Generic Efficiency	99.8%	99.5%	0.3%
Drug Channel			
% Retail Rxs	69.3%	72.4%	-4.3%
% Retail 90 Rxs	23.2%	21.1%	10.0%
% Mail Rxs	7.5%	6.5%	15.8%
Specialty Drugs			
Total Specialty Days Supply	36,666	37,177	-1.4%
Total Specialty Rxs	1,177	1,182	-0.4%
Total Specialty Drug Cost	\$9,897,742.91	\$8,733,770.87	13.3%
Total Specialty Plan Paid	\$9,578,081.05	\$8,339,994.30	14.8%
Total Specialty Member Paid	\$319,661.86	\$393,776.57	-18.8%
% Specialty Rxs	1.5%	1.5%	-1.5%
% Specialty of Total Drug Cost	44.2%	45.2%	-2.2%
% Specialty of Total Plan Paid	46.6%	47.7%	-2.2%
% Specialty of Total Member Paid	17.2%	21.6%	-20.4%
Specialty Days Supply PMPM	0.26	0.28	-5.8%
Specialty Rxs PMPM	0.01	0.01	-4.9%
Specialty Drug Cost PMPM	\$71.09	\$65.67	8.3%
Specialty Plan Paid PMPM	\$68.80	\$62.71	9.7%
Specialty Member Paid PMPM	\$2.30	\$2.96	-22.4%
Non-Specialty Rxs PMPM	0.57	0.59	-3.4%
Non-Specialty Drug Cost PMPM	\$89.74	\$79.55	12.8%
Non-Specialty Plan Paid PMPM	\$78.68	\$68.82	14.3%
Non-Specialty Member Paid PMPM	\$11.05	\$10.73	3.0%

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

CONFIDENTIAL
RXT1020DM - Executive Summary by Time Period

Date Filed From March 2024 Through February 2025

Client: Fresno City Employees Health and Welfare Trust EGWP

Measures	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025	Rolling Total
Membership													
Avg Eligible Members	218	221	222	221	228	231	233	232	233	235	227	228	227
Total Utilizing Members	152	157	170	155	163	173	164	172	161	160	169	154	163
% Utilizing Members	69.7%	71.0%	76.6%	70.1%	71.5%	74.9%	70.4%	74.1%	69.1%	68.1%	74.4%	67.5%	71.5%
Avg Member Age	76.57	76.66	76.76	76.88	76.64	76.45	76.52	76.59	76.44	76.37	76.53	76.38	76.56
Rx and Cost													
Total Rx's	512	535	547	524	557	578	526	584	524	576	638	550	6,651
Total Drug Cost	\$105,196.80	\$129,852.11	\$140,458.57	\$85,864.29	\$130,753.76	\$116,163.56	\$116,545.52	\$131,502.91	\$110,831.19	\$141,331.77	\$160,560.85	\$151,197.17	\$1,520,258.50
Total Plan Paid	\$90,273.75	\$96,404.09	\$111,625.77	\$51,705.04	\$90,080.15	\$76,041.12	\$77,192.62	\$89,363.90	\$78,929.62	\$112,653.36	\$151,160.06	\$143,501.00	\$1,168,930.48
Total Member Paid	\$14,923.05	\$33,399.44	\$28,832.80	\$34,159.25	\$40,625.03	\$40,122.44	\$39,352.90	\$42,083.20	\$31,901.57	\$28,678.41	\$9,338.18	\$7,650.36	\$351,066.63
Total Ingredient Cost	\$104,708.10	\$129,491.06	\$140,132.17	\$85,472.24	\$130,420.36	\$115,726.01	\$116,023.17	\$131,029.61	\$110,211.04	\$140,754.22	\$159,980.90	\$150,554.32	\$1,514,503.20
Total Dispensing Fee	\$338.70	\$271.05	\$326.40	\$332.05	\$333.40	\$377.55	\$342.35	\$323.30	\$320.15	\$397.55	\$459.95	\$522.85	\$4,345.30
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	\$150.00	\$90.00	\$0.00	\$60.00	\$0.00	\$60.00	\$180.00	\$150.00	\$300.00	\$180.00	\$120.00	\$120.00	\$1,410.00
% Plan Paid	85.8%	74.2%	79.5%	60.2%	68.9%	65.5%	66.2%	68.0%	71.2%	79.7%	94.1%	94.9%	76.9%
% Member Paid	14.2%	25.7%	20.5%	39.8%	31.1%	34.5%	33.8%	32.0%	28.8%	20.3%	5.8%	5.1%	23.1%
Avg Drug Cost / Rx	\$205.46	\$242.71	\$256.78	\$163.86	\$234.75	\$200.98	\$221.57	\$225.18	\$211.51	\$245.37	\$251.66	\$274.90	\$228.58
Avg Plan Paid / Rx	\$176.32	\$180.19	\$204.07	\$98.67	\$161.72	\$131.56	\$146.75	\$153.02	\$150.63	\$195.58	\$236.93	\$260.91	\$175.75
Avg Member Paid / Rx	\$29.15	\$62.43	\$52.71	\$65.19	\$72.94	\$69.42	\$74.82	\$72.06	\$60.88	\$49.79	\$14.64	\$13.91	\$52.78
Per Member Per Month													
Avg Rx's PMPM	2.35	2.42	2.46	2.37	2.44	2.50	2.26	2.52	2.25	2.45	2.81	2.41	2.44
Avg Drug Cost PMPM	\$482.55	\$587.57	\$632.70	\$388.53	\$573.48	\$502.87	\$500.20	\$566.82	\$475.67	\$601.41	\$707.32	\$663.15	\$557.08
Avg Plan Paid PMPM	\$414.10	\$436.22	\$502.82	\$233.96	\$395.09	\$329.18	\$331.30	\$385.19	\$338.75	\$479.38	\$665.90	\$629.39	\$428.34
Avg Member Paid PMPM	\$68.45	\$151.13	\$129.88	\$154.57	\$178.18	\$173.69	\$168.90	\$181.39	\$136.92	\$122.04	\$41.14	\$33.55	\$128.64
Drug Type													
% Single-Source Brand Rx's	12.5%	12.0%	14.4%	12.0%	11.7%	11.1%	13.5%	10.8%	11.8%	13.9%	11.8%	12.4%	12.3%
% Multi-Source Brand Rx's	0.8%	1.5%	0.7%	1.5%	2.0%	1.0%	1.0%	1.9%	1.0%	0.7%	1.6%	1.3%	1.2%
% Generic Rx's	86.7%	86.5%	84.8%	86.5%	86.4%	87.9%	85.6%	87.3%	87.2%	85.4%	86.7%	86.4%	86.5%
% Generic Efficiency	99.1%	98.3%	99.1%	98.3%	97.8%	98.8%	98.9%	97.9%	98.9%	99.2%	98.2%	98.5%	98.6%
Drug Channel													
% Retail Rx's	42.8%	39.8%	40.6%	43.9%	39.1%	43.6%	43.7%	40.4%	43.5%	44.6%	47.2%	50.9%	43.4%
% Retail 90 Rx's	34.2%	38.1%	32.0%	31.7%	37.2%	32.5%	35.2%	34.4%	34.2%	31.3%	31.3%	32.4%	33.6%
% Mail Rx's	23.0%	22.1%	27.4%	24.4%	23.7%	23.9%	21.1%	25.2%	22.3%	24.1%	21.5%	16.7%	23.0%
Specialty Drugs													
Total Specialty Rx's	5	5	4	3	6	5	3	6	5	5	4	6	57
Total Specialty Drug Cost	\$31,327.63	\$29,982.48	\$46,072.05	\$4,104.72	\$29,521.54	\$27,953.59	\$25,912.91	\$41,931.12	\$40,455.27	\$40,455.27	\$62,508.75	\$74,610.99	\$454,836.32
Total Specialty Plan Paid	\$30,854.49	\$29,698.28	\$45,987.85	\$3,920.52	\$29,352.43	\$26,237.40	\$25,912.91	\$36,785.33	\$38,228.94	\$39,855.09	\$62,268.87	\$74,366.61	\$443,468.72
Total Specialty Member Paid	\$473.14	\$284.20	\$84.20	\$184.20	\$169.11	\$1,716.19	\$0.00	\$5,145.79	\$2,226.33	\$600.18	\$239.88	\$244.38	\$11,367.60
% Specialty Rx's	1.0%	0.9%	0.7%	0.6%	1.1%	0.9%	0.6%	1.0%	1.0%	0.9%	0.6%	1.1%	0.9%
% Specialty of Total Drug Cost	29.8%	23.1%	32.8%	4.8%	22.6%	24.1%	22.2%	31.9%	36.5%	28.6%	38.9%	49.3%	29.9%
% Specialty of Total Plan Paid	34.2%	30.8%	41.2%	7.6%	32.6%	34.5%	33.6%	41.2%	48.4%	35.4%	41.2%	51.8%	37.9%
% Specialty of Total Member Paid	3.2%	0.9%	0.3%	0.5%	0.4%	4.3%	0.0%	12.2%	7.0%	2.1%	2.6%	3.2%	3.2%
Avg Specialty Rx's PMPM	0.02	0.02	0.02	0.01	0.03	0.02	0.01	0.03	0.02	0.02	0.02	0.03	0.02
Avg Specialty Drug Cost PMPM	\$143.70	\$135.67	\$207.53	\$18.57	\$129.48	\$121.01	\$111.21	\$180.74	\$173.63	\$172.15	\$275.37	\$327.24	\$166.67
Avg Specialty Plan Paid PMPM	\$141.53	\$134.38	\$207.15	\$17.74	\$128.74	\$113.58	\$111.21	\$158.56	\$164.07	\$169.60	\$274.31	\$326.17	\$162.50
Avg Specialty Member Paid PMPM	\$2.17	\$1.29	\$0.38	\$0.83	\$0.74	\$7.43	\$0.00	\$22.18	\$9.56	\$2.55	\$1.06	\$1.07	\$4.17
Avg Non-Specialty Rx's PMPM	2.33	2.40	2.45	2.36	2.42	2.48	2.24	2.49	2.23	2.43	2.79	2.39	2.42
Avg Non-Specialty Drug Cost PMPM	\$338.85	\$451.90	\$425.16	\$369.95	\$444.00	\$381.86	\$388.98	\$386.09	\$302.04	\$429.26	\$431.95	\$335.90	\$390.41
Avg Non-Specialty Plan Paid PMPM	\$272.57	\$301.84	\$295.67	\$216.22	\$266.35	\$215.60	\$220.08	\$226.63	\$174.68	\$309.78	\$391.59	\$303.22	\$265.83
Avg Non-Specialty Member Paid PMPM	\$66.28	\$149.84	\$129.50	\$153.73	\$177.44	\$166.26	\$168.90	\$159.21	\$127.36	\$119.48	\$40.08	\$32.48	\$124.48

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

CONFIDENTIAL

Comparative Executive Summary

RxTrack®

Current Period: Date Filled From March 2024 Through February 2025
 Previous Period: Date Filled From March 2023 Through February 2024
 Client: Fresno City Employees Health and Welfare Trust EGWP

Measures	Current Period	Previous Period	% Change
Membership			
Avg Eligible Members	227	222	2.6%
% Utilizing Members	8.4%	8.4%	0.5%
Total Utilizing Members	230	223	3.1%
Avg Member Age	76.56	76.58	-0.0%
Rx and Cost			
Total Days Supply	397,629	396,113	0.4%
Total Rxs	6,651	6,753	-1.5%
Total Drug Cost	\$1,520,258.50	\$1,386,381.97	9.7%
Total Plan Paid	\$1,168,930.48	\$1,012,647.70	15.4%
Total Member Paid	\$351,066.63	\$378,140.72	-7.2%
Total Ingredient Cost	\$1,514,503.20	\$1,380,834.97	9.7%
Total Dispensing Fee	\$4,345.30	\$4,110.50	5.7%
Total Sales Tax	\$0.00	\$0.00	0.0%
Total Incentive Fee	\$1,410.00	\$1,436.50	-1.8%
% Plan Paid	76.9%	73.0%	5.3%
% Member Paid	23.1%	27.3%	-15.3%
Days Supply / Rx	59.78	58.66	1.9%
Drug Cost / Rx	\$228.58	\$205.30	11.3%
Plan Paid / Rx	\$175.75	\$149.96	17.2%
Member Paid / Rx	\$52.78	\$56.00	-5.7%
Per Member Per Month			
Days Supply PMPM	145.71	148.91	-2.2%
Rxs PMPM	2.44	2.54	-4.0%
Drug Cost PMPM	\$557.08	\$521.20	6.9%
Plan Paid PMPM	\$428.34	\$380.69	12.5%
Member Paid PMPM	\$128.64	\$142.16	-9.5%
Drug Type			
% Single-Source Brand Rxs	12.3%	13.1%	-6.4%
% Multi-Source Brand Rxs	1.2%	1.0%	20.4%
% Generic Rxs	86.5%	85.8%	0.7%
% Generic Efficiency	98.6%	98.8%	-0.2%
Drug Channel			
% Retail Rxs	43.4%	46.5%	-6.7%
% Retail 90 Rxs	33.6%	32.2%	4.4%
% Mail Rxs	23.0%	21.3%	7.9%
Specialty Drugs			
Total Specialty Days Supply	1,883	2,218	-15.1%
Total Specialty Rxs	57	56	1.8%
Total Specialty Drug Cost	\$454,836.32	\$295,223.50	54.1%
Total Specialty Plan Paid	\$443,468.72	\$269,229.37	64.7%
Total Specialty Member Paid	\$11,367.60	\$25,994.13	-56.3%
% Specialty Rxs	0.9%	0.8%	3.3%
% Specialty of Total Drug Cost	29.9%	21.3%	40.5%
% Specialty of Total Plan Paid	37.9%	26.6%	42.7%
% Specialty of Total Member Paid	3.2%	6.9%	-52.9%
Specialty Days Supply PMPM	0.69	0.83	-17.3%
Specialty Rxs PMPM	0.02	0.02	-0.8%
Specialty Drug Cost PMPM	\$166.67	\$110.99	50.2%
Specialty Plan Paid PMPM	\$162.50	\$101.21	60.6%
Specialty Member Paid PMPM	\$4.17	\$9.77	-57.4%
Non-Specialty Rxs PMPM	2.42	2.52	-4.0%
Non-Specialty Drug Cost PMPM	\$390.41	\$410.21	-4.8%
Non-Specialty Plan Paid PMPM	\$265.83	\$279.48	-4.9%
Non-Specialty Member Paid PMPM	\$124.48	\$132.39	-6.0%

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

From: [Shane Archer](#)
To: [Georgeanne White](#); [Diana Cavazos](#)
Cc: [shane archer](#); [Toni Machado](#); [Joseph Feliciani](#); [Andrew Desa](#); [David Broome](#)
Subject: RE: ACTION REQUIRED: Fresno City EE H&W Trust - Pharmacy Management Allowance Request
Date: Wednesday, January 22, 2025 9:01:35 AM

This email originates outside Personify Health.

Approved

From: Georgeanne White <Georgeanne.White@fresno.gov>
Sent: Friday, January 17, 2025 2:21 PM
To: Diana Cavazos <Diana.Cavazos@personifyhealth.com>
Cc: Shane Archer <Shane.Archer@fresno.gov>; shane archer <sdarcher007@gmail.com>; Toni Machado <Toni.Machado@fresno.gov>; Joseph Feliciani <josephf@rael-letson.com>; Andrew Desa <andrewd@rael-letson.com>; David Broome <davidb@rael-letson.com>
Subject: Re: ACTION REQUIRED: Fresno City EE H&W Trust - Pharmacy Management Allowance Request

Approved

On Jan 17, 2025, at 1:46 PM, Diana Cavazos <Diana.Cavazos@personifyhealth.com> wrote:

External Email: Use caution with links and attachments

Hello Shane and Georgeanne

As you may recall from the last meeting it was approved to utilize the Pharmacy Benefit Allowance (PMA) to cover the cost of printing and postage for the member announcement attached.

Please provide your approvals to utilize the PMA to cover the cost.

Thank you,

Diana Cavazos
Client Success Manager

Diana.Cavazos@PersonifyHealth.com

M [1.559.312.2295](tel:15593122295)

F(559) 499-2464

personifyhealth.com

—

Confidentiality Notice: This email was securely sent using TLS Encryption. The contents, including attachments, are intended solely for the designated recipient(s) and may be confidential or privileged. Unauthorized use or distribution is prohibited and may be unlawful. Views expressed are solely those of the author and not necessarily of Personify Health, Inc. If you received this in error, please notify the sender and delete the email.

v4.07

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

Sent: Wednesday, January 8, 2025 11:11 AM

To: Diana Cavazos <Diana.Cavazos@PersonifyHealth.com>; David Broome <davidb@rael-letson.com>; Andrew Desa <andrewd@rael-letson.com>; Joseph Feliciani <josephf@rael-letson.com>

Subject: Pharmacy Management Allowance Request

This email originates outside Personify Health.

Good morning Fresno City Employees Health and Welfare Trust,

On January 8, 2025, the Board of Trustees approved Optum Rx to mail pharmacy benefit summary option # 2 and utilize their pharmacy management allowance (PMA) to cover the cost of printing and postage. Fresno City Employees Health and Welfare Trust's PMA allowance is up to \$4.00 per member annually. I've included complete contract language below for easy reference. Would you please provide formal approval for me to request the PMA credit on the Trust's behalf? Once the fee is assessed and invoiced, I will email Personify Health and Rael & Letson confirming the total cost and submit the credit request. The credit will appear on a future fees invoice.

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 in breach before the end of the Initial Term, Client shall refund to OptumRx within 30 days after the effective date of such termination the full PMA allowance applicable to the year of termination. It is the intention of the parties that, for the purposes of the Federal Anti-Kickback

Statute, this PMA allowance shall constitute and shall be treated as a discount against the price of drugs within the meaning of 42 U.S.C. 1320a-7b(b)(3)(A). To the extent required by Laws or contractual commitment, Client agrees to fully and accurately disclose and report any such discount to Medicare, Medicaid or other government health care programs as a discount against the price of the Prescription Drugs provided under this Agreement.

Please let me know if you have any questions.

Thank you,
Carolyn

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

O 1-612-428-6104
carolyn.martinez@optum.com

<image001.png>

Upcoming PTO Alert: 1/22 & 2/16 – 2/17
Business Travel: 1/30 – 1/31
Office Closure:

This e-mail, including attachments, may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this e-mail is not the intended recipient or intended recipient's authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this e-mail is prohibited. If you have received this e-mail in error, please notify the sender by replying to this message and delete this e-mail immediately.
<WF15240261-B_ORX_Fresno_Benefit Summary-Digital_V1.pdf>

From: [Georgeanne White](#)
To: [Diana Cavazos](#)
Cc: [Shane Archer](#); [shane archer](#); [Toni Machado](#); [Joseph Feliciani](#); [Andrew Desa](#); [David Broome](#)
Subject: Re: ACTION REQUIRED: Fresno City EE H&W Trust - Pharmacy Management Allowance Request
Date: Friday, January 17, 2025 2:21:17 PM
Attachments: [image001.png](#)
[image296576.png](#)

This email originates outside Personify Health.

Approved

On Jan 17, 2025, at 1:46 PM, Diana Cavazos
<Diana.Cavazos@personifyhealth.com> wrote:

External Email: Use caution with links and attachments

Hello Shane and Georgeanne

As you may recall from the last meeting it was approved to utilize the Pharmacy Benefit Allowance (PMA) to cover the cost of printing and postage for the member announcement attached.

Please provide your approvals to utilize the PMA to cover the cost.

Thank you,

Diana Cavazos
Client Success Manager
Diana.Cavazos@PersonifyHealth.com
M 1.559.312.2295
F(559) 499-2464
personifyhealth.com

Confidentiality Notice: This email was securely sent using TLS Encryption. The contents, including attachments, are intended solely for the designated recipient(s) and may be confidential or privileged. Unauthorized use or distribution is prohibited and may be unlawful. Views expressed are solely those of the author and not necessarily of Personify Health, Inc. If you received this in error, please notify the sender and delete the email.

v4.07

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

Sent: Wednesday, January 8, 2025 11:11 AM

To: Diana Cavazos <Diana.Cavazos@PersonifyHealth.com>; David Broome <davidb@rael-letson.com>; Andrew Desa <andrewd@rael-letson.com>; Joseph Feliciani <josephf@rael-letson.com>

Subject: Pharmacy Management Allowance Request

This email originates outside Personify Health.

Good morning Fresno City Employees Health and Welfare Trust,

On January 8, 2025, the Board of Trustees approved Optum Rx to mail pharmacy benefit summary option # 2 and utilize their pharmacy management allowance (PMA) to cover the cost of printing and postage. Fresno City Employees Health and Welfare Trust's PMA allowance is up to \$4.00 per member annually. I've included complete contract language below for easy reference. Would you please provide formal approval for me to request the PMA credit on the Trust's behalf? Once the fee is assessed and invoiced, I will email Personify Health and Rael & Letson confirming the total cost and submit the credit request. The credit will appear on a future fees invoice.

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 in breach before the end of the Initial Term, Client shall refund to OptumRx within 30 days after the effective date of such termination the full PMA allowance applicable to the year of termination. It is the intention of the parties that, for the purposes of the Federal Anti-Kickback Statute, this PMA allowance shall constitute and shall be treated as a discount against the price of drugs within the meaning of 42 U.S.C. 1320a-7b(b)(3)(A). To the extent required by Laws or contractual commitment, Client agrees to fully and accurately disclose and report any such discount to Medicare, Medicaid or other government health care programs as a discount against the price of the Prescription Drugs provided under this Agreement.

Please let me know if you have any questions.

Thank you,
Carolyn

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

O 1-612-428-6104
carolyn.martinez@optum.com

<image001.png>

Upcoming PTO Alert: 1/22 & 2/16 – 2/17
Business Travel: 1/30 – 1/31
Office Closure:

This e-mail, including attachments, may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this e-mail is not the intended recipient or intended recipient's authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this e-mail is prohibited. If you have received this e-mail in error, please notify the sender by replying to this message and delete this e-mail immediately.
<WF15240261-B_ORX_Fresno_Benefit Summary-Digital_V1.pdf>

From: [Shane Archer](#)
To: [Diana Cavazos](#); [Georgeanne White](#)
Cc: [Michael Moss](#); [Joseph Feliciani](#); [David Broome](#); ["Andrew Desa"](#); [Nikki Vang](#)
Subject: Re: FCEHWT -Rx Override Request Qelbree
Date: Wednesday, February 5, 2025 4:40:26 PM
Attachments: [image381187.png](#)

This email originates outside Personify Health.

I approve the 60 day option.

Shane

From: Diana Cavazos <Diana.Cavazos@PersonifyHealth.com>
Sent: Wednesday, February 5, 2025 3:56:51 PM
To: Shane Archer; Georgeanne White
Cc: Michael Moss; Joseph Feliciani; David Broome; 'Andrew Desa'; Nikki Vang
Subject: FCEHWT -Rx Override Request Qelbree

External Email: Use caution with links and attachments

Hello

As you may remember from our last meeting Optum had sent a request to Phillip for an override request. Optum was directed at the last meeting that these request should go to Chair/Vice Chair.

We have a member who is asking for a one-time Rx override while they file the 2nd level appeal with Optum.

Member is requesting an override approval for dependents Rx: Qelbree. This drug is not listed on the approved formulary list. Members PA was denied, and the 1st level appeal was upheld due to the below criteria has not been met. Member will be filing a 2nd level of appeal with Optum. Due to the member being new to the plan effective 10/1/25 they are in the process of obtaining medical records from previous provider that the alternatives have been tried and failed.

Optum provided a 90 day supply for all test claims because the member is currently trying to fill a 90-day supply of Qelbree.

The estimated cost for Qelbree 90-day supply \$1079.70. Qelbree will be approved based on the following criteria:

(1) The requested drug is being used for a Food and Drug Administration (FDA)-approved indication.

(2) One of the following:

(A) There are paid claims or your doctor provides medical records (for example: chart notes)

showing you have tried (a minimum 30-day supply) or cannot use both of the following: A

generic

methylphenidate class stimulant (for example: methylphenidate) and a generic amphetamine class

stimulant (for example: amphetamine-dextroamphetamine).

(B) Your doctor provides medical records (for example: chart notes) showing you are not a

candidate.

(3) There are paid claims or your doctor provides medical records (for example: chart notes) showing

you have tried (a minimum 30-day supply) or cannot use all of the following: Generic

atomoxetine,

generic guanfacine extended-release, generic clonidine extended-release.

Below are the formulary alternatives Optum has provided. The member has stated have been previously tried and failed. The first number is the quantity and second the day supply (i.e. 90/90)

1. Atomoxetine – already tried
2. Guanfacine ER – 1mg once daily (up to 7mg/day)
 1. GUANFACINE TAB 1MG ER 90/90 (tier 1) Total estimated drug cost \$24.17
 2. GUANFACINE TAB 4MG ER 90/90 (tier 1) Total estimated drug cost \$110.26
3. Clonidine ER – 0.1mg at bedtime (up to 0.4mg/day)
 1. CLONIDINE TAB 0.1MG ER 90/90 (tier 1) Total estimated drug cost \$63.98
 2. CLONIDINE TAB 0.1MG ER 360/90 (tier 1) Total estimated drug cost \$255.92
4. Methylphenidate – initial dose 10mg per day (up to 60mg/day)
 1. METHYLPHENID CAP 10MG ER 90/90 (tier 1) Total estimated drug cost \$598.75
 2. METHYLPHENID CAP 60MG ER 90/90 (tier 1) Total estimated drug cost \$451.72
5. Amphetamine: initial dose is 10-20mg every morning (up to 60mg/day)
 1. AMPHET/DEXTR CAP 10MG ER 90/90 (tier 1) Total estimated drug cost \$113.93
 2. AMPHET/DEXTR CAP 20MG ER 90/90 (tier 1) Total estimated drug cost \$175.09
 3. AMPHET/DEXTR CAP 30MG ER 180/90 (tier 1) Total estimated drug cost \$144.17

This request has been reviewed by your PBM consultant and Mike, recommendation is to approve a shorter day suppl (60day) while the appeal is reviewed by Optum with a clear indication to the member this is not an approval however a one-time override to provide time for the 2nd level appeal with Optum.

I have requested 60-day information from Optum for the drug Qelbree.

Please let me know how both would like to proceed.

Diana Cavazos

Client Success Manager

Diana.Cavazos@PersonifyHealth.com

M 1.559.312.2295

F(559) 499-2464

personifyhealth.com



Confidentiality Notice: This email was securely sent using TLS Encryption. The contents, including attachments, are intended solely for the designated recipient(s) and may be confidential or privileged. Unauthorized use or distribution is prohibited and may be unlawful. Views expressed are solely those of the author and not necessarily of Personify Health, Inc. If you received this in error, please notify the sender and delete the email.

v4.07

From: [Georgeanne White](#)
To: [Shane Archer](#)
Cc: [Diana Cavazos](#); [Michael Moss](#); [Joseph Feliciani](#); [David Broome](#); [Andrew Desa](#); [Nikki Vang](#)
Subject: Re: FCEHWT -Rx Override Request Qelbree
Date: Wednesday, February 5, 2025 7:01:30 PM
Attachments: [image381187.png](#)

This email originates outside Personify Health.

I approve as well.

On Feb 5, 2025, at 4:39 PM, Shane Archer <Shane.Archer@fresno.gov> wrote:

I approve the 60 day option.

Shane

From: Diana Cavazos <Diana.Cavazos@PersonifyHealth.com>
Sent: Wednesday, February 5, 2025 3:56:51 PM
To: Shane Archer; Georgeanne White
Cc: Michael Moss; Joseph Feliciani; David Broome; 'Andrew Desa'; Nikki Vang
Subject: FCEHWT -Rx Override Request Qelbree

External Email: Use caution with links and attachments

Hello

As you may remember from our last meeting Optum had sent a request to Phillip for an override request. Optum was directed at the last meeting that these request should go to Chair/Vice Chair.

We have a member who is asking for a one-time Rx override while they file the 2nd level appeal with Optum.

Member is requesting an override approval for dependents Rx: Qelbree. This drug is not listed on the approved formulary list. Members PA was denied, and the 1st level appeal was upheld due to the below criteria has not been met. Member will be filing a 2nd level of appeal with Optum. Due to the member being new to the

plan effective 10/1/25 they are in the process of obtaining medical records from previous provider that the alternatives have been tried and failed.

Optum provided a 90 day supply for all test claims because the member is currently trying to fill a 90-day supply of Qelbree.

The estimated cost for Qelbree 90-day supply \$1079.70. Qelbree will be approved based on the following criteria:

(1) The requested drug is being used for a Food and Drug Administration (FDA)-approved indication.

(2) One of the following:

(A) There are paid claims or your doctor provides medical records (for example: chart notes)

showing you have tried (a minimum 30-day supply) or cannot use both of the following: A generic

methylphenidate class stimulant (for example: methylphenidate) and a generic amphetamine class

stimulant (for example: amphetamine-dextroamphetamine).

(B) Your doctor provides medical records (for example: chart notes) showing you are not a candidate.

(3) There are paid claims or your doctor provides medical records (for example: chart notes) showing

you have tried (a minimum 30-day supply) or cannot use all of the following:

Generic atomoxetine,

generic guanfacine extended-release, generic clonidine extended-release.

Below are the formulary alternatives Optum has provided. The member has stated have been previously tried and failed. The first number is the quantity and second the day supply (i.e. 90/90)

1. Atomoxetine – already tried

2. Guanfacine ER – 1mg once daily (up to 7mg/day)

1. GUANFACINE TAB 1MG ER 90/90 (tier 1) Total estimated drug cost \$24.17

2. GUANFACINE TAB 4MG ER 90/90 (tier 1) Total estimated drug cost \$110.26

3. Clonidine ER – 0.1mg at bedtime (up to 0.4mg/day)

1. CLONIDINE TAB 0.1MG ER 90/90 (tier 1) Total estimated drug cost \$63.98

2. CLONIDINE TAB 0.1MG ER 360/90 (tier 1) Total estimated drug cost \$255.92
4. Methylphenidate – initial dose 10mg per day (up to 60mg/day)
 1. METHYLPHENID CAP 10MG ER 90/90 (tier 1) Total estimated drug cost \$598.75
 2. METHYLPHENID CAP 60MG ER 90/90 (tier 1) Total estimated drug cost \$451.72
5. Amphetamine: initial dose is 10-20mg every morning (up to 60mg/day)
 1. AMPHET/DEXTR CAP 10MG ER 90/90 (tier 1) Total estimated drug cost \$113.93
 2. AMPHET/DEXTR CAP 20MG ER 90/90 (tier 1) Total estimated drug cost \$175.09
 3. AMPHET/DEXTR CAP 30MG ER 180/90 (tier 1) Total estimated drug cost \$144.17

This request has been reviewed by your PBM consultant and Mike, recommendation is to approve a shorter day suppl (60day) while the appeal is reviewed by Optum with a clear indication to the member this is not an approval however a one-time override to provide time for the 2nd level appeal with Optum.

I have requested 60-day information from Optum for the drug Qelbree.

Please let me know how both would like to proceed.

Diana Cavazos

Client Success Manager

Diana.Cavazos@PersonifyHealth.com

M 1.559.312.2295

F(559) 499-2464

personifyhealth.com

Confidentiality Notice: This email was securely sent using TLS Encryption. The contents, including attachments, are intended solely for the designated recipient(s) and may be confidential or privileged. Unauthorized use or distribution is prohibited and may be unlawful. Views expressed are solely those of the author and not necessarily of Personify Health, Inc. If you received this in error, please notify the sender and delete the email.

v4.07

From: [Diana Cavazos](#)
To: [Shane Archer](#); [Georgeanne White \(Georgeanne.White@fresno.gov\)](#); [Toni Machado](#)
Cc: [Michael Moss](#); [Joseph Feliciani](#); ["Andrew Desa"](#); [David Broome](#); [Nikki Vang](#)
Subject: FCEHWT- Price Edge ACTION REQUIRED
Date: Thursday, February 6, 2025 6:30:00 PM
Attachments: [Fresno City Employees Health and W ORx ORx Cust - Base 01407174.0 09.17.24.docx](#)

Hello Shane and Georgeanne

During the January board meeting approval was received to execute the OptumRx Price Edge program subject to confirmation from Optum on the following:

1. An annual report can be provided to indicate annual revenue
2. A projection will be provided on annual revenue for 2025

Optum has confirmed they will be able to provide the above annual reports, your PBM consultant Joe will be reviewing this reports and reporting at future meetings.

The attached document will need to be signed by both of you.

Please let me know if you have any questions,

Thanks,

PRICE EDGE FOR COVERED AND NON-COVERED DRUGS ADDENDUM

Effective as of January 1, 2025, ("Addendum Effective Date"), OptumRx, by and through its affiliates, shall make available to Client for the benefit of its Members the Price Edge for Covered and Non-Covered Drugs (collectively, "Services") as set forth below. In the event of a conflict between the terms and conditions in the Agreement and this Addendum, the terms and conditions of the Addendum shall control as they relate to Price Edge Services.

1. DEFINITIONS. Unless otherwise defined in this Addendum, capitalized terms used in this Addendum will have the meanings assigned to them in the Agreement. Any terms that are defined in this Addendum and in the Agreement shall have the meaning given to them in this Addendum solely for purposes of this Addendum.

- 1.1. "Member Cost Sharing Amount" means the coinsurance, copay, or other cost-sharing amount that a pharmacy may collect from a Member for Covered Prescription Services in accordance with the Member's Benefit Plan.
- 1.2. "Price Edge Price List" means the list developed and maintained by OptumRx, of certain prescription drugs with pricing informed by the market for consumer off-benefit prescription drug claims, including the Optum Perks direct-to-consumer prescription discount program or successor thereto operated by OptumRx through its affiliates. The Price Edge Price List is subject to periodic review and modification by OptumRx, in its sole discretion.
- 1.3. "Usual and Customary Charge" or "U&C" means the price, including all applicable customer discounts that a cash paying customer pays a Network Pharmacy for Prescription Drugs as reported to OptumRx by the Network Pharmacy.
- 1.4. "Non-Covered Drugs" are prescription drugs on the Price Edge Price List dispensed by a pharmacy to a Member for which no coverage is provided under the Member's Benefit Plan.

2. DESCRIPTION OF PRICE EDGE SERVICES.

- 2.1. **Price Edge for Covered Drugs.** For prescription drugs on the Price Edge Price List, OptumRx will make available to Members services through which Members may utilize their existing prescription drug identification cards to access additional savings associated with off benefit discount pricing (where applicable) for prescription drugs covered by Client's Plan Specifications dispensed at Network Pharmacies ("**Price Edge for Covered Drugs**"). Notwithstanding anything to the contrary in the Agreement, utilizing Price Edge for Covered Drugs, Members will pay 100% of the lower of: (i) Member Cost-Sharing Amount under: (a) the Client contracted rate, plus dispensing fee; (b) the non-contracted rate, plus dispensing fee or (c) the pharmacy's Usual and Customary charge for the product, and (ii) 100% of the applicable price from the Price Edge Price List plus the applicable dispensing fee. Price Edge for Covered Drugs is for prescription drugs only. Price Edge Services are not available to Members participating in Medicaid Plans. No rebate guarantees or financial guarantees will apply, except claims processed through Price Edge for Covered Drugs will be reconciled with any applicable guarantees for prescription drugs.
- 2.2. **Price Edge for Non-Covered Drugs.** For prescription drugs on the Price Edge Price List, OptumRx will make available to Members services through which Members may utilize their existing prescription drug identification cards to access negotiated pricing (where applicable) for certain prescription claims for prescription drugs which are not covered by Client's Plan Specifications and are dispensed at Network Pharmacies ("**Price Edge for Non-Covered Drugs**"). Members will be responsible for paying the full (discounted, if applicable) price of the drug, including any dispensing fees or other applicable fees at the point of sale. Claims processed through Price Edge for Non-Covered Drugs are excluded from any reporting obligations and any discount or rebate, reconciliation, or other pricing commitments set forth in the Agreement.

3. TERM AND TERMINATION.

- 3.1. **Term.** Services will commence on the Addendum Effective Date and continue until terminated in accordance with this Addendum. Termination of the Agreement shall operate to terminate the Services.
- 3.2. **Termination for Convenience.** A Party may terminate the Services for convenience on written notice provided to the other Party no later than thirty (30) days prior to the effective date of termination. Termination of one Price Edge program component shall result in termination of all Price Edge Services. This termination for convenience right applies solely to Price Edge Services and does not affect any other services offered under the Agreement.
- 3.3. **Effect of Termination.** If Price Edge Services are terminated as a result of breach by either Party, each Party shall retain all rights and remedies under the Agreement, and applicable law.

4. GENERAL TERMS.

- 4.1. **Non-payment by Members.** If any Member fails to meet any Member payment obligations at the point of sale, then such Member will be unable to utilize Price Edge Services.
- 4.2. **Disclosure of Fees.** Although Optum Rx agrees not to charge any fee, administrative fee or otherwise, for these Price Edge Covered or non-Covered Drugs claims, or as compensation for administering the Price Edge Services, OptumRx, its affiliates, subcontract service providers, brokers, consultants, and administrators, may receive and retain fees, proceeds, and/or other revenues in connection with Price Edge Services.
- 1.1. **Incentives.** Only OptumRx, its affiliates, or their contracted service providers, and not Client, shall retain exclusive rights to all program data and marketing incentives, rebates or discounts from manufacturers, and any fees which may be payable in connection with or derived from Price Edge for Non-Covered Drugs or its Claims, if any.
- 1.2. **Member Notification.** Client shall be responsible for communicating to Members with respect to services available under the Price Edge program and also upon termination.
- 1.3. **Regulatory Notification.** Client shall promptly notify OptumRx of all inquiries from federal or state governmental departments, attorneys, Members, or other persons alleging a complaint related to Price Edge Services and provide to OptumRx any applicable documentation.
- 1.4. **Compliance with Law.** Each Party is responsible for ensuring its compliance with any laws applicable to the provision and receipt of Price Edge Services.

[signature page follows]

The undersigned duly authorized representatives have executed this Addendum as of the date indicated below.

Fresno City Employees Health and Welfare Trust

OptumRx, Inc.

By: 

By: _____

Name: SHANE D. ARCHER

Name: _____

Title: CHAIR

Title: _____

Date: 2-10-25

Date: _____

By: _____

Name: _____

Title: _____

Date: _____

Agreement Number: 01407174.0

The undersigned duly authorized representatives have executed this Addendum as of the date indicated below.

Fresno City Employees Health and Welfare Trust

OptumRx, Inc.

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

By: 

Name: Georgeanne A White

Title: Co-Trustee

Date: 2/11/25

Agreement Number: 01407174.0



DELTA DENTAL SELF-FUNDED FINANCIAL REPORT PACKAG

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

TABLE OF CONTENTS

FRESNO CITY EES HEALTH & Group Number: 00273

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

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

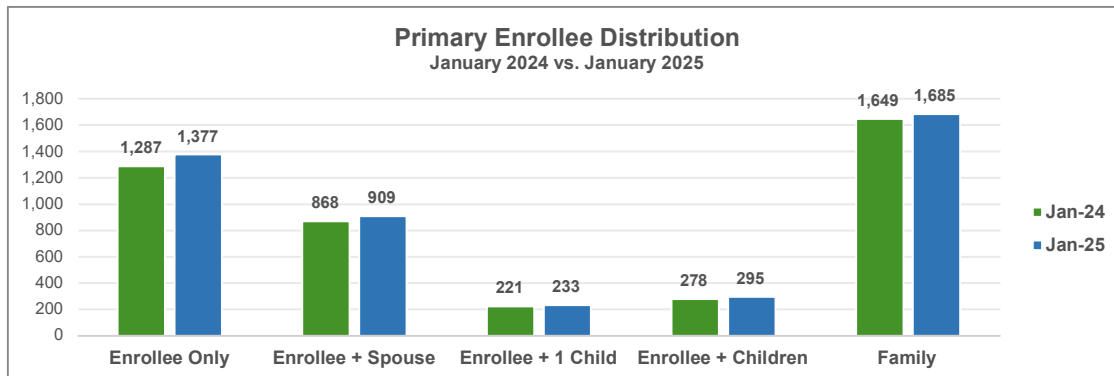
Paid Period: February 1, 2023 - January 31, 2024 compared to February 1, 2024 - January 31, 2025

Financial Summary

- For paid period ended January 31, 2025, the group had an average exposure of 4,467 primary enrollees. This represents a year / year increase of 6.6% from the previous period's average exposure of 4,191 primary enrollees.
- For the current period, claims paid PEPM was \$68.03, compared to \$65.25 during the previous period; This represents a year / year increase of 4.3%.
- During the current period, 69.2% of primary enrollees had enrolled dependents vs. 70.6% of primary enrollees during the previous period.

	02/1/2023 - 01/31/2024	02/1/2024 - 01/31/2025
<i>Claims Paid</i>	\$3,281,405	\$3,646,525
<i>Exposure**</i>	50,292	53,600
<i>Avg. Exposure</i>	4,191	4,467
<i>Avg. Member Count</i>	11,119	11,696

** 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, 2023 - January 31, 2025

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-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	1,255	867	220	278	1,642	4,262	2,509	4,511	11,282
Jan-24	1,379	\$199,752	1,287	868	221	278	1,649	4,303	2,517	4,524	11,344
Feb-24	1,974	\$335,817	1,336	873	220	282	1,658	4,369	2,531	4,562	11,462
Mar-24	1,892	\$297,546	1,352	868	222	289	1,670	4,401	2,538	4,608	11,547
Apr-24	1,613	\$270,397	1,363	874	223	288	1,670	4,418	2,544	4,610	11,572
May-24	2,154	\$353,645	1,358	883	226	285	1,664	4,416	2,547	4,605	11,568
Jun-24	1,745	\$287,869	1,383	889	228	285	1,663	4,448	2,552	4,608	11,608
Jul-24	1,556	\$237,953	1,385	905	223	304	1,683	4,500	2,591	4,690	11,781
Aug-24	2,381	\$410,265	1,394	902	225	299	1,693	4,513	2,597	4,693	11,803
Sep-24	1,770	\$311,858	1,389	906	229	296	1,700	4,520	2,607	4,705	11,832
Oct-24	2,162	\$349,594	1,390	899	229	296	1,694	4,508	2,594	4,691	11,793
Nov-24	1,580	\$254,337	1,381	908	230	293	1,693	4,505	2,601	4,698	11,804
Dec-24	1,690	\$268,341	1,381	906	232	291	1,693	4,503	2,599	4,694	11,796
Jan-25	1,737	\$268,903	1,377	909	233	295	1,685	4,499	2,594	4,687	11,780
Total	42,696	\$6,927,931	31,279	21,008	5,273	6,803	39,529	103,892	60,546	109,333	273,771

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, 2023 - January 31, 2025

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-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	516	212	272	1,556	3,656	2,072	4,343	10,071
00273-00001	Dec-23	1,248	\$198,207	1,112	515	213	270	1,567	3,677	2,082	4,358	10,117
00273-00001	Jan-24	1,206	\$172,131	1,145	516	213	270	1,576	3,720	2,092	4,372	10,184
00273-00001	Feb-24	1,707	\$283,168	1,194	516	212	274	1,582	3,778	2,098	4,408	10,284
00273-00001	Mar-24	1,634	\$254,228	1,208	513	214	281	1,593	3,809	2,106	4,452	10,367
00273-00001	Apr-24	1,391	\$227,865	1,218	516	215	280	1,588	3,817	2,104	4,447	10,368
00273-00001	May-24	1,860	\$303,016	1,210	524	218	278	1,583	3,813	2,107	4,447	10,367
00273-00001	Jun-24	1,512	\$246,586	1,233	525	220	278	1,586	3,842	2,111	4,457	10,410
00273-00001	Jul-24	1,395	\$211,995	1,235	546	216	296	1,609	3,902	2,158	4,538	10,598
00273-00001	Aug-24	2,084	\$362,020	1,243	539	219	290	1,621	3,912	2,162	4,544	10,618
00273-00001	Sep-24	1,497	\$263,699	1,239	541	223	288	1,627	3,918	2,169	4,556	10,643
00273-00001	Oct-24	1,878	\$304,086	1,239	534	222	287	1,619	3,901	2,154	4,537	10,592
00273-00001	Nov-24	1,350	\$217,496	1,231	542	223	284	1,620	3,900	2,162	4,546	10,608
00273-00001	Dec-24	1,467	\$228,622	1,232	540	225	283	1,617	3,897	2,157	4,540	10,594
00273-00001	Jan-25	1,530	\$238,591	1,227	542	226	288	1,612	3,895	2,154	4,543	10,592
00273-00002	Feb-23	100	\$18,225	50	148	3	5	49	255	197	551	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	175	4	8	59	304	234	121	659
00273-00002	Dec-23	123	\$21,063	59	178	4	8	59	308	237	121	666
00273-00002	Jan-24	91	\$14,900	58	181	5	8	58	310	239	121	670
00273-00002	Feb-24	143	\$25,985	58	181	5	8	62	314	243	125	682
00273-00002	Mar-24	144	\$23,977	59	178	5	8	64	314	242	129	685
00273-00002	Apr-24	127	\$27,437	60	179	4	8	66	317	245	131	693
00273-00002	May-24	165	\$32,043	63	180	4	7	66	320	246	128	694
00273-00002	Jun-24	132	\$24,358	63	184	4	7	63	321	247	123	691
00273-00002	Jul-24	88	\$14,219	63	187	4	7	61	322	248	124	694
00273-00002	Aug-24	170	\$25,732	66	190	3	8	59	326	249	121	696
00273-00002	Sep-24	156	\$28,294	66	192	3	7	59	327	251	120	698

00273-00002	Oct-24	173	\$30,805	66	187	3	8	60	324	247	123	694
00273-00002	Nov-24	126	\$20,314	64	188	3	8	60	323	248	124	695
00273-00002	Dec-24	124	\$22,358	65	187	4	7	63	326	250	126	702
00273-00002	Jan-25	123	\$17,131	66	188	4	6	62	326	250	123	699
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	156	1	0	9	242	165	15	422
00273-00003	Feb-24	112	\$25,282	76	160	1	0	8	245	168	13	426
00273-00003	Mar-24	104	\$17,702	78	160	1	0	8	247	168	13	428
00273-00003	Apr-24	91	\$14,484	78	162	1	0	9	250	171	14	435
00273-00003	May-24	113	\$16,698	78	162	1	0	9	250	171	14	435
00273-00003	Jun-24	82	\$13,754	77	162	1	0	9	249	171	13	433
00273-00003	Jul-24	61	\$9,267	75	155	1	0	8	239	163	12	414
00273-00003	Aug-24	111	\$20,319	75	155	1	0	8	239	163	12	414
00273-00003	Sep-24	105	\$17,892	76	155	1	0	8	240	163	12	415
00273-00003	Oct-24	99	\$12,857	76	160	1	0	10	247	170	15	432
00273-00003	Nov-24	89	\$14,387	77	160	1	0	10	248	170	15	433
00273-00003	Dec-24	84	\$14,558	75	161	1	0	9	246	170	14	430
00273-00003	Jan-25	76	\$11,821	75	161	1	0	8	245	169	13	427
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
00273-00004	Feb-24	8	\$1,040	8	16	2	0	0	26	16	2	44
00273-00004	Mar-24	7	\$1,330	7	17	2	0	0	26	17	2	45
00273-00004	Apr-24	4	\$610	7	17	2	0	0	26	17	2	45
00273-00004	May-24	11	\$1,263	7	17	2	0	0	26	17	2	45
00273-00004	Jun-24	13	\$2,133	7	18	2	0	0	27	18	2	47
00273-00004	Jul-24	11	\$2,090	8	17	2	0	1	28	18	3	49
00273-00004	Aug-24	12	\$1,679	7	18	2	0	1	28	19	3	50
00273-00004	Sep-24	10	\$1,821	7	18	2	0	1	28	19	3	50
00273-00004	Oct-24	12	\$1,846	8	18	2	0	1	29	19	3	51
00273-00004	Nov-24	12	\$1,836	8	18	2	0	1	29	19	3	51
00273-00004	Dec-24	12	\$2,061	8	18	2	0	1	29	19	3	51
00273-00004	Jan-25	8	\$1,360	8	18	2	0	1	29	19	3	51
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
00273-09001	Feb-24	4	\$343	0	0	0	0	6	6	6	14	26
00273-09001	Mar-24	3	\$310	0	0	0	0	5	5	5	12	22
00273-09001	Apr-24	0	\$0	0	0	1	0	7	8	7	16	31
00273-09001	May-24	5	\$626	0	0	1	0	6	7	6	14	27
00273-09001	Jun-24	6	\$1,039	3	0	1	0	5	9	5	13	27
00273-09001	Jul-24	1	\$382	4	0	0	1	4	9	4	13	26
00273-09001	Aug-24	4	\$515	3	0	0	1	4	8	4	13	25
00273-09001	Sep-24	2	\$152	1	0	0	1	5	7	5	14	26
00273-09001	Oct-24	0	\$0	1	0	1	1	4	7	4	13	24
00273-09001	Nov-24	3	\$305	1	0	1	1	2	5	2	10	17
00273-09001	Dec-24	3	\$742	1	0	0	1	3	5	3	11	19
00273-09001	Jan-25	0	\$0	1	0	0	1	2	4	2	5	11
Total		42,696	\$6,927,931	31,279	21,008	5,273	6,803	39,529	103,892	60,546	109,333	273,771

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, 2023 - January 31, 2025

Group	Division	Paid Month/Year	Incurred Month/Year	Paid Amount
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
00273	All	Feb-24	Jun-22	\$1,500
00273	All	Feb-24	Dec-22	\$191
00273	All	Feb-24	Jan-23	\$99
00273	All	Feb-24	Feb-23	\$18
00273	All	Feb-24	Mar-23	-\$12
00273	All	Feb-24	Apr-23	\$326
00273	All	Feb-24	Jun-23	\$350
00273	All	Feb-24	Jul-23	\$616
00273	All	Feb-24	Aug-23	\$1,230
00273	All	Feb-24	Sep-23	\$2,737
00273	All	Feb-24	Oct-23	\$6,194
00273	All	Feb-24	Nov-23	\$6,001
00273	All	Feb-24	Dec-23	\$20,278
00273	All	Feb-24	Jan-24	\$149,523
00273	All	Feb-24	Feb-24	\$146,766
00273	All	Mar-24	Oct-21	\$1,500
00273	All	Mar-24	Dec-22	\$215
00273	All	Mar-24	Jan-23	-\$18
00273	All	Mar-24	Feb-23	\$9
00273	All	Mar-24	Mar-23	\$93
00273	All	Mar-24	Apr-23	\$158
00273	All	Mar-24	May-23	\$304
00273	All	Mar-24	Jun-23	\$502
00273	All	Mar-24	Jul-23	\$50
00273	All	Mar-24	Aug-23	\$489
00273	All	Mar-24	Sep-23	\$1,397
00273	All	Mar-24	Oct-23	\$1,358
00273	All	Mar-24	Nov-23	\$2,147
00273	All	Mar-24	Dec-23	\$1,930
00273	All	Mar-24	Jan-24	\$13,277
00273	All	Mar-24	Feb-24	\$115,965
00273	All	Mar-24	Mar-24	\$158,170
00273	All	Apr-24	Sep-22	\$313

00273	All	Apr-24	Feb-23	-\$6
00273	All	Apr-24	Mar-23	\$63
00273	All	Apr-24	Apr-23	\$93
00273	All	Apr-24	Jun-23	\$827
00273	All	Apr-24	Jul-23	\$1,556
00273	All	Apr-24	Aug-23	\$189
00273	All	Apr-24	Sep-23	\$634
00273	All	Apr-24	Oct-23	\$325
00273	All	Apr-24	Nov-23	\$565
00273	All	Apr-24	Dec-23	\$188
00273	All	Apr-24	Jan-24	\$3,342
00273	All	Apr-24	Feb-24	\$14,960
00273	All	Apr-24	Mar-24	\$109,859
00273	All	Apr-24	Apr-24	\$137,491
00273	All	May-24	Jul-23	\$1,519
00273	All	May-24	Aug-23	\$777
00273	All	May-24	Oct-23	\$2,539
00273	All	May-24	Nov-23	\$1,149
00273	All	May-24	Dec-23	\$812
00273	All	May-24	Jan-24	\$3,661
00273	All	May-24	Feb-24	\$10,993
00273	All	May-24	Mar-24	\$17,903
00273	All	May-24	Apr-24	\$138,996
00273	All	May-24	May-24	\$175,297
00273	All	Jun-24	Apr-23	\$44
00273	All	Jun-24	Jun-23	\$1,096
00273	All	Jun-24	Sep-23	\$32
00273	All	Jun-24	Oct-23	\$248
00273	All	Jun-24	Nov-23	\$887
00273	All	Jun-24	Dec-23	\$458
00273	All	Jun-24	Jan-24	\$356
00273	All	Jun-24	Feb-24	\$5,213
00273	All	Jun-24	Mar-24	\$7,153
00273	All	Jun-24	Apr-24	\$6,944
00273	All	Jun-24	May-24	\$116,182
00273	All	Jun-24	Jun-24	\$149,255
00273	All	Jul-24	Sep-23	\$330
00273	All	Jul-24	Nov-23	\$76
00273	All	Jul-24	Jan-24	\$410
00273	All	Jul-24	Feb-24	\$3,631
00273	All	Jul-24	Mar-24	\$2,187
00273	All	Jul-24	Apr-24	\$3,571
00273	All	Jul-24	May-24	\$6,463
00273	All	Jul-24	Jun-24	\$95,906
00273	All	Jul-24	Jul-24	\$125,379
00273	All	Aug-24	Mar-23	\$137
00273	All	Aug-24	Jul-23	\$375
00273	All	Aug-24	Sep-23	\$39
00273	All	Aug-24	Oct-23	\$359

00273	All	Aug-24	Nov-23	\$795
00273	All	Aug-24	Dec-23	\$153
00273	All	Aug-24	Jan-24	\$1,537
00273	All	Aug-24	Feb-24	\$1,727
00273	All	Aug-24	Mar-24	\$1,288
00273	All	Aug-24	Apr-24	\$5,687
00273	All	Aug-24	May-24	\$3,041
00273	All	Aug-24	Jun-24	\$12,325
00273	All	Aug-24	Jul-24	\$179,850
00273	All	Aug-24	Aug-24	\$202,952
00273	All	Sep-24	Aug-23	\$76
00273	All	Sep-24	Sep-23	\$721
00273	All	Sep-24	Nov-23	\$147
00273	All	Sep-24	Dec-23	\$91
00273	All	Sep-24	Jan-24	\$127
00273	All	Sep-24	Feb-24	\$1,436
00273	All	Sep-24	Mar-24	\$2,309
00273	All	Sep-24	Apr-24	\$2,727
00273	All	Sep-24	May-24	\$1,967
00273	All	Sep-24	Jun-24	\$2,758
00273	All	Sep-24	Jul-24	\$12,965
00273	All	Sep-24	Aug-24	\$125,583
00273	All	Sep-24	Sep-24	\$160,953
00273	All	Oct-24	Sep-23	\$110
00273	All	Oct-24	Jan-24	\$499
00273	All	Oct-24	Mar-24	\$666
00273	All	Oct-24	Apr-24	\$768
00273	All	Oct-24	May-24	\$4,411
00273	All	Oct-24	Jun-24	\$1,509
00273	All	Oct-24	Jul-24	\$7,056
00273	All	Oct-24	Aug-24	\$15,719
00273	All	Oct-24	Sep-24	\$123,042
00273	All	Oct-24	Oct-24	\$195,815
00273	All	Nov-24	Nov-23	\$96
00273	All	Nov-24	Dec-23	\$164
00273	All	Nov-24	Jan-24	\$1,098
00273	All	Nov-24	Feb-24	\$162
00273	All	Nov-24	Mar-24	\$1,038
00273	All	Nov-24	Apr-24	\$824
00273	All	Nov-24	May-24	\$172
00273	All	Nov-24	Jun-24	\$1,597
00273	All	Nov-24	Jul-24	\$3,244
00273	All	Nov-24	Aug-24	\$2,766
00273	All	Nov-24	Sep-24	\$7,053
00273	All	Nov-24	Oct-24	\$92,189
00273	All	Nov-24	Nov-24	\$143,935
00273	All	Dec-24	Dec-23	\$377
00273	All	Dec-24	Feb-24	\$149
00273	All	Dec-24	Apr-24	\$1,337

00273	All	Dec-24	May-24	\$586
00273	All	Dec-24	Jun-24	\$587
00273	All	Dec-24	Jul-24	\$3,045
00273	All	Dec-24	Aug-24	\$1,364
00273	All	Dec-24	Sep-24	\$2,823
00273	All	Dec-24	Oct-24	\$12,720
00273	All	Dec-24	Nov-24	\$102,749
00273	All	Dec-24	Dec-24	\$142,604
00273	All	Jan-25	Nov-23	\$750
00273	All	Jan-25	Jan-24	\$1,681
00273	All	Jan-25	Feb-24	\$56
00273	All	Jan-25	Mar-24	\$659
00273	All	Jan-25	Apr-24	\$366
00273	All	Jan-25	May-24	\$312
00273	All	Jan-25	Jun-24	\$732
00273	All	Jan-25	Jul-24	\$235
00273	All	Jan-25	Aug-24	\$1,367
00273	All	Jan-25	Sep-24	\$2,318
00273	All	Jan-25	Oct-24	\$10,018
00273	All	Jan-25	Nov-24	\$19,993
00273	All	Jan-25	Dec-24	\$81,464
00273	All	Jan-25	Jan-25	\$148,953
Total				\$6,927,931

Group	Division	Paid Month/Year	Incurred Month/Year	Paid Amount
00273	00001	Feb-23	Nov-21	\$1,500
00273	00001	Feb-23	Jun-22	\$86
00273	00001	Feb-23	Jul-22	\$565
00273	00001	Feb-23	Aug-22	\$3,455
00273	00001	Feb-23	Sep-22	\$750
00273	00001	Feb-23	Oct-22	\$1,197
00273	00001	Feb-23	Nov-22	\$1,936
00273	00001	Feb-23	Dec-22	\$4,477
00273	00001	Feb-23	Jan-23	\$113,714
00273	00001	Feb-23	Feb-23	\$85,653
00273	00001	Mar-23	Jul-21	\$127
00273	00001	Mar-23	Feb-22	\$64
00273	00001	Mar-23	Mar-22	\$1,175
00273	00001	Mar-23	Apr-22	\$3,547
00273	00001	Mar-23	Jul-22	\$960
00273	00001	Mar-23	Aug-22	\$229
00273	00001	Mar-23	Sep-22	\$254
00273	00001	Mar-23	Oct-22	\$153
00273	00001	Mar-23	Nov-22	\$1,989
00273	00001	Mar-23	Dec-22	\$3,055
00273	00001	Mar-23	Jan-23	\$12,708
00273	00001	Mar-23	Feb-23	\$105,275

00273	00001	Mar-23	Mar-23	\$145,072
00273	00001	Apr-23	Jul-22	\$402
00273	00001	Apr-23	Sep-22	\$726
00273	00001	Apr-23	Oct-22	\$2,658
00273	00001	Apr-23	Nov-22	\$1,513
00273	00001	Apr-23	Dec-22	\$2,370
00273	00001	Apr-23	Jan-23	\$1,817
00273	00001	Apr-23	Feb-23	\$4,706
00273	00001	Apr-23	Mar-23	\$90,135
00273	00001	Apr-23	Apr-23	\$113,748
00273	00001	May-23	May-22	\$91
00273	00001	May-23	Jun-22	\$153
00273	00001	May-23	Jul-22	\$493
00273	00001	May-23	Aug-22	\$320
00273	00001	May-23	Sep-22	\$401
00273	00001	May-23	Oct-22	\$2,128
00273	00001	May-23	Nov-22	\$2,451
00273	00001	May-23	Dec-22	\$488
00273	00001	May-23	Jan-23	\$1,415
00273	00001	May-23	Feb-23	\$5,776
00273	00001	May-23	Mar-23	\$10,521
00273	00001	May-23	Apr-23	\$84,488
00273	00001	May-23	May-23	\$121,861
00273	00001	Jun-23	May-22	\$110
00273	00001	Jun-23	Jun-22	\$202
00273	00001	Jun-23	Jul-22	\$213
00273	00001	Jun-23	Aug-22	\$787
00273	00001	Jun-23	Sep-22	\$335
00273	00001	Jun-23	Oct-22	\$18
00273	00001	Jun-23	Nov-22	\$18
00273	00001	Jun-23	Dec-22	\$1,154
00273	00001	Jun-23	Jan-23	\$289
00273	00001	Jun-23	Feb-23	\$1,453
00273	00001	Jun-23	Mar-23	\$5,815
00273	00001	Jun-23	Apr-23	\$7,301
00273	00001	Jun-23	May-23	\$90,401
00273	00001	Jun-23	Jun-23	\$138,161
00273	00001	Jul-23	Jun-22	\$183
00273	00001	Jul-23	Aug-22	\$882
00273	00001	Jul-23	Oct-22	\$94
00273	00001	Jul-23	Nov-22	\$2,232
00273	00001	Jul-23	Dec-22	\$166
00273	00001	Jul-23	Jan-23	\$154
00273	00001	Jul-23	Feb-23	\$661
00273	00001	Jul-23	Mar-23	\$1,206
00273	00001	Jul-23	Apr-23	\$1,042
00273	00001	Jul-23	May-23	\$7,878
00273	00001	Jul-23	Jun-23	\$96,962
00273	00001	Jul-23	Jul-23	\$105,724

00273	00001	Aug-23	Oct-20	\$76
00273	00001	Aug-23	Sep-21	\$148
00273	00001	Aug-23	May-22	\$78
00273	00001	Aug-23	Aug-22	\$162
00273	00001	Aug-23	Sep-22	\$515
00273	00001	Aug-23	Oct-22	\$733
00273	00001	Aug-23	Nov-22	\$400
00273	00001	Aug-23	Dec-22	\$696
00273	00001	Aug-23	Jan-23	\$425
00273	00001	Aug-23	Feb-23	\$92
00273	00001	Aug-23	Mar-23	\$2,915
00273	00001	Aug-23	Apr-23	\$1,788
00273	00001	Aug-23	May-23	\$5,113
00273	00001	Aug-23	Jun-23	\$13,652
00273	00001	Aug-23	Jul-23	\$137,874
00273	00001	Aug-23	Aug-23	\$173,258
00273	00001	Sep-23	Nov-22	\$124
00273	00001	Sep-23	Dec-22	\$19
00273	00001	Sep-23	Jan-23	\$830
00273	00001	Sep-23	Feb-23	\$106
00273	00001	Sep-23	Mar-23	\$211
00273	00001	Sep-23	Apr-23	\$311
00273	00001	Sep-23	May-23	\$856
00273	00001	Sep-23	Jun-23	\$3,558
00273	00001	Sep-23	Jul-23	\$7,833
00273	00001	Sep-23	Aug-23	\$91,677
00273	00001	Sep-23	Sep-23	\$121,215
00273	00001	Oct-23	Oct-21	\$1,500
00273	00001	Oct-23	Oct-22	\$87
00273	00001	Oct-23	Feb-23	\$390
00273	00001	Oct-23	Mar-23	\$747
00273	00001	Oct-23	Apr-23	\$369
00273	00001	Oct-23	May-23	\$3,353
00273	00001	Oct-23	Jun-23	\$2,124
00273	00001	Oct-23	Jul-23	\$3,767
00273	00001	Oct-23	Aug-23	\$9,157
00273	00001	Oct-23	Sep-23	\$89,991
00273	00001	Oct-23	Oct-23	\$124,074
00273	00001	Nov-23	May-22	\$1,231
00273	00001	Nov-23	Dec-22	\$1,162
00273	00001	Nov-23	Jan-23	\$268
00273	00001	Nov-23	Feb-23	\$20
00273	00001	Nov-23	Apr-23	\$3,330
00273	00001	Nov-23	Jun-23	\$297
00273	00001	Nov-23	Jul-23	\$4,189
00273	00001	Nov-23	Aug-23	\$3,901
00273	00001	Nov-23	Sep-23	\$9,609
00273	00001	Nov-23	Oct-23	\$117,623
00273	00001	Nov-23	Nov-23	\$136,096

00273	00001	Dec-23	Jan-22	\$263
00273	00001	Dec-23	Apr-22	\$391
00273	00001	Dec-23	Jun-22	\$272
00273	00001	Dec-23	Nov-22	\$1,982
00273	00001	Dec-23	Feb-23	\$742
00273	00001	Dec-23	Mar-23	\$246
00273	00001	Dec-23	May-23	\$115
00273	00001	Dec-23	Jun-23	\$380
00273	00001	Dec-23	Jul-23	\$2,319
00273	00001	Dec-23	Aug-23	\$2,577
00273	00001	Dec-23	Sep-23	\$1,180
00273	00001	Dec-23	Oct-23	\$9,996
00273	00001	Dec-23	Nov-23	\$75,191
00273	00001	Dec-23	Dec-23	\$102,554
00273	00001	Jan-24	Sep-22	\$1,180
00273	00001	Jan-24	Jan-23	\$139
00273	00001	Jan-24	Feb-23	\$72
00273	00001	Jan-24	Mar-23	\$146
00273	00001	Jan-24	Apr-23	\$90
00273	00001	Jan-24	Jun-23	\$811
00273	00001	Jan-24	Aug-23	\$721
00273	00001	Jan-24	Sep-23	\$1,699
00273	00001	Jan-24	Oct-23	\$2,535
00273	00001	Jan-24	Nov-23	\$3,727
00273	00001	Jan-24	Dec-23	\$64,267
00273	00001	Jan-24	Jan-24	\$96,744
00273	00001	Feb-24	Jun-22	\$1,500
00273	00001	Feb-24	Dec-22	\$191
00273	00001	Feb-24	Jan-23	\$99
00273	00001	Feb-24	Feb-23	\$18
00273	00001	Feb-24	Mar-23	-\$12
00273	00001	Feb-24	Apr-23	\$326
00273	00001	Feb-24	Jun-23	\$350
00273	00001	Feb-24	Jul-23	\$616
00273	00001	Feb-24	Aug-23	\$1,230
00273	00001	Feb-24	Sep-23	\$2,624
00273	00001	Feb-24	Oct-23	\$5,820
00273	00001	Feb-24	Nov-23	\$6,001
00273	00001	Feb-24	Dec-23	\$14,688
00273	00001	Feb-24	Jan-24	\$124,807
00273	00001	Feb-24	Feb-24	\$124,910
00273	00001	Mar-24	Oct-21	\$1,500
00273	00001	Mar-24	Dec-22	\$215
00273	00001	Mar-24	Jan-23	-\$18
00273	00001	Mar-24	Feb-23	\$9
00273	00001	Mar-24	Mar-23	\$93
00273	00001	Mar-24	Apr-23	\$56
00273	00001	Mar-24	May-23	\$304
00273	00001	Mar-24	Jun-23	\$502

00273	00001	Mar-24	Jul-23	\$50
00273	00001	Mar-24	Aug-23	\$489
00273	00001	Mar-24	Sep-23	\$1,397
00273	00001	Mar-24	Oct-23	\$1,358
00273	00001	Mar-24	Nov-23	\$1,827
00273	00001	Mar-24	Dec-23	\$2,141
00273	00001	Mar-24	Jan-24	\$11,076
00273	00001	Mar-24	Feb-24	\$99,768
00273	00001	Mar-24	Mar-24	\$133,461
00273	00001	Apr-24	Sep-22	\$313
00273	00001	Apr-24	Feb-23	-\$6
00273	00001	Apr-24	Mar-23	\$63
00273	00001	Apr-24	Apr-23	\$93
00273	00001	Apr-24	Jun-23	\$827
00273	00001	Apr-24	Jul-23	\$1,556
00273	00001	Apr-24	Aug-23	\$189
00273	00001	Apr-24	Sep-23	\$634
00273	00001	Apr-24	Oct-23	\$325
00273	00001	Apr-24	Nov-23	\$191
00273	00001	Apr-24	Dec-23	\$188
00273	00001	Apr-24	Jan-24	\$2,725
00273	00001	Apr-24	Feb-24	\$13,141
00273	00001	Apr-24	Mar-24	\$89,139
00273	00001	Apr-24	Apr-24	\$118,489
00273	00001	May-24	Jul-23	\$1,469
00273	00001	May-24	Aug-23	\$651
00273	00001	May-24	Oct-23	\$2,539
00273	00001	May-24	Nov-23	\$1,149
00273	00001	May-24	Dec-23	\$812
00273	00001	May-24	Jan-24	\$1,856
00273	00001	May-24	Feb-24	\$8,362
00273	00001	May-24	Mar-24	\$15,117
00273	00001	May-24	Apr-24	\$117,787
00273	00001	May-24	May-24	\$153,274
00273	00001	Jun-24	Apr-23	\$44
00273	00001	Jun-24	Jun-23	\$1,096
00273	00001	Jun-24	Sep-23	\$32
00273	00001	Jun-24	Oct-23	\$248
00273	00001	Jun-24	Nov-23	\$887
00273	00001	Jun-24	Dec-23	\$196
00273	00001	Jun-24	Jan-24	\$356
00273	00001	Jun-24	Feb-24	\$4,654
00273	00001	Jun-24	Mar-24	\$7,153
00273	00001	Jun-24	Apr-24	\$6,944
00273	00001	Jun-24	May-24	\$98,500
00273	00001	Jun-24	Jun-24	\$126,475
00273	00001	Jul-24	Sep-23	\$330
00273	00001	Jul-24	Nov-23	\$76
00273	00001	Jul-24	Jan-24	\$410

00273	00001	Jul-24	Feb-24	\$3,565
00273	00001	Jul-24	Mar-24	\$1,739
00273	00001	Jul-24	Apr-24	\$2,950
00273	00001	Jul-24	May-24	\$5,675
00273	00001	Jul-24	Jun-24	\$85,873
00273	00001	Jul-24	Jul-24	\$111,377
00273	00001	Aug-24	Mar-23	\$137
00273	00001	Aug-24	Jul-23	\$375
00273	00001	Aug-24	Sep-23	\$39
00273	00001	Aug-24	Oct-23	\$359
00273	00001	Aug-24	Nov-23	\$795
00273	00001	Aug-24	Dec-23	\$153
00273	00001	Aug-24	Jan-24	\$1,537
00273	00001	Aug-24	Feb-24	\$1,727
00273	00001	Aug-24	Mar-24	\$1,228
00273	00001	Aug-24	Apr-24	\$5,643
00273	00001	Aug-24	May-24	\$2,694
00273	00001	Aug-24	Jun-24	\$11,609
00273	00001	Aug-24	Jul-24	\$159,546
00273	00001	Aug-24	Aug-24	\$176,178
00273	00001	Sep-24	Aug-23	\$76
00273	00001	Sep-24	Sep-23	\$721
00273	00001	Sep-24	Nov-23	\$147
00273	00001	Sep-24	Dec-23	\$91
00273	00001	Sep-24	Feb-24	\$957
00273	00001	Sep-24	Mar-24	\$2,112
00273	00001	Sep-24	Apr-24	\$2,472
00273	00001	Sep-24	May-24	\$1,691
00273	00001	Sep-24	Jun-24	\$2,686
00273	00001	Sep-24	Jul-24	\$9,972
00273	00001	Sep-24	Aug-24	\$112,660
00273	00001	Sep-24	Sep-24	\$130,114
00273	00001	Oct-24	Sep-23	\$110
00273	00001	Oct-24	Jan-24	\$499
00273	00001	Oct-24	Mar-24	\$576
00273	00001	Oct-24	Apr-24	\$337
00273	00001	Oct-24	May-24	\$3,081
00273	00001	Oct-24	Jun-24	\$1,330
00273	00001	Oct-24	Jul-24	\$7,056
00273	00001	Oct-24	Aug-24	\$13,878
00273	00001	Oct-24	Sep-24	\$109,048
00273	00001	Oct-24	Oct-24	\$168,172
00273	00001	Nov-24	Nov-23	\$96
00273	00001	Nov-24	Dec-23	\$164
00273	00001	Nov-24	Jan-24	\$1,098
00273	00001	Nov-24	Feb-24	\$52
00273	00001	Nov-24	Mar-24	\$1,038
00273	00001	Nov-24	Apr-24	\$824
00273	00001	Nov-24	May-24	\$172

00273	00001	Nov-24	Jun-24	\$1,411
00273	00001	Nov-24	Jul-24	\$3,032
00273	00001	Nov-24	Aug-24	\$2,766
00273	00001	Nov-24	Sep-24	\$5,280
00273	00001	Nov-24	Oct-24	\$78,996
00273	00001	Nov-24	Nov-24	\$122,568
00273	00001	Dec-24	Dec-23	\$377
00273	00001	Dec-24	Feb-24	\$149
00273	00001	Dec-24	Apr-24	\$1,337
00273	00001	Dec-24	May-24	\$586
00273	00001	Dec-24	Jun-24	\$587
00273	00001	Dec-24	Jul-24	\$3,045
00273	00001	Dec-24	Aug-24	\$1,275
00273	00001	Dec-24	Sep-24	\$2,591
00273	00001	Dec-24	Oct-24	\$10,185
00273	00001	Dec-24	Nov-24	\$89,804
00273	00001	Dec-24	Dec-24	\$118,686
00273	00001	Jan-25	Nov-23	\$750
00273	00001	Jan-25	Jan-24	\$1,590
00273	00001	Jan-25	Feb-24	\$56
00273	00001	Jan-25	Mar-24	\$659
00273	00001	Jan-25	Apr-24	\$366
00273	00001	Jan-25	May-24	\$312
00273	00001	Jan-25	Jun-24	\$584
00273	00001	Jan-25	Jul-24	\$181
00273	00001	Jan-25	Aug-24	\$763
00273	00001	Jan-25	Sep-24	\$2,034
00273	00001	Jan-25	Oct-24	\$10,018
00273	00001	Jan-25	Nov-24	\$18,468
00273	00001	Jan-25	Dec-24	\$72,988
00273	00001	Jan-25	Jan-25	\$129,822
00273	00002	Feb-23	Nov-22	\$106
00273	00002	Feb-23	Jan-23	\$10,760
00273	00002	Feb-23	Feb-23	\$7,359
00273	00002	Mar-23	Jun-22	\$570
00273	00002	Mar-23	Oct-22	\$19
00273	00002	Mar-23	Nov-22	\$254
00273	00002	Mar-23	Dec-22	\$24
00273	00002	Mar-23	Jan-23	\$1,236
00273	00002	Mar-23	Feb-23	\$6,324
00273	00002	Mar-23	Mar-23	\$9,684
00273	00002	Apr-23	Dec-22	\$651
00273	00002	Apr-23	Feb-23	\$55
00273	00002	Apr-23	Mar-23	\$6,208
00273	00002	Apr-23	Apr-23	\$3,972
00273	00002	May-23	Feb-23	\$182
00273	00002	May-23	Apr-23	\$4,777
00273	00002	May-23	May-23	\$5,723
00273	00002	Jun-23	Jul-22	\$1,304

00273	00002	Jun-23	Jan-23	\$34
00273	00002	Jun-23	Feb-23	\$57
00273	00002	Jun-23	Mar-23	\$441
00273	00002	Jun-23	Apr-23	\$1,060
00273	00002	Jun-23	May-23	\$6,722
00273	00002	Jun-23	Jun-23	\$7,268
00273	00002	Jul-23	Apr-23	\$66
00273	00002	Jul-23	May-23	\$86
00273	00002	Jul-23	Jun-23	\$5,694
00273	00002	Jul-23	Jul-23	\$9,259
00273	00002	Aug-23	Feb-23	\$238
00273	00002	Aug-23	Apr-23	\$203
00273	00002	Aug-23	May-23	\$305
00273	00002	Aug-23	Jun-23	\$1,200
00273	00002	Aug-23	Jul-23	\$9,423
00273	00002	Aug-23	Aug-23	\$14,673
00273	00002	Sep-23	May-23	\$117
00273	00002	Sep-23	Jun-23	\$259
00273	00002	Sep-23	Jul-23	\$583
00273	00002	Sep-23	Aug-23	\$4,177
00273	00002	Sep-23	Sep-23	\$10,232
00273	00002	Oct-23	Jun-23	\$548
00273	00002	Oct-23	Aug-23	\$1,616
00273	00002	Oct-23	Sep-23	\$5,636
00273	00002	Oct-23	Oct-23	\$10,844
00273	00002	Nov-23	Dec-22	\$120
00273	00002	Nov-23	Jan-23	\$40
00273	00002	Nov-23	Jun-23	\$34
00273	00002	Nov-23	Aug-23	\$613
00273	00002	Nov-23	Sep-23	\$602
00273	00002	Nov-23	Oct-23	\$11,961
00273	00002	Nov-23	Nov-23	\$11,058
00273	00002	Dec-23	Jul-23	\$131
00273	00002	Dec-23	Aug-23	\$173
00273	00002	Dec-23	Oct-23	\$81
00273	00002	Dec-23	Nov-23	\$8,082
00273	00002	Dec-23	Dec-23	\$12,597
00273	00002	Jan-24	Sep-23	\$113
00273	00002	Jan-24	Oct-23	\$73
00273	00002	Jan-24	Nov-23	\$615
00273	00002	Jan-24	Dec-23	\$5,714
00273	00002	Jan-24	Jan-24	\$8,386
00273	00002	Feb-24	Oct-23	\$375
00273	00002	Feb-24	Dec-23	\$2,472
00273	00002	Feb-24	Jan-24	\$13,882
00273	00002	Feb-24	Feb-24	\$9,256
00273	00002	Mar-24	Apr-23	\$102
00273	00002	Mar-24	Nov-23	\$320
00273	00002	Mar-24	Jan-24	\$2,201

00273	00002	Mar-24	Feb-24	\$8,117
00273	00002	Mar-24	Mar-24	\$13,238
00273	00002	Apr-24	Jan-24	\$231
00273	00002	Apr-24	Feb-24	\$1,180
00273	00002	Apr-24	Mar-24	\$15,865
00273	00002	Apr-24	Apr-24	\$10,163
00273	00002	May-24	Jul-23	\$50
00273	00002	May-24	Aug-23	\$126
00273	00002	May-24	Jan-24	\$1,653
00273	00002	May-24	Feb-24	\$1,636
00273	00002	May-24	Mar-24	\$2,079
00273	00002	May-24	Apr-24	\$12,415
00273	00002	May-24	May-24	\$14,085
00273	00002	Jun-24	Dec-23	\$262
00273	00002	Jun-24	Feb-24	\$560
00273	00002	Jun-24	May-24	\$10,850
00273	00002	Jun-24	Jun-24	\$12,686
00273	00002	Jul-24	Feb-24	\$66
00273	00002	Jul-24	Mar-24	\$448
00273	00002	Jul-24	Apr-24	\$283
00273	00002	Jul-24	May-24	\$233
00273	00002	Jul-24	Jun-24	\$3,944
00273	00002	Jul-24	Jul-24	\$9,245
00273	00002	Aug-24	Mar-24	\$60
00273	00002	Aug-24	Apr-24	\$44
00273	00002	Aug-24	May-24	\$347
00273	00002	Aug-24	Jun-24	\$667
00273	00002	Aug-24	Jul-24	\$9,824
00273	00002	Aug-24	Aug-24	\$14,790
00273	00002	Sep-24	Jan-24	\$127
00273	00002	Sep-24	Apr-24	\$255
00273	00002	Sep-24	May-24	\$163
00273	00002	Sep-24	Jun-24	\$72
00273	00002	Sep-24	Jul-24	\$2,882
00273	00002	Sep-24	Aug-24	\$6,223
00273	00002	Sep-24	Sep-24	\$18,573
00273	00002	Oct-24	Mar-24	\$90
00273	00002	Oct-24	Apr-24	\$358
00273	00002	Oct-24	May-24	\$1,330
00273	00002	Oct-24	Jun-24	\$179
00273	00002	Oct-24	Aug-24	\$635
00273	00002	Oct-24	Sep-24	\$9,631
00273	00002	Oct-24	Oct-24	\$18,581
00273	00002	Nov-24	Jun-24	\$186
00273	00002	Nov-24	Sep-24	\$464
00273	00002	Nov-24	Oct-24	\$6,880
00273	00002	Nov-24	Nov-24	\$12,784
00273	00002	Dec-24	Aug-24	\$89
00273	00002	Dec-24	Sep-24	\$72

00273	00002	Dec-24	Oct-24	\$165
00273	00002	Dec-24	Nov-24	\$6,704
00273	00002	Dec-24	Dec-24	\$15,328
00273	00002	Jan-25	Jan-24	\$91
00273	00002	Jan-25	Jun-24	\$148
00273	00002	Jan-25	Jul-24	\$54
00273	00002	Jan-25	Aug-24	\$468
00273	00002	Jan-25	Sep-24	\$187
00273	00002	Jan-25	Nov-24	\$1,453
00273	00002	Jan-25	Dec-24	\$3,902
00273	00002	Jan-25	Jan-25	\$10,828
00273	00003	Feb-23	Aug-22	\$110
00273	00003	Feb-23	Dec-22	\$224
00273	00003	Feb-23	Jan-23	\$3,612
00273	00003	Feb-23	Feb-23	\$9,325
00273	00003	Mar-23	Nov-22	\$81
00273	00003	Mar-23	Dec-22	\$227
00273	00003	Mar-23	Jan-23	\$201
00273	00003	Mar-23	Feb-23	\$6,005
00273	00003	Mar-23	Mar-23	\$9,669
00273	00003	Apr-23	Oct-22	\$189
00273	00003	Apr-23	Nov-22	\$58
00273	00003	Apr-23	Dec-22	\$91
00273	00003	Apr-23	Jan-23	\$15
00273	00003	Apr-23	Feb-23	\$434
00273	00003	Apr-23	Mar-23	\$7,138
00273	00003	Apr-23	Apr-23	\$10,692
00273	00003	May-23	Feb-23	-\$3
00273	00003	May-23	Mar-23	\$929
00273	00003	May-23	Apr-23	\$5,833
00273	00003	May-23	May-23	\$8,272
00273	00003	Jun-23	Mar-23	\$171
00273	00003	Jun-23	Apr-23	\$318
00273	00003	Jun-23	May-23	\$6,295
00273	00003	Jun-23	Jun-23	\$12,972
00273	00003	Jul-23	Jan-23	\$1,058
00273	00003	Jul-23	May-23	\$147
00273	00003	Jul-23	Jun-23	\$3,995
00273	00003	Jul-23	Jul-23	\$6,719
00273	00003	Aug-23	Apr-23	\$189
00273	00003	Aug-23	Jun-23	\$85
00273	00003	Aug-23	Jul-23	\$9,328
00273	00003	Aug-23	Aug-23	\$10,378
00273	00003	Sep-23	Jun-23	\$398
00273	00003	Sep-23	Jul-23	\$120
00273	00003	Sep-23	Aug-23	\$5,959
00273	00003	Sep-23	Sep-23	\$8,032
00273	00003	Oct-23	Jan-23	\$787
00273	00003	Oct-23	Aug-23	\$43

00273	00003	Oct-23	Sep-23	\$6,490
00273	00003	Oct-23	Oct-23	\$5,918
00273	00003	Nov-23	Jul-23	\$846
00273	00003	Nov-23	Aug-23	\$147
00273	00003	Nov-23	Sep-23	\$1,174
00273	00003	Nov-23	Oct-23	\$6,200
00273	00003	Nov-23	Nov-23	\$8,680
00273	00003	Dec-23	Oct-23	\$188
00273	00003	Dec-23	Nov-23	\$7,843
00273	00003	Dec-23	Dec-23	\$9,821
00273	00003	Jan-24	May-23	\$121
00273	00003	Jan-24	Jul-23	\$44
00273	00003	Jan-24	Aug-23	\$98
00273	00003	Jan-24	Sep-23	\$307
00273	00003	Jan-24	Oct-23	\$83
00273	00003	Jan-24	Nov-23	\$154
00273	00003	Jan-24	Dec-23	\$2,324
00273	00003	Jan-24	Jan-24	\$8,118
00273	00003	Feb-24	Sep-23	\$113
00273	00003	Feb-24	Dec-23	\$3,118
00273	00003	Feb-24	Jan-24	\$10,195
00273	00003	Feb-24	Feb-24	\$11,856
00273	00003	Mar-24	Dec-23	-\$211
00273	00003	Mar-24	Feb-24	\$7,728
00273	00003	Mar-24	Mar-24	\$10,185
00273	00003	Apr-24	Nov-23	\$375
00273	00003	Apr-24	Jan-24	\$386
00273	00003	Apr-24	Feb-24	\$639
00273	00003	Apr-24	Mar-24	\$4,615
00273	00003	Apr-24	Apr-24	\$8,469
00273	00003	May-24	Jan-24	\$153
00273	00003	May-24	Feb-24	\$996
00273	00003	May-24	Mar-24	\$575
00273	00003	May-24	Apr-24	\$8,448
00273	00003	May-24	May-24	\$6,527
00273	00003	Jun-24	May-24	\$5,356
00273	00003	Jun-24	Jun-24	\$8,398
00273	00003	Jul-24	May-24	\$555
00273	00003	Jul-24	Jun-24	\$4,674
00273	00003	Jul-24	Jul-24	\$4,039
00273	00003	Aug-24	Jun-24	\$4
00273	00003	Aug-24	Jul-24	\$9,428
00273	00003	Aug-24	Aug-24	\$10,887
00273	00003	Sep-24	Mar-24	\$197
00273	00003	Sep-24	May-24	\$113
00273	00003	Sep-24	Aug-24	\$6,174
00273	00003	Sep-24	Sep-24	\$11,408
00273	00003	Oct-24	Apr-24	\$73
00273	00003	Oct-24	Aug-24	\$1,206

00273	00003	Oct-24	Sep-24	\$4,174
00273	00003	Oct-24	Oct-24	\$7,405
00273	00003	Nov-24	Sep-24	\$1,309
00273	00003	Nov-24	Oct-24	\$5,973
00273	00003	Nov-24	Nov-24	\$7,106
00273	00003	Dec-24	Sep-24	\$160
00273	00003	Dec-24	Oct-24	\$2,370
00273	00003	Dec-24	Nov-24	\$5,345
00273	00003	Dec-24	Dec-24	\$6,684
00273	00003	Jan-25	Aug-24	\$136
00273	00003	Jan-25	Sep-24	\$97
00273	00003	Jan-25	Nov-24	\$72
00273	00003	Jan-25	Dec-24	\$3,642
00273	00003	Jan-25	Jan-25	\$7,874
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	00004	Feb-24	Jan-24	\$508
00273	00004	Feb-24	Feb-24	\$532
00273	00004	Mar-24	Feb-24	\$144
00273	00004	Mar-24	Mar-24	\$1,186
00273	00004	Apr-24	Mar-24	\$240
00273	00004	Apr-24	Apr-24	\$370
00273	00004	May-24	Mar-24	\$132

00273	00004	May-24	Apr-24	\$227
00273	00004	May-24	May-24	\$904
00273	00004	Jun-24	May-24	\$883
00273	00004	Jun-24	Jun-24	\$1,250
00273	00004	Jul-24	Apr-24	\$338
00273	00004	Jul-24	Jun-24	\$1,415
00273	00004	Jul-24	Jul-24	\$337
00273	00004	Aug-24	Jun-24	\$45
00273	00004	Aug-24	Jul-24	\$628
00273	00004	Aug-24	Aug-24	\$1,006
00273	00004	Sep-24	Feb-24	\$479
00273	00004	Sep-24	Jul-24	\$111
00273	00004	Sep-24	Aug-24	\$526
00273	00004	Sep-24	Sep-24	\$706
00273	00004	Oct-24	Sep-24	\$189
00273	00004	Oct-24	Oct-24	\$1,657
00273	00004	Nov-24	Feb-24	\$110
00273	00004	Nov-24	Oct-24	\$340
00273	00004	Nov-24	Nov-24	\$1,386
00273	00004	Dec-24	Nov-24	\$897
00273	00004	Dec-24	Dec-24	\$1,165
00273	00004	Jan-25	Dec-24	\$931
00273	00004	Jan-25	Jan-25	\$429
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
00273	09001	Feb-24	Jan-24	\$132
00273	09001	Feb-24	Feb-24	\$211
00273	09001	Mar-24	Feb-24	\$209
00273	09001	Mar-24	Mar-24	\$101
00273	09001	May-24	Apr-24	\$119
00273	09001	May-24	May-24	\$507
00273	09001	Jun-24	May-24	\$594
00273	09001	Jun-24	Jun-24	\$445
00273	09001	Jul-24	Jul-24	\$382
00273	09001	Aug-24	Jul-24	\$424
00273	09001	Aug-24	Aug-24	\$91
00273	09001	Sep-24	Sep-24	\$152
00273	09001	Nov-24	Jul-24	\$212
00273	09001	Nov-24	Nov-24	\$93
00273	09001	Dec-24	Dec-24	\$742

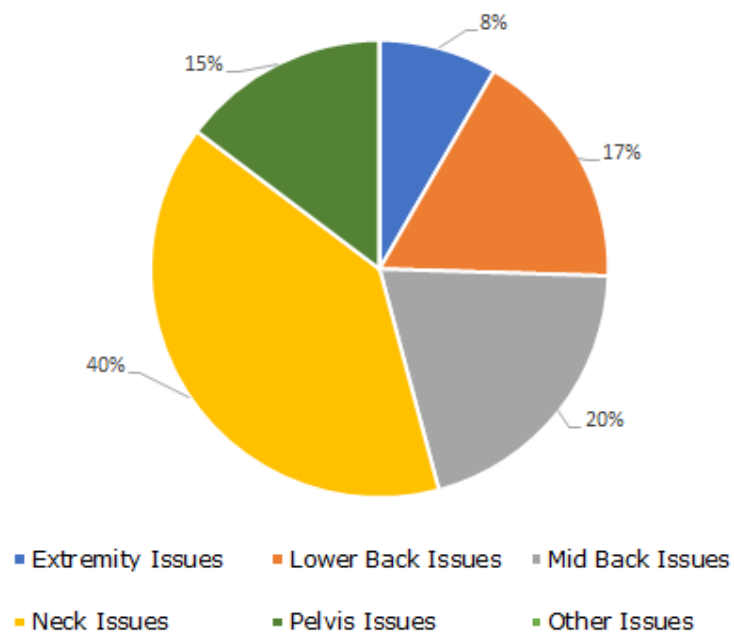
Total	\$6,927,931
--------------	--------------------



Fresno City Employees' Health and Welfare Trust

				Benefit Year
	Dec 2024	Jan 2025	Feb 2025	July 2024 To June 2025
Benefit Utilization				
Covered Employees	4,403	4,403	4,403	
Covered Dependents	7,237	7,237	7,237	
Total Covered Members	11,640	11,640	11,640	AVG: 11,640
Unique Employees Accessing Benefit	249	225	239	628
Unique Dependents Accessing Benefit	204	226	223	670
Total Unique Members Accessing Benefit	453	451	462	1,298
Access Rate	3.9%	3.9%	4.0%	11.2%
Unique Dates of Service Paid	1,184	1,240	1,082	9,621
Utilization Management				
	Dec 2024	Jan 2025	Feb 2025	Reporting Period Totals
Pre-Treatment Requests Reviewed for Medical Necessity:				
<ul style="list-style-type: none"> • After 12th Visit • Massage • Minor (Under Age 18) 				
Chiropractic	26	30	45	101
Pre-Treatment Requests Reviewed for Medical Necessity:				
<ul style="list-style-type: none"> • After 10th Visit 				
Physical Therapy	21	14	18	53
Occupational Therapy	0	3	1	4
Speech and Language Therapy	2	2	5	9
Total Physical Medicine Requests Reviewed	49	49	69	167

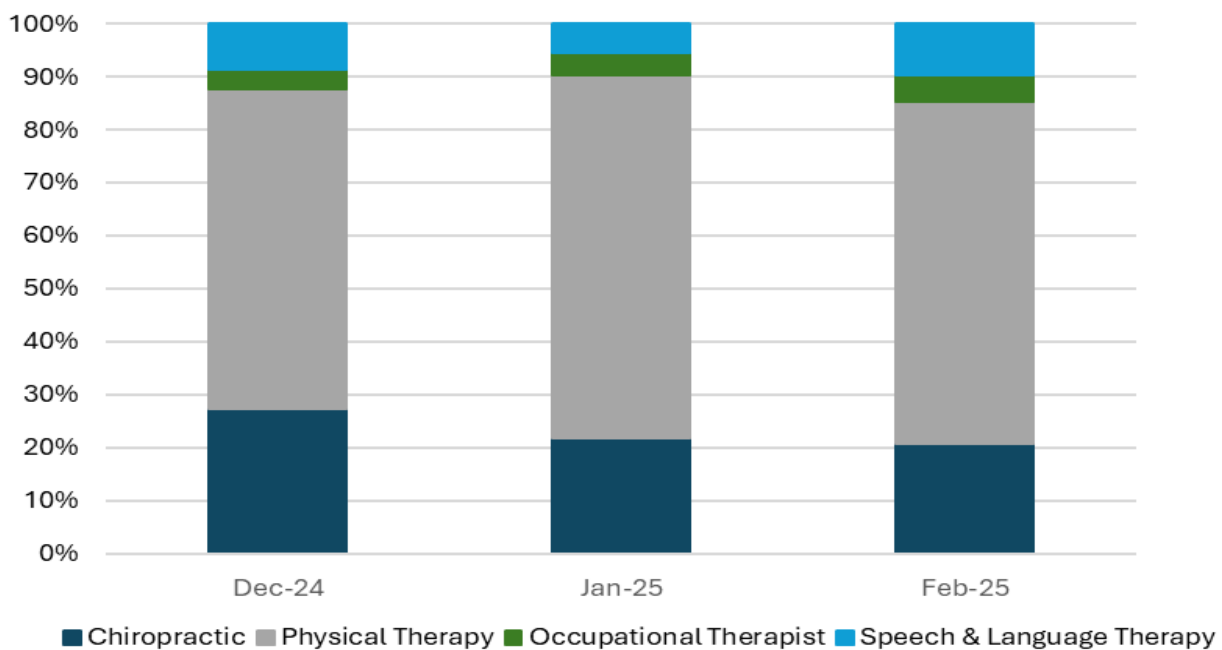
Diagnosis Code Activity



Issues	Percent (%)*
Extremity Issues	8
Lower Back Issues	17
Mid Back Issues	20
Neck Issues	40
Pelvis Issues	15
Other	0

*Average Dec 2024 - Feb 2025

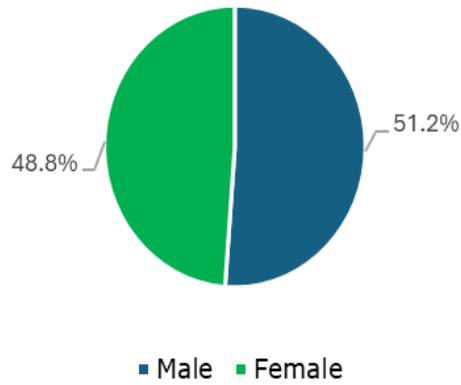
Monthly Utilization by Specialty



Top 10 Procedure Code Activity by Total Pricing for Current Report Period (December 2024 – January 2025)	Percentage (%) Of Total Pricing
97110-THERAPEUTIC EXERCISES	27.0%
97530-THERAPEUTIC ACTIVITIES	14.7%
98941-CHIROPRACT MANJ 3-4 REGIONS	11.6%
97112-NEUROMUSCULAR REEDUCATION	11.4%
97140-MANUAL THERAPY 1/> REGIONS	6.5%
92507-SPEECH/HEARING THERAPY	6.5%
98940-CHIROPRACT MANJ 1-2 REGIONS	4.7%
97161-PT EVAL LOW COMPLEX 20 MIN	2.9%
97162-PT EVAL MOD COMPLEX 30 MIN	2.0%
97012-MECHANICAL TRACTION THERAPY	1.7%

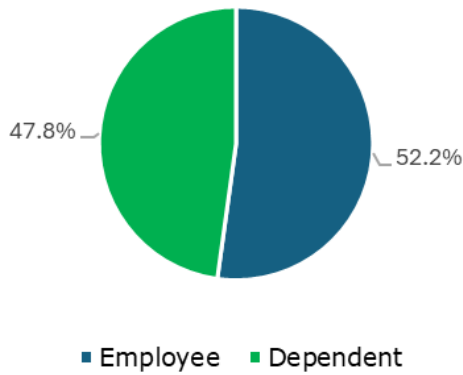
Top 10 Provider Activity by Total Pricing for Current Report Period (December 2024 – January 2025)	Percentage (%) of Total Pricing
Valley Children's Hospital	7.1%
Clovis Community - Outpatient Therapy	6.1%
Joshua Ritter DC	4.5%
Jennifer Maynez, PT	3.8%
San Joaquin Valley Rehab	2.3%
Robert Stillwagon, PT	2.3%
Thomas Camy, PT	2.2%
Community Outpatient Rehabilitation Center (CORC)	2.1%
Brian Khal, PT	1.9%
Jason Bowen, DC	1.9%

Gender



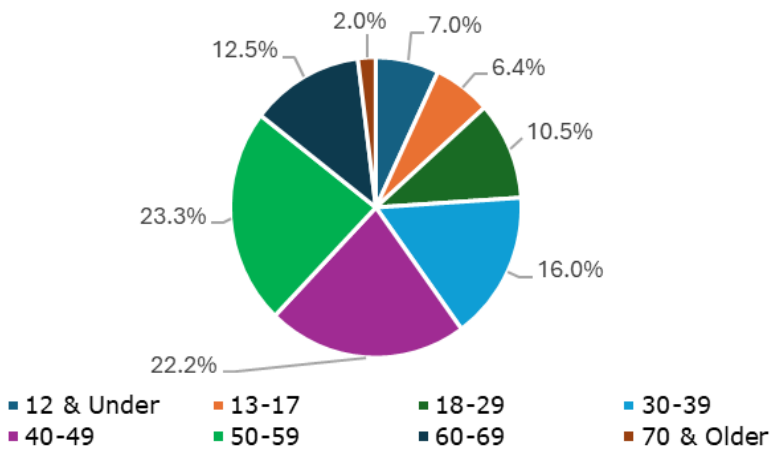
Gender	Percent (%)*
Male	51.2
Female	48.8
Total	

Classification



Classification	Percent (%)*
Employee	52.2
Dependent	47.8
Total	

Age Group



Age Group	Percent (%)*
12 and Under	7.0
13-17	6.4
18-29	10.5
30-39	16.0
40-49	22.2
50-59	23.3
60-69	12.5
70 and Older	2.0
Total	

*Average from December 2024 – February 2025

Your custom vision quote

MORE OF WHAT'S BEST, NOT MORE OF THE SAME

Get the most out of your vision plan with these EyeMed highlights:

- Eye360 features a \$0 eye exam and an additional \$50 added to your frame allowance at PLUS Providers¹
- Ability to use the frame and contact lens allowances in the same benefit year – worth up to an extra \$200 ²
- Separate contact lens fit & follow-up coverage (leaving the entire allowance for materials)

Plus, with us, you also always get

THE VISION NETWORK EMPLOYEES WANT	BENEFITS THAT REDEFINE EXPECTATIONS	ABOVE ALL ELSE, WE MAKE BENEFITS EASY
America's largest vision network with the right mix of providers ³	The freedom to choose any ophthalmic frame, lens or contact lens without restrictions at any of our retail providers, independent provider locations or online	Cost transparency with our Know Before You Go cost estimator
Several in-network options for buying eyewear online	Complimentary HealthyEyes wellness program that keeps the focus on eye health with online tools, articles and videos to make the conversation around vision even easier	Digital tools like online scheduling ⁴ , a mobile app and personalized text alerts
	Members-only savings on eyewear, LASIK, hearing aids and more with online options	

We can't wait to work with you –
Contact Joyce Walling at jwalling@mesvision.com with questions

¹ Not available in all states.

² This document provides highlights of one or more EyeMed plans. Frame allowances may vary by plan. Please consult your EyeMed representative for details.

³ Based on the EyeMed Insight network, October 2020.

⁴ At select locations.



Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Option 1
Exam & Materials
Insight Network
Fully Insured
Employer Paid
Funded Benefits

Frequency

Examination
Once every plan year

Lenses (in lieu of contacts)
Once every plan year

Contacts (in lieu of lenses)
Once every plan year

Frame
Once every plan year

Terms

Contract Term
48 months

Rate Guarantee
48 months

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
----------------------	------------------------	-------------------------------------

EXAM SERVICES

Exam at PLUS Providers	\$0 copay	Up to \$40
Exam	\$0 copay	Up to \$40

FRAME

Any available frame at PLUS Providers	\$0 copay; 20% off balance over \$250 allowance	Up to \$140
Frame - Retail	\$0 copay; 20% off balance over \$200 allowance	Up to \$140
Frame - Wholesale*	\$0 copay; balance over \$140 allowance	Up to \$140

CONTACT LENSES

(Contact Lens allowance includes materials only)

Contacts - Conventional	\$0 copay; 15% off balance over \$200 allowance	Up to \$140
Contacts - Disposable	\$0 copay; 100% of balance over \$200 allowance	Up to \$140
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$300

STANDARD PLASTIC LENSES

Single Vision	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$70
Lenticular	\$25 copay	Up to \$70
Progressive - Standard	\$25 copay	Up to \$50
Progressive - Premium Tier 1	\$110 copay	Up to \$50
Progressive - Premium Tier 2	\$120 copay	Up to \$50
Progressive - Premium Tier 3	\$135 copay	Up to \$50
Progressive - Premium Tier 4	\$200 copay	Up to \$50

LENS OPTIONS

Polycarbonate - Std < 19 years of age	\$0 copay	Up to \$32
---------------------------------------	-----------	------------

MONTHLY RATES

Per Subscriber Per Month	\$16.80
--------------------------	---------

*Available at wholesale providers, such as Costco Optical; discounts do not apply. View the provider locator to find wholesale providers. Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. The Plan reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633.

PLAN DETAILS

Quote for group situated in the State of CA and will be valid until the 07/01/2022 implementation date. Date Quoted 04/28/2022. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Percentage discounts are not part of the insurance benefit. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-146, form number M-9184.

PLAN EXCLUSIONS/LIMITATIONS

No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state.

By signing below, the Group agrees to receive all documents and correspondence electronically and that the Group can access the internet or the email address provided. The Group understands that the Group may revoke this authorization or request specific paper documents without revoking this authorization by contacting EyeMed by mail, email, or telephone. If FRESNO CITY EMPLOYEES HEALTH has chosen this benefit design, attach this document to the group application and sign here

DocuSigned by:
Shane Archer

5/26/2022 | 5:53 PM EDT

Signature
P201603 TC - 0

Date

Saving our members some extra green

We're committed to keeping money in our members' pockets.
That's why we offer our members additional discounts above the proposed plan benefits.

ADDITIONAL DISCOUNTS

Savings for Members	VISION CARE SERVICES	IN-NETWORK MEMBER COST
	DISCOUNTED EXAM SERVICES	
40% off additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used – an industry exclusive	Retinal Imaging	Up to \$39
	CONTACT LENS FIT AND FOLLOW-UP <i>(Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)</i> Fit and Follow-up - Standard Fit and Follow-up - Premium	Up to \$40 10% off retail price
20% off any item not covered by the plan, including non-prescription sunglasses	DISCOUNTED LENS OPTIONS	
	Anti Reflective Coating - Standard Anti Reflective Coating - Premium Tier 1 Anti Reflective Coating - Premium Tier 2 Anti Reflective Coating - Premium Tier 3 Photochromic - Non-Glass Polycarbonate - Standard Scratch Coating - Standard Plastic Tint - Solid or Gradient UV Treatment	\$45 \$57 \$68 20% off retail price \$75 \$40 \$15 \$15 \$15
Lasik Lasik or PRK from US Laser Network 15% off retail price or 5% off promotional price	OTHER ADD-ON SERVICES AND MATERIALS	20% off retail price
Hearing Care Through Amplifon Hearing Health Care Network, members receive up to 64% off hearing aids, an extended warranty, and free batteries		

DISCOUNT DETAILS
Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits.

Month	Number of Subscribers	Number of Members	Gross Billed Premium	Gross Paid Premium	Billed vs Paid % Change	Fees on Billed Premium	Broker Fees on Billed Premium	Net Billed Premium	Total Claim Dollars	Claims to Net Billed Premium	Claims to Net Paid Premium
202407	4,456	11,720	\$74,911	\$74,911	0.0%	\$6,182	\$0	\$68,729	\$62,809	91.4%	91.4%
202408	4,475	11,711	\$75,449	\$75,449	0.0%	\$6,226	\$0	\$69,222	\$60,221	87.0%	87.0%
202409	4,488	11,767	\$75,499	\$75,499	0.0%	\$6,231	\$0	\$69,269	\$55,595	80.3%	80.3%
202410	4,468	11,723	\$75,029	\$75,029	0.0%	\$6,192	\$0	\$68,837	\$56,012	81.4%	81.4%
202411	4,465	11,732	\$75,096	\$75,096	0.0%	\$6,197	\$0	\$68,899	\$44,442	64.5%	64.5%
202412	4,458	11,725	\$74,558	\$74,558	0.0%	\$6,153	\$0	\$68,406	\$41,838	61.2%	61.2%
Totals:	4,468	11,730	\$450,542	\$450,542	0.0%	\$37,181	\$0	\$413,362	\$320,917	77.6%	77.6%
							IBNR Estimate 0.75 Months		\$40,115		
							Total Adjusted Claims & Percentage		\$361,031	87.3%	87.3%

Group: **1038852 - Fresno City Employees H&W Trust**

Month	Number of Subscribers	Number of Members	Gross Billed Premium	Gross Paid Premium	Billed vs Paid % Change	Fees on Billed Premium	Broker Fees on Billed Premium	Net Billed Premium	Total Claim Dollars	Claims to Net Billed Premium	Claims to Net Paid Premium
202407	4,445	11,685	\$74,726	\$74,726	0.0%	\$6,167	\$0	\$68,560	\$62,709	91.5%	91.5%
202408	4,463	11,673	\$75,214	\$75,214	0.0%	\$6,207	\$0	\$69,007	\$59,883	86.8%	86.8%
202409	4,481	11,741	\$75,281	\$75,281	0.0%	\$6,212	\$0	\$69,068	\$55,545	80.4%	80.4%
202410	4,462	11,701	\$75,012	\$75,012	0.0%	\$6,190	\$0	\$68,822	\$55,887	81.2%	81.2%
202411	4,459	11,711	\$75,012	\$75,012	0.0%	\$6,190	\$0	\$68,822	\$44,442	64.6%	64.6%
202412	4,452	11,702	\$74,424	\$0	-100.0%	\$6,142	\$0	\$68,282	\$41,838	61.3%	0.0%
Totals:	4,460	11,702	\$449,669	\$375,245	-16.6%	\$37,109	\$0	\$412,560	\$320,304	77.6%	93.0%
							IBNR Estimate 0.75 Months		\$40,038		
							Total Adjusted Claims & Percentage		\$360,342	87.3%	104.7%

Group: **1038853 - Fresno City Employees H&W Trust COBRA**

Month	Number of Subscribers	Number of Members	Gross Billed Premium	Gross Paid Premium	Billed vs Paid % Change	Fees on Billed Premium	Broker Fees on Billed Premium	Net Billed Premium	Total Claim Dollars	Claims to Net Billed Premium	Claims to Net Paid Premium
202407	11	35	\$185	\$185	0.0%	\$15	\$0	\$170	\$100	59.0%	59.0%
202408	12	38	\$235	\$235	0.0%	\$19	\$0	\$216	\$338	156.6%	156.6%
202409	7	26	\$218	\$218	0.0%	\$18	\$0	\$200	\$50	25.0%	25.0%
202410	6	22	\$17	\$17	0.0%	\$1	\$0	\$15	\$125	811.0%	811.0%
202411	6	21	\$84	\$84	0.0%	\$7	\$0	\$77	\$0	0.0%	0.0%
202412	6	23	\$134	\$74,558	55,375.0%	\$11	\$0	\$123	\$0	0.0%	0.0%
Totals:	8	28	\$874	\$75,298	8,519.2%	\$72	\$0	\$802	\$613	76.5%	0.9%
							IBNR Estimate 0.75 Months		\$77		
							Total Adjusted Claims & Percentage		\$690	86.0%	1.0%

Group ID	Month	Rate Description	Rate per Month	Employee Count
1038852	202412	PSPM	16.8	4483
			Group ID:	4483
1038853	202412	PSPM	16.8	4
			Group ID:	4



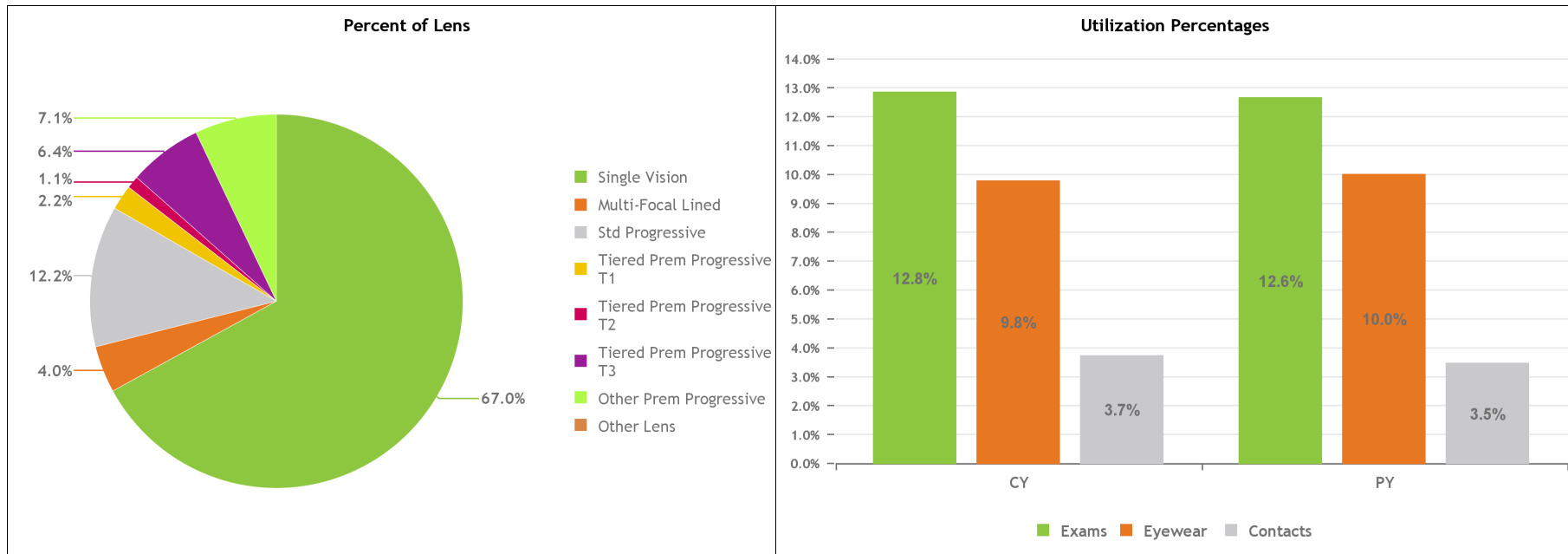
Fresno City Employees Health

EyeMed provides Fresno City Employees Health the following utilization reports for your review.

- Summary Page – High Level Comparison of Utilization Percentages, Current vs. Prior Year
- Utilization – Utilization Percentages & Dollars by Month, Current vs. Prior Year
- Network Utilization – Utilization Percentages by Provider Bands, Current vs. Prior Year
- Benefit Utilization – Client Savings by Service/Material Purchased
- Member Experience – Member Savings by Service/Material Purchased
- Glossary – Glossary of Terms and Calculations

Please contact your Account Manager should you have any questions about your utilization. Thank you for your business.

Fresno City Employees Health YTD Member Savings: \$759,210





Fresno City Employees Health

Summary

Utilization	Membership		Exam Utilization				Material Utilization			
	Client		Client		BOB		Client		BOB	
Member Type	CY #	PY #	CY %	PY %	CY %	PY %	CY %	PY %	CY %	PY %
Subscriber	4,468	4,174	15.5%	14.8%	17.6%	16.0%	15.5%	15.2%	19.6%	15.8%
Spouse/Partner	2,455	2,365	15.7%	15.4%	18.2%	16.5%	17.5%	18.3%	19.8%	15.9%
Child/Other	4,807	4,629	8.9%	9.3%	13.4%	11.9%	9.6%	9.4%	13.0%	10.0%
For more information, please review the Utilization page(s).										

Network Utilization	Exam & Mat'l Share		Exam Share				Material Share			
	Client		Client		BOB		Client		BOB	
Location Type	CY %	PY %	CY %	PY %	CY %	PY %	CY %	PY %	CY %	PY %
Independent	63.8%	63.6%	75.2%	75.5%	47.2%	51.0%	53.0%	52.5%	37.4%	41.3%
Retail	35.7%	36.1%	24.4%	24.4%	51.1%	47.4%	46.6%	47.1%	55.7%	53.1%
Out of Network	0.4%	0.3%	0.4%	0.1%	1.7%	1.5%	0.4%	0.5%	5.3%	4.5%
For more information, please review the Network Utilization page.										

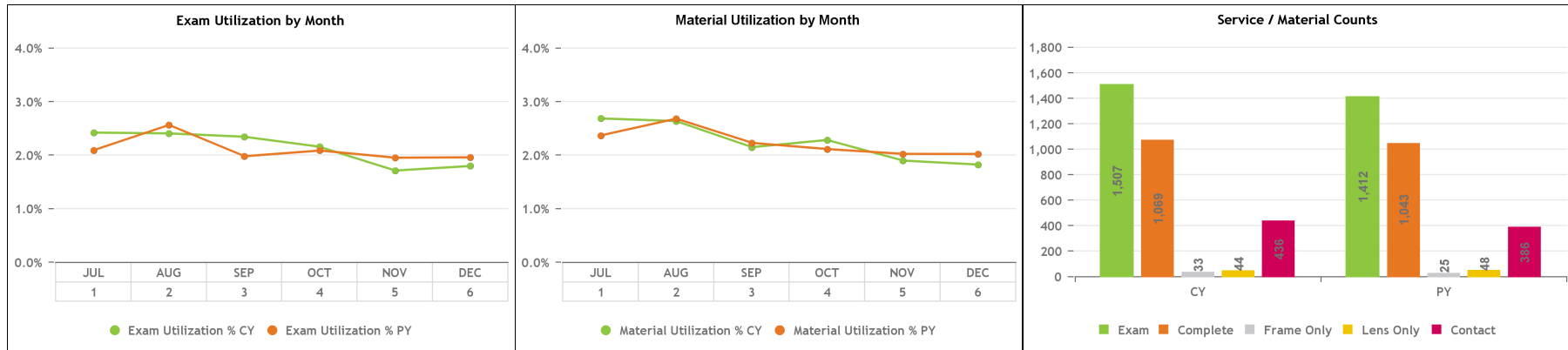
Benefit Utilization	Client		BOB		Lens Enhancements	Client		BOB	
	CY %	PY %	CY %	PY %		CY %	PY %	CY %	PY %
Exam	12.8%	12.6%	16.5%	14.9%	Top Add-Ons (% of Lens)				
Material	13.5%	13.4%	17.7%	14.1%	Polycarbonate	64.5%	63.1%	66.2%	67.3%
Eyewear (% of Materials)	72.4%	74.3%	67.6%	69.2%	Anti-Reflective Coating	67.8%	68.9%	73.4%	72.1%
Contacts (% of Materials)	27.6%	25.7%	32.4%	30.8%	Scratch Coating	15.6%	12.8%	18.1%	18.4%
Single Vision (% of Lens)	67.0%	65.9%	59.6%	58.7%	Photochromic	23.9%	25.2%	19.7%	20.8%
Multi-Focal Lined (% of Lens)	4.0%	5.0%	4.1%	4.5%	For more information, please review the Member Experience page.				
Progressive (% of Lens)	28.9%	29.1%	36.2%	36.8%					
Other Lens (% of Lens)	0.0%	0.0%	0.0%	0.0%					
For more information, please review the Benefit Utilization page.									



Fresno City Employees Health

Utilization

Client Utilization	Subscribers		Members		Members Using Benefit		Exam Utilization				Material Utilization			
By Month	CY #	PY #	CY #	PY #	CY #	PY #	CY #	CY \$	PY #	PY \$	CY #	CY \$	PY #	PY \$
JULY	4,456	4,166	11,720	11,183	445	364	284	\$14,837	234	\$12,019	315	\$47,972	265	\$38,634
AUGUST	4,475	4,148	11,711	11,134	431	417	282	\$15,058	286	\$14,948	309	\$45,163	299	\$46,087
SEPTEMBER	4,488	4,168	11,767	11,159	392	340	276	\$14,983	221	\$11,961	253	\$40,612	249	\$35,389
OCTOBER	4,468	4,170	11,723	11,157	377	336	253	\$13,174	233	\$12,076	268	\$42,838	236	\$36,303
NOVEMBER	4,465	4,182	11,732	11,157	298	329	201	\$10,942	218	\$12,049	223	\$33,499	226	\$33,018
DECEMBER	4,458	4,212	11,725	11,219	308	324	211	\$11,056	220	\$11,482	214	\$30,782	227	\$31,416
	4,468	4,174	11,730	11,168	2,251	2,110	1,507	\$80,051	1,412	\$74,535	1,582	\$240,865	1,502	\$220,847





Fresno City Employees Health

Network Utilization

Network Utilization by Band (CY)		Client Combined (Ex & Matls)		Client Exam Share		Client Mat'l Share	
Location Type	Provider Band	CY %	PY %	CY %	PY %	CY %	PY %
Independent	Independent	63.8%	63.6%	75.2%	75.5%	53.0%	52.5%
Total: Independent		63.8%	63.6%	75.2%	75.5%	53.0%	52.5%
Retail	LensCrafters	10.7%	10.5%	10.0%	10.1%	11.4%	10.9%
	Pearle Vision	0.0%	0.1%	0.1%	0.1%	0.0%	0.1%
	Target Optical	11.2%	9.3%	10.1%	8.4%	12.3%	10.1%
	Contacts Direct	0.1%	0.1%	0.0%	0.0%	0.3%	0.2%
	Other Retail	13.6%	16.1%	4.2%	5.8%	22.6%	25.8%
Total: Retail		35.7%	36.1%	24.4%	24.4%	46.6%	47.1%
Out of Network	Out of Network	0.4%	0.3%	0.4%	0.1%	0.4%	0.5%
Total: Out of Network		0.4%	0.3%	0.4%	0.1%	0.4%	0.5%

Frames by Price Point and Network (CY)	Independent	LensCrafters	Pearle Vision	Target Optical	Other Retail	Out of Network	Total All Frames
<= \$100	1.0%	2.8%	0.0%	2.3%	60.9%	40.0%	15.3%
\$100-\$110	0.5%	0.7%	0.0%	0.0%	0.4%	0.0%	0.5%
\$110-\$120	1.0%	1.4%	0.0%	1.5%	4.7%	0.0%	2.0%
\$120-\$130	0.3%	5.6%	0.0%	6.9%	4.3%	0.0%	2.7%
\$130-\$140	1.9%	2.8%	0.0%	3.1%	5.9%	0.0%	3.1%
\$140-\$150	2.4%	3.5%	0.0%	3.1%	0.4%	0.0%	2.2%
\$150-\$170	4.0%	10.6%	0.0%	16.2%	6.7%	0.0%	6.9%
\$170-\$200	20.1%	20.4%	0.0%	23.1%	14.6%	20.0%	19.3%
\$200-\$300	55.2%	35.2%	0.0%	43.1%	1.6%	20.0%	38.8%
\$300-\$400	8.5%	12.7%	0.0%	0.8%	0.0%	0.0%	6.1%
> \$400	4.9%	4.2%	0.0%	0.0%	0.4%	20.0%	3.3%
Frame Count by Network	576	142	0	130	253	5	1,106
Network Percent of Total	52.1%	12.8%	0.0%	11.8%	22.9%	0.5%	100.0%
Percent of Frames < Allowance	43.1%	73.9%	0.0%	90.0%	91.7%	40.0%	63.7%
Avg Frame Retail Price	\$241	\$218	\$0	\$192	\$113	\$183	\$203



Fresno City Employees Health

Benefit Utilization

Average Transaction (CY)		Count	Utilization Percent	Retail	Net to Provider	Client Savings	Avg Retail	Client Savings
Service / Material	Lens Type							
Exam		1,507	12.8%	\$226,802	\$80,484	\$146,318	\$150	64.5%
Contacts		436	3.7%	\$136,923	\$129,180	\$7,743	\$314	5.7%
Fit & Follow		238	2.0%	\$19,259	\$13,020	\$6,239	\$81	32.4%
Frame		1,102	9.4%	\$224,031	\$119,897	\$104,134	\$203	46.5%
Lens	Single Vision	746	6.4%	\$63,627	\$33,366	\$30,261	\$85	47.6%
Lens	Multi-Focal Lined	45	0.4%	\$5,431	\$2,886	\$2,545	\$121	46.9%
Lens	Std Progressive	136	1.2%	\$23,445	\$16,895	\$6,550	\$172	27.9%
Lens	Tiered Prem Progressive - T1	24	0.2%	\$5,770	\$3,665	\$2,105	\$240	36.5%
Lens	Tiered Prem Progressive - T2	12	0.1%	\$3,029	\$1,965	\$1,064	\$252	35.1%
Lens	Tiered Prem Progressive - T3	71	0.6%	\$24,692	\$12,460	\$12,232	\$348	49.5%
Lens	Other Prem Progressive	79	0.7%	\$37,689	\$31,052	\$6,638	\$477	17.6%
Lens	Other Lens	0	0.0%	\$0	\$0	\$0	\$0	0.0%
Total Lenses		1,113	9.5%	\$163,683	\$102,289	\$61,394	\$147	37.5%

Utilization by Age Break (CY)	1 - 18	19 - 26	27 - 40	41 - 55	56 - 65	Over 65
Membership (as of report CY end date)	19,862	9,250	13,990	14,471	6,652	2,441
Exam	1.5%	1.8%	2.2%	3.1%	3.5%	2.3%
Contacts	0.3%	0.7%	1.0%	0.9%	0.6%	0.1%
Frame	1.3%	1.1%	1.4%	2.2%	2.6%	1.8%
Single Vision	1.3%	1.1%	1.3%	1.0%	0.8%	0.5%
Multi-Focal Lined	0.0%	0.0%	0.0%	0.1%	0.3%	0.5%
Std Progressive	0.0%	0.0%	0.0%	0.5%	0.6%	0.6%
Tiered Prem Progressive - T1	0.0%	0.0%	0.0%	0.1%	0.2%	0.1%
Tiered Prem Progressive - T2	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
Tiered Prem Progressive - T3	0.0%	0.0%	0.0%	0.2%	0.4%	0.2%
Other Prem Progressive	0.0%	0.0%	0.0%	0.3%	0.4%	0.3%
Other Lens	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%



Fresno City Employees Health

Member
Experience

Service / Material Averages (CY)	Count	Utilization Percent	Retail	Member Responsibility	Member Savings	Avg Retail	Avg Member Responsibility	Member Discount %
Exam	1,507	12.8%	\$226,802	\$433	\$226,369	\$150	\$0	99.8%
Total: Exams	1,507	12.8%	\$226,802	\$433	\$226,369	\$150	\$0	99.8%
Dilation	27	0.2%	\$190	\$0	\$190	\$7	\$0	100.0%
Retinal Photo	210	1.8%	\$8,095	\$7,853	\$242	\$39	\$37	3.0%
Refraction	1,389	11.8%	\$45,706	\$65	\$45,641	\$33	\$0	99.9%
Total: Exam Services	1,626	13.9%	\$53,991	\$7,918	\$46,073	\$33	\$5	85.3%
Contacts	436	3.7%	\$136,923	\$42,639	\$94,284	\$314	\$98	68.9%
Total: Contacts	436	3.7%	\$136,923	\$42,639	\$94,284	\$314	\$98	68.9%
Fit & Follow	238	2.0%	\$19,259	\$13,020	\$6,239	\$81	\$55	32.4%
Total: Fit & Follow	238	2.0%	\$19,259	\$13,020	\$6,239	\$81	\$55	32.4%
Frame	1,102	9.4%	\$224,031	\$22,730	\$201,301	\$203	\$21	89.9%
Total: Frames	1,102	9.4%	\$224,031	\$22,730	\$201,301	\$203	\$21	89.9%
Single Vision	746	6.4%	\$63,627	\$19,067	\$44,560	\$85	\$26	70.0%
Multi-Focal Lined	45	0.4%	\$5,431	\$1,125	\$4,306	\$121	\$25	79.3%
Std Progressive	136	1.2%	\$23,445	\$3,787	\$19,659	\$172	\$28	83.8%
Tiered Prem Progressive - T1	24	0.2%	\$5,770	\$2,640	\$3,130	\$240	\$110	54.2%
Tiered Prem Progressive - T2	12	0.1%	\$3,029	\$1,440	\$1,589	\$252	\$120	52.5%
Tiered Prem Progressive - T3	71	0.6%	\$24,692	\$9,585	\$15,107	\$348	\$135	61.2%
Other Prem Progressive	79	0.7%	\$37,689	\$15,620	\$22,069	\$477	\$198	58.6%
Other Lens	0	0.0%	\$0	\$0	\$0	\$0	\$0	0.0%
Total: Lenses	1,113	9.5%	\$163,683	\$53,263	\$110,420	\$147	\$48	67.5%



Fresno City Employees Health

Member
Experience

Service / Material Averages (CY)	Count	Utilization Percent	Retail	Member Responsibility	Member Savings	Avg Retail	Avg Member Responsibility	Member Discount %
Anti-Reflective Coating	271	2.3%	\$13,172	\$8,650	\$4,522	\$49	\$32	34.3%
Anti-Reflective Coating Tier 1	22	0.2%	\$2,398	\$1,254	\$1,144	\$109	\$57	47.7%
Anti-Reflective Coating Tier 2	153	1.3%	\$18,336	\$10,323	\$8,013	\$120	\$67	43.7%
Anti-Reflective Coating Tier 3	309	2.6%	\$45,377	\$36,302	\$9,075	\$147	\$117	20.0%
Total: Anti-Reflective Coating	755	6.4%	\$79,282	\$56,528	\$22,754	\$105	\$75	28.7%
High Index	126	1.1%	\$9,222	\$7,630	\$1,592	\$73	\$61	17.3%
Total: High Index	126	1.1%	\$9,222	\$7,630	\$1,592	\$73	\$61	17.3%
Polycarbonate	718	6.1%	\$46,258	\$18,557	\$27,701	\$64	\$26	59.9%
Total: Polycarbonate	718	6.1%	\$46,258	\$18,557	\$27,701	\$64	\$26	59.9%
Photochromic - Plastic	266	2.3%	\$29,626	\$15,802	\$13,824	\$111	\$59	46.7%
Total: Photochromic	266	2.3%	\$29,626	\$15,802	\$13,824	\$111	\$59	46.7%
Premium Scratch Coating	7	0.1%	\$270	\$216	\$54	\$39	\$31	20.0%
Scratch Coating	167	1.4%	\$128	\$45	\$83	\$1	\$0	64.8%
Total: Scratch Coating	174	1.5%	\$398	\$261	\$137	\$2	\$2	34.4%
Tint	228	1.9%	\$5,353	\$2,206	\$3,147	\$23	\$10	58.8%
Total: Tint	228	1.9%	\$5,353	\$2,206	\$3,147	\$23	\$10	58.8%
Other Misc Add-Ons	316	2.7%	\$11,209	\$8,590	\$2,619	\$35	\$27	23.4%
Polarize Lens	123	1.0%	\$6,153	\$4,964	\$1,188	\$50	\$40	19.3%
Prism	9	0.1%	\$213	\$170	\$43	\$24	\$19	20.0%
Rimless/Drill	3	0.0%	\$140	\$112	\$28	\$47	\$37	20.0%
Roll/Polish	27	0.2%	\$629	\$522	\$107	\$23	\$19	17.0%
Ultra-Violet Coating	476	4.1%	\$3,614	\$2,308	\$1,307	\$8	\$5	36.2%
Total: Other	954	8.1%	\$21,958	\$16,666	\$5,292	\$23	\$17	24.1%
Total: Service / Material (CY)	9,243	23.9%	\$1,016,786	\$257,655	\$759,131	\$363	\$92	74.7%



Fresno City Employees Health

Client List

Group ID	Group Name	Effective Date	Renewal Date	Voluntary Indicator	Type
1038852	FRESNO CITY EMPLOYEES HW TRUST	7/1/2022	6/30/2026	Non-Voluntary	Fixed Fee
1038853	FRESNO CITY EMPLOYEES HW TRUST COBRA	7/1/2022	6/30/2026	Non-Voluntary	Fixed Fee



Report Name	Field & Definition
General	<p>*Claims must include a funded exam, frame, lens or contact to be included within these reports.</p> <p>*Fit & Follow Up must be attached to a claim with a funded exam or contact to be included within these reports.</p> <p>CY - Current year reporting period.</p> <p>PY - Prior year reporting period.</p>
Summary	<p>BOB - EyeMed Book of Business.</p> <p>Exam Utilization - Number of exam claims divided by average member count.</p> <p>Material Utilization - Number of material claims divided by average member count.</p> <p>Exam Share - Percentage of exam claims by location type.</p> <p>Material Share - Percentage of material claims by location type.</p>
Utilization	<p>Members Using Benefit - Number of members with claim activity.</p> <p>Number of Exams - Number of exams billed from claims.</p> <p>Exam Claim Dollars - Claim dollars billed for the exams as reported on claims received.</p> <p>Number of Materials - Sum of eyewear and contacts billed from claims.</p> <p>Material Claim Dollars - Claim dollars billed for eyewear, contacts and fit & follow up as reported on claims received.</p>
Benefit Utilization	<p>Retail Dollars - Original cost (before discounts) of services as reported on the claims received.</p> <p>Net to Provider - Claim dollars billed for service and/or material type as reported on the claims received plus member out of pocket dollars.</p> <p>Client Savings Dollars - Retail dollars less net to provider dollars.</p> <p>Avg Retail Dollars - Retail dollars divided by count.</p> <p>Client Savings % - Client savings divided by retail dollars.</p>
Member Experience	<p>*Data includes Out-of-Network transactions.</p> <p>Member Responsibility - Dollars spent by members (member out of pocket).</p> <p>Member Savings - Retail dollars less member responsibility.</p> <p>Member Discount % - Member savings divided by retail dollars.</p>

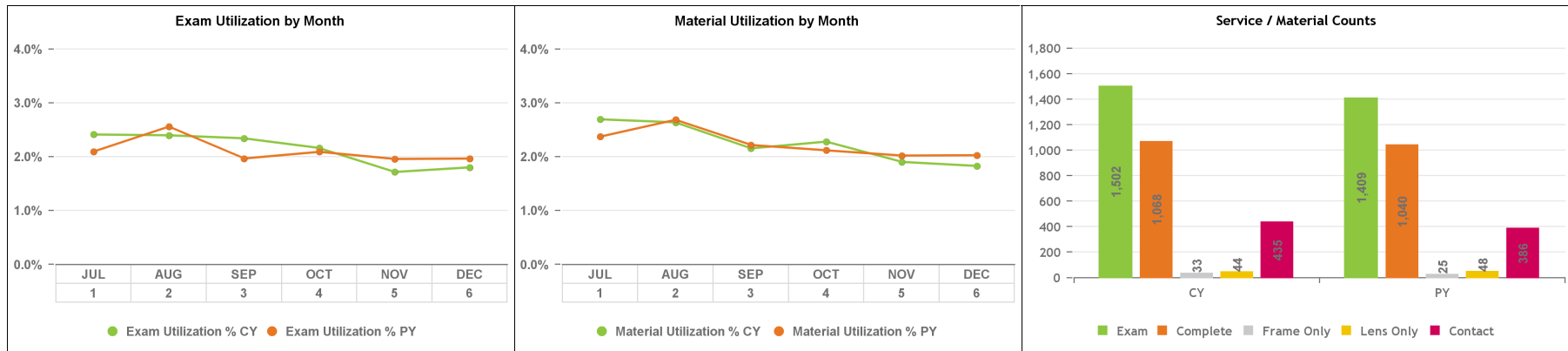


Fresno City Employees Health

Utilization by
Group

Group: 1038852

Client Utilization	Subscribers		Members		Members Using Benefit		Exam Utilization				Material Utilization			
By Month	CY #	PY #	CY #	PY #	CY #	PY #	CY #	CY \$	PY #	PY \$	CY #	CY \$	PY #	PY \$
JULY	4,445	4,160	11,685	11,170	443	364	282	\$14,737	234	\$12,019	315	\$47,972	265	\$38,634
AUGUST	4,463	4,142	11,673	11,121	428	416	280	\$14,920	285	\$14,879	308	\$44,963	299	\$46,087
SEPTEMBER	4,481	4,160	11,741	11,134	391	338	275	\$14,933	219	\$11,871	253	\$40,612	247	\$35,146
OCTOBER	4,462	4,165	11,701	11,137	376	336	253	\$13,174	233	\$12,076	267	\$42,713	236	\$36,303
NOVEMBER	4,459	4,175	11,711	11,129	298	328	201	\$10,942	218	\$12,049	223	\$33,499	225	\$32,766
DECEMBER	4,452	4,205	11,702	11,192	308	324	211	\$11,056	220	\$11,482	214	\$30,782	227	\$31,416
	4,460	4,168	11,702	11,147	2,244	2,106	1,502	\$79,763	1,409	\$74,376	1,580	\$240,540	1,499	\$220,352



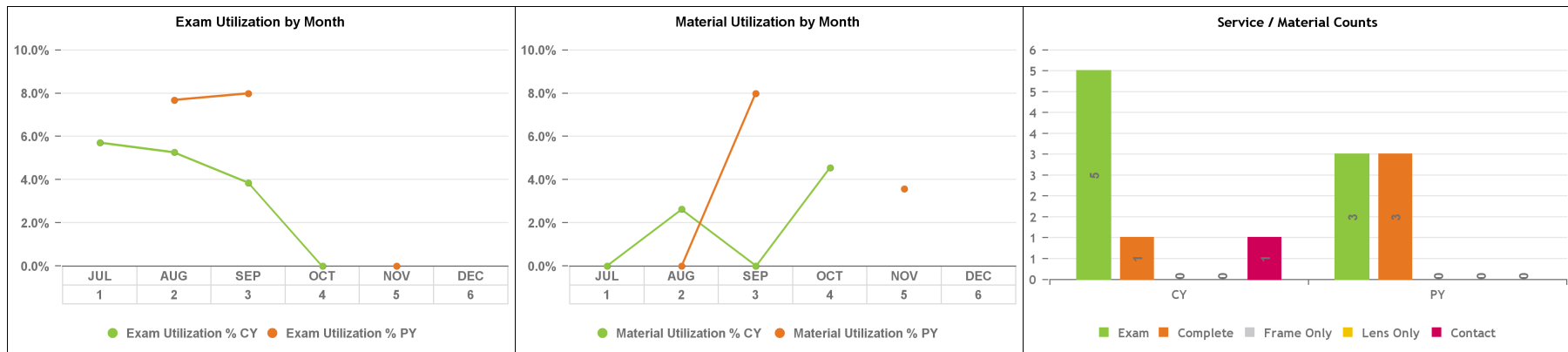


Fresno City Employees Health

Utilization by
Group

Group: 1038853

Client Utilization	Subscribers		Members		Members Using Benefit		Exam Utilization				Material Utilization			
	By Month	CY #	PY #	CY #	PY #	CY #	PY #	CY #	CY \$	PY #	PY \$	CY #	CY \$	PY #
JULY	11	6	35	13	2	0	2	\$100	0	\$0	0	\$0	0	\$0
AUGUST	12	6	38	13	3	1	2	\$138	1	\$69	1	\$200	0	\$0
SEPTEMBER	7	8	26	25	1	2	1	\$50	2	\$90	0	\$0	2	\$243
OCTOBER	6	5	22	20	1	0	0	\$0	0	\$0	1	\$125	0	\$0
NOVEMBER	6	7	21	28	0	1	0	\$0	0	\$0	0	\$0	1	\$252
DECEMBER	6	7	23	27	0	0	0	\$0	0	\$0	0	\$0	0	\$0
	8	7	28	21	7	4	5	\$288	3	\$159	2	\$325	3	\$495





Fresno City Employees Health

Network Utilization by Group

Group: 1038852

Network Utilization by Band (CY)		Client Combined (Ex & Matis)		Client Exam Share		Client Mat'l Share	
Location Type	Provider Band	CY %	PY %	CY %	PY %	CY %	PY %
Independent	Independent	63.8%	63.7%	75.2%	75.6%	52.9%	52.5%
Total: Independent		63.8%	63.7%	75.2%	75.6%	52.9%	52.5%
Retail	LensCrafters	10.7%	10.4%	10.1%	10.0%	11.4%	10.7%
	Pearle Vision	0.0%	0.1%	0.1%	0.1%	0.0%	0.1%
	Target Optical	11.3%	9.3%	10.1%	8.4%	12.3%	10.1%
	Contacts Direct	0.1%	0.1%	0.0%	0.0%	0.3%	0.2%
	Other Retail	13.7%	16.2%	4.2%	5.8%	22.7%	25.9%
Total: Retail		35.8%	36.0%	24.4%	24.3%	46.6%	47.0%
Out of Network	Out of Network	0.4%	0.3%	0.4%	0.1%	0.4%	0.5%
Total: Out of Network		0.4%	0.3%	0.4%	0.1%	0.4%	0.5%

Frames by Price Point and Network (CY)	Independent	LensCrafters	Pearle Vision	Target Optical	Other Retail	Out of Network	Total All Frames
<= \$100	1.0%	2.8%	0.0%	2.3%	60.9%	40.0%	15.3%
\$100-\$110	0.5%	0.7%	0.0%	0.0%	0.4%	0.0%	0.5%
\$110-\$120	1.0%	1.4%	0.0%	1.5%	4.7%	0.0%	2.0%
\$120-\$130	0.3%	5.6%	0.0%	6.9%	4.3%	0.0%	2.7%
\$130-\$140	1.9%	2.8%	0.0%	3.1%	5.9%	0.0%	3.1%
\$140-\$150	2.4%	3.5%	0.0%	3.1%	0.4%	0.0%	2.2%
\$150-\$170	4.0%	10.6%	0.0%	16.2%	6.7%	0.0%	6.9%
\$170-\$200	20.0%	20.4%	0.0%	23.1%	14.6%	20.0%	19.2%
\$200-\$300	55.3%	35.2%	0.0%	43.1%	1.6%	20.0%	38.8%
\$300-\$400	8.5%	12.7%	0.0%	0.8%	0.0%	0.0%	6.2%
> \$400	4.9%	4.2%	0.0%	0.0%	0.4%	20.0%	3.3%
Frame Count by Network	575	142	0	130	253	5	1,105
Network Percent of Total	52.0%	12.9%	0.0%	11.8%	22.9%	0.5%	100.0%
Percent of Frames < Allowance	43.0%	73.9%	0.0%	90.0%	91.7%	40.0%	63.6%
Avg Frame Retail Price	\$241	\$218	\$0	\$192	\$113	\$183	\$203



Fresno City Employees Health

Network Utilization
by Group

Group: 1038853

Network Utilization by Band (CY)		Client Combined (Ex & Matis)		Client Exam Share		Client Mat'l Share	
Location Type	Provider Band	CY %	PY %	CY %	PY %	CY %	PY %
Independent	Independent	100.0%	33.3%	100.0%	33.3%	100.0%	33.3%
Total: Independent		100.0%	33.3%	100.0%	33.3%	100.0%	33.3%
Retail	LensCrafters	0.0%	66.7%	0.0%	66.7%	0.0%	66.7%
Total: Retail		0.0%	66.7%	0.0%	66.7%	0.0%	66.7%

Frames by Price Point and Network (CY)	Independent	LensCrafters	Total All Frames
\$150-\$170	0.0%	0.0%	0.0%
\$170-\$200	100.0%	0.0%	100.0%
\$300-\$400	0.0%	0.0%	0.0%
Frame Count by Network	1	0	1
Network Percent of Total	100.0%	0.0%	100.0%
Percent of Frames < Allowance	100.0%	0.0%	100.0%
Avg Frame Retail Price	\$200	\$0	\$200



Fresno City Employees Health

Benefit Utilization by Group

Group: 1038852

Average Transaction (CY)		Count	Utilization Percent	Retail	Net to Provider	Client Savings	Avg Retail	Client Savings
Service / Material	Lens Type							
Exam		1,502	12.8%	\$226,003	\$80,196	\$145,807	\$150	64.5%
Contacts		435	3.7%	\$136,243	\$128,500	\$7,743	\$313	5.7%
Fit & Follow		237	2.0%	\$19,169	\$12,939	\$6,230	\$81	32.5%
Frame		1,101	9.4%	\$223,831	\$119,807	\$104,024	\$203	46.5%
Lens	Single Vision	746	0.0%	\$63,627	\$33,366	\$30,261	\$85	47.6%
Lens	Multi-Focal Lined	45	0.0%	\$5,431	\$2,886	\$2,545	\$121	46.9%
Lens	Std Progressive	136	0.0%	\$23,445	\$16,895	\$6,550	\$172	27.9%
Lens	Tiered Prem Progressive - T1	24	0.0%	\$5,770	\$3,665	\$2,105	\$240	36.5%
Lens	Tiered Prem Progressive - T2	12	0.0%	\$3,029	\$1,965	\$1,064	\$252	35.1%
Lens	Tiered Prem Progressive - T3	70	0.0%	\$24,364	\$12,290	\$12,074	\$348	49.6%
Lens	Other Prem Progressive	79	0.0%	\$37,689	\$31,052	\$6,638	\$477	17.6%
Lens	Other Lens	0	0.0%	\$0	\$0	\$0	\$0	0.0%
Total Lenses		1,112	0.0%	\$163,355	\$102,119	\$61,237	\$147	37.5%

Utilization by Age Break (CY)	1 - 18	19 - 26	27 - 40	41 - 55	56 - 65	Over 65
Membership (as of report CY end date)	19,786	9,239	13,965	14,433	6,642	2,441
Exam	1.5%	1.8%	2.1%	3.1%	3.5%	2.3%
Contacts	0.3%	0.7%	1.0%	0.9%	0.6%	0.1%
Frame	1.3%	1.1%	1.4%	2.2%	2.6%	1.8%
Single Vision	1.3%	1.1%	1.3%	1.0%	0.8%	0.5%
Multi-Focal Lined	0.0%	0.0%	0.0%	0.1%	0.3%	0.5%
Std Progressive	0.0%	0.0%	0.0%	0.5%	0.6%	0.6%
Tiered Prem Progressive - T1	0.0%	0.0%	0.0%	0.1%	0.2%	0.1%
Tiered Prem Progressive - T2	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
Tiered Prem Progressive - T3	0.0%	0.0%	0.0%	0.2%	0.4%	0.2%
Other Prem Progressive	0.0%	0.0%	0.0%	0.3%	0.4%	0.3%
Other Lens	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%



Fresno City Employees Health

Benefit Utilization by Group

Group: 1038853

Average Transaction (CY)		Count	Utilization Percent	Retail	Net to Provider	Client Savings	Avg Retail	Client Savings
Service / Material	Lens Type							
Exam		5	18.2%	\$799	\$288	\$511	\$160	64.0%
Contacts		1	3.6%	\$680	\$680	\$0	\$680	0.0%
Fit & Follow		1	3.6%	\$90	\$81	\$9	\$90	10.0%
Frame		1	3.6%	\$200	\$90	\$110	\$200	55.0%
Lens	Tiered Prem Progressive - T3	1	3.6%	\$328	\$170	\$158	\$328	48.1%
Lens	Other Prem Progressive	0	0.0%	\$0	\$0	\$0	\$0	0.0%
Lens	Other Lens	0	0.0%	\$0	\$0	\$0	\$0	0.0%
Total Lenses		1	3.6%	\$328	\$170	\$158	\$328	48.1%

Utilization by Age Break (CY)	1 - 18	19 - 26	27 - 40	41 - 55	56 - 65	Over 65
Membership (as of report CY end date)	76	11	25	38	10	0
Exam	0.0%	0.0%	8.0%	5.3%	10.0%	0.0%
Contacts	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%
Frame	0.0%	0.0%	0.0%	0.0%	10.0%	0.0%
Tiered Prem Progressive - T3	0.0%	0.0%	0.0%	0.0%	10.0%	0.0%
Other Prem Progressive	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other Lens	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%



Fresno City Employees Health

Member Experience
by Group

Group: 1038852

Service / Material Averages (CY)	Count	Utilization Percent	Retail	Member Responsibility	Member Savings	Avg Retail	Avg Member Responsibility	Member Discount %
Exam	1,502	12.8%	\$226,003	\$433	\$225,570	\$150	\$0	99.8%
Total: Exams	1,502	12.8%	\$226,003	\$433	\$225,570	\$150	\$0	99.8%
Dilation	27	0.2%	\$190	\$0	\$190	\$7	\$0	100.0%
Retinal Photo	210	1.8%	\$8,095	\$7,853	\$242	\$39	\$37	3.0%
Refraction	1,384	11.8%	\$45,478	\$65	\$45,413	\$33	\$0	99.9%
Total: Exam Services	1,621	13.9%	\$53,763	\$7,918	\$45,845	\$33	\$5	85.3%
Contacts	435	3.7%	\$136,243	\$42,159	\$94,084	\$313	\$97	69.1%
Total: Contacts	435	3.7%	\$136,243	\$42,159	\$94,084	\$313	\$97	69.1%
Fit & Follow	237	2.0%	\$19,169	\$12,939	\$6,230	\$81	\$55	32.5%
Total: Fit & Follow	237	2.0%	\$19,169	\$12,939	\$6,230	\$81	\$55	32.5%
Frame	1,101	9.4%	\$223,831	\$22,730	\$201,101	\$203	\$21	89.8%
Total: Frames	1,101	9.4%	\$223,831	\$22,730	\$201,101	\$203	\$21	89.8%
Single Vision	746	0.0%	\$63,627	\$19,067	\$44,560	\$85	\$26	70.0%
Multi-Focal Lined	45	0.0%	\$5,431	\$1,125	\$4,306	\$121	\$25	79.3%
Std Progressive	136	0.0%	\$23,445	\$3,787	\$19,659	\$172	\$28	83.8%
Tiered Prem Progressive - T1	24	0.0%	\$5,770	\$2,640	\$3,130	\$240	\$110	54.2%
Tiered Prem Progressive - T2	12	0.0%	\$3,029	\$1,440	\$1,589	\$252	\$120	52.5%
Tiered Prem Progressive - T3	70	0.0%	\$24,364	\$9,450	\$14,914	\$348	\$135	61.2%
Other Prem Progressive	79	0.0%	\$37,689	\$15,620	\$22,069	\$477	\$198	58.6%
Other Lens	0	0.0%	\$0	\$0	\$0	\$0	\$0	0.0%
Total: Lenses	1,112	0.0%	\$163,355	\$53,128	\$110,227	\$147	\$48	67.5%



Fresno City Employees Health

Member Experience by Group

Group: 1038852

Service / Material Averages (CY)	Count	Utilization Percent	Retail	Member Responsibility	Member Savings	Avg Retail	Avg Member Responsibility	Member Discount %
Anti-Reflective Coating	271	0.0%	\$13,172	\$8,650	\$4,522	\$49	\$32	34.3%
Anti-Reflective Coating Tier 1	22	0.0%	\$2,398	\$1,254	\$1,144	\$109	\$57	47.7%
Anti-Reflective Coating Tier 2	153	0.0%	\$18,336	\$10,323	\$8,013	\$120	\$67	43.7%
Anti-Reflective Coating Tier 3	308	0.0%	\$45,212	\$36,170	\$9,042	\$147	\$117	20.0%
Total: Anti-Reflective Coating	754	0.0%	\$79,117	\$56,396	\$22,721	\$105	\$75	28.7%
High Index	126	0.0%	\$9,222	\$7,630	\$1,592	\$73	\$61	17.3%
Total: High Index	126	0.0%	\$9,222	\$7,630	\$1,592	\$73	\$61	17.3%
Polycarbonate	717	0.0%	\$46,208	\$18,517	\$27,692	\$64	\$26	59.9%
Total: Polycarbonate	717	0.0%	\$46,208	\$18,517	\$27,692	\$64	\$26	59.9%
Photochromic - Plastic	265	0.0%	\$29,522	\$15,727	\$13,795	\$111	\$59	46.7%
Total: Photochromic	265	0.0%	\$29,522	\$15,727	\$13,795	\$111	\$59	46.7%
Premium Scratch Coating	7	0.0%	\$270	\$216	\$54	\$39	\$31	20.0%
Scratch Coating	167	0.0%	\$128	\$45	\$83	\$1	\$0	64.8%
Total: Scratch Coating	174	0.0%	\$398	\$261	\$137	\$2	\$2	34.4%
Tint	228	0.0%	\$5,353	\$2,206	\$3,147	\$23	\$10	58.8%
Total: Tint	228	0.0%	\$5,353	\$2,206	\$3,147	\$23	\$10	58.8%
Other Misc Add-Ons	316	0.0%	\$11,209	\$8,590	\$2,619	\$35	\$27	23.4%
Polarize Lens	123	0.0%	\$6,153	\$4,964	\$1,188	\$50	\$40	19.3%
Prism	9	0.0%	\$213	\$170	\$43	\$24	\$19	20.0%
Rimless/Drill	3	0.0%	\$140	\$112	\$28	\$47	\$37	20.0%
Roll/Polish	27	0.0%	\$629	\$522	\$107	\$23	\$19	17.0%
Ultra-Violet Coating	476	0.0%	\$3,614	\$2,308	\$1,307	\$8	\$5	36.2%
Total: Other	954	0.0%	\$21,958	\$16,666	\$5,292	\$23	\$17	24.1%
Total: Service / Material (CY)	9,226	23.9%	\$1,014,142	\$256,712	\$757,430	\$363	\$92	74.7%



Fresno City Employees Health

Member Experience
by Group

Group: 1038853

Service / Material Averages (CY)	Count	Utilization Percent	Retail	Member Responsibility	Member Savings	Avg Retail	Avg Member Responsibility	Member Discount %
Exam	5	18.2%	\$799	\$0	\$799	\$160	\$0	100.0%
Total: Exams	5	18.2%	\$799	\$0	\$799	\$160	\$0	100.0%
Dilation	0	0.0%	\$0	\$0	\$0	\$0	\$0	0.0%
Retinal Photo	0	0.0%	\$0	\$0	\$0	\$0	\$0	0.0%
Refraction	5	18.2%	\$228	\$0	\$228	\$46	\$0	100.0%
Total: Exam Services	5	18.2%	\$228	\$0	\$228	\$46	\$0	100.0%
Contacts	1	3.6%	\$680	\$480	\$200	\$680	\$480	29.4%
Total: Contacts	1	3.6%	\$680	\$480	\$200	\$680	\$480	29.4%
Fit & Follow	1	3.6%	\$90	\$81	\$9	\$90	\$81	10.0%
Total: Fit & Follow	1	3.6%	\$90	\$81	\$9	\$90	\$81	10.0%
Frame	1	3.6%	\$200	\$0	\$200	\$200	\$0	100.0%
Total: Frames	1	3.6%	\$200	\$0	\$200	\$200	\$0	100.0%
Tiered Prem Progressive - T3	1	3.6%	\$328	\$135	\$193	\$328	\$135	58.8%
Other Prem Progressive	0	0.0%	\$0	\$0	\$0	\$0	\$0	0.0%
Other Lens	0	0.0%	\$0	\$0	\$0	\$0	\$0	0.0%
Total: Lenses	1	3.6%	\$328	\$135	\$193	\$328	\$135	58.8%



Fresno City Employees Health

Member Experience
by Group

Group: 1038853

Service / Material Averages (CY)	Count	Utilization Percent	Retail	Member Responsibility	Member Savings	Avg Retail	Avg Member Responsibility	Member Discount %
Anti-Reflective Coating Tier 3	1	3.6%	\$165	\$132	\$33	\$165	\$132	20.0%
Total: Anti-Reflective Coating	1	3.6%	\$165	\$132	\$33	\$165	\$132	20.0%
Polycarbonate	1	3.6%	\$50	\$40	\$10	\$50	\$40	19.2%
Total: Polycarbonate	1	3.6%	\$50	\$40	\$10	\$50	\$40	19.2%
Photochromic - Plastic	1	3.6%	\$105	\$75	\$30	\$105	\$75	28.2%
Total: Photochromic	1	3.6%	\$105	\$75	\$30	\$105	\$75	28.2%
Total: Service / Material (CY)	17	25.5%	\$2,644	\$943	\$1,701	\$378	\$135	64.3%



Telehealth Utilization Report

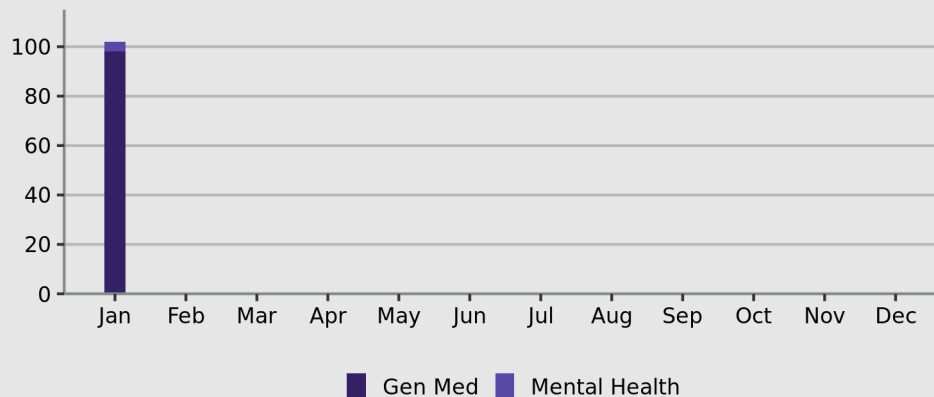
January 2025
Fresno City Trust

	Visits		Visit Utilization*	Total Net Claim Savings*
	Report Period	YTD	Annualized	YTD
Primary Care	N/A	N/A	N/A	**
General Medical	98	98	26.3%	\$45,079
Mental Health	4	4	1.1%	\$398
Dermatology	N/A	N/A	N/A	\$0
Grand Total				\$45,477

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

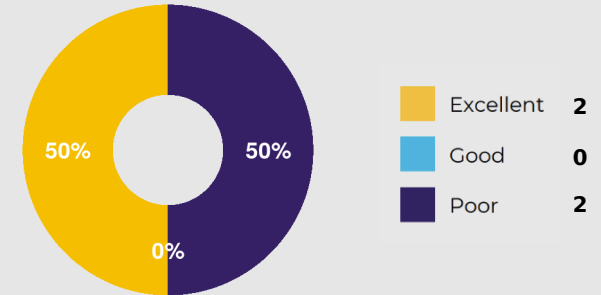
** As literature has shown, primary care savings are derived from longitudinal, effective preventive care. Over time, we will evaluate financial impact and continue to refine our savings projections.

Visits per Month



95

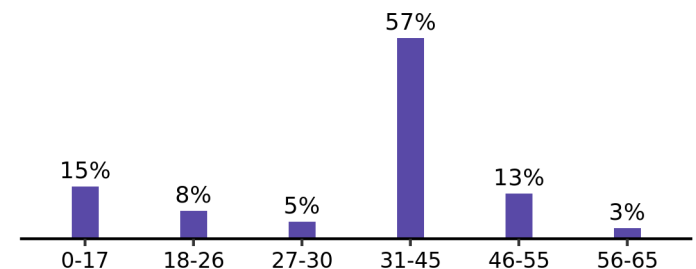
Overall member satisfaction YTD



Number of Respondents with Visit: **4**

Response Rate: **3.9%**

Age and Gender





General Medical

General Medical Claim Savings & Utilization

Annualized Utilization

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

YTD Average Subscribers

26.3%

Claim Savings Per Episode

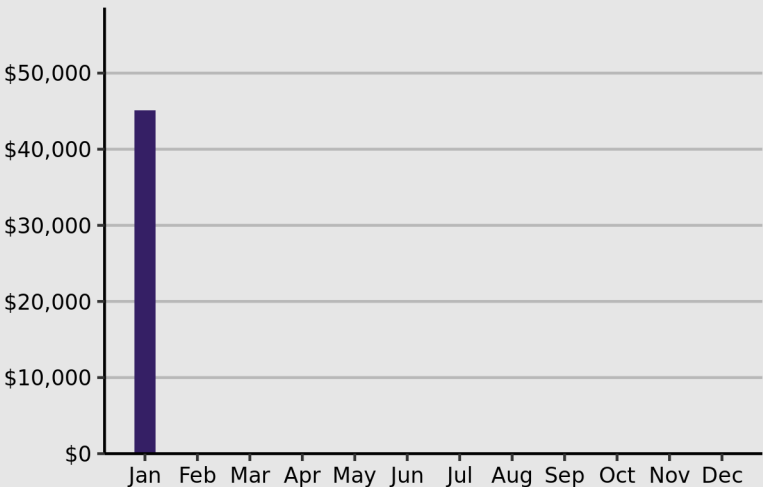
\$460

Total Net Claim Savings YTD

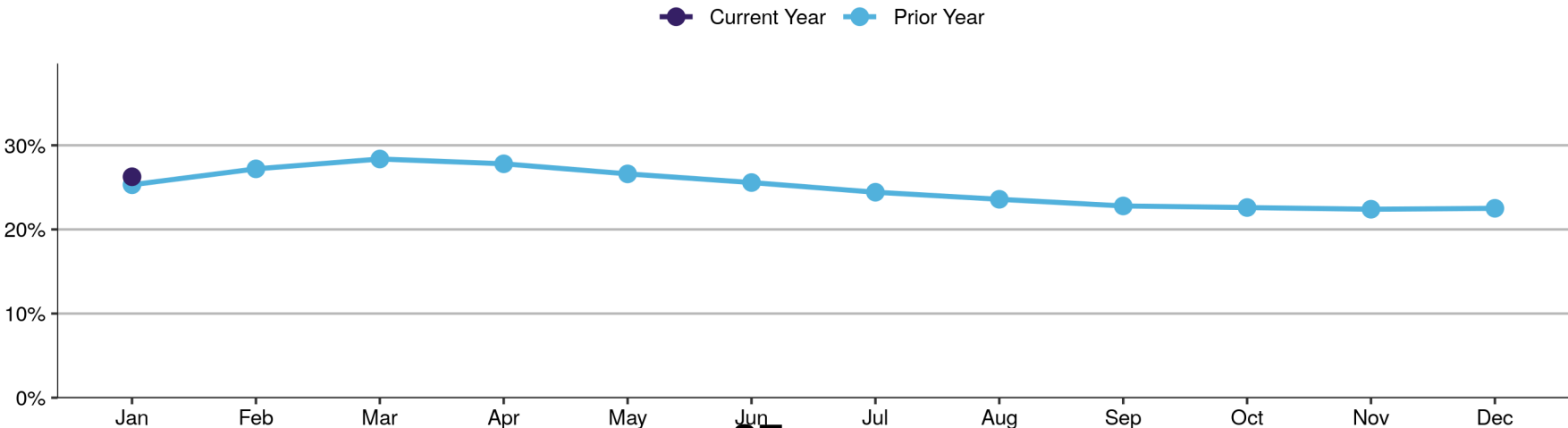
$\text{Claim Savings Per Episode} \times$
 $\text{Number of Visits YTD}$

\$45,079

Net Claim Savings

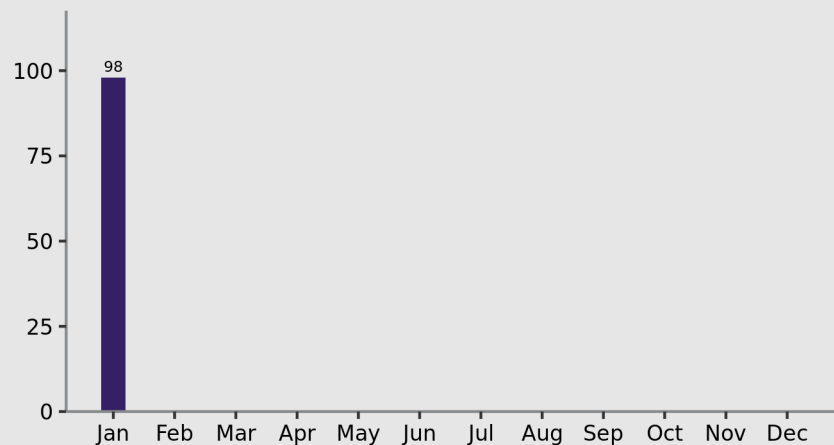


Annualized utilization trend



Visits this period **98**

Total Number of Unique Users this period **86**



YTD **98**

Registrations this period **25**



YTD **25**

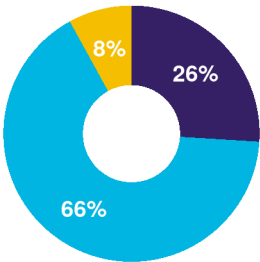
	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	53	53	4,479	4,479	8	1,683	12	981
Dependents	45	45	7,130	7,130	17	1,484	16	942
Eligible Lives	98	98	11,609	11,609	25	3,167	28	1,923

98

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

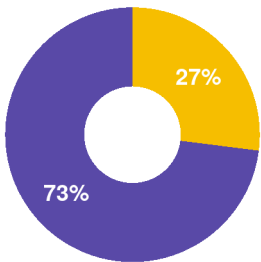
How Your Participants Received Care (YTD)

Visit Request Method



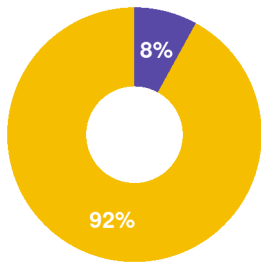
Call center Mobile app Website

Visit Method



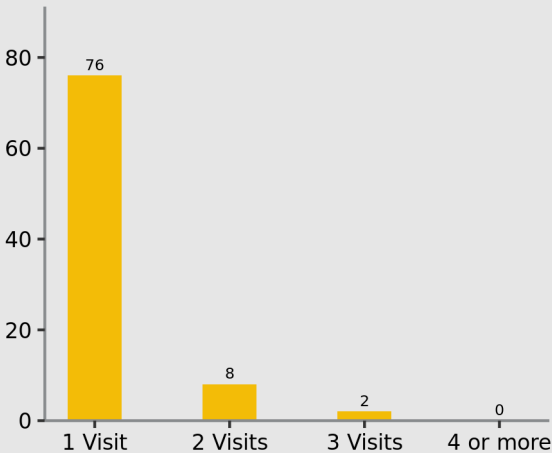
Phone Visualized

On demand vs scheduled



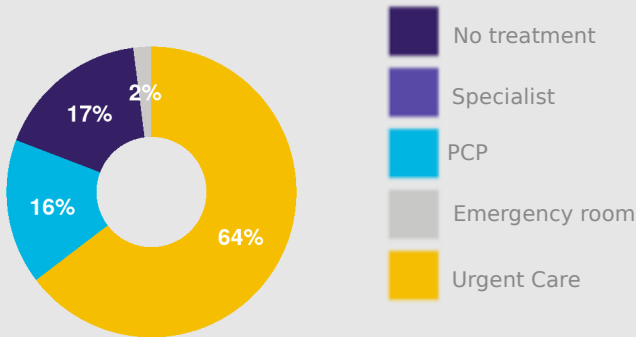
On demand Scheduled

Total number of unique users: **86**



Consults	Percent
1 Visit	88%
2 Visits	9%
3 Visits	2%
4 or more	0%

Where member would have gone if Teladoc were not available



Who received care and when YTD

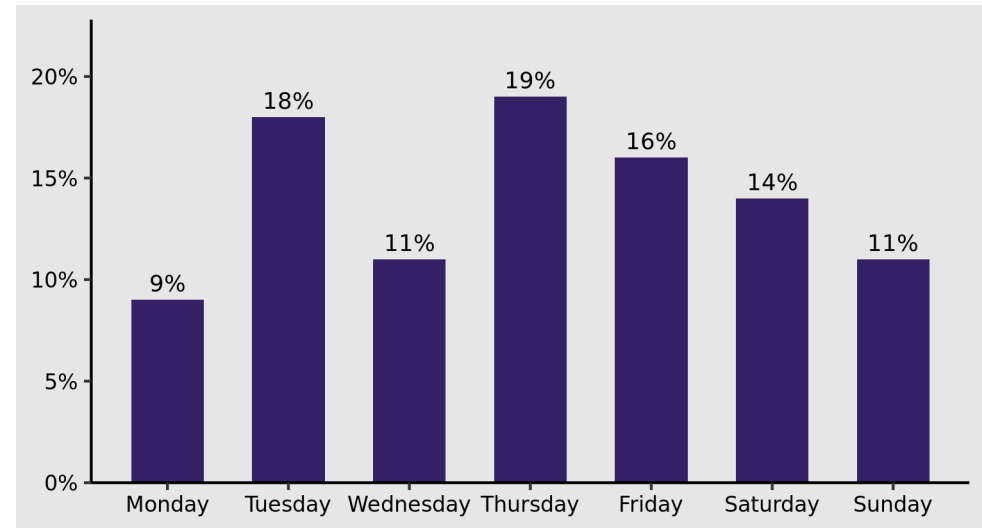
Gender

53% Female

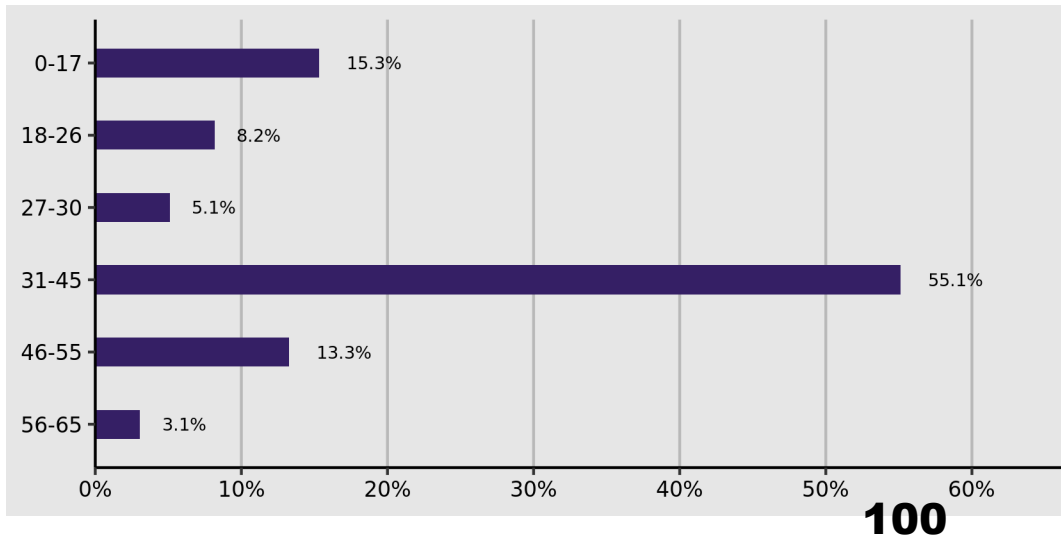
47% Male

0% Other

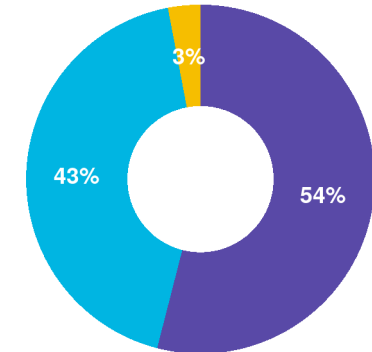
Day of week



Utilization by age



Time of day*



8am - 4pm 4pm - 12am 12am - 8am

* Times in CST



AVERAGE RESPONSE TIME

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

YTD

17 minutes

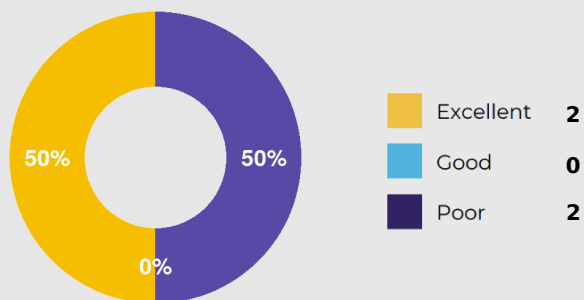
Report Period

17 min

State	Visits	%Visits
CALIFORNIA	97	99.0%
IDAHO	1	1.0%

Clinical details YTD

Member satisfaction



Number of Respondents with Visit: **4**

Response Rate: **4.1%**

Prescriptions by visit

Total Visits: **98**
Visits with Rx: **79**
Total Rx: **123**
% Visits with Rx: **81%**
Visits without Rx: **19**
Average Rx per Visit*: **1.3**



Top Diagnoses

ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	17%
ACUTE SINUSITIS, UNSPECIFIED	8%
ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	4%
FLU DUE TO UNIDENTIFIED INFLUENZA VIRUS W OTH RESP MANIFEST	4%
OTHER ACUTE SINUSITIS	4%
URINARY TRACT INFECTION, SITE NOT SPECIFIED	4%
ACUTE PHARYNGITIS, UNSPECIFIED	3%
ASTHMA	3%
COUGH, UNSPECIFIED	3%
DYSURIA	3%

Top prescriptions written

BENZONATATE 200 MG ORAL CAPSULE	12%
IPRATROPIUM BROMIDE NASAL 42 MCG/INH NASAL SPRAY	7%
MACROBID MACROCRYSTALS-MONOHYDRATE 100 MG ORAL CAPSULE	6%
AMOXICILLIN-CLAVULANATE 875 MG-125 MG ORAL TABLET	5%
FLUTICASONE PROPIONATE 50 MCG/INH NASAL SPRAY	5%
TAMIFLU 75 MG ORAL CAPSULE	5%
AMOXICILLIN 875 MG ORAL TABLET	4%
BENZONATATE 100 MG ORAL CAPSULE	4%
AZITHROMYCIN 5 DAY DOSE PACK 250 MG ORAL TABLET	3%
ALBUTEROL (EQV-PROVENTIL HFA) 90 MCG/INH INHALATION AEROSOL	2%



Mental Health Utilization

Mental Health Report and Claim Savings

Gender

Utilization by age

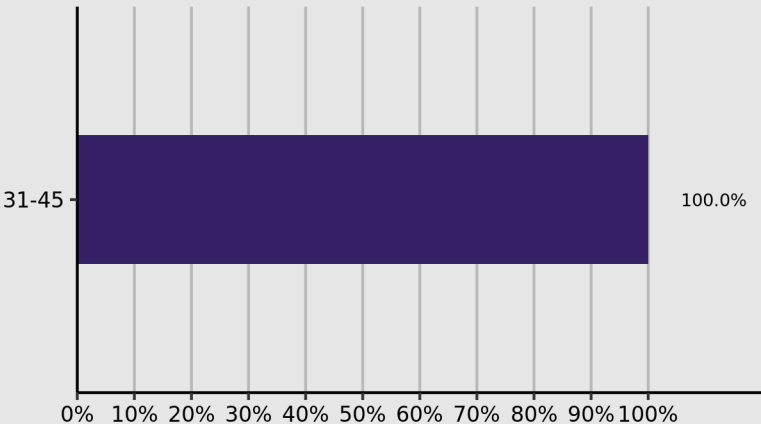
Annualized Utilization
 $\frac{\text{YTD total visits} \times (12 / \text{\#months accrued YTD})}{(\text{YTD Average Subscribers})}$

1.1%

0% Female

100% Male

0% Other

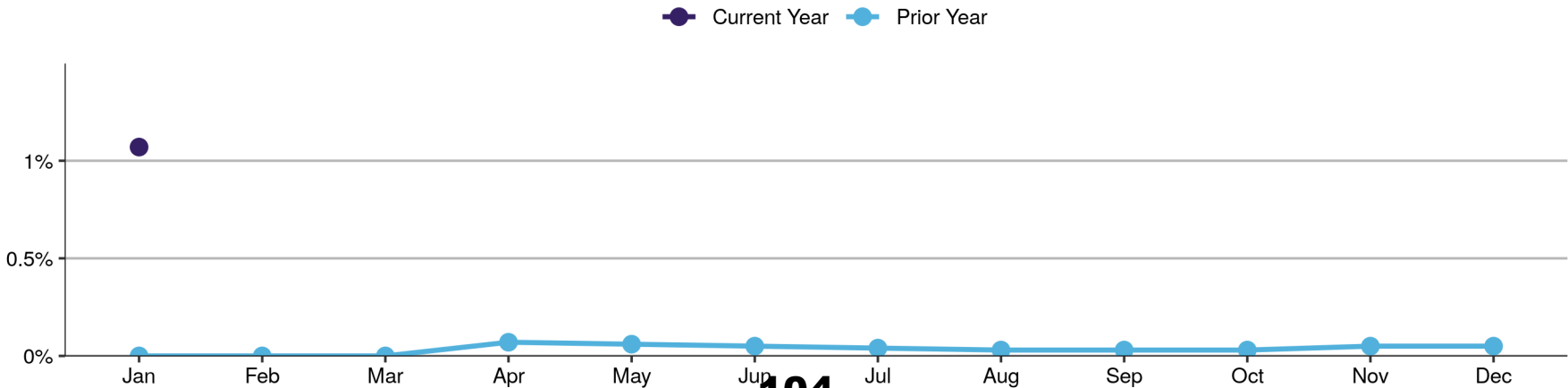


Total Net Claim Savings
YTD

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

\$398

Annualized utilization trend



104

* Total savings YTD is calculated by savings cost per visit, less consult fee X # of visits. Please contact your Teladoc Health client management representative for more information.
Copyright © 2023 Teladoc Health, Inc. All rights reserved.

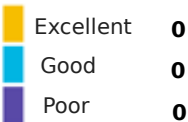
Mental Health Report

Member satisfaction YTD

Number of Respondents with Visit: 0

Response Rate: 0%

No Data Available



AVERAGE RESPONSE TIME YTD

Time from member's initial request for a session until provider's initial response. Initial response is accepting member's session request or may be proposing an alternate session time.

3.7 hours

UPCOMING VISITS*

0

	Sessions		Membership		Utilization	
	Report Period	YTD	Report Period	YTD	Report Period	YTD
Primaries	4	4	4,479	4,479	0.09%	0.09%
Dependents	0	0	7,130	7,130	0.00%	0.00%
Eligible Lives	4	4	11,609	11,609	0.03%	0.03%

TOTAL # UNIQUE USERS - YTD

1

Provider type delivery

	Report Period	YTD
Psychiatrist	0	0
Therapist	4	4

Session type

	Report Period	YTD
Initial Visits	0	0
Ongoing Visits	4	4
Total	4	4

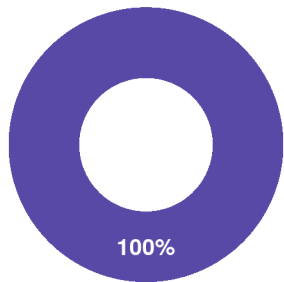
AVG. VISITS PER USER - YTD

4

105

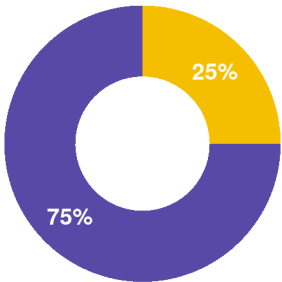
* Visits that are scheduled, but have not yet occurred.
Copyright © 2023 Teladoc Health, Inc. All rights reserved.

Visit request method



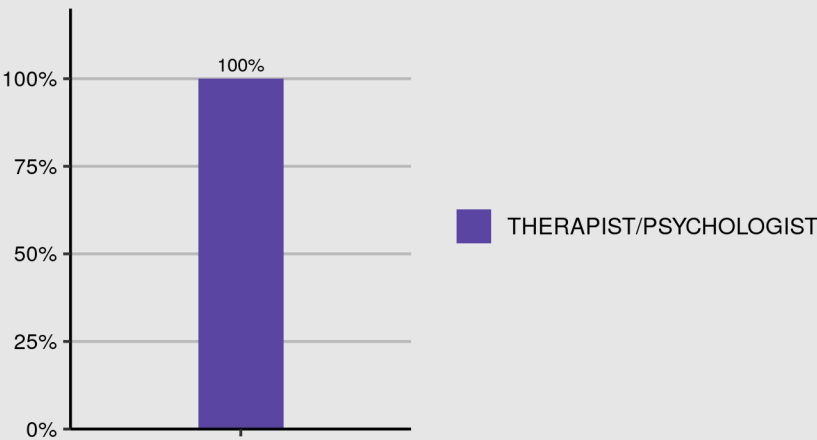
Mobile app

Visit method



Phone Visualized

Where member would have gone if Teladoc were not available



Top Diagnoses

GENERALIZED ANXIETY DISORDER	50%
ADJUSTMENT DISORDER WITH ANXIETY	25%
ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	25%

Top prescriptions written

NA%



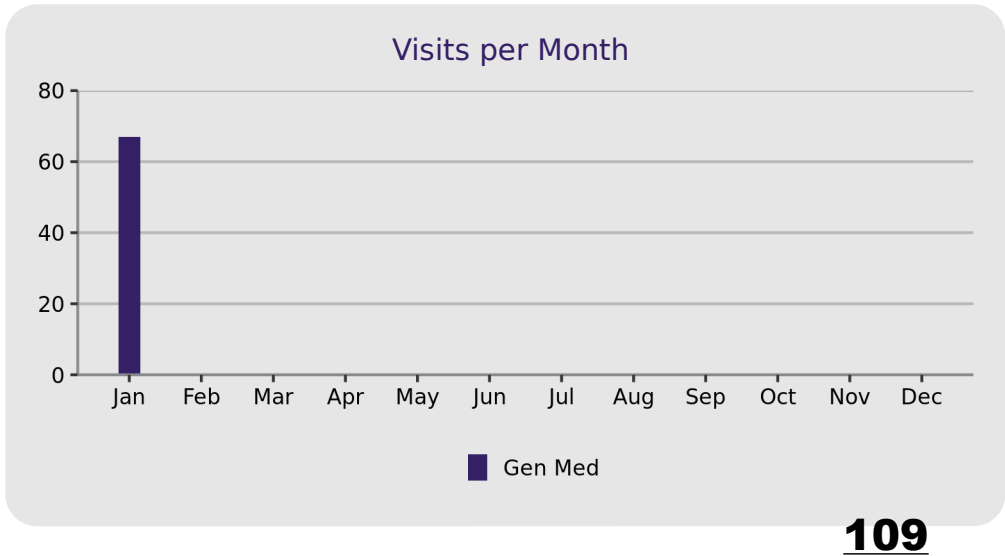
Telehealth Utilization Report

January 2025

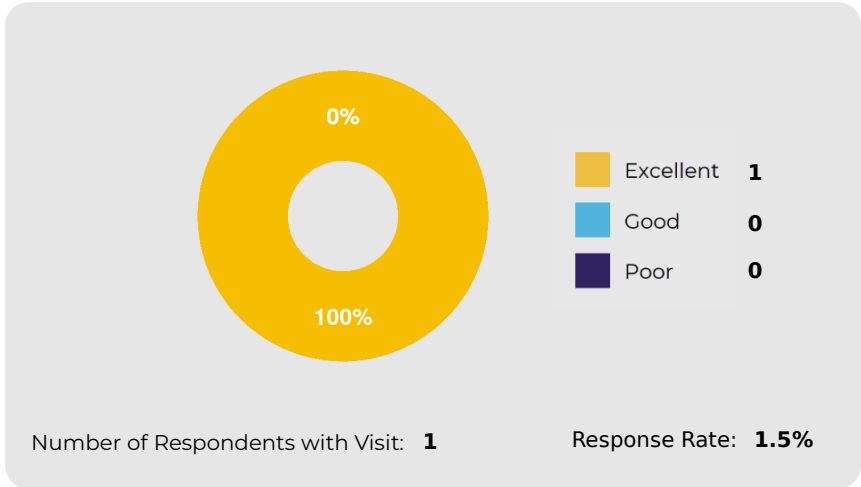
Fresno City Trust PPO High Option

	Visits		Visit Utilization*	Total Net Claim Savings*
	Report Period	YTD	Annualized	YTD
Primary Care	N/A	N/A	N/A	**
General Medical	67	67	29.8%	\$30,819
Mental Health	0	0	0.0%	\$0
Dermatology	N/A	N/A	N/A	\$0
Grand Total				\$30,819

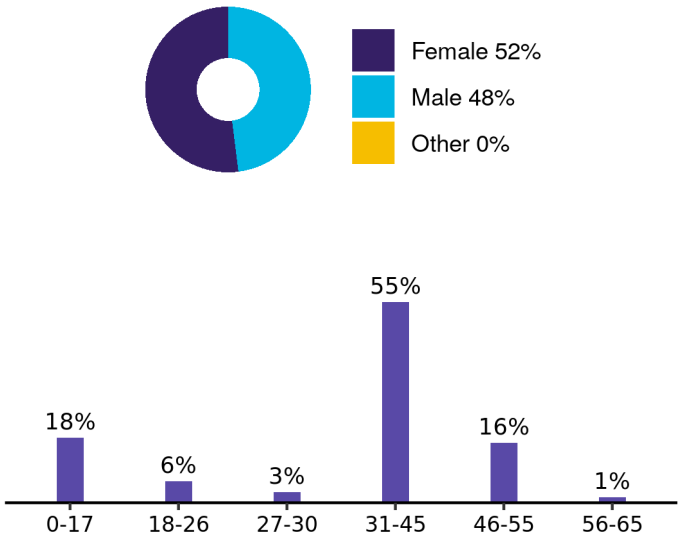
* A definition of visit utilization and claims savings can be found within each product section
** As literature has shown, primary care savings are derived from longitudinal, effective preventive care. Over time, we will evaluate financial impact and continue to refine our savings projections.



Overall member satisfaction YTD



Age and Gender





General Medical

General Medical Claim Savings & Utilization

Annualized Utilization

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

YTD Average Subscribers

29.8%

Claim Savings Per Episode

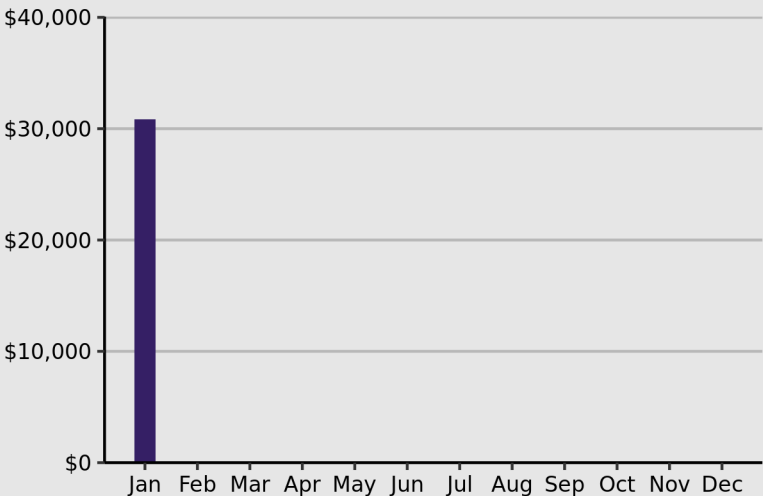
\$460

Total Net Claim Savings YTD

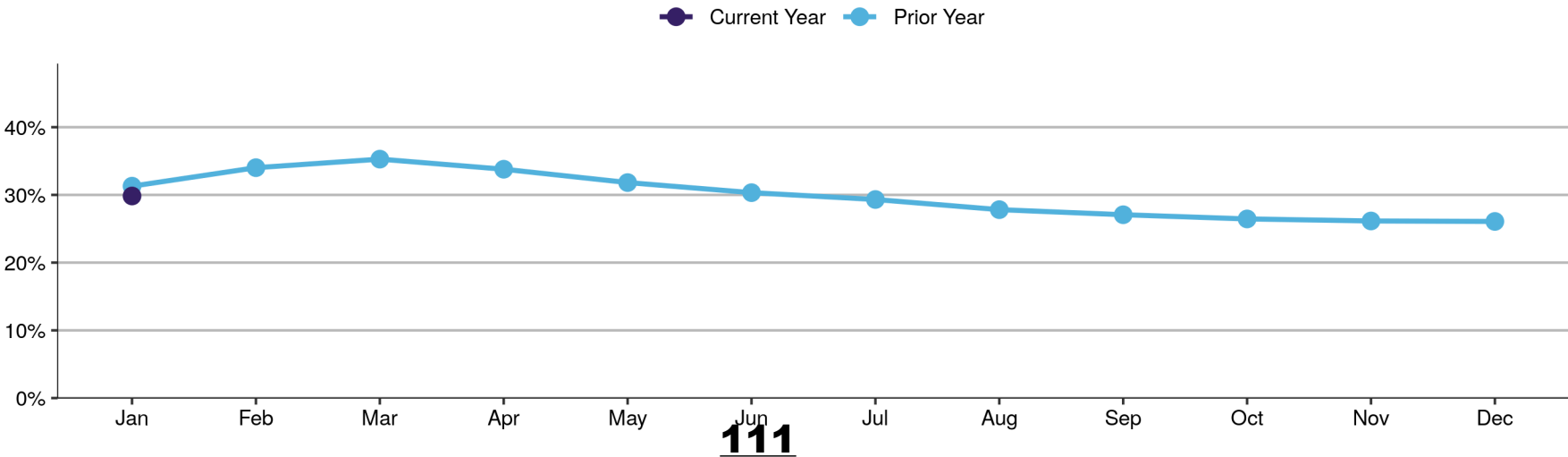
$\text{Claim Savings Per Episode} \times$
 $\text{Number of Visits YTD}$

\$30,819

Net Claim Savings

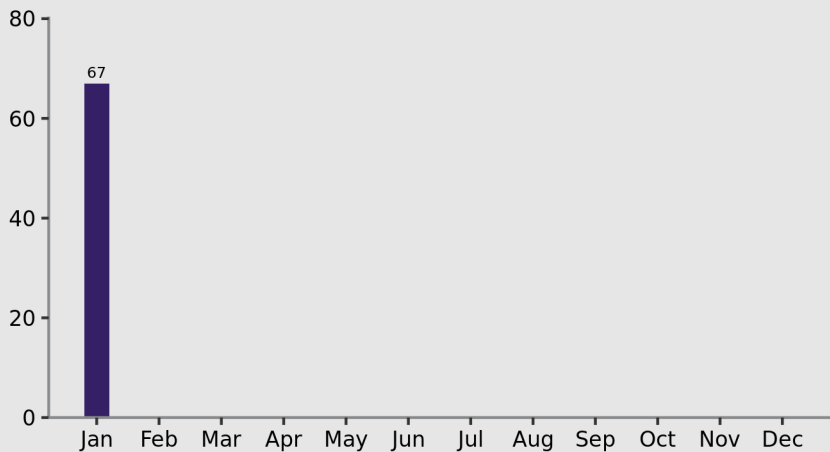


Annualized utilization trend



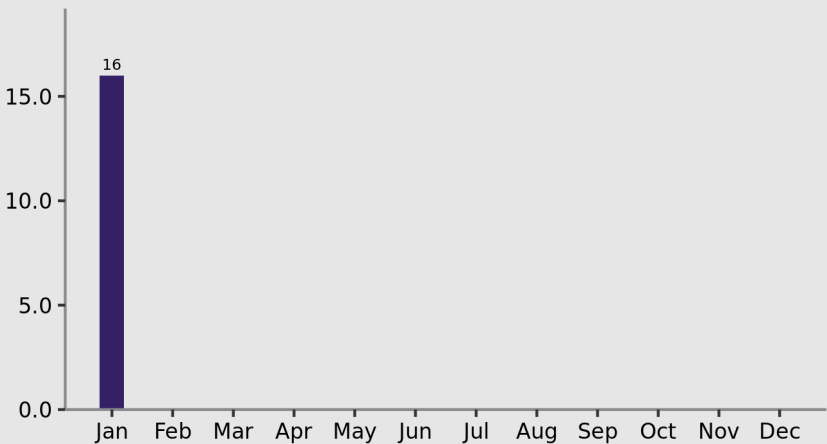
Visits this period **67**

Total Number of Unique Users this period **60**



YTD **67**

Registrations this period **16**

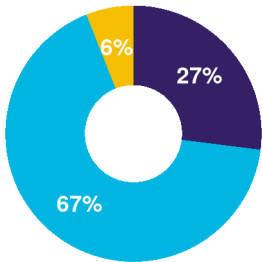


YTD **16**

	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	34	34	2,694	2,694	4	1,254	7	677
Dependents	33	33	5,007	5,007	12	1,196	11	733
Eligible Lives	67	67	7,701	7,701	16	2,450	18	1,410

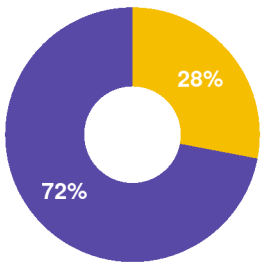
How Your Participants Received Care (YTD)

Visit Request Method



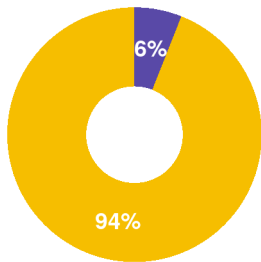
Call center Mobile app Website

Visit Method



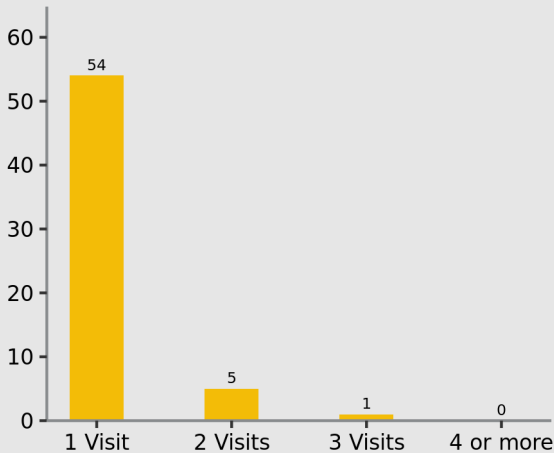
Phone Visualized

On demand vs scheduled



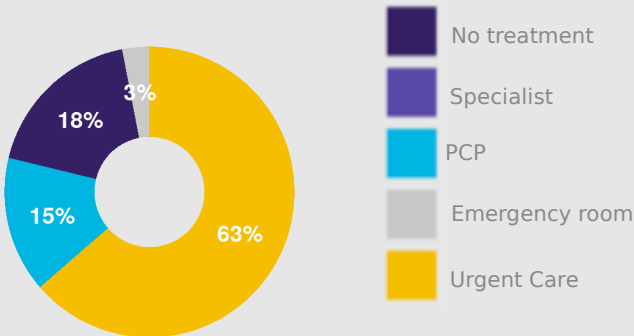
On demand Scheduled

Total number of unique users: **60**



Consults	Percent
1 Visit	90%
2 Visits	8%
3 Visits	2%
4 or more	0%

Where member would have gone if Teladoc were not available



No treatment
Specialist
PCP
Emergency room
Urgent Care

Who received care and when YTD

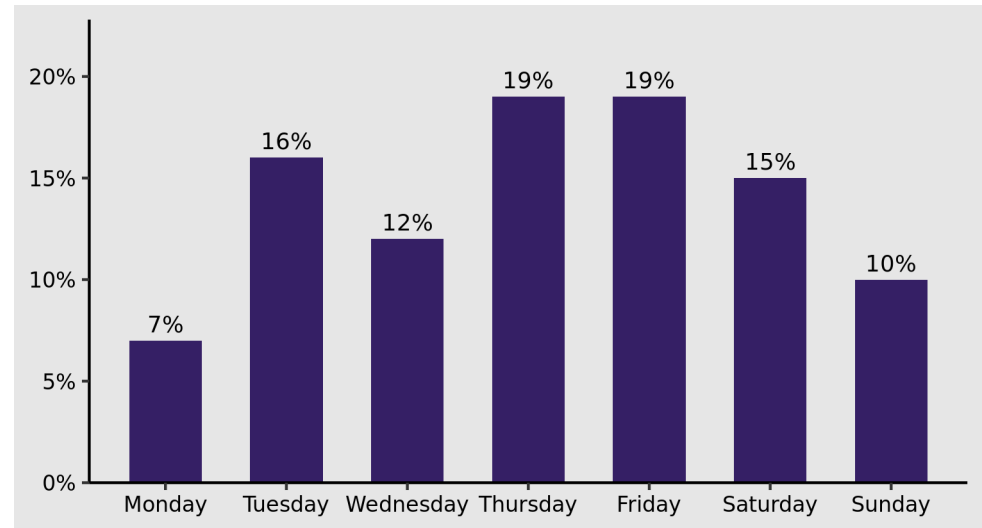
Gender

52% Female

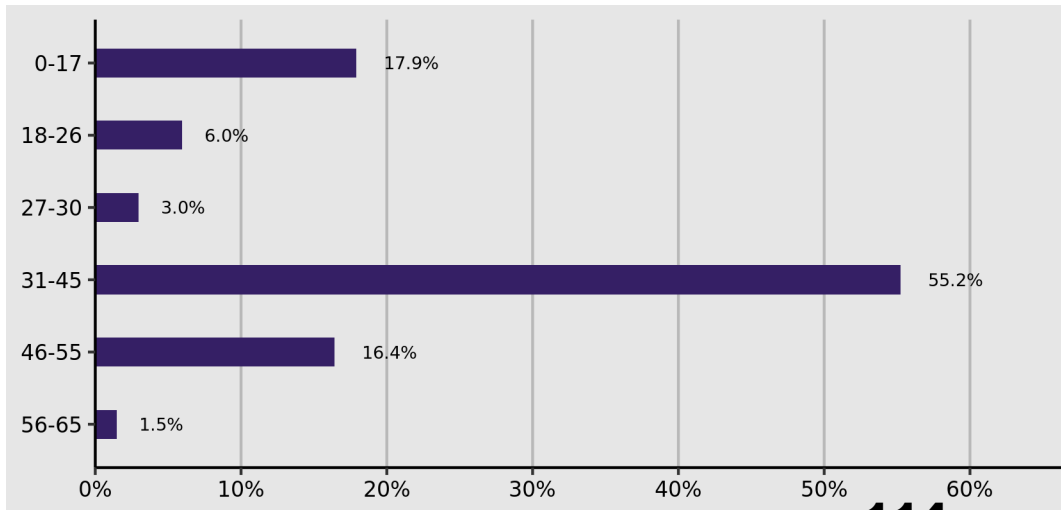
48% Male

0% Other

Day of week

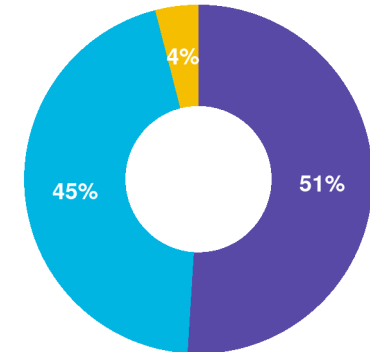


Utilization by age



114

Time of day*



8am - 4pm 4pm - 12am 12am - 8am

* Times in CST



AVERAGE RESPONSE TIME

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

YTD

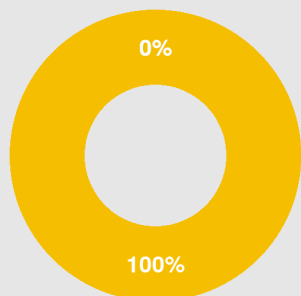
20 minutes

Report Period

20 min

State	Visits	%Visits
CALIFORNIA	66	98.5%
IDAHO	1	1.5%

Member satisfaction



Excellent	1
Good	0
Poor	0

Number of Respondents with Visit: **1**

Response Rate: **1.5%**

Prescriptions by visit

Total Visits: **67**

Visits with Rx: **54**

Total Rx: **80**

% Visits with Rx: **81%**

Visits without Rx: **13**

Average Rx per Visit*: **1.2**



Top Diagnoses

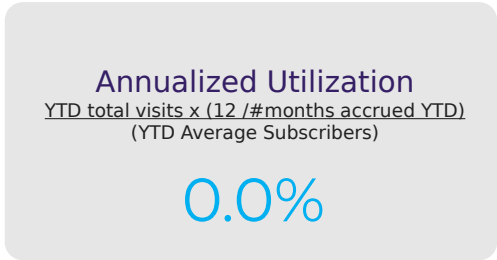
ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	19%
ACUTE SINUSITIS, UNSPECIFIED	7%
ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	6%
ACUTE PHARYNGITIS, UNSPECIFIED	4%
COUGH, UNSPECIFIED	4%
OTHER ACUTE SINUSITIS	4%
URINARY TRACT INFECTION, SITE NOT SPECIFIED	4%
ACUTE BRONCHITIS, UNSPECIFIED	3%
FLU DUE TO IDENT NOVEL INFLUENZA A VIRUS W OTH RESP MANIFEST	3%
FLU DUE TO OTH IDENT INFLUENZA VIRUS W OTH RESP MANIFEST	3%

Top prescriptions written

BENZONATATE 200 MG ORAL CAPSULE	13%
IPRATROPIUM BROMIDE NASAL 42 MCG/INH NASAL SPRAY	8%
TAMIFLU 75 MG ORAL CAPSULE	8%
AMOXICILLIN-CLAVULANATE 875 MG-125 MG ORAL TABLET	5%
AZITHROMYCIN 5 DAY DOSE PACK 250 MG ORAL TABLET	5%
FLUTICASONE PROPIONATE 50 MCG/INH NASAL SPRAY	5%
AMOXICILLIN 875 MG ORAL TABLET	4%
BENZONATATE 100 MG ORAL CAPSULE	4%
MACROBID MACROCRYSTALS-MONOHYDRATE 100 MG ORAL CAPSULE	4%
ALBUTEROL (EQV-PROAIR HFA) 90 MCG/INH INHALATION AEROSOL	3%



Mental Health Utilization



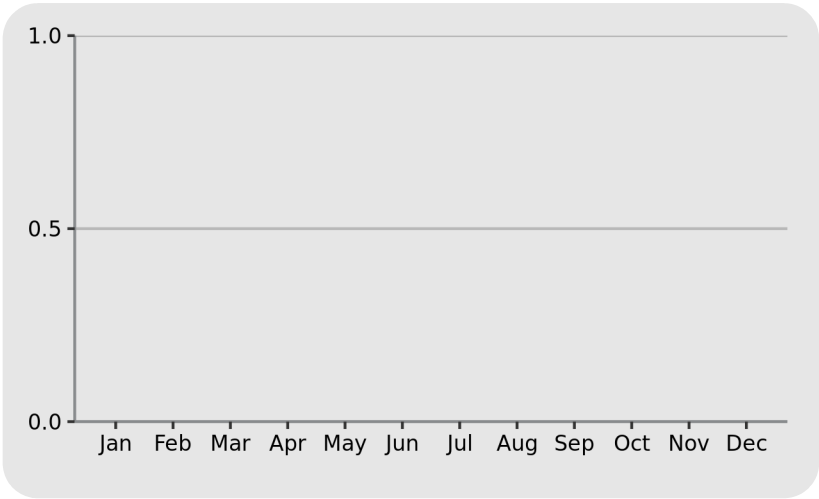
Gender

0% Female

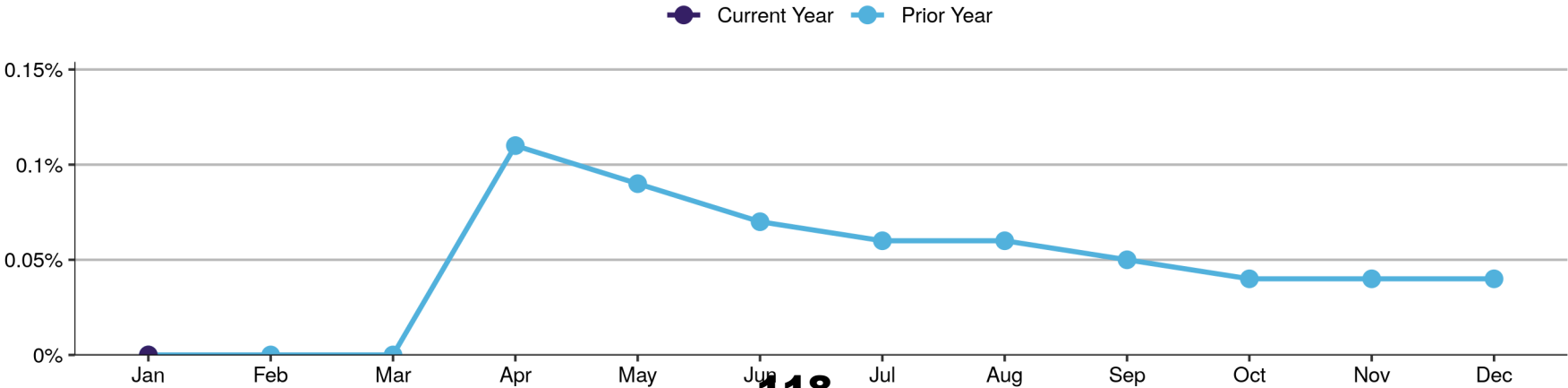
0% Male

0% Other

Utilization by age



Annualized utilization trend



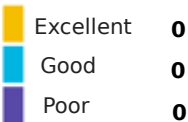
Mental Health Report

Member satisfaction YTD

Number of Respondents with Visit: 0

Response Rate: 0%

No Data Available



AVERAGE RESPONSE TIME YTD

Time from member's initial request for a session until provider's initial response. Initial response is accepting member's session request or may be proposing an alternate session time.

NA

UPCOMING VISITS*

0

	Sessions		Membership		Utilization	
	Report Period	YTD	Report Period	YTD	Report Period	YTD
Primaries	0	0	2,694	2,694	0.00%	0.00%
Dependents	0	0	5,007	5,007	0.00%	0.00%
Eligible Lives	0	0	7,701	7,701	0.00%	0.00%

TOTAL # UNIQUE USERS - YTD

0

Provider type delivery

	Report Period	YTD
Psychiatrist	0	0
Therapist	0	0

Session type

	Report Period	YTD
Initial Visits	0	0
Ongoing Visits	0	0
Total	0	0

AVG. VISITS PER USER - YTD

NA

Visit request method

Visit method

No Data Available

No Data Available

Where member would have gone
if Teladoc were not available

No Data Available

Top diagnoses

Top prescriptions written

NA%



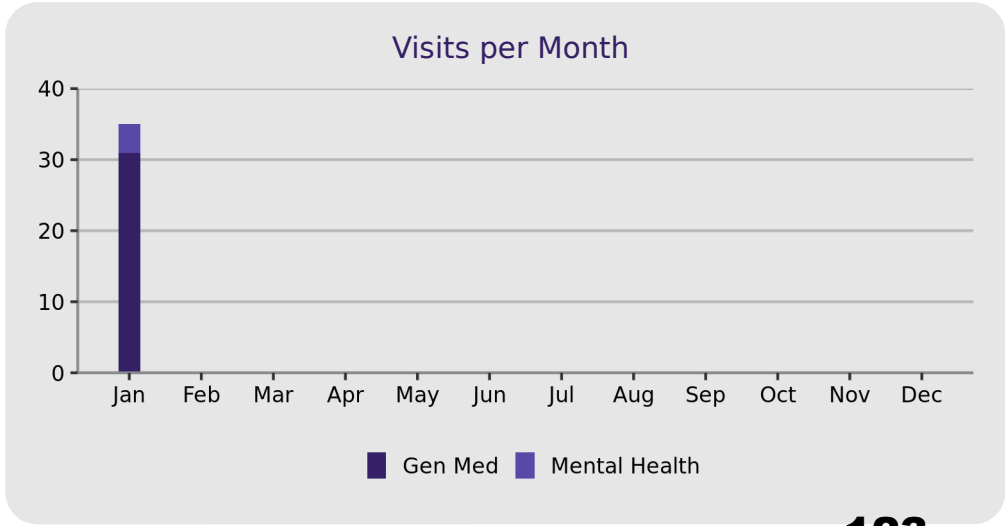
Telehealth Utilization Report

January 2025

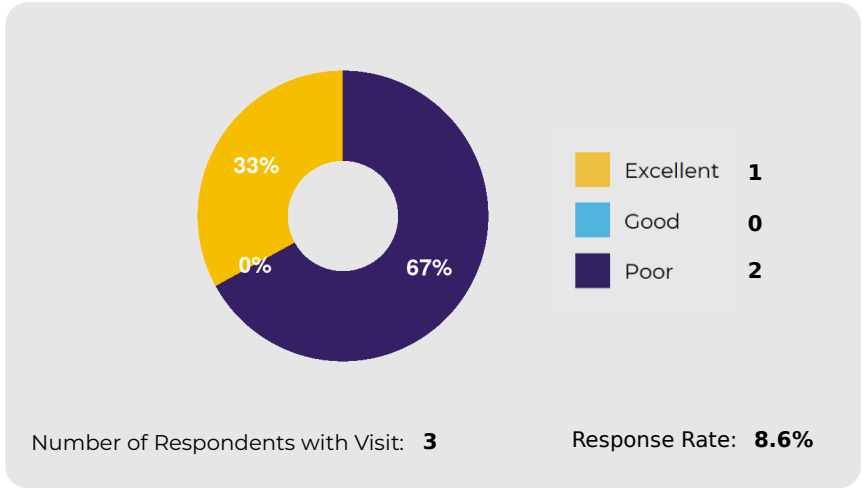
Fresno City Trust PPO Low Option

	Visits		Visit Utilization*	Total Net Claim Savings*
	Report Period	YTD	Annualized	YTD
Primary Care	N/A	N/A	N/A	**
General Medical	31	31	20.8%	\$14,260
Mental Health	4	4	2.7%	\$398
Dermatology	N/A	N/A	N/A	\$0
Grand Total				\$14,658

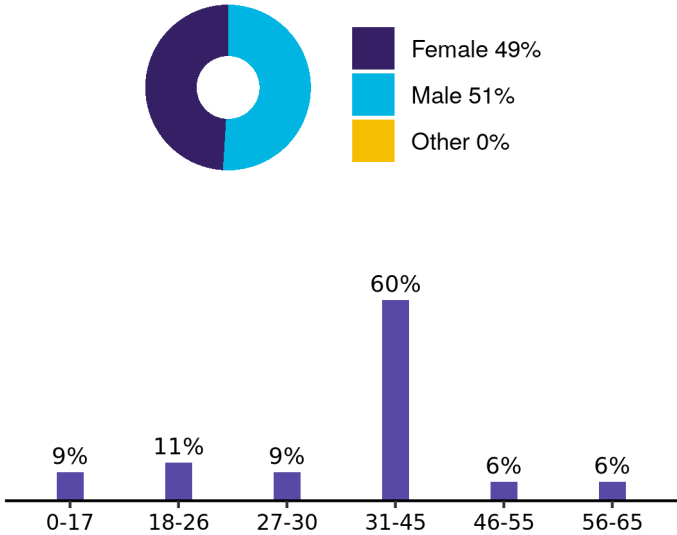
* A definition of visit utilization and claims savings can be found within each product section
** As literature has shown, primary care savings are derived from longitudinal, effective preventive care. Over time, we will evaluate financial impact and continue to refine our savings projections.



Overall member satisfaction YTD



Age and Gender





General Medical

General Medical Claim Savings & Utilization

Annualized Utilization

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

YTD Average Subscribers

20.8%

Claim Savings Per Episode

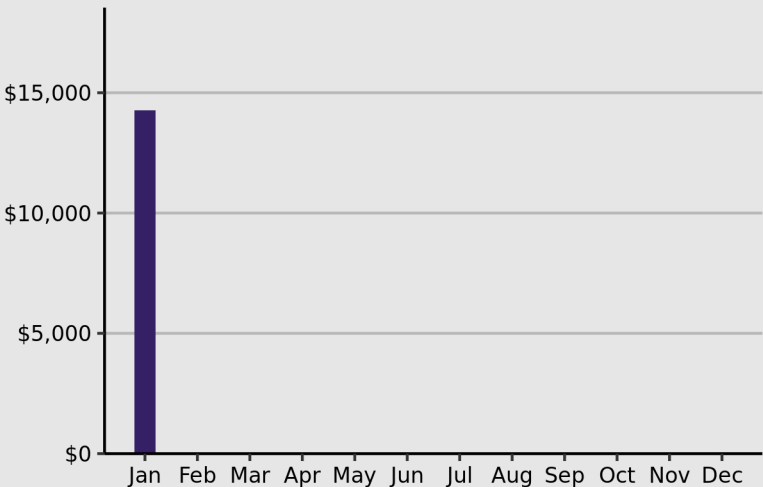
\$460

Total Net Claim Savings YTD

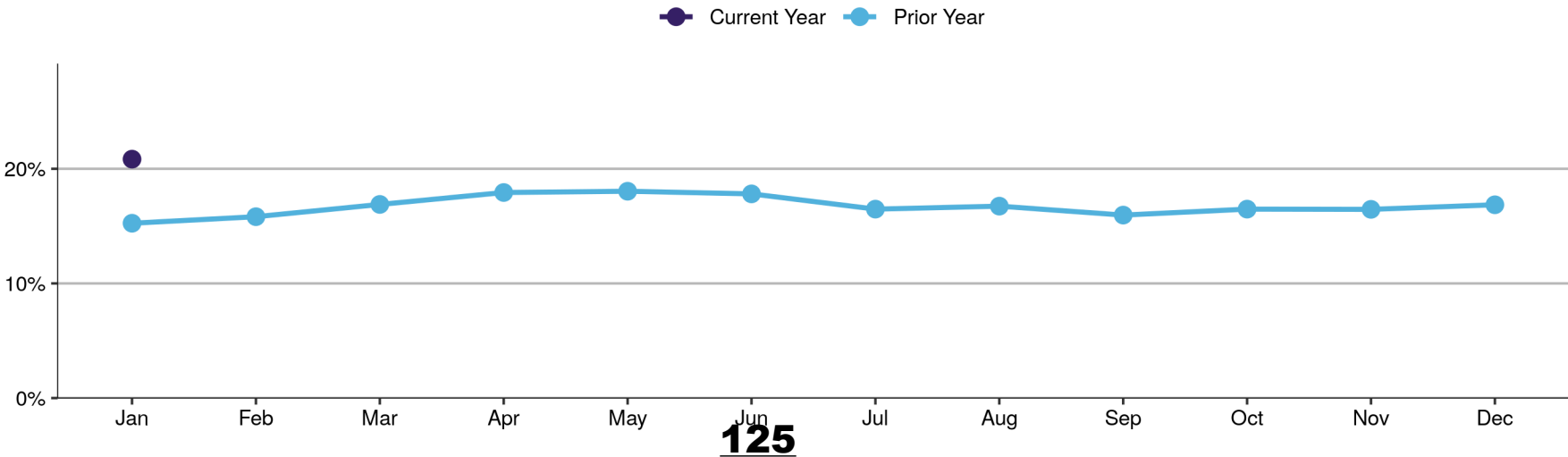
$\text{Claim Savings Per Episode} \times$
 $\text{Number of Visits YTD}$

\$14,260

Net Claim Savings

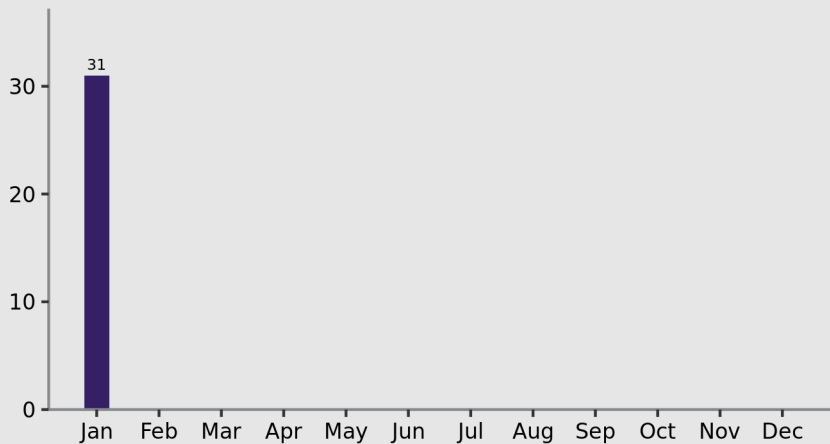


Annualized utilization trend



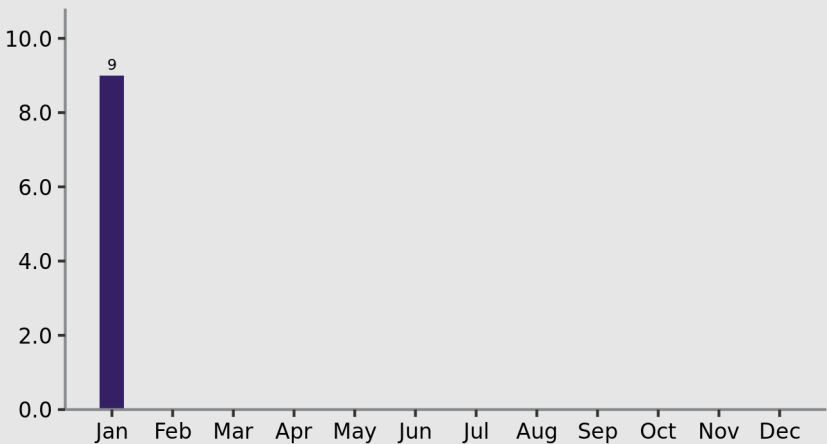
Visits this period **31**

Total Number of Unique Users this period **26**



YTD **31**

Registrations this period **9**

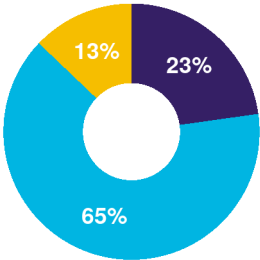


YTD **9**

	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	19	19	1,785	1,785	4	429	5	304
Dependents	12	12	2,123	2,123	5	288	5	209
Eligible Lives	31	31	3,908	3,908	9	717	10	513

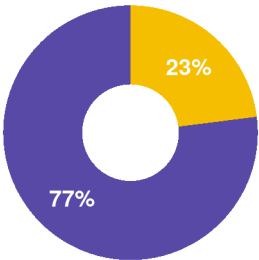
How Your Participants Received Care (YTD)

Visit Request Method



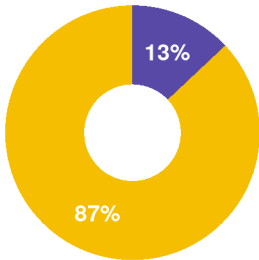
Call center Mobile app Website

Visit Method



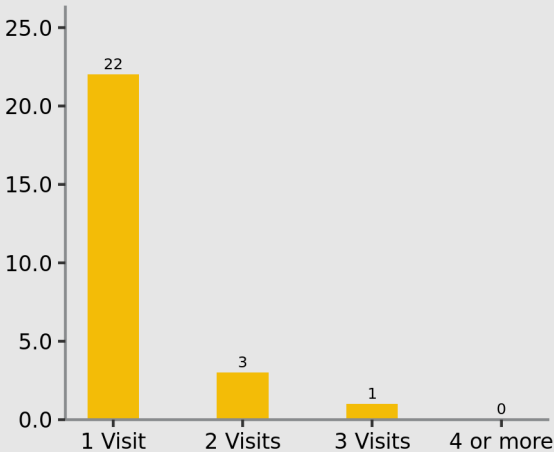
Phone Visualized

On demand vs scheduled



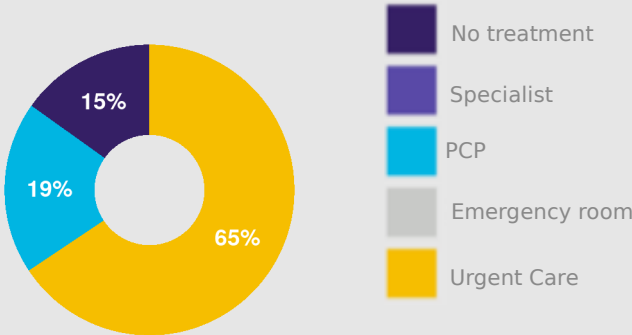
On demand Scheduled

Total number of unique users: **26**



Consults	Percent
1 Visit	85%
2 Visits	12%
3 Visits	4%
4 or more	0%

Where member would have gone if Teladoc were not available



Who received care and when YTD

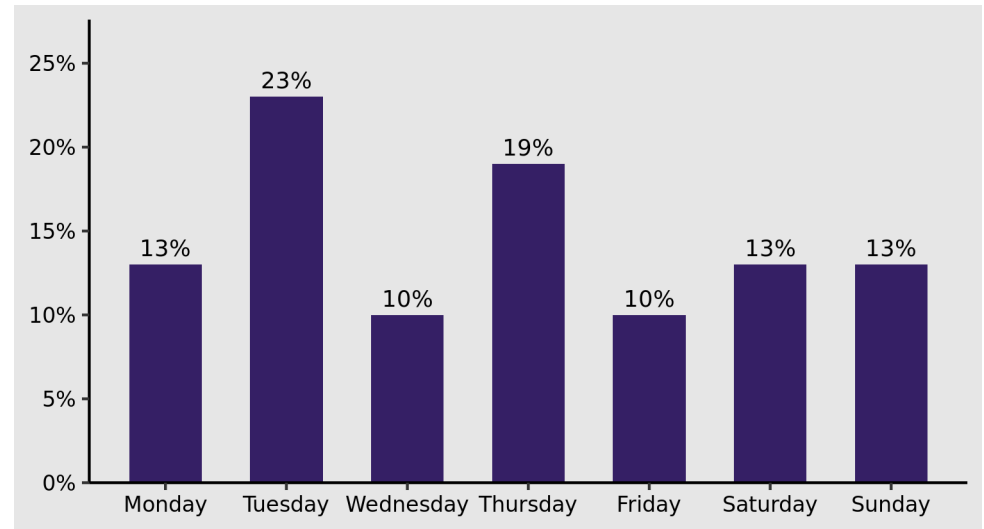
Gender

55% Female

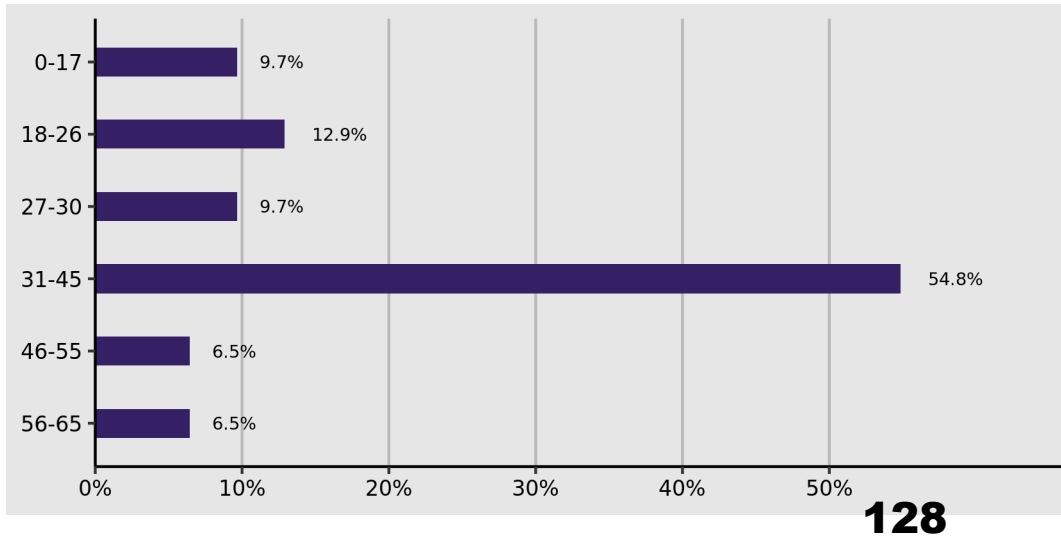
45% Male

0% Other

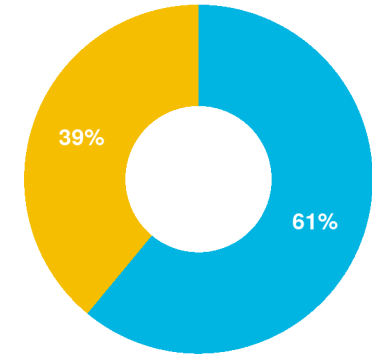
Day of week



Utilization by age



Time of day*



8am - 4pm 4pm - 12am

* Times in CST

Where your members received care YTD USA



AVERAGE RESPONSE TIME

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

YTD

12 minutes

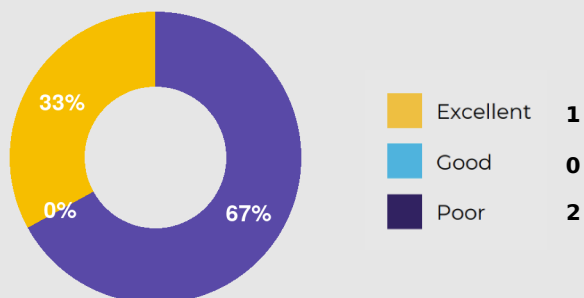
Report Period

12 min

State	Visits	%Visits
CALIFORNIA	31	100.0%

Clinical details YTD

Member satisfaction



Number of Respondents with Visit: **3**

Response Rate: **9.7%**

Prescriptions by visit

Total Visits: **31**
Visits with Rx: **25**
Total Rx: **43**
% Visits with Rx: **81%**
Visits without Rx: **6**
Average Rx per Visit*: **1.4**



Top Diagnoses

ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	13%
ACUTE SINUSITIS, UNSPECIFIED	10%
ASTHMA	10%
DYSURIA	6%
FLU DUE TO UNIDENTIFIED INFLUENZA VIRUS W OTH RESP MANIFEST	6%
OTALGIA, LEFT EAR	6%
ACUTE COUGH	3%
ACUTE CYSTITIS WITHOUT HEMATURIA	3%
ENCOUNTER FOR OTHER ADMINISTRATIVE EXAMINATIONS	3%
HERPESVIRAL INFECTION OF UROGENITAL SYSTEM, UNSPECIFIED	3%

Top prescriptions written

BENZONATATE 200 MG ORAL CAPSULE	12%
MACROBID MACROCRYSTALS-MONOHYDRATE 100 MG ORAL CAPSULE	9%
IPRATROPIUM BROMIDE NASAL 21 MCG/INH NASAL SPRAY	7%
IPRATROPIUM BROMIDE NASAL 42 MCG/INH NASAL SPRAY	7%
AMOXICILLIN 875 MG ORAL TABLET	5%
AMOXICILLIN-CLAVULANATE 875 MG-125 MG ORAL TABLET	5%
BENZONATATE 100 MG ORAL CAPSULE	5%
FLUTICASONE PROPIONATE 50 MCG/INH NASAL SPRAY	5%
HYDROCORTISONE/NEOMYCIN/POLYMYXIN B, OTIC 1%-0.35%-10000 UNITS/ML OTIC SOLUTION	5%
130 DNISONONE 20 MG ORAL TABLET	5%



Mental Health Utilization

Mental Health Report and Claim Savings

Gender

Utilization by age

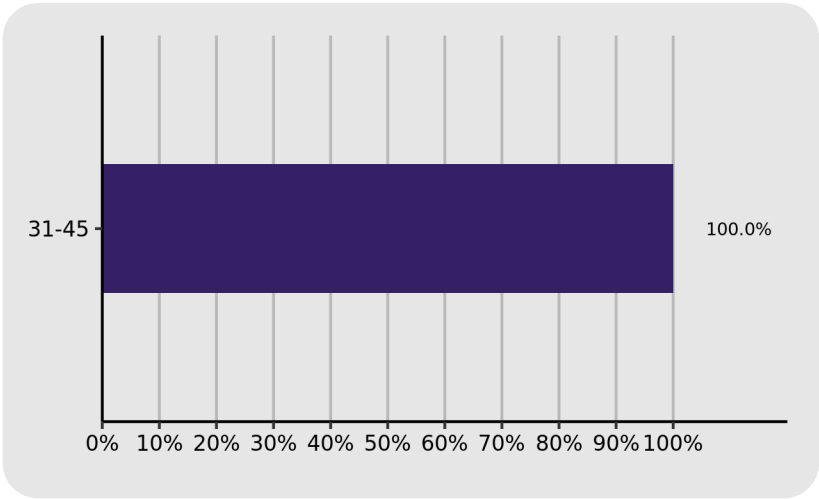
Annualized Utilization
 $\frac{\text{YTD total visits} \times (12 / \# \text{months accrued YTD})}{(\text{YTD Average Subscribers})}$

2.7%

0% Female

100% Male

0% Other

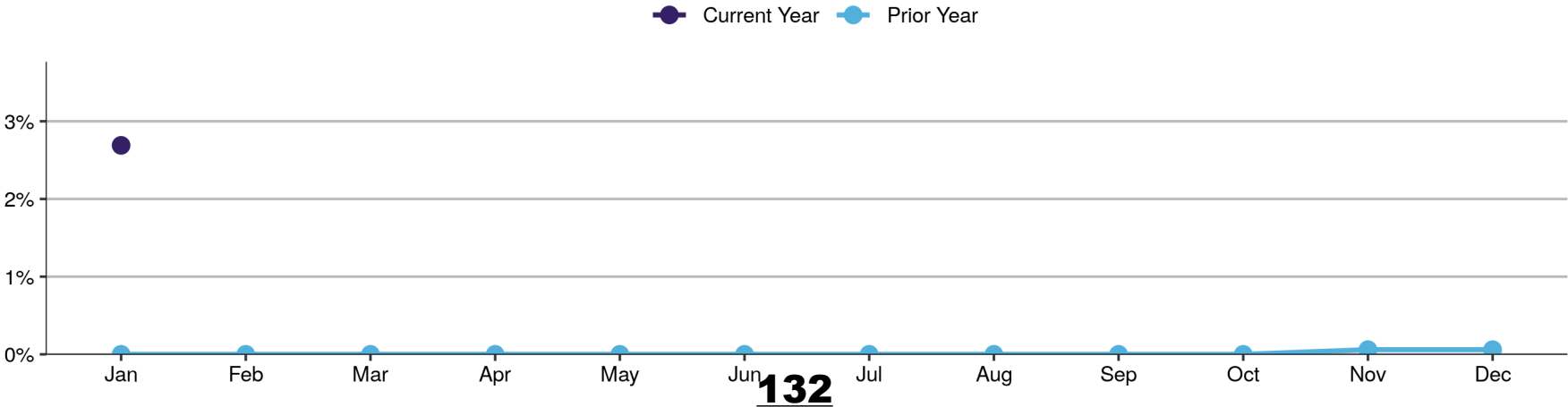


Total Net Claim Savings
YTD

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

\$398

Annualized utilization trend



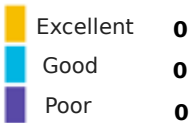
* Total savings YTD is calculated by savings cost per visit, less consult fee X # of visits. Please contact your Teladoc Health client management representative for more information.
Copyright © 2023 Teladoc Health, Inc. All rights reserved.

Mental Health Report

Member satisfaction YTD

Number of Respondents with Visit: 0
Response Rate: 0%

No Data Available



AVERAGE RESPONSE TIME YTD

Time from member's initial request for a session until provider's initial response. Initial response is accepting member's session request or may be proposing an alternate session time.

3.7 hours

UPCOMING VISITS*
0

	Sessions		Membership		Utilization	
	Report Period	YTD	Report Period	YTD	Report Period	YTD
Primaries	4	4	1,785	1,785	0.22%	0.22%
Dependents	0	0	2,123	2,123	0.00%	0.00%
Eligible Lives	4	4	3,908	3,908	0.10%	0.10%

TOTAL # UNIQUE USERS - YTD
1

Provider type delivery

	Report Period	YTD
Psychiatrist	0	0
Therapist	4	4

Session type

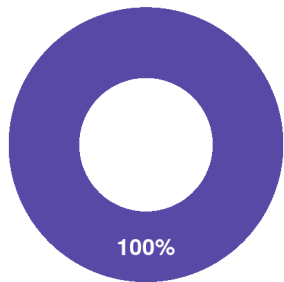
	Report Period	YTD
Initial Visits	0	0
Ongoing Visits	4	4
Total	4	4

AVG. VISITS PER USER - YTD
4

133

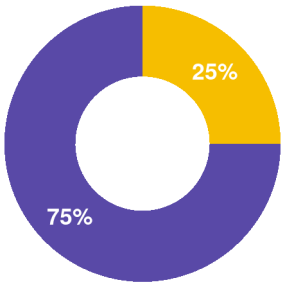
* Visits that are scheduled, but have not yet occurred.
Copyright © 2023 Teladoc Health, Inc. All rights reserved.

Visit request method



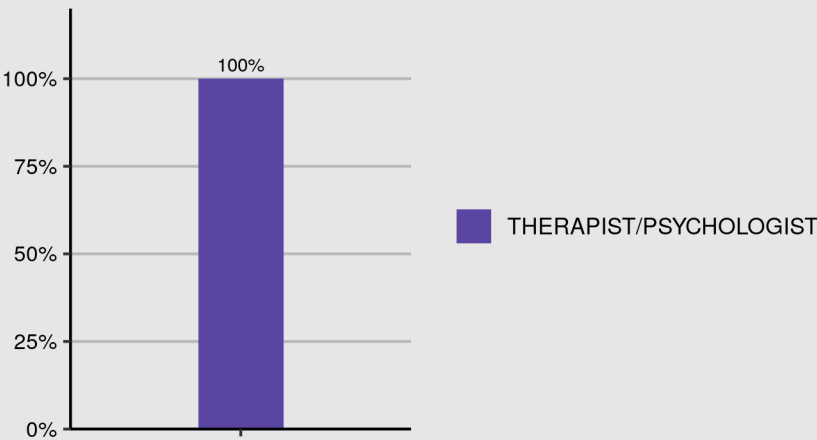
Mobile app

Visit method



Phone Visualized

Where member would have gone if Teladoc were not available



Top Diagnoses

GENERALIZED ANXIETY DISORDER	50%
ADJUSTMENT DISORDER WITH ANXIETY	25%
ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	25%

Top prescriptions written

NA%

UTILIZATION REPORT - January

Fresno City Employees Health and Welfare Trust



12 Months

Activations

19

Members Purchased

8

Devices Purchased

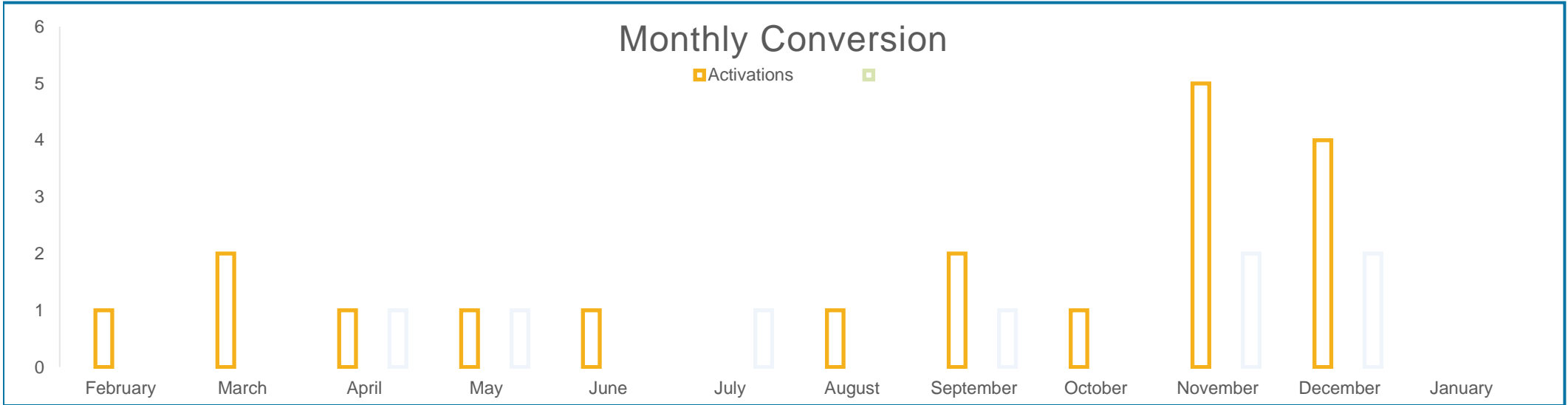
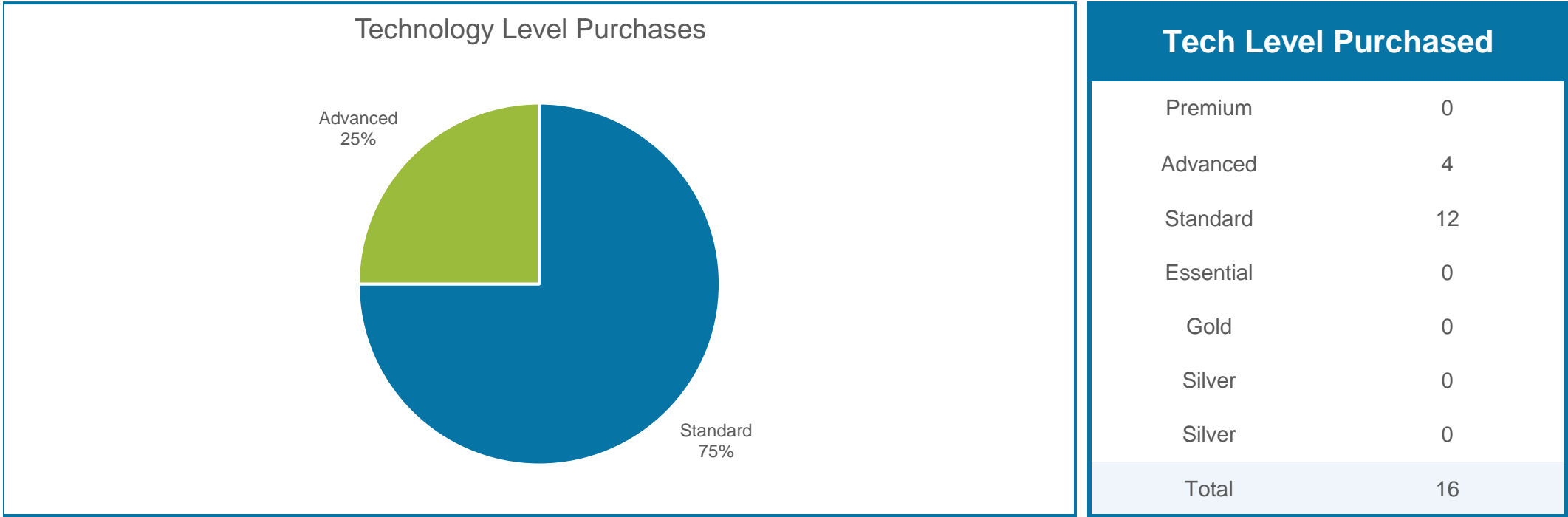
16

Conversion

42%

Average Purchase Price

\$ 1,524



Month	Activations	Members Purchased	Devices Purchased	Average Purchase Price
February	1	0	0	0
March	2	0	0	0
April	1	1	2	1,399
May	1	1	2	1,399
June	1	0	0	0
July	0	1	2	1,399
August	1	0	0	0
September	2	1	2	1,399
October	1	0	0	0
November	5	2	4	1,649
December	4	2	4	1,649
January	0	0	0	0
TOTAL	19	8	16	\$1,524



Insurance Plan Name	Activations	Purchases	Devices Sold	Sales (\$)
Fresno City Employees Health and Welfare Trust - Non-Contributory	5	-	-	\$ -
Fresno City Employees Health and Welfare Trust - Contributory Plan	14	8	16	\$ 24,384
Grand Total	19	8	16	\$ 24,384

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

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

2025 device pricing

Fresno City Employees Health & Welfare Trust

\$0.05 PMPM

Highest Value Options	
Relate®, EPIC Hearing's private label brand, offers a range of options and an ideal combination of technology, quality and price.	
Technology Level	EPIC Hearing Price*
Relate® Silver	\$649
Relate® Gold	\$899
Relate® Platinum	\$1,399

Latest Technology Options	
Brand-name hearing aids offering the latest technology and advancements from today's leading hearing aid manufacturers	
Technology Level	EPIC Hearing Price*
Essential	\$1,099
Standard	\$1,399
Advanced	\$1,799
Premium	\$2,199

Includes:

- Hearing exam and consultation
- 3 follow-up appointments**
- 60-day trial period
- 3-year warranty
- Loss and damage coverage***
- May include charging case, app, and other supplies

PMPM valid: 7/1/24 – 6/30/27

Device Pricing valid: 7/1/25 – 6/30/26

*Pricing is listed as a one-time fee.
**One follow up for fitting and adjustment.
***One-time professional fee may apply.

138

OTC Hearing Aids

- OTC hearing aids are for members who have perceived mild to moderate hearing loss
- Must be over 18 to purchase
- No hearing test/medical visit required
- Only sold in pairs
- All OTC hearing aids on the EPIC website are FDA approved and available for purchase on the site
- Product service and support varies and may be provided telephonically or virtually by manufacturer
- Manufacturer warranties vary

Over-the-counter devices

Best Matches ▾

Reset

Category

☐ Shop products

☒ Over-the-counter devices

Type

☐ BTE (Behind-the-ear)

☐ CIC (Completely-in-the-canal)

☐ RIC (Receiver-in-canal)

Brand

☐ Eargo

☐ Go Hearing

☐ Jabra Enhance

Lexie B2+ Powered by Bose w/ Support
Sign in for pricing

Sennheiser ConC400
Sign in for pricing

Jabra Enhance Select 300 w/Premium Care
Sign in for pricing

go hearing

go hearing Ultra
Sign in for pricing

go hearing Ultra+
Sign in for pricing

go hearing Ultra+
Sign in for pricing

Over-The-Counter Purchases

OTC Benefit Application

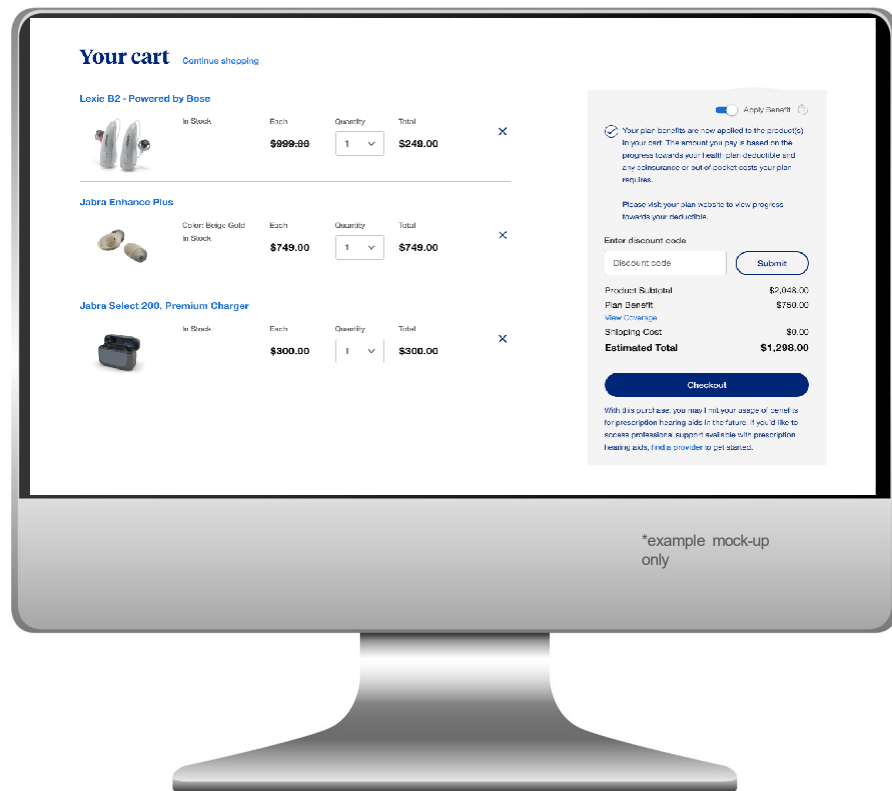
- Members with OTC products in their shopping cart with available OTC benefits have the option to apply their benefits to their purchase.
- Members have control over their OTC benefit usage

☒ Apply Benefit

✓ Your plan benefits are now applied to the product(s) in your cart. The amount you pay is based on the progress towards your health plan deductible and any coinsurance, copays or out-of-pocket costs your plan requires.

Please visit your plan website to view progress towards your deductible.

- The toggle button defaults to the On/Active position
- Members can remove by clicking the Apply Benefit toggle button
- This removes any benefit application from the OTC products in their cart



FCEHWT Body Scan Expenditure Report (as of 12/31/24)						
Datasource: BSI						
FY	Body Scans Performed	Rate Per Scan	Plan Payment Per Scan	Participant Copayment Per Scan	Total FY Plan Payment	Total FY Participant Payment
2020/2021	262	\$1,140	\$940	\$200	\$246,280	\$52,400
2021/2022	329	\$1,140	\$940	\$200	\$309,260	\$65,800
2022/2023	146	\$1,140	\$940	\$200	\$137,240	\$29,200
2023/2024	276	\$1,140	\$940	\$200	\$259,440	\$55,200
2024/2025	120	\$1,315	\$1,085	\$230	\$130,200	\$27,600
Grand Total	1133				\$1,082,420	\$230,200

FCEHWT Body Scan Utilization Report			
Datasource: BSI			
Report Date: 12/30/24			
2021		2022	
Number of Body Scans Performed		Number of Body Scans Performed	
Month/Year	Body Scans Performed	Month/Year	Body Scans Performed
Jan-21	0	Jan-22	0
Feb-21	1	Feb-22	1
Mar-21	0	Mar-22	0
Apr-21	0	Apr-22	0
May-21	154	May-22	120
Jun-21	107	Jun-22	0
Jul-21	1	Jul-22	0
Aug-21	0	Aug-22	0
Sep-21	131	Sep-22	0
Oct-21	76	Oct-22	0
Nov-21	0	Nov-22	1
Dec-21	0	Dec-22	0
2021	470	2022	122
2023		2024	
Number of Body Scans Performed		Number of Body Scans Performed	
Month/Year	Body Scans Performed	Month/Year	Body Scans Performed
Jan-23	0	Jan-24	0
Feb-23	0	Feb-24	0
Mar-23	145	Mar-24	54
Apr-23	0	Apr-24	51
May-23	0	May-24	0
Jun-23	0	Jun-24	1
Jul-23	0	Jul-24	0
Aug-23	0	Aug-24	0
Sep-23	55	Sep-24	0
Oct-23	115	Oct-24	99
Nov-23	0	Nov-24	21
Dec-23	0	Dec-24	0
2023	315	2024	226

Exhibit 1

PROGRAM SERVICES REQUEST ADDENDUM

Customer Requests and MedExpert agrees to provide the Services from the Program Services listed in Schedule A as set forth below. This Addendum is made as part of and according to the terms of the MedExpert Services Agreement.

REQUESTED SERVICES:

- ☐ No Surprises Act – Transparency Rule – Compliance Management
- ☒ MHPAEA NQTL Report & Management
- ☐ ReconHealth (Patient Protection & Integrity Program)
- ☐ VaxNavigator – Worksite Access & Safety Program (COVID Compliance)
- ☐ Informed Navigation
- ☐ Concierge Care - Individual Medical Decision Systems (IMDS™)


MedExpert International, Inc.		Customer	
BY:		BY:	
(Sign)	_____	(Sign)	
NAME:	_____	NAME:	<u>SHANE D. ARCHER</u>
TITLE:	_____	TITLE	<u>CHAIR</u>
DATE:	_____	DATE:	<u>2-10-24</u>

Exhibit 1

PROGRAM SERVICES REQUEST ADDENDUM

Customer Requests and MedExpert agrees to provide the Services from the Program Services listed in Schedule A as set forth below. This Addendum is made as part of and according to the terms of the MedExpert Services Agreement.

REQUESTED SERVICES:

- ☐ No Surprises Act – Transparency Rule – Compliance Management
- ☒ MHPAEA NQTL Report & Management
- ☐ ReconHealth (Patient Protection & Integrity Program)
- ☐ VaxNavigator – Worksite Access & Safety Program (COVID Compliance)
- ☐ Informed Navigation
- ☐ Concierge Care - Individual Medical Decision Systems (IMDS™)

MedExpert International, Inc.

Customer

BY: _____
(Sign) _____
NAME: _____
TITLE: _____
DATE: _____


BY: _____
(Sign)  _____
NAME: Georganne White
TITLE: Co-Trustee
DATE: 1/30/25

Exhibit 2

ADDITIONAL SERVICES REQUEST ADDENDUM

THIS SERVICES AGREEMENT (“**Agreement**”) is entered into on _____, 2025 (the “**Effective Date**”) between MedExpert International, Inc., (“**MedExpert**”) and Fresno City Employees Health & Welfare Trust, (“**Customer**”).

Customer requests and MedExpert agrees to provide the Additional Services listed in Schedule B as set forth below. This Addendum is made as part of and according to the terms of the MedExpert Services Agreement.

Schedule B

ADDITIONAL SERVICES

SERVICE NAME: MHPAEA NQTL REPORT

Customer shall pay MedExpert \$13,500 per year for the program service listed below. This fee is guaranteed for three years if: there are no substantial changes to the customer Summary Plan Description, "SPD," from the previous year; there are no new vendors from the previous year; and all required data elements for eligibility, medical claims are transmitted by sFTP to MedExpert. The data elements to be transmitted are all standard elements found in 834, 835 and 837 data formats and must include rendering NPI, paid/denied, and place of service. If for any reason Customer does not provide MedExpert the requested standard claim and eligibility data MedExpert will charge \$750 per hour to re map the data. Additionally, if for any reason the customer does not provide MedExpert the requested standard claim and eligibility data and should a DOL audit require responses to questions based on missing data, then to assist with those DOL questions, MedExpert will charge \$850 per hour. report in compliance with HHS and DOL assessment criteria.

Table of Services with Non-Recurring Fees

1 MHPAEA NQTL REPORT 2025-2028 \$13,500/year

On September 23, 2024 the Internal Revenue Service, the Employee Benefits Security Administration and the Health and Human Services Department (the Departments) released the final rule on "Requirements Related to the Mental Health Parity and Addiction Equity Act. MedExpert will draft and submit an MHPAEA NQTL report demonstrating that a health plan covers mental health and substance use disorders (MH/SUD) fairly and in parity with medical management; and defend report in compliance with HHS and DOL assessment criteria. A payment of fifty percent (50%) of the total cost will be provided to MedExpert upon execution of contract and fifty percent (50%) will be provided within ten days of delivery of the NQTL document from MedExpert to Customer.

MedExpert International, Inc.

Customer

BY:

BY:

(Sign) _____

(Sign)  _____

NAME: _____

NAME: SHANE D. ARCHER

TITLE: _____

TITLE CHAIR

DATE: _____

DATE: 2-10-24

Schedule B

ADDITIONAL SERVICES

SERVICE NAME: MHPAEA NQTL REPORT

Customer shall pay MedExpert \$13,500 per year for the program service listed below. This fee is guaranteed for three years if: there are no substantial changes to the customer Summary Plan Description, "SPD," from the previous year; there are no new vendors from the previous year; and all required data elements for eligibility, medical claims are transmitted by sFTP to MedExpert. The data elements to be transmitted are all standard elements found in 834, 835 and 837 data formats and must include rendering NPI, paid/denied, and place of service. If for any reason Customer does not provide MedExpert the requested standard claim and eligibility data MedExpert will charge \$750 per hour to re map the data. Additionally, if for any reason the customer does not provide MedExpert the requested standard claim and eligibility data and should a DOL audit require responses to questions based on missing data, then to assist with those DOL questions, MedExpert will charge \$850 per hour. report in compliance with HHS and DOL assessment criteria.

Table of Services with Non-Recurring Fees

1 MHPAEA NQTL REPORT 2025-2028 \$13,500/year

On September 23, 2024 the Internal Revenue Service, the Employee Benefits Security Administration and the Health and Human Services Department (the Departments) released the final rule on "Requirements Related to the Mental Health Parity and Addiction Equity Act. MedExpert will draft and submit an MHPAEA NQTL report demonstrating that a health plan covers mental health and substance use disorders (MH/SUD) fairly and in parity with medical management; and defend report in compliance with HHS and DOL assessment criteria. A payment of fifty percent (50%) of the total cost will be provided to MedExpert upon execution of contract and fifty percent (50%) will be provided within ten days of delivery of the NQTL document from MedExpert to Customer.

MedExpert International, Inc.	Customer
BY: _____	BY: _____
(Sign) _____	(Sign) <u>Georgeanne White</u>
NAME: _____	NAME: <u>Georgeanne White</u>
TITLE: _____	TITLE <u>Co-Trustee</u>
DATE: _____	DATE: <u>1/30/25</u>

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

MONTHLY CLAIMS EXPERIENCE ANALYSIS
MEDICAL AND PRESCRIPTION DRUGS
SEVEN MONTHS ENDING JANUARY 31, 2025

		<u>PER ELIGIBLE</u>
ACTIVES	\$ 32,453,620.75	\$ 1,116.13
COBRA	295,886.60	6,724.70
RETIREEES	2,365,675.09	1,688.56
	<u>\$ 35,115,182.44</u>	\$ 1,150.49
MEDICARE SUPPLEMENT	\$ 1,263,930.78	\$ 1,206.04
SELF-PAY OVER 65	471,757.45	3,443.49
	<u>\$ 36,850,870.67</u>	\$ 1,162.23
AVERAGE MONTHLY COST - YTD	<u>\$ 5,264,410.10</u>	\$ 1,162.23
PRIOR YEAR AVERAGE MONTHLY COST - YTD SEVEN MONTHS ENDING JANUARY 31, 2024	5,598,287.56	\$ 1,315.03
PRIOR PLAN YEAR AVERAGE MONTHLY COST JULY 2023 - JUNE 2024	\$ 5,567,339.48	\$ 1,284.33
TWELVE MONTH ROLLING AVERAGE February 1, 2024 - January 31, 2025	\$ 5,372,577.63	\$ 1,279.13

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

**MONTHLY CLAIMS EXPERIENCE ANALYSIS
DENTAL BENEFIT SECTION
SEVEN MONTHS ENDING JANUARY 31, 2025**

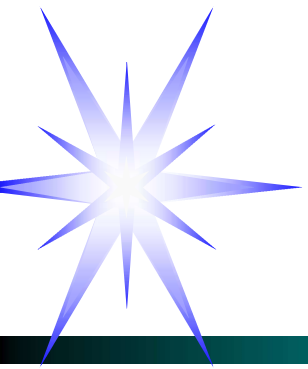
<u>DELTA DENTAL</u>	<u>PAYMENTS</u>	<u>PER ELIGIBLE</u>
ACTIVES	\$ 1,828,233.63	\$ 67.79
RETIREEES	273,017.87	\$ 69.75
TOTAL FOR DELTA DENTAL	<u>\$ 2,101,251.50</u>	\$ 68.04
 AVERAGE MONTHLY COST	 \$ 300,178.79	 \$ 68.04
PUD HMO AVG MONTHLY PREM	11,504.99	\$ 42.32
 TOTAL AVG MONTHLY COST - YTD	 <u>\$ 311,683.78</u>	 \$ 66.55

**PRIOR YEAR AVERAGE MONTHLY COST: DELTA DENTAL
JULY 2023 - JUNE 2024**

ACTIVES	\$ 68.29
RETIREEES	\$ 73.93
COMBINED	\$ 69.02

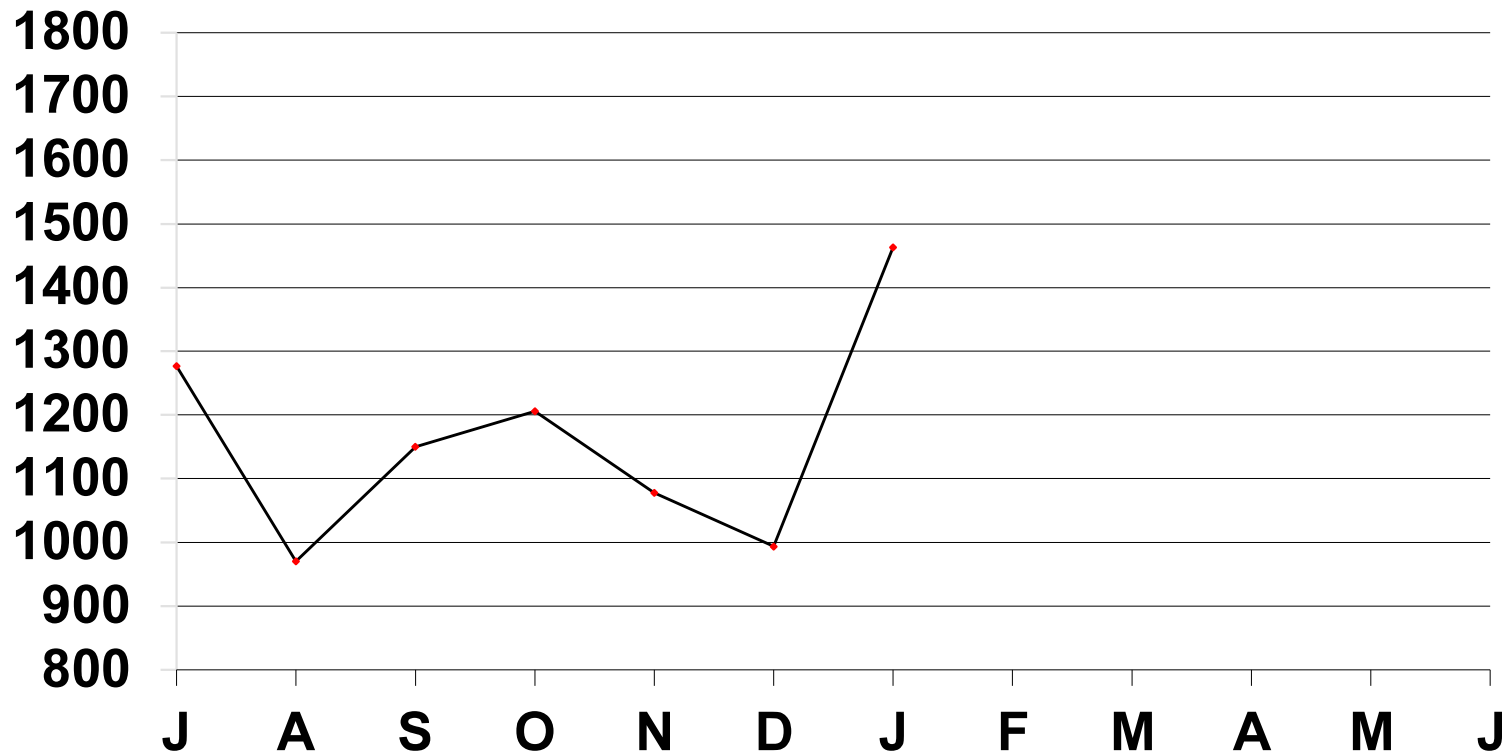
**TWELVE MONTH ROLLING AVERAGE
DELTA DENTAL
February 1, 2024 - January 31, 2025**

\$ 69.50



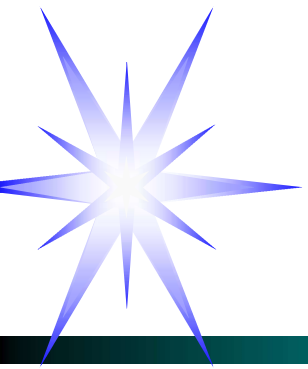
Average Cost Per Participant Monthly

Fresno City Employees H & W Trust
July 24 – Jun 25



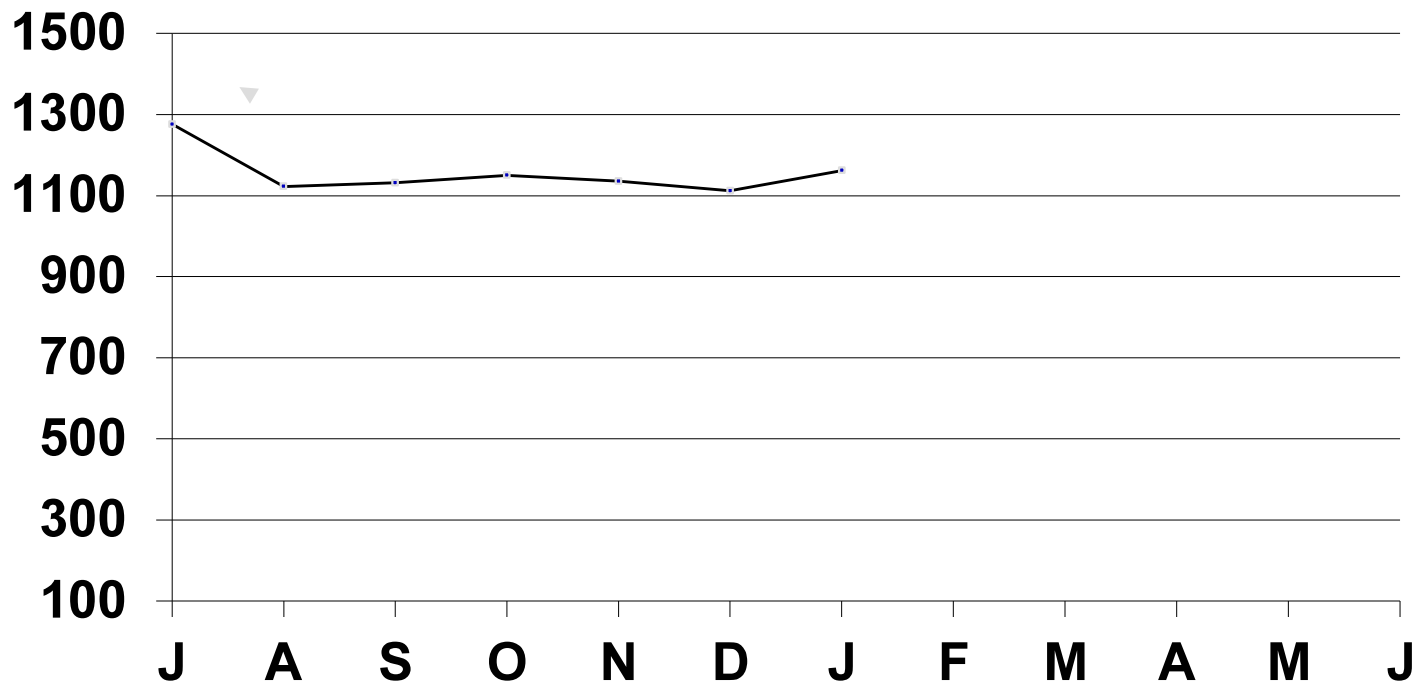
Personify Health

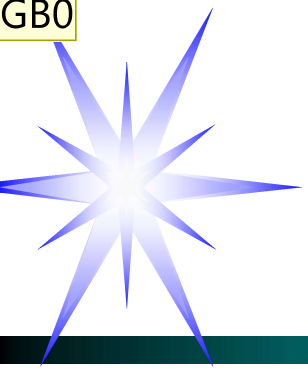
150



Average Cost Per Participant Year to Date

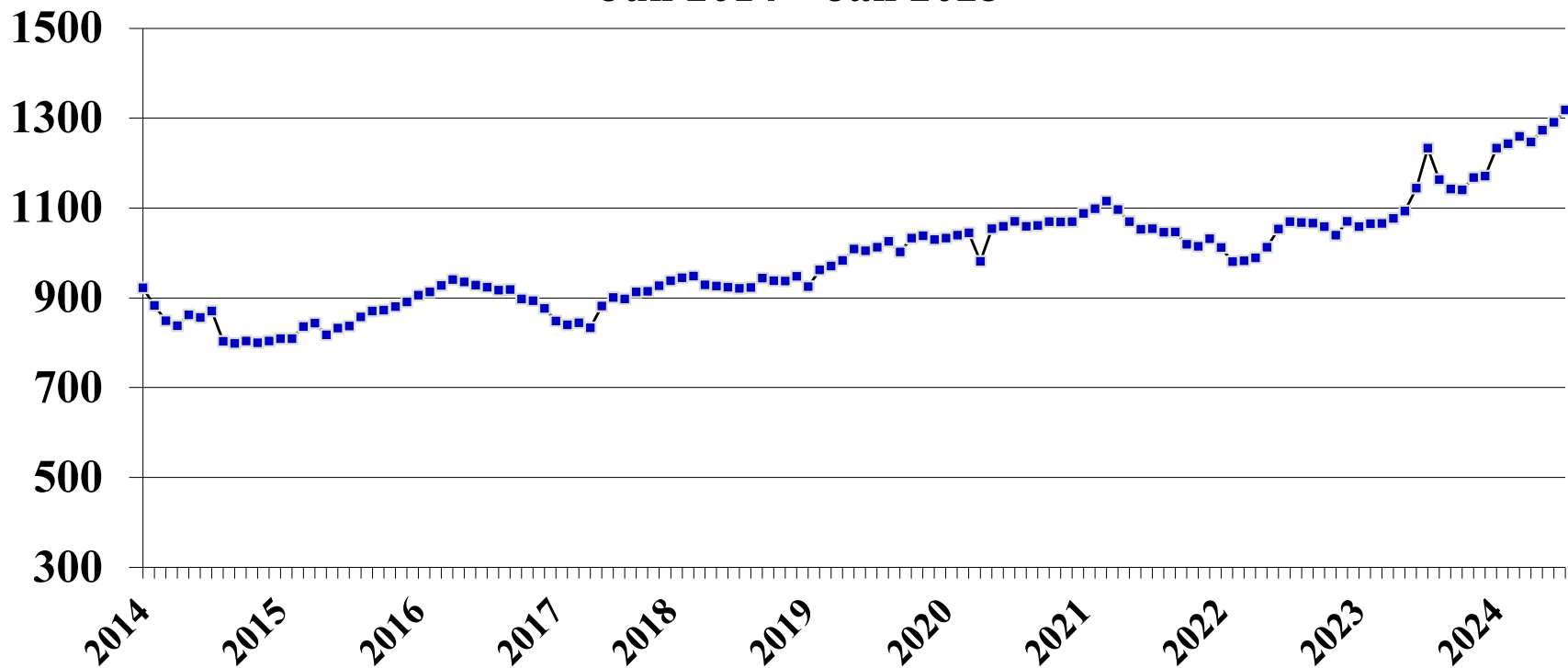
Fresno City Employees H & W Trust
July 24 – Jun 25





Average Cost Per Participant 12 Month Rolling Average

Fresno City Employees H & W Trust
Jun 2014 – Jan 2025



FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST
FINANCIAL ANALYSIS FOR MEDICAL, VISION AND PRESCRIPTION DRUG
SEVEN MONTHS ENDING JANUARY 31, 2025

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
ACTIVES								
PPO Contributing	2,673	\$ 1,486.96	\$ 130.26	\$ 1,617.22	\$ 1,389.00	\$ 3.18	\$ (225.04)	\$ (4,210,723.44)
PPO Non-Cont 35	1,405	\$ 447.46	\$ 130.26	\$ 577.72	\$ 939.00	\$ 3.18	\$ 364.46	\$ 3,584,464.10
PPO Non-Cont 25	76	\$ 431.89	\$ 130.26	\$ 562.15	\$ 1,089.00	\$ 3.18	\$ 530.03	\$ 281,975.96
								\$ -
TOTAL (a)	4154	\$ 1,116.07	\$ 130.26	\$ 1,246.33	\$ 1,231.31	\$ 3.18	\$ (11.84)	\$ (344,283.38)
RETIREEES								
PPO Plan	200	\$ 1,688.56	\$ 130.26	\$ 1,818.82	\$ 1,389.00	\$ 3.18	\$ (426.64)	\$ (597,725.17)
TOTAL	200	1,688.56	\$ 130.26	\$ 1,818.82	\$ 1,323.00	\$ 3.18	\$ (426.64)	\$ (597,725.17)
COBRA								
PPO Plan	6	\$ 6,724.70	\$ 130.26	\$ 6,854.96	\$ 1,416.78	\$ 3.18	\$ (5,435.00)	\$ (228,270.00)
TOTAL	6	\$ 6,724.70	\$ 130.26	\$ 6,854.96	\$ 1,416.78	\$ 3.18	\$ (5,435.00)	\$ (228,270.00)
MEDICARE SUPP								
PPO Plan	150	\$ 1,206.04	\$ 29.60	\$ 1,235.64	\$ 759.00	\$ 3.18	\$ (473.46)	\$ (497,133.00)
TOTAL	150	\$ 1,206.04	\$ 29.60	\$ 1,235.64	\$ 759.00	\$ 3.18	\$ (473.46)	\$ (497,133.00)
SELF-PAY								
PPO Plan	20	\$ 3,443.49	\$ 130.26	\$ 3,573.75	\$ 1,675.00	\$ 3.18	\$ (1,895.57)	\$ (265,379.80)
TOTAL	20	\$ 3,443.49	\$ 130.26	\$ 3,573.75	\$ 1,675.00	\$ 3.18	\$ (1,895.57)	\$ (265,379.80)
Stop-Loss Reimbursement								\$ 838,330.69
Prescription Drug Rebates								\$ 3,421,049.79
TOTAL								\$ 2,326,589.13

NOTES:

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

Fixed Costs include all plan costs for Blue Shield, Simple Behavioral, SimpleMSK, Optum, Personify Health, Rael & Letson, Moss Law Firm, EyeMed, EPIC and ULL Insurance Company.

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 Personify Health 2/20/2025

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

FINANCIAL ANALYSIS FOR DENTAL SEVEN MONTHS ENDING JANUARY 31, 2025

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
Delta PPO	4412	\$ 68.04	\$ 5.60	\$ 73.64	\$ 111.00		\$ 37.36	\$ 1,153,826.24
PUD HMO	272	\$ -	\$ 42.32	\$ 42.32	\$ 111.00		\$ 68.68	\$ 130,766.72
TOTAL								\$ 1,284,592.96

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 28, 2025

		<u>PER ELIGIBLE</u>
ACTIVES	\$ 37,317,184.10	\$ 1,122.32
COBRA	299,720.78	5,994.42
RETIREEES	2,839,238.67	1,775.63
	<u>\$ 40,456,143.55</u>	\$ 1,159.24
MEDICARE SUPPLEMENT	\$ 1,464,589.97	\$ 1,225.60
SELF-PAY OVER 65	490,242.83	3,162.86
	<u>\$ 42,410,976.35</u>	\$ 1,169.99
AVERAGE MONTHLY COST - YTD	<u>\$ 5,301,372.04</u>	\$ 1,169.99
PRIOR YEAR AVERAGE MONTHLY COST - YTD EIGHT MONTHS ENDING FEBRUARY 28, 2024	5,503,828.75	\$ 1,289.14
PRIOR PLAN YEAR AVERAGE MONTHLY COST JULY 2023 - JUNE 2024	\$ 5,567,339.48	\$ 1,284.33
TWELVE MONTH ROLLING AVERAGE March 1, 2024 - February 28, 2025	\$ 5,432,368.35	\$ 1,288.59

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

**MONTHLY CLAIMS EXPERIENCE ANALYSIS
DENTAL BENEFIT SECTION
EIGHT MONTHS ENDING FEBRUARY 28, 2025**

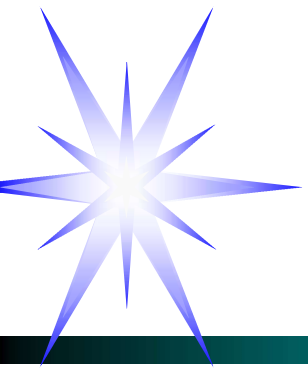
<u>DELTA DENTAL</u>	<u>PAYMENTS</u>	<u>PER ELIGIBLE</u>
ACTIVES	\$ 2,070,690.75	\$ 67.14
RETIREEES	304,794.48	\$ 68.20
TOTAL FOR DELTA DENTAL	<u>\$ 2,375,485.23</u>	\$ 67.27
AVERAGE MONTHLY COST	\$ 296,935.65	\$ 67.27
PUD HMO AVG MONTHLY PREM	12,082.36	\$ 42.32
TOTAL AVG MONTHLY COST - YTD	<u>\$ 309,018.01</u>	\$ 65.76

**PRIOR YEAR AVERAGE MONTHLY COST: DELTA DENTAL
JULY 2023 - JUNE 2024**

ACTIVES	\$ 68.29
RETIREEES	\$ 73.93
COMBINED	\$ 69.02

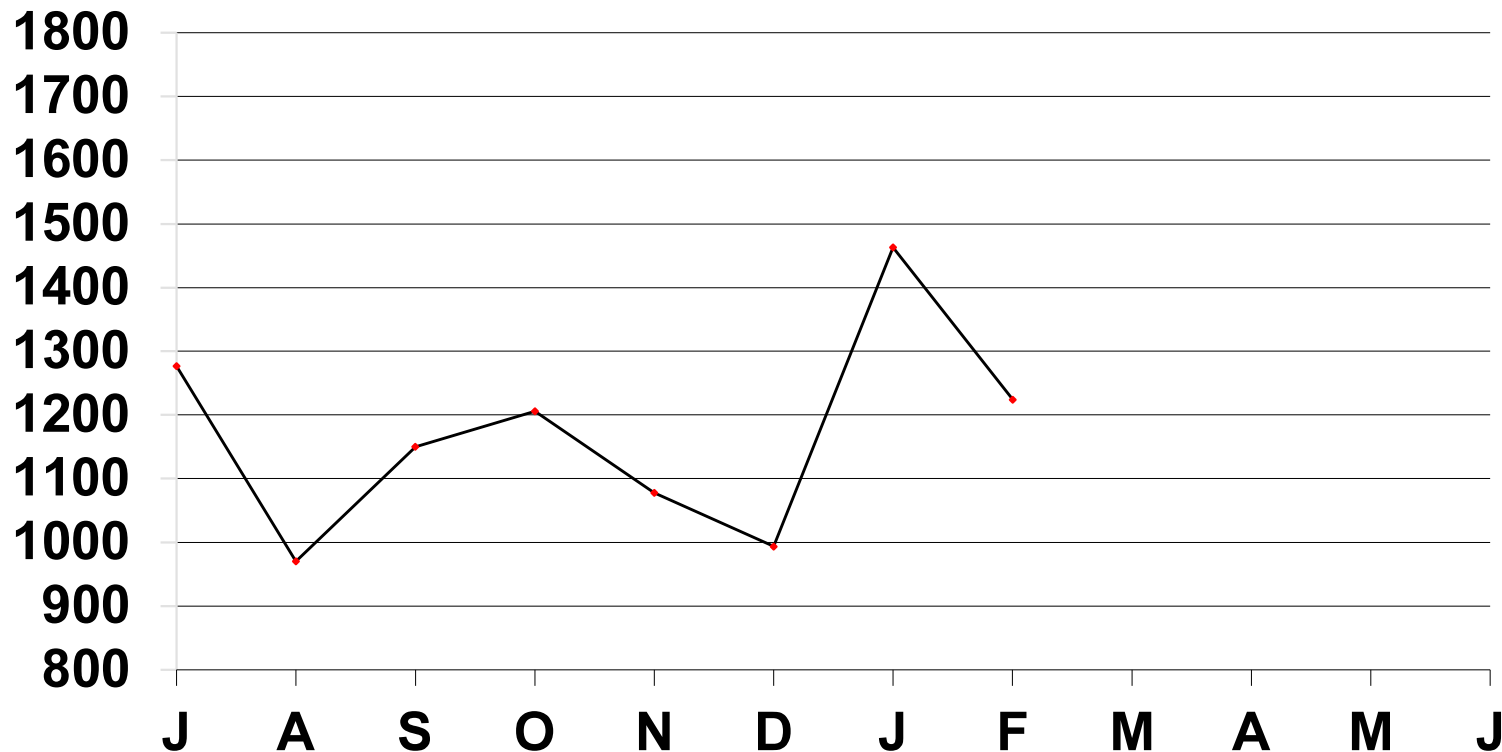
**TWELVE MONTH ROLLING AVERAGE
DELTA DENTAL
March 1, 2024 - February 28, 2025**

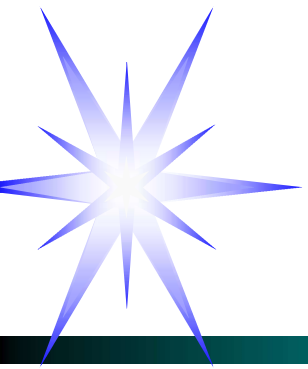
\$ 68.07



Average Cost Per Participant Monthly

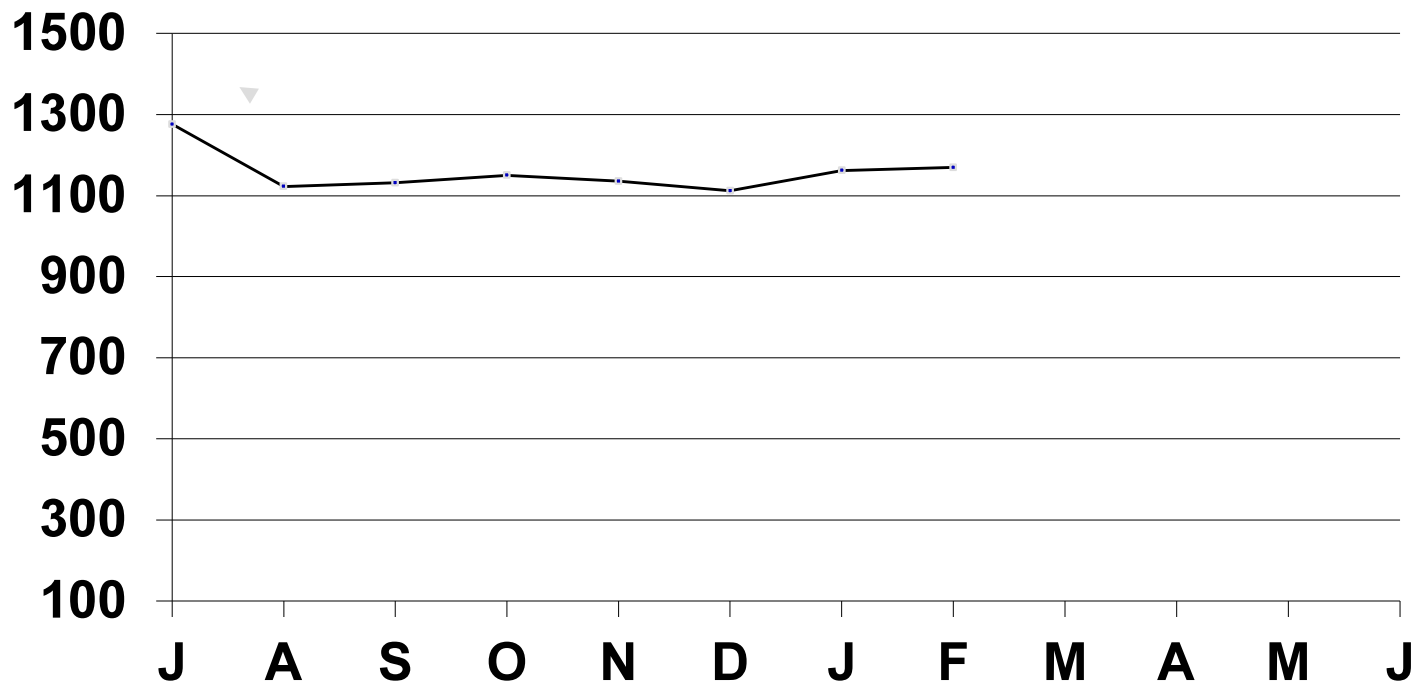
Fresno City Employees H & W Trust
July 24 – Jun 25

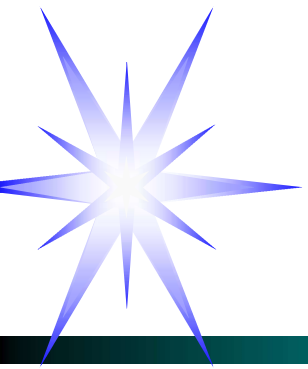




Average Cost Per Participant Year to Date

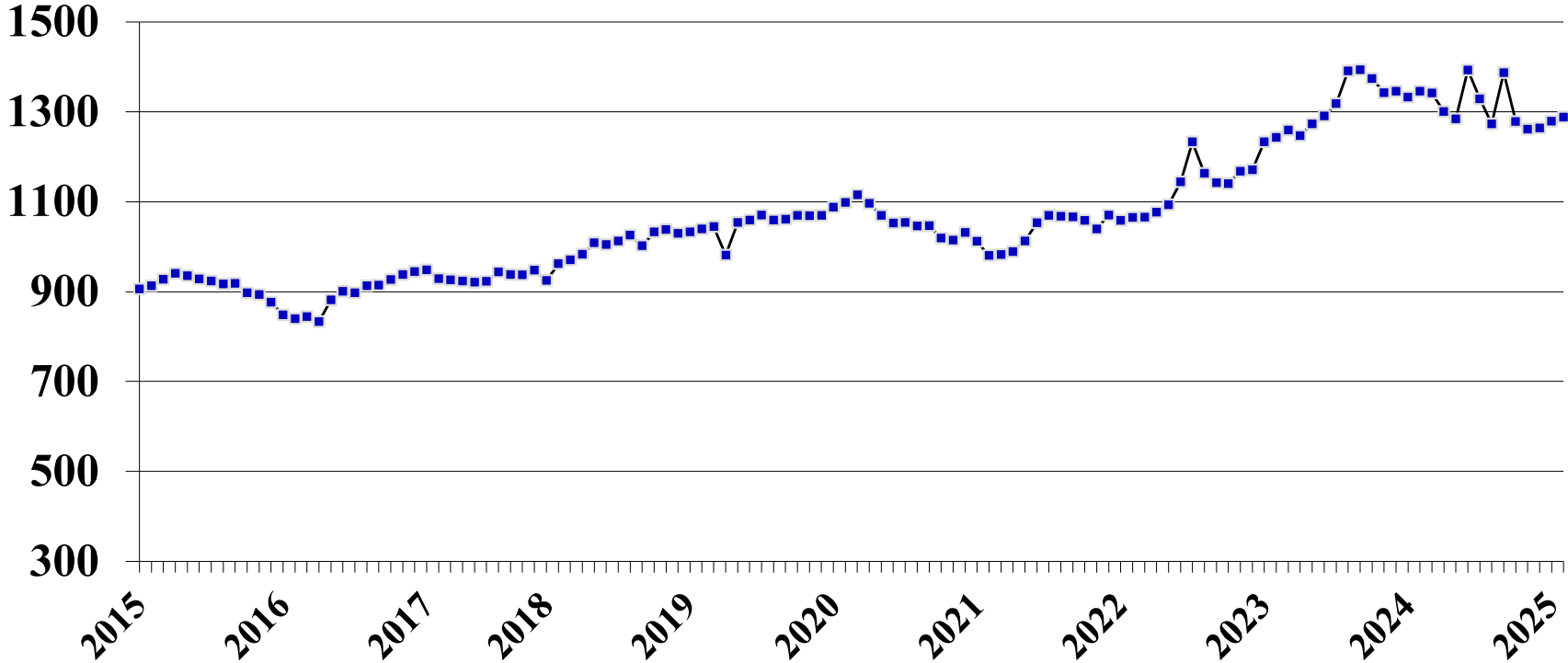
Fresno City Employees H & W Trust
July 24 – Jun 25





Average Cost Per Participant 12 Month Rolling Average

Fresno City Employees H & W Trust
Jun 2015 – Feb 2025



FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST
FINANCIAL ANALYSIS FOR MEDICAL, VISION AND PRESCRIPTION DRUG
EIGHT MONTHS ENDING FEBRUARY 28, 2025

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
ACTIVES								
PPO Contributing	2,675	\$ 1,492.21	\$ 130.26	\$ 1,622.47	\$ 1,389.00	\$ 3.18	\$ (230.29)	\$ (4,928,206.00)
PPO Non-Cont 35	1,407	\$ 452.40	\$ 130.26	\$ 582.66	\$ 939.00	\$ 3.18	\$ 359.52	\$ 4,046,757.12
PPO Non-Cont 25	75	\$ 492.67	\$ 130.26	\$ 622.93	\$ 1,089.00	\$ 3.18	\$ 469.25	\$ 281,550.00
								\$ -
TOTAL (a)	4157	\$ 1,122.24	\$ 130.26	\$ 1,252.50	\$ 1,231.28	\$ 3.18	\$ (18.04)	\$ (599,898.88)
RETIREEES								
PPO Plan	200	\$ 1,775.63	\$ 130.26	\$ 1,905.89	\$ 1,389.00	\$ 3.18	\$ (513.71)	\$ (821,428.59)
TOTAL	200	1,775.63	\$ 130.26	\$ 1,905.89	\$ 1,323.00	\$ 3.18	\$ (513.71)	\$ (821,428.59)
COBRA								
PPO Plan	6	\$ 5,994.42	\$ 130.26	\$ 6,124.68	\$ 1,416.78	\$ 3.18	\$ (4,704.72)	\$ (225,826.56)
TOTAL	6	\$ 5,994.42	\$ 130.26	\$ 6,124.68	\$ 1,416.78	\$ 3.18	\$ (4,704.72)	\$ (225,826.56)
MEDICARE SUPP								
PPO Plan	149	\$ 1,225.60	\$ 29.60	\$ 1,255.20	\$ 759.00	\$ 3.18	\$ (493.02)	\$ (587,679.84)
TOTAL	149	\$ 1,225.60	\$ 29.60	\$ 1,255.20	\$ 759.00	\$ 3.18	\$ (493.02)	\$ (587,679.84)
SELF-PAY								
PPO Plan	19	\$ 3,162.86	\$ 130.26	\$ 3,293.12	\$ 1,675.00	\$ 3.18	\$ (1,614.94)	\$ (245,470.88)
TOTAL	19	\$ 3,162.86	\$ 130.26	\$ 3,293.12	\$ 1,675.00	\$ 3.18	\$ (1,614.94)	\$ (245,470.88)
Stop-Loss Reimbursement								\$ 838,330.69
Prescription Drug Rebates								\$ 3,529,501.85
TOTAL								\$ 1,887,527.79

NOTES:

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

Fixed Costs include all plan costs for Blue Shield, Simple Behavioral, SimpleMSK, Optum, Personify Health, Rael & Letson, Moss Law Firm, EyeMed, EPIC and ULL Insurance Company.

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 Personify Health 3/3/2025

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

FINANCIAL ANALYSIS FOR DENTAL EIGHT MONTHS ENDING FEBRUARY 28, 2025

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
Delta PPO	4414	\$ 67.27	\$ 5.60	\$ 72.87	\$ 111.00		\$ 38.13	\$ 1,346,446.56
PUD HMO	286	\$ -	\$ 42.32	\$ 42.32	\$ 111.00		\$ 68.68	\$ 157,139.84
TOTAL								\$ 1,503,586.40

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.

HEALTH & WELFARE FY25
PREPARED BY FINANCIAL REPORTING

HEALTH & WELFARE TRUST ACTIVITY REPORT
SCHEDULE OF RECEIPTS AND DISBURSMENTS
JULY 1, 2024 THRU DECEMBER 31, 2024 Period 6

RECEIPTS:	JUL	AUG	SEP	OCT	NOV	DEC	TOTALS
CITY AND EMP. CONTRIBUTION FROM PAYROLL	\$4,906,666	\$5,979,683	\$5,461,079	\$5,454,330	\$5,456,707	\$5,452,548	\$32,711,012
RDA SUCCESSOR EMPLOYEES CONTRIBUTION	\$0	\$1,428	\$0	\$1,500	\$0	\$3,000	\$5,928
SELF PAY - LWOP	\$1,428	\$6,372	\$5,544	\$595	\$0	\$900	\$14,839
SELF PAY - COBRA	\$9,000	\$8,712	\$13,500	\$7,500	\$7,500	\$9,000	\$55,212
SELF PAY - FPOA ACTIVE ADM STAFF	\$0	\$3,000	\$0	\$3,000	\$0	\$6,000	\$12,000
RETIREEES	\$357,932	\$358,829	\$360,625	\$356,971	\$358,963	\$360,108	\$2,153,429
RETIREEES - HRA	\$234,637	\$125,633	\$131,319	\$131,849	\$0	\$120,680	\$744,118
RETIREEES - CITY PAID H&W RECEIPTS	\$1,336	\$1,336	\$1,336	\$1,336	\$1,336	\$1,336	\$8,016
RETIREEES - SELF PAY	\$11,269	\$28,852	\$0	\$11,998	\$9,598	\$11,509	\$73,226
REFUNDS	\$312,302	\$1,410,650	\$101,058	\$1,888,300	\$249,149	\$1,963,473	\$5,924,933
INTEREST	\$83,531	\$87,073	\$87,049	\$94,250	\$92,969	\$95,316	\$540,188
OTHER	\$0	\$0	\$0	\$0	\$0	\$50	\$50
H & W TRUST CASH RECEIPTS	\$5,918,102	\$8,011,568	\$6,161,509	\$7,951,628	\$6,176,222	\$8,023,921	\$42,242,951
DISBURSEMENTS:							
CLAIMS PAID	(\$5,539,017)	(\$5,965,783)	(\$5,233,200)	(\$5,511,773)	(\$4,994,996)	(\$4,574,192)	(\$31,818,961)
CLAIMS PAID - DELTA DENTAL	(\$325,827)	(\$320,087)	(\$312,664)	(\$376,686)	(\$262,610)	(\$255,338)	(\$1,853,212)
BLUE SHIELD OF CALIFORNIA	(\$96,440)	(\$98,892)	(\$99,041)	(\$99,446)	(\$99,041)	(\$98,828)	(\$591,688)
DELTA DENTAL OF CALIFORNIA	\$0	(\$50,165)	(\$25,306)	\$0	(\$50,456)	(\$25,234)	(\$151,161)
OPTUMRX INC	\$0	(\$53,706)	(\$30,133)	\$0	\$0	(\$94,447)	(\$178,286)
PHYSMETRICS, LLC		(\$27,843)	(\$13,978)	(\$14,019)	(\$13,994)	(\$23,699)	(\$93,533)
HALCYON BEHAVIORAL LLC	(\$19,939)	(\$20,029)	(\$20,401)	(\$20,466)	(\$20,430)	(\$20,419)	(\$121,684)
UNITED HEALTHCARE INSURANCE CO	(\$21,114)	\$0	(\$11,003)	(\$10,411)	(\$10,876)	(\$11,003)	(\$64,408)
EPIC HEARING HEALTHCARE	\$0	(\$1,141)	(\$574)	(\$573)	(\$571)	(\$574)	(\$3,433)
CITY ADMIN. FEES	(\$130)	(\$130)	(\$130)	(\$130)	(\$130)	(\$130)	(\$780)
ADM - RAEI & LETSON	(\$7,000)	\$0	(\$14,200)	(\$10,700)	(\$10,700)	(\$21,200)	(\$63,800)
HEALTHCOMP INC	(\$150,240)	(\$151,461)	(\$151,682)	(\$152,030)	(\$151,714)	(\$151,492)	(\$908,620)
LEGAL - THE MOSS LAW FIRM	\$0	(\$8,250)	(\$4,775)	(\$2,850)	(\$4,350)	(\$3,125)	(\$23,350)
FIDELITY SECURITY LIFE INSUR CO-VISION	(\$74,038)	(\$74,726)	(\$75,214)	(\$78,372)	(\$75,012)	(\$75,096)	(\$452,458)
STOP LOSS INSURANCE SERVICES INC	(\$435,500)	\$0	(\$218,664)	(\$220,278)	(\$220,934)	(\$220,934)	(\$1,316,310)
OTHER - ADMIN FEES	\$0	\$0	\$0	\$0	(\$1,825)	(\$10,542)	(\$12,367)
H & W CASH DISBURSEMENTS	(\$6,669,246)	(\$6,772,213)	(\$6,210,967)	(\$6,497,733)	(\$5,917,638)	(\$5,586,252)	(\$37,654,049)
RECEIPTS OVER DISBURSMENTS	(\$751,144)	\$1,239,355	(\$49,458)	\$1,453,895	\$258,584	\$2,437,669	\$4,588,902

HEALTH & WELFARE FY25
PREPARED BY FINANCIAL REPORTING

HEALTH & WELFARE TRUST ACTIVITY REPORT
SCHEDULE OF RECEIPTS AND DISBURSMENTS
JULY 1, 2024 THRU DECEMBER 31, 2024 Period 6

	JUL	AUG	SEP	OCT	NOV	DEC
BEGINNING CASH BALANCE	\$29,342,295	\$29,206,609	\$29,849,703	\$29,789,451	\$31,227,041	\$31,476,386
ADD: TOTAL REVENUE	\$5,918,102	\$8,011,568	\$6,161,509	\$7,951,628	\$6,176,222	\$8,023,921
LESS: TOTAL EXPENDITURES	(\$6,669,246)	(\$6,772,213)	(\$6,210,967)	(\$6,497,733)	(\$5,917,638)	(\$5,586,252)
LESS: CHANGE IN RECEIVABLE	(\$16,808)	(\$2,389)	\$18,605	\$8,494	\$9,239	\$26,347
LESS: CHANGE IN VOUCHERS PAYABLE	(\$598,650)	\$598,650	(\$7,811)	\$7,811	\$0	\$0
ENDING CASH BALANCE	\$29,206,609	\$29,849,703	\$29,789,451	\$31,227,041	\$31,476,386	\$33,887,708
YTD CASH RECEIPTS	\$5,918,102	\$13,929,670	\$20,091,179	\$28,042,807	\$34,219,029	\$42,242,950
YTD CASH DISBURSEMENTS	(\$6,669,246)	(\$13,441,459)	(\$19,652,426)	(\$26,150,159)	(\$32,067,797)	(\$37,654,049)
YTD CHANGE IN RECEIVABLE	(\$16,808)	(\$19,197)	(\$592)	\$7,902	\$17,141	\$43,488
YTD CHANGE IN PAYABLE	(\$598,650)	\$0	(\$7,811)	\$0	\$0	\$0
YTD NET CHANGE IN CASH	(\$135,686)	\$507,408	\$447,156	\$1,884,746	\$2,134,091	\$4,545,413
BEGINNING RECEIVABLE BALANCE	\$252,897	\$236,090	\$233,701	\$252,306	\$260,800	\$270,039
INCREASE, DEBITS	\$83,531	\$87,073	\$87,049	\$94,250	\$92,969	\$95,316
DECREASE, CREDITS	(\$100,339)	(\$89,461)	(\$68,443)	(\$85,756)	(\$83,731)	(\$68,969)
ENDING RECEIVABLE BALANCE	\$236,090	\$233,701	\$252,306	\$260,800	\$270,039	\$296,386
ENDING RECEIVABLE BALANCE	\$236,090	\$233,701	\$252,306	\$260,800	\$270,039	\$296,386
BEGINNING RECEIVABLE BALANCE	\$252,897	\$236,090	\$233,701	\$252,306	\$260,800	\$270,039
CHANGE IN RECEIVABLE	(\$16,808)	(\$2,389)	\$18,605	\$8,494	\$9,239	\$26,347
BEG VOUCHERS PAYABLE BAL	(\$177)	(\$598,827)	(\$177)	(\$7,988)	(\$177)	(\$177)
DECREASE, DEBITS	\$4,728,777	\$5,978,336	\$4,695,695	\$5,051,087	\$5,148,422	\$5,085,089
INCREASE, CREDITS	(\$5,327,427)	(\$5,379,687)	(\$4,703,506)	(\$5,043,275)	(\$5,148,422)	(\$5,085,089)
END VOUCHERS PAYABLE BAL	(\$598,827)	(\$177)	(\$7,988)	(\$177)	(\$177)	(\$177)
END VOUCHERS PAYABLE BALANCE	(\$598,827)	(\$177)	(\$7,988)	(\$177)	(\$177)	(\$177)
BEG PAYABLE BALANCE	(\$177)	(\$598,827)	(\$177)	(\$7,988)	(\$177)	(\$177)
CHANGE IN VOUCHERS PAYABLE	(\$598,650)	\$598,650	(\$7,811)	\$7,811	\$0	\$0

ACCOUNT SUMMARY TRIAL BALANCE FOR FY25/JUL TO DEC

FUND 6030

ACCOUNT

ACCOUNT NAME	BEG. BALANCE	DEBITS	CREDITS	NET CHANGE	END BALANCE
6030-6032-0000-000-110110-00-0-0000-0000- Cash in Treasury	29,342,295.23	42,203,448.26	37,658,035.89	4,545,412.37	33,887,707.60
6030-6032-0000-000-110400-00-0-0000-0000- Treasury Interest Receivable	252,896.94	540,188.01	496,698.60	43,489.41	296,386.35
6030-6032-0000-000-111500-00-0-0000-0000- Accounts Receivable GB Billing	15,584.88	1,800.59	1,800.59	.00	15,584.88
6030-6032-0000-000-220100-00-0-0000-0000- Vouchers Payable	-176.90	30,687,405.96	30,687,405.96	.00	-176.90
6030-6032-0000-000-220318-00-0-0000-0000- H & W City Emp Trust w/H Paybl	-13,600,331.61	37,658,035.89	41,706,749.66	-4,048,713.77	-17,649,045.38
6030-6032-0000-000-222200-00-0-0000-0000- Deferred Revenues	-15,584.88	1,800.59	1,800.59	.00	-15,584.88
6030-6032-0000-000-390010-00-0-0000-0000- Retained Earnings	-15,994,683.66	.00	.00	.00	-15,994,683.66
6030-6032-3200-651-436101-32-1-0000-0000- Interest	.00	.00	540,188.01	-540,188.01	-540,188.01
TOTALS FOR FUND 6030					
Health & welfare	.00	111,092,679.30	111,092,679.30	.00	.00

**SPECIFIC STOP LOSS
THROUGH 01/31/2025**

DEDUCTIBLE: \$175k, \$350k, \$550k, Lasered \$975k
CARRIER: ULL Insurance Company

LASERED \$975,000.00		
MEMBER	NET PAID	STILL TO MEET
TOTAL	\$0.00	\$0.00

MEMBER	NET PAID	STILL TO MEET
1	\$329,565.29	\$220,434.71
2	\$360,060.26	\$189,939.74
3	\$296,989.04	\$253,010.96
4	\$299,682.18	\$250,317.82
TOTAL	\$1,286,296.77	\$913,703.23

DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)
175,000	\$ 201.72	\$ 6,181,709.40	\$ 586,296.77	\$ (5,595,412.63)
350,000	\$ 100.86	\$ 3,090,854.70	\$ 10,060.26	\$ (3,080,794.44)
550,000	\$ 50.43	\$ 1,545,427.35	\$ -	\$ (1,545,427.35)

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
2023/2024	20	\$ (874,433.59)	\$ (1,863,832.61)	\$ 2,671,126.70
TOTAL	264	\$ 5,587,102.48	\$ 7,707,684.63	\$ 15,902,314.82

\$11,940.77

INCURRED: 07/01/24 - 02/28/2025
PAID: 07/01/24 THRU: 02/28/2025

OVER \$550,000.00

LASERED \$975,000.00

50% OVER \$275,000.00

PREMIUM

PRIOR YEAR RESULTS

Current Outstanding Submission
As of February 28, 2025

\$11,940.77

Paid Claims Lag Time Analysis by Input Date

INCURRED: 01/01/1990 - 01/31/2025 | PAID: 01/01/2025 - 01/31/2025

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	6,317	46.4 %	46.4 %	13,514	99.2 %	99.2 %	13,399	98.3 %	98.3 %	13,160	96.6 %	96.6 %
11 - 14	1,357	10.0 %	56.3 %	47	0.3 %	99.5 %	174	1.3 %	99.6 %	186	1.4 %	97.9 %
15 - 21	1,501	11.0 %	67.3 %	58	0.4 %	99.9 %	55	0.4 %	100.0 %	254	1.9 %	99.8 %
22 - 28	816	6.0 %	73.3 %	8	0.1 %	100.0 %	0	0.0 %	100.0 %	23	0.2 %	100.0 %
Over 28	3,637	26.7 %	100.0 %	1	0.0 %	100.0 %	0	0.0 %	100.0 %	5	0.0 %	100.0 %

Total # of claims: 13,628

Average days from incurred to input: 41.6

Average days from input to processed: .6

Average days from processed to paid: 3.7

Average days from input to paid: 4.3

Paid Claims Lag Time Analysis by Input Date

INCURRED: 01/01/1990 - 02/28/2025 | PAID: 02/01/2025 - 02/28/2025

FRESNO CITY EMP H&W TRUST Summary												
Range of Days Lagged	Incurred Date to Input Date			Input Date to Processed Date			Processed Date to Paid Date			Input Date to Paid Date		
	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum	Claims	% Total	% Cum
0 - 10	5,719	52.3 %	52.3 %	10,899	99.7 %	99.7 %	10,698	97.8 %	97.8 %	10,578	96.7 %	96.7 %
11 - 14	1,292	11.8 %	64.1 %	20	0.2 %	99.8 %	196	1.8 %	99.6 %	259	2.4 %	99.1 %
15 - 21	1,242	11.4 %	75.5 %	11	0.1 %	99.9 %	36	0.3 %	99.9 %	76	0.7 %	99.8 %
22 - 28	569	5.2 %	80.7 %	1	0.0 %	99.9 %	7	0.1 %	100.0 %	17	0.2 %	99.9 %
Over 28	2,115	19.3 %	100.0 %	6	0.1 %	100.0 %	0	0.0 %	100.0 %	7	0.1 %	100.0 %

Total # of claims: 10,937

Average days from incurred to input: 36.8

Average days from input to processed: .5

Average days from processed to paid: 3.7

Average days from input to paid: 4.1

**JAN & FEB
OPEN CASES**

Case Number:	Date of Accident	Case Status	Claims Paid
20240206-001534	01/18/2024	Active	\$ 68,717.05
20231215-000806	11/23/2023	Active	\$ 56,293.64
20241231-003529	08/01/2024	Active	\$ 13,831.85
20250204-002871	11/07/2024	Active	\$ 13,246.95
20240308-004763	04/20/2023	Active	\$ 11,644.64
20230819-000569	07/01/2023	Active	\$ 8,642.06
20230502-000097	05/31/2021	Active	\$ 3,568.52
20230818-003487	06/05/2023	Active	\$ 9,584.59
20240123-000698	01/02/2024	Active	\$ 8,855.38
20241231-000448	07/30/2024	Active	\$ 6,996.84
20240307-000213	03/07/2024	Active	\$ 10,048.56
20231221-000043	10/16/2023	Active	\$ 7,338.81
20230818-003460	04/07/2023	Active	\$ 3,486.02
20240318-003663	02/29/2024	Active	\$ 3,265.23
20240430-000839	04/10/2024	Active	\$ 1,263.59
20240425-000044	04/02/2024	Active	\$ 2,192.47
20230502-000748	05/31/2021	Active	\$ 3,019.06
20241106-002543	08/31/2024	Active	\$ 1,613.05
20230711-004650	11/04/2022	Active	\$ 2,427.15
20230719-001247	05/30/2023	Active	\$ 444.38
20241218-000868	12/27/2022	Active	\$ 950.77
20250102-000248	09/19/2024	Active	\$ 50.00
20250104-000398	09/19/2024	Active	\$ 652.68
20230502-000372	11/24/2022	Active	\$ 2,785.04
20230502-000526	10/29/2021	Active	\$ 612.34

Total \$241,530.67

**JAN & FEB
CLOSED CASES**

Case Number:	Status	Closed date:	Claims Total	Paid Amount:	Recovered Amount:
20241231-001982	Closed	02/21/2025	\$ 5,854.60	\$0	\$0
20240619-001027	Closed	02/14/2025	\$ 2,134.00	\$499.48	\$499.48
20241231-002711	Closed	02/04/2025	\$ 41,249.24	\$0	\$0
20241231-002114	Closed	02/24/2025	\$ 288,092.76	\$0	\$0
20250204-000782	Closed	02/26/2025	\$ 35,813.10	\$0	\$0
20230502-000420	Closed	02/06/2025	\$ 53,151.44	\$0	\$0
20241231-001554	Closed	02/03/2025	\$ 12,871.50	\$0	\$0
20230502-000712	Closed	02/04/2025	\$ 37,751.57	\$19,209.88	\$12,807.00
20240808-002862	Closed	02/27/2025	\$ 44,486.61	\$0	\$0
20240523-001704	Closed	02/26/2025	\$ 5,772.00	\$0	\$0
20240808-001390	Closed	02/04/2025	\$ 56,117.58	\$0	\$0



Explanation of Benefits

RETAIN FOR TAX PURPOSES | This is not a bill

CLAIM #:

GROUP:

100-200 / FRESNO CITY EMP H&W TRUST

PATIENT:

PAID DATE:

9/18/2024

Provider

KWPH ENT AMERICAN AMBULANCE
PO BOX 884165
LOS ANGELES, CA 90088

YOUR PLAN PAID

\$866.53

YOUR RESPONSIBILITY

\$216.63

Covered By Your Plan					Your Responsibility						
Service Details	Total Charge	Plan Rate	Plan Paid	Paid by Other Insurance	Not Covered	For Your Deductible	Co-pay/ Coinsurance	Total	PCT	Reason Codes	Service Code
Date: 8/5/2024 - 8/5/2024 AMBULANCE	\$2,344.00	\$728.62	\$582.90	\$0.00	\$0.00	\$0.00	\$0.00/\$145.72	\$145.72	80%	4S	125
Date: 8/5/2024 - 8/5/2024 AMBULANCE	\$931.00	\$354.54	\$283.63	\$0.00	\$0.00	\$0.00	\$0.00/\$70.91	\$70.91	80%	4S	125
Totals	\$3,275.00	\$1,083.16	\$866.53	\$0.00	\$0.00	\$0.00	\$216.63	\$216.63			
Other Credits or Adjustments:								\$0.00			
Your Total Responsibility:								\$216.63			

Reason Code Descriptions

4S - ZLS-DISCOUNT AMOUNT

Payment Distribution

Code	Paid To	Check No	Amount
A	KWPH ENT AMERICAN AMBULANCE	48272589	\$866.53
SUB			

Messages

PAID ACCORDING TO ERS. CALL ZELIS 866-489-9444 BEFORE BALANCE BILLING THE MEMBER

Fresno City Employees Health and Welfare Trust

Fiscal Year July '25 – June '26



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

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

IMPORTANT ANNOUNCEMENT

May 1, 2025

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, 2025. 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, 2025. ANY CHANGES YOU MAKE WILL BE EFFECTIVE JULY 1, 2025.

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 2025/2026 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, 2025. 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, 2025 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, 2025 Plan Booklet, please contact HealthComp at (559) 499-2450.

The Board of Trustees

Fresno City Employees Health and Welfare Trust

Fiscal Year July '25 – June '26



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

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

IMPORTANT ANNOUNCEMENT

May 1, 2025

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, 2025. ANY CHANGES YOU MAKE WILL BE EFFECTIVE JULY 1, 2025.

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 2025/2026 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, 2025. 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, 2025 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, 2025 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 '25 – June '26

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



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

April XX, 2025

«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, 2025.

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»

Fresno City Employees Health and Welfare Trust

Fiscal Year July '25 -June '26

P.O. BOX45018
FRESNO, CA 93718-5018



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

June x, 2025

«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, 2025, You were mailed an open enrollment packet at the end of April 2025. 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, 2025. 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, 2025, 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 '25-June '26

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



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

June x, 2025

«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, 2025. You were mailed an announcement for the online open enrollment at the end of April 2025. 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, 2025. 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, 2025, 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 '25-June '26

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



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

June x, 2025

«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, 2025. An open enrollment announcement regarding the online open enrollment was sent to you at the end of April 2025. On June X, 2025, a letter was mailed to you providing a grace period extension to June 30, 2025 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, 2025, 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 '25-June '26

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



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

June x, 2025

«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, 2025. Open enrollment materials were sent to you at the end of April 2025. On June X, 2025, a letter was mailed to you providing a grace period extension to June 30, 2025 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, 2025, 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 '25 – June '26



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

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

IMPORTANT ANNOUNCEMENT

May 1, 2025

**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, 2025. 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, 2025. ANY CHANGES YOU MAKE WILL BE EFFECTIVE JULY 1, 2025.

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, 2025:

	<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, 2025 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, 2025 Plan Booklet, please contact HealthComp at (559) 499-2450.

The Board of Trustees

Open Enrollment on HCOOnline

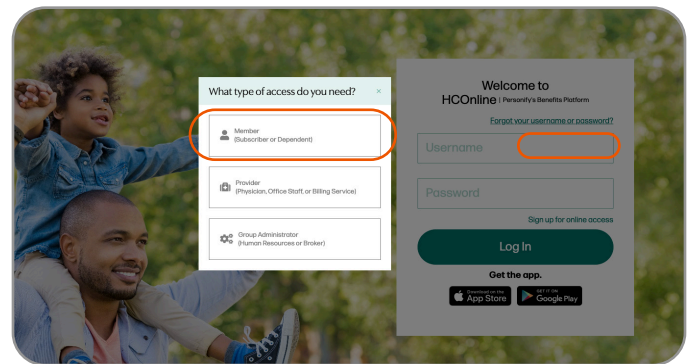
Open Enrollment is May 1–31, 2025.

Annual open enrollment must be completed through **HCOOnline**. To create your account and sign up for benefits, follow the instructions below. If you already have an account, please proceed to the next page.

Registering on HCOOnline

1. In a web browser, go to HCOOnline at hconline.healthcomp.com.
2. In the upper-right corner, select **Sign Up**, then **Member** from the drop-down menu. This will open the **New User Registration** wizard. Next, select **employer health plan**.
3. Under **Verification**, enter your Social Security number (omitting dashes), date of birth (MM/DD/YYYY) and home zip code (#####). Select the **I'm not a robot** check box. Select **Next**.
4. Next, under **User Account**, enter your email address, username, password, security question and security question answer. Select **Create New User**.
5. **HCOOnline** will send a confirmation email to the email address provided. Open the email and click on the link in the confirmation email. This completes the registration process.

HCOOnline Landing page:



Account Registration page:

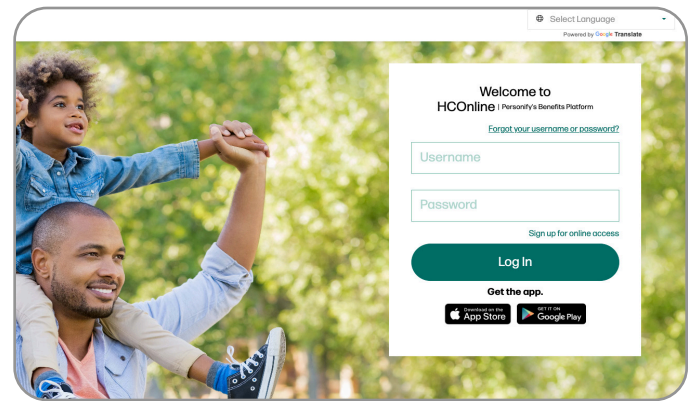
A screenshot of the 'Sign up for online access' page. It starts with the question 'What type of health plan do you have?' with 'Employer' (circled in red) and 'Student' options. Below this, it says 'Please provide the following information to verify your identity. If you are a dependent, be sure to enter your information and not the subscriber's.' There are fields for 'Social Security number' (with a 'Confirm Social Security number' field next to it), 'Date of Birth' (MM/DD/YYYY), and 'Home Zip Code #'. There's also a 'Mobile Phone #' field. At the bottom, there's a checkbox for 'I'm not a robot' and a 'Submit' button. A green checkmark indicates 'Yes, I am opting in to receive text message updates on my claims and bene...'. There are also 'Back to login' and 'Submit' buttons at the bottom.

**Questions? Contact Member Services
at 800-442-7247.**

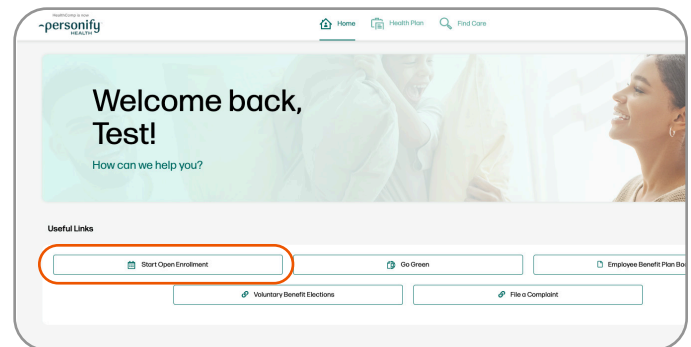
Complete open enrollment

1. Go to HOnline at hconline.healthcomp.com.
2. Enter your username and password and select **Log In**.
3. On the home page, select **Open Enrollment**.
4. The **Enrollment interface** will display information about your benefits and a checklist of items you must complete to enroll in a benefits plan. Once you have reviewed this information, select **Next** at the bottom of the screen.
5. On the **Employee Demographics** page, enter your personal information. select **Next** to save and continue to the next page. If you need to start over, select **Reset** to reset the fields.

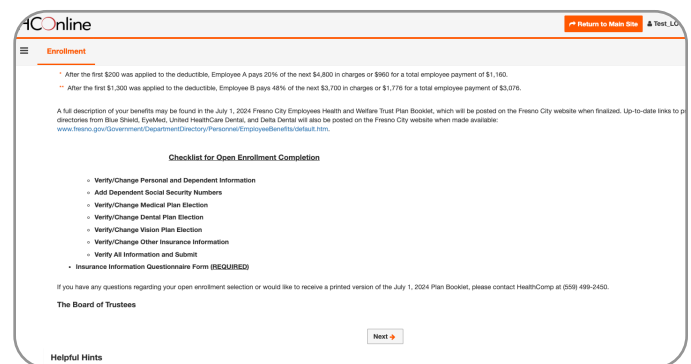
Login page:



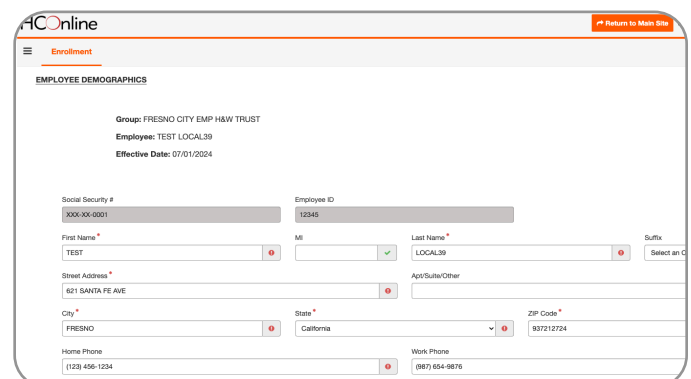
Home page, Open Enrollment:



Enrollment interface:



Employee Demographics page:



Complete open enrollment continued

6. On the **Employee Benefits** page, you can elect medical, dental, vision and FSA coverage for you and your family. For each type of coverage, you are required to select **both a plan and a coverage level**. Select the drop-down menus to view your options.

You may also be required to specify whether your spouse or parent is an employee of the city of Fresno. If your spouse or parent is an employee of the City of Fresno, select the check box.

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

8. Add dependents to your health plan on the **Dependents** page. If you do not need to add a dependent, select **Next**. To add a dependent, select **Add**.

The page will automatically display additional fields for the dependent's information. Complete the fields and select **Next**.

A pop-up window will prompt you to email your supporting documentation (marriage/birth certificate) to cofoe@personifyhealth.com. Select **Ok**.

You can add another dependent by choosing **Add** and repeating the process. Once you've finished adding your dependents, select **Next**.

9. Review the information in the **Authorization Form** and select **Next**. This page displays a summary of the information you've provided. Once you've reviewed and confirmed the information, select **Submit**. This completes the enrollment process.

Employee Benefits page:

Employee Benefits page:

Dependents page:

Appendix: Completing the Other Insurance form

Your health plan requires you to provide information regarding any additional health coverage you may have. If you do not have additional coverage, you are still required to indicate this by completing the **Other Insurance** form.

Complete the form online:

Other Insurance form page:

PERSONIFY HEALTH

HomeHealth PlanFlexFind Care

WELCOME Share

Other Insurance Upload

Subscriber Name

Medical Id No. or SSN

Employer Name

Is this related to a specific claim?

☐ Yes

☒ No

Do you or any of your covered dependents have existing health coverage (this includes Medicare)?

☐ Yes

☒ No

Covered Members Without Other Insurance

Member Name

Date of Birth

MMDDYYYY

+ Add Another Member

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

Signed

Date

Add supporting documents:

Attachments(e.g. proof of court-ordered coverage for a dependent)

Drag & Drop Files Here!

Submit For Review

Back To Forms

Medicare Supp Open Enrollment on HCOOnline

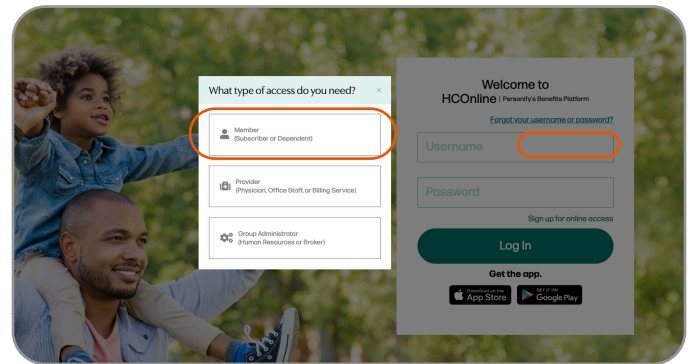
Open Enrollment is May 1–31, 2025.

Annual open enrollment must be completed through **HCOOnline**. To create your account and sign up for benefits, follow the instructions below. If you already have an account, please proceed to the next page.

Registering on HCOOnline

1. In a web browser, go to HCOOnline at **hconline.healthcomp.com**.
2. In the upper-right corner, select **Sign Up**, then **Member** from the drop-down menu. This will open the **New User Registration** wizard. Next, select **employer health plan**.
3. Under **Verification**, enter your Social Security number (omitting dashes), date of birth (MM/DD/YYYY) and home zip code (#####). Select the **I'm not a robot** check box. Select **Next**.
4. Next, under **User Account**, enter your email address, username, password, security question and security question answer. Select **Create New User**.
5. **HCOOnline** will send a confirmation email to the email address provided. Open the email and click on the link in the confirmation email. This completes the registration process.

HCOOnline Landing page:



Account Registration page:

Sign up for online access

What type of health plan do you have?
☒ Employer ☐ Student

Please provide the following information to verify your identity. If you are a dependent, be sure to enter your information and not the subscriber's.

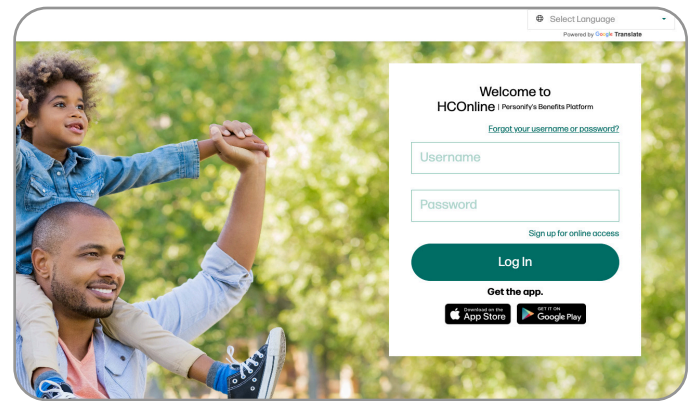
Social Security number	Confirm Social Security number
<input type="text"/>	<input type="text"/>
Date of Birth	Home Zip Code #
<input type="text"/>	<input type="text"/>
Mobile Phone #	<input type="checkbox"/> Yes, I am opting in to receive text message updates on my claims and bene
<input type="text"/>	
<input type="checkbox"/> I'm not a robot	
<input type="button" value="Submit"/>	<input type="button" value="Back to login"/>

**Questions? Contact Member Services
at 800-442-7247.**

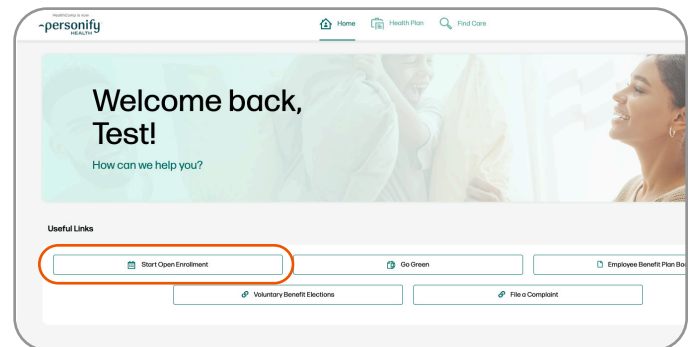
Complete open enrollment

1. Go to HOnline at hconline.healthcomp.com.
2. Enter your username and password and select **Log In**.
3. On the home page, select **Open Enrollment**.
4. The **Enrollment interface** will display information about your benefits and a checklist of items you must complete to enroll in a benefits plan. Once you have reviewed this information, select **Next** at the bottom of the screen.
5. On the **Employee Demographics** page, enter your personal information. select **Next** to save and continue to the next page. If you need to start over, select **Reset** to reset the fields.

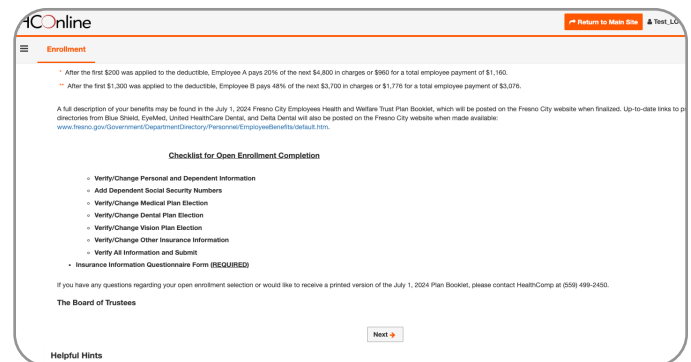
Login page:



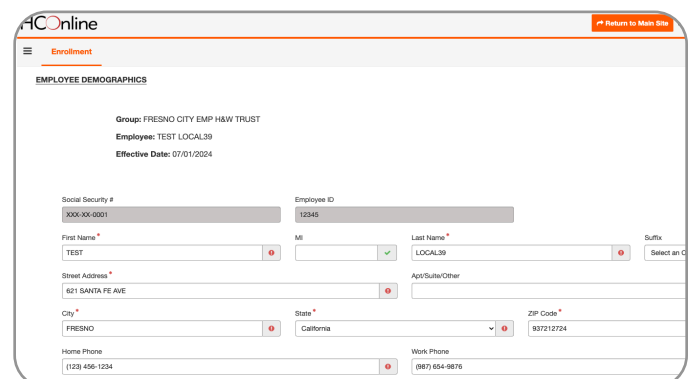
Home page, Open Enrollment:



Enrollment interface:



Employee Demographics page:



Complete open enrollment continued

6. On the **Employee Benefits** page, you can elect medical, dental, vision and FSA coverage for you and your family. For each type of coverage, you are required to select **both a plan and a coverage level**. Select the drop-down menus to view your options.

You may also be required to specify whether your spouse or parent is an employee of the city of Fresno. If your spouse or parent is an employee of the City of Fresno, select the check box.

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

8. Add dependents to your health plan on the **Dependents** page. If you do not need to add a dependent, select **Next**. To add a dependent, select **Add**.

The page will automatically display additional fields for the dependent's information. Complete the fields and select **Next**.

A pop-up window will prompt you to email your supporting documentation (marriage/birth certificate) to cofoe@personifyhealth.com. Select **Ok**.

You can add another dependent by choosing **Add** and repeating the process. Once you've finished adding your dependents, select **Next**.

9. Review the information in the **Authorization Form** and select **Next**. This page displays a summary of the information you've provided. Once you've reviewed and confirmed the information, select **Submit**. This completes the enrollment process.

Employee Benefits page:

Employee Benefits page:

Dependents page:

Appendix: Completing the Other Insurance form

Your health plan requires you to provide information regarding any additional health coverage you may have. If you do not have additional coverage, you are still required to indicate this by completing the **Other Insurance** form.

Complete the form online:

Other Insurance form page:

PERSONIFY HEALTH

HomeHealth PlanFlexFind Care

WELCOME Share

Other Insurance Upload

Subscriber Name

Medical Id No. or SSN

Employer Name

Is this related to a specific claim?

☐ Yes

☒ No

Do you or any of your covered dependents have existing health coverage (this includes Medicare)?

☐ Yes

☒ No

Covered Members Without Other Insurance

Member Name

Date of Birth

MMDDYYYY

+ Add Another Member

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

Signed

Date

Add supporting documents:

Attachments(e.g. proof of court-ordered coverage for a dependent)

Drag & Drop Files Here!

Submit For Review

Back To Forms

Memorandum

To: Board of Trustees
Fresno City Health and Welfare Fund

From: David Broome, Consultant

Date: March 10, 2025

Re: Consultant's Report for March 12, 2025 Board of Trustees Meeting -
Fiscal Year 2025-26 Financial Projections

Included in your meeting packet are the Financial Projections for the 2025/2026 Fiscal Year. The following is a summary of specific action items that still need decisions and other issues or items of attention.

1. **Exhibit A:** The claims experience report takes into account eight months of actual claims for the 2024/25 Fiscal Year (claims experience through February 28, 2025) and four months of projected claims to complete the current year. Claims are then projected for the 2025/26 Fiscal Year. For both the current year and the projection year, we utilized claims experience based on March 1, 2022, through February 28, 2025 data and trended them forward. Projected medical claims are net of any expected stop loss reimbursements.
2. **Exhibit B:** During the prior 2023/24 Fiscal Year, the Plan had approximately \$82.4M in receipts and \$77.9M in disbursements resulting in a surplus of \$4.5M for the 12 months ending June 30, 2024. **The net fund balance as of June 30, 2024 as stated in the financials was \$24.1 million.** The net reserve months were 3.7 as of June 30, 2024. It is important to note that this fiscal year includes significant large claim losses in excess of the \$550k stop loss deductible. The receipts and corresponding cash balance provided by the City financials do not include all stop-loss reimbursements received after June 30, 2024 for claims paid during this 2023/24 Fiscal Year. As of September 30, 2024, we are aware of \$1.3M in total stop loss reimbursements, both paid and outstanding after June 30, 2024. These amounts are reflected in Exhibit C.
3. **Exhibit C:** The 2024/25 current Fiscal Year takes into account six months of actual financial experience and projected financial experience for six months. **Since the January Board meeting we have received an additional six months of actual financial results, the net fund balance as of December 31, 2024 increased to \$27.3 million.** For the 12 months ending June 30, 2025, the Plan is projected to have \$79.9 million in receipts and \$76.6 million in disbursements, which would result in a \$3.3 million surplus. This period reflects the \$1.3 million in stop loss reimbursements noted above. **The net fund balance as of June 30, 2025 is projected to be \$26.1 million, which is equal to 4.1 months of net reserves.**

We have been informed that the through December 31, 2024, the income is overstated by approximately \$1.3 million due to a large claim being reclassified as workers compensation eligible claim. This claim was reimbursed by stop loss and refunded by the provider creating overstated income. We have applied an adjustment to the projection to account

for the overpayment.

4. **Exhibit D:** The 2025/26 projected Fiscal Year uses projected claims, latest available enrollment, and latest self-funded claim/premium/fee information to project experience for the 12 months ending June 30, 2026. The self-funded claims are based on the projected claims from Exhibit A. As described earlier, this is calculated using blended experience using claims from March 1, 2022 through February 28, 2025, then trended forward. **Net reserve months as of June 30, 2026 are projected to be 4.0 assuming no change to the current contribution rates.**
5. **Exhibit E:** This exhibit shows various scenarios to the contribution rate. **Based on the projections, a 0.0% increase would result in 4.0 months of net reserves as of June 30, 2026.** Alternatively, a 2.75% increase would result in 4.3 months of reserves for the period July 1, 2025 through June 30, 2026. A 4.5% increase would result in 4.5 net reserve months. Finally, a 9.9% increase results in 5.0 months of reserves as of June 30, 2026.
6. **Exhibit F:** This exhibit shows the rate history going back to July 1, 2011. The 3-year, 5-year, and 10-year annualized contribution rate trends are shown at the bottom of the exhibit.

As a reminder, the current Active Contribution Rate is \$1,500 (\$1,050 by the City and \$450 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% of the benefit cost until the maximum out of pocket is satisfied.

These items will be discussed at your March 12, 2025 meeting. If there are any questions before or after that meeting, please let me know.

DB:tl

Enclosures

cc: Mike Moss, esq.
Tom Georgouses
Diana Cavazos
Andrew Desa

Fresno City Employees Health & Welfare Trust

Financial Projections Contribution Rates

2025 / 2026 Fiscal Year

(Presented at March 12, 2025 Trust Meeting)

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

Exhibit A
(Presented at 3/12/2025 Trust Meeting)

	(Projected) ¹ Claims FY 25-26			(Projected) ¹ Claims FY 24-25			Claims FY 23-24			Claims FY 22-23			Claims FY 21-22			Claims FY 20-21			Claims FY 19-20		
	Enrollment:	Monthly	PEPM	Enrollment:	Monthly	PEPM	Enrollment:	Monthly	PEPM	Enrollment:	Monthly	PEPM	Enrollment:	Monthly	PEPM	Enrollment:	Monthly	PEPM	Enrollment:	Monthly	PEPM
Active	Enrollment:	4,173	0.2%	Enrollment:	4,163	6.1%	Enrollment:	3,925	6.7%	Enrollment:	3,680	7.4%	Enrollment:	3,426	3.3%	Enrollment:	3,316	0.2%	Enrollment:	3,310	1.3%
Medical Claims	\$42,340,760	\$3,528,397	\$845.53	\$41,096,303	\$3,424,692	\$822.65	\$43,245,376	\$3,603,781	\$918.16	\$40,755,515	\$3,396,293	\$922.91	\$32,332,519	\$2,694,377	\$786.45	\$30,290,888	\$2,524,241	\$761.23	\$28,210,769	\$2,350,897	\$710.24
Prescription Drug Claims	16,817,524	1,401,460	335.84	16,131,792	1,344,316	322.92	15,847,740	1,320,645	336.47	13,777,819	1,148,152	312.00	13,199,481	1,099,957	321.06	11,411,754	950,980	286.79	11,067,868	922,322	278.65
Dental Claims (Plans 1 & 2)	3,411,177	284,265	68.12	3,336,561	278,047	66.79	2,983,626	248,636	63.35	2,234,537	186,211	50.60	2,400,775	200,065	58.40	2,738,300	228,192	68.82	2,330,625	194,219	58.68
	\$62,569,461	\$5,214,122	\$1,249.49	\$60,564,656	\$5,047,055	\$1,212.36	\$62,076,742	\$5,173,062	\$1,317.98	\$56,767,871	\$4,730,656	\$1,285.50	\$47,932,775	\$3,994,398	\$1,165.91	\$44,440,942	\$3,703,412	\$1,116.83	\$41,609,262	\$3,467,439	\$1,047.56
	Projected Trend:			Projected Trend:			Trend			Trend			Trend			Trend			Trend		
Medical Claims			3%	Medical Claims		-10%	Medical Claims		-1%	Medical Claims		17%	Medical Claims		3%	Medical Claims		7%	Medical Claims		-8%
Prescription Drug Claims			4%	Prescription Drug Claims		-4%	Prescription Drug Claims		8%	Prescription Drug Claims		-3%	Prescription Drug Claims		12%	Prescription Drug Claims		3%	Prescription Drug Claims		3%
Dental Claims (Plans 1 & 2)			2%	Dental Claims (Plans 1 & 2)		5%	Dental Claims (Plans 1 & 2)		25%	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			3.1%	TOTAL		-8.0%	TOTAL		2.5%	TOTAL		10.3%	TOTAL		4.4%	TOTAL		6.6%	TOTAL		-5.3%

Regular Retiree	Enrollment:	198	-0.5%	Enrollment:	199	8.8%	Enrollment:	183	5.8%	Enrollment:	173	1.2%	Enrollment:	171	-11.4%	Enrollment:	193	-2.5%	Enrollment:	198	-5.7%
Medical Claims	\$3,967,564	\$330,630	\$1,669.85	\$3,873,071	\$322,756	\$1,621.21	\$4,014,713	\$334,559	\$1,828.19	\$3,662,285	\$305,190	\$1,764.11	\$2,794,245	\$232,854	\$1,361.72	\$1,767,027	\$147,252	\$762.97	\$4,035,776	\$336,315	\$1,698.56
Prescription Drug Claims	1,402,553	116,879	590.30	1,355,996	113,000	567.60	1,364,734	113,728	621.46	1,351,806	112,651	651.16	900,866	75,072	439.02	926,655	77,221	400.11	1,135,981	94,665	478.11
Dental Claims (Plans 1 & 2) *	342,948	28,579	78.73	339,636	28,303	77.19	479,091	39,924	111.52	364,157	30,346	83.83	408,401	34,033	91.49	445,186	37,099	98.93	339,371	28,281	75.22
	\$5,713,064	\$476,089	\$2,338.88	\$5,568,703	\$464,059	\$2,266.00	\$5,858,538	\$488,212	\$2,667.82	\$5,378,248	\$448,187	\$2,590.68	\$4,103,512	\$341,959	\$1,999.76	\$3,138,868	\$261,572	\$1,355.30	\$5,511,128	\$459,261	\$2,319.50
*Dental Claims costs are for all Retirees																					
	Projected Trend:			Projected Trend:			Trend			Trend			Trend			Trend			Trend		
Medical Claims			3%	Medical Claims		-11%	Medical Claims		4%	Medical Claims		30%	Medical Claims		78%	Medical Claims		-55%	Medical Claims		61%
Prescription Drug Claims			4%	Prescription Drug Claims		-9%	Prescription Drug Claims		-5%	Prescription Drug Claims		48%	Prescription Drug Claims		10%	Prescription Drug Claims		-16%	Prescription Drug Claims		7%
Dental Claims (Plans 1 & 2)			2%	Dental Claims (Plans 1 & 2)		-31%	Dental Claims (Plans 1 & 2)		33%	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			3.2%	TOTAL		-15.1%	TOTAL		3.0%	TOTAL		29.5%	TOTAL		47.6%	TOTAL		-41.6%	TOTAL		40.2%

Medicare Supplement	Enrollment:	146	-1.6%	Enrollment:	148	-3.7%	Enrollment:	154	-7.8%	Enrollment:	167	-4.6%	Enrollment:	175	15.1%	Enrollment:	152	2.7%	Enrollment:	148	-3.3%
Medical Claims	\$601,584	\$50,132	\$343.37	\$593,399	\$49,450	\$333.37	\$592,724	\$49,394	\$320.74	\$470,230	\$39,186	\$234.65	\$420,391	\$35,033	\$200.19	\$426,397	\$35,533	\$233.77	\$454,587	\$37,882	\$255.96
Prescription Drug Claims	1,250,595	104,216	713.81	1,221,703	101,809	686.35	1,329,347	110,779	719.34	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
	\$1,852,179	\$154,348	\$1,057.18	\$1,815,102	\$151,258	\$1,019.72	\$1,922,071	\$160,173	\$1,040.08	\$1,782,634	\$148,553	\$889.54	\$1,838,460	\$153,205	\$875.46	\$1,697,078	\$141,423	\$930.42	\$1,529,668	\$127,472	\$861.30
	Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:		
Medical Claims			3%	Medical Claims		4%	Medical Claims		37%	Medical Claims		17%	Medical Claims		-14%	Medical Claims		-9%	Medical Claims		-5%
Prescription Drug Claims			4%	Prescription Drug Claims		-5%	Prescription Drug Claims		10%	Prescription Drug Claims		-3%	Prescription Drug Claims		-3%	Prescription Drug Claims		15%	Prescription Drug Claims		-8%
TOTAL			3.7%	TOTAL		-2.0%	TOTAL		16.9%	TOTAL		1.6%	TOTAL		-5.9%	TOTAL		8.0%	TOTAL		-7.0%

Non-Medicare Retiree	Enrollment:	19	-1.3%	Enrollment:	19	-8.3%	Enrollment:	21	-4.5%	Enrollment:	22		Enrollment:	26	-13.3%	Enrollment:	30	0.0%	Enrollment:	30	20.0%
Medical Claims	\$713,779	\$59,482	\$3,130.61	\$708,992	\$59,083	\$3,069.23	\$413,440	\$34,453	\$1,640.63	\$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
	\$713,779	\$59,482	\$3,130.61	\$708,992	\$59,083	\$3,069.23	\$413,440	\$34,453	\$1,640.63	\$1,261,989	\$105,166	\$4,780.26	\$1,082,197	\$90,183	\$3,468.58	\$583,750	\$48,646	\$1,621.53	\$573,930	\$47,828	\$1,594.25
*Rx is included in Regular Retirees																					
	Projected Trend:			Projected Trend:			Trend			Trend			Trend			Trend			Trend		
Medical Claims			2%	Medical Claims		87%	Medical Claims		-66%	Medical Claims		38%	Medical Claims		114%	Medical Claims		2%	Medical Claims		34%
TOTAL			2.0%	TOTAL		87.1%	TOTAL		-65.7%	TOTAL		37.8%	TOTAL		113.9%	TOTAL		1.7%	TOTAL		33.9%

Total Members	Enrollment:	4,536	0.1%	Enrollment:	4,530	5.8%	Enrollment:	4,283	6.0%	Enrollment:	4,042	6.4%	Enrollment:	3,798	2.9%	Enrollment:	3,691	0.1%	Enrollment:	3,686	0.9%
Medical Claims	\$47,623,687	\$3,968,641	\$874.92	\$46,271,765	\$3,855,980	\$851.27	\$48,266,253	\$4,022,188	\$939.11	\$46,150,019	\$3,845,835	\$951.47	\$36,629,352	\$3,052,446	\$803.70	\$33,068,062	\$2,755,672	\$746.59	\$33,275,062	\$2,772,922	\$752.28
Prescription Drug Costs	19,470,672	1,622,556	357.71	18,709,491	1,559,124	344.20	18,541,821	1,545,152	360.76	16,442,029	1,370,169	338.98	15,518,416	1,293,201	340.50	13,609,090	1,134,091	307.26	13,278,930	1,106,578	300.21
Dental Claims (Plans 1 & 2)	3,754,125	312,844	68.97	3,676,197	306,350	67.63	3,462,717	288,560	67.37	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
	\$70,848,484	\$5,904,040	\$1,301.60	\$68,657,453	\$5,721,454	\$1,263.11	\$70,270,791	\$5,855,899	\$1,367.24	\$65,190,742	\$5,432,562	\$1,344.03	\$54,956,944	\$4,579,745	\$1,205.83	\$49,860,638	\$4,155,053	\$1,125.73	\$49,223,988	\$4,101,999	\$1,112.86
	Projected Trend:			Projected Trend:			Trend			Trend			Trend			Trend			Trend		
Medical Claims			3%	Medical Claims		-9%	Medical Claims		-1%	Medical Claims		18%	Medical Claims		8%	Medical Claims		-1%	Medical Claims		-2%
Prescription Drug Costs			4%	Prescription Drug Costs		-5%	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)			2%	Dental Claims (Plans 1 & 2)		0%	Dental Claims (Plans 1 & 2)		26%	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			3.0%	TOTAL		-7.6%	TOTAL		1.7%	TOTAL		11.5%	TOTAL		7.1%	TOTAL		1.2%	TOTAL		-1.6%

¹ Projected claims for FY24-25 and FY25-26 are net of any expected stop loss reimbursements.

Fresno City Employees Health and Welfare Trust
Receipts and Disbursements
FY 2023-2024 (Actual)

Exhibit B
(Presented at 3/12/2025 Trust Meeting)

Receipts			2023	2023	2023	2023	2023	2023	2023	2024	2024	2024	2024	2024	2024
	MO. AVERAGE	ANNUAL TOTAL	July	August	September	October	November	December	January	February	March	April	May	June	
Contributions - Actives	\$5,020,045	\$60,240,536	\$4,879,635	\$4,397,944	\$5,422,358	\$4,908,741	\$4,944,473	\$4,957,560	\$4,516,527	\$5,095,689	\$5,660,852	\$5,156,667	\$5,139,589	\$5,160,501	
RDA Employees Contribution	1,309	15,708	1,428	1,428	1,428	1,428	1,428	1,428	1,428	1,428	1,428	1,428	1,428	0	
Self Pay - LWOP	210	2,518	0	0	0	0	0	0	0	0	642	214	214	1,448	
Self Pay - COBRA	9,969	119,622	5,607	8,385	8,463	9,891	8,463	9,891	11,319	9,891	15,183	11,214	12,747	8,568	
Self Pay - FPOA Police Admin Staff	3,808	45,697	4,050	4,519	4,284	4,284	4,284	4,284	4,284	4,284	2,856	2,856	2,856	2,856	
Retirees - Health	339,380	4,072,561	339,232	338,665	342,646	344,082	341,546	339,288	335,597	337,158	333,609	339,327	339,940	341,471	
Retirees - HRA	102,389	1,228,667	93,100	194,103	96,461	98,283	96,126	101,838	0	212,759	109,517	112,844	113,636	0	
Retirees - City Paid H&W Receipts	1,279	15,348	1,279	1,279	1,279	1,279	1,279	1,279	1,279	1,279	1,279	1,279	1,279	1,279	
Retirees - Self-Pay	9,235	110,822	808	17,844	10,754	9,350	9,422	9,350	10,778	832	19,296	9,350	2,260	10,778	
Refunds	1,316,754	15,801,053	1,301,944	667,293	951,549	1,703,448	978,768	95,230	2,156,277	3,502,274	330,764	1,502,091	128,848	2,482,567	
Interest	64,347	772,169	56,309	52,667	51,553	52,048	53,523	53,942	57,259	74,861	76,876	86,840	71,713	84,578	
Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
H & W Trust Cash Receipts	\$6,868,725	\$82,424,701	\$6,683,392	\$5,684,127	\$6,890,775	\$7,132,834	\$6,439,312	\$5,574,090	\$7,094,748	\$9,240,455	\$6,552,302	\$7,224,110	\$5,814,510	\$8,094,046	
Disbursements															
Claims Paid	5,631,297	67,575,569	4,747,807	7,125,131	7,583,105	4,841,830	5,401,982	4,172,548	5,507,956	5,176,767	6,189,165	5,361,788	5,667,538	5,799,952	
Claims Paid - Delta Dental	286,405	3,436,863	254,025	367,621	262,785	269,896	265,493	308,267	251,377	278,760	280,068	273,126	367,340	258,105	
Blue Shield	84,374	1,012,489	89,971	0	90,534	0	91,035	183,072	180,526	89,720	0	191,733	0	95,898	
Chiometrics	11,453	137,440	12,947	0	13,040	0	13,085	26,323	22,713	17,645	0	17,885	0	13,802	
Delta Dental of California	22,034	264,413	23,422	0	23,486	0	23,565	71,221	24,108	24,450	0	24,685	0	49,476	
Refunds	357	1,428									1,428	0	0	0	
Flu Shot Progam	0	0													
OptumRx	20,462	245,545	25,539	0	25,437	0	24,116	44,548	0	61,884	0	20,407	0	43,614	
Halcyon	18,042	216,501	17,790	0	24,372	6,522	18,835	24,678	38,421	19,621	6,843	32,718	6,893	19,808	
United Dental	10,644	127,726	10,536	8,981	9,975	10,018	10,147	10,406	10,622	10,968	11,184	22,842	0	12,047	
EPIC Hearing	506	6,070	547	0	544	0	544	1,091	1,097	555	0	1,125	0	567	
City Admin Fees	130	1,560	130	130	130	130	130	130	130	130	130	130	130	130	
Consulting	6,417	77,000	7,000	0	7,000	0	7,000	14,000	14,000	7,000	0	14,000	0	7,000	
Personify, Inc.	131,004	1,572,048	134,084	0	134,865	0	188,682	326,193	282,775	147,718	0	298,495	0	59,236	
Legal	2,817	33,800	3,750	0	2,850	0	3,625	5,775	2,850	5,700	0	3,550	0	5,700	
MES Vision	65,384	784,612	69,586	0	69,854	0	69,619	140,230	141,893	72,778	0	147,202	0	73,450	
Other (Stop Loss Ins)	199,024	2,388,292	166,219	197,460	197,411	200,439	199,023	199,707	200,391	201,367	202,637	413,333	0	210,305	
Other Admin Fees	5,005	25,023							24,898		25	25	25	50	
H & W Cash Disbursements	6,495,356	77,906,379	5,563,353	7,699,323	8,445,388	5,328,835	6,316,881	5,528,189	6,703,757	6,115,063	6,691,480	6,823,044	6,041,926	6,649,140	
Receipts Over Disbursements	\$373,369	\$4,518,322	\$1,120,039	(\$2,015,196)	(\$1,554,613)	\$1,803,999	\$122,431	\$45,901	\$390,991	\$3,125,392	(\$139,178)	\$401,066	(\$227,416)	\$1,444,906	
Ending Cash Balance (Gross Fund Reserve)			\$26,357,654	\$24,383,397	\$22,449,815	\$24,237,892	\$24,363,942	\$24,417,232	\$25,946,001	\$28,359,372	\$27,772,413	\$28,700,586	\$27,918,786	\$29,342,295	
Beginning Stop Loss Reserve			(\$841,369)	(\$902,449)	(\$963,529)	(\$1,024,609)	(\$1,085,689)	(\$1,146,769)	(\$1,207,849)	(\$1,268,929)	(\$1,330,009)	(\$1,391,089)	(\$1,452,169)	(\$1,513,249)	
Stop Loss Reserve (\$15 PEPM)			(\$61,080)	(\$61,080)	(\$61,080)	(\$61,080)	(\$61,080)	(\$61,080)	(\$61,080)	(\$61,080)	(\$61,080)	(\$61,080)	(\$61,080)	(\$61,080)	
Stop Loss Claims (Between \$350k and \$550k)														\$476,973	
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 (Unencumbered)			\$21,355,205	\$19,319,868	\$17,325,206	\$19,052,203	\$19,117,173	\$19,109,383	\$20,577,072	\$22,929,363	\$22,281,324	\$23,148,417	\$22,305,537	\$24,144,939	
Cash Balance / Total Expenses			4.1	3.8	3.5	3.7	3.8	3.8	4.0	4.4	4.3	4.4	4.3	4.5	
Net Fund Balance / Total Expenses			3.3	3.0	2.7	2.9	2.9	2.9	3.2	3.5	3.4	3.6	3.4	3.7	
One Month of Avg Expenses in 2023/24:														\$6,495,356	
Net Fund Balance as of 6/30/24:														\$24,144,939	
Four Months of Avg Expenses in 2023/24:														\$25,981,422	
Difference:														(\$1,836,484)	

Fresno City Employees Health and Welfare Trust
Receipts and Disbursements
FY 2024-2025 (6 Months Actual/6 Months Projected)

Exhibit C
(Presented at 3/12/2025 Trust Meeting)

			Actual through December 31, 2024							Projected Beginning January 1, 2025					
Receipts			2024	2024	2024	2024	2024	2024	2025	2025	2025	2025	2025	2025	
	MO. AVERAGE	ANNUAL TOTAL	July	August	September	October	November	December	January	February	March	April	May	June	
Contributions - Actives	\$5,533,749	\$66,404,992	\$4,917,094	\$5,999,195	\$5,480,123	\$5,466,925	\$5,464,207	\$5,471,448	\$5,601,000	\$5,601,000	\$5,601,000	\$5,601,000	\$5,601,000	\$5,601,000	
Retirees - Health	426,732	5,120,788	537,174	446,650	425,280	434,154	301,897	425,633	425,000	425,000	425,000	425,000	425,000	425,000	
Retirees - Dental	69,083	829,000	68,000	68,000	68,000	68,000	68,000	68,000	71,000	70,000	70,000	70,000	70,000	70,000	
Refunds ¹	527,787	6,333,447	312,302	1,279,165	101,058	1,888,300	249,149	1,963,473	300,000	300,000	300,000	300,000	300,000	(960,000)	
Interest	90,016	1,080,188	83,531	87,073	87,049	94,250	92,969	95,316	90,000	90,000	90,000	90,000	90,000	90,000	
Other (Stop Loss Reimbursements)	10,961	131,535	0	131,485	0	0	0	50	0	0	0	0	0	0	
H & W Trust Cash Receipts	\$6,658,329	\$79,899,950	\$5,918,101	\$8,011,568	\$6,161,510	\$7,951,629	\$6,176,222	\$8,023,920	\$6,487,000	\$6,486,000	\$6,486,000	\$6,486,000	\$6,486,000	\$5,226,000	
Disbursements															
Claims Paid	5,415,080	64,980,961	5,539,017	5,965,783	5,233,200	5,511,773	4,994,996	4,574,192	5,527,000	5,527,000	5,527,000	5,527,000	5,527,000	5,527,000	
Claims Paid - Delta Dental	306,334	3,676,012	325,827	320,087	312,664	376,686	262,610	255,338	303,800	303,800	303,800	303,800	303,800	303,800	
Blue Shield	96,807	1,161,688	96,440	98,892	99,041	99,446	99,041	98,828	95,000	95,000	95,000	95,000	95,000	95,000	
Phymetrics, LLC	14,794	177,533	0	27,843	13,978	14,019	13,994	23,699	14,000	14,000	14,000	14,000	14,000	14,000	
Delta Dental of California	24,097	289,161	0	50,165	25,306	0	50,456	25,234	23,000	23,000	23,000	23,000	23,000	23,000	
Flu Shot Progam	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
OptumRx	27,857	334,286	0	53,706	30,133	0	0	94,447	26,000	26,000	26,000	26,000	26,000	26,000	
Halcyon	19,640	235,684	19,939	20,029	20,401	20,466	20,430	20,419	19,000	19,000	19,000	19,000	19,000	19,000	
United Dental	10,867	130,407	21,114	0	11,003	10,411	10,876	11,003	11,000	11,000	11,000	11,000	11,000	11,000	
Body Scan Inc.	12,775	153,300	0	0	0	0	0	0	25,550	25,550	25,550	25,550	25,550	25,550	
EPIC Hearing	586	7,033	0	1,141	574	573	571	574	600	600	600	600	600	600	
Consulting	10,679	128,150	7,000	0	14,200	10,700	10,700	21,200	10,725	10,725	10,725	10,725	10,725	10,725	
Personify, Inc.	150,718	1,808,619	150,240	151,461	151,682	152,030	151,714	151,492	150,000	150,000	150,000	150,000	150,000	150,000	
Legal	3,446	41,350	0	8,250	4,775	2,850	4,350	3,125	3,000	3,000	3,000	3,000	3,000	3,000	
EyeMed	70,205	842,458	74,038	74,726	75,214	78,372	75,012	75,096	65,000	65,000	65,000	65,000	65,000	65,000	
Other (Stop Loss Ins)	\$215,788	\$2,589,456	\$435,630	\$130	\$218,794	\$220,408	\$222,889	\$231,605	\$210,000	\$210,000	\$210,000	\$210,000	\$210,000	\$210,000	
H & W Cash Disbursements	\$6,379,675	\$76,556,098	\$6,669,245	\$6,772,213	\$6,210,965	\$6,497,734	\$5,917,639	\$5,586,252	\$6,483,675	\$6,483,675	\$6,483,675	\$6,483,675	\$6,483,675	\$6,483,675	
Receipts Over Disbursements	\$278,654	\$3,343,852	(\$751,144)	\$1,239,355	(\$49,455)	\$1,453,895	\$258,583	\$2,437,668	\$3,325	\$2,325	\$2,325	\$2,325	\$2,325	(\$1,257,675)	
Cash Balance (Gross Fund Reserve)			\$29,206,609	\$29,849,703	\$29,789,451	\$31,227,041	\$31,476,386	\$33,887,708	\$33,891,033	\$33,893,358	\$33,895,683	\$33,898,008	\$33,900,333	\$32,642,658	
Beginning Stop Loss Reserve			(\$1,097,356)	(\$1,162,356)	(\$1,227,356)	(\$1,292,356)	(\$1,357,356)	(\$1,422,356)	(\$1,487,356)	(\$1,552,356)	(\$1,617,356)	(\$1,682,356)	(\$1,747,356)	(\$1,812,356)	
Stop Loss Reserve (\$15 PEPM)			(\$65,000)	(\$65,000)	(\$65,000)	(\$65,000)	(\$65,000)	(\$65,000)	(\$65,000)	(\$65,000)	(\$65,000)	(\$65,000)	(\$65,000)	(\$65,000)	
Estimated Stop Loss Claims (Between \$350k & \$550k)			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$450,000	
Estimated Claims IBNR			(\$5,100,000)	(\$5,100,000)	(\$5,100,000)	(\$5,100,000)	(\$5,100,000)	(\$5,100,000)	(\$5,100,000)	(\$5,100,000)	(\$5,100,000)	(\$5,100,000)	(\$5,100,000)	(\$5,100,000)	
Net Fund Balance (Unencumbered)			\$22,944,253	\$23,522,347	\$23,397,095	\$24,769,685	\$24,954,030	\$27,300,352	\$27,238,677	\$27,176,002	\$27,113,327	\$27,050,652	\$26,987,977	\$26,115,302	
Cash Balance / Total Expenses			4.6	4.7	4.7	4.9	4.9	5.3	5.3	5.3	5.3	5.3	5.3	5.1	
Net Fund Balance / Total Expenses			3.6	3.7	3.7	3.9	3.9	4.3	4.3	4.3	4.2	4.2	4.2	4.1	
Estimated One Month of Avg Expenses in 2024/25:														\$6,379,675	
Estimated Net Fund Balance as of 6/30/25:														\$26,115,302	
Estimated Four Months of Avg Expenses in 2024/25:														\$25,518,699	
Difference:														\$596,602	
¹ Adjusted for claim reprocessing. The income is overstated by approximately \$1.26M due to a large claim being reclassified as workers compensation eligible claim. This claim was reimbursed by stop loss and refunded by the provider creating overstated income.															

Fresno City Employees Health and Welfare Trust
Receipts and Disbursements
FY 2025-2026 (Projected)

Exhibit D
(Presented at 3/12/2025 Trust Meeting)

Contribution Change Assumption:			0.0%											
Receipts			2025	2025	2025	2025	2025	2025	2025	2026	2026	2026	2026	2026
	MO. AVERAGE	ANNUAL TOTAL	July	August	September	October	November	December	January	February	March	April	May	June
Contributions - Actives	\$5,601,000	\$67,212,000	\$5,601,000	\$5,601,000	\$5,601,000	\$5,601,000	\$5,601,000	\$5,601,000	\$5,601,000	\$5,601,000	\$5,601,000	\$5,601,000	\$5,601,000	\$5,601,000
Retirees - Health	425,000	5,100,000	425,000	425,000	425,000	425,000	425,000	425,000	425,000	425,000	425,000	425,000	425,000	425,000
Retirees - Dental	70,000	840,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000	70,000
Refunds	400,000	4,800,000	400,000	400,000	400,000	400,000	400,000	400,000	400,000	400,000	400,000	400,000	400,000	400,000
Interest	90,000	1,080,000	90,000	90,000	90,000	90,000	90,000	90,000	90,000	90,000	90,000	90,000	90,000	90,000
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
H & W Trust Cash Receipts	\$6,586,000	\$79,032,000	\$6,586,000	\$6,586,000	\$6,586,000	\$6,586,000	\$6,586,000	\$6,586,000	\$6,586,000	\$6,586,000	\$6,586,000	\$6,586,000	\$6,586,000	\$6,586,000
Disbursements														
1 Claims Paid	5,591,200	67,094,400	\$5,591,200	\$5,591,200	\$5,591,200	\$5,591,200	\$5,591,200	\$5,591,200	\$5,591,200	\$5,591,200	\$5,591,200	\$5,591,200	\$5,591,200	\$5,591,200
2 Claims Paid - Delta Dental	312,800	3,753,600	312,800	312,800	312,800	312,800	312,800	312,800	312,800	312,800	312,800	312,800	312,800	312,800
3 Blue Shield	98,000	1,176,000	98,000	98,000	98,000	98,000	98,000	98,000	98,000	98,000	98,000	98,000	98,000	98,000
4 Chirometrics	13,500	162,000	13,500	13,500	13,500	13,500	13,500	13,500	13,500	13,500	13,500	13,500	13,500	13,500
5 Delta Dental of California	25,250	303,000	25,250	25,250	25,250	25,250	25,250	25,250	25,250	25,250	25,250	25,250	25,250	25,250
6 Flu Shot Progam	1,000	12,000	0	0	0	0	0	12,000	0	0	0	0	0	0
7 OptumRx	31,000	372,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000
8 Halcyon	19,950	239,400	19,950	19,950	19,950	19,950	19,950	19,950	19,950	19,950	19,950	19,950	19,950	19,950
9 United Dental	9,700	116,400	9,700	9,700	9,700	9,700	9,700	9,700	9,700	9,700	9,700	9,700	9,700	9,700
10 Body Scan Inc.	34,125	409,500	34,125	34,125	34,125	34,125	34,125	34,125	34,125	34,125	34,125	34,125	34,125	34,125
11 EPIC Hearing	600	7,200	600	600	600	600	600	600	600	600	600	600	600	600
12 Consulting	11,200	134,400	11,200	11,200	11,200	11,200	11,200	11,200	11,200	11,200	11,200	11,200	11,200	11,200
13 Personify, Inc.	154,000	1,848,000	154,000	154,000	154,000	154,000	154,000	154,000	154,000	154,000	154,000	154,000	154,000	154,000
14 Legal	3,090	37,080	\$3,090	\$3,090	\$3,090	\$3,090	\$3,090	\$3,090	\$3,090	\$3,090	\$3,090	\$3,090	\$3,090	\$3,090
15 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
16 Other (Stop Loss Ins)	\$207,000	\$2,484,000	\$207,000	\$207,000	\$207,000	\$207,000	\$207,000	\$207,000	\$207,000	\$207,000	\$207,000	\$207,000	\$207,000	\$207,000
H & W Cash Disbursements	\$6,577,415	\$78,928,980	\$6,576,415	\$6,576,415	\$6,576,415	\$6,576,415	\$6,576,415	\$6,588,415	\$6,576,415	\$6,576,415	\$6,576,415	\$6,576,415	\$6,576,415	\$6,576,415
Receipts Over Disbursements	\$8,585	\$103,020	\$9,585	\$9,585	\$9,585	\$9,585	\$9,585	(\$2,415)	\$9,585	\$9,585	\$9,585	\$9,585	\$9,585	\$9,585
Cash Balance (Gross Fund Reserve)			\$32,652,243	\$32,661,828	\$32,671,413	\$32,680,998	\$32,690,583	\$32,688,168	\$32,697,753	\$32,707,338	\$32,716,923	\$32,726,508	\$32,736,093	\$32,745,678
Beginning Stop Loss Reserve			(\$1,427,356)	(\$1,493,356)	(\$1,559,356)	(\$1,625,356)	(\$1,691,356)	(\$1,757,356)	(\$1,823,356)	(\$1,889,356)	(\$1,955,356)	(\$2,021,356)	(\$2,087,356)	(\$2,153,356)
Stop Loss Reserve (\$15 PEPM)			(\$66,000)	(\$66,000)	(\$66,000)	(\$66,000)	(\$66,000)	(\$66,000)	(\$66,000)	(\$66,000)	(\$66,000)	(\$66,000)	(\$66,000)	(\$66,000)
Estimated Stop Loss Claims (Between \$350k and \$550k)														\$1,000,000
Estimated Claims IBNR			(\$5,255,000)	(\$5,255,000)	(\$5,255,000)	(\$5,255,000)	(\$5,255,000)	(\$5,255,000)	(\$5,255,000)	(\$5,255,000)	(\$5,255,000)	(\$5,255,000)	(\$5,255,000)	(\$5,255,000)
Net Fund Balance (Unencumbered)			\$25,903,887	\$25,847,472	\$25,791,057	\$25,734,642	\$25,678,227	\$25,609,812	\$25,553,397	\$25,496,982	\$25,440,567	\$25,384,152	\$25,327,737	\$26,271,322
Cash Balance / Total Expenses			5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
Net Fund Balance / Total Expenses			3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.9	4.0
Estimated One Month of Avg Expenses in 2025/26:													\$6,577,415	
Estimated Net Fund Balance as of 6/30/26:													\$26,271,322	
Estimated Four Months of Avg Expenses in 2025/26:													\$26,309,660	
Difference:													(\$38,338)	

Fresno City Employees Health and Welfare Trust
Contribution Rate Scenarios
For Contributions beginning July 1, 2025

Exhibit E
(Presented at 3/12/2025 Trust Meeting)

	Jul-24 Rate	At 4.0 Months Reserve		At 4.3 Months Reserve		At 4.5 Months Reserve		At 5.0 Months Reserve	
		Net Fund Balance (Unencumbered) ¹		Net Fund Balance (Unencumbered) ¹		Net Fund Balance (Unencumbered) ¹		Net Fund Balance (Unencumbered) ¹	
		0.0% Increase	Additional Amount	2.75% Increase	Additional Amount	4.5% Increase	Additional Amount	9.9% Increase	Additional Amount
Active									
Health + Dental	\$1,500	\$1,500	\$0	\$1,542	\$42	\$1,568	\$68	\$1,648	\$148
Regular Retiree									
Health + Dental	\$1,500	\$1,500	\$0	\$1,542	\$42	\$1,568	\$68	\$1,648	\$148
Dental Only	\$111	\$111	\$0	\$115	\$4	\$116	\$5	\$122	\$11
Health	\$1,389	\$1,389	\$0	\$1,427	\$38	\$1,452	\$63	\$1,526	\$137
Medicare Supplement									
Health	\$709	\$709	\$0	\$729	\$20	\$741	\$32	\$779	\$70
Health + Dental	\$820	\$820	\$0	\$844	\$24	\$857	\$37	\$901	\$81
(This rate is for the Medicare Supplement retiree only. To add a Spouse, the rate is 2x the above rate)									
Non-Medicare Retiree									
Health	\$1,675	\$1,675	\$0	\$1,721	\$46	\$1,751	\$76	\$1,841	\$166
Health + Dental	\$1,786	\$1,786	\$0	\$1,836	\$50	\$1,867	\$81	\$1,963	\$177

¹ Net Fund Balance (Unencumbered) means Cash Balance less Stop Loss Reserves, Estimated Stop Loss Claims (Between \$350k and \$550k), and Estimated Claims IBNR

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

Fresno City Employees Health and Welfare Trust
Contribution Rate History

Exhibit F
(Presented at 3/12/2025 Trust Meeting)

	July 1, 2024 Contribution Rate	July 1, 2023 Contribution Rate	July 1, 2022 Contribution Rate	July 1, 2021 Contribution Rate	July 1, 2020 Contribution Rate	July 1, 2019 Contribution Rate	July 1, 2018 Contribution Rate	July 1, 2017 Contribution Rate	July 1, 2016 Contribution Rate	July 1, 2015 Contribution Rate	July 1, 2014 Contribution Rate	July 1, 2013 Contribution Rate	July 1, 2012 Contribution Rate	July 1, 2011 Contribution Rate
Active														
Health + Dental	\$1,500	\$1,428	\$1,350	\$1,350	\$1,350	\$1,290	\$1,240	\$1,200	\$1,176	\$1,176	\$1,084	\$1,084	\$985	\$985
(per family)	5.0%	5.8%	0.0%	0.0%	4.7%	4.0%	3.3%	2.0%	0.0%	8.5%	0.0%	10.0%	0.0%	8.1%
Regular Retiree														
Health + Dental	\$1,500	\$1,428	\$1,350	\$1,350	\$1,350	\$1,290	\$1,240	\$1,200	\$1,176	\$1,176	\$1,084	\$1,084	\$985	\$985
Dental Only	\$111	\$105	\$99	\$99	\$99	\$95	\$91	\$88	\$86	\$86	\$79	\$79	\$72	\$72
Health	\$1,389	\$1,323	\$1,251	\$1,251	\$1,251	\$1,195	\$1,149	\$1,112	\$1,090	\$1,090	\$1,005	\$1,004	\$913	\$913
(per family)	5.0%	5.8%	0.0%	0.0%	4.7%	4.0%	3.3%	2.0%	0.0%	8.5%	0.0%	10.0%	0.0%	8.1%
Medicare Supplement														
Health + Dental	\$820 *	\$780 *	\$737 *	\$737 *	\$737 *	\$705 *	\$678 *	\$656 *	\$643 *	\$643 *	\$592 *	\$592 *	\$534 *	\$534 *
Health	\$709 *	\$675 *	\$638 *	\$638 *	\$638 *	\$610 *	\$587 *	\$568 *	\$557 *	\$557 *	\$513 *	\$513 *	\$462 *	\$462 *
(per person)	5.1%	5.8%	0.0%	0.0%	4.5%	4.0%	3.4%	2.0%	0.0%	8.6%	0.0%	10.9%	0.0%	9.9%
* EGWP participation required														
Non-Medicare Retiree														
Health + Dental	\$1,786	\$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
Health	\$1,675	\$1,595	\$1,507	\$1,507	\$1,507	\$1,440	\$1,385	\$1,341	\$1,315	\$1,315	\$1,212	\$1,212	\$1,102	\$1,102
(per family)	5.1%	5.9%	0.0%	0.0%	4.6%	4.0%	3.3%	2.0%	0.0%	8.5%	0.0%	10.0%	0.0%	8.9%

Annualized Trend as of July 1, 2024	
3-Year:	3.6%
5-Year:	3.1%
10-Year:	3.3%

Memorandum

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

From: David Broome, Consultant

Date: March 7, 2025

Re: Consultant's Report for March 12, 2025 Board of Trustees Meeting -
Body Scan Benefit Review

We've been directed by the Board to explore options to replace the Body Scan International (BSI) agreement effective July 1, 2025. The current scope of services currently being provided by BSI are as follows:

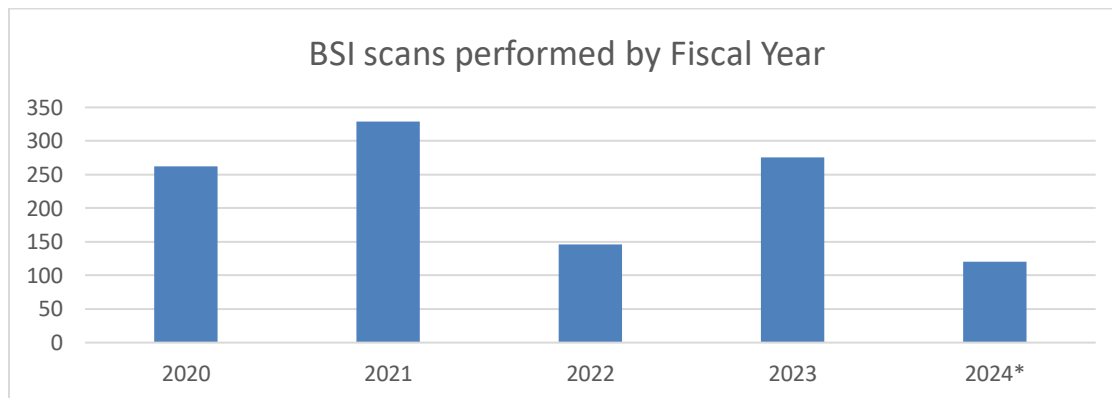
- ▼ On site mobile imaging vehicles deployed to Fresno City-selected locations
- ▼ On site support of health screening events twice a year in the Spring and Fall
- ▼ Member services include:
 - Online member scheduling
 - Pre-scan screening intake
 - Consultations with patient coordinator
 - CRT scan
 - Post scan physician consultation
- ▼ Clinical and utilization reporting

BSI COST: The projected cost for fiscal year 2025 is \$307,100 for the Plan. This includes a reduction of cost based on the current \$230 member copayment for the test which totals \$51,800.

We have received a two-year renewal offer from BSI for the period of July 1, 2025 through June 30, 2027. The renewal proposal provides for the continuation of current scope of services.

Body Scan International	July 1, 2024	July 1, 2025	July 1, 2026
Contracted Rate per Scan	\$1,315	\$1,595	\$1,595
Increase (\$)	n/a	\$280	0
Increase (%)	n/a	21%	0%
Total Annual Cost	\$295,875	\$358,875	\$358,875
Increase (\$)		\$63,000	\$0
Increase (%)		21%	0%
Total Plan Cost	\$244,125	\$297,000	\$297,000
Increase (\$)		\$52,875	\$0
Increase (%)		22%	0%
Employee Copayment	\$230	\$275	\$275
Employee Cost Share (%)	17%	17%	17%
Plan Cost Share (%)	83%	83%	83%
Annual Avg. Number of Scans	225		

BSI UTILIZATION: The body scan benefit was implemented on January 1, 2021. The number of scans performed for each fiscal year is noted below:



(*) for Fiscal Year 2024 the utilization is understated and incomplete as the Spring 2025 event is not scheduled yet.

- The number of scans for the upcoming fiscal year beginning July 1, 2025 is projected to follow the five-year average of 225 scans per year.
- The number of scans performed as a percentage of eligible employees is 6%.
- The number of employees that have received a second, follow up scan since the inception of the program is 68 employees.
- Based on most recent claims data, 81% of the claims are from employees with full benefits with 19% of the claims from employees with reduced benefits.

BSI's full proposal response, utilization and cost reports are enclosed for reference.

Other than BSI, there are not many providers that can provide local preventative imaging services. We requested proposals from several potential vendors and received proposals from Lifeline and Ezra. Below is a summary of their proposals:

Lifeline Screening: This is a direct-to-consumer solution that is also providing employer-sponsored packages. They conducted 750,000 screenings in 2025 and are engaged with a number of organizations with first responders. They offer ultrasound screening for cardiovascular disease risk, risk of stroke, and other chronic diseases. These tests are generally non-invasive ultrasound screenings, non-invasive limb-lead EKGs, and bone density ultrasounds. There is no specific, intended cancer detection screening. Packages can include blood panel screening. Pricing ranges up to \$398 per screening with options to bundle services.

Like BSI, Lifeline has mobile units to deploy to employer worksites. They do not have self-contained mobile health units. Rather, employers provide Lifeline with a minimum of 1500 square feet of office space where they set up the temporary screening clinic. There is a minimum cost per day for each event of \$12,500. For a full package of screenings, the maximum capacity is 30 screenings per day/event.

Ezra: They offer full-body MRI scans designed to detect potential cancer early. Their scan covers 13 organs from head to pelvis and is completed in about 60 minutes. After the scan, two radiologists review the images, and an Ezra Medical Provider creates a report within 5 business days. The full-body scan is priced at \$1,950 per scan. Their scans are typically conducted at partner imaging facilities in various locations across the US. Currently, their California facilities are located in Los Angeles, Orange County, and San Francisco with plans to expand to San Diego and San Jose.

The Board may want to consider emerging solutions that serve to screen for active cancer using blood samples versus imaging. This is not genetic test screening using DNA.

Galleri: Blood sample screening can be used to identify the presence of more aggressive cancers that can develop quickly and without symptoms. Cancers growing in the body shed DNA into the bloodstream, the DNA fragments can act like a unique "fingerprint" or signal of cancer. The Galleri home-based test claims to be able to detect these cancer signals before a clinical diagnosis can be established through conventional diagnostic means.

The Galleri test screens for 50+ types of cancer from an annual blood draw. Galleri is a proactive screening tool that looks for a signal in the blood associated with active cancer. It is not a test that predicts future genetic risk for cancer. The test does not detect a signal for all cancers and not all cancers can be detected in the blood. False positive and false negative results do occur. Galleri advertises an ability to predict the cancer signal origin (tissue/organ) with a 0.5% false positive rate.

They recommend the test for adults with an elevated risk of cancer, such as those aged 50 or older.

The Galleri test is not FDA-approved. However, it is currently available in the United States under a Clinical Laboratory Improvement Amendments (CLIA) waiver, which allows for laboratory-developed tests to be performed without FDA approval.

The current cost for the test is \$949 per test and is available annually to those that Galleri determines to be eligible. Currently there are 1,816 Fresno City employees who are 50 years of age or older.

These items will be discussed at your March 12, 2025 meeting. If there are any questions before or after that meeting, please let me know.

cc: Michael Moss, Esq.
Tom Georgouses
Diana Cavazos
Andrew Desa

Memorandum

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

From: David Broome, Consultant

Date: March 7, 2025

Re: Consultant's Report for March 12, 2024 Board of Trustees Meeting -
Musculoskeletal (MSK) Solutions for Employers

At the January 8, 2025 Board meeting, we were asked to provide an overview of the musculoskeletal point solutions available for Fresno city for consideration.

Background. Musculoskeletal (MSK) issues like back pain, joint pain, and repetitive stress injuries are common among employees. These problems cause discomfort, higher healthcare costs, absenteeism, and lower productivity. MSK conditions affect about 40% of US adults and generate annual medical expenses of \$381 billion. With an aging population, the global burden of MSK pain is rising, straining healthcare systems and employers. In 2024, 74% of employers cited MSK conditions as a top driver of their healthcare spending.

Several MSK employer solutions, such as Hinge Health, Sword, and Simple Therapy, offer comprehensive approaches to managing and preventing MSK issues, enhancing workforce well-being and productivity.

How it works. These vendors offer remote digital care programs for chronic back and joint pain through personalized exercise therapy, education, and coaching. These programs use wearable sensors, a mobile app, and one-on-one coaching to deliver tailored exercise regimens and continuous support. The goal is to keep employees engaged and ensure they perform exercises correctly and consistently, leading to better outcomes. Solutions typically include access to licensed physical therapists or certified health coaches for additional support.

Costs. These solutions are cost-effective and efficient and can deliver positive returns on investment by reducing healthcare expenditures and improving employee health outcomes. Most programs have no deductible, co-pays, or cost share to remove barriers to using the program. The plan cost is typically on a utilization basis, meaning a pay-as-you-go approach. If a member is engaged in the program, the vendor charges an engagement fee either by invoice or through a claim for the course of therapy. Typically, there are no implementation costs or fixed administrative fees.

Guarantees. Vendors will typically provide guarantees related to:

- ▶ Return on investment
- ▶ Pain reduction
- ▶ Member satisfaction
- ▶ Functional improvement

Vendors typically provide a proposal detailing their solution's scope of services, costs, and reporting that serves to estimate the potential savings based on the specific population data.

We are providing marketing flyers from these vendors as enclosures.

We will discuss this topic at the upcoming Board meeting on March 12th, 2025. If there are any questions, please let us know.

Enclosures

cc: Michael Moss, Esq.
Tom Georgouses
Diana Cavazos
Andrew Desa



Hinge Health is transforming the way pain is treated

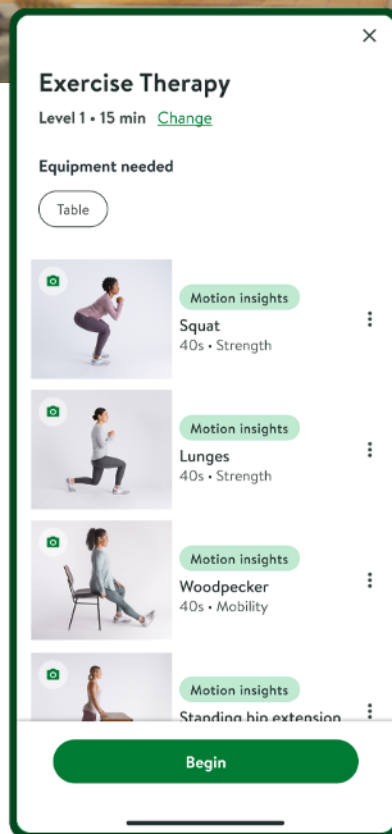
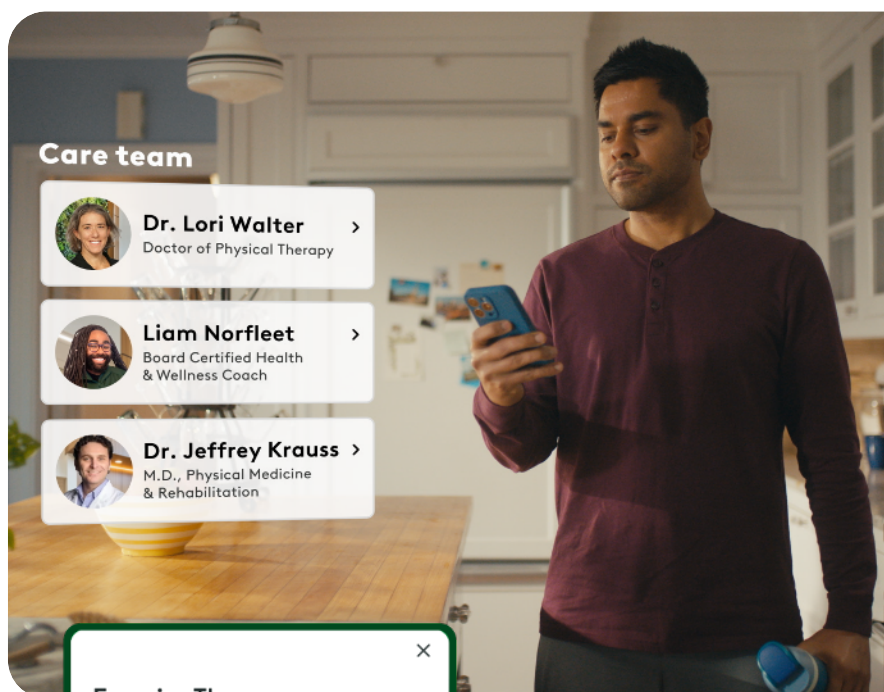
People with musculoskeletal (MSK) pain are not getting the care they need. Traditional care can be hard to access and hard to stick with, driving people towards costly and invasive procedures.

With Hinge Health, you can give people easy access to high quality care and the tools they need to stay engaged.

Lower MSK spend and improve quality of life.

Provide complete musculoskeletal care with a single solution:

- **Prevention**
Prevent future injury and improve health and wellness
- **Fall Prevention**
Increase balance for older adults at risk of falling
- **Acute**
Recover from a specific injury
- **Chronic**
Treat the physical and lifestyle factors of chronic MSK pain
- **Pelvic health**
Improve pelvic health for women at all stages of life
- **Global access**
Personalized MSK care for your global workforce
- **High-risk**
Specialized care for complex needs
- **Pre/post surgery rehab**
Continuity of care before and after surgery

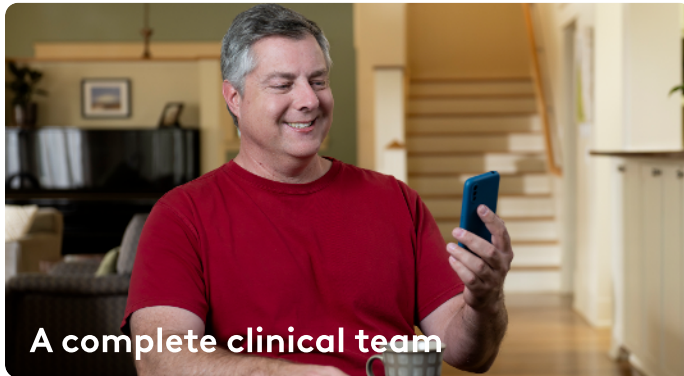


1M
members treated¹

1 in 2
MSK surgeries
avoided²

50+
health plan, PBM,
and ecosystem
partners

A complete care model enhanced by technology



Physical therapists lead and monitor care



Health coaches provide proactive lifestyle coaching



Orthopedic specialists for care escalation



TrueMotion® unlocks personalized exercise guidance at home



Enso® provides pain relief in minutes without drugs or surgery



Real-time data insights empower care teams to personalize care

Industry leading partnerships and performance



A low lift 90 day launch

We're partnered with 50+ health plans, PBMs, and benefit point solutions, so 90% of implementation is already complete. There are only four tasks for you to complete to get up and running in ninety days.

Reduce pain, avoid invasive procedures, and see savings for your MSK budget

68%

average pain reduction³

42%

fewer participants starting opioids⁴

43%

average reduction in invasive procedures⁵

\$2,387

in savings for each member based on medical claims reduction study with 136 employers across 46 industries²

[See how the Hinge Health solution works →](#)

Sources:

1. Hinge Health Book of Business Analysis 2023.

2. 136 Employer Medical Claims ROI Study, 2022. |

3. Bailey et al. (2020) 12-week digital care for chronic MSK pain. JMIR. (N=10,264).

4. Wang et al. (2023). J of Pain Research. "Opioid initiation one year after a digital musculoskeletal (MSK) program: an observational, longitudinal study with comparison group."

5. Wang G et al. (2022) Clinical outcomes one year after a digital musculoskeletal (MSK) program: an observational, longitudinal study with nonparticipant comparison group. BMC.



Pain is personal. Our solutions are, too.

Sword Health is the first company to predict, prevent, and treat pain—in one human-led, AI-powered platform.

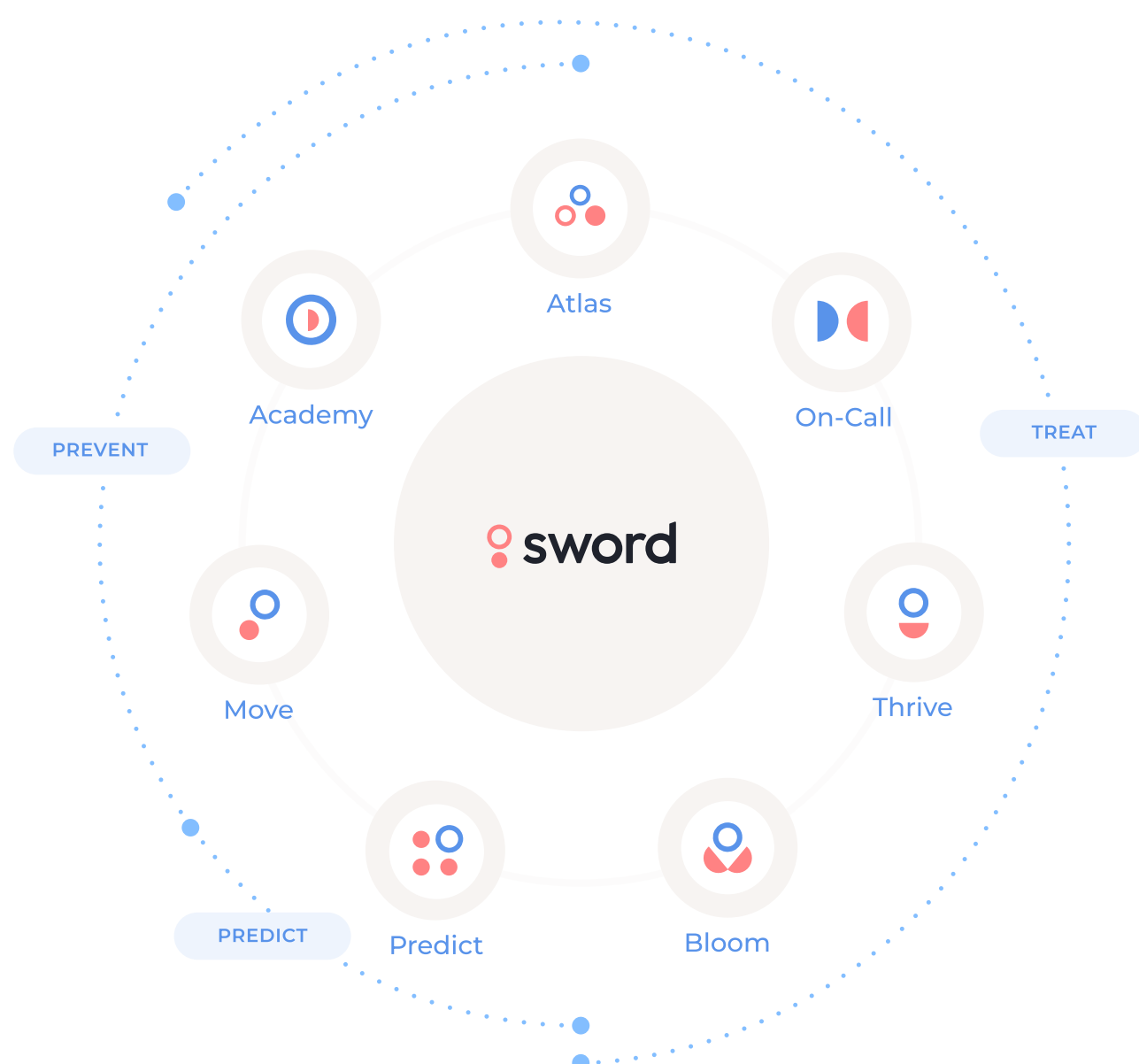


At \$560 billion, pain is the #1 driver of healthcare costs.

More expensive than cancer and diabetes combined, the way we treat pain is broken. The average wait time for an appointment with a physician is **26** days. After just 4 sessions, **50%** of patients drop out of traditional physical therapy. The median cost of musculoskeletal procedures is **~\$31,641**. **50%** of back surgeries and **20%** of joint surgeries are ineffective.

A next-generation, clinically effective solution.

Your team gets the individualized treatment they need, from the comfort of their homes—freeing them from pain, and you from lost productivity and costly healthcare bills.



Driven by clinical experts, powered by AI, accessible from anywhere.



Doctors of Physical Therapy + AI

Our members work with experienced specialists, each with a Doctor of Physical Therapy degree—never health coaches. Proprietary AI turns our clinical experts into superheroes for unmatched member care.



Ultra-personalized member experience

Real-time feedback and ongoing dialogue allow members to understand their progress—and enable clinical experts to continuously tailor programs to help members reach their goals.



Industry-leading outcomes & ROI

With more technology patents and clinical results than any company in the industry, Sword delivers unparalleled healthcare cost savings and the highest quality member outcomes.

Sword delivers outstanding clinical outcomes.

62%
of members
are pain-free

↓ 64%
reduction in
depression

Up to
↓ 70%
reduction in
surgery intent

↑ 68%
increase in
productivity

And generates meaningful savings for our clients.

\$3,012

in medical savings per
member per year, higher
than any other competitor

March 6, 2025

As a long-time partner of the City of Fresno Employees Health & Welfare Trust, we are delighted to provide the Trust with information about our virtual Musculoskeletal (vMSK) program. As the pioneer in virtual physical therapy and the Trust's local partner in managing musculoskeletal conditions for more than 15 years, we are excited to build upon our partnership and provide more information around our virtual Musculoskeletal (vMSK) program. We welcome the opportunity to showcase our platform and additional services that we can deliver to the Trust members. In addition to the attached overview, a few additional considerations:

1. Our virtual MSK (vMSK) program is an extension of the current services that we offer, and as such, it can be easily added to the services that we provide with an addendum to the existing service agreement.
2. Our vMSK service is an excellent addition for the City to consider as we're already administering the chiropractic, physical therapy, occupational therapy and speech therapy benefits.
 - a. Our network is available online and within the app, so we can easily help guide people searching for MSK care to the app first, where they can connect directly with our team to get the right care at the right time and avoid unnecessary specialist visits, MRIs, medication and other claims being incurred through the traditional local healthcare system.
 - b. We have local PTs who can treat in-person and virtually through our platform, so for those members who would like the convenience of virtual PT but still need in-person care, this is a perfect solution.
 - c. We already have a dedicated website for the Trust that identifies the services that we provide at <https://go.simpletherapy.com/cityoffresno>. We can simply add another service for vMSK.
 - d. Effective May 1st, all of the services we provide to the Trust and the City of Fresno will be accessible in one app. For the City of Fresno this means that the following services will be available:
 - i. EAP (for all employees, arranged by the City of Fresno)
 - ii. Mental Health and Substance Use Disorder benefits through the Trust
 - iii. PT, OT, SLP, chiropractic benefits through the Trust
 - iv. Virtual and hybrid MSK
3. We guarantee 100% of our fees for our vMSK program. This guarantee is comprised of three distinct metrics:
 - a. Minimum of 2x Return on Investment (ROI) (illustrates to financial impact)
 - b. Net Promoter Score (NPS) of at least 55% (speaks to member satisfaction)
 - c. Average Pain Reduction of at least 50% (demonstrates improved outcomes for members)

We look forward to providing more details around this exciting and innovative program.

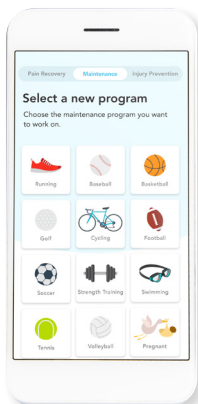


Revolutionize Member Wellness with SimpleTherapy

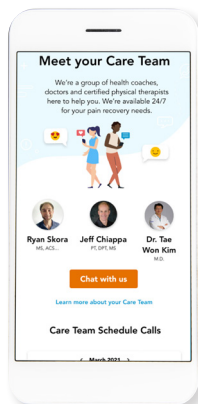
Anytime, Anywhere Musculoskeletal Care!

As the trailblazer in digital musculoskeletal care, we offer the most comprehensive and inclusive solution in the market, addressing MSK disorders across 18 body parts with personalized care plans. Just 15 minutes daily can provide pain relief and improve physical well-being.

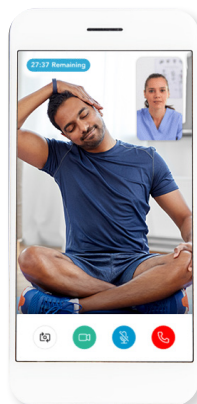
Less barriers, less hassle, better health



Unlimited, on-demand access to over 1,500 video-guided exercises—no special equipment needed



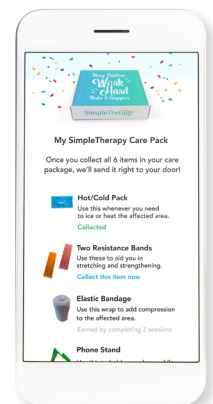
1:1 support from a multidisciplinary care team



Live, virtual physical therapy visits



An intuitive, highly detailed, and multi-lingual mobile app



A care pack filled with everything needed for recovery

66%
REDUCTION
in surgical claims

52%
REDUCTION
in Rx claims

50%
REDUCTION
in MSK claims

55%
REDUCTION
in DME claims

\$2,699
INDUSTRY-LEADING
AVERAGE USER SAVINGS

The most comprehensive MSK offering

Intuitive, real-time AI backed by a clinical care team of multidisciplinary experts including health coaches, orthopedic physicians, physical therapists, behavioral health, and substance use disorder clinicians.

- Pain management for 18 body parts
- Job-specific injury prevention
- Prehab/rehab education and care
- Musculoskeletal maintenance
- Pelvic health
- Behavioral health programs
- Ergonomic assessment and correction
- Lifestyle programs

Why SimpleTherapy?

As the pioneer in virtual physical therapy, we've helped Fortune 500 companies cut costs and improve their employee's lives.

Let us lower your direct costs like physical therapy, surgical intervention, and medication, and also provide substantial pain relief for your members' most common and costly musculoskeletal conditions.

SimpleTherapy delivers:

- Stress-free implementation, with your program running in as little as six weeks
- Validated cost avoidance
- A care team of coaches, physical therapists, and physicians
- Triage and referral to medical benefits
- High member satisfaction

For more information, contact
sales@simpletherapy.com



SimpleTherapy® does not offer medical advice, diagnosis, or treatment, and is not a replacement for a physical therapist or doctor. Please consult with your physical therapist or doctor if you have any questions about incorporating the SimpleTherapy sessions into your health and well-being program. Your information is confidential. We will not share it with your employer.

Our Members Love Us



85%

WEEKLY ENGAGEMENT



4.8/5

APP STORE RATING

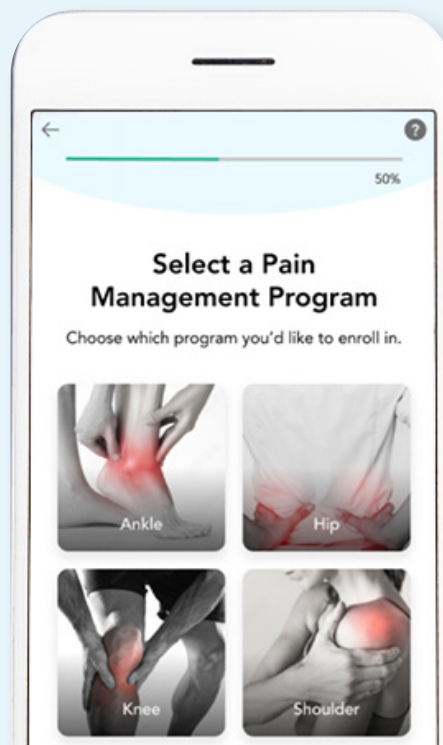


75

MEMBER NPS SCORE
(Amazon's NPS is 73.)

“SimpleTherapy’s unwavering attention, dedicated customer service, and commitment to innovation are in perfect harmony with our mission to prioritize the health and well-being of our plan participants. It’s one of the reasons we’ve maintained a productive partnership with them for almost a decade.”

Dan Costa, CEO
DMC Insurance Administrators, Inc.



Memorandum

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

From: David Broome, Consultant

Date: March 7, 2025

Re: Consultant's Report for March 12, 2024 Board of Trustees Meeting -
Minimum Value for Non-Contributory Plan

The Patient Protection and Affordable Care Act (PPACA) requires that "large employers" (defined as having at least 50 full-time equivalent employees) give full-time employees the opportunity to enroll in an employer-sponsored group health plan that is both affordable and provides a minimum value of at least 60% of total allowed costs.

In determining whether Fresno City Employees Health and Welfare Trust satisfies the "60% minimum value" portion of the requirement, we have tested the following health plan to arrive at the indicated plan value:

Non-contributory 70%/30% Plan: 72%

The above is based on our analysis of the proposed plan benefit summary (effective July 1, 2025) and results from the minimum value calculator (as promulgated by the Department of Health and Human Services). We feel the above result is an accurate representation of the value of the Plan. By virtue of the fact that all other Plans offered by the Trust provide richer benefits than the tested Plan, we are able to conclude that all Trust Plans will exceed the above value.

At the January 8, 2025 Board meeting we were directed to model increasing the out-of-pocket maximum for both medical and pharmacy for this plan. For a baseline, below is this current benefit plan inputs to determine minimum value:

CURRENT MINIMUM VALUE: 72%

PPO Plan -- Non-contributory 70%/30%	Medical	Drug
Deductible (\$)	\$1,300	\$0.00
Coinsurance (% , Plan's Cost Share)	52.00%	70.00%
OOP Maximum (Separate) (\$)	\$4,600	\$2,000

We modelled increasing only the out-of-pocket limits for both medical/surgical and pharmacy in the following scenario:

ALTERNATIVE MINIMUM VALUE: 67%

PPO Plan -- Non-contributory 70%/30%	Medical	Drug
Deductible (\$)	\$1,300	\$0.00
Coinsurance (% , Plan's Cost Share)	52.00%	70.00%
OOP Maximum (Separate) (\$)	\$6,500	\$6,500
OOP Maximum Increase	+ \$1,900	+ \$4,500

We will be discussing this matter at the upcoming Board of Trustees meeting scheduled for March 12, 2025. If you have any questions, please let us know.

cc: Michael Moss, Esq.
Tom Georgouses
Diana Cavazos
Andrew Desa



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



January 24, 2025

Ms. Kim Jackson
Fresno City Employees Health & Welfare Trust
PO Box 45018
Fresno, CA 93718

RE: Cyber Liability Insurance Proposal
Effective Date - TBD

Dear Kim:

Thank you for reaching out to us for Cyber Liability quotes covering the Fresno City Employees Health & Welfare Trust. We have gone to market for quotes and we were able to secure quotes from Coalition, Cowbell, and Beazley. The comparison is on the attached exhibit.

We were able to determine the limit you might need by pulling the number of participants in the Trust from the most recent Fiduciary Liability application. The Cyber Liability rating is based off of number of participants and annual contributions. It is our belief that the \$3,000,000 limit is sufficient to be able to provide Credit Monitoring in the event of a data breach.

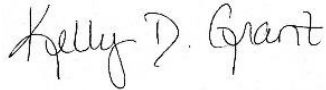
As you will note, each carrier has proposed the same limit with differing deductibles. Coalition has offered Cyber Deception and Cyber Crime coverages while Cowbell and Beazley do not offer those coverages. The Coalition premium; however, is not very competitive. The Cowbell quote is similar to that of Coalition but their premium is not as competitive. Beazley has proposed the same coverages and limits with a very competitive premium and no additional carrier fees. It is our experience that Beazley has excellent claims handling experience as well as robust policy offerings. It is our recommendation for the Trustees to purchase the Beazley policy at the \$3,000,000 limit.

After your review, please let us know how you and the Trustees would like to proceed. We will follow up with you in a few weeks to see if we may bind this policy.

Ms. Kim Jackson
January 24, 2025
Page Two

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

Best Regards,



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

Enclosures

Cc: Ms. Diana Cavazos



This document is for presentation purposes only. The precise coverage afforded is subject to the terms, conditions and exclusions of the policies as issued. Marsh & McLennan Insurance Agency LLC, makes no representations, either expressed or implied, as to the adequacy of any limits of protection. Determination of the adequacy of the limits of protection is your responsibility. CA Insurance Lic. 0H18131 | MarshMMA.com

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

2025 Cyber Liability Proposal

Cyber Liability	Proposed Policy TBD		
Insurer	Coalition Ins. Co.*	Chaucer Ins. Co. (Cowbell)	Beazley Ins. Co.
A.M. Best's Rating	'A' XV	'A-' X	'A+' XV
Admitted in California	No	No	No
Legal, Forensic & Public Relations/Crisis Management	\$3,000,000	\$3,000,000	\$3,000,000
Policy Aggregate Limit	\$3,000,000	\$3,000,000	\$3,000,000
Retroactive Date	Full Prior Acts	Full Prior Acts	Full Prior Acts
Retention - Each Incident, Claim or Loss	\$25,000	\$15,000	\$25,000
Business Interruption Loss	\$3,000,000	\$3,000,000	\$3,000,000
Cyber Extortion Loss	\$3,000,000	\$3,000,000	\$3,000,000
Restoration Costs	\$3,000,000	\$3,000,000	\$3,000,000
Data & Network Liability	\$3,000,000	\$3,000,000	\$3,000,000
Regulatory Defense & Penalties	\$3,000,000	\$3,000,000	\$3,000,000
Payment Card Liabilities & Costs	\$3,000,000	\$3,000,000	\$3,000,000
Media Liability	\$3,000,000	\$3,000,000	\$3,000,000
Consequential Reputational Loss	\$3,000,000	\$3,000,000	\$3,000,000
Bricking Coverage	\$3,000,000	\$3,000,000	\$3,000,000
Cyber Deception - Sublimit	\$250,000	Not Offered	Not Offered
Cyber Crime - Sublimit	\$250,000	Not Offered	Not Offered
Annual Premium	\$43,135.00	\$33,513.00	\$19,537.00
State Taxes and Fees	\$1,371.69	\$1,089.56	\$621.28
Carrier Fee	\$300.00	\$0.00	\$0.00
Policy Fee	\$0.00	\$750.00	\$0.00
Total Annual Premium	\$44,806.69	\$35,352.56	\$20,158.28
Standard Commission Paid by Carrier	20%	20%	20%

- Insurers as noted:
Arch Specialty Insurance Company – 30%
Ascot Specialty Insurance Company – 15%
Aspen Specialty Insurance Company – 10%
Firemen's Fund Indemnity Corporation – 15%
Fortegra Specialty Insurance Company - 30%



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

Cyber Liability

Glossary of Terms

Business Interruption Loss – indemnifies you for the income loss and extra expenses you incur because of the actual and necessary interruption or suspension of your computer systems that results from the failure of your systems to prevent a data security breach. The income loss includes your lost net profit and fixed operating expenses that are necessary for the continuation of your business during the period of restoration. Extra expenses include those reasonable and necessary costs you incur to minimize reduce or avoid the income loss during the period of restoration.

Dependent/Contingent Business Interruption Loss - indemnifies you for the income loss and extra expenses you incur as a result of an actual interruption of your business operations caused by a Dependent Security Breach or Dependent System Failure.

- **Dependent Business** - means any entity that is not a part of the Insured Organization, but which provides necessary products or services to the Insured Organization pursuant to a written contract.

Bricking Coverage - covers the hardware replacement cost associated with a device that is rendered useless after a cyber-incident.

Computer System Extortion Expense and Loss Coverage: if someone makes a credible threat to leak or disseminate your data unless you are willing to pay, this will pay for the evaluation and pays for threat or loss.

Criminal Reward/Extortion Threat Reward – Amount offered and paid by insured with Underwriter's prior consent for information that leads to the arrest and conviction of any individual(s) committing or trying to commit any illegal act related to any coverage under the Cyber Liability policy.

Cyber Extortion Loss – pays for losses related to extortion threats related to a data security event.

Data Breach/Enterprise Security Event – The theft, loss or unauthorized disclosure of personally identifiable information or third-party information that in the care, custody or control of the insured organization.

Data & Network Liability – Provides coverage for claims alleging:

- 1) A violation of a Privacy law,
- 2) For your company's inability to protect someone else's confidential information,
- 3) Failure of your computer system to prevent the damage or destruction of data, 4) failure to prevent the transmission of malicious code or
- 5) Participation in a dedicated denial of service attack and more.

Data Recovery Loss – indemnifies you for the re-creation costs when data assets are altered, destroyed, or corrupted due to a data security event.

Extra Expense – The reasonable and necessary expenses incurred by the Insured during the period of restoration to minimize, reduce or avoid income loss over and above those expenses the insured would have incurred had no security breach, system failure occurred.

Forensic/Legal Expenses – Reasonable and necessary expenses incurred by the Insured to investigate the source or cause of a loss. As well as the legal consultation costs associated with any potential breach of a privacy law.

First Party Coverage - Intends to cover damages a business suffers because of a cyber-breach. This can include things like investigative services, business interruption coverage and data recovery.

Funds Transfer Fraud – The loss of money or securities contained in a transfer account at a financial institution. Resulting from fraudulent written, electronic, telegraphic, cable, teletype or telephone instructions by a third party issued to a financial institution directing them to transfer, pay or deliver money or securities from any account maintained by the insured without the insured's knowledge or consent.

Invoice Manipulation Coverage - Pays for money lost if prior to receipt of payment, the invoice is manipulated or intercepted to cause the payee to be tricked into paying someone else.

Media Liability – provides coverage for claims related to content on your websites that alleges such things as defamation, libel, slander, plagiarism, infringement of copyright, trademark, domain name, service mark and more. It does not extend the infringement coverage to patents or trade secrets.

Notified Individuals Limit – pays the costs to notify affected individuals that their private information may have been accessed. Also pays costs to set up a call center and offer credit/ID Theft monitoring.

Payment Cards Liabilities & Costs (PCI-DSS) – indemnifies you for PCI fines, penalties and assessments that you become legally obligated to pay as the result of a data security event (credit cards).

Policy Aggregate Limit – is the maximum amount of money the insurance company will reimburse a policyholder for all losses covered by the policy over a set period, typically one year.

Privacy Breach Response Limit – pays the costs of computer experts, legal services and public relations experts to assist you as a result of a data security event.

Regulatory Defense & Penalties – Penalties and claims expenses which the insured is legally obligated to pay because a regulatory proceeding first made against the insured during the policy period for a data breach or security breach.

Social Engineering / Fraudulent Instruction/Cyber Deception - The intentional misleading of an employee through misrepresentation of a material fact, which is relied upon, by such employee believing it to be genuine. Committed by a person purporting to be a vendor, employee benefit plan participant or employee who was authorized by the Insured to instruct other employees to transfer money or securities, which result in a transfer.

Telecommunication Theft Loss / Telephone Fraud - means telephone service charges and fees incurred by the Insured because of a third parties intentional, unauthorized and fraudulent use of the Insured's Telecommunications Services.

Third Party/Liability Coverage - Intends to cover damages if a business' customers or partners are affected by a cyber-attack. This can include legal fees, settlement costs, and security failures and media liabilities.

Crisis Management - This is the coverage for the cost of notifying people— including any, you are not legally obligated to notify— to inform them that their personally identifiable and protected data may have been lost, stolen or accessed. This includes call center and website support in case of a data breach.

Public Relations - This will pay for the costs associated with hiring a public relations firm, crisis management firm advertisements, website costs, legal crisis management, and any other communications relating necessary to respond to a breach.

Ransomware Loss Coverage - This extends the extortion coverage to also cover a Ransomware cyber breach. This will pay to investigate, mitigate, and potentially pay that ransom, when needed.

Reputational Loss/Harm – Means that loss of, or reduction in, Business Income resulting directly from a Cyber breach during the notification period.



Disclaimer: This document is for presentation purposes only. The descriptions above are general descriptions to assist you in better understanding this coverage. Please review the actual policy forms for the specific details. As with any policy, these key terms are subject to exclusions, definitions and other provisions that can limit how the coverage is to be applied. NuWest, a Division of Marsh & McLennan Insurance Agency, LLC makes no representations, either expressed or implied, as to the adequacy of any limits of protection. Determination of the adequacy of the limits of protection is your responsibility

COMPENSATION DISCLOSURE

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

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

MMA engages with clients on behalf of itself and in some cases as agent on behalf of its non-US affiliates with respect to the services we may provide. For a list of our non-US affiliates, please visit:

<https://mma.marshmma.com/non-us-affiliates>. In those instances, MMA will bill and collect on behalf of the non-US Affiliates amounts payable to them for placements made by them on your behalf and remit to them any such amounts collected on their behalf;

MMA receives compensation through one or a combination of the following methods:

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



This document is for presentation purposes only. The precise coverage afforded is subject to the terms, conditions and exclusions of the policies as issued. Marsh & McLennan Insurance Agency LLC, makes no representations, either expressed or implied, as to the adequacy of any limits of protection. Determination of the adequacy of the limits of protection is your responsibility. CA Insurance Lic. 0H18131 | MarshMMA.com

to provide education and training to MMA colleagues and receive data reports from MMA. Insurers may also sponsor other national and regional programs and events.

- **Other Compensation & Sponsorships** – From time to time, MMA may be compensated by insurers for providing administrative services on behalf of those insurers. Such amounts are typically calculated as a percentage of premium or are based on the number of insureds. Additionally, insurers may sponsor MMA training programs and events. MMA may also have arrangements with vendors who compensate MMA for referring clients for vendor services.

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

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



This document is for presentation purposes only. The precise coverage afforded is subject to the terms, conditions and exclusions of the policies as issued. Marsh & McLennan Insurance Agency LLC, makes no representations, either expressed or implied, as to the adequacy of any limits of protection. Determination of the adequacy of the limits of protection is your responsibility. CA Insurance Lic. 0H18131 | MarshMMA.com

A.M. Best Rating Classifications

Admitted vs. Non-admitted Insurer

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

Secure Ratings:

A++	Superior
A+	Superior
A	Excellent
A-	Excellent
B++	Very Good
B+	Very Good
B	Fair
B-	Fair
C++	Marginal
C+	Marginal
C	Weak
C-	Weak
D	Poor
E	Under Regulatory Supervision
F	In Liquidation
S	Rating Suspended

FPR 9	Very Strong
FPR 8 and 7	Strong
FPR 6 and 5	Good
FPR 4	Fair
FPR 3	Marginal
FPR 2	Weak
FPR 1	Poor
NR	Not Rated
NR-1	Insufficient Data
NR-2	Insufficient Size and/or Operating Experience
NR-3	Rating Procedure Inapplicable
NR-4	Company Request
NR-5	Not Formally Followed

Affiliation Codes:

G	Group
P	Pooled
R	Reinstated

Rating Modifiers:

U	Under Review
Q	Qualified

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

Class I	Up to 1
Class II	1 to 2
Class III	2 to 5
Class IV	5 to 10
Class V	10 to 25
Class VI	25 to 50
Class VII	50 to 100
Class VIII	100 to 250

Class IX	250 to 500
Class X	500 to 750
Class XI	750 to 1,000
Class XII	1,000 to 1,250
Class XIII	1,250 to 1,500
Class XIV	1,500 to 2,000
Class XV	2,000 or greater



This document is for presentation purposes only. The precise coverage afforded is subject to the terms, conditions and exclusions of the policies as issued. Marsh & McLennan Insurance Agency LLC, makes no representations, either expressed or implied, as to the adequacy of any limits of protection. Determination of the adequacy of the limits of protection is your responsibility. CA Insurance Lic. 0H18131 | MarshMMA.com

Executive Summary Pharmacy Performance Overview

Fresno City Employees Health and Welfare Trust

MARCH 7, 2025



Executive Summary

Pharmacy Performance Overview

2024 Net of Rebate Pharmacy Plan Paid was \$14,980,661, which was up from \$12,309,560 in 2023

- ▶ 2024 Plan Paid PMPM was \$106.06
- ▶ 2023 Plan Paid PMPM was \$91.49

Pharmacy Plan Paid Drivers

- ▶ **Drug Mix:** Members are using different medications
 - GLP1 (Diabetes and Weight Loss medications) cost the plan \$3.6M, up from \$1.6M in 2023
 - Generic Dispensing Rate increased by 1.3%, which helps keep costs in check
 - Specialty medication use now accounts for 42% of all prescription costs; driven by 1% of the prescriptions filled
- ▶ **Utilization:** Less members are accessing the pharmacy benefit
 - 27.5% of members accessed the pharmacy benefit (down from 28.3% in 2023)
 - Average member filled ~8 prescriptions per year (down from ~7.5 prescriptions in 2023)

Key Performance Indicators

	January – December 2023	January – December 2024	Trend
Eligible members	11,212	11,771	5.0%
Utilizing members	3,086	3,238	4.9%
Utilizing %	28.3%	27.5%	-2.7%
Prescription Count	86,532	87,647	1.3%
Prescription Count PMPY	7.7	7.4	-3.5%
Plan Paid	\$ 17,952,356	\$ 21,105,897	17.6%
(Rebates)	\$ (5,642,796)	\$ (6,125,236)	8.5%
Net Plan Paid	\$ 12,309,560	\$ 14,980,661	21.7%
Net Plan Paid PMPM	\$ 91.49	\$ 106.06	15.9%
Net Non-Specialty Plan Paid PMPM	\$ 30.90	\$ 43.27	40.0%
Net Specialty Plan Paid PMPM	\$ 60.59	\$ 62.78	3.6%
Plan Paid / Rx	\$ 142.25	\$ 170.92	20.2%
Generic Dispensing (%)	83.0%	84.1%	1.3%
Member Copay / Rx	\$ 25.25	\$ 25.46	0.8%
Member Cost Share %	17.7%	14.9%	-16.1%
Specialty Plan Paid (\$)	\$ 8,152,014	\$ 8,868,029	8.8%
Specialty Plan Paid (%)	45.4%	42.0%	-7.5%

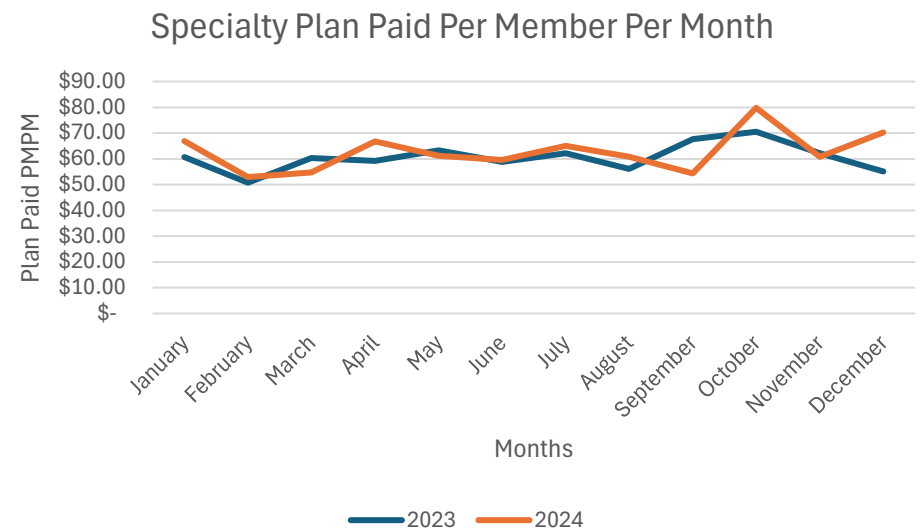
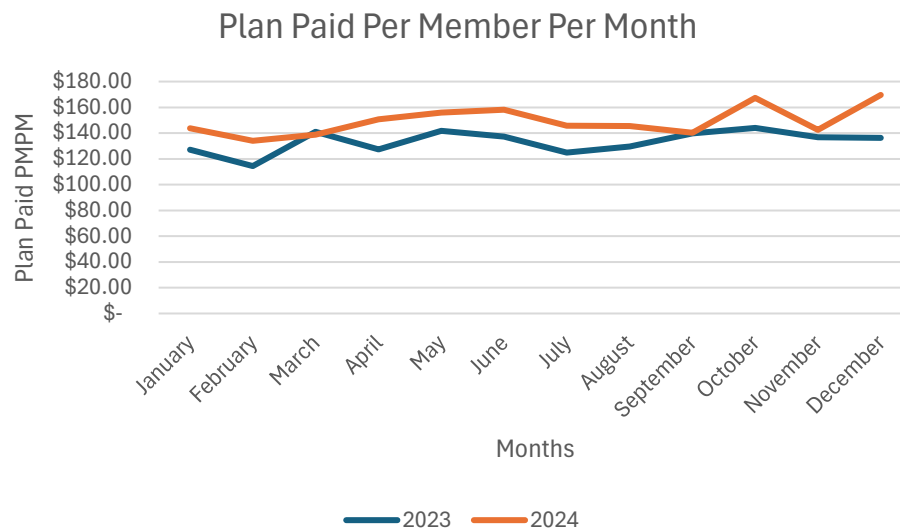
Key Observations

- Less members using the prescription benefit
- Net of Rebate Plan Paid PMPM trend is 15.9%, which is above the norm for Labor & Trust clients.
 - Primarily driven by higher non-specialty medication costs.
- Diabetes and Specialty medication use represent ~60% of plan costs.
- Member Cost Share decreased primarily due to higher specialty costs.
- Generic Dispensing Rate (%) increased by >1%. The average generic medication is 10x less expensive than a brand medication.
- Specialty medication costs increased by ~\$700k.

Pharmacy Cost Drivers

Plan Paid PMPM tracking

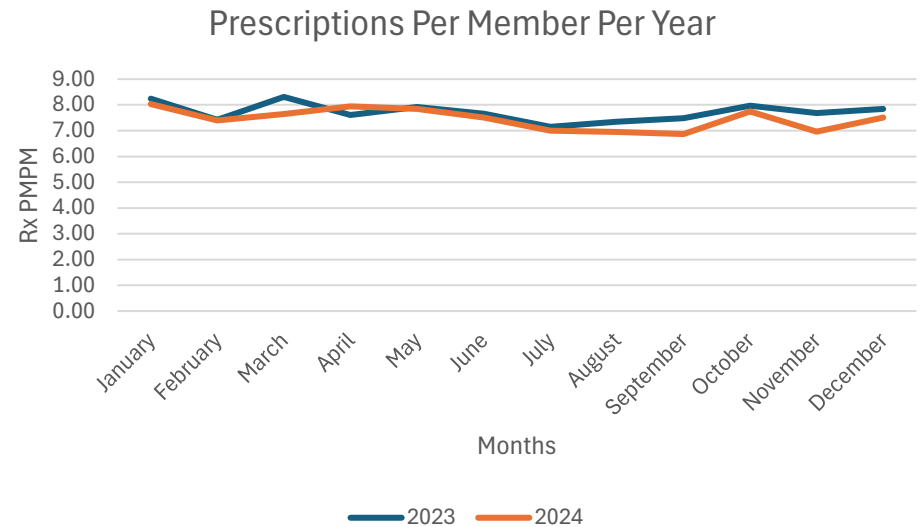
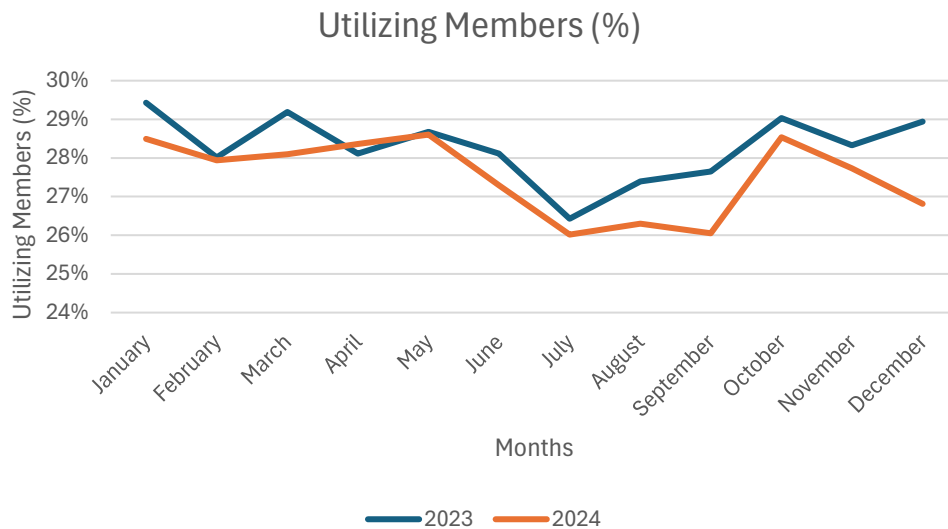
- Plan Paid PMPM has been relatively stable over the past 24 months



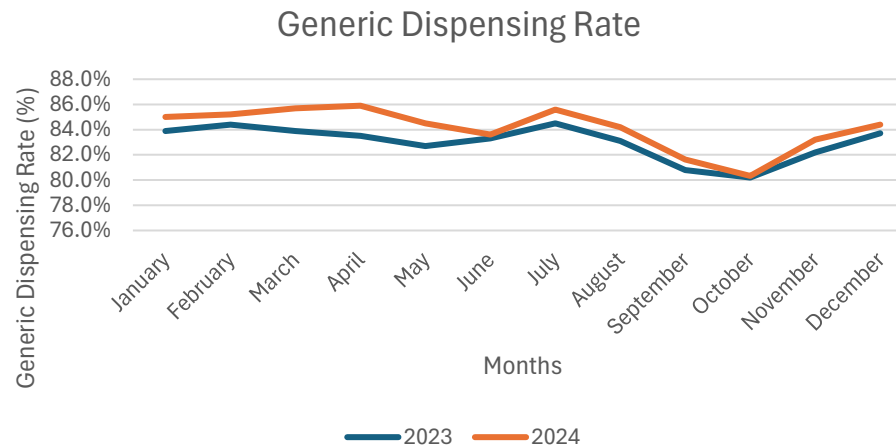
Pharmacy Cost Drivers

Utilization and Drug Mix

- More members are using the pharmacy benefit and filling more prescriptions



Increasing use of generic medications helps keep plan costs lower



Disease States Sorted by Plan Paid

Top 5 Disease States represent >\$13M in Plan Costs

	2024		
Condition	Member Count	Plan Paid	Plan Paid PMPM
Inflammatory Conditions	147	\$ 5,134,867	\$ 36.35
Diabetic / Supplies	983	\$ 3,628,852	\$ 25.69
Weight Loss	384	\$ 1,793,737	\$ 12.70
Oncology	202	\$ 1,299,863	\$ 9.20
Asthma/COPD	1,525	\$ 1,288,704	\$ 9.12
Migraines	210	\$ 520,540	\$ 3.69
HIV	34	\$ 486,866	\$ 3.45
Cardiovascular	2,042	\$ 486,322	\$ 3.44
High Cholesterol	1,427	\$ 446,449	\$ 3.16
Blood Thinners	169	\$ 444,545	\$ 3.15
		\$ 15,530,745	\$ 109.95

Key Observations

- Inflammatory plan costs stayed relatively flat compared to 2023, increasing by <\$200k
- Diabetes Costs increased by ~\$1.1M from 2023
- Weight Loss plan costs increased by ~\$1.4M from 2023
- Cancer plan costs increased by >\$500k from 2023
- Asthma / COPD costs increased by >\$200k due to more Xolair prescriptions

Non-Specialty Utilization

Top 10 Drugs by Plan Paid

Four of the top 10 drugs treat diabetes

		2024					2023						
Drug	Condition	Member Count	Rx Count	Plan Paid	Plan Paid PMPM	Plan Paid / Rx	Member Count	Rx Count	Plan Paid	Plan Paid PMPM	Plan Paid / Rx		
Wegovy	Weight Loss	234	966	\$ 1,284,609	\$9.09	\$ 822	136	294	\$ 355,189	\$2.64	\$ 1,208		
Ozempic	Diabetes	201	823	\$ 1,114,850	\$7.89	\$ 574	147	632	\$ 714,726	\$5.31	\$ 1,131		
Mounjaro	Diabetes	121	560	\$ 702,790	\$4.98	\$ 551	82	461	\$ 500,123	\$3.72	\$ 1,085		
Zepbound	Weight Loss	130	464	\$ 507,748	\$3.59	\$ 831	0	0	\$ -	\$0	\$ 0		
Jardiance	Diabetes	144	394	\$ 427,726	\$3.03	\$ 576	106	299	\$ 308,137	\$2.29	\$ 1,031		
Biktarvy	HIV	10	42	\$ 287,642	\$2.04	\$ 923	9	30	\$ 180,858	\$1.34	\$ 6,029		
Nurtec	Migraines	54	164	\$ 268,164	\$1.90	\$ 636	55	217	\$ 272,411	\$2.02	\$ 1,255		
Farxiga	Diabetes	84	298	\$ 267,648	\$1.89	\$ 619	71	276	\$ 243,035	\$1.81	\$ 881		
Eliquis	Blood Thinner	75	356	\$ 205,476	\$1.45	\$ 676	75	360	\$ 210,509	\$1.56	\$ 585		
Paxlovid	COVID	218	201	\$ 82,534	\$0.58	\$ 1,254	0	0	\$ -	\$0	\$ 0		
			4268	\$ 5,149,187	\$36.45	\$ 703				2569	\$ 2,784,988	\$20.70	\$ 1,084

Jardiance has cardiovascular protection and should stay high; a generic for Farxiga hit the market in 2024, which should help lower costs in 2025.

In 2023, the federal government covered Paxlovid costs.

All belong to GLP1 medication class. Expect more Ozempic and Mounjaro utilization.

Specialty Utilization

Top 10 Drugs by Plan Paid

- Six of the top 10 drugs are biologic medication that works to suppress inflammation

		2024					2023						
Drug	Condition	Member Count	Rx Count	Plan Paid	Plan Paid PMPM	Plan Paid / Rx	Member Count	Rx Count	Plan Paid	Plan Paid PMPM	Plan Paid / Rx		
Humira	Inflammation	17	114	\$ 919,079	\$6.51	\$ 8,062	16	143	\$ 1,337,904	\$9.94	\$ 9,356		
Stelara	Psoriasis	9	24	\$ 659,647	\$4.67	\$ 27,485	1	6	\$ 159,482	\$1.19	\$ 26,580		
Dupixent	Psoriasis	23	155	\$ 549,144	\$3.89	\$ 3,543	24	157	\$ 546,570	\$4.06	\$ 3,481		
Ilaris	Inflammation	1	14	\$ 537,422	\$3.80	\$ 38,387	1	4	\$ 145,830	\$1.08	\$ 36,458		
Skyrizi	Psoriasis	6	23	\$ 474,220	\$3.36	\$ 20,618	5	17	\$ 337,165	\$2.51	\$ 19,833		
Xolair	Asthma	18	128	\$ 454,052	\$3.21	\$ 3,547	17	108	\$ 227,914	\$1.69	\$ 2,110		
Rezurock	Graft v Host Disease	1	10	\$ 360,629	\$2.55	\$ 36,063	1	3	\$ 62,302	\$0.46	\$ 20,767		
Tagrisso	Cancer	1	10	\$ 346,405	\$2.45	\$ 34,641	0	0	\$0	\$0	\$0		
Taltz	Psoriasis	5	44	\$ 343,003	\$2.43	\$ 7,796	3	32	\$ 216,356	\$1.61	\$ 6,761		
Kesimpta	Multiple Sclerosis	4	36	\$ 321,878	\$2.28	\$ 8,941	4	41	\$ 355,045	\$2.64	\$ 8,660		
			558	\$ 4,965,479	\$35.15	\$ 6,994				495	\$ 3,388,568	\$25.19	\$ 6,631

Tagrisso is a new treatment course: Rezurock started in August 2023

Biosimilar options should help reduce 2025 costs.

Next steps

Based on current plan performance, Rael & Letson recommends Fresno City Employees Health and Welfare Trust consider the following:

- ▶ Continue to monitor plan paid performance for increases in select medical conditions / drug categories
- ▶ Adopt greater oversight on GLP1 use
- ▶ Determine whether there are additional OptumRx clinical management programs to roll out drive higher quality of care without service and access decrements
- ▶ Monitor whether OptumRx is meeting the Funds service, financial, and quality of care objectives through a Market Check

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

Restated Trust Agreement

(Date)

[ADD TABLE OF CONTENTS](#)

RECITALS:

WHEREAS, the Fresno City Employees Health & Welfare Trust Agreement (hereinafter sometimes referred to as "Trust Agreement") was entered into dated November 15, 1972 pursuant to negotiations between the City of Fresno (hereinafter sometimes referred to as "City") and Bargaining Associations (hereinafter sometimes referred to as "Unions") representing various groups of Fresno City employees, and

Whereas, the Trust Agreement has from time to time thereafter been amended, and

Whereas, the Trust Agreement provides that it may be amended by written agreement between the City and a majority of the then signatory Unions/Bargaining Associations representing City employees, and,

Whereas, the parties hereto desire to revise, replace and restate in its entirety said Trust Agreement,

NOW THEREFORE, in consideration of the terms and conditions contained herein, the parties agree as follows:

ARTICLE I

DEFINITIONS:

SECTION 1. The term "Memorandum of Understanding" means any written Memorandum of Understanding approved and entered into by the Fresno City Council which provides for payment by the City of Fresno into a Trust for the purpose of maintaining a health and welfare plan for the benefit of City Employees, Retirees and others, along with their dependents.

SECTION 2. The term "Union" and "Bargaining Association" both mean any employee organization which has been formally recognized by the City and which has executed any Memorandum of Understanding and which is currently representing employees pursuant to such recognition.

SECTION 3. The term “Represented Employee” means any City employee represented by a Bargaining Association and for whom payments into the Trust are being made under a Memorandum of Understanding and any local officers, employees or representatives of a Bargaining Association for whom, with the approval of the Bargaining Association and the Board of Trustees, payment is made into this Trust in an equitable and reasonable amount monthly as determined by the Board of Trustees.

SECTION 4. The term “Unrepresented Employees” means any employee not represented by a Bargaining Association or not covered by a Memorandum of Understanding for whom payments into the Trust are being made.

SECTION 5. The term “Health and Welfare Plan” means the detailed basis on which health, welfare or similar benefits are to be provided as determined from time to time by the Board of Trustees. Said Plan’s terms shall be set forth in a Plan Booklet.

SECTION 6. The term “Eligible” means any person who meets the eligibility requirements for benefits as determined from time to time by **WHO MAKES THIS DETERMINATION?**

SECTION 7. The term “Board of Trustees” or “Board” means the Trustees of the Fresno City Employees Health Trust when acting in such capacity.

SECTION 8. The term “City” means the City of Fresno, California.

SECTION 9. The term “Trust”, “Fund” and “Trust Fund” means the entity established pursuant to the terms of this Trust Agreement.

SECTION 10. The term “Trust Agreement” shall mean this agreement under which this Trust is created and maintained and shall include any and all properly adopted amendments.

SECTION 11. The term “Employer Contributions” shall mean the payments made, or to be made to the Trust on behalf of Represented Employees, Unrepresented Employees or - Bargaining Association Employees.

Commented [KJ1]: Isn't this based upon the Plan Document's requirements? Under General Provisions there is a complete section on Eligibility. "Each covered employee, as defined in the Trust Agreement shall become eligible..."

Commented [KJ2R1]: To discuss with Committee/Board/TPA/Phillip

ARTICLE II

ESTABLISHMENT OF TRUST

Section 1. The parties hereby establish hereunder the Fresno City Employees Health and Welfare Trust (originally known as the City of Fresno Health and Welfare Trust), a Trust for the sole and exclusive purpose of creating and administering a Health and Welfare Plan for designated beneficiaries.

The Trust Fund Assets (hereafter sometimes referred to as "Trust Assets") established by this Trust Agreement shall include, but not be limited to all payments required to be made into the Trust by any Memorandum of Understanding, made pursuant to order of the Fresno City Council, made by any Union/Bargaining Association or made by any beneficiary as the Board of Trustees or a Memorandum of Understanding may require, as well as all interest, income and other returns thereon of any kind whatsoever.

Section 2. The Trust shall have its principal office in the City of Fresno at such place as the Board of Trustees may from time to time designate.

Section 3. No employee, dependent, Bargaining Association or any other person or entity shall be entitled to receive all or any part of the payment or contributions made or required to be made into the Trust in lieu of the benefits or any of them provided by the Health and Welfare Plan maintained by the Trust. Neither the City, any Bargaining Association, employee, dependent or other person or entity shall have any right, title or interest in the assets of the Trust except as specifically provided in this Trust Agreement. No part of the Trust's assets shall revert to the City, Bargaining Associations, employees, retirees or dependents of any of them except as provided herein.

Section 4. No part of the Trust Assets, nor any benefit shall be subject in any manner to the debts, contracts, or liabilities of any other Person or entity or be subject in any manner to anticipation alienation, sale, transfer, assignment, pledge, encumbrance or charge by any Person; provided, however, that the Trustees may from time to time establish a procedure whereby any employee, retiree or dependent may direct that benefits due said employee or dependent be paid to a service provider.

Section 5. The Trust shall not carry on any activities not permitted to be carried on (I) by an organization exempt from Federal Income Tax under Section 501(c) (3) of the Internal Revenue Code (or corresponding section of any future Federal Tax Code), or (ii) by an organization, contributions to which are deductible under Section 170 (c) (2) of the Internal Revenue Code (or corresponding section of any future Federal Tax Code).

Section 6. The City shall not be liable to make payments into the Trust or be under any other liability to the Trust or with respect to the Health and Welfare Plan, other than as required by a Memorandum of Understanding and in no event shall it be liable or responsible for any portion of any payment due from any other source.

Section 7. The City, any Bargaining Association, any employee or dependent shall not be liable or responsible for any debts, liabilities or obligations of the Trust.

Section 8. Contributions and other payments due to the Trust shall be due and payable in a manner, time and place as the Board of Trustees shall designate from time to time. Nothing in this Section 8 shall inure to the benefit of any third-party insurance company, network manager, health care provider or other entity.

ARTICLE III

BOARD OF TRUSTEES

Section 1. The Trust shall be administered by a Board of Trustees which shall consist of three (3) Trustees appointed by the Chief Administrative Officer of the City of Fresno (hereafter sometimes referred to as Employer Trustees) and one (1) Trustee appointed by each Bargaining Association which has entered into a Memorandum of Understanding with the City of Fresno (hereinafter sometimes referred to as Employee Trustees). The Employer Trustees shall be designated in writing by the City's Chief Administrative Officer. Only employees or elected officials of the City of Fresno shall be eligible to serve as Employer Trustees. No person who is a member of an employee unit represented by a Bargaining Association shall be designated as an Employer Trustee. Only current or retired employees of the City of Fresno or a Bargaining Association are eligible to serve as Employee Trustees. The Employee Trustees shall be designated in writing by the authorized elective officer of each Bargaining Association. The current Bargaining Associations as of the effective date of this Trust Agreement are: List all Bargaining Associations currently signatory to the Trust Agreement.

All Trustees and successor Trustees shall sign this Trust Agreement or any amendment thereto, or any counterpart thereof and such signature upon delivery to the Board shall constitute their acceptance of office and agreement to act under and be subject to the terms and conditions of the Trust Agreement and any amendment or amendments thereof.

SECTION 2. The Trustees shall elect a Chair ~~and~~ a Vice-Chair, a Secretary and a Treasurer to serve for such period as the Board shall determine. When the Chair is selected from among the Employer Trustees, the Vice-Chair shall be selected from among the Employee Trustees, and vice versa. The Secretary shall be responsible for recording and drafting minutes of each Regular or Special Meeting of the Board. The Treasurer shall be responsible for creating and presenting regular reports regarding the investment of Trust Fund Assets, the Trust Fund balance sheet and its income/expenses. The responsibilities of the Secretary and Treasurer may be delegated to Plan Professionals subject to review by said officers prior to presentation to the Full Board.

SECTION 3. Each Trustee shall serve until replaced as described hereinbelow or their resignation, death or inability to serve, which ever first occurs. (Note the 2-year term proviso is eliminated in this draft).

Formatted: Highlight

Commented [KJ3]: Or maybe we use some language that states: All City approved Bargaining Associations now and in the future. Or something like that

Commented [KJ4]: Or do we say: All current and future Bargaining Associations approved by the City Council

Commented [KJ5]: Or say "All current and future Bargaining Associations approved by City Council

SECTION 4. A Trustee may resign at any time by service written notice of such resignation upon the Chair or Vice-Chair of the Board at least thirty (30) days prior to the date on which such resignation is to be effective.

SECTION 5. A Trustee may be removed from office at any time for any reason by the party which appointed said Trustee in the manner in which the initial appointment was made. Such appointment shall be in writing, signed and delivered as is provided in this Article III.

ARTICLE IV

FUNCTIONS AND POWERS OF BOARD OF TRUSTEES

SECTION 1. The Board shall have the power and duty to administer the Trust and maintain a Health and Welfare Plan for the sole and exclusive benefit of designated employees, retirees, Bargaining Association employees and beneficiaries as well as their dependents. The schedule of benefits and the detailed basis on which benefits are to be paid shall be set forth by the Board in a written Plan Booklet approved by the Board and publicly available.

The Board may from time to time amend, modify or add to the Health and Welfare Plan, the schedule of benefits and the detailed basis on which Health and Welfare benefits are to be paid, which amendments, modifications or additions shall be set forth in a written document approved by the Board and incorporated in the Plan Booklet on an annual basis.

The Board shall have all general and incidental powers and duties appropriate for the performance of such functions, including without limitation of the foregoing, the powers and duties listed in the following paragraphs.

The Board shall have the power to claim, demand, collect, receive, sue for and hold all payments of money due the Trust and shall deposit all such payments collected or received by the Trust in an account, in the name of the Trust in such bank or banks as the Board shall from time to time determine or in an account established and maintained by the Controller of the City of Fresno, who shall control the account under the direction of the Board.

The Board shall have the power to enter into contracts or procure insurance policies necessary to place in effect and maintain the Health and Welfare Plan, to terminate, modify or renew any such contracts or policies subject to the provisions of the Health and Welfare Plan, to contract with the City where appropriate to maintain a Health and Welfare Plan and to exercise any and all rights and benefits granted to the Board or the Trust by any such contracts or policies. Any such contract shall be executed in the name of the Trust and any such policy shall be procured in the name of the Trust.

The Board shall have the power to establish and accumulate such reserve funds as may be adequate to provide for the maintenance in effect of a Health and Welfare Plan as well as to defray administrative expenses and other obligations. **For emphasis, effective prior to the execution of this Restated Trust Agreement and remaining in full force and effect until revised by the Board of Trustees is a four (4) month unrestricted reserve as established annually by the Board of Trustees or in the absence of Board of Trustees agreement by the Plan Health Consultant/Actuary.** (Note: Should this rule be incorporated in the document or should it remain as a Side Agreement between the Meet and Confer Parties?)

Formatted: Font color: Dark Red

Commented [KJ6]: I think we also need to include language concerning the Board's ability to make the decision to fund at a higher or lower retention amount as long as ER and EE Trustees agree

The Board shall have the power to contract for the provision of services reasonably necessary in connection with the administration of the Trust and the Health and Welfare Plan, as well as the power to employ or retain such executive, consultant, administrative, clerical, account, legal personnel and other employees or independent contractors as the Board deems reasonably necessary in connection with said administration.

The Board shall have the power to incur and pay out of Trust Assets any expense reasonably incidental to the administration of the Trust or the Health and Welfare Plan. All monies paid into the Trust shall be applied to the payment of benefits or to defray the reasonably incurred expenses of providing same and/or administering the Trust.

The Board shall have the power to compromise, settle or release claims or demands in favor of or against the Trust on such terms and conditions as the Board may deem in its full discretion as desirable.

The Board shall have the power to invest and reinvest from time to time such portion of the Trust's assets as are not required for current expenditures and charges in securities in which the Controller of the City is permitted to invest. So long as the Trust Assets are deposited with the Controller of the City of Fresno, the Board may delegate the responsibility to said individual to make such investment decisions within the parameters of the securities in which the Controller is permitted to invest by the City of Fresno.

Commented [KJ7]: Investments need to be discussed

The Board shall have the power from time to time adopt rules and regulations for the administration of the Health and Welfare Plan which are not inconsistent with the terms and conditions of this Trust Agreement.

SECTION 2. The Board of Trustees shall procure fidelity bonds for each Trustee or other person (other than the Controller of the City) authorized to receive, handle, deal with or draw upon Trust assets for any purpose whatsoever. Said fidelity bonds shall be in such amounts and from such sources as the Board may determine is prudent. The cost of such bonds shall be paid out of Trust Assets. The Board shall also procure a Fiduciary Liability Insurance Policy naming as Insureds. each Trustee and/or any other person who exercises discretionary control over the activities and actions of the Trust. The cost of such insurance shall be paid out of Trust Assets. However, any premiums for non-recourse policy riders shall not be paid from Trust assets.

SECTION 3. All checks, drafts, vouchers, wire transfers, electronic payments or other withdrawals of money from the Trust shall be signed by whomever the full Board authorizes in writing to take such actions. **(WHO HAS SIGNATORY AUTHORITY?)**

Commented [KJ8]: Phil Musson????

SECTION 4. The Board shall maintain suitable and adequate records of and for the administration of the Trust and the Health and Welfare Plan. The Board may require the City, any Bargaining Association, employee or other beneficiary to submit to it any information, data, report or documents reasonably relevant to and suitable for the purposes of such administration. Upon notice in writing from the Board, the City shall permit a representative or representatives of the Board to enter upon City premises during business hours at a reasonable time or times to examine and copy such books, records, papers or reports as may be necessary to determine whether the City is making full and prompt payment of all sums required to be paid to the Trust.

SECTION 5 The books and records of the Trust shall be audited annually by a Certified Public Accountant selected by the Board Trustees. Alternatively, the Board may delegate said annual audit to the then Independent Auditor assigned the responsibility of auditing the books and records of the City of Fresno.

Commented [KJ9]: What books and records? HealthComp? Investments held by Finance? All the vendors?

ARTICLE V

PROCEDURE OF BOARD OF TRUSTEES

SECTION 1. The Board shall determine time and place of its regular periodic meetings. Either the Chair or the Vice Chair or any five members of the Board of Trustees may call a special meeting of the Board of Trustees by giving written notice to all other Trustees of the time and place of such meeting at least five days before the date set for the meeting. Any such notice of special meeting shall be sufficient if sent by first class mail to each Trustee at their address as shown in the records of the Board or by email at the email address as shown in the records of the Board. The Board may take any action at a special meeting as it may take at a regular meeting. Any meeting at which all Trustees are present or concerning which all Trustees have waived notice in writing shall be a valid meeting without giving of such notice. However, all regular or special meetings must be conducted in accordance with the Open Meeting laws of the State of California. Said compliance shall include, but is not limited to proper and timely public notice, recordation and other record keeping of proceedings and open access to any interested member of the public.

SECTION 2. A quorum is necessary to convene a meeting. A quorum shall consist of at least two (2) Employer Trustees and three (3) Employee Trustees. All Employer Trustees present shall be entitled to one (1) vote collectively. All Employee Trustees present shall be entitled to one (1) vote collectively. The Employer Trustees shall by vote among the Trustees present, determine how their single vote will be cast. The Employee Trustees shall determine how their single vote will be cast by voting among those Trustees present **(THE CURRENT PRACTICE HAS BEEN TO REQUIRE UNANIMITY FROM EACH SIDE- SHOULD THIS BE CHANGED SO THAT A DEADLOCK BY EITHER EMPLOYER OR EMPLOYEE TRUSTEES EQUALS AN ABSENCE?)**.

SECTION 3. All meetings of the Board of Trustees shall be held at the Trust's principal office unless another place is designated from time to time. **(SHOULD THIS BE CHANGED TO FRESNO CITY HALL?)**

SECTION 4. Arbitration (DOES THE BOARD WANT TO ADD AN ARBITRATION PROVISION TO THE TRUST AGREEMENT?)

ARTICLE VI

GENERAL PROVISIONS APPLICABLE TO TRUSTEES

SECTION 1. No Trustee, Trust Employee or contracted Plan Professional shall be liable or responsible for their own acts or non-action or for any acts or defaults of any other party except to the extent liability is imposed by applicable state or federal law. The Trustees, Trust Employees and Plan Professionals to the extent permitted by state or federal law shall incur no liability in acting upon any instrument, application, notice, request, signed letter, email or document believed by them to be genuine and to contain a true statement of facts, and to be signed by the proper person.

SECTION 2. The Trustees may from time to time consult with the Trust's legal counsel, Third Party Administrator, Health Care Consultants, network providers and any other professionals; to the extent permitted by state and federal law, the Trustees shall not be held liable for their reasonable and good-faith reliance upon the advice of such professionals.

SECTION 3. To the extent permitted by applicable state and federal law, no Trustee shall in any way be liable or responsible for anything done or committed in the administration of the Trust prior to the date said Trustee became a Trustee or subsequent to their service as such. To the extent permitted state and federal law, no Trustee, Trust Employee, Plan Professional or Third-Party Administrator shall be personally liable for any liabilities or debts of the Trust, nor for the inability of the Trust to fulfill any contract or obligation; all liabilities and obligations of the Trust shall be paid by the Trust itself. The Trust shall exonerate, reimburse, and save harmless the Trustees individually and collectively against any and all liabilities and reasonable expenses arising out of the Trusteeship, save and except as to each individual Trustee, only such liabilities and expenses as may arise out of said Trustee's willful misconduct or gross negligence.

SECTION 4. Neither the City, nor any Bargaining Association nor any individual Trustee shall be responsible or liable for:

- a. The validity of this Trust Agreement or the Health and Welfare Plan, or

- b. The form, validity, sufficiency or effect of any contract or policy for health and welfare benefits which may be entered into, or
- c. Any delay occasioned by any restriction or provision in this Trust Agreement, the Health and Welfare Plan, the rules and regulations of the Board issued hereunder, any contract or policy procured in the course of the administration of the Health and Welfare Plan or the Trust, or
- d. Any delay occasioned by any other proper procedure in such administration; or
- e. The making or retention of any deposit or investment of the Trust Assets, or any portion thereof, or the disposition of any such investment or the failure to make any investment of the Trust Assets or any portion thereof, or any loss or diminution of the Trust Assets, except as to the particular person involved, such loss as may be due to the gross negligence or willful misconduct of such person.

SECTION 5: Neither the City nor any Bargaining Association shall be liable in any respect for any of the obligations or acts of the Board or any Trustee because said Trustee or Trustees is in any way associated with the City or such Bargaining Association.

SECTION 6. Any Trustee who resigns or is removed from their position as Trustee shall forthwith turn over to the Chair or Vice Chair of the Board any and all records, books, documents, monies and other property in their possession or under their control which belong to the Board or the Trust or which were received by said Trustee in their capacity as such Trustee.

SECTION 7. The name “Fresno City Employees Health and Welfare Trust” may be used to designate the Trustees collectively and all instruments may be affected by the Board of Trustees in such name.

ARTICLE VII

GENERAL PROVISIONS

SECTION 1. Subject to the provisions of any applicable Memorandum of Understanding, the rights and duties of all parties, including the City, any Bargaining Association, the employees, retirees, dependents, other participants and the Trustees shall be governed by the provisions of this Trust Agreement and the Health and Welfare Plan, including any insurance or other contracts entered into with third parties pursuant to said Trust Agreement or Plan.

SECTION 2. No person or entity that has verified that they are dealing with the duly appointed Trustees, or any of them shall be obligated to see to the application of any monies or property of the Trust or to see that the terms of this Agreement have been complied with or to inquire as to the necessity or expediency of any act of the Board. Every instrument executed by the Board or by its direction shall be conclusive in favor of every person who relies on it that at the time of the delivery of the instrument this Trust Agreement was in full force and effect, that the instrument was executed in accordance with the terms and conditions of this Trust Agreement and that the Board was duly authorized to execute the instrument or direct its execution.

SECTION 3. No employee or other beneficiary or dependent shall have any right or claim to benefits under the Health and Welfare Plan, except as specified in the Plan Booklet, as amended from time to time, or any insurance policy or other contract entered into or signed on behalf of the Board of Trustees pursuant to this Trust Agreement. Any dispute as to the eligibility, type, amount or duration of benefits under any such Plan, insurance policy and other contract shall be decided first administratively and finally by the Board of Trustees. To the fullest extent permitted by applicable state and federal law, the Board of Trustees shall have the final authority to resolve such issues and reserves the full discretion to make its decision thereon. Its decision shall be final and binding upon all parties thereto. To the fullest extent permitted by such applicable state and federal law, no action may be brought for benefits provided under the Health and Welfare Plan or otherwise by the Trust or to enforce any right thereunder until after the claim therefore has been submitted to and determined by the Board of Trustees. Thereafter, the only action which may be brought is one to enforce the decision of the Board. Neither the City, any Bargaining Association nor any individual Trustees shall be personally liable for the failure or omission for any reason to pay any benefits under the Health and Welfare Plan.

SECTION 4. If any provision of this Trust Agreement, the Health and Welfare Plan, the rules and regulations made pursuant thereto or any step in the administration of the Trust or the Health and Welfare Plan is held to be illegal or invalid for any reason, such illegality or invalidity shall not affect the remaining portions of the Trust Agreement, the Plan or the rules and regulations established thereunder unless such illegality or invalidity prevents accomplishment of the objectives and purposes of the Trust Agreement and the Health and Welfare Plan. In the event of such holding, the necessary steps to remedy any such defects shall be taken immediately.

SECTION 5. Any notice required to be given under the terms of this Trust Agreement shall be deemed to have been duly served if delivered personally to the person to be notified in writing, mailed by regular mail to such person at their last known address as shown in the records of the Trust or sent via email to such person at the last known email address as shown in the records of the Trust.

SECTION 6: All books, records, papers, reports, documents or other information obtained with respect to the Trust or its Health Plan shall be confidential and shall not be made public except as is required by State or Federal transparency laws, including but not limited to the Ralph M. Brown Act. Notwithstanding the foregoing, individual Participant privacy rights created by State and Federal Law, including but not limited to HIPAA and the HITECH Act shall be observed at all times.

Commented [KJ10]: Section 4 of the 1972 Agreement states: "All questions pertaining to this Agreement, the Fund or the Health and Welfare Plan, and their validity, administration and construction, shall be determined in accordance with the Charter and ordinances of the City and the laws of the State of California"

Commented [KJ11]: Section 6 in the 1972 Agreement states: "Except to the extent necessary for the proper and lawful administration of the Fund or the Health and Welfare Plan, all books, records, papers, reports, documents, or other information obtained with respect to the Fund or the Plan shall be confidential and shall not be made public or used for any other purposes. Nothing in this Section shall prohibit the preparation and publication of statistical data and summary reports with respect to the operations of the Fund and the Plan"

Commented [KJ12R11]: Create Section 6 Subject to Open Meeting Laws and HIPAA Laws

ARTICLE VIII

ELIGIBILITY

SECTION 1. All current Employees employed pursuant to a Memorandum of Understanding requiring a City contribution to the Trust on their behalf shall be eligible for participation in the Health and Welfare Plan along with their Dependents.

SECTION 2. All persons not included pursuant to a Memorandum of Understanding shall be excluded from participation in the Health and Welfare Plan. However, subject to terms and conditions the Board establishes therefor, if the City provides a contribution for an Unrepresented Employee or arranges for a payroll deduction for such contribution, that person shall be eligible for participation in the Health Plan along with their Dependents. Provided further that subject to terms and conditions the Board establishes therefor, if a Bargaining Association provides a contribution for one or more of its employees, said employee shall be eligible for participation in the Health Plan along with their Dependents.

SECTION 3: All retired former employees of the City shall be eligible for participation in the Health Plan along with their Dependents on terms and conditions the Board establishes therefore.

ARTICLE IX (DOES THE BOARD WANT TO RETAIN THE CONCEPT OF SUB PLANS?)

ARTICLE X- DO WE STILL NEED A METHOD OF BECOMING PARTY TO THE TRUST?

ARTICLE XI-EFFECTIVE DATE, DURATION AND TERMINATION

Commented [KJ13]: Fix alignment

SECTION 1. This Restated Trust Agreement shall be effective immediately upon execution of it or any of its counterparts by the City and a majority of the Bargaining Associations currently having a Trust contribution included in its Memorandum of Understanding, and the Trustees currently appointed by said Bargaining Associations.

SECTION 2. This Restated Trust Agreement may be amended, modified or terminated at any time by mutual agreement between the City and a majority of the Bargaining Associations signatory to a Memorandum of Understanding requiring a City contribution to the Trust. However, any such termination shall not terminate any rights or duties under a Memorandum of Understanding unless such is expressly agreed to. Any particular provision concerning only a portion of the Bargaining Associations signatory to a Memorandum of Understanding may be changed by those signatories and the City by their agreement only without affecting provisions relating to other Bargaining Associations subject to a Memorandum of Understanding.

SECTION 3. In the event that the obligation of sources to make contributions shall terminate or upon any liquidation of the Trust, the Trustees shall apply the Trust assets to the purpose specified in Section 1 of Article II hereof, shall make provision for the payment of expenses incurred up to the date of termination and the expenses incidental to such termination, and arrange for a final audit and report of their transactions and accounts. Upon the disbursement of the entire Trust Assets, this Trust shall terminate.

SECTION 4. In no event shall the Trust established by this Agreement continue for a longer period than is permitted by law.

Commented [KJ14]: 1972 Agreement language for Section 4, 5, 6 not included in restatement

SECTION 6: [The Board of Trustees reserves the right to establish terms and conditions \(financial and otherwise\) for the addition of new Bargaining Association members or other groups of new participants to health plans maintained by the Trust.](#)

IN WITNESS WHEREOF, we have hereunto affixed our signatures this ____ day
of _____, 2024.

Executed at _____, California.

