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**Fresno City Employees Health & Welfare Trust  
Agenda for the Regular Board Meeting  
March 25, 2026**

**General Meeting 8:30 AM**

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

<p><b>Employer Trustees-City of Fresno</b> Georgeanne White, Chairperson Jennifer Misner, Trustee TJ Miller, Trustee</p>	<p><b>Employee Trustees</b> Sam Frank, Vice Chairperson Jeff La Blue, Trustee Marc Anderson, Trustee Alfredo Molina, Trustee David Mendrin, Trustee Steve McGary, Trustee Wendy Norris-Gonzales, Trustee Kim Jackson, Trustee Keola Park, Trustee Terri Hauschel, Trustee Vacant, Trustee</p>	<p><b>FCEA</b> <b>FPOA</b> <b>FPOA</b> <b>ATU</b> <b>IBEW</b> <b>FFA</b> <b>CFPEA</b> <b>CFMEA</b> <b>FFA</b> <b>Local 39</b> <b>FAPSS</b></p>
<p><b>Administrator</b> Thomas J. Georgouses, Esq. SVP-Legal</p>	<p><b>Consultants Rael &amp; Letson</b> David Broome Martin Fornataro</p>	
<p><b>Legal Counsel</b> Michael E. Moss, Esq.</p>		

**Roll Call 8:30 A.M.**

**1. Approval of Agenda\*\***

*Approve Agenda for March 25, 2026*

*⇒ Action as required*

**2. Executive Session**

a. Conference with Legal Counsel – Anticipated Litigation Government Code Section 54956.9, Subdivision (d)(4) 1 Potential Case

*⇒ Action as required*

**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 14, 2026 and March 11, 2026

b. Correspondence

i). *Correspondence Dated March 5, 2026 From ATU President Alfredo Molina Appointing Himself as Trustee*

ii). *Correspondence Dated March 18, 2026 From City Manager Georgeanne White Reappointing Herself as Trustee*

- iii). *Correspondence Dated March 18, 2026 From City Manager Georgetanne White Reappointing TJ Miller as Trustee*
- iv). *Correspondence Dated March 18, 2026 From City Manager Georgetanne White Removing Jennifer Misner and Appointing Sumeet Malhi as Trustee Effective April 3, 2026*
- v). *Correspondence Dated March 18, 2026 From Councilmember Annalisa Perea Regarding an Urgent Call for Resolution to Protect Fresno City Employees' Access to Healthcare*
- c. Blue Shield of California
  - i). *Ratify Chairperson and Vice Chairperson's Approval for Blue Shield of California to Take all Necessary Action Regarding the Blue Shield Security Breach*
  - ii). *Ratify Chairperson and Vice Chairperson's Approval of Member Communication Dated February 10, 2026 Regarding Network Access to Community Medical Centers Hospitals (Community Regional Medical Center, Clovis Community Medical Center, Fresno Heart & Surgical Hospital) and Community Health Partners (Doctors Affiliated with Community Health Systems)*
  - iii). *Ratify Chairperson and Vice Chairperson's Approval of Member Communication Dated March 18, 2026 Regarding Network Access to Community Medical Centers Hospitals (Community Regional Medical Center, Clovis Community Medical Center, Fresno Heart & Surgical Hospital) and Community Health Partners (Doctors Affiliated with Community Health Systems)*
- d. SimpleBehavioral
  - i). *Utilization Report*
- e. United HealthCare
  - i). *Ratify Chairperson and Vice Chairperson's Execution of the United Healthcare Dental HMO Renewal Effective July 1, 2024*
- f. OptumRx
  - i). *Executive Summary and Comparative Executive Summary Commercial*
  - ii). *Executive Summary and Comparative Executive Summary EGWP*
- g. Delta Dental
  - i). *Financial Reporting Package*
- h. SimpleMSK
  - i). *Utilization Report*
- i. EyeMed
- j. Teladoc
  - i). *Utilization Report*
- k. EPIC
- l. Body Scan International
- m. Hinge Health
  - i). *Ratify Chairperson and Vice Chairperson's Execution of Personify Health's 13<sup>th</sup> Amendment Adding Hinge Health*
- n. Dual Coverage Member Communication
  - i). *Ratify Chairperson and Vice Chairperson's Approval of The Dual Coverage Member Communication*

o. Personify Health

- i). *Ratify Chairperson and Vice Chairperson's Approval for PHIA to Take all Necessary Action Regarding the PHIA Security Breach*

**5. Consultant's Report**

a. Blue Shield of California and Community Health Systems and Affiliates Contract Negotiations

- i). *Review and Discuss Blue Shield of California and Community Health Systems and Affiliates Contract Negotiations*

- ii). *Discuss Communication with Members on the Status and Effect on the Plan*

*⇒ Action as required*

- iii). *Review, Discuss, Approve and Recommend to Meet and Confer with Effective Parties for Options for Alternatives to Current Out of Network Services for Community Health Systems and Affiliates*

*⇒ Action as required*

b. Request for Information for PPO Network Vendor

- i). *Review, Discuss and Approve Request for Information for PPO Network Vendor*

*⇒ Action as required*

c. Plan Document Language Update Regarding Gaining Coverage

- i). *Review, Discuss and Approve Plan Document Language Update Regarding Gaining Coverage*

*⇒ Action as required*

d. Physical, Occupational and Speech Therapy Out of State Access

- i). *Review, Discuss and Approve Physical, Occupational and Speech Therapy Out of State Access*

*⇒ Action as required*

e. Medical Benefit Plan Design

- i). *Review, Discuss and Approve Medical Benefit Plan Design*

*⇒ Action as required*

f. Financial Projections for the 2026-2027 Fiscal Year

- i). *Review, Discuss and Approve Financial Projections for the 2026-2027 Fiscal Year*

*⇒ Action as required*

g. Contribution Rates for the 2026-2027 Fiscal Year

- i). *Review, Discuss, and Approve Contribution Rates for the 2025-2026 Fiscal Year*

*⇒ Action as required*

h. Affordable Care Act- Minimum Value

- i). *Review, Discuss and Approve Minimum Value Calculation*  
⇒ *Action as required*

i. Body Scan

- i). *Review and Discuss BSI Benefit and Utilization*
- ii). *Review, Discuss and Approval BSI Spring Event 2026*  
⇒ *Action as required*

**6. General Calendar**

a. Personify Health

- i). Claim and Benefits Reports
- ii). Specific Stop-Loss Reports
- iii). Turnaround Time Reports
- iv). Subrogation  
*Review and Discuss*
- v). Personify Health HCOOnline Complaints  
*Review and Discuss*
- vi). Employer Mandate Reporting - 1094/1095 Process  
*Review and Discuss Employer Mandate Reporting - 1094/1095 Process*
- vii). Review of Vendor Contracts and Business Associates Agreements  
*Review, Discuss and Approve Status of Vendor Contracts and Business Associates Agreements*  
⇒ *Action as required*
- viii). Open Enrollment 2026-2027  
*Review, Discuss and Approve Open Enrollment Materials for Plan Year 2026-2027*  
⇒ *Action as required*

b. Appeals

c. International Foundation of Employee Benefit Plans Conference 2025

- i). *Discuss Attendance and Information from the International Foundation Employee Benefit Conference 2025*

d. International Foundation of Employee Benefit Plans Conference 2026

- i). *Review and Discuss Attendance for International Foundation Employee Benefit Conference 2026*

e. Appointment of Secretary and Treasurer

- i). *Review and Discuss Responsibilities of Secretary and Treasurer*

**7. Pharmacy Benefit Manager Consultant**

a. Pharmacy Plan Review 2024-2025

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

b. OptumRx Formulary Changes Effective July 1, 2026

*i). Review and Discuss OptumRx Formulary Changes Effective July 1, 2026*

c. OptumRx Appeal Reporting

*i). Review and Discuss OptumRx Appeal Reporting*

d. Off-Cycle Changes Related to Regulatory or Centers for Medicaid Requirements

*i). Review, Discuss and Approve Off-Cycle Changes Related to Regulatory or Centers for Medicaid Requirements*

⇒ Action as required

**8. Attorney's Report**

a. Fresno City Employee Health and Welfare Trust Agreement Revision

*i). Review, Discuss and Approve Revised Fresno City Employee Health and Welfare Trust Agreement*

⇒ Action as required

b. Consolidated Appropriation Act

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

c. Mental Health Parity and Addiction Equity Act (MHPAEA) and NQTL Analysis

*i). Review, Discuss and Approve Action Pertaining to New MHPAEA Regulations and NQTL Analysis by MedExpert*

⇒ 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 Personify Health 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 Personify Health 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 May 4, 2026, at 4:00 p.m.

**Committee Members to Attend:** Jeff La Blue, Wendy Norris-Gonzalez, TJ Miller



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# FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST MINUTES OF THE REGULAR BOARD MEETING January 14, 2026

**CALL TO ORDER:** The regular monthly meeting of the Board of Trustees for the Fresno City Employees Health & Welfare Trust was called to order by Chairperson Georgeanne White at 8:37 A.M., Wednesday, January 14, 2026 via a Zoom webinar and in person at 2600 Fresno Street, Fresno, CA, Room 4017. A quorum was present including the following:

**EMPLOYEE TRUSTEES  
PRESENT:**

Sam Frank  
Jeff La Blue  
Terri Hauschel  
Marc Anderson

Wendy Norris-Gonzalez  
Eric Hoopingarner  
David Mendrin  
Charles (Steve) McGary

**EMPLOYEE TRUSTEES ABSENT:**

Kim Jackson

Keola Park

**EMPLOYER TRUSTEES PRESENT:**

Georgeanne White  
Jennifer Misner

TJ Miller

**OTHERS PRESENT**

**Personify Health**  
Tom Georgouses  
Diana Cavazos  
Nikki Vang

**Blue Shield**  
Linda Patron  
  
**Optum Rx**  
Carolyn Martinez

**EPIC**  
Sara Santana  
  
**EyeMed**  
Joyce Walling

**Law Office of Michael E. Moss**  
Mike Moss

**FORCE**  
Cheri Detwiler

**Delta**  
Duab Xaochay

**Rael & Letson**  
David Broome

**SimpleMSK/SimpleBehavioral**  
Joshua Oswald  
Jeremy Oswald

**BSI**  
Bill Penzo

**Benefits, COF**  
Phillip Carbajal  
Sonia Farmer  
Jovi Silaphanh

**Hinge Health**  
Kristen Kelly  
Kathy Nguyen

**Item 1**      **Approval of Agenda - A Motion** was made by Vice Chairperson Sam Frank and Seconded by Trustee Terri Hauschel to approve the agenda. The **Motion** was **unanimously approved**.

**Item 2**      **Executive Session - None**

**Item 3**      **Public Discussion – None**

**Item 4**      **Consent Calendar – Vice Chairperson Sam Frank pulled item 4. m. A Motion** was made by Trustee Jennifer Misner and Seconded by Jeff La Blue to approve the balance of the Consent Calendar. The **Motion** was **unanimously approved**.

**Item 4. m – Hinge Health** - Mr. Tom Georgouses provided notice to the board the contract has not been executed and will be provided to the Chairperson and Vice Chairperson for review and execution.

**Item 5**      **General Calendar**

- a.      **Personify Health**
  - i.      **Claims and Benefits Reports** - Mr. Tom Georgouses reviewed the reports on Claims and Benefits for months ending December 31, 2025.
  - ii.     **Specific Stop-Loss Reports** – Mr. Tom Georgouses reviewed the reports on Specific Stop-Loss for the policies ending June 30, 2025 and June 30, 2026.
  - iii.    **Turnaround Time Reports** – Mr. Tom Georgouses reviewed the reports related to claim processing turnaround time.
  - iv.     **Subrogation** – Mr. Tom Georgouses reviewed the report on Subrogation.
  - v.      **Personify Health Complaint Form** - Ms. Diana Cavazos reviewed and provided an overview of the complaints received.
  - vi.     **Employer Mandate Reporting Personify 1094/1095 Process** – Mr. Tom Georgouses stated Personify Health has discontinued this service following completion of the 2024 forms and filing. Mr. Phillip Carbajal confirmed the City of Fresno is on track to procure a software platform to prepare and file the 1094/1095 forms and Personify Health will work with the City of Fresno to transition to a new platform for the 2025 required filings beginning in February/March 2026. Vice Chairperson Sam Frank requested an update once the software

is available and the forms have been filed.

- vii. **Review of Vendor Contracts and Business Associates Agreements** – Deferred to next meeting
- viii. **Dual Coverage Member Communication**- Ms. Dana Cavazos referred to drafted communication regarding dual coverage. A **Motion** was made by Vice Chairperson Sam Frank and Seconded by Trustee Steve McGary to provide the finalized dual coverage communication during open enrollment and during new employee orientation. Authority was given to Chairperson and Vice Chairperson to approve the final communication. **The Motion was unanimously approved.**
- b. **Appeals – 26-01** - Mr. Tom Georgouses reviewed and discussed appeal 26-01. A **Motion** was made by Vice Chairperson Sam Frank and Seconded by Trustee Terri Haushel to approve the committee members recommendation to approve the appeal. **The Motion was unanimously approved.** Direction was given to plan professionals to provide financial impact regarding plan language change on gaining coverage.
- c. **International Foundation of Employee Benefit Plan Conference 2025** – Deferred to the next Board Meeting.
- d. **International Foundation of Employee Benefit Plan Conference 2026** - Ms. Diana Cavazos provided a list of who is scheduled to attend International Foundation of Employee Benefits Conference in 2026. The Board provided confirmation that for the Trustees that could not attend a Trustees Level II at a past meeting, that they will be eligible to attend at the 2026 annual conference or may attend an off-cycle meeting for Trustees Level II only.
- e. **Appointment of Secretary and Treasurer** – Deferred to next meeting.
- f. **Hinge Health** – Kathy Nguyen, a representative from Hinge Health, reviewed the proposed communication campaign timeline. A **Motion** was made by Vice Chairperson Sam Frank and

Seconded by Trustee TJ Miller to approve the proposed communication campaign timeline. The initial Member communication email will be sent by Personify Health utilizing their HCOonline emails and by regular US Mail; and by the City of Fresno utilizing their employee's work email. Hinge Health will be responsible for all other communications. Hinge Health member communication will also be provided with the enrollment packet during open enrollment. **The Motion was unanimously approved.**

**Item 6 Consultant's Report -**

**a. Vendor Rates and Benefit Changes**

i. **EyeMed** - Mr. David Broome referred to his memorandum regarding the EyeMed renewal effective July 1, 2026, with a four-year rate guarantee through June 30, 2030. A **Motion** was made by Trustee Jeff La Blue and Seconded by Vice Chairperson Sam Frank to renew the policy and to give authority to the Chairperson and Vice Chairperson to execute all necessary documents subject to Mike Moss' review. **The Motion was unanimously approved.**

ii. **Personify Health** - Mr. David Broome referred to his memorandum regarding the Personify Health renewal effective July 1, 2026, with a three-year rate guarantee. A **Motion** was made by Vice Chairperson Sam Frank and Seconded by Trustee Jennifer Misner to accept the renewal and to give authority to the Chairperson and Vice Chairperson to execute all necessary documents subject to Mike Moss' review. **The Motion was unanimously approved.**

b. **Fiduciary Liability Policy** – Mr. David Broome referred to his memorandum and explained the Trust Fiduciary Liability Policy has been with Chubb since 2013 with a current coverage limit of three million dollars. Mr. Broome stated the policy quotes are managed by the business insurance broker NuWest and the quote for the 2026-2027 policy is a rate pass with the premium remaining at \$12,492. Mr. Broome stated that the total annual premium does not include the \$25 waiver of recourse per fiduciary. A **Motion** was made by Vice Chairperson Sam Frank and Seconded Trustee Terri Hauschel to renew the policy and to

give authority to the Chairperson and Vice Chairperson to execute all necessary documents subject to Mike Moss' review. **The Motion was unanimously approved.**

- c. **Elite Medical Vaccinations/Screenings** - Mr. David Broome referred to his memorandum on the Elite Wellness vaccination and screening event held in October 2025. Mr. David Broome explained overall health screening and vaccinations are decreasing from prior year.
- d. **Delta Dental Access** – Mr. David Broome referred to his memorandum regarding Delta Dental network access, offering a comprehensive overview of the network. He discussed how members can effectively access dental providers within the area, highlighting key points about the available services and options for care.
- e. **Physical, Occupational and Speech Therapy Out of State Access** – Mr. David Broome addressed the coverage options for physical, occupational, and speech therapy for out-of-state access. He noted that since the current carve out provider service area is limited for out-of-state providers, members would be able to utilize the Blue Shield out-of-state coverage for these services. Direction was given to the Plan Professionals to provide additional information at the next board meeting for this option for a July 1, 2026 effective date.
- f. **Medical Benefit Plan Design** – Vice Chairperson Sam Frank asked for additional cost analysis to provide a new mid-level PPO plan between the contributory and non-contributory plans; and the possible raising of the deductibles and out-of-pocket maximums for the non-contributory plan on July 1, 2026.
- g. **Financial Projections for the 2025-2026 Fiscal Year** – Mr. David Broome referred to his memorandum for the financial projections for Fiscal Year 2026 - 2027. Mr. Broome stated the projections include three months of actual claims data through September 30, 2025; and financial data through June 30, 2025 noting that more current financial statements were not yet available. The 2026-2027 Fiscal Year projected claims are based on a blended experience from the past three years of data. Mr. Broome stated the current

projections would require an increase in the contribution rate of 16.5% to end at a projected 4-month reserve on June 30, 2027. Discussion by the Trustees regarding the possible lowest reserve level that would be acceptable was between 3 months and 4 months. Mr. Broome explained projections will be further discussed during the next Board meeting when additional months of claim experience and updated financial statements are available.

- h. **Contribution Rates for the 2024-2025 Fiscal Year** – Deferred to next meeting.

**Item 7 Pharmacy Benefit Manager Consultant -None**

**Item 8 Attorney’s Report –**

- a.) **Fresno City Employee Health and Welfare Trust Agreement** – Mr. Mike Moss reviewed the items to be addressed regarding the proposed revised draft of the Trust Agreement. Further discussion will be deferred to the next Board meeting.
- b.) **Mental Health Parity and Addiction Equity Act (MHPAEA)** – Mr. Mike Moss noted this is still under review with MedExpert for requirements and regulations for MHPAEA.

**Item 8 Board Meeting Schedule** – To allow additional time for preparation of contribution projections, the next Board meeting will be moved from March 11, 2026 to March 25, 2026.

**Item 9 Future Agenda Items –**

- 1. Financial Projections and Contributions

**Item 10 Adjournment - A Motion** to adjourn was made by Vice Chairperson Sam Frank and Seconded Trustee Steve McGary. The **Motion** was **unanimously approved**, and the meeting adjourned at 11:35 P.M.

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**Georgeanne White, Chairperson**  
Fresno City Employees Health & Welfare Trust

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**Date**

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**Tom Georgouses, Administrator**  
Personify Health

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**Date**

**FRESNO** CITY EMPLOYEES  
HEALTH AND WELFARE TRUST

ADMINISTRATION OFFICE



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**FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST  
MINUTES OF THE SPECIAL BOARD MEETING  
March 11, 2026**

**CALL TO ORDER:** The special board meeting of the Board of Trustees for the Fresno City Employees Health & Welfare Trust was called to order by Chairperson Georgeanne White at 3:07 P.M., Wednesday, March 11, 2026 via a Zoom webinar and in person at 2600 Fresno Street, Fresno, CA, Room 4017. A quorum was present including the following:

**EMPLOYEE TRUSTEES  
PRESENT:**

Sam Frank	Wendy Norris-Gonzalez
Keola Park	Kim Jackson
Jeff LaBlue	Alfredo Molina
Marc Anderson	David Mendrin
Terri Hauschel	Charles (Steve) McGary

**EMPLOYEE TRUSTEES ABSENT:**

**EMPLOYER TRUSTEES PRESENT:**

Georgeanne White	TJ Miller
Jennifer Misner	

**EMPLOYER TRUSTEES ABSENT:**

**OTHERS PRESENT**

**Personify Health**  
Tom Georgouses  
Diana Cavazos  
Nikki Vang

**Law Office of Michael E. Moss**  
Mike Moss

**Benefits, COF**  
Phillip Carbajal  
Sumeet Malhi

**Blue Shield**  
Linda Patron  
Amy Dehart  
Tim Lieb  
Patty Gonzalez

**FORCE**  
Cheri Detweiler

**Rael & Letson**  
David Broome

- Item 1**      **Approval of Agenda - A Motion** was made Vice Chairperson Sam Frank and Seconded by Trustee Kim Jackson to approve the Agenda. The **Motion** was **unanimously approved**.
  
- Item 2**      **Public Discussion** - Tim Lieb, Senior Vice President of Commercial Markets for Blue Shield of California, addressed contract negotiations with Community Medical System. He explained that while Blue Shield values their relationship with the Fresno City Employees Health and Welfare Trust, they are unable to accept Community Medical System’s request for a significant increase that exceeds their budgeted net increase stated as 3.5%. Mr. Tim Lieb highlighted that a 5% premium increase would impact a family of four by approximately \$1,400 per year and urged Community Medical Systems to join in committing to a fair contract that maintains affordable healthcare access.
  
- Item 3**      **Executive Discussion** – Executive Session started at 3:33 pm and ended at 4:34 pm. No Action was taken.
  
- Item 4**      **General Calendar**

- a. Blue Shield of California and Community Health Systems and Affiliates Contract Negotiations**

- i). Mr. David Broome referred to his memorandum to explain the status of the negotiations. Chairperson Georgeanne White expressed the Trust was upset and angry about the current situation with the primary concern for the Fresno City employees. Vice Chairperson Sam Frank discussed the significant disruption caused by Community Health Systems and Blue Shield of California's contract negotiations, which could take up to several months to resolve. Vice Chairperson Sam Frank expressed frustration on behalf of employees and members affected by the situation. Trustee Jeff La Blue, shared concerns from his members about access issues; and requested the parties immediately agree that retroactive rates will be applied once an agreement is finalized as part of the solution. Mr. Tim Lieb added that it was Community Health System that terminated the agreement while negotiations were ongoing. A representative from Blue Shield of California Patty Gonzalez, Vice President of Provider Network Management, explained that while retroactivity would be beneficial, it would need to be balanced with terms that fit

within the organization's budget constraints and implementing it could create complications with member billing and benefit calculations.

ii). Mr. David Broome referred to his memorandum regarding options for out-of-network Benefits for Community Health Systems and their affiliates. A **Motion** was made by Vice Chairperson Sam Frank and Seconded by Trustee Terri Hauschel to have the plan professionals continue to dialogue with Community Health Systems regarding a direct contract while negotiations continue. The **Motion** was **unanimously approved**.

- b. **Request For Information for PPO Network Vendor-** Mr. David Broome referred to his memorandum regarding a request for information for a PPO network solution to replace Blue Shield. A **Motion** was made by Vice Chairperson Sam Frank and Seconded by Trustee Alfredo Molina to issue an RFI (Request for Information) to survey the market for viable PPO network vendors with sufficient providers in Fresno and other areas to support membership, including information on current contract negotiations. The RFI potentially may be followed at a later date by a more comprehensive RFP (Request for Proposal). The **Motion** was **unanimously approved**.

**Item 4**      **Adjournment** - A **Motion** to adjourn was made by Trustee David Mendrin and Seconded Trustee Jeff La Blue. The **Motion** was **unanimously approved**, and the meeting adjourned at 5:16 P.M.

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**Georgianne White, Chairperson**  
Fresno City Employees Health & Welfare Trust

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**Date**

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**Tom Georgouses, Administrator**  
Personify Health

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**Date**

# AMALGAMATED TRANSIT UNION

Division No. 1027  Fresno, California

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**President Business Agent**

Alfredo Molina

**Vice President**

Miguel Gallo

**Secretary-Treasurer**

Amber "AP" Perry

*March 5, 2026*

*To whom it may concern:*

*This letter is written to inform the City of Fresno Health & Welfare Trust that I, Alfredo Molina will serve as the new representative for ATU Local 1027.*

*Thank you,*

*Alfredo Molina  
President BA  
ATU Local 1027*



**GEORGEANNE A. WHITE**  
**CITY MANAGER**

March 18, 2026

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

RE: City of Fresno Health and Welfare Trust Reappointment

Dear Mr. Georgouses:

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

If you have any questions, please let me know.

Sincerely,

Georgeanne A. White  
City Manager



**GEORGEANNE A. WHITE**  
**CITY MANAGER**

March 18, 2026

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

RE: City of Fresno Health and Welfare Trust Reappointment

Dear Mr. Georgouses:

Please be advised that I am reappointing TJ Miller, Assistant City Manager, to serve as one of the management representatives on the City of Fresno's Health and Welfare Trust Board effective upon receipt of this notification.

If you have any questions, please let me know.

Sincerely,

A handwritten signature in blue ink, appearing to read "G. White".

Georgeanne A. White  
City Manager



**GEORGEANNE A. WHITE**  
**CITY MANAGER**

March 18, 2026

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

RE: City of Fresno Health and Welfare Trust Appointment

Dear Mr. Georgouses:

Please be advised that I am designating Sumeet Malhi, Director of Personnel, to serve as the City of Fresno's "management representative" on the Health and Welfare Trust Board. Mr. Malhi will be replacing Jennifer Misner, effective April 3, 2026.

Please be assured that the City of Fresno team remains dedicated to our role on the Health and Welfare Trust, and we are committed to continuing to work alongside in advancing our shared goals. I am confident Mr. Malhi will be an asset in his representation of the City of Fresno.

Sincerely,

Georgeanne A. White  
City Manager



**ANNALISA PEREA**  
Councilmember, District One

March 18, 2026

*Subject: Urgent Call for Resolution to Protect Fresno City Employees' Access to Healthcare*

Dear Mr. Wagoner and Blue Shield Leadership,

As a City of Fresno Councilmember, I write to express deep concern regarding the ongoing contract dispute between Community Health System and Blue Shield of California, and the immediate harm it is causing to thousands of City employees and their families.

Since the termination of this agreement on February 1, 2026, more than 10,000 Fresno City workers, including members of the Fresno City Employees Association, Fresno City Firefighters Local 202, Fresno Police Officers Association, Amalgamated Transit Union Local 1027, International Union of Operating Engineers Local 39, and International Brotherhood of Electrical Workers Local 100 have been abruptly pushed out of their healthcare network. The result has been confusion, financial strain, and most concerning, barriers to accessing necessary medical care.

These are the very individuals who keep our city running our public safety personnel, frontline workers, and essential staff. Many are already navigating tight household budgets, and this disruption has forced some to delay care or pay out-of-pocket costs they simply cannot afford. That is unacceptable.

I urge both Community Health System and Blue Shield to take immediate, good-faith action to resolve this dispute. At a minimum, both parties should agree to retroactive coverage protections to ensure that patients are not penalized while negotiations continue. This approach has precedent and would provide immediate relief to families who are currently bearing the burden of this impasse.

The current situation is placing real people, real families, and real lives at risk. Fresno residents deserve better than prolonged uncertainty and limited access to care.

I stand in strong support of our employees and their families. I am committed to advocating for a swift and responsible resolution and urge both parties to return to the table with urgency and a shared commitment to the well-being of the community you serve. Time is of the essence. I respectfully call on you to act now.

Sincerely,

A handwritten signature in blue ink that reads "Annalisa Perea".

**ANNALISA PEREA**  
Councilmember, District One

## Diana Cavazos

---

**From:** Diana Cavazos  
**Sent:** Sunday, March 22, 2026 10:03 PM  
**To:** Diana Cavazos  
**Subject:** FW: Privacy Incident Notification (2025-08-001653) - FRESNO CITY EMPLOYEES H&W TRUST

**Diana Cavazos**  
Client Success Manager  
Diana.Cavazos@PersonifyHealth.com  
**M** 1.559.312.2295  
**F** (559) 499-2464  
[personifyhealth.com](http://personifyhealth.com)

Because health is personal™



**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.

v4.09

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**From:** Georgeanne White <[Georgeanne.White@fresno.gov](mailto:Georgeanne.White@fresno.gov)>  
**Sent:** Tuesday, March 17, 2026 8:47 PM  
**To:** Tom Georgouses <[Thomas.Georgouses@personifyhealth.com](mailto:Thomas.Georgouses@personifyhealth.com)>  
**Cc:** Office FCEA <[Office@fceamail.com](mailto:Office@fceamail.com)>; Mike Moss <[mmoss@mossfirm.org](mailto:mmoss@mossfirm.org)>; David Broome <[davidb@rael-letson.com](mailto:davidb@rael-letson.com)>  
**Subject:** Re: Privacy Incident Notification (2025-08-001653) - FRESNO CITY EMPLOYEES H&W TRUST

**⚠ External Email:** This message originated from outside Personify Health.

Thank you.

On Mar 17, 2026, at 5:00 PM, Tom Georgouses  
<[Thomas.Georgouses@personifyhealth.com](mailto:Thomas.Georgouses@personifyhealth.com)> wrote:

**External Email: Use caution with links and attachments**

Georgeanne and Sam:

Notice was received from Blue Shield of California of a Security Incident involving Blue Cross and Blue Shield of North Carolina. This would have been through the Blue Card program for access to

the Blues in other states. The incident occurred between October 21, 2024 and January 13, 2025; and was reported to Blue Shield of California on January 16, 2026. It involved PHI. 2 members were affected.

Blue Shield has identified this as a reportable incident. It offers to allow the plan to make the necessary disclosures and member communications. I spoke with Mike Moss (who asked me to send this along). Mike said, as consistent with past practices, that the issue should be handled by the vendor and the attached form directing Blue Shield to proceed with notice and communications be returned. Free Credit Monitoring will be offered. Mike also suggested including this information on the consent calendar.

Let us know if you have any questions.

Thanks

**Tom Georgouses**

SVP, Legal

Thomas.Georgouses@PersonifyHealth.com

**T** 1.559.312.2493

**F** (559) 499-2464

[personifyhealth.com](http://personifyhealth.com)

—

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v4.09

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**From:** Privacy Notifications <[PrivacyNotifications@blueshieldca.com](mailto:PrivacyNotifications@blueshieldca.com)>

**Sent:** Monday, March 16, 2026 1:56 PM

**To:** Diana Cavazos <[dcavazos@healthcomp.com](mailto:dcavazos@healthcomp.com)>

**Cc:** Privacy Notifications <[privacynotifications@blueshieldca.com](mailto:privacynotifications@blueshieldca.com)>; Patron, Linda <[Linda.Patron@blueshieldca.com](mailto:Linda.Patron@blueshieldca.com)>; Suarez, Tavo <[Tavo.Suarez@blueshieldca.com](mailto:Tavo.Suarez@blueshieldca.com)>

**Subject:** Privacy Incident Notification (2025-08-001653) - FRESNO CITY EMPLOYEES H&W TRUST

 **External Email:** This message originated from outside Personify Health.

Hello,

Please find attached notice of an incident pertaining to an inadvertent disclosure that has impacted your group. Blue Shield's recommendation is that this incident **is a reportable breach**.

If you have any additional questions once reviewing the notification, please contact Blue Shield's Privacy Office at [PrivacyNotifications@blueshieldca.com](mailto:PrivacyNotifications@blueshieldca.com).

Please complete and return the attached form by **March 30, 2026**.

***If you plan to print and handwrite the attached form, please include your ASO contact name, address, email, and phone number in your email reply. On the printed form, simply complete the signature, printed name, date, and check the required boxes.***

**Blue Shield of California**

601 12th Street  
Oakland, CA 94607

<image001.png>

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

This message (including any attachments) contains business proprietary/confidential information intended for a specific individual and purpose and is protected by law. If you are not the intended recipient, you should delete this message and all attachments from your computer or email server. Any disclosure, copying, or distribution of this message, or the taking of any action based on it, without the express permission of the originator, is strictly prohibited

<Privacy Notification (2026-01-000125) FRESNO CITY EMPLOYEES H&W TRUST.pdf>



To: FRESNO CITY EMPLOYEES H&W TRUST  
 Care of: Diana Cavazos  
 Acct. Mgr.: Linda Patron  
 From: Zarin Noorzayee  
 Date: March 16, 2026  
 Re: Report of HIPAA Violation – Blue Shield of California case number 2026-01-000125

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

Date of Incident:	October 21, 2024, and January 13, 2025  January 16, 2026, reported to Blue Shield.
Date of Discovery of Incident:	January 13, 2025 (BSC received an impacted member list on January 16, 2026 and upon analysis of the impacted data received from Conduent, BSC confirmed your plan member(s) were impacted on February 25, 2026.
Number of Members Impacted:	2 of your Plan members.
Names of Impacted Members:	Available Upon Request
What Happened:	On January 16, 2026, the Blue Shield of California Privacy Office received notification from Blue Cross Blue Shield of North Carolina (BCBSNC) that BSC member information was impacted by the Conduent cybersecurity incident through the interplan BlueCard program.  Conduent, Inc. (Conduent) discovered that a threat actor had gained unauthorized access to their environment between October 21, 2024 and January 13, 2025, and Blue Shield of California data may have been impacted.

<p>What PHI Was Involved:</p>	<p>The member information <u>involved included</u>: Member name, Date of Birth, Address, Social Security Number, Medical Service Information (treatment and diagnosis codes, provider names, dates of service and claim amounts), Group Number and Subscriber Number.</p> <p>The incident did not involve: banking information or driver’s license information.</p>
<p>Steps Taken to Investigate, Mitigate and Remediate the Incident:</p>	<p>Conduent confirmed they immediately took their systems offline and retained cybersecurity experts to analyze their environment and later confirmed there has been no further known malicious activity since the event.</p> <p>Conduent also confirmed, the incident was contained on January 27, 2025, and there was no longer an active threat. Conduent provided official attestation on May 20, 2025.</p> <p>According to Conduent, its cybersecurity experts examined Conduent’s environment and confirmed there has been no further known malicious activity since the event. All known Indicators of Compromise have been blocked.</p>
<p>BSC Assessment of Incident:</p>	<p>As such, in its capacity as a health plan, Blue Shield has determined that this incident has resulted in a breach of its members’ Protected Health Information.</p>
<p>BSC Recommendations:</p>	<p><b>BSC recommends that the Plan find, after its review and consideration of the information provided, that there is a high probability of compromise to the PHI involved in the incident and that this incident is a reportable HIPAA/HITECH breach.</b></p>

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

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

**PLEASE RETURN THIS FORM TO [privacynotifications@blueshieldca.com](mailto:privacynotifications@blueshieldca.com) and your BSC Account Manager**

**NO LATER NOON THAN NOON on March 30, 2026.**

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

**If you find this to be a reportable breach, please provide the following information for OCR reporting purposes (If you plan to print and handwrite the attached form, please include your**

*ASO contact name, address, email, and phone number in your email reply. On the printed form, simply complete the signature, printed name, date, and check the required boxes).*

ASO Plan Name:	
ASO Contact Name:	
Address:	
Email:	
Phone:	

Signature: \_\_\_\_\_


Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Important notification regarding network access to CMC and CHP

From Personify Health: cwo-nqj@my.personifyhealth.com  
Date: Thu 2/5/2026 11:50 AM  
To: Benjamin Bakija <cbenjamin.bakija@personifyhealth.com>



**Your network access update is here**

We are providing information regarding an ongoing contract dispute between Community Medical Center (CMC) including Community Health Partners (CHP) and Blue Shield of California (Blue Shield) relating to the financial terms for providing healthcare services. Although we have been told the parties will continue to negotiate, if an agreement is not finalized or an extension not granted, we have been notified that CMC facilities and CHP providers will no longer be in-network for the Fresno City Employees Health and Welfare Trust (Fresno City) medical plan starting on February 1, 2026. The CMC facilities and provider group involved in the negotiations are:

- Community Regional Medical Center-Fresno  
2823 Fresno Street, Fresno, CA 93721
- Clovis Community Hospital  
2755 E. Hemdon, Clovis, CA 93611
- Fresno Heart and Surgical Hospital  
15 East Audubon Drive, Fresno, CA 93720
- Community Health Partners

Starting on January 27, 2026, Blue Shield sent notifications to approximately 1,500 Fresno City members who they believe would be most impacted by this contract termination. We are providing a broader notification to all Fresno City employees to ensure everyone is aware of the situation.

**Alternative Providers for In-Network Benefits**

Your doctor will be able to provide you with more information about alternate hospitals. Some of the alternate, in-network contracted facilities in the Fresno area include:

- St. Agnes Medical Center
- Valley Children's Hospital

To check the in-network status of Blue Shield contracted facilities and providers, [please visit their page](#).

**Specialist Services**

We encourage you to contact your doctor to coordinate your healthcare needs if you are currently being treated for an illness or injury at CMC or by a CHP provider. If you are currently under a specialist's care at or through a CMC facility or by a CHP provider, and you want to remain with this CMC facility or CHP specialist, please call Blue Shield at [800-393-6330](tel:800-393-6330) (TTY: 711). As further explained below under the Right to Continued Care, you may have a right to keep your CMC facility or CHP specialist for a designated period. Please see the information below concerning your right to continued care.

**PPO Benefits**

Effective February 1, 2026, because CMC and CHP will no longer be in the Blue Shield PPO network, your costs may be higher if you use a CMC facility or a CHP provider. The Fresno City PPO plan will pay the lower, out-of-network level of benefits, and you will be responsible for any amounts above what the plan allows, up to the facility or provider's billed charges. If you wish to have your hospital or provider care covered at the higher, preferred benefit level, you must use an in-network hospital or provider. If you receive a bill from CMC or CHP that exceeds the amount indicated as your responsibility on the Explanation of Benefits (EOB) from Personify Health, call the Personify Health Member Services number at [800-442-7247](tel:800-442-7247).

**Right to Continued Care**

If you are in a course of treatment with CMC or a CHP provider, it is important not to interrupt your care. Federal law guarantees you the option to continue receiving treatment from a terminated network provider for 90 days after the contract termination's effective date or until your treatment concludes, whichever is sooner. Your treatment will be provided under the same terms and conditions that applied before the contract termination date. Federal law qualifies you for continuing care if you are pregnant, seeking treatment for a serious and complex condition, undergoing inpatient care, scheduled for non-elective surgery or terminal illness.

You can request continuation of covered services for the following conditions:

- An active course of treatment for an acute medical or behavioral health condition, including a maternal mental health condition
- An active course of treatment for a serious chronic condition
- A pregnancy, regardless of trimester, and including postpartum care
- A terminal illness
- Care of a newborn (0 to 36 months)
- Performance of a surgery/procedure that has been authorized by Blue Shield as part of a documented course of treatment and has been recommended to occur within 180 days of the above-mentioned cancellation date

To request continuation of covered services at CMC or with a CHP provider, please call Blue Shield at [800-393-6330](tel:800-393-6330) (TTY: 711). To learn more about Blue Shield's Continuity of Care Program, [please visit their page](#).

**Emergency services**

A hospital's emergency medical services do not require pre-authorization, regardless of where they are delivered. If you have a medical emergency, please call 911 or go immediately to the nearest emergency department, which may or may not include CMC. Using Hospital Emergency Services for a non-emergent service may not be included under the terms of a Right to Continued Care outlined above.

If you have questions regarding this change, please call Personify Health Member Services at [800-442-7247](tel:800-442-7247) or for Continuity of Care Program requests, call Blue Shield at [800-393-6330](tel:800-393-6330) (TTY: 711).

Personify Health reserves the right to update this information based on the most current information available. Personify Health is not responsible for any errors or omissions in this information. The information contained herein is not intended to constitute an offer of insurance or any other financial product. The information is provided for informational purposes only and is not intended to be used for any other purpose. The information is provided for informational purposes only and is not intended to be used for any other purpose. The information is provided for informational purposes only and is not intended to be used for any other purpose.

**From:** [FCEA Office](#)  
**To:** [David Broome](#); [Georgeanne White](#)  
**Cc:** [Diana Cavazos](#); [Toni Machado](#); "[TJ.Miller@fresno.gov](#)"; [Tom Georgouses](#); [Michael Moss](#)  
**Subject:** Re: Draft 2nd Update to members from FCHWT  
**Date:** Monday, March 16, 2026 7:28:44 PM  
**Attachments:** [image002.png](#)  
[image003.png](#)

---

**External Email:** This message originated from outside Personify Health.

Yes.

Sent via the Samsung Galaxy S26 Ultra, an AT&T 5G smartphone

Get [Outlook for Android](#)

---

**From:** David Broome <davidb@rael-letson.com>  
**Sent:** Monday, March 16, 2026 5:48:48 PM  
**To:** FCEA Office <Office@fceamail.com>; Georgeanne White <Georgeanne.White@fresno.gov>  
**Cc:** Diana Cavazos <Diana.Cavazos@PersonifyHealth.com>; Toni Machado <Toni.Machado@fresno.gov>; 'TJ.Miller@fresno.gov' <tj.miller@fresno.gov>; Tom Georgouses <thomas.georgouses@personifyhealth.com>; Michael Moss <mmoss@mossfirm.org>  
**Subject:** RE: Draft 2nd Update to members from FCHWT

Good evening Georgeanne and Sam, the attached final draft e-mail message for the second notification has been updated to include mentions about the recent special Trust meeting on March 11th. This final draft has been reviewed by the professionals and is now ready for final approval from you two. Please provide your individual approvals and Personify will send it over to Philip for release.

Adding TJ since she may need to assist with Mgmt. approval as needed.

Thank you, David

**David W. Broome**

Consultant

CA license #0B49636

**Direct** (650) 356-2345

**Cell** (415) 306-6850

**Rael &  
Letson**

160 Bovet Road, Suite 203

San Mateo, CA 94402

[rael-letson.com](http://rael-letson.com)

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## **A MESSAGE FROM THE FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST**

**Subject: IMPORTANT UPDATE - Regarding Network Access to Community Medical Centers Hospitals (Community Regional Medical Center, Clovis Community Medical Center, Fresno Heart & Surgical Hospital) and Community Health Partners (Doctors Affiliated with Community Health Systems)**

We are providing updated information regarding an ongoing contract dispute between Community Medical Centers (CMC) including Community Health Partners (CHP) (collectively Community Health System) and Blue Shield of California (Blue Shield) relating to the financial terms for providing health care services.

While nothing can be done in the short term about the current stalemate between our contracted network system (Blue Shield) and the Community Health System (CHS), which has left our members in jeopardy of incurring out of network costs since February 1<sup>st</sup>, the Fresno City Employees Health & Welfare Trust met on March 11<sup>th</sup> and decided to take action to start the process to find alternative means of in-network coverage by a provider or network system other than Blue Shield of California. At the meeting, the Board listened to Blue Shield present their position and, they provided no end date to the stalemate. To be clear, finding another network system to replace Blue Shield will take several months to complete should that be deemed necessary.

If you are unsure if your doctor is a Community Health Partner or not, you should call your doctor immediately and find out. If they are not affiliated with Community Health Partners, then you may still be using an **in-network** doctor and this contract impasse may not affect your access, benefits, or billing. To be sure, you can either call the Personify Member Service number at **800-442-7247** and/or access Blue Shield's network search tool online at **[www.blueshieldca.com/fad](http://www.blueshieldca.com/fad)**

If you did receive care after Feb 1<sup>st</sup> or are planning to receive health services from providers with the Community Health System, you should talk to your Community Provider **before** services are rendered and ask them if you qualify for Continuity of Care (CoC). They should be able to give you a specific answer. If your Community Provider tells you that you may qualify to receive in-network benefits under Continuity of Care, and you haven't yet already done so, you need to first contact Blue Shield at 1-800-541-6652 to apply. Blue Shield will help you to complete their **Request for Continuity of Care Services** form. Once completed you should take the form to your Community Provider and have them finalize the form. The form must be faxed back to Blue Shield by you or your doctor if they are willing to assist. Blue Shield requires the form to be faxed as the only means to register your CoC application. The Blue Shield fax number is on the form. Your provider will also send Blue Shield their own documentation of your qualification for CoC.

Of course, and if possible, you can switch your healthcare provider to a non-Community Health System Affiliated Provider. Personify Member Services can help you with that. We realize the impact may be exceptionally frustrating and stressful to those of you utilizing CMC and CHP healthcare services. We are dedicated to helping you in every way possible as you are forced to navigate through this crisis that is 100% the result of Community Health Systems and Blue Shield of California's inability to negotiate a contract. This is not the first time Community has left their patients out of network due to contract negotiations. Three years ago Community Health Systems left many Fresno-area Anthem Blue Cross patients without access to their system due to a contract termination that lasted for **six months**. If that was possible then, then it is certainly possible now. Your Health and Welfare Trust Board finds this termination from In Network contractual rates and negotiation impasse to be **unacceptable**. The refusal by either party to stay at the table and negotiate in good faith betrays the commitment to **OUR** community that they both claim to fully support.

Below we are repeating what was previously communicated by the Trust, the City and Blue Shield. This is important need to know information during this contract dispute.

The CMC facilities and provider group that are no longer in-network as of Feb 1<sup>st</sup> are:

- Community Regional Medical Center-Fresno 2823 Fresno Street, Fresno, CA 93721
- Clovis Community Hospital 2755 E. Herndon, Clovis, CA 93611
- Fresno Heart And Surgical Hospital 15 East Audubon Drive, Fresno, CA 93720
- Community Health Partners

### **Alternative Providers for In-Network Benefits**

Your doctor will be able to provide you with more information about alternate hospitals. Some of the alternate, in-network contracted facilities in the Fresno area include:

- St. Agnes Medical Center
- Valley Children's Hospital

### **Specialist Services**

We encourage you to contact your doctor to coordinate your healthcare needs if you are currently being treated for an illness or injury at CMC or by a CHP provider. If you are currently under a specialist's care at or through a CMC facility or by a CHP provider, and you want to remain with this CMC facility or CHP specialist, please call Blue Shield at **800-393-6130 (TTY: 711)**. As further explained above and below under the Right to Continued Care, you may have a right to keep your CMC facility or CHP specialist for a designated period. Please see the information below concerning your right to continued care.

### **PPO Benefits**

Effective February 1, 2026, because CMC and CHP will no longer be in the Blue Shield PPO network, your costs may be higher if you use a CMC facility or a CHP provider. The Fresno City PPO plan will pay the lower, out-of-network level of benefits, and you will be responsible for any amounts above what the Plan allows up to the facility or provider's billed charges. If you wish to have your hospital or provider care covered at the higher, preferred benefit level, you must use an in-network hospital or provider. If you receive a bill from CMC or CHP that exceeds the amount indicated as your responsibility on the Explanation of Benefits (EOB) from Personify, call the Personify Member Service number at **800-442-7247**.

### **Right to Continued Care**

If you are in a course of treatment with CMC or a CHP provider, it is important not to interrupt your care. Federal law guarantees you the option to continue receiving treatment from a terminated network provider for 90 days after the contract termination's effective date or until your treatment concludes, whichever is sooner. Your treatment will be provided under the same terms and conditions that applied before the contract termination date. Federal law qualifies you for continuing care if you are receiving treatment for a serious and complex condition, pregnant, undergoing inpatient care, scheduled for non-elective surgery, or terminally ill.

You can request continuation of covered services for the following conditions:

- An active course of treatment for an acute medical or behavioral health condition, including a maternal mental health condition
- An active course of treatment for a serious chronic condition
- A pregnancy, regardless of trimester, and including postpartum care
- A terminal illness
- Care of a newborn (0 to 36 months)
- Performance of a surgery/procedure that has been authorized by Blue Shield as part of a documented course of treatment and has been recommended to occur within 180 days of the above-mentioned cancellation date

To request continuation of covered services at CMC or with a CHP provider, please call Blue Shield at **(800) 393-6130 (TTY: 711)**. To learn more about Blue Shield's Continuity of Care Program, please visit [www.blueshieldca.com/find-a-doctor/help/continuity-of-care](http://www.blueshieldca.com/find-a-doctor/help/continuity-of-care).

### **Emergency services**

A hospital's emergency medical services do not require pre-authorization, regardless of where they are delivered. If you have a medical emergency, please call 911 or go immediately to the nearest emergency department, which may or may not include CMC. Using hospital Emergency Services for a non-emergency service may not be included under the terms of a Right to Continued Care outlined above.

If you have questions regarding this change, please call Personify Member Service at **800-442-7247** or for Continuity of Care Program requests first call Blue Shield at **800-393-6130 (TTY: 711)**.

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

**Fresno City Employees' Health & Welfare Trust**

**Reporting Period: 01/01/2026 - 02/28/2026**

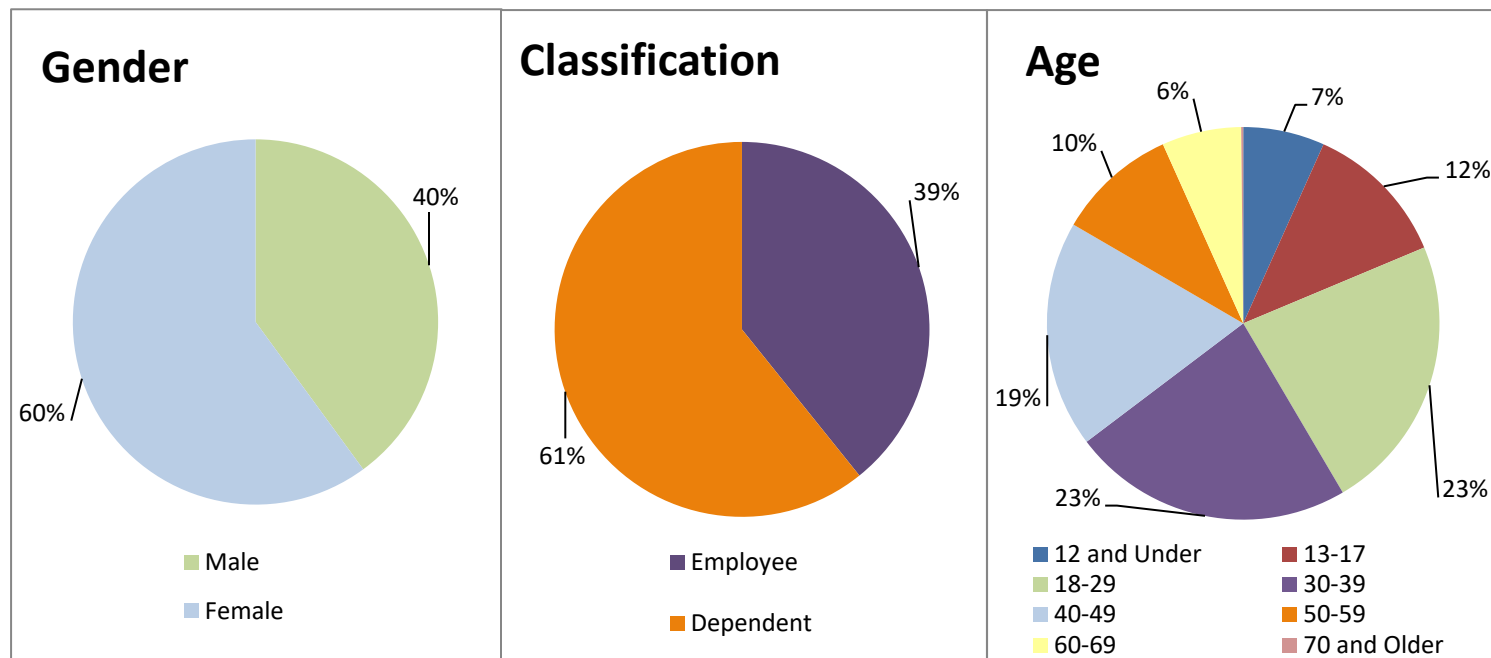
**Presented by:**



## Overall Mental Health & Substance Abuse Benefit Utilization

	January 2026	February 2026	<b>Benefit Year July 2025 – June 2026</b>
Covered Employees	4,459	4,433	
Covered Dependents	7,286	7,245	
Total Covered Members	11,745	11,678	Average: 11,712
Unique Employees Accessing Benefit	114	128	305
Unique Dependents Accessing Benefit	197	229	482
Total Unique Members Accessing Benefits	311	357	787
Access Rate	2.6%	314%	6.7%
Unique Dates of Service Priced	969	959	7,742

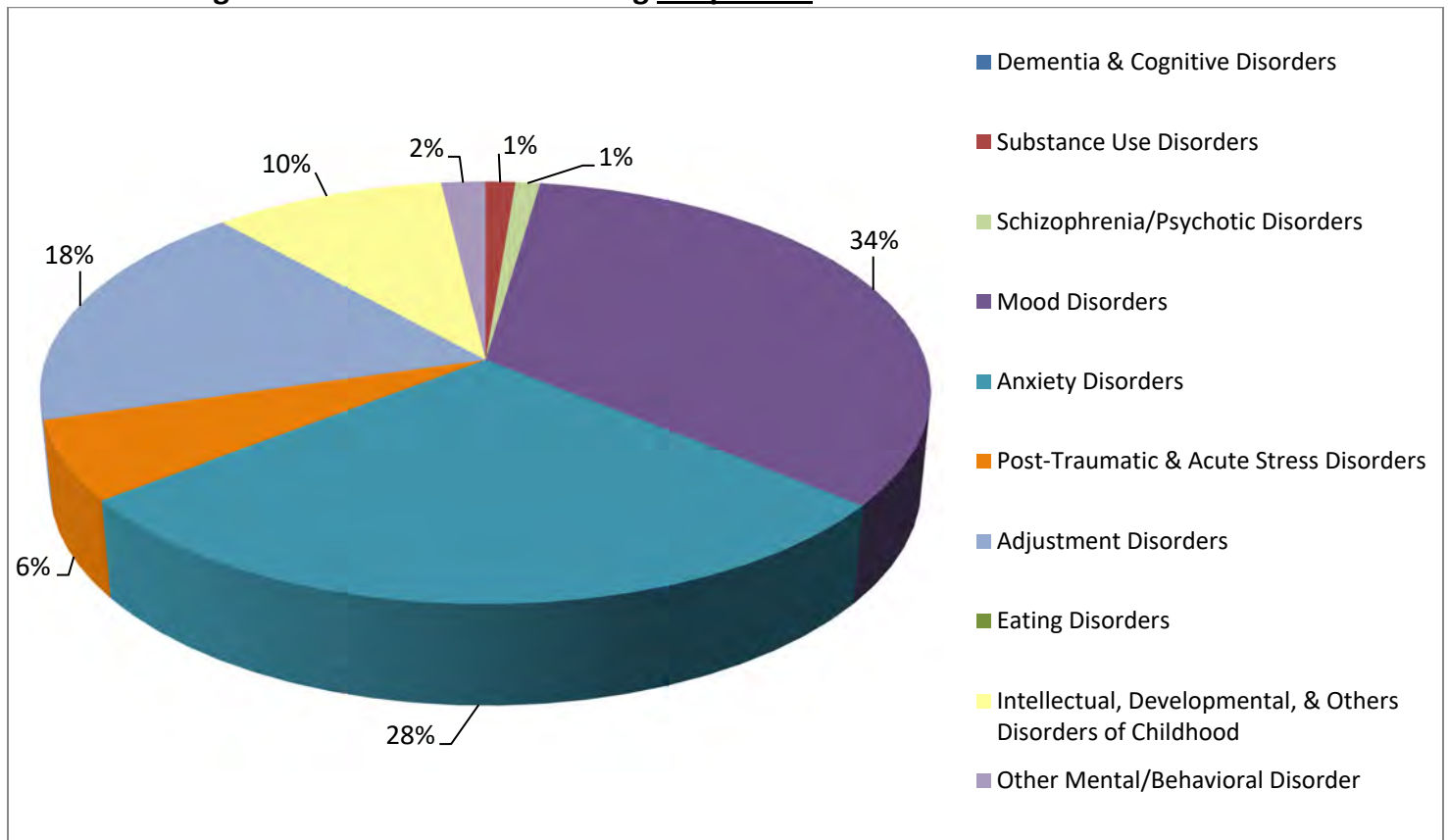
## Member Demographics



## Routine Outpatient Treatment Service Utilization

	January 2026	February 2026
Psychotherapy		
Total Cases	207	225
Medication Evaluation and Management		
Total Cases	106	127
Crisis Services		
Total Cases	0	2

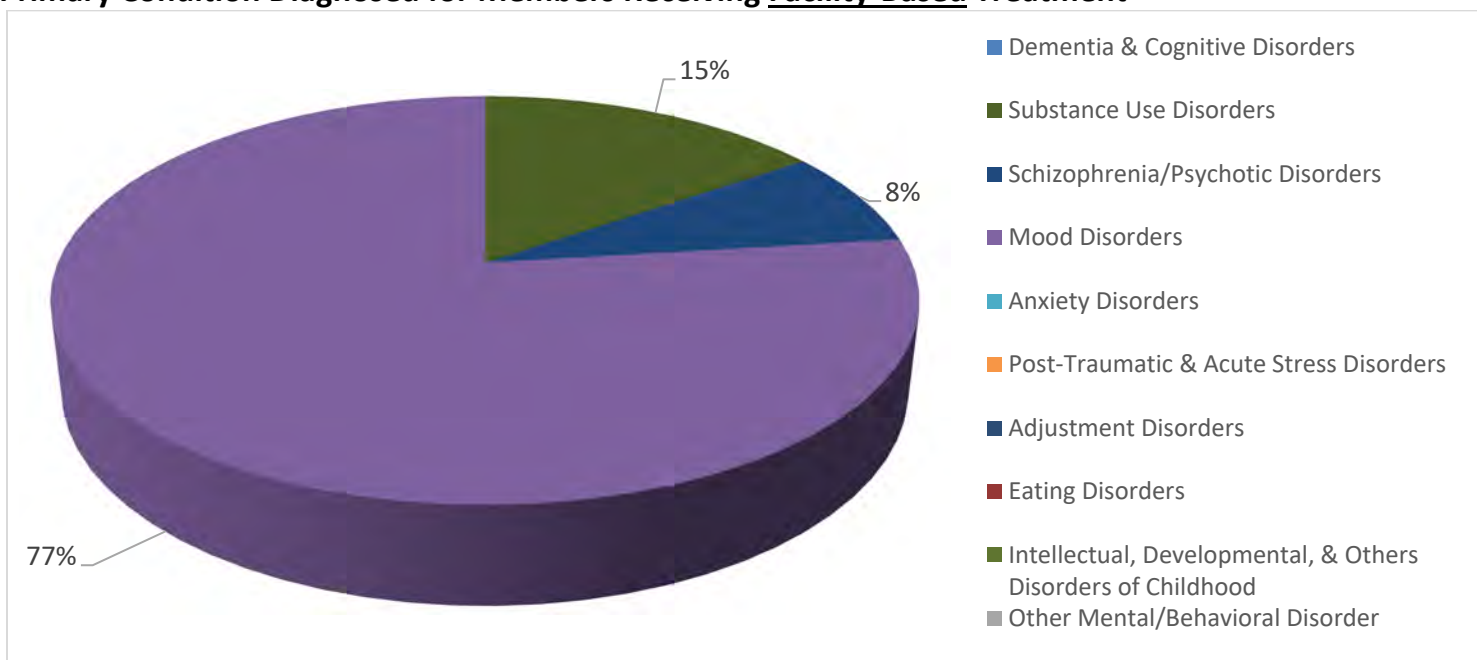
## Conditions Diagnosed for Members Receiving Outpatient Treatment



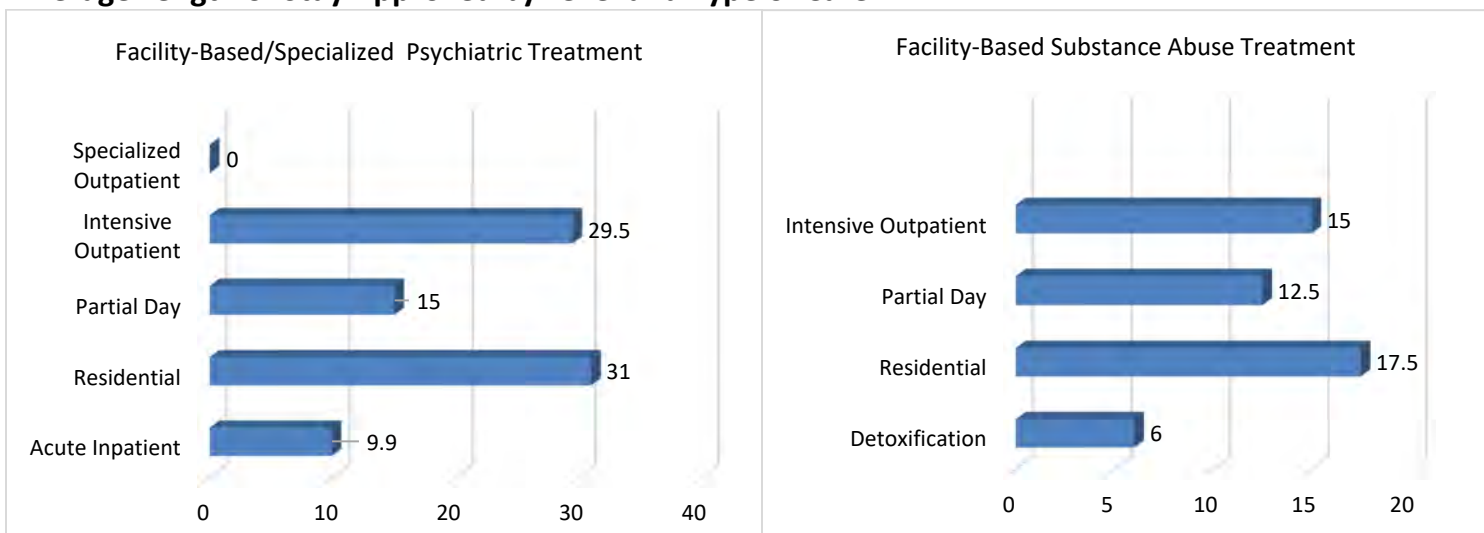
### Intensive / Facility-Based Benefit Utilization

<b>All Facility-Based/Intensive Psychiatric Treatment</b>	
	<i>Specific case information removed to preserve member confidentiality</i>
	<i>Throughout the reporting period there were eleven (11) cases included in this category</i>
<b>All Facility Based Substance Abuse Treatment</b>	
	<i>Specific case information removed to preserve member confidentiality</i>
	<i>Throughout the reporting period there were eight (8) cases included in this category</i>

### Primary Condition Diagnosed for Members Receiving Facility-Based Treatment



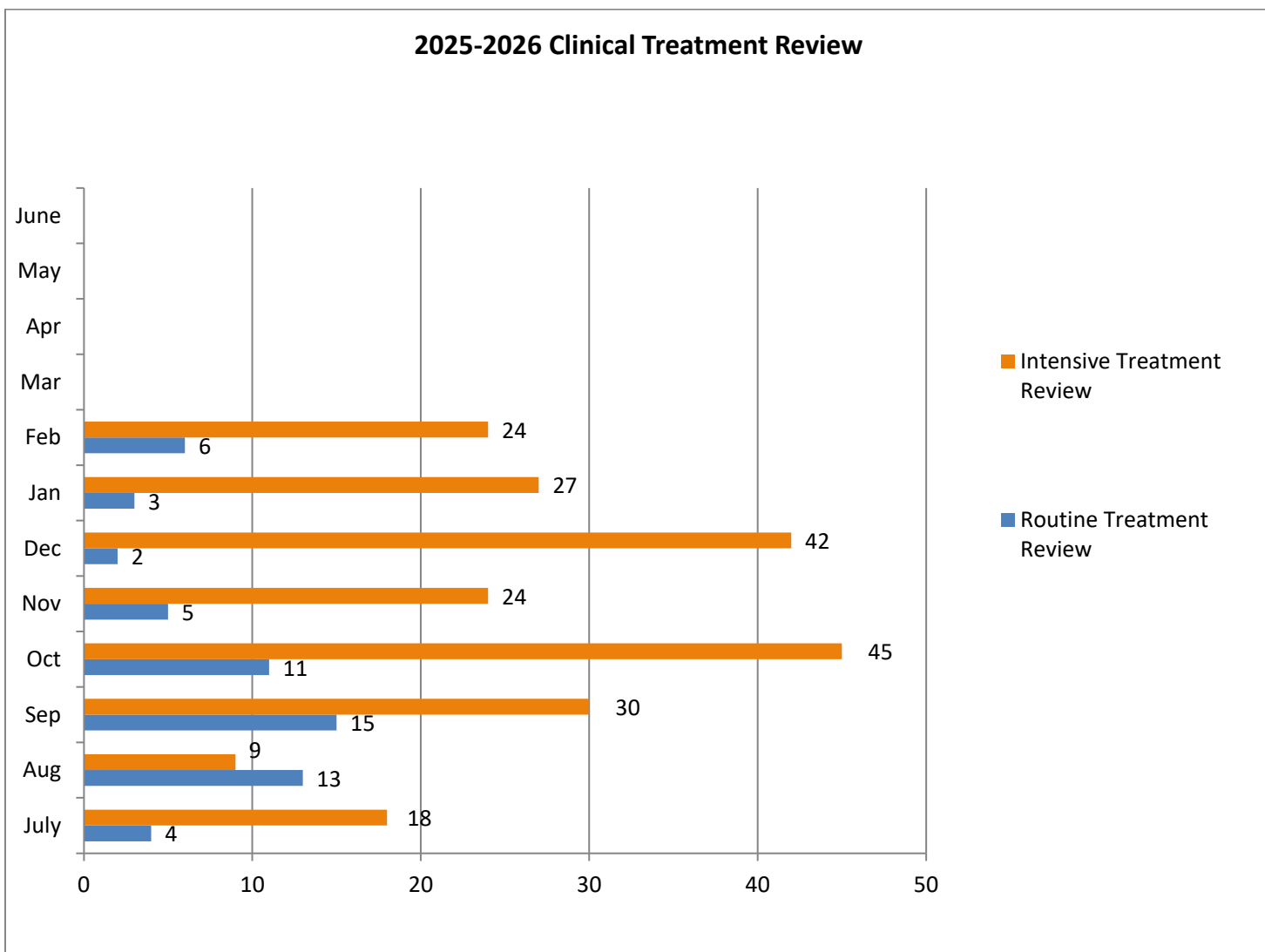
### Average Length of Stay Approved by Level and Type of Care



## Care Management

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

**2025-2026 Clinical Treatment Review**



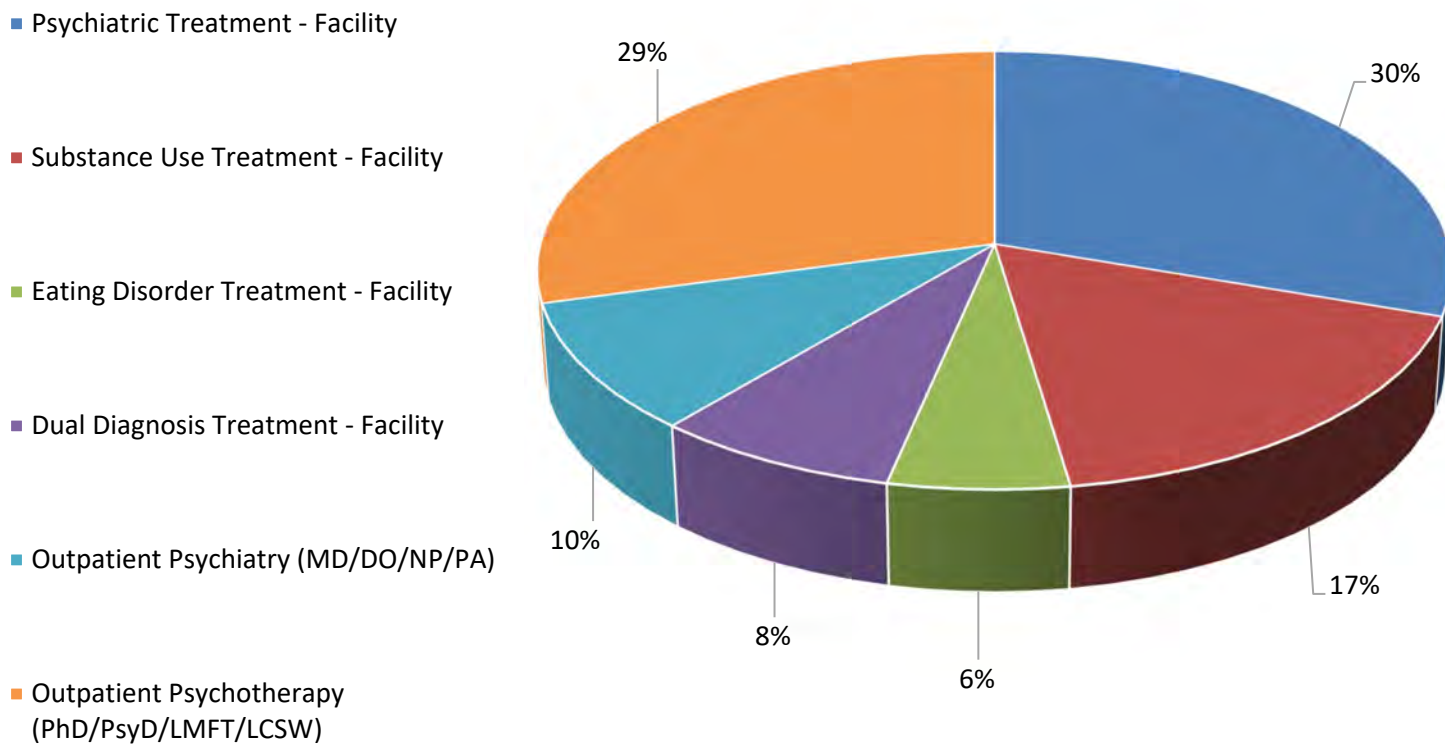
### Claims Experience (Pricing: January - February)

<b>Top 5 Facility/Program Provider Activity by Total Pricing for Period: January - February 2026</b>	<b>% Total Pricing</b>
Ascend Behavioral Health	13.0%
San Jose Behavioral Health	9.4%
Sierra Meadows Behavioral Health	8.5%
First Steps Recovery	8.4%
Oasis Eating Disorder Recovery	5.7%

<b>Top 10 Outpatient Provider Activity by Total Pricing for Period: January - February 2026</b>	<b>% Total Pricing</b>
Nirmal Brar, MD	1.9%
Terri Thomas, LMFT	1.5%
Yvette Segura, PhD	1.4%
M. David McOmber, LCSW	1.1%
Smadar Aviv, PhD	0.8%
Shadaria Prince, LCSW	0.7%
Dwight Sievert, MD	0.7%
Armine Hakopyan, NP	0.7%
Exodus (Outpatient Crisis Services)	0.6%
Stacy Manning, NP	0.6%

### Claims Experience (Pricing: January-February)

MHSUD Pricing by Specialty



### Network Savings\*

Network Savings January 2026 - February 2026	Amount
Total Billed	\$1,328,998.73
Network Pricing	\$378,363.50
<b>Network Savings</b>	<b>\$950,635.23</b>

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



## Dental Renewal offer for Fresno City Employees Health & Welfare Trust

January 8, 2024

### Andrew Desa, Consultant

Rael & Letson  
Consultants and Actuaries  
160 Bovet Road, Suite 203  
San Mateo, CA 94402

Via Email

Dear Andrew:

On behalf of UnitedHealthcare, I appreciate the opportunity to present renewal information for **Fresno City Employees Health & Welfare Trust**, for the period **07/01/2024 – 06/30/2027**.

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

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

We understand the importance of maintaining the highest quality dental care at the most competitive price possible especially in today's economy. Upon review of the plan design, we are pleased to offer a **2% rate decrease for 36 months rate guarantee**. We appreciate the opportunity to partner with **Fresno City Employees Health & Welfare Trust** and are hopeful this favorable renewal will secure the dental renewal with UnitedHealthcare.

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

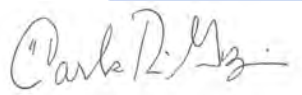
1. The Contract remains subject to a ninety (90) day written notice right to terminate by either party.

2. No Rate Increases will be permitted unless one hundred twenty (120) days written notice has been provided and will only be effective at the beginning of each Plan Year (July 1).
3. The current Rate is guaranteed for the period of July 1, 2024, through June 30, 2026
4. There is no minimum participation required to continue the current Rate.
5. California Law applies to the Agreement, but may be preempted by Federal Law.
6. Venue for adjudication or arbitration of any dispute between the parties will occur in Fresno, California.
7. Any revision to the terms of the DHMO Plan will require the written approval of both parties, excepting only those Plan changes mandated by State or Federal Law.

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

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

Sincerely,



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

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

36 month\_revised renewal\_02.22.24

## Renewal for Fresno City Employees Health & Welfare Trust

### Dental Plan Overview

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

Dental HMO Direct Compensation - D1085 Actives		
Effective Date: July 1, 2024 - Rate Guarantee 36 months		
Tier	Current Rates D1085	Renewal Rates D1085
Employee Only	\$43.18	\$42.32
Employee + Spouse	\$43.18	\$42.32
Employee + Dependents	\$43.18	\$42.32
Employee + Family	\$43.18	\$42.32

**Rate impact – -2% decrease for 36 months**

### Acceptance of Renewal

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

Authorized Signature:  Date: 2/20/2026  
Chair

Printed Name: Georgeanne A. White

Authorized Signature:  Date: 2/08/2026  
Co-Chair

Printed Name: Samuel Frank

UnitedHealthcare

Authorized Signature:



Date: 02/22/2024

36 month\_revised renewal\_02.22.24



CONFIDENTIAL

Mar 8, 2026

### Executive Summary by Time Period

10:12:57 AM

Client: Fresno City Employees Health and Welfare Trust  
Date Submitted From March 2025 Through February 2026

Measures	March 2025	April 2025	May 2025	June 2025	July 2025	August 2025	September 2025	October 2025	November 2025	December 2025	January 2026	February 2026	Rolling Total
<b>Membership</b>													
Avg Eligible Members	11,872	11,641	11,634	11,664	11,799	11,754	11,712	11,653	11,668	11,677	11,672	11,667	11,701
Total Utilizing Members	3,024	3,059	2,952	2,871	2,881	2,884	3,041	3,030	2,815	3,165	3,184	3,016	2,994
% Utilizing Members	25.5%	26.3%	25.4%	24.6%	24.4%	24.5%	26.0%	26.0%	24.1%	27.1%	27.3%	25.9%	25.6%
Avg Member Age	31.22	31.25	31.25	31.28	31.20	31.20	31.23	31.28	31.26	31.29	31.33	31.35	31.26
<b>Rx and Cost</b>													
Total Rx	7,015	7,074	6,860	6,543	6,626	6,597	7,337	7,092	6,302	7,572	7,286	6,697	83,001
Total Drug Cost	\$2,080,534.97	\$1,958,823.76	\$2,169,436.12	\$2,088,242.14	\$2,073,797.72	\$2,203,950.13	\$2,323,229.25	\$2,337,033.09	\$2,159,642.60	\$2,400,205.19	\$2,304,896.27	\$2,274,944.82	\$26,374,736.06
Total Plan Paid	\$1,907,752.00	\$1,806,830.48	\$2,015,859.28	\$1,928,063.23	\$1,891,985.56	\$2,004,185.65	\$2,126,839.49	\$2,155,814.05	\$1,997,047.29	\$2,195,406.62	\$2,124,054.76	\$2,100,712.41	\$24,254,550.82
Total Member Paid	\$172,782.97	\$151,993.28	\$153,576.84	\$160,178.91	\$181,812.16	\$199,764.48	\$196,389.76	\$181,219.04	\$162,595.31	\$204,798.57	\$180,841.51	\$174,232.41	\$2,120,185.24
Total Ingredient Cost	\$2,076,548.00	\$1,955,098.32	\$2,165,682.16	\$2,084,586.17	\$2,070,334.10	\$2,199,549.34	\$2,313,457.20	\$2,326,875.88	\$2,153,077.01	\$2,394,811.17	\$2,299,871.18	\$2,271,020.00	\$26,310,910.53
Total Dispensing Fee	\$3,466.78	\$3,325.44	\$3,253.67	\$3,095.97	\$3,042.12	\$3,080.49	\$3,268.31	\$3,110.81	\$2,829.69	\$3,488.02	\$3,412.74	\$3,188.85	\$38,562.89
Total Sales Tax	\$0.19	\$0.00	\$0.29	\$0.00	\$1.50	\$0.30	\$3.74	\$6.40	\$5.90	\$6.00	\$2.35	\$5.97	\$32.64
Total Incentive Fee	\$520.00	\$400.00	\$500.00	\$560.00	\$420.00	\$1,320.00	\$6,500.00	\$7,040.00	\$3,730.00	\$1,900.00	\$1,610.00	\$730.00	\$25,230.00
% Plan Paid	91.7%	92.2%	92.9%	92.3%	91.2%	90.9%	91.5%	92.2%	92.5%	91.5%	92.2%	92.3%	92.0%
% Member Paid	8.3%	7.8%	7.1%	7.7%	8.8%	9.1%	8.5%	7.8%	7.5%	8.5%	7.8%	7.7%	8.0%
Avg Drug Cost / Rx	\$296.58	\$276.90	\$316.24	\$319.16	\$312.98	\$334.08	\$316.65	\$329.53	\$342.69	\$316.98	\$316.35	\$339.70	\$317.76
Avg Plan Paid / Rx	\$271.95	\$255.42	\$293.86	\$294.68	\$285.54	\$303.80	\$289.88	\$303.98	\$316.89	\$289.94	\$291.53	\$313.68	\$292.22
Avg Member Paid / Rx	\$24.63	\$21.49	\$22.39	\$24.48	\$27.44	\$30.28	\$26.77	\$25.55	\$25.80	\$27.05	\$24.82	\$26.02	\$25.54
<b>Per Member Per Month</b>													
Avg Rx PMPM	0.59	0.61	0.59	0.56	0.56	0.56	0.63	0.61	0.54	0.65	0.62	0.57	0.59
Avg Drug Cost PMPM	\$175.25	\$168.27	\$186.47	\$179.03	\$175.76	\$187.51	\$198.36	\$200.55	\$185.09	\$205.55	\$197.47	\$194.99	\$187.84
Avg Plan Paid PMPM	\$160.69	\$155.21	\$173.27	\$165.30	\$160.35	\$170.51	\$181.59	\$185.00	\$171.16	\$188.01	\$181.98	\$180.06	\$172.74
Avg Member Paid PMPM	\$14.55	\$13.06	\$13.20	\$13.73	\$15.41	\$17.00	\$16.77	\$15.55	\$13.94	\$17.54	\$15.49	\$14.93	\$15.10
<b>Drug Type</b>													
% Single-Source Brand Rx	14.6%	14.4%	15.6%	16.1%	15.6%	17.1%	19.0%	20.4%	18.3%	16.5%	15.5%	16.1%	16.6%
% Multi-Source Brand Rx	0.1%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
% Generic Rx	85.3%	85.6%	84.4%	83.8%	84.3%	82.8%	81.0%	79.5%	81.6%	83.4%	84.3%	83.9%	83.3%
% Generic Efficiency	99.9%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.8%	99.9%	99.9%	99.9%	99.9%
<b>Drug Channel</b>													
% Retail Rx	68.3%	64.9%	65.9%	64.7%	62.6%	64.2%	65.7%	64.1%	64.7%	63.9%	64.2%	64.3%	64.8%
% Retail 90 Rx	24.0%	26.5%	25.5%	26.9%	27.4%	26.6%	24.6%	26.4%	25.6%	26.4%	25.8%	25.1%	25.9%
% Mail Rx	7.7%	8.5%	8.7%	8.4%	10.1%	9.3%	9.7%	9.5%	9.7%	9.7%	9.9%	10.6%	9.3%
<b>Specialty Drugs</b>													
Total Specialty Rx	117	111	122	128	106	126	113	120	118	126	119	116	1,422
Total Specialty Drug Cost	\$953,105.13	\$816,753.97	\$973,551.39	\$851,416.87	\$757,398.66	\$863,932.04	\$851,326.92	\$881,475.34	\$922,842.60	\$844,524.63	\$945,283.06	\$891,276.59	\$10,552,887.20
Total Specialty Plan Paid	\$906,120.67	\$787,719.21	\$946,539.17	\$826,568.26	\$737,372.98	\$833,782.30	\$826,465.22	\$855,351.05	\$894,270.80	\$802,471.38	\$900,575.43	\$850,428.15	\$10,167,664.62
Total Specialty Member Paid	\$46,984.46	\$29,034.76	\$27,012.22	\$24,848.61	\$20,025.68	\$30,149.74	\$24,861.70	\$26,124.29	\$28,571.80	\$42,053.25	\$44,707.63	\$40,848.44	\$385,222.58
% Specialty Rx	1.7%	1.6%	1.8%	2.0%	1.6%	1.9%	1.5%	1.7%	1.9%	1.7%	1.6%	1.7%	1.7%
% Specialty of Total Drug Cost	45.8%	41.7%	44.9%	40.8%	36.5%	39.2%	36.6%	37.7%	42.7%	35.2%	41.0%	39.2%	40.0%
% Specialty of Total Plan Paid	47.5%	43.6%	47.0%	42.9%	39.0%	41.6%	38.9%	39.7%	44.8%	36.6%	42.4%	40.5%	41.9%
% Specialty of Total Member Paid	27.2%	19.1%	17.6%	15.5%	11.0%	15.1%	12.7%	14.4%	17.6%	20.5%	24.7%	23.4%	18.2%
Avg Specialty Rx 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	\$80.28	\$70.16	\$83.68	\$73.00	\$64.19	\$73.50	\$72.69	\$75.64	\$79.09	\$72.32	\$80.99	\$76.39	\$75.16
Avg Specialty Plan Paid PMPM	\$76.32	\$67.67	\$81.36	\$70.86	\$62.49	\$70.94	\$70.57	\$73.40	\$76.64	\$68.72	\$77.16	\$72.89	\$72.41
Avg Specialty Member Paid PMPM	\$3.96	\$2.49	\$2.32	\$2.13	\$1.70	\$2.57	\$2.12	\$2.24	\$2.45	\$3.60	\$3.83	\$3.50	\$2.74
Avg Non-Specialty Rx PMPM	0.58	0.60	0.58	0.55	0.55	0.55	0.62	0.60	0.53	0.64	0.61	0.56	0.58
Avg Non-Specialty Drug Cost PMPM	\$94.97	\$98.11	\$102.79	\$106.04	\$111.57	\$114.01	\$125.67	\$124.91	\$106.00	\$133.23	\$116.49	\$118.60	\$112.68
Avg Non-Specialty Plan Paid PMPM	\$84.37	\$87.54	\$91.91	\$94.44	\$97.86	\$99.57	\$111.03	\$111.60	\$94.51	\$119.29	\$104.82	\$107.16	\$100.32
Avg Non-Specialty Member Paid PMPM	\$10.60	\$10.56	\$10.88	\$11.60	\$13.71	\$14.43	\$14.65	\$13.31	\$11.49	\$13.94	\$11.66	\$11.43	\$12.36

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**Comparative  
Executive  
Summary**

Client: Fresno City Employees Health and Welfare Trust

Current Period: Date Submitted From March 2025 Through February 2026

Previous Period: Date Filled From March 2024 Through February 2025

Measures	Current Period	Previous Period	% Change
<b>Membership</b>			
Avg Eligible Members	11,701	7,767	50.6%
% Utilizing Members	64.8%	83.8%	-22.7%
Total Utilizing Members	7,581	6,510	16.5%
Avg Member Age	31.26	31.15	0.3%
<b>Rx and Cost</b>			
Total Days Supply	3,723,161	2,314,183	60.9%
Total Rxs	83,001	53,838	54.2%
Total Drug Cost	\$26,374,736.06	\$15,053,817.71	75.2%
Total Plan Paid	\$24,254,550.82	\$13,799,684.56	75.8%
Total Member Paid	\$2,120,185.24	\$1,254,133.15	69.1%
Total Ingredient Cost	\$26,310,910.53	\$15,021,694.88	75.2%
Total Dispensing Fee	\$38,562.89	\$26,818.74	43.8%
Total Sales Tax	\$32.64	\$4.09	698.0%
Total Incentive Fee	\$25,230.00	\$5,300.00	376.0%
% Plan Paid	92.0%	91.7%	0.3%
% Member Paid	8.0%	8.3%	-3.5%
Days Supply / Rx	44.86	42.98	4.4%
Drug Cost / Rx	\$317.76	\$279.61	13.6%
Plan Paid / Rx	\$292.22	\$256.32	14.0%
Member Paid / Rx	\$25.54	\$23.29	9.7%
<b>Per Member Per Month</b>			
Days Supply PMPM	26.52	24.83	6.8%
Rxs PMPM	0.59	0.58	2.3%
Drug Cost PMPM	\$187.84	\$161.51	16.3%
Plan Paid PMPM	\$172.74	\$148.06	16.7%
Member Paid PMPM	\$15.10	\$13.46	12.2%
<b>Drug Type</b>			
% Single-Source Brand Rxs	16.6%	15.3%	8.4%
% Multi-Source Brand Rxs	0.1%	0.1%	61.0%
% Generic Rxs	83.3%	84.6%	-1.6%
% Generic Efficiency	99.9%	99.9%	-0.0%
<b>Drug Channel</b>			
% Retail Rxs	64.8%	68.0%	-4.7%
% Retail 90 Rxs	25.9%	24.4%	5.9%
% Mail Rxs	9.3%	7.5%	23.7%
<b>Specialty Drugs</b>			
Total Specialty Days Supply	43,868	24,542	78.7%
Total Specialty Rxs	1,422	796	78.6%
Total Specialty Drug Cost	\$10,552,887.20	\$6,710,196.06	57.3%
Total Specialty Plan Paid	\$10,167,664.62	\$6,504,664.28	56.3%
Total Specialty Member Paid	\$385,222.58	\$205,531.78	87.4%
% Specialty Rxs	1.7%	1.5%	15.9%
% Specialty of Total Drug Cost	40.0%	44.6%	-10.2%
% Specialty of Total Plan Paid	41.9%	47.1%	-11.1%
% Specialty of Total Member Paid	18.2%	16.4%	10.9%
Specialty Days Supply PMPM	0.31	0.26	18.7%
Specialty Rxs PMPM	0.01	0.01	18.6%
Specialty Drug Cost PMPM	\$75.16	\$71.99	4.4%
Specialty Plan Paid PMPM	\$72.41	\$69.79	3.8%
Specialty Member Paid PMPM	\$2.74	\$2.21	24.4%
Non-Specialty Rxs PMPM	0.58	0.57	2.1%
Non-Specialty Drug Cost PMPM	\$112.68	\$89.52	25.9%
Non-Specialty Plan Paid PMPM	\$100.32	\$78.27	28.2%
Non-Specialty Member Paid PMPM	\$12.36	\$11.25	9.8%

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Mar 8, 2026

**Executive Summary by Time Period**

10:12:57 AM

Client: Fresno City Employees Health and Welfare Trust EGWP  
Date Submitted From March 2025 Through February 2026

Measures	March 2025	April 2025	May 2025	June 2025	July 2025	August 2025	September 2025	October 2025	November 2025	December 2025	January 2026	February 2026	Rolling Total
<b>Membership</b>													
Avg Eligible Members	229	232	231	231	229	229	231	224	227	223	221	225	228
Total Utilizing Members	159	168	159	165	168	162	164	160	163	169	162	158	163
% Utilizing Members	69.4%	72.4%	68.8%	71.4%	73.4%	70.7%	71.0%	71.4%	71.8%	75.8%	73.3%	70.2%	71.6%
Avg Member Age	76.27	76.09	76.21	76.12	76.22	76.10	76.20	76.28	76.18	76.14	76.32	76.23	76.20
<b>Rx and Cost</b>													
Total Rx's	572	588	548	553	624	607	594	594	521	630	597	525	6,953
Total Drug Cost	\$239,949.71	\$154,352.31	\$213,276.40	\$238,047.36	\$193,786.23	\$221,735.45	\$276,347.35	\$253,893.67	\$238,494.35	\$242,370.63	\$247,689.71	\$267,910.28	\$2,787,853.45
Total Plan Paid	\$230,663.34	\$148,427.07	\$207,250.38	\$230,776.84	\$188,240.45	\$215,596.56	\$270,725.22	\$249,493.14	\$235,723.94	\$239,238.19	\$238,824.27	\$260,980.59	\$2,715,939.99
Total Member Paid	\$9,152.80	\$5,857.91	\$5,928.53	\$7,147.91	\$5,422.91	\$6,061.29	\$5,501.22	\$4,348.44	\$2,733.14	\$3,109.29	\$8,815.26	\$6,862.69	\$70,941.39
Total Ingredient Cost	\$239,450.21	\$153,902.16	\$212,787.80	\$237,613.16	\$193,294.23	\$221,302.95	\$275,855.95	\$253,205.42	\$238,017.70	\$241,889.38	\$247,187.81	\$267,527.33	\$2,782,034.10
Total Dispensing Fee	\$379.50	\$420.15	\$398.60	\$374.20	\$432.00	\$402.50	\$431.40	\$418.25	\$386.65	\$451.25	\$411.90	\$352.95	\$4,859.35
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	\$120.00	\$30.00	\$90.00	\$60.00	\$60.00	\$30.00	\$60.00	\$270.00	\$90.00	\$30.00	\$90.00	\$30.00	\$960.00
% Plan Paid	96.1%	96.2%	97.2%	96.9%	97.1%	97.2%	98.0%	98.3%	98.8%	98.7%	96.4%	97.4%	97.4%
% Member Paid	3.8%	3.8%	2.8%	3.0%	2.8%	2.7%	2.0%	1.7%	1.1%	1.3%	3.6%	2.5%	2.5%
Avg Drug Cost / Rx	\$419.49	\$262.50	\$389.19	\$430.47	\$310.55	\$365.30	\$465.23	\$427.43	\$457.76	\$384.72	\$414.89	\$510.31	\$400.96
Avg Plan Paid / Rx	\$403.26	\$252.43	\$378.19	\$417.32	\$301.67	\$355.18	\$455.77	\$420.02	\$452.45	\$379.74	\$400.04	\$497.11	\$390.61
Avg Member Paid / Rx	\$16.00	\$9.96	\$10.82	\$12.93	\$8.69	\$9.99	\$9.26	\$7.32	\$5.25	\$4.94	\$14.77	\$13.07	\$10.20
<b>Per Member Per Month</b>													
Avg Rx's PMPM	2.50	2.53	2.37	2.39	2.72	2.65	2.57	2.65	2.30	2.83	2.70	2.33	2.55
Avg Drug Cost PMPM	\$1,047.82	\$665.31	\$923.27	\$1,030.51	\$846.23	\$968.28	\$1,196.31	\$1,133.45	\$1,050.64	\$1,086.86	\$1,120.77	\$1,190.71	\$1,020.44
Avg Plan Paid PMPM	\$1,007.26	\$639.77	\$897.19	\$999.03	\$822.01	\$941.47	\$1,171.97	\$1,113.81	\$1,038.43	\$1,072.82	\$1,080.65	\$1,159.91	\$994.12
Avg Member Paid PMPM	\$39.97	\$25.25	\$25.66	\$30.94	\$23.68	\$26.47	\$23.81	\$19.41	\$12.04	\$13.94	\$39.89	\$30.50	\$25.97
<b>Drug Type</b>													
% Single-Source Brand Rx's	15.4%	11.6%	12.4%	15.2%	10.4%	12.5%	14.0%	14.8%	12.3%	12.9%	13.4%	11.6%	13.0%
% Multi-Source Brand Rx's	1.4%	1.5%	1.1%	2.2%	1.1%	1.5%	0.8%	1.5%	1.0%	1.3%	1.2%	1.3%	1.3%
% Generic Rx's	83.2%	86.9%	86.5%	82.6%	88.5%	86.0%	85.2%	83.7%	86.8%	85.9%	85.4%	87.0%	85.6%
% Generic Efficiency	98.3%	98.3%	98.8%	97.4%	98.7%	98.3%	99.0%	98.2%	98.9%	98.5%	98.6%	98.5%	98.5%
<b>Drug Channel</b>													
% Retail Rx's	42.8%	44.7%	44.3%	42.1%	44.6%	42.5%	47.1%	43.3%	41.8%	42.9%	44.1%	44.0%	43.7%
% Retail 90 Rx's	33.7%	33.7%	32.8%	35.3%	32.5%	33.9%	31.1%	32.0%	35.3%	30.8%	32.7%	37.1%	33.3%
% Mail Rx's	23.4%	21.6%	22.8%	22.6%	22.9%	23.6%	21.7%	24.7%	22.8%	26.3%	23.3%	18.9%	23.0%
<b>Specialty Drugs</b>													
Total Specialty Rx's	6	5	7	9	7	6	11	8	6	5	9	9	88
Total Specialty Drug Cost	\$122,468.12	\$68,036.28	\$119,314.02	\$125,930.61	\$104,151.18	\$114,516.50	\$173,228.67	\$139,510.77	\$142,189.23	\$126,612.79	\$162,867.91	\$192,966.54	\$1,591,792.62
Total Specialty Plan Paid	\$121,641.60	\$67,936.28	\$119,087.85	\$125,899.94	\$104,120.51	\$114,490.33	\$172,524.66	\$139,510.77	\$142,189.23	\$126,612.79	\$160,463.86	\$192,726.66	\$1,587,204.48
Total Specialty Member Paid	\$826.52	\$100.00	\$226.17	\$30.67	\$30.67	\$26.17	\$704.01	\$0.00	\$0.00	\$0.00	\$2,404.05	\$239.88	\$4,588.14
% Specialty Rx's	1.0%	0.9%	1.3%	1.6%	1.1%	1.0%	1.9%	1.3%	1.2%	0.8%	1.5%	1.7%	1.3%
% Specialty of Total Drug Cost	51.0%	44.1%	55.9%	52.9%	53.7%	51.6%	62.7%	54.9%	59.6%	52.2%	65.8%	72.0%	57.1%
% Specialty of Total Plan Paid	52.7%	45.8%	57.5%	54.6%	55.3%	53.1%	63.7%	55.9%	60.3%	52.9%	67.2%	73.8%	58.4%
% Specialty of Total Member Paid	9.0%	1.7%	3.8%	0.4%	0.6%	0.4%	12.8%	0.0%	0.0%	0.0%	27.3%	3.5%	6.5%
Avg Specialty Rx's PMPM	0.03	0.02	0.03	0.04	0.03	0.03	0.05	0.04	0.03	0.02	0.04	0.04	0.03
Avg Specialty Drug Cost PMPM	\$534.80	\$293.26	\$516.51	\$545.15	\$454.81	\$500.07	\$749.91	\$622.82	\$626.38	\$567.77	\$736.96	\$857.63	\$582.65
Avg Specialty Plan Paid PMPM	\$531.19	\$292.83	\$515.53	\$545.02	\$454.67	\$499.96	\$746.86	\$622.82	\$626.38	\$567.77	\$726.08	\$856.56	\$580.97
Avg Specialty Member Paid PMPM	\$3.61	\$0.43	\$0.98	\$0.13	\$0.13	\$0.11	\$3.05	\$0.00	\$0.00	\$0.00	\$10.88	\$1.07	\$1.68
Avg Non-Specialty Rx's PMPM	2.47	2.51	2.34	2.35	2.69	2.62	2.52	2.62	2.27	2.80	2.66	2.29	2.51
Avg Non-Specialty Drug Cost PMPM	\$513.02	\$372.05	\$406.76	\$485.35	\$391.42	\$468.21	\$446.40	\$510.64	\$424.25	\$519.09	\$383.81	\$333.08	\$437.80
Avg Non-Specialty Plan Paid PMPM	\$476.08	\$346.94	\$381.66	\$454.01	\$367.34	\$441.51	\$425.11	\$490.99	\$412.05	\$505.05	\$354.57	\$303.35	\$413.15
Avg Non-Specialty Member Paid PMPM	\$36.36	\$24.82	\$24.69	\$30.81	\$23.55	\$26.35	\$20.77	\$19.41	\$12.04	\$13.94	\$29.01	\$29.43	\$24.29

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**Comparative  
Executive  
Summary**

Client: Fresno City Employees Health and Welfare Trust EGWP  
 Current Period: Date Submitted From March 2025 Through February 2026  
 Previous Period: Date Filled From March 2024 Through February 2025

Measures	Current Period	Previous Period	% Change
<b>Membership</b>			
Avg Eligible Members	228	227	0.1%
% Utilizing Members	102.3%	101.1%	1.2%
Total Utilizing Members	233	230	1.3%
Avg Member Age	76.20	76.56	-0.5%
<b>Rx and Cost</b>			
Total Days Supply	408,084	397,574	2.6%
Total Rxs	6,953	6,653	4.5%
Total Drug Cost	\$2,787,853.45	\$1,520,270.84	83.4%
Total Plan Paid	\$2,715,939.99	\$1,168,945.60	132.3%
Total Member Paid	\$70,941.39	\$351,063.85	-79.8%
Total Ingredient Cost	\$2,782,034.10	\$1,514,515.54	83.7%
Total Dispensing Fee	\$4,859.35	\$4,345.30	11.8%
Total Sales Tax	\$0.00	\$0.00	0.0%
Total Incentive Fee	\$960.00	\$1,410.00	-31.9%
% Plan Paid	97.4%	76.9%	26.7%
% Member Paid	2.5%	23.1%	-89.0%
Days Supply / Rx	58.69	59.76	-1.8%
Drug Cost / Rx	\$400.96	\$228.51	75.5%
Plan Paid / Rx	\$390.61	\$175.70	122.3%
Member Paid / Rx	\$10.20	\$52.77	-80.7%
<b>Per Member Per Month</b>			
Days Supply PMPM	149.37	145.68	2.5%
Rxs PMPM	2.55	2.44	4.4%
Drug Cost PMPM	\$1,020.44	\$557.08	83.2%
Plan Paid PMPM	\$994.12	\$428.34	132.1%
Member Paid PMPM	\$25.97	\$128.64	-79.8%
<b>Drug Type</b>			
% Single-Source Brand Rxs	13.0%	12.3%	6.0%
% Multi-Source Brand Rxs	1.3%	1.2%	6.1%
% Generic Rxs	85.6%	86.5%	-0.9%
% Generic Efficiency	98.5%	98.6%	-0.1%
<b>Drug Channel</b>			
% Retail Rxs	43.7%	43.4%	0.7%
% Retail 90 Rxs	33.3%	33.6%	-0.8%
% Mail Rxs	23.0%	23.0%	0.0%
<b>Specialty Drugs</b>			
Total Specialty Days Supply	2,896	1,883	53.8%
Total Specialty Rxs	88	57	54.4%
Total Specialty Drug Cost	\$1,591,792.62	\$454,836.32	250.0%
Total Specialty Plan Paid	\$1,587,204.48	\$443,468.72	257.9%
Total Specialty Member Paid	\$4,588.14	\$11,367.60	-59.6%
% Specialty Rxs	1.3%	0.9%	47.7%
% Specialty of Total Drug Cost	57.1%	29.9%	90.8%
% Specialty of Total Plan Paid	58.4%	37.9%	54.0%
% Specialty of Total Member Paid	6.5%	3.2%	99.7%
Specialty Days Supply PMPM	1.06	0.69	53.6%
Specialty Rxs PMPM	0.03	0.02	54.2%
Specialty Drug Cost PMPM	\$582.65	\$166.67	249.6%
Specialty Plan Paid PMPM	\$580.97	\$162.50	257.5%
Specialty Member Paid PMPM	\$1.68	\$4.17	-59.7%
Non-Specialty Rxs PMPM	2.51	2.42	4.0%
Non-Specialty Drug Cost PMPM	\$437.80	\$390.41	12.1%
Non-Specialty Plan Paid PMPM	\$413.15	\$265.84	55.4%
Non-Specialty Member Paid PMPM	\$24.29	\$124.48	-80.5%

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## **DELTA DENTAL SELF-FUNDED FINANCIAL REPORT PACKAG**

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



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

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



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

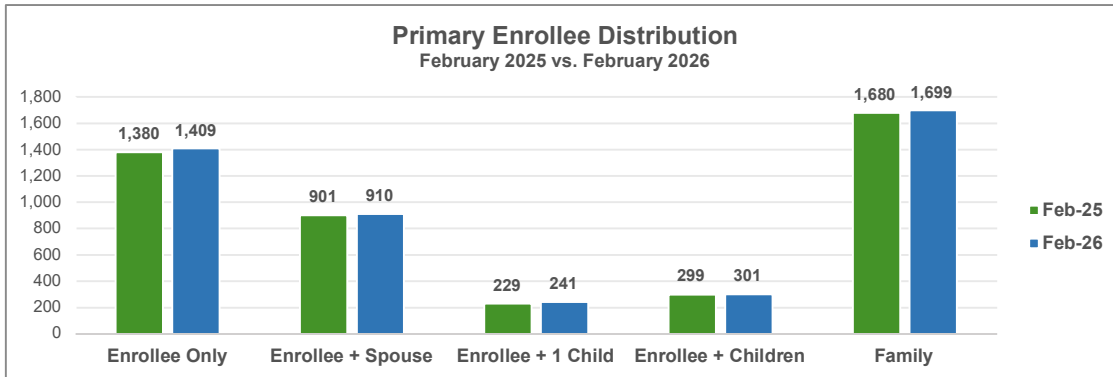
**Paid Period: March 1, 2024 - February 28, 2025 compared to March 1, 2025 - February 28, 2026**

**Financial Summary**

- For paid period ended February 28, 2026, the group had an average exposure of 4,536 primary enrollees. This represents a year / year increase of 1.4% from the previous period's average exposure of 4,475 primary enrollees.
- For the current period, claims paid PEPM was \$68.55, compared to \$66.75 during the previous period; This represents a year / year increase of 2.7%.
- During the current period, 69.4% of primary enrollees had enrolled dependents vs. 69.2% of primary enrollees during the previous period.

	03/1/2024 - 02/28/2025	03/1/2025 - 02/28/2026
<i>Claims Paid</i>	\$3,584,942	\$3,731,710
<i>Exposure**</i>	53,704	54,436
<i>Avg. Exposure</i>	4,475	4,536
<i>Avg. Member Count</i>	11,719	11,864

\*\* 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: March 1, 2024 - February 28, 2026**

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
Mar-24	1,892	\$297,546	1,352	867	222	289	1,670	4,400	2,537	4,608	11,545
Apr-24	1,613	\$270,397	1,363	873	223	288	1,670	4,417	2,543	4,610	11,570
May-24	2,154	\$353,645	1,358	882	226	285	1,664	4,415	2,546	4,605	11,566
Jun-24	1,745	\$287,869	1,383	888	228	285	1,663	4,447	2,551	4,608	11,606
Jul-24	1,556	\$237,953	1,385	904	222	305	1,683	4,499	2,590	4,691	11,780
Aug-24	2,381	\$410,265	1,394	901	224	300	1,693	4,512	2,596	4,694	11,802
Sep-24	1,770	\$311,858	1,389	905	228	297	1,700	4,519	2,606	4,706	11,831
Oct-24	2,162	\$349,594	1,390	898	228	297	1,694	4,507	2,593	4,692	11,792
Nov-24	1,580	\$254,337	1,380	908	229	294	1,693	4,504	2,601	4,700	11,805
Dec-24	1,690	\$268,341	1,378	906	231	292	1,692	4,499	2,598	4,693	11,790
Jan-25	1,737	\$268,903	1,371	904	233	299	1,689	4,496	2,593	4,698	11,787
Feb-25	1,648	\$274,234	1,380	901	229	299	1,680	4,489	2,581	4,684	11,754
Mar-25	1,801	\$292,155	1,387	899	231	302	1,685	4,504	2,584	4,700	11,788
Apr-25	1,804	\$282,528	1,386	896	232	300	1,687	4,501	2,583	4,706	11,790
May-25	2,186	\$357,000	1,378	892	231	299	1,693	4,493	2,585	4,708	11,786
Jun-25	1,741	\$274,397	1,372	897	234	298	1,691	4,492	2,588	4,705	11,785
Jul-25	2,168	\$362,286	1,388	914	241	301	1,713	4,557	2,630	4,765	11,952
Aug-25	1,740	\$299,583	1,397	921	240	306	1,710	4,574	2,634	4,756	11,964
Sep-25	1,787	\$318,750	1,389	919	236	307	1,705	4,556	2,627	4,732	11,915
Oct-25	2,150	\$380,424	1,379	918	237	301	1,695	4,530	2,616	4,701	11,847
Nov-25	1,785	\$306,576	1,389	921	240	301	1,695	4,546	2,620	4,713	11,879
Dec-25	1,776	\$302,031	1,399	917	243	303	1,695	4,557	2,616	4,710	11,883
Jan-26	1,676	\$276,394	1,409	913	241	300	1,703	4,566	2,620	4,715	11,901
Feb-26	1,690	\$279,584	1,409	910	241	301	1,699	4,560	2,613	4,701	11,874
<b>Total</b>	<b>44,232</b>	<b>\$7,316,651</b>	<b>33,205</b>	<b>21,654</b>	<b>5,570</b>	<b>7,149</b>	<b>40,562</b>	<b>108,140</b>	<b>62,251</b>	<b>112,601</b>	<b>282,992</b>

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: March 1, 2024 - February 28, 2026**

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	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	215	297	1,609	3,902	2,158	4,539	10,599
00273-00001	Aug-24	2,084	\$362,020	1,243	539	218	291	1,621	3,912	2,162	4,545	10,619
00273-00001	Sep-24	1,497	\$263,699	1,239	541	222	289	1,627	3,918	2,169	4,557	10,644
00273-00001	Oct-24	1,878	\$304,086	1,239	534	221	288	1,619	3,901	2,154	4,538	10,593
00273-00001	Nov-24	1,350	\$217,496	1,231	542	222	285	1,620	3,900	2,162	4,548	10,610
00273-00001	Dec-24	1,467	\$228,622	1,229	540	224	284	1,616	3,893	2,156	4,539	10,588
00273-00001	Jan-25	1,530	\$238,591	1,221	538	226	292	1,616	3,893	2,154	4,554	10,601
00273-00001	Feb-25	1,458	\$242,457	1,230	533	223	292	1,609	3,887	2,142	4,545	10,574
00273-00001	Mar-25	1,548	\$247,561	1,233	537	225	295	1,614	3,904	2,151	4,561	10,616
00273-00001	Apr-25	1,582	\$249,349	1,231	534	225	294	1,617	3,901	2,151	4,570	10,622
00273-00001	May-25	1,885	\$307,267	1,221	530	224	293	1,622	3,890	2,152	4,568	10,610
00273-00001	Jun-25	1,473	\$233,554	1,216	534	226	290	1,617	3,883	2,151	4,555	10,589
00273-00001	Jul-25	1,891	\$308,252	1,232	553	233	293	1,644	3,955	2,200	4,624	10,779
00273-00001	Aug-25	1,554	\$268,012	1,240	558	232	298	1,637	3,965	2,198	4,610	10,773
00273-00001	Sep-25	1,525	\$271,588	1,233	553	228	299	1,631	3,944	2,187	4,586	10,717
00273-00001	Oct-25	1,856	\$327,695	1,219	552	229	293	1,620	3,913	2,175	4,554	10,642
00273-00001	Nov-25	1,540	\$261,143	1,230	555	232	294	1,621	3,932	2,180	4,572	10,684
00273-00001	Dec-25	1,526	\$261,365	1,238	552	235	296	1,623	3,944	2,179	4,572	10,695
00273-00001	Jan-26	1,458	\$235,879	1,247	546	234	293	1,629	3,949	2,179	4,576	10,704
00273-00001	Feb-26	1,483	\$241,628	1,246	538	234	294	1,623	3,935	2,165	4,559	10,659
00273-00002	Mar-24	144	\$23,977	59	177	5	8	64	313	241	129	683
00273-00002	Apr-24	127	\$27,437	60	178	4	8	66	316	244	131	691
00273-00002	May-24	165	\$32,043	63	179	4	7	66	319	245	128	692
00273-00002	Jun-24	132	\$24,358	63	183	4	7	63	320	246	123	689
00273-00002	Jul-24	88	\$14,219	63	186	4	7	61	321	247	124	692
00273-00002	Aug-24	170	\$25,732	66	189	3	8	59	325	248	121	694
00273-00002	Sep-24	156	\$28,294	66	191	3	7	59	326	250	120	696
00273-00002	Oct-24	173	\$30,805	66	186	3	8	60	323	246	123	692
00273-00002	Nov-24	126	\$20,314	64	187	3	8	60	322	247	124	693
00273-00002	Dec-24	124	\$22,358	65	186	4	7	63	325	249	126	700
00273-00002	Jan-25	123	\$17,131	66	184	4	6	62	322	246	123	691
00273-00002	Feb-25	111	\$17,232	66	184	3	6	62	321	246	120	687
00273-00002	Mar-25	139	\$21,392	68	180	3	6	62	319	242	120	681
00273-00002	Apr-25	130	\$18,917	68	180	4	5	62	319	242	118	679
00273-00002	May-25	160	\$24,513	68	180	4	5	63	320	243	122	685
00273-00002	Jun-25	131	\$18,330	68	181	5	6	65	325	246	128	699
00273-00002	Jul-25	156	\$29,529	69	180	5	6	61	321	241	121	683
00273-00002	Aug-25	110	\$17,067	69	182	5	6	65	327	247	126	700
00273-00002	Sep-25	154	\$27,148	68	185	5	6	65	329	250	125	704
00273-00002	Oct-25	178	\$31,243	72	184	5	6	64	331	248	123	702

00273-00002	Nov-25	131	\$26,971	68	183	5	6	64	326	247	121	694
00273-00002	Dec-25	133	\$19,662	69	182	5	6	61	323	243	116	682
00273-00002	Jan-26	125	\$21,455	68	184	4	6	63	325	247	117	689
00273-00002	Feb-26	107	\$19,835	69	189	4	6	65	333	254	120	707
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	76	161	1	0	10	248	171	15	434
00273-00003	Dec-24	84	\$14,558	75	162	1	0	9	247	171	14	432
00273-00003	Jan-25	76	\$11,821	75	162	1	0	8	246	170	13	429
00273-00003	Feb-25	68	\$12,951	76	164	1	0	8	249	172	13	434
00273-00003	Mar-25	107	\$20,622	78	162	1	0	8	249	170	13	432
00273-00003	Apr-25	88	\$13,767	78	163	1	0	7	249	170	12	431
00273-00003	May-25	131	\$24,479	82	167	1	0	7	257	174	12	443
00273-00003	Jun-25	114	\$18,807	81	167	1	0	7	256	174	12	442
00273-00003	Jul-25	110	\$21,343	81	167	1	0	7	256	174	12	442
00273-00003	Aug-25	69	\$13,282	82	168	1	0	7	258	175	12	445
00273-00003	Sep-25	103	\$19,295	82	169	1	0	8	260	177	13	450
00273-00003	Oct-25	109	\$20,707	82	170	1	0	8	261	178	13	452
00273-00003	Nov-25	102	\$17,116	84	172	1	0	7	264	179	11	454
00273-00003	Dec-25	107	\$19,838	84	171	1	0	7	263	178	11	452
00273-00003	Jan-26	87	\$17,008	86	171	1	0	7	265	178	11	454
00273-00003	Feb-26	91	\$16,390	86	171	1	0	7	265	178	11	454
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	20	2	0	1	31	21	3	55
00273-00004	Feb-25	11	\$1,594	8	20	2	0	0	30	20	2	52
00273-00004	Mar-25	7	\$2,580	8	20	2	0	0	30	20	2	52
00273-00004	Apr-25	4	\$496	8	19	2	0	0	29	19	2	50
00273-00004	May-25	9	\$676	7	14	2	0	0	23	14	2	39
00273-00004	Jun-25	19	\$3,201	7	14	2	0	0	23	14	2	39
00273-00004	Jul-25	11	\$3,162	6	13	2	0	0	21	13	2	36
00273-00004	Aug-25	7	\$1,223	6	13	2	0	0	21	13	2	36
00273-00004	Sep-25	2	\$278	6	12	2	0	0	20	12	2	34
00273-00004	Oct-25	7	\$779	6	12	2	0	0	20	12	2	34
00273-00004	Nov-25	11	\$1,029	7	11	2	0	0	20	11	2	33
00273-00004	Dec-25	8	\$853	7	11	2	0	0	20	11	2	33
00273-00004	Jan-26	4	\$1,219	7	11	2	0	0	20	11	2	33
00273-00004	Feb-26	7	\$1,383	7	11	2	0	0	20	11	2	33
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
00273-09001	Feb-25	0	\$0	0	0	0	1	1	2	1	4	7
00273-09001	Mar-25	0	\$0	0	0	0	1	1	2	1	4	7
00273-09001	Apr-25	0	\$0	1	0	0	1	1	3	1	4	8
00273-09001	May-25	1	\$66	0	1	0	1	1	3	2	4	9
00273-09001	Jun-25	4	\$505	0	1	0	2	2	5	3	8	16
00273-09001	Jul-25	0	\$0	0	1	0	2	1	4	2	6	12
00273-09001	Aug-25	0	\$0	0	0	0	2	1	3	1	6	10
00273-09001	Sep-25	3	\$440	0	0	0	2	1	3	1	6	10
00273-09001	Oct-25	0	\$0	0	0	0	2	3	5	3	9	17
00273-09001	Nov-25	1	\$317	0	0	0	1	3	4	3	7	14
00273-09001	Dec-25	2	\$314	1	1	0	1	4	7	5	9	21
00273-09001	Jan-26	2	\$834	1	1	0	1	4	7	5	9	21
00273-09001	Feb-26	2	\$348	1	1	0	1	4	7	5	9	21
<b>Total</b>		<b>44,232</b>	<b>\$7,316,651</b>	<b>33,205</b>	<b>21,654</b>	<b>5,570</b>	<b>7,149</b>	<b>40,562</b>	<b>108,140</b>	<b>62,251</b>	<b>112,601</b>	<b>282,992</b>

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: March 1, 2024 - February 28, 2026**

Group	Division	Paid Month/Year	Incurred Month/Year	Paid Amount
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
00273	All	Feb-25	Feb-24	\$482
00273	All	Feb-25	Mar-24	\$26
00273	All	Feb-25	Apr-24	\$300
00273	All	Feb-25	May-24	\$981
00273	All	Feb-25	Jun-24	\$257
00273	All	Feb-25	Jul-24	\$436
00273	All	Feb-25	Aug-24	\$1,735
00273	All	Feb-25	Sep-24	\$2,094
00273	All	Feb-25	Oct-24	\$2,656
00273	All	Feb-25	Nov-24	\$5,239
00273	All	Feb-25	Dec-24	\$10,137
00273	All	Feb-25	Jan-25	\$106,103
00273	All	Feb-25	Feb-25	\$143,787
00273	All	Mar-25	Feb-24	\$900
00273	All	Mar-25	Mar-24	\$957
00273	All	Mar-25	Apr-24	\$39
00273	All	Mar-25	May-24	\$209
00273	All	Mar-25	Jun-24	\$723
00273	All	Mar-25	Jul-24	\$179
00273	All	Mar-25	Aug-24	\$117
00273	All	Mar-25	Sep-24	\$776
00273	All	Mar-25	Oct-24	\$105
00273	All	Mar-25	Nov-24	\$3,517
00273	All	Mar-25	Dec-24	\$4,009
00273	All	Mar-25	Jan-25	\$13,093
00273	All	Mar-25	Feb-25	\$113,917
00273	All	Mar-25	Mar-25	\$153,614
00273	All	Apr-25	May-24	\$572
00273	All	Apr-25	Jun-24	\$358
00273	All	Apr-25	Jul-24	\$174
00273	All	Apr-25	Aug-24	\$177
00273	All	Apr-25	Sep-24	\$645
00273	All	Apr-25	Oct-24	\$208
00273	All	Apr-25	Nov-24	\$463
00273	All	Apr-25	Dec-24	\$998
00273	All	Apr-25	Jan-25	\$2,015
00273	All	Apr-25	Feb-25	\$9,890
00273	All	Apr-25	Mar-25	\$127,007
00273	All	Apr-25	Apr-25	\$140,022
00273	All	May-25	Jun-24	\$1,628
00273	All	May-25	Jul-24	\$691
00273	All	May-25	Aug-24	\$189
00273	All	May-25	Sep-24	\$1,488
00273	All	May-25	Oct-24	\$121
00273	All	May-25	Nov-24	\$709
00273	All	May-25	Dec-24	\$3,403

00273	All	May-25	Jan-25	\$2,864
00273	All	May-25	Feb-25	\$3,028
00273	All	May-25	Mar-25	\$14,760
00273	All	May-25	Apr-25	\$153,220
00273	All	May-25	May-25	\$174,898
00273	All	Jun-25	Feb-24	\$322
00273	All	Jun-25	Mar-24	\$134
00273	All	Jun-25	Sep-24	\$197
00273	All	Jun-25	Oct-24	\$677
00273	All	Jun-25	Nov-24	\$1,986
00273	All	Jun-25	Dec-24	\$179
00273	All	Jun-25	Jan-25	\$1,650
00273	All	Jun-25	Feb-25	\$1,192
00273	All	Jun-25	Mar-25	\$3,058
00273	All	Jun-25	Apr-25	\$12,657
00273	All	Jun-25	May-25	\$105,960
00273	All	Jun-25	Jun-25	\$146,385
00273	All	Jul-25	Dec-23	\$367
00273	All	Jul-25	Mar-24	\$116
00273	All	Jul-25	May-24	\$614
00273	All	Jul-25	Jun-24	\$919
00273	All	Jul-25	Jul-24	\$104
00273	All	Jul-25	Aug-24	\$482
00273	All	Jul-25	Sep-24	\$501
00273	All	Jul-25	Oct-24	\$947
00273	All	Jul-25	Nov-24	\$1,313
00273	All	Jul-25	Dec-24	\$239
00273	All	Jul-25	Jan-25	\$882
00273	All	Jul-25	Feb-25	\$1,409
00273	All	Jul-25	Mar-25	\$2,696
00273	All	Jul-25	Apr-25	\$7,423
00273	All	Jul-25	May-25	\$11,440
00273	All	Jul-25	Jun-25	\$127,539
00273	All	Jul-25	Jul-25	\$205,296
00273	All	Aug-25	Nov-23	\$32
00273	All	Aug-25	Jan-24	\$92
00273	All	Aug-25	Feb-24	\$144
00273	All	Aug-25	Apr-24	\$222
00273	All	Aug-25	Jun-24	\$150
00273	All	Aug-25	Jul-24	\$311
00273	All	Aug-25	Aug-24	\$293
00273	All	Aug-25	Sep-24	\$50
00273	All	Aug-25	Nov-24	\$223
00273	All	Aug-25	Jan-25	\$469
00273	All	Aug-25	Feb-25	\$2,489
00273	All	Aug-25	Mar-25	\$1,674
00273	All	Aug-25	Apr-25	\$2,671
00273	All	Aug-25	May-25	\$4,060
00273	All	Aug-25	Jun-25	\$10,894

00273	All	Aug-25	Jul-25	\$103,338
00273	All	Aug-25	Aug-25	\$172,471
00273	All	Sep-25	Aug-24	\$59
00273	All	Sep-25	Dec-24	\$1,487
00273	All	Sep-25	Feb-25	\$263
00273	All	Sep-25	Mar-25	\$1,895
00273	All	Sep-25	Apr-25	\$2,192
00273	All	Sep-25	May-25	\$1,125
00273	All	Sep-25	Jun-25	\$4,674
00273	All	Sep-25	Jul-25	\$15,256
00273	All	Sep-25	Aug-25	\$118,072
00273	All	Sep-25	Sep-25	\$173,728
00273	All	Oct-25	Nov-24	\$203
00273	All	Oct-25	Dec-24	\$50
00273	All	Oct-25	Jan-25	\$979
00273	All	Oct-25	Feb-25	\$526
00273	All	Oct-25	Mar-25	\$66
00273	All	Oct-25	Apr-25	\$1,235
00273	All	Oct-25	May-25	\$1,366
00273	All	Oct-25	Jun-25	\$2,135
00273	All	Oct-25	Jul-25	\$7,946
00273	All	Oct-25	Aug-25	\$21,024
00273	All	Oct-25	Sep-25	\$157,631
00273	All	Oct-25	Oct-25	\$187,263
00273	All	Nov-25	Sep-24	\$147
00273	All	Nov-25	Nov-24	\$145
00273	All	Nov-25	Feb-25	\$529
00273	All	Nov-25	Mar-25	\$188
00273	All	Nov-25	Apr-25	\$137
00273	All	Nov-25	May-25	\$1,144
00273	All	Nov-25	Jun-25	\$970
00273	All	Nov-25	Jul-25	\$5,146
00273	All	Nov-25	Aug-25	\$3,689
00273	All	Nov-25	Sep-25	\$14,998
00273	All	Nov-25	Oct-25	\$117,432
00273	All	Nov-25	Nov-25	\$162,050
00273	All	Dec-25	Nov-24	\$75
00273	All	Dec-25	Mar-25	\$242
00273	All	Dec-25	Apr-25	\$557
00273	All	Dec-25	May-25	\$153
00273	All	Dec-25	Jun-25	\$715
00273	All	Dec-25	Jul-25	\$3,661
00273	All	Dec-25	Aug-25	\$6,926
00273	All	Dec-25	Sep-25	\$4,461
00273	All	Dec-25	Oct-25	\$7,687
00273	All	Dec-25	Nov-25	\$108,792
00273	All	Dec-25	Dec-25	\$168,763
00273	All	Jan-26	May-24	-\$13
00273	All	Jan-26	Jan-25	\$1,115

00273	All	Jan-26	Feb-25	\$153
00273	All	Jan-26	May-25	\$106
00273	All	Jan-26	Jun-25	\$115
00273	All	Jan-26	Jul-25	\$582
00273	All	Jan-26	Aug-25	\$317
00273	All	Jan-26	Sep-25	\$3,710
00273	All	Jan-26	Oct-25	\$1,160
00273	All	Jan-26	Nov-25	\$13,666
00273	All	Jan-26	Dec-25	\$82,060
00273	All	Jan-26	Jan-26	\$173,423
00273	All	Feb-26	Apr-25	\$889
00273	All	Feb-26	Jun-25	\$215
00273	All	Feb-26	Jul-25	\$745
00273	All	Feb-26	Aug-25	\$1,888
00273	All	Feb-26	Sep-25	\$394
00273	All	Feb-26	Oct-25	\$2,313
00273	All	Feb-26	Nov-25	\$6,388
00273	All	Feb-26	Dec-25	\$11,226
00273	All	Feb-26	Jan-26	\$112,223
00273	All	Feb-26	Feb-26	\$143,303
<b>Total</b>				<b>\$7,316,651</b>

Group	Division	Paid Month/Year	Incurred Month/Year	Paid Amount
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
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00273	00001	Apr-24	Sep-22	\$313
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00273	00001	Apr-24	Mar-23	\$63
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00273	00001	Apr-24	Jun-23	\$827
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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
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00273	00001	Aug-24	Oct-23	\$359
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00273	00001	Aug-24	Jan-24	\$1,537
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00273	00001	Sep-24	Mar-24	\$2,112
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00273	00001	Oct-24	May-24	\$3,081
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00273	00001	Nov-24	Mar-24	\$1,038
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00273	00001	Dec-24	Jun-24	\$587
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00273	00001	Dec-24	Dec-24	\$118,686

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00273	00001	Sep-25	Jul-25	\$13,238
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00273	00001	Oct-25	Feb-25	\$526
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00273	00001	Nov-25	Feb-25	\$529
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00273	00001	Dec-25	Apr-25	\$557

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00273	00002	Aug-25	Jul-25	\$3,903
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00273	00002	Dec-25	Aug-25	\$1,650
00273	00002	Dec-25	Sep-25	\$104

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00273	00003	Mar-24	Feb-24	\$7,728
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00273	00003	May-24	Mar-24	\$575
00273	00003	May-24	Apr-24	\$8,448
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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	00003	Feb-25	Nov-24	\$95
00273	00003	Feb-25	Dec-24	\$88
00273	00003	Feb-25	Jan-25	\$5,023
00273	00003	Feb-25	Feb-25	\$7,745
00273	00003	Mar-25	Dec-24	\$69
00273	00003	Mar-25	Jan-25	\$2,893
00273	00003	Mar-25	Feb-25	\$8,998
00273	00003	Mar-25	Mar-25	\$8,662
00273	00003	Apr-25	Aug-24	\$66
00273	00003	Apr-25	Mar-25	\$4,316
00273	00003	Apr-25	Apr-25	\$9,385
00273	00003	May-25	Aug-24	\$115
00273	00003	May-25	Feb-25	\$1,265
00273	00003	May-25	Mar-25	\$1,590
00273	00003	May-25	Apr-25	\$11,662
00273	00003	May-25	May-25	\$9,846
00273	00003	Jun-25	Oct-24	\$480
00273	00003	Jun-25	Nov-24	\$91
00273	00003	Jun-25	Mar-25	\$713
00273	00003	Jun-25	Apr-25	\$393
00273	00003	Jun-25	May-25	\$5,187
00273	00003	Jun-25	Jun-25	\$11,942
00273	00003	Jul-25	Feb-25	\$179
00273	00003	Jul-25	Apr-25	\$172
00273	00003	Jul-25	May-25	\$997
00273	00003	Jul-25	Jun-25	\$7,226
00273	00003	Jul-25	Jul-25	\$12,769
00273	00003	Aug-25	Jan-25	\$94
00273	00003	Aug-25	Apr-25	\$318
00273	00003	Aug-25	May-25	\$153
00273	00003	Aug-25	Jul-25	\$5,656
00273	00003	Aug-25	Aug-25	\$7,061
00273	00003	Sep-25	Apr-25	\$130
00273	00003	Sep-25	Jul-25	\$874
00273	00003	Sep-25	Aug-25	\$9,174
00273	00003	Sep-25	Sep-25	\$9,117
00273	00003	Oct-25	Apr-25	\$104
00273	00003	Oct-25	Jun-25	\$431
00273	00003	Oct-25	Aug-25	\$215
00273	00003	Oct-25	Sep-25	\$10,465
00273	00003	Oct-25	Oct-25	\$9,492
00273	00003	Nov-25	May-25	\$795
00273	00003	Nov-25	Aug-25	\$154

00273	00003	Nov-25	Sep-25	\$79
00273	00003	Nov-25	Oct-25	\$5,846
00273	00003	Nov-25	Nov-25	\$10,243
00273	00003	Dec-25	Mar-25	\$206
00273	00003	Dec-25	Aug-25	\$373
00273	00003	Dec-25	Sep-25	\$203
00273	00003	Dec-25	Oct-25	\$1,327
00273	00003	Dec-25	Nov-25	\$7,297
00273	00003	Dec-25	Dec-25	\$10,433
00273	00003	Jan-26	Nov-25	\$322
00273	00003	Jan-26	Dec-25	\$6,289
00273	00003	Jan-26	Jan-26	\$10,398
00273	00003	Feb-26	Aug-25	\$92
00273	00003	Feb-26	Nov-25	\$195
00273	00003	Feb-26	Dec-25	\$159
00273	00003	Feb-26	Jan-26	\$8,163
00273	00003	Feb-26	Feb-26	\$7,781
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
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00273	00004	Aug-24	Jun-24	\$45
00273	00004	Aug-24	Jul-24	\$628
00273	00004	Aug-24	Aug-24	\$1,006
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00273	00004	Sep-24	Jul-24	\$111
00273	00004	Sep-24	Aug-24	\$526
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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	00004	Feb-25	Jan-25	\$566
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00273	00004	Mar-25	Jan-25	\$865
00273	00004	Mar-25	Mar-25	\$1,715

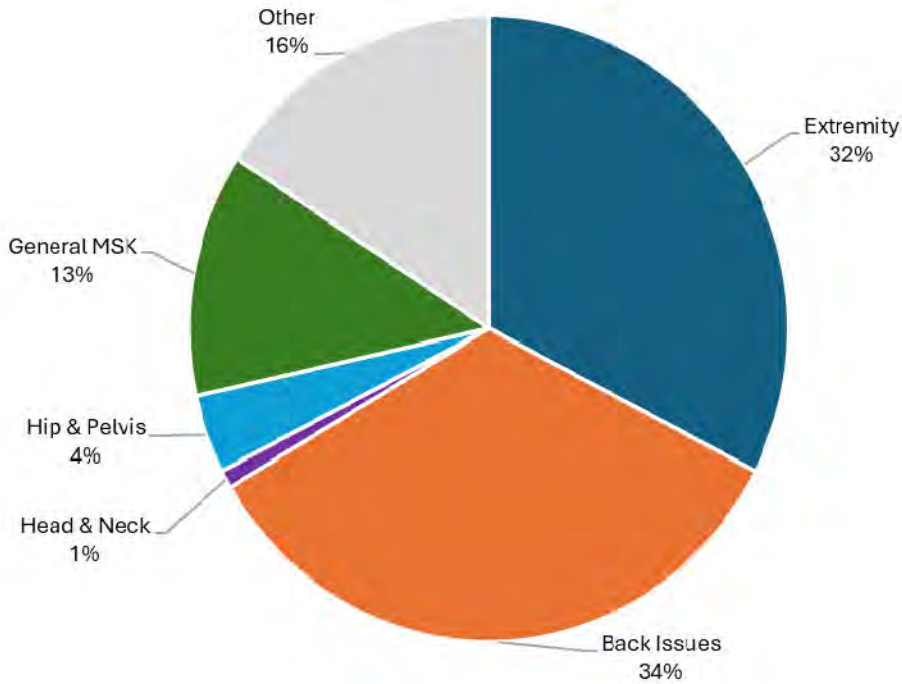
00273	00004	Apr-25	Dec-24	\$184
00273	00004	Apr-25	Mar-25	\$72
00273	00004	Apr-25	Apr-25	\$240
00273	00004	May-25	Apr-25	\$423
00273	00004	May-25	May-25	\$253
00273	00004	Jun-25	May-25	\$358
00273	00004	Jun-25	Jun-25	\$2,842
00273	00004	Jul-25	Jun-25	\$2,061
00273	00004	Jul-25	Jul-25	\$1,100
00273	00004	Aug-25	Jul-25	\$345
00273	00004	Aug-25	Aug-25	\$878
00273	00004	Sep-25	Aug-25	\$82
00273	00004	Sep-25	Sep-25	\$197
00273	00004	Oct-25	Sep-25	\$468
00273	00004	Oct-25	Oct-25	\$310
00273	00004	Nov-25	Oct-25	\$82
00273	00004	Nov-25	Nov-25	\$947
00273	00004	Dec-25	Dec-25	\$853
00273	00004	Jan-26	Dec-25	\$1,058
00273	00004	Jan-26	Jan-26	\$161
00273	00004	Feb-26	Jan-26	\$750
00273	00004	Feb-26	Feb-26	\$633
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
00273	09001	May-25	May-25	\$66
00273	09001	Jun-25	Jun-25	\$505
00273	09001	Sep-25	Sep-25	\$440
00273	09001	Nov-25	Nov-25	\$317
00273	09001	Dec-25	Dec-25	\$314
00273	09001	Jan-26	Dec-25	\$834
00273	09001	Feb-26	Feb-26	\$348
<b>Total</b>				<b>\$7,316,651</b>



Fresno City Employees' Health and Welfare Trust

	January 2026	February 2026	Benefit Year July 2025 To June 2026
<b>Benefit Utilization</b>			
Covered Employees	4,458	4,432	
Covered Dependents	7,288	7,247	
Total Covered Members	11,746	11,679	
Unique Employees Accessing Benefit	226	224	611
Unique Dependents Accessing Benefit	201	206	631
Total Unique Members Accessing Benefit	427	430	1,242
Unique Dates of Service Paid	1,018	1,138	9,206
<b>Utilization Management</b>			
		January 2026	February 2026
Pre-Treatment Requests Reviewed for Medical Necessity: <ul style="list-style-type: none"> <li>After 12<sup>th</sup> Visit</li> <li>Massage</li> <li>Minor (Under Age 18)</li> </ul>			
Chiropractic		38	58
Pre-Treatment Requests Reviewed for Medical Necessity: <ul style="list-style-type: none"> <li>After 10<sup>th</sup> Visit</li> </ul>			
Physical Therapy		22	35
Occupational Therapy		1	4
Speech and Language Therapy		5	7
<b>Total Physical Medicine Requests Reviewed</b>		66	104

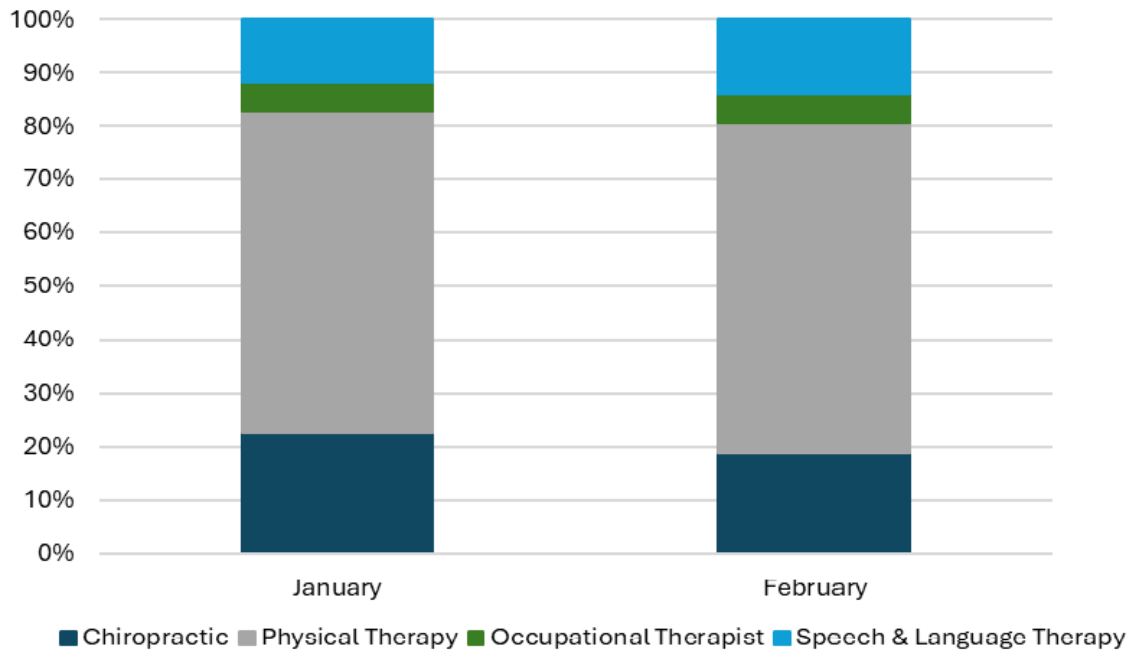
## Diagnosis Code Activity



Issues	Percent (%)*
Extremity	32
Back Issues	34
Head & Neck	1
Hip & Pelvis	4
General MSK	13
Other	16

\*Average over two (2) months (January-February 2026)

## Monthly Utilization by Specialty



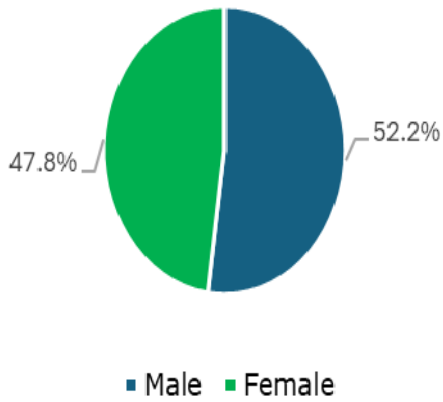
<b>Top 10 Procedure Code Activity by Total Pricing for Month of: January 2026</b>	<b># of Unique Patients</b>	<b>Percentage (%) of Total Pricing</b>
97110-THERAPEUTIC EXERCISES	155	27.0%
97530-THERAPEUTIC ACTIVITIES	77	14.1%
98941-CHIROPRACT MANJ 3-4 REGIONS	206	12.4%
92507-TX SP LANG VOICE COMM INDIV	25	10.1%
97140-MANUAL THERAPY 1/> REGIONS	87	9.8%
97112-NEUROMUSCULAR REEDUCATION	72	9.0%
98940-CHIROPRACT MANJ 1-2 REGIONS	75	3.6%
97161-PT EVAL LOW COMPLEX 20 MIN	19	2.3%
97014-ELECTRIC STIMULATION THERAPY	69	2.1%
98943-CHIROPRACT MANJ XTRSPINL 1/>	66	1.3%

<b>Top 10 Procedure Code Activity by Total Pricing for Month of: February 2026</b>	<b># of Unique Patients</b>	<b>Percentage (%) Of Total Pricing</b>
97110-THERAPEUTIC EXERCISES	168	24.9%
97530-THERAPEUTIC ACTIVITIES	76	19.9%
92507-TX SP LANG VOICE COMM INDIV	23	13.0%
98941-CHIROPRACT MANJ 3-4 REGIONS	200	8.9%
97112-NEUROMUSCULAR REEDUCATION	73	8.0%
97140-MANUAL THERAPY 1/> REGIONS	97	7.4%
98940-CHIROPRACT MANJ 1-2 REGIONS	88	4.3%
97161-PT EVAL LOW COMPLEX 20 MIN	25	2.8%
97162-PT EVAL MOD COMPLEX 30 MIN	13	1.6%
97014-ELECTRIC STIMULATION THERAPY	68	1.5%

<b>Top 10 Provider Activity by Total Pricing for Month of: January 2026</b>	<b># of Unique Patients</b>	<b>Percentage (%) of Total Pricing</b>
Clovis Community - Outpatient Therapy	4	5.2%
Joshua Ritter DC	65	4.6%
Jason Bowen DC	39	4.5%
Vickie Nguyen OT	5	3.7%
Valley Children's Hospital	2	3.0%
Courtney Gebhart SLP	6	2.9%
Joanne Steele PT	6	2.6%
Corrie Talbert SLP	8	2.6%
Jason Gray PT	4	2.6%
Matthew Vinson DC	23	2.4%

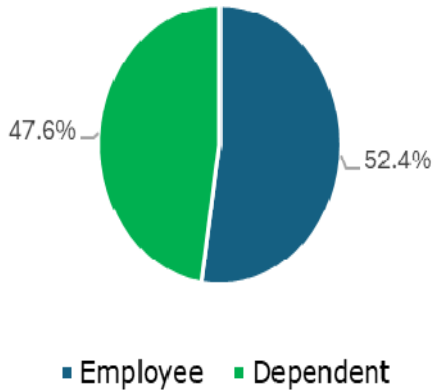
<b>Top 10 Provider Activity by Total Pricing for Month of: February 2026</b>	<b># of Unique Patients</b>	<b>Percentage (%) of Total Pricing</b>
Valley Children's Hospital	9	8.1%
Clovis Community - Outpatient Therapy	5	4.7%
Corrie Talbert SLP	7	3.8%
Joshua Friesen PT	6	3.7%
George Drysdale PT	6	3.7%
Vickie Nguyen OT	5	3.6%
Joshua Ritter DC	60	3.3%
Jason Gray PT	4	2.7%
Matthew Vinson DC	26	2.6%
Glen Duncan PT	3	2.4%

### Gender



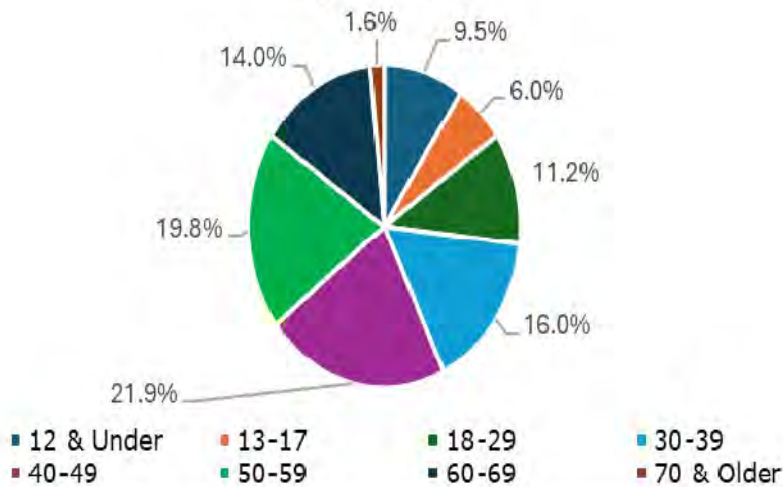
Gender	Percent (%)*
Male	52.2
Female	47.8
<b>Total</b>	

### Classification



Classification	Percent (%)*
Employee	52.4
Dependent	47.6
<b>Total</b>	

### Age Group



Age Group	Percent (%)*
12 and Under	9.5
13-17	6.0
18-29	11.2
30-39	16.0
40-49	21.9
50-59	19.8
60-69	14.0
70 and Older	1.6
<b>Total</b>	

\*Average over two (2) months (January – February 2026)



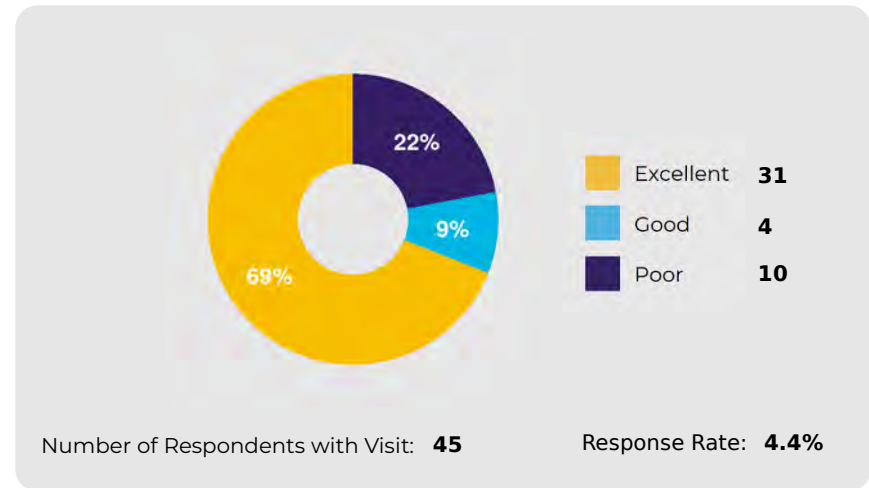
# Telehealth Utilization Report

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December 2025  
Fresno City Trust

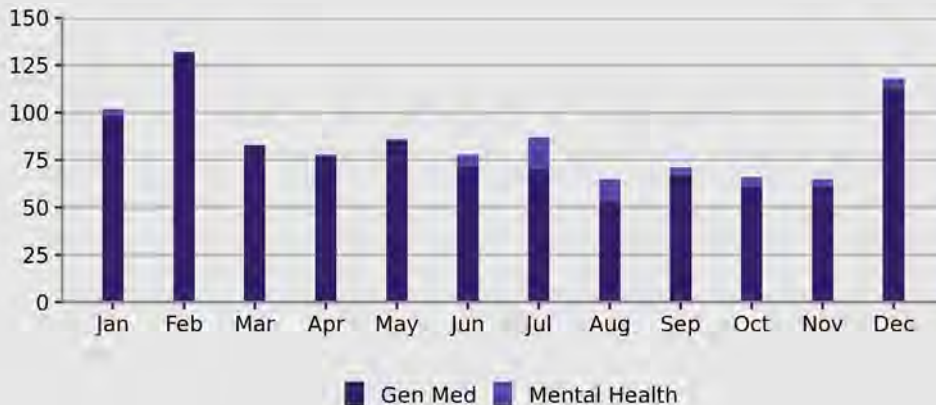
	Visits		Visit Utilization*	Total Net Claim Savings*
	Report Period	YTD	Annualized	YTD
Primary Care	N/A	N/A	N/A	**
General Medical	113	971	21.6%	\$446,650
Mental Health	5	60	1.3%	\$6,310
Dermatology	N/A	N/A	N/A	\$0
<b>Grand Total</b>				<b>\$452,960</b>

## Overall member satisfaction YTD

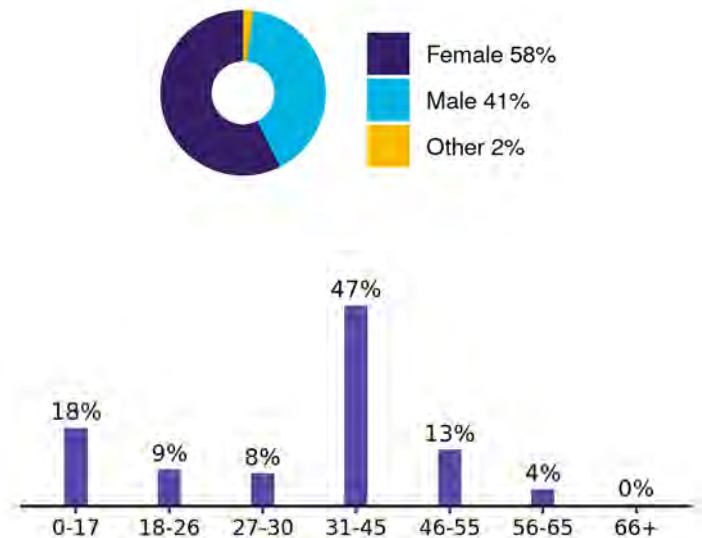


\* A definition of visit utilization and claims savings can be found within each product section  
 \*\* As literature has shown, primary care savings are derived from longitudinal, effective preventive care. Over time, we will evaluate financial impact and continue to refine our savings projections.

## Visits per Month



## Age and Gender





# General Medical

# General Medical Claim Savings & Utilization

## Annualized Utilization

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

YTD Average Subscribers

21.6%

## Claim Savings Per Episode

\$460

## Total Net Claim Savings YTD

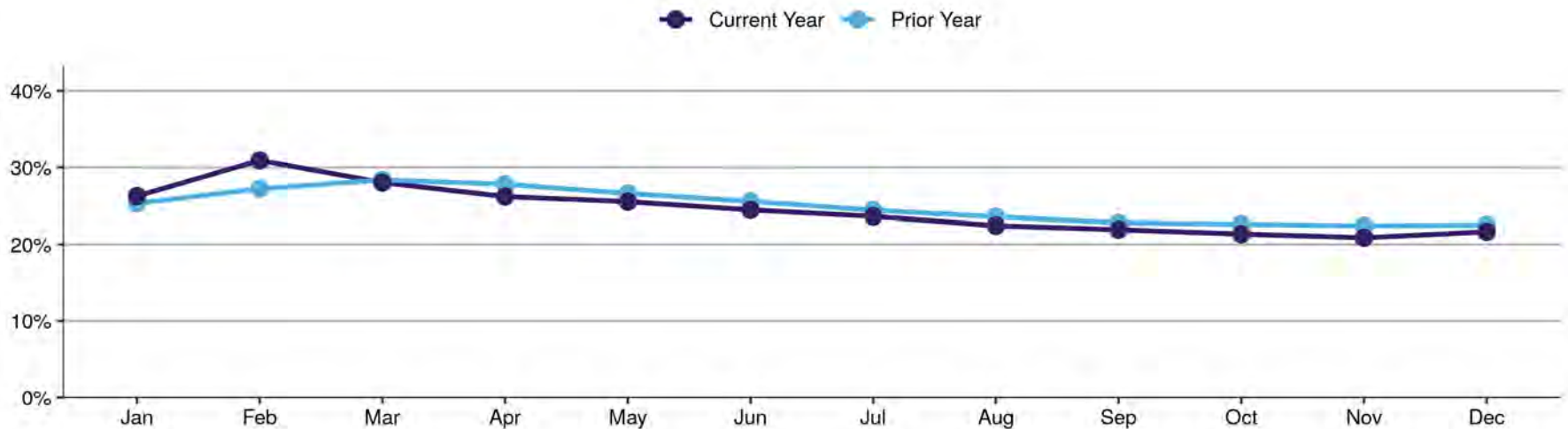
$\text{Claim Savings Per Episode} \times \text{Number of Visits YTD}$

\$446,650

## Net Claim Savings



## Annualized utilization trend



# Member Activity

Visits this period **113**

Total Number of Unique Users this period **96**



YTD **971**

Registrations this period **21**



YTD **245**

	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	71	535	4,518	4,488	8	1,765	7	995
Dependents	42	436	7,181	7,170	13	1,643	16	1,031
Eligible Lives	113	971	11,699	11,658	21	3,408	23	2,026

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

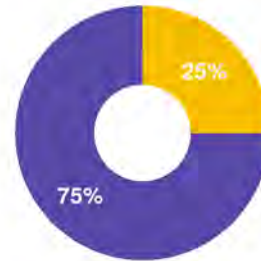
# How Your Participants Received Care (YTD)

## Visit Request Method



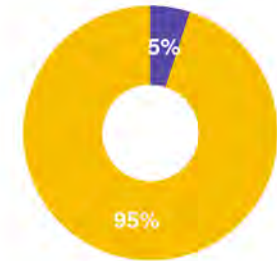
Call center Mobile app SDK Website

## Visit Method



Phone Visualized

## On demand vs scheduled



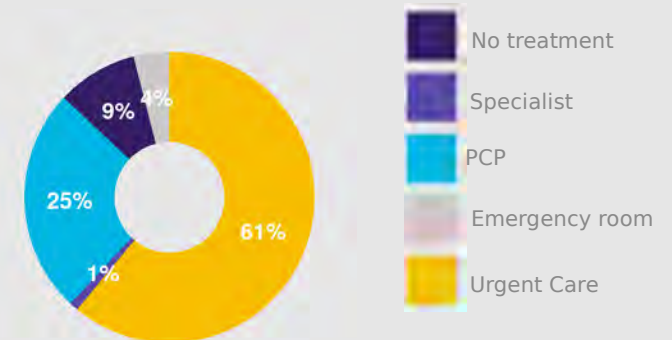
On demand Scheduled

Total number of unique users: **633**



Consults	Percent
1 Visit	68%
2 Visits	21%
3 Visits	6%
4 or more	5%

Where member would have gone if Teladoc were not available



# Who received care and when YTD

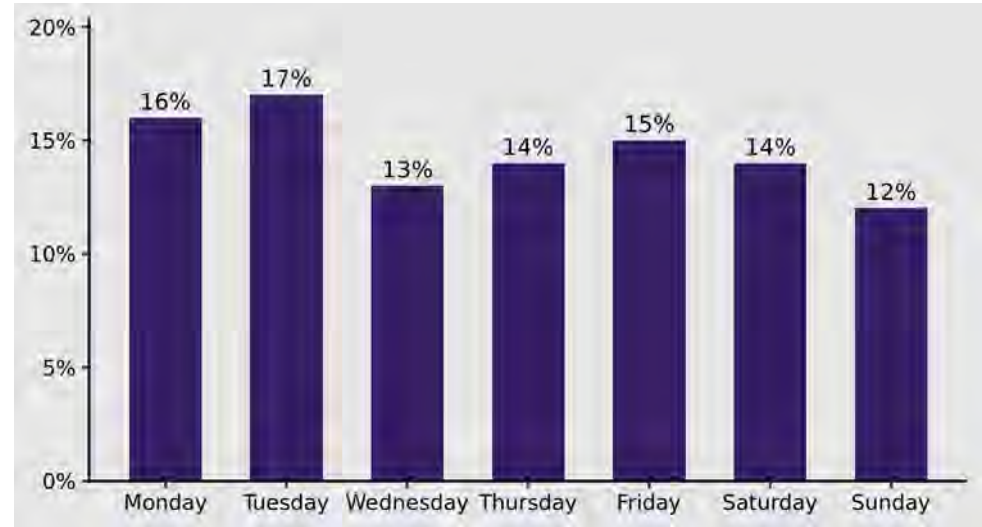
## Gender

**56% Female**

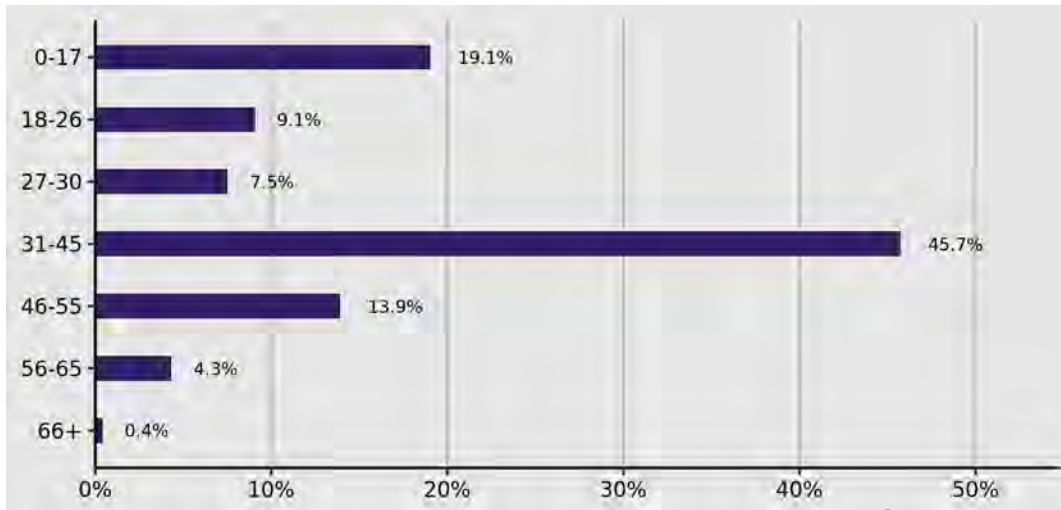
**43% Male**

**2% Other**

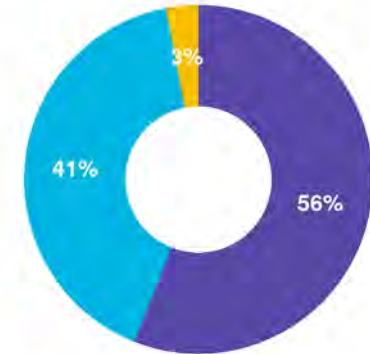
## Day of week



## Utilization by age



## Time of day\*



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

\* 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

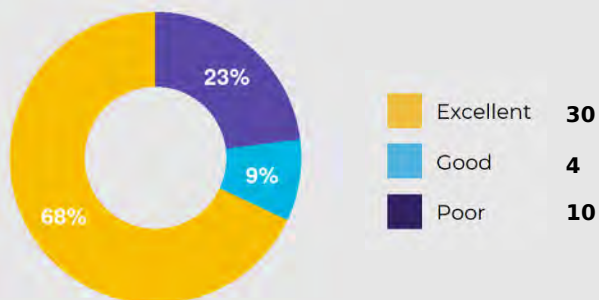
**10 minutes**

Report Period

**22 min**

State	Visits	%Visits
CALIFORNIA	959	98.8%
NEVADA	2	0.2%
TENNESSEE	2	0.2%
WYOMING	2	0.2%
COLORADO	1	0.1%
FLORIDA	1	0.1%
IDAHO	1	0.1%
NEBRASKA	1	0.1%
OREGON	1	0.1%
VIRGINIA	1	0.1%

## Member satisfaction



Number of Respondents with Visit: **44**

Response Rate: **4.5%**

## Prescriptions by visit

Total Visits: ..... **971**

Visits with Rx: ..... **755**

Total Rx: ..... **1,135**

% Visits with Rx: ..... **78%**

Visits without Rx: ..... **216**

Average Rx per Visit\*: ..... **1.2**



## Top Diagnoses

ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	<b>13%</b>
URINARY TRACT INFECTION, SITE NOT SPECIFIED	<b>5%</b>
ACUTE SINUSITIS, UNSPECIFIED	<b>5%</b>
ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	<b>4%</b>
RASH AND OTHER NONSPECIFIC SKIN ERUPTION	<b>4%</b>
ACUTE PHARYNGITIS, UNSPECIFIED	<b>3%</b>
DYSURIA	<b>2%</b>
ACUTE COUGH	<b>2%</b>
ACUTE CYSTITIS WITHOUT HEMATURIA	<b>2%</b>
ACUTE VAGINITIS	<b>2%</b>

## Top prescriptions written

BENZONATATE 200 MG ORAL CAPSULE	<b>9%</b>
AMOXICILLIN-CLAVULANATE 875 MG-125 MG ORAL TABLET	<b>5%</b>
MACROBID MACROCRYSTALS-MONOHYDRATE 100 MG ORAL CAPSULE	<b>5%</b>
IPRATROPIUM BROMIDE NASAL 21 MCG/INH NASAL SPRAY	<b>4%</b>
IPRATROPIUM BROMIDE NASAL 42 MCG/INH NASAL SPRAY	<b>4%</b>
ALBUTEROL (EQV-PROVENTIL HFA) 90 MCG/INH INHALATION AEROSOL	<b>3%</b>
BENZONATATE 100 MG ORAL CAPSULE	<b>3%</b>
ALBUTEROL (EQV-PROAIR HFA) 90 MCG/INH INHALATION AEROSOL	<b>3%</b>
AZITHROMYCIN 5 DAY DOSE PACK 250 MG ORAL TABLET	<b>3%</b>
OFLOXACIN OPHTHALMIC 0.3% OPHTHALMIC SOLUTION	<b>3%</b>



# Mental Health Utilization

**Annualized Utilization**  
 $\frac{\text{YTD total visits} \times (12 / \# \text{months accrued YTD})}{\text{YTD Average Subscribers}}$   
**1.3%**

**Total Net Claim Savings YTD**  
 $\frac{\text{Claim Savings Per Episode} \times \text{Number of Visits YTD}}{\text{YTD Average Subscribers}}$   
**\$6,310**

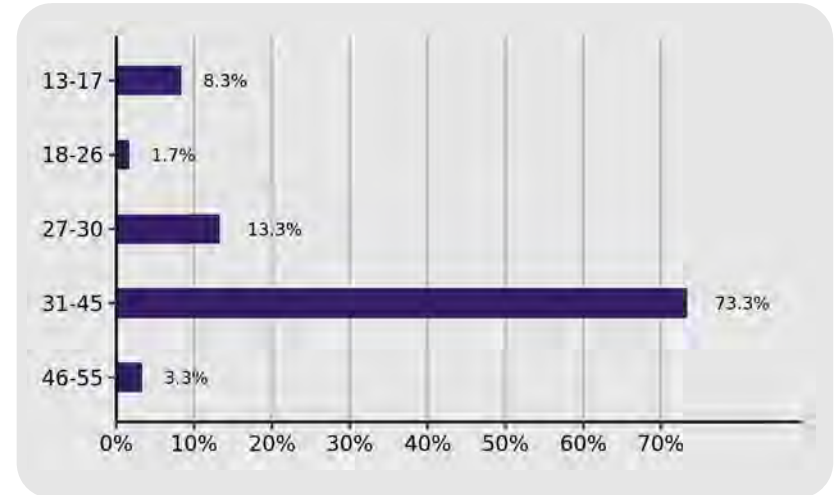
## Gender

**90% Female**

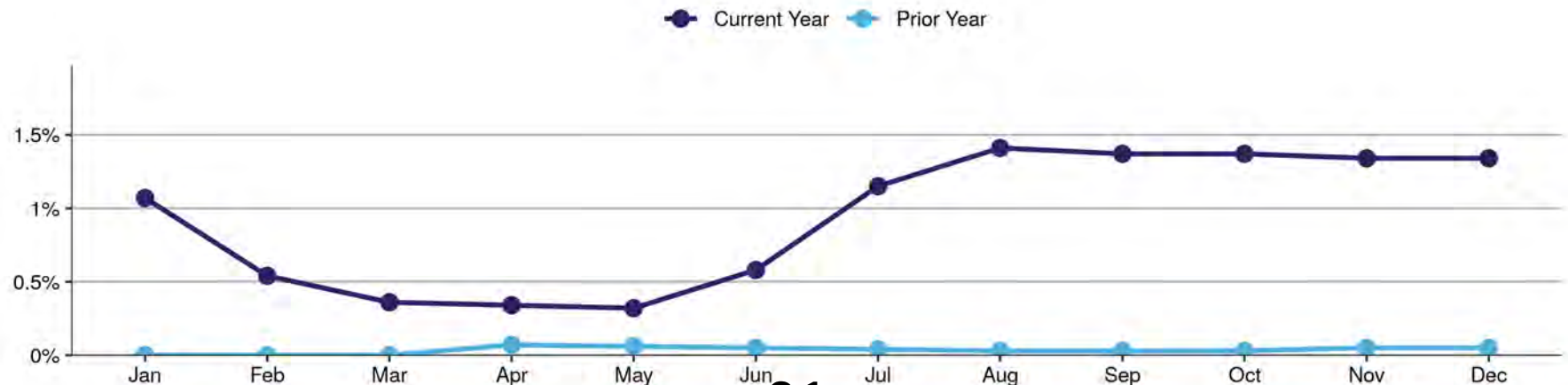
**10% Male**

**0% Other**

## Utilization by age



## Annualized utilization trend

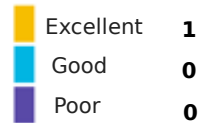
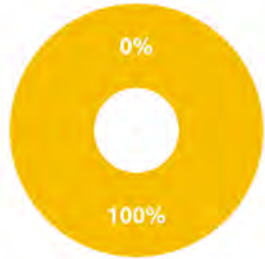


\* Total savings YTD is calculated by savings cost per visit, less consult fee X # of visits. Please contact your Teladoc Health client management representative for more information.  
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# Mental Health Report

## Member satisfaction YTD

Number of Respondents with Visit: **1**  
Response Rate: **1.7%**



## 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.

**7.1 hours**

## UPCOMING VISITS\*

**5**

	Sessions		Membership		Utilization	
	Report Period	YTD	Report Period	YTD	Report Period	YTD
Primaries	1	52	4,518	4,488	0.02%	1.16%
Dependents	4	8	7,181	7,170	0.06%	0.11%
Eligible Lives	5	60	11,699	11,658	0.04%	0.51%

TOTAL # UNIQUE  
USERS - YTD

**13**

## Provider type delivery

	Report Period	YTD
Psychiatrist	1	18
Therapist	4	42

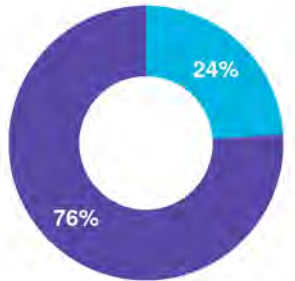
## Session type

	Report Period	YTD
Initial Visits	0	11
Ongoing Visits	5	49
Total	5	60

AVG. VISITS PER  
USER - YTD

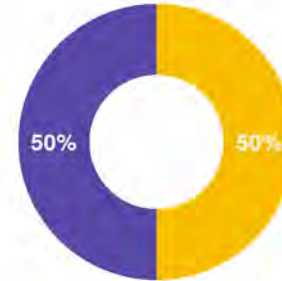
**4.6**

## Visit request method



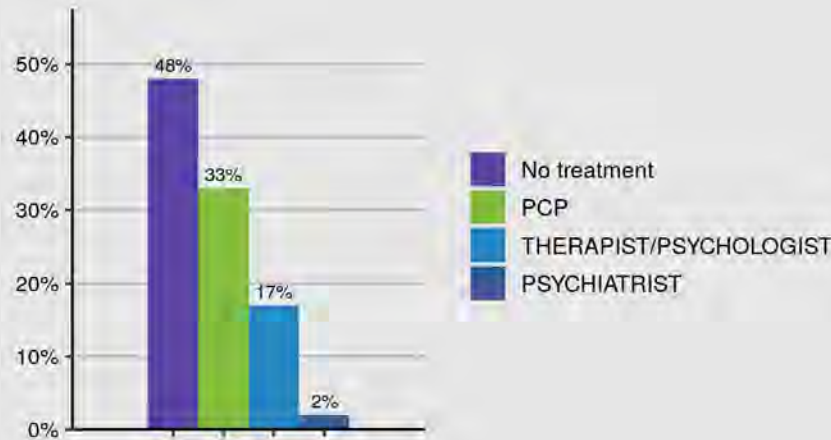
Mobile app Website

## Visit method



Phone Visualized

Where member would have gone if Teladoc were not available



## Top Diagnoses

GENERALIZED ANXIETY DISORDER	<b>32%</b>
ANXIETY DISORDER, UNSPECIFIED	<b>17%</b>
ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	<b>15%</b>
ADJUSTMENT DISORDER, UNSPECIFIED	<b>13%</b>
MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	<b>5%</b>
ACUTE STRESS REACTION	<b>3%</b>
ADJUSTMENT DISORDER WITH DEPRESSED MOOD	<b>3%</b>
ADJUSTMENT DISORDER WITH MIXED DISTURBANCE OF EMOTIONS AND CONDUCT	<b>3%</b>
OTHER SPECIFIED DEPRESSIVE EPISODES	<b>3%</b>
ADJUSTMENT DISORDER WITH ANXIETY	<b>2%</b>

## Top prescriptions written

FLUOXETINE HYDROCHLORIDE 20 MG ORAL CAPSULE	<b>20%</b>
SERTRALINE HYDROCHLORIDE 50 MG ORAL TABLET	<b>16%</b>
PROPRANOLOL HYDROCHLORIDE 10 MG ORAL TABLET	<b>12%</b>
PROZAC 10 MG ORAL CAPSULE	<b>12%</b>
BUPROPION (EQV-WELLBUTRIN SR) 150 MG/12 HOURS ORAL TABLET, EXTENDED RELEASE	<b>8%</b>
BUPROPION HYDROCHLORIDE SR 100 MG/12 HOURS ORAL TABLET, EXTENDED RELEASE	<b>8%</b>
FLUOXETINE HYDROCHLORIDE 10 MG ORAL CAPSULE	<b>8%</b>
WELLBUTRIN XL 150 MG/24 HOURS ORAL TABLET, EXTENDED RELEASE	<b>8%</b>
PROPRANOLOL HYDROCHLORIDE 20 MG ORAL TABLET	<b>4%</b>
WELLBUTRIN XL 300 MG/24 HOURS ORAL TABLET, EXTENDED RELEASE	<b>4%</b>



# Telehealth Utilization Report

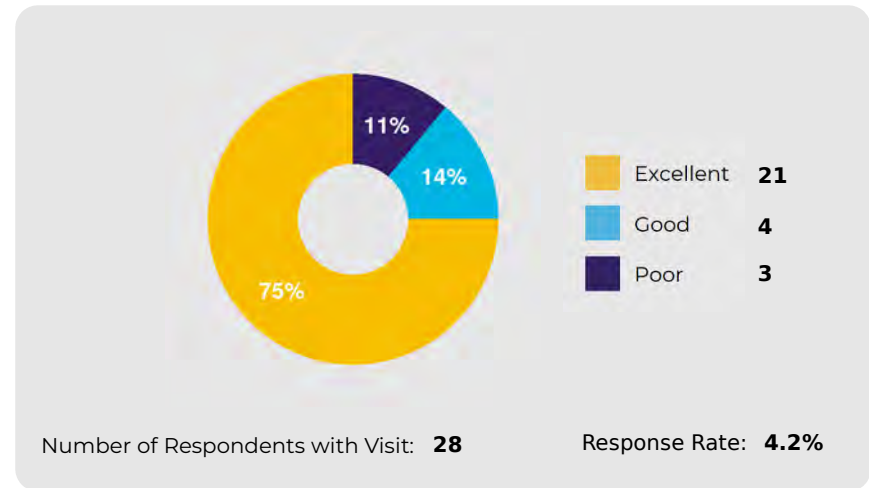
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December 2025

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	85	667	25.0%	\$306,813
Mental Health	0	4	0.1%	\$738
Dermatology	N/A	N/A	N/A	\$0
<b>Grand Total</b>				<b>\$307,551</b>

## Overall member satisfaction YTD

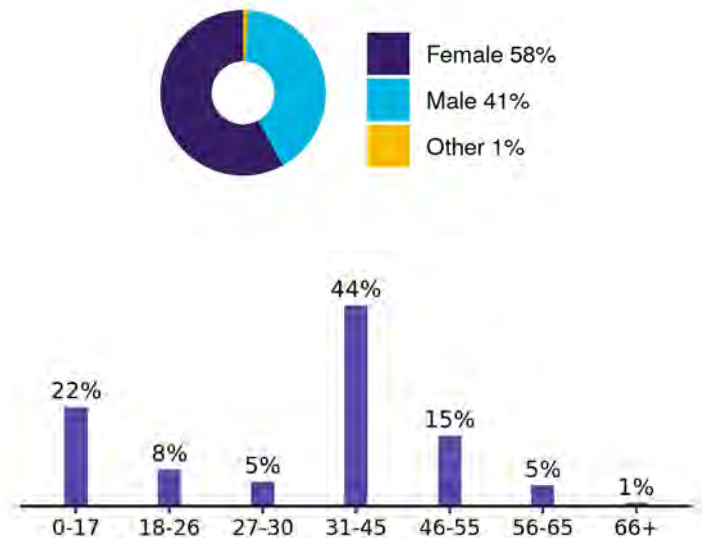


\* A definition of visit utilization and claims savings can be found within each product section  
 \*\* As literature has shown, primary care savings are derived from longitudinal, effective preventive care. Over time, we will evaluate financial impact and continue to refine our savings projections.

## Visits per Month



## Age and Gender





# General Medical

# General Medical Claim Savings & Utilization

## Annualized Utilization

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

YTD Average Subscribers

25.0%

## Claim Savings Per Episode

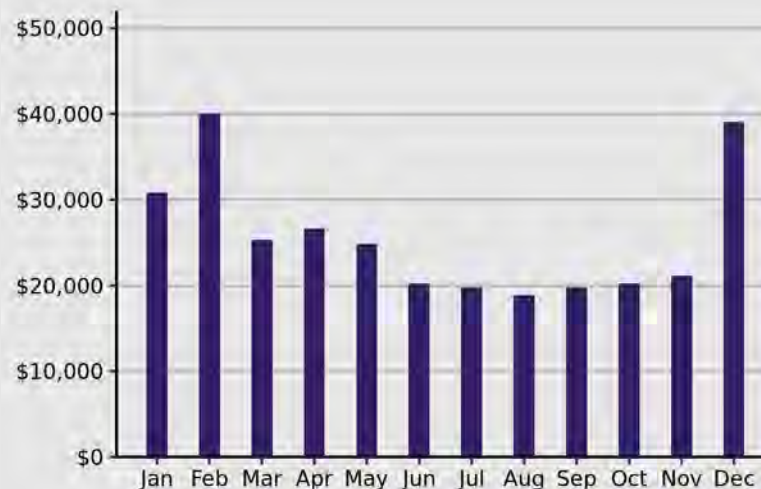
\$460

## Total Net Claim Savings YTD

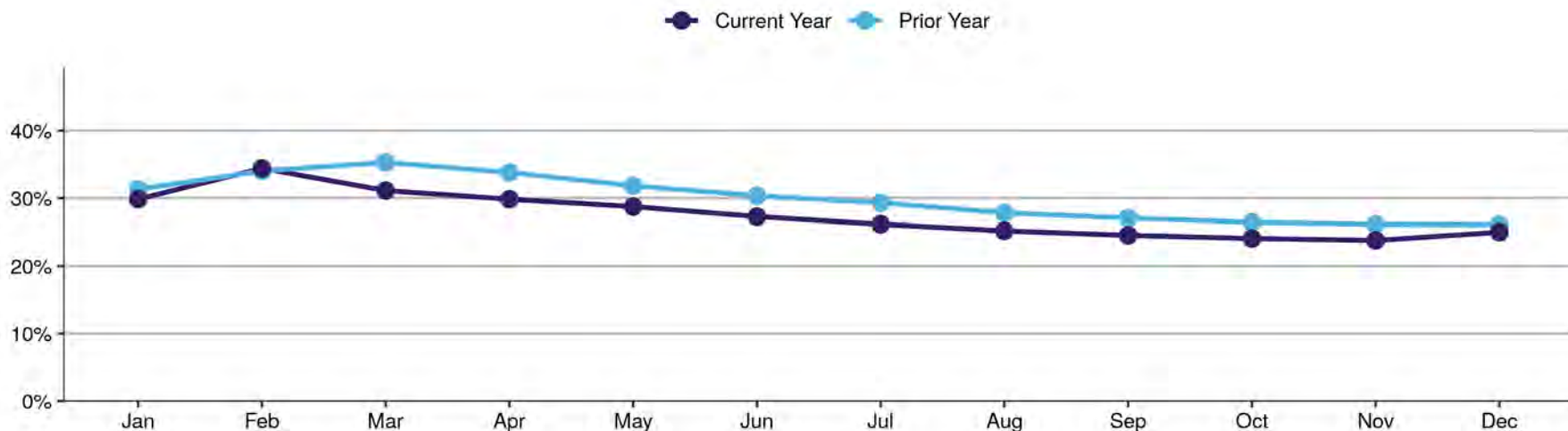
$\text{Claim Savings Per Episode} \times \text{Number of Visits YTD}$

\$306,813

## Net Claim Savings



## Annualized utilization trend



Visits this period **85**

Total Number of Unique Users this period **73**



YTD **667**

Registrations this period **16**



YTD **155**

	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	48	340	2,646	2,668	6	1,278	5	667
Dependents	37	327	4,906	4,969	10	1,287	12	772
Eligible Lives	85	667	7,552	7,637	16	2,565	17	1,439

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

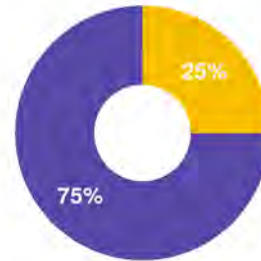
# How Your Participants Received Care (YTD)

## Visit Request Method



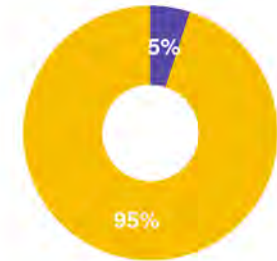
Call center Mobile app SDK Website

## Visit Method



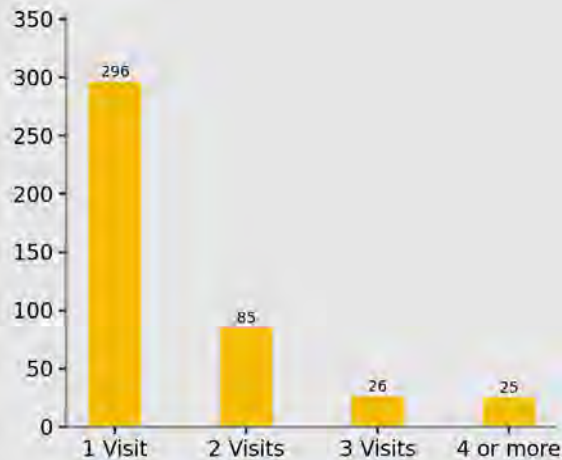
Phone Visualized

## On demand vs scheduled



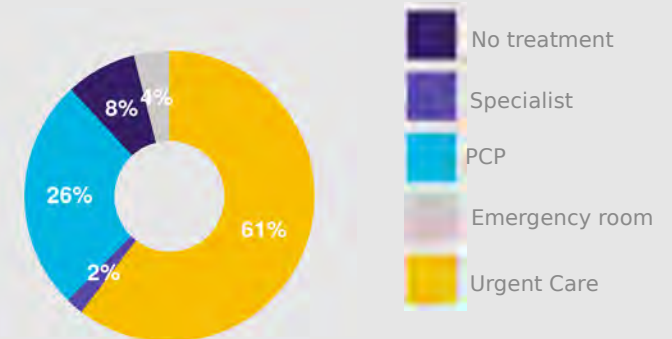
On demand Scheduled

Total number of unique users: **432**



Consults	Percent
1 Visit	69%
2 Visits	20%
3 Visits	6%
4 or more	6%

Where member would have gone if Teladoc were not available



# Who received care and when YTD

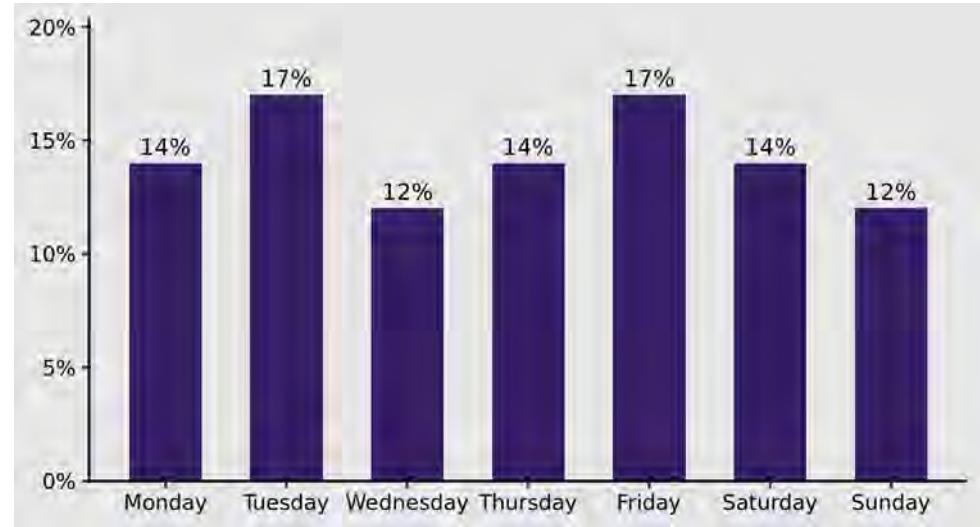
## Gender

**57% Female**

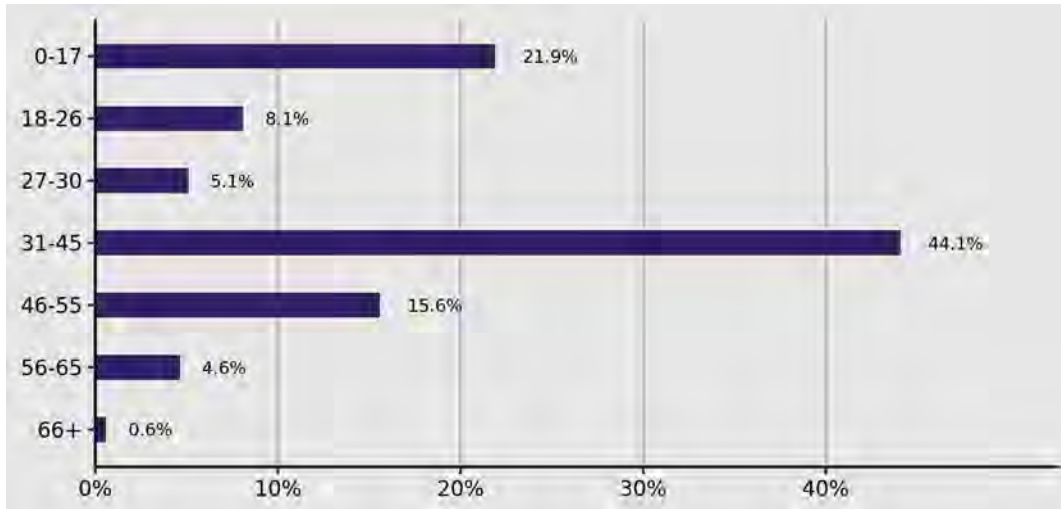
**41% Male**

**1% Other**

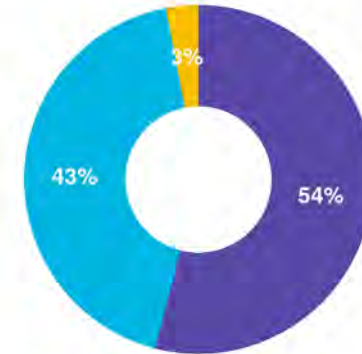
## Day of week



## Utilization by age



## Time of day\*



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

\* 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

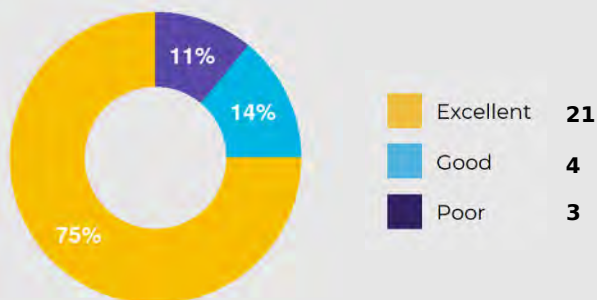
**11 minutes**

Report Period

**24 min**

State	Visits	%Visits
CALIFORNIA	657	98.5%
TENNESSEE	2	0.3%
WYOMING	2	0.3%
FLORIDA	1	0.1%
IDAHO	1	0.1%
NEBRASKA	1	0.1%
NEVADA	1	0.1%
OREGON	1	0.1%
VIRGINIA	1	0.1%

## Member satisfaction



Number of Respondents with Visit: **28**

Response Rate: **4.2%**

## Prescriptions by visit

Total Visits: ..... **667**

Visits with Rx: ..... **513**

Total Rx: ..... **786**

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

Visits without Rx: ..... **154**

Average Rx per Visit\*: ..... **1.2**



## Top Diagnoses

ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	<b>13%</b>
ACUTE SINUSITIS, UNSPECIFIED	<b>5%</b>
URINARY TRACT INFECTION, SITE NOT SPECIFIED	<b>5%</b>
ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	<b>4%</b>
ACUTE PHARYNGITIS, UNSPECIFIED	<b>4%</b>
RASH AND OTHER NONSPECIFIC SKIN ERUPTION	<b>4%</b>
DYSURIA	<b>2%</b>
ACUTE COUGH	<b>2%</b>
INFLUENZA DUE TO UNIDENTIFIED INFLUENZA VIRUS WITH OTHER RESPIRATORY MANIFESTATIONS	<b>2%</b>
ACUTE CANDIDIASIS OF VULVA AND VAGINA	<b>2%</b>

## Top prescriptions written

BENZONATATE 200 MG ORAL CAPSULE	<b>9%</b>
AMOXICILLIN-CLAVULANATE 875 MG-125 MG ORAL TABLET	<b>5%</b>
IPRATROPIUM BROMIDE NASAL 21 MCG/INH NASAL SPRAY	<b>5%</b>
MACROBID MACROCRYSTALS-MONOHYDRATE 100 MG ORAL CAPSULE	<b>4%</b>
IPRATROPIUM BROMIDE NASAL 42 MCG/INH NASAL SPRAY	<b>4%</b>
BENZONATATE 100 MG ORAL CAPSULE	<b>4%</b>
ALBUTEROL (EQV-PROVENTIL HFA) 90 MCG/INH INHALATION AEROSOL	<b>3%</b>
AZITHROMYCIN 5 DAY DOSE PACK 250 MG ORAL TABLET	<b>3%</b>
FLUTICASONE PROPIONATE 50 MCG/INH NASAL SPRAY	<b>3%</b>
DIFLUCAN 150 MG ORAL TABLET	<b>3%</b>



# Mental Health Utilization

## Gender

## Utilization by age

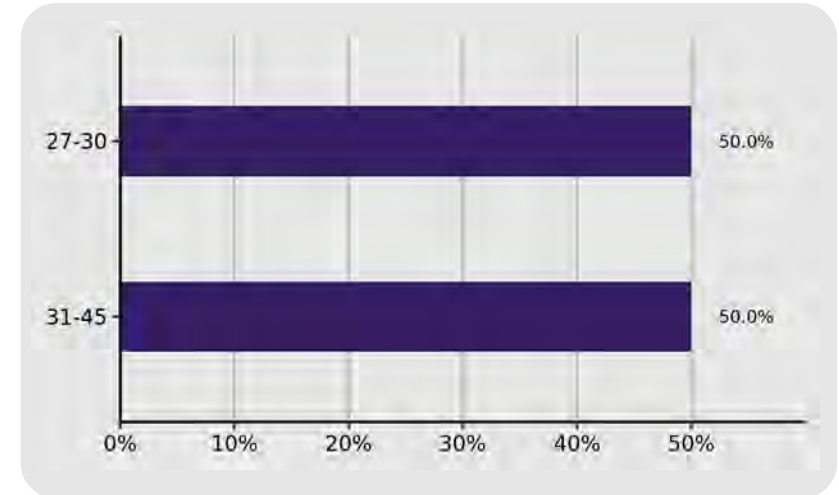
Annualized Utilization  
 $\frac{\text{YTD total visits} \times (12 / \# \text{months accrued YTD})}{\text{YTD Average Subscribers}}$

0.1%

100% Female

0% Male

0% Other

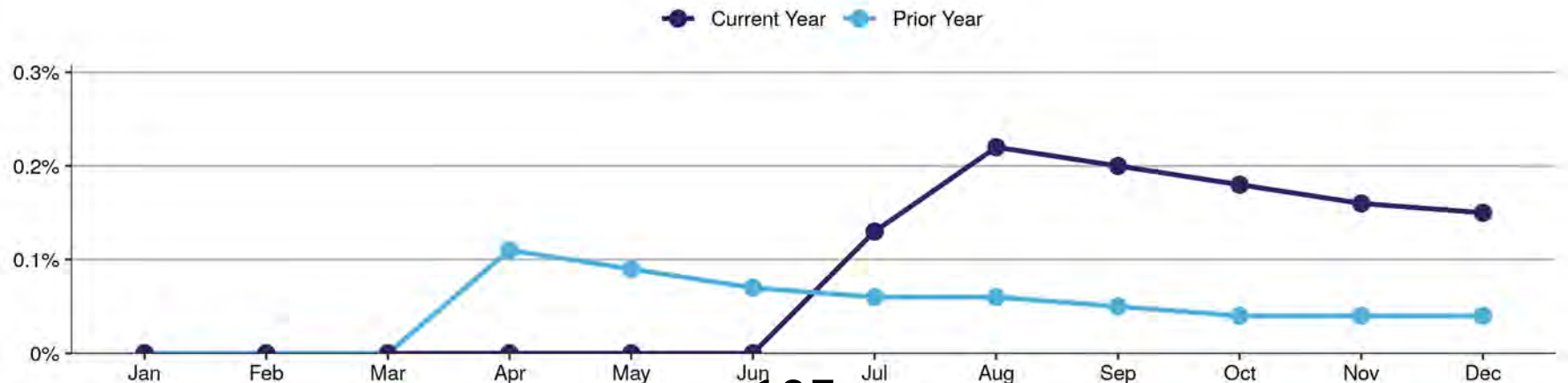


Total Net Claim Savings  
 YTD

Claim Savings Per Episode X  
 Number of Visits YTD

\$738

## 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.  
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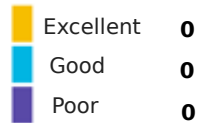
# Mental Health Report

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.

**45 hours**

UPCOMING VISITS\*

**0**

	Sessions		Membership		Utilization	
	Report Period	YTD	Report Period	YTD	Report Period	YTD
Primaries	0	2	2,646	2,668	0.00%	0.07%
Dependents	0	2	4,906	4,969	0.00%	0.04%
Eligible Lives	0	4	7,552	7,637	0.00%	0.05%

**TOTAL # UNIQUE  
USERS - YTD**

**3**

Provider type delivery

	Report Period	YTD
Psychiatrist	0	0
Therapist	0	4

Session type

	Report Period	YTD
Initial Visits	0	2
Ongoing Visits	0	2
Total	0	4

**AVG. VISITS PER  
USER - YTD**

**1.3**

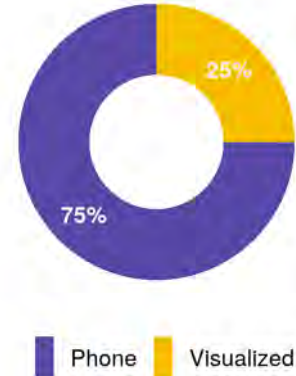
**106**

\* Visits that are scheduled, but have not yet occurred.  
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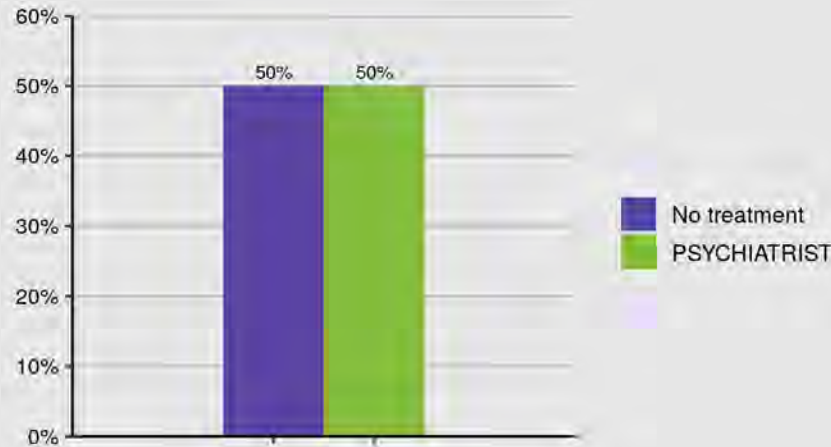
Visit request method



Visit method



Where member would have gone if Teladoc were not available



# Mental Health – Clinical Details YTD

## Top Diagnoses

GENERALIZED ANXIETY DISORDER	50%
ADJUSTMENT DISORDER, UNSPECIFIED	25%
BIPOLAR DISORDER, CURRENT EPISODE MIXED, UNSPECIFIED	25%

## Top prescriptions written

	NA%
--	-----



# Telehealth Utilization Report

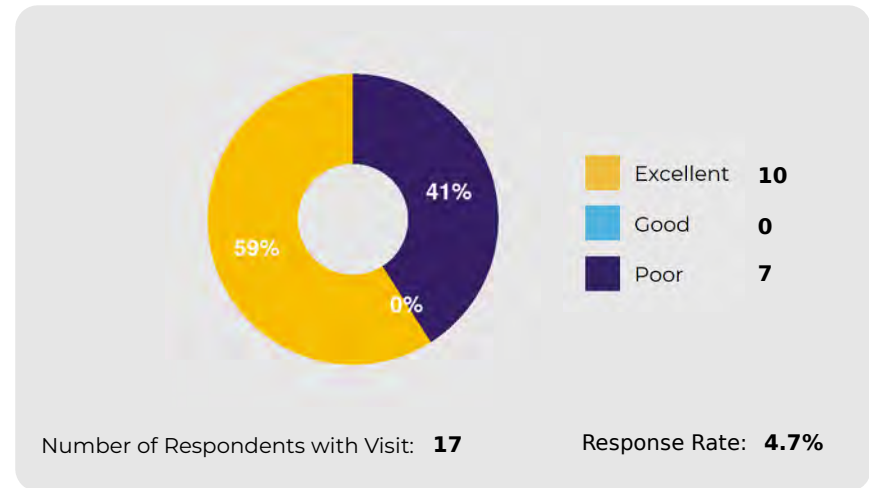
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December 2025

Fresno City Trust PPO Low Option

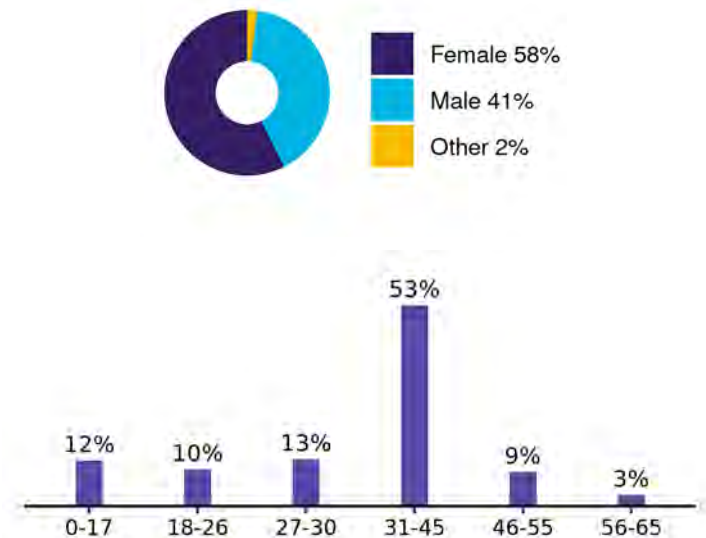
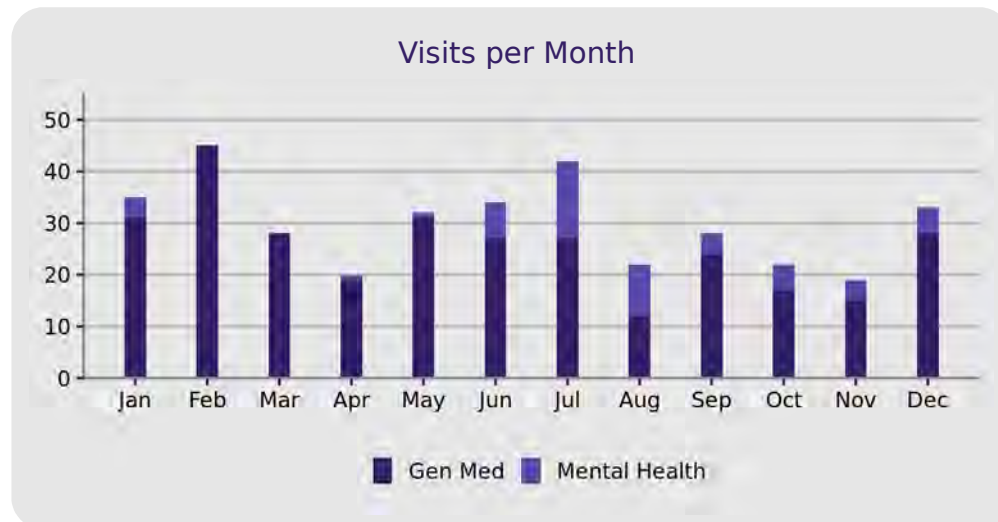
	Visits		Visit Utilization*	Total Net Claim Savings*
	Report Period	YTD	Annualized	YTD
Primary Care	N/A	N/A	N/A	**
General Medical	28	304	16.7%	\$139,837
Mental Health	5	56	3.1%	\$5,572
Dermatology	N/A	N/A	N/A	\$0
<b>Grand Total</b>				<b>\$145,409</b>

## Overall member satisfaction YTD



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

## Age and Gender





# General Medical

# General Medical Claim Savings & Utilization

## Annualized Utilization

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

YTD Average Subscribers

16.7%

## Claim Savings Per Episode

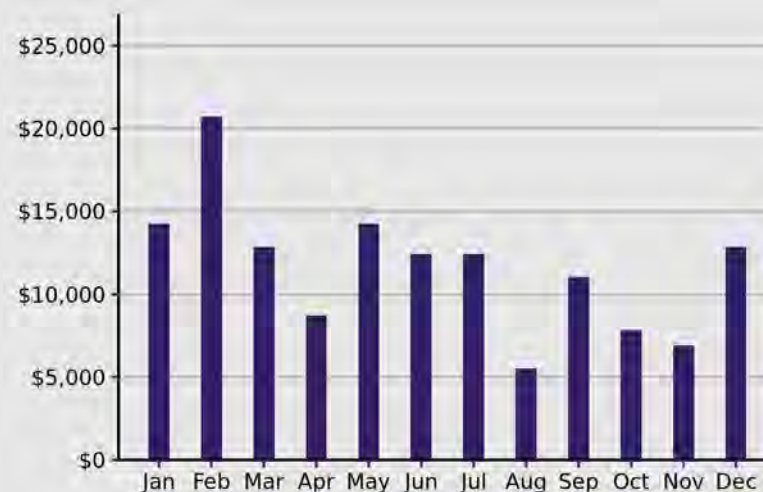
\$460

## Total Net Claim Savings YTD

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

\$139,837

## Net Claim Savings



## Annualized utilization trend



# Member Activity

Visits this period **28**

Total Number of Unique Users this period **23**



YTD **304**

Registrations this period **5**



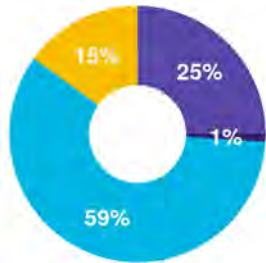
YTD **90**

	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	23	195	1,872	1,820	2	487	2	328
Dependents	5	109	2,275	2,201	3	356	4	259
Eligible Lives	28	304	4,147	4,021	5	843	6	587

\* 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).

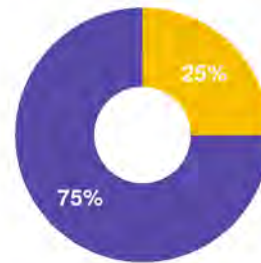
# How Your Participants Received Care (YTD)

## Visit Request Method



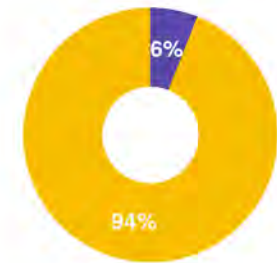
Call center Mobile app SDK Website

## Visit Method



Phone Visualized

## On demand vs scheduled



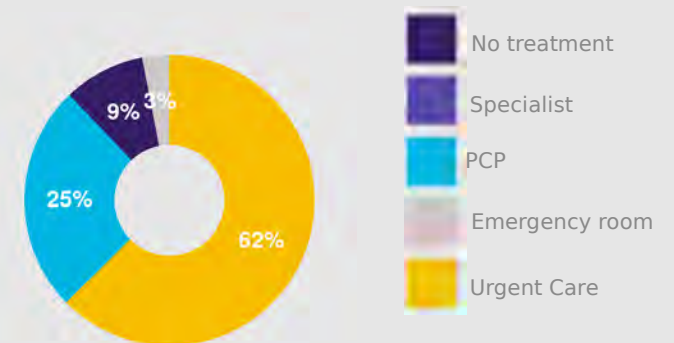
On demand Scheduled

Total number of unique users: **201**



Consults	Percent
1 Visit	66%
2 Visits	23%
3 Visits	7%
4 or more	3%

Where member would have gone if Teladoc were not available



# Who received care and when YTD

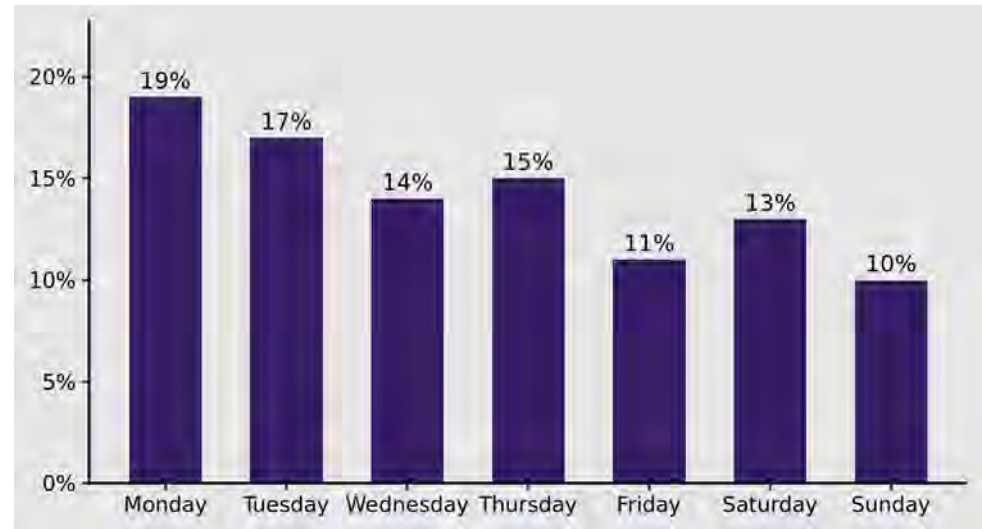
## Gender

**52% Female**

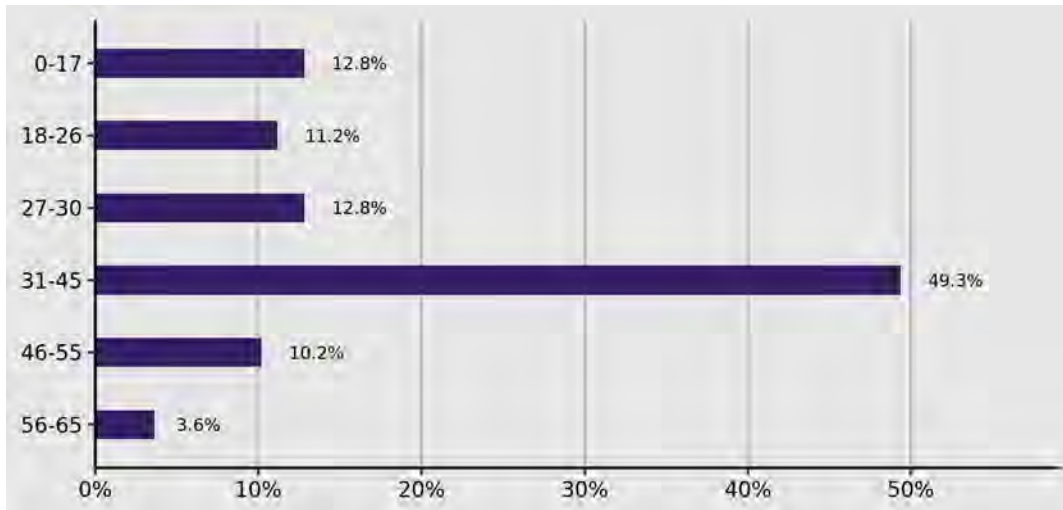
**46% Male**

**2% Other**

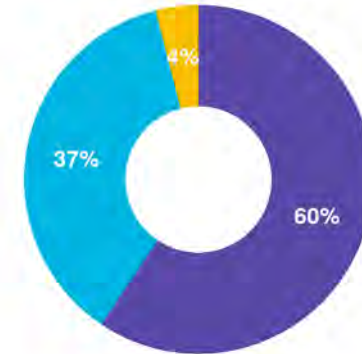
## Day of week



## Utilization by age



## Time of day\*



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

\* 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

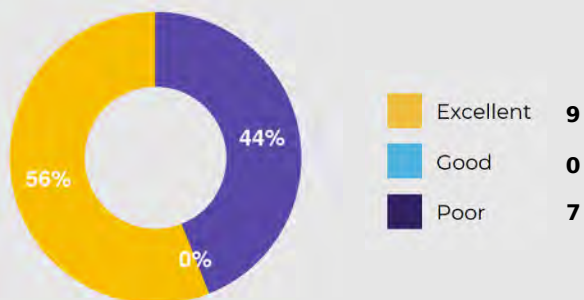
**9 minutes**

Report Period

**14 min**

State	Visits	%Visits
CALIFORNIA	302	99.3%
COLORADO	1	0.3%
NEVADA	1	0.3%

## Member satisfaction



Number of Respondents with Visit: **16**

Response Rate: **5.3%**

## Prescriptions by visit

Total Visits: ..... **304**

Visits with Rx: ..... **242**

Total Rx: ..... **349**

% Visits with Rx: ..... **80%**

Visits without Rx: ..... **62**

Average Rx per Visit\*: ..... **1.1**



## Top Diagnoses

ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	<b>13%</b>
URINARY TRACT INFECTION, SITE NOT SPECIFIED	<b>6%</b>
ACUTE SINUSITIS, UNSPECIFIED	<b>4%</b>
RASH AND OTHER NONSPECIFIC SKIN ERUPTION	<b>4%</b>
ACUTE CYSTITIS WITHOUT HEMATURIA	<b>3%</b>
ACUTE VAGINITIS	<b>3%</b>
ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	<b>3%</b>
ACUTE PHARYNGITIS, UNSPECIFIED	<b>3%</b>
ACUTE COUGH	<b>2%</b>
DYSURIA	<b>2%</b>

## Top prescriptions written

BENZONATATE 200 MG ORAL CAPSULE	<b>9%</b>
MACROBID MACROCRYSTALS-MONOHYDRATE 100 MG ORAL CAPSULE	<b>7%</b>
AMOXICILLIN-CLAVULANATE 875 MG-125 MG ORAL TABLET	<b>5%</b>
ALBUTEROL (EQV-PROVENTIL HFA) 90 MCG/INH INHALATION AEROSOL	<b>4%</b>
ALBUTEROL (EQV-PROAIR HFA) 90 MCG/INH INHALATION AEROSOL	<b>3%</b>
IPRATROPIUM BROMIDE NASAL 21 MCG/INH NASAL SPRAY	<b>3%</b>
IPRATROPIUM BROMIDE NASAL 42 MCG/INH NASAL SPRAY	<b>3%</b>
OFLOXACIN OPHTHALMIC 0.3% OPHTHALMIC SOLUTION	<b>3%</b>
BENZONATATE 100 MG ORAL CAPSULE	<b>3%</b>
PREDNISONE 20 MG ORAL TABLET	<b>3%</b>

\*Average Rx is calculated as Total Rx / Total Visits.  
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# Mental Health Utilization

**Annualized Utilization**  
YTD total visits x (12 / #months accrued YTD)  
 (YTD Average Subscribers)

**3.1%**

**Total Net Claim Savings YTD**  
Claim Savings Per Episode X  
 Number of Visits YTD

**\$5,572**

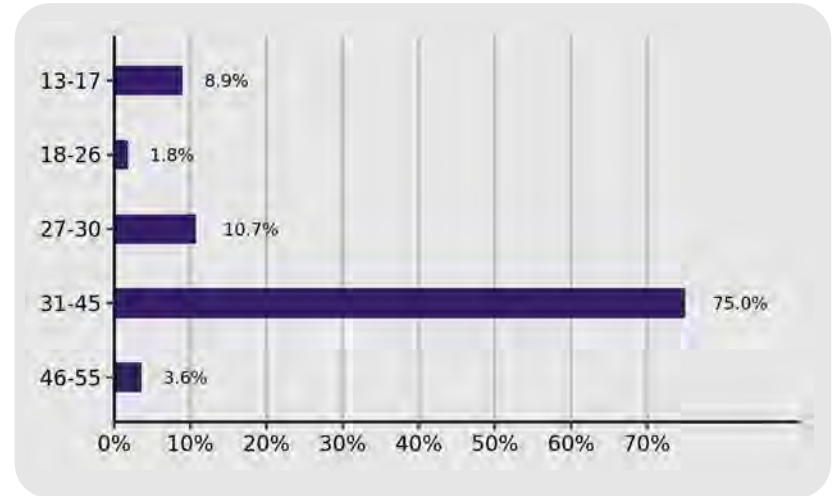
## Gender

**89% Female**

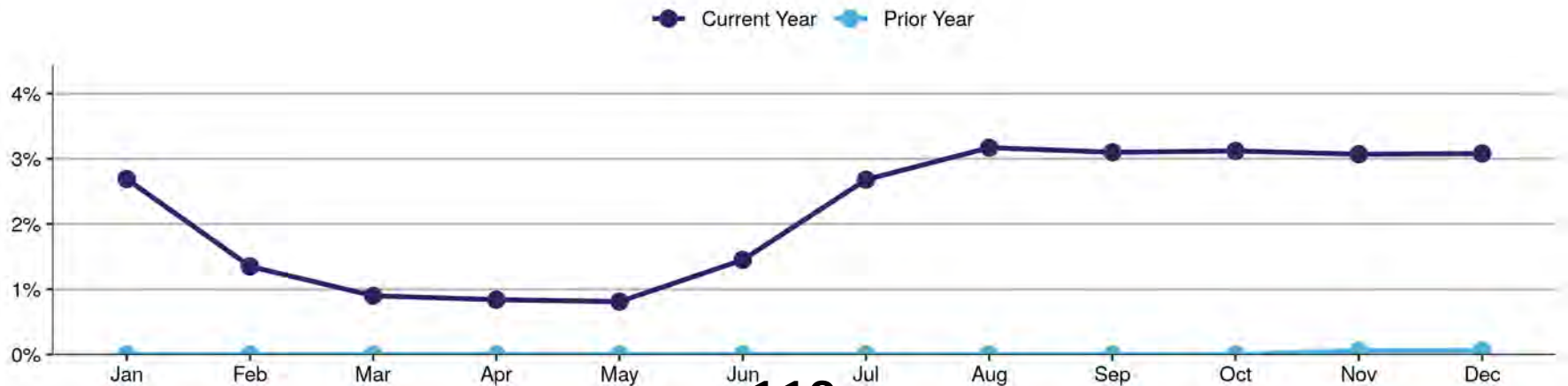
**11% Male**

**0% Other**

## Utilization by age



## Annualized utilization trend

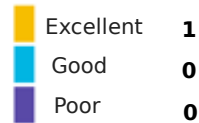
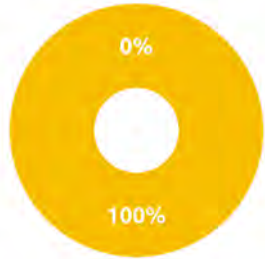


# Mental Health Report

## Member satisfaction YTD

Number of Respondents with Visit: **1**

Response Rate: **1.8%**



## 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.

**4.4 hours**

## UPCOMING VISITS\*

**5**

	Sessions		Membership		Utilization	
	Report Period	YTD	Report Period	YTD	Report Period	YTD
Primaries	1	50	1,872	1,820	0.05%	2.75%
Dependents	4	6	2,275	2,201	0.18%	0.27%
Eligible Lives	5	56	4,147	4,021	0.12%	1.39%

TOTAL # UNIQUE  
USERS - YTD

**10**

## Provider type delivery

	Report Period	YTD
Psychiatrist	1	18
Therapist	4	38

## Session type

	Report Period	YTD
Initial Visits	0	9
Ongoing Visits	5	47
Total	5	56

AVG. VISITS PER  
USER - YTD

**5.6**

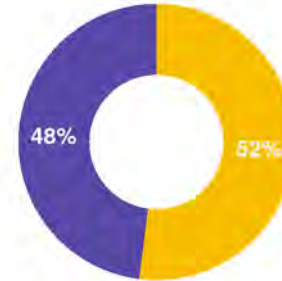
**120**

Visit request method



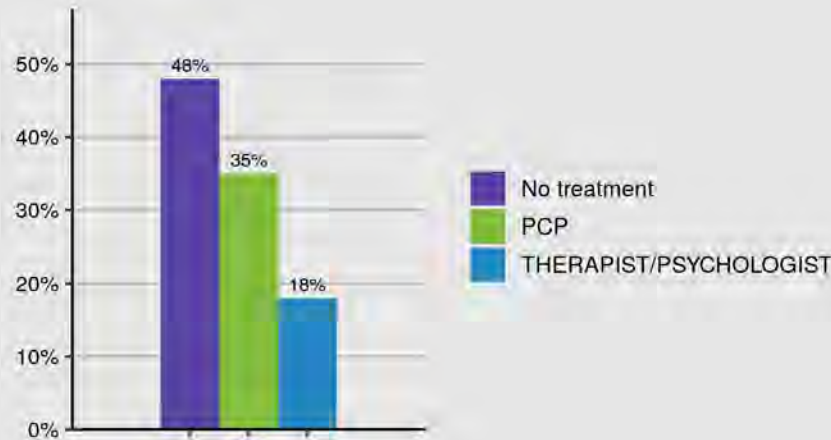
Mobile app Website

Visit method



Phone Visualized

Where member would have gone if Teladoc were not available



## Top Diagnoses

GENERALIZED ANXIETY DISORDER	<b>30%</b>
ANXIETY DISORDER, UNSPECIFIED	<b>18%</b>
ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	<b>16%</b>
ADJUSTMENT DISORDER, UNSPECIFIED	<b>13%</b>
MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	<b>5%</b>
ACUTE STRESS REACTION	<b>4%</b>
ADJUSTMENT DISORDER WITH DEPRESSED MOOD	<b>4%</b>
ADJUSTMENT DISORDER WITH MIXED DISTURBANCE OF EMOTIONS AND CONDUCT	<b>4%</b>
OTHER SPECIFIED DEPRESSIVE EPISODES	<b>4%</b>
ADJUSTMENT DISORDER WITH ANXIETY	<b>2%</b>

## Top prescriptions written

FLUOXETINE HYDROCHLORIDE 20 MG ORAL CAPSULE	<b>20%</b>
SERTRALINE HYDROCHLORIDE 50 MG ORAL TABLET	<b>16%</b>
PROPRANOLOL HYDROCHLORIDE 10 MG ORAL TABLET	<b>12%</b>
PROZAC 10 MG ORAL CAPSULE	<b>12%</b>
BUPROPION (EQV-WELLBUTRIN SR) 150 MG/12 HOURS ORAL TABLET, EXTENDED RELEASE	<b>8%</b>
BUPROPION HYDROCHLORIDE SR 100 MG/12 HOURS ORAL TABLET, EXTENDED RELEASE	<b>8%</b>
FLUOXETINE HYDROCHLORIDE 10 MG ORAL CAPSULE	<b>8%</b>
WELLBUTRIN XL 150 MG/24 HOURS ORAL TABLET, EXTENDED RELEASE	<b>8%</b>
PROPRANOLOL HYDROCHLORIDE 20 MG ORAL TABLET	<b>4%</b>
WELLBUTRIN XL 300 MG/24 HOURS ORAL TABLET, EXTENDED RELEASE	<b>4%</b>

**From:** [Tom Georgouses](#)  
**To:** [Georgeanne White \(Georgeanne.White@fresno.gov\)](#); [FCEA Office \(Office@fceamail.com\)](#)  
**Cc:** [Mike Moss \(mmoss@mossfirm.org\)](#); [David Broome](#); [Diana Cavazos](#)  
**Subject:** COF Trust Hinge Amendment  
**Date:** Thursday, February 26, 2026 4:53:51 PM  
**Attachments:** [image911854.png](#)  
[COF Trust Hinge Amendment.pdf](#)  
[City of Fresno 13th Amend to Administrative Services Agt Final v5.docx](#)  
[City of Fresno 13th Amend to Administrative Services Agt Final .pdf](#)

---

Georgeanne and Sam:

As you will recall, at the last Board meeting I had you executed the Amendment to add the Hinge Health services to the Plan. Attached is a copy of what you executed.

At the meeting the Hinge communication plan was discussed and approved. It generally included that for communications sent out by Personify, Personify will send the invoice for mailing to Hinge for payment.

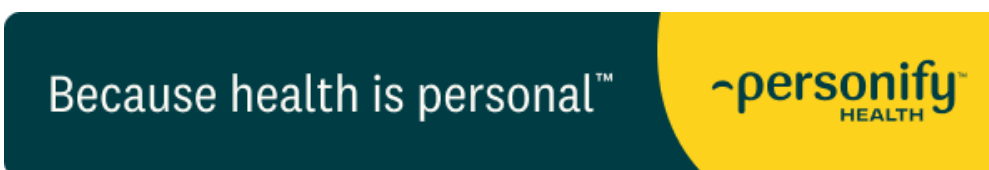
Following the meeting, Hinge sent a few proposed changes regarding the billing to Hinge for the mailing by Personify and confirming their agreement to do so. I, along with Mike and David, have approved the changes. The changes are at the bottom of second paragraph of section 3. I have attached a copy with change highlighted. Otherwise, the document is the same as what you executed.

The last attachment is a final version for execution in PDF. If you approve, please return the page with your signature. If it is easier, I can set it up to send to you by Docusign tomorrow. Just let me know.

Let me know if you have any questions.

Thanks

**Tom Georgouses**  
SVP, Legal  
[Thomas.Georgouses@PersonifyHealth.com](mailto:Thomas.Georgouses@PersonifyHealth.com)  
T 1.559.312.2493  
F (559) 499-2464  
[personifyhealth.com](http://personifyhealth.com)



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**THIRTEENTH AMENDMENT TO  
THE ADMINISTRATIVE SERVICES AGREEMENT**

**THIS THIRTEENTH AMENDMENT TO THE ADMINISTRATIVE SERVICES AGREEMENT** (the “**Thirteenth Amendment**”), dated as of this 1st day of January, 2026 is entered into by and between Personify Health Solutions, LLC, with a place of business located at 9 E. RiverPark Drive East, Fresno, CA 93720, Suite 210 (“**Administrator**”), and The Fresno City Employees Health & Welfare Trust (“**Trust**”) (collectively, the “**Parties**”) and relates to the Administrative Services Agreement and subsequent amendments entered into by and between the Trust and HealthComp, LLC, dated May 30, 1996 (collectively, the “**Agreement**”).

**WHEREAS**, Administrator and Trust are desirous of amending the Agreement for the purchase of Hinge Health services; and


**WHEREAS**, the capitalized terms used in this Thirteenth Amendment and not otherwise defined shall have the same meaning as set forth in the Agreement;

**NOW, THEREFORE**, in consideration of the Parties’ continued business relationship, foregoing premises and the mutual promises hereinafter contained, the sufficiency of which are hereby acknowledged by the Parties, the Parties agree as follows:

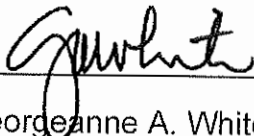
1. Name change to Personify Health Solutions, LLC. Effective as of the date first written above, HealthComp, LLC hereby provides notice for its change of name from HealthComp, LLC to Personify Health Solutions, LLC. Any reference to “TPA”, “Administrator”, or “HealthComp, LLC” in the Agreement shall be interpreted to mean Personify Health Solutions, LLC.
2. Partner Services – Hinge Health. Effective as of January 1, 2026, Administrator shall make available to the Trust on behalf of the Trust’s Eligibles pursuant to the terms of the Agreement, the Hinge Health, Inc. (Hinge Health) services described in Attachment A attached to this Thirteenth Amendment (collectively, the “**Hinge Health Services**”). The Hinge Health Services shall be provided to Trust in accordance with the rates set forth in Attachment A.
3. Hinge Health Acceptance of Terms of Attachment A. Hinge Health hereby accepts the terms and conditions set forth in Attachment A for the Hinge Health Services to the Trust.
4. Credits to Trust. Administrator’s current agreement with Hinge Health provides for a payment to Administrator for administrative services (Hinge Administrative Fee) currently of ten (10) percent of the annual spend by Trust of Hinge Health Services. Administrator agrees to pay to Trust the Hinge Administrative Fee. The Hinge Administrative Fee is paid quarterly and Administrator will credit the Hinge Administrative Fee to Trust on the next month fee owned by Trust to Administrator. Administrator will continue to pay to Trust the Hinge Administrative Fee provided Administrator’s agreement with Hinge Health provides for a Hinge Administrative Fee.
5. Entire Agreement. The Agreement, as amended by this Thirteenth Amendment, constitutes the entire understanding between the Parties relating to the subject matter hereof and is hereby ratified and confirmed by the Parties. Except as expressly amended by this Thirteenth Amendment, the Agreement shall remain unchanged and shall be in full force and effect.

IN WITNESS WHEREOF, the Parties, by their duly authorized representatives, have executed this Thirteenth Amendment as of the date below.

**PERSONIFY HEALTH SOLUTIONS, LLC**

By:   
Name: THOMAS J. GEORGIOULES  
Title: SVP LEGAL  
Date: 2/27/20

**THE FRESNO CITY HEALTH AND WELFARE TRUST**

By:   
Name: Georgeanne A. White  
Title: Chairperson  
Date: 2/27/2026

**THE FRESNO CITY HEALTH AND WELFARE TRUST**

By: Samuel Frank  
Name: Sam Frank  
Title: Vice-Chairperson  
Date: 2/26/2026

**HINGE HEALTH, INC.**

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**From:** [FCEA Office](#)  
**To:** [Diana Cavazos](#); [Georgeanne White \(Georgeanne.White@fresno.gov\)](#)  
**Cc:** [David Broome](#); [Michael Moss](#); [Tom Georgouses](#); [Karla Ray](#); [Nikki Vang](#)  
**Subject:** RE: ACTION REQUIRED Fresno City EE H&W Trust -Dual Coverage Flyer  
**Date:** Monday, February 23, 2026 9:46:49 AM  
**Attachments:** [image001.png](#)

---

**External Email:** This message originated from outside Personify Health.

Good morning, Diana,

I would recommend a change to

“... both work for the City of Fresno **and are both enrolled** in the health plan. **This allows you both** to receive enhanced health benefits.”

---

**From:** Diana Cavazos <Diana.Cavazos@PersonifyHealth.com>  
**Sent:** Monday, February 23, 2026 9:00 AM  
**To:** Georgeanne White (Georgeanne.White@fresno.gov) <Georgeanne.White@fresno.gov>; FCEA Office <Office@fceamail.com>  
**Cc:** David Broome <davidb@rael-letson.com>; Michael Moss <mmoss@mossfirm.org>; Tom Georgouses <Thomas.Georgouses@PersonifyHealth.com>; Karla Ray <Karla.Ray@personifyhealth.com>; Nikki Vang <Nikki.Vang@PersonifyHealth.com>  
**Subject:** ACTION REQUIRED Fresno City EE H&W Trust -Dual Coverage Flyer

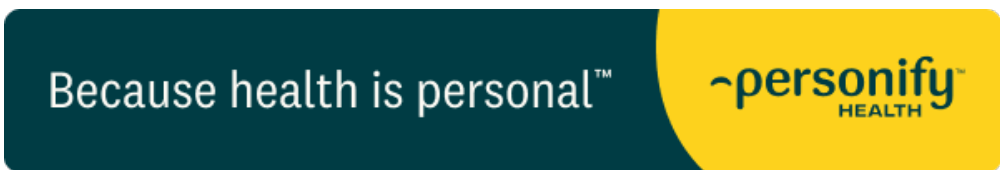
Hello Georgeanne and Sam

As you may recall from the January 11, 2026 Board Meeting approval was given to have the final draft of the Dual Coverage member communication approved by the Chair and Vice Chairperson.

Attached is the final version please review and provide approval/comments.

Thank you,

**Diana Cavazos**  
Client Success Manager  
[Diana.Cavazos@PersonifyHealth.com](mailto:Diana.Cavazos@PersonifyHealth.com)  
**M** [1.559.312.2295](tel:15593122295)  
**F** [\(559\) 499-2464](tel:5594992464)  
[personifyhealth.com](http://personifyhealth.com)



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# Your guide to dual coverage

## What is dual coverage?

Dual coverage is available when you and a family member (spouse, domestic partner, parent, or single dependent under 26) both work for the City of Fresno and enroll in the health plan, allowing you to receive enhanced benefits.

## Plan advantages

- **Full coverage:** You receive **100% in-network coverage** under the health plan.
- **Deductible advantage:** Your deductible is **\$200**, compared to **\$1,300** under a standard non-contributory plan.
- **No contribution cost:** There is no employee contribution for dual coverage.
- **Claims processing:** Claims are processed under the non-contributory plan and applied to both plans, functioning like primary and secondary coverage to ensure full benefits.

## What you need to do

Notify HR if you and a qualifying family member both work for the City of Fresno. This ensures:

- Correct enrollment
- Full access to dual-coverage benefits
- Accurate claims processing

Once you receive your ID cards, provide **both** cards to your provider's office so they can coordinate benefits correctly.

**Questions?** For assistance, call **559-621-6950** or email **benefits@fresno.gov**. For more information about coordination of benefits, refer to the coordination of benefits section in the plan document.

## Diana Cavazos

---

**From:** Tom Georgouses  
**Sent:** Wednesday, March 18, 2026 3:50 PM  
**To:** Diana Cavazos; Nikki Vang  
**Subject:** FW: FCEHWT -Phia Letter to Client

**Tom Georgouses**  
SVP, Legal  
Thomas.Georgouses@PersonifyHealth.com  
T 1.559.312.2493  
F (559) 499-2464  
[personifyhealth.com](http://personifyhealth.com)

Because health is personal™

personify  
HEALTH

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---

**From:** Georgeanne White <Georgeanne.White@fresno.gov>  
**Sent:** Tuesday, March 17, 2026 8:47 PM  
**To:** Tom Georgouses <Thomas.Georgouses@personifyhealth.com>  
**Cc:** Office FCEA <Office@fceamail.com>; David Broome <davidb@rael-letson.com>; Mike Moss <mmoss@mossfirm.org>  
**Subject:** Re: FCEHWT -Phia Letter to Client

**External Email:** This message originated from outside Personify Health.

Thank you.

On Mar 17, 2026, at 5:00 PM, Tom Georgouses  
<[Thomas.Georgouses@personifyhealth.com](mailto:Thomas.Georgouses@personifyhealth.com)> wrote:

**External Email:** Use caution with links and attachments

Georgeanne and Sam:

As I mentioned during a call with the two of you a few weeks ago, we were told by one of our vendors (The Phia Group) of a Security Incident. Phia provides subrogation support services. The incident occurred between July 8, 2024 and July 9, 2024. Phia has spent the last 18 months analyzing the data that may have been impacted. It involved PHI. 429 members were affected. Further information is in the attached letter.

Phia has identified this as a reportable incident. I spoke with Mike Moss (who asked me to send this along). Mike said, as consistent with past practices, that the issue should be handled by the vendor (Phia and Personify if necessary) which Phia is prepared to handle. A sample of the correspondence to the members is attached. Free Credit Monitoring will be offered. Mike also suggested including this information on the consent calendar.

Let us know if you have any questions.

**Tom Georgouses**

SVP, Legal

Thomas.Georgouses@PersonifyHealth.com

**T** 1.559.312.2493

**F** (559) 499-2464

[personifyhealth.com](http://personifyhealth.com)

—

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<ELN-24024 Phia Group KNN Imp Ind Ad CM r3prf WATERMARK (3).pdf>

<PHIA Annoucement \_FCEHWT 031726.pdf>

## Diana Cavazos

---

**From:** Tom Georgouses  
**Sent:** Wednesday, March 18, 2026 3:49 PM  
**To:** Diana Cavazos; Nikki Vang  
**Subject:** FW: FCEHWT -Phia Letter to Client

**Tom Georgouses**  
SVP, Legal  
Thomas.Georgouses@PersonifyHealth.com  
T 1.559.312.2493  
F (559) 499-2464  
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---

**From:** Tom Georgouses <Thomas.Georgouses@PersonifyHealth.com>  
**Sent:** Tuesday, March 17, 2026 6:01 PM  
**To:** FCEA Office <Office@fceamail.com>; Georgeanne White (Georgeanne.White@fresno.gov) <Georgeanne.White@fresno.gov>  
**Cc:** David Broome <davidb@rael-letson.com>; Mike Moss (mmoss@mossfirm.org) <mmoss@mossfirm.org>  
**Subject:** RE: FCEHWT -Phia Letter to Client

Correct.

---

**From:** FCEA Office <[Office@fceamail.com](mailto:Office@fceamail.com)>  
**Sent:** Tuesday, March 17, 2026 5:57 PM  
**To:** Tom Georgouses <[Thomas.Georgouses@PersonifyHealth.com](mailto:Thomas.Georgouses@PersonifyHealth.com)>; Georgeanne White ([Georgeanne.White@fresno.gov](mailto:Georgeanne.White@fresno.gov)) <[Georgeanne.White@fresno.gov](mailto:Georgeanne.White@fresno.gov)>  
**Cc:** David Broome <[davidb@rael-letson.com](mailto:davidb@rael-letson.com)>; Mike Moss ([mmoss@mossfirm.org](mailto:mmoss@mossfirm.org)) <[mmoss@mossfirm.org](mailto:mmoss@mossfirm.org)>  
**Subject:** Re: FCEHWT -Phia Letter to Client

 **External Email:** This message originated from outside Personify Health.

Right. I take it they will send put the standard data breach notification with credit monitoring information for members to avail themselves of.

Sent via the Samsung Galaxy S26 Ultra, an AT&T 5G smartphone  
Get [Outlook for Android](#)

---

**From:** Tom Georgouses <[Thomas.Georgouses@PersonifyHealth.com](mailto:Thomas.Georgouses@PersonifyHealth.com)>  
**Sent:** Tuesday, March 17, 2026 4:59:43 PM  
**To:** Georgeanne White ([Georgeanne.White@fresno.gov](mailto:Georgeanne.White@fresno.gov)) <[Georgeanne.White@fresno.gov](mailto:Georgeanne.White@fresno.gov)>; FCEA Office <[Office@fceamail.com](mailto:Office@fceamail.com)>  
**Cc:** David Broome <[davidb@rael-letson.com](mailto:davidb@rael-letson.com)>; Mike Moss ([mmoss@mossfirm.org](mailto:mmoss@mossfirm.org)) <[mmoss@mossfirm.org](mailto:mmoss@mossfirm.org)>  
**Subject:** FW: FCEHWT -Phia Letter to Client

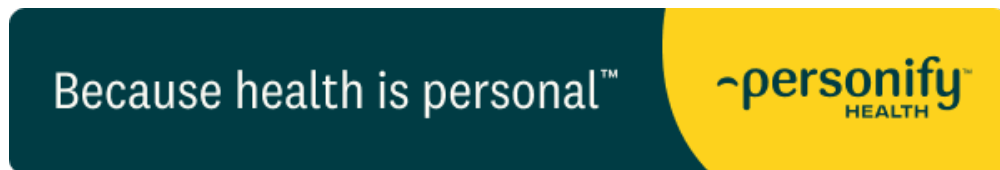
Georgeanne and Sam:

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Let us know if you have any questions.

**Tom Georgouses**  
SVP, Legal  
[Thomas.Georgouses@PersonifyHealth.com](mailto:Thomas.Georgouses@PersonifyHealth.com)  
T 1.559.312.2493  
F (559) 499-2464  
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March 17, 2026

Fresno City Employees Health & Welfare Trust  
2600 Fresno Street  
Fresno, CA 93721

**Subject:** The Phia Group Security Incident

Dear Trustees:

We are writing to inform you that we were recently notified by The Phia Group ("Phia"), a service provider of ours that provides subrogation support, that Phia experienced a security incident affecting client member data, including data from your members. According to Phia, the security incident occurred in July 2024, and Phia spent the following 18 months analyzing what data may have been impacted.

The information impacted as a result of Phia's security incident varies by individual, but may have included names, addresses, dates of birth, medical information, prescription information, provider information, treatment and/or diagnosis information treatment dates, patient account and/or medical record numbers, driver's license or state identification card numbers, other government issued identifications, and/or Social Security numbers. Phia has informed us that there is no evidence thus far of misuse of this information.

Phia will assume responsibility for notifying the affected individuals (your employees and/or members), offering credit monitoring, and notifying the appropriate regulatory bodies as required by law. We have attached to this letter their proposed notification letter.

Although Phia is assuming responsibility for the incident and to take the necessary actions, as a vendor of Personify, Personify will be responsible for any actions or responsibilities not performed by Phia.

Thank you for your continued partnership and cooperation as we work through this matter together.

Personify Health



<<Date>> (Format: Month Day, Year)

<<first\_name>> <<middle\_name>> <<last\_name>> <<suffix>>  
<<address\_1>>  
<<address\_2>>  
<<city>>, <<state\_province>> <<postal\_code>>  
<<country>>

<<b2b\_text\_1 (Re: Notice of Data [Breach / Security Incident])>>

Dear <<first\_name>> <<last\_name>>:

The Phia Group, LLC (“The Phia Group”) is writing to notify you of a data security incident which may have affected the privacy of your information. The Phia Group works with health benefit plans and their third-party administrators, and is an experienced provider of healthcare cost containment techniques designed to control healthcare and benefit plan costs. We held limited information related to you due to our relationship with <<b2b\_text\_2 (Client)>>. Phia takes the privacy and security of information in its possession very seriously and sincerely apologizes for any inconvenience this incident may cause. Please read this letter carefully as it contains information regarding the incident and information about steps that you can take to help protect your information.

**What Happened?** Recently, we learned that some of your personal information may have been involved in a data security incident we experienced. The incident began on July 9, 2024, when we discovered suspicious activity that temporarily disrupted the operability of our computer network. We promptly took steps to secure the environment and began an investigation to determine the nature and scope of the issue. We also began working to restore impacted systems as quickly as possible, and engaged digital forensic specialists to conduct an investigation into what happened and whether personal information was accessed or acquired without authorization. The investigation determined that some data may have been acquired between July 8, 2024 and July 9, 2024. We then completed a comprehensive and thorough review of the data potentially involved to identify what personal information was impacted and to whom it belonged. We advised the applicable health benefit plan and/or the health plan’s third party administrator that information regarding some of their plan participants was affected. We then coordinated with <<b2b\_text\_2 (Client)>> to issue this notification to you.

Please note that we have no evidence of fraudulent misuse, or attempted misuse, of the potentially impacted information.

**What Information was Involved?** The information that may have been affected in connection with this incident includes your name as well as <<b2b\_text\_3 (Data Elements)>>.

**What Are We Doing?** As soon as we discovered the incident, we took the steps discussed above. In addition, we reported the incident to law enforcement. To reduce the likelihood of a similar incident occurring in the future, we implemented additional measures to enhance the security of the network environment.

We are also providing you with access to <<Monitoring Term Length (Months)>> months of credit monitoring and fully managed identity theft recovery services through Kroll. You have until <<b2b\_text\_6 (activation deadline)>> to activate the services offered at no charge to you.

**What You Can Do.** You can follow the recommendations included with this letter to protect your personal information. We recommend that you review current and past credit and debit card account statements for discrepancies or unusual activity. If you see anything that you do not understand or that looks suspicious, or if you suspect that any fraudulent transactions have taken place, you should call the bank that issued the credit or debit card immediately.

You can also activate the complementary services offered to you through Kroll by following the instructions below.

Visit <https://enroll.krollmonitoring.com> to activate and take advantage of your identity monitoring services.

*You have until <<b2b\_text\_6 (activation deadline)>> to activate your identity monitoring services.*

Membership Number: <<Membership Number s\_n>>

For more information about Kroll and your Identity Monitoring services, you can visit [info.krollmonitoring.com](http://info.krollmonitoring.com).

Additional information describing your services is included with this letter.

**For More Information:** If you have questions about this letter or need assistance, please do not hesitate to reach out to our designated call center at Kroll at 1-866-408-2595 Monday through Friday from 9:00 am to 6:30 pm Eastern Time, excluding holidays and they will be happy to provide you with additional information.

We take your trust in us and this matter very seriously. The security and privacy of patient data is among our highest priorities. Please accept our apologies for any concern or inconvenience this may cause you.

Sincerely,

The Phia Group, LLC

PO Box 313

Canton, MA 02021

SAMPLE

## Steps You Can Take to Help Protect Your Personal Information

**Review Your Account Statements and Notify Law Enforcement of Suspicious Activity:** As a precautionary measure, we recommend that you remain vigilant by reviewing your account statements and credit reports closely. If you detect any suspicious activity on an account, you should promptly notify the financial institution or company with which the account is maintained. You also should promptly report any fraudulent activity or any suspected incidence of identity theft to proper law enforcement authorities, your state attorney general, and/or the Federal Trade Commission (the “FTC”).

**Copy of Credit Report:** You may obtain a free copy of your credit report from each of the three major credit reporting agencies once every 12 months by visiting [www.annualcreditreport.com/](http://www.annualcreditreport.com/), calling toll-free 1-877-322-8228, or by completing an Annual Credit Report Request Form and mailing it to Annual Credit Report Request Service, P.O. Box 105281, Atlanta, GA 30348. You also can contact one of the following three national credit reporting agencies:

### **Equifax**

P.O. Box 105851  
Atlanta, GA 30348  
1-800-525-6285  
[www.equifax.com](http://www.equifax.com)

### **Experian**

P.O. Box 9532  
Allen, TX 75013  
1-888-397-3742  
[www.experian.com](http://www.experian.com)

### **TransUnion**

P.O. Box 2000  
Chester, PA 19016  
1-833-799-5355  
[www.transunion.com/  
get-credit-report](http://www.transunion.com/get-credit-report)

**Fraud Alert:** You may want to consider placing a fraud alert on your credit report. An initial fraud alert is free and will stay on your credit file for at least one year. The alert informs creditors of possible fraudulent activity within your report and requests that the creditor contact you prior to establishing any accounts in your name. To place a fraud alert on your credit report, contact any of the three credit reporting agencies identified above. Additional information is available at [www.annualcreditreport.com](http://www.annualcreditreport.com). For TransUnion: [www.transunion.com/fraud-alerts](http://www.transunion.com/fraud-alerts).

**Security Freeze:** You have the right to put a security freeze on your credit file for up to one year at no cost. This will prevent new credit from being opened in your name without the use of a PIN number that is issued to you when you initiate the freeze. A security freeze is designed to prevent potential creditors from accessing your credit report without your consent. As a result, using a security freeze may interfere with or delay your ability to obtain credit. You must separately place a security freeze on your credit file with each credit reporting agency. In order to place a security freeze, you may be required to provide the consumer reporting agency with information that identifies you including your full name, Social Security number, date of birth, current and previous addresses, a copy of your state-issued identification card, and a recent utility bill, bank statement or insurance statement. For TransUnion: [www.transunion.com/credit-freeze](http://www.transunion.com/credit-freeze).

**Additional Free Resources:** You can obtain information from the consumer reporting agencies, the FTC, or from your respective state Attorney General about fraud alerts, security freezes, and steps you can take toward preventing identity theft. You may report suspected identity theft to local law enforcement, including to the FTC or to the Attorney General in your state.

### **Federal Trade Commission**

600 Pennsylvania Ave, NW  
Washington, DC 20580  
[consumer.ftc.gov](http://consumer.ftc.gov)  
877-438-4338

### **Maryland Attorney General**

200 St. Paul Place  
Baltimore, MD 21202  
[www.marylandattorneygeneral.gov/  
Pages/CPD](http://www.marylandattorneygeneral.gov/Pages/CPD)  
888-743-0023

### **Oregon Attorney General**

1162 Court St., NE  
Salem, OR 97301  
[www.doj.state.or.us/  
consumer-protection](http://www.doj.state.or.us/consumer-protection)  
877-877-9392

### **California Attorney General**

1300 I Street  
Sacramento, CA 95814  
[www.oag.ca.gov/privacy](http://www.oag.ca.gov/privacy)  
800-952-5225

### **New York Attorney General**

The Capitol  
Albany, NY 12224  
800-771-7755  
[ag.ny.gov](http://ag.ny.gov)

### **Rhode Island Attorney General**

150 South Main Street  
Providence, RI 02903  
[www.riag.ri.gov](http://www.riag.ri.gov)  
401-274-4400

### **Iowa Attorney General**

1305 E. Walnut Street  
Des Moines, Iowa 50319  
[www.iowaattorneygeneral.gov](http://www.iowaattorneygeneral.gov)  
888-777-4590

### **NY Bureau of Internet and Technology**

28 Liberty Street  
New York, NY 10005  
[www.dos.ny.gov/consumerprotection/](http://www.dos.ny.gov/consumerprotection/)  
212.416.8433

### **Washington D.C. Attorney General**

400 S 6th Street, NW  
Washington, DC 20001  
[oag.dc.gov/consumer-protection](http://oag.dc.gov/consumer-protection)  
202-442-9828

**Kentucky Attorney General**  
700 Capitol Avenue, Suite 118  
Frankfort, Kentucky 40601  
[www.ag.ky.gov](http://www.ag.ky.gov)  
502-696-5300

**NC Attorney General**  
9001 Mail Service Center  
Raleigh, NC 27699  
[ncdoj.gov/protectingconsumers/](http://ncdoj.gov/protectingconsumers/)  
877-566-7226

**You also have certain rights under the Fair Credit Reporting Act (FCRA):** These rights include to know what is in your file; to dispute incomplete or inaccurate information; to have consumer reporting agencies correct or delete inaccurate, incomplete, or unverifiable information; as well as other rights. For more information about the FCRA, and your rights pursuant to the FCRA, please visit [www.consumer.ftc.gov/sites/default/files/articles/pdf/pdf-0096-fair-credit-reporting-act.pdf](http://www.consumer.ftc.gov/sites/default/files/articles/pdf/pdf-0096-fair-credit-reporting-act.pdf)

## KROLL

### TAKE ADVANTAGE OF YOUR IDENTITY MONITORING SERVICES

You have been provided with access to the following services from Kroll:

#### Single Bureau Credit Monitoring

You will receive alerts when there are changes to your credit data, for instance, when a new line of credit is applied for in your name. If you do not recognize the activity, you will have the option to call a Kroll fraud specialist, who will be able to help you determine if it is an indicator of identity theft.

#### Fraud Consultation

You have unlimited access to consultation with a Kroll fraud specialist. Support includes showing you the most effective ways to protect your identity, explaining your rights and protections under the law, assistance with fraud alerts, and interpreting how personal information is accessed and used, including investigating suspicious activity that could be tied to an identity theft event.

#### Identity Theft Restoration

If you become a victim of identity theft, an experienced Kroll licensed investigator will work on your behalf to resolve related issues. You will have access to a dedicated investigator who understands your issues and can do most of the work for you. Your investigator will be able to dig deep to uncover the scope of the identity theft and then work to resolve it.

Kroll's activation website is only compatible with the current version or one version earlier of Chrome, Firefox, Safari and Edge.

To receive credit services, you must be over the age of 18 and have established credit in the U.S., have a Social Security number in your name, and have a U.S. residential address associated with your credit file.

**Fresno City Employees Health and Welfare Trust Fund  
Consultant's Report Items – March 25, 2026**

1. Blue Shield and Community Health Systems and Affiliates Contract Negotiations (verbal)
2. Request for Information for PPO Network Vendor (verbal)
3. Plan Document Language Update Regarding Gaining Coverage (verbal)
4. Physical, Occupational and Speech Therapy Out of State Access (verbal)
5. Medical Benefit Plan Design
6. Financial Projections for the 2025-2026 Fiscal Year
7. Contribution Rates for the 2025-2026 Fiscal Year
8. Affordable Care Act- Minimum Value
9. Body Scan Benefit and Utilization Review

## Memorandum

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

**From:** David Broome, Consultant

**Date:** March 25, 2026

**Re:** Consultant’s Report for March 25, 2026 Board of Trustees Meeting –  
Medical Benefit Plan Review

At the January Board meeting, we were asked to provide options to increase the low PPO plan deductibles and out of pocket limits and to further review options to add a new mid-level PPO plan.

**Current Medical Plan.** There are two medical PPO plan options available to employees. Employees elect either a higher benefit level PPO option or are defaulted into the reduced benefit level PPO option based on the employee paying or not paying for the plan with payroll deductions. A summary of these plans is below:

	Medical Plans	
	High PPO Plan	Low PPO Plan
<b>Monthly Contribution</b>	Employee pays a payroll deduction	Employee pays nothing for coverage
<b>Individual Deductible</b>	\$200	\$1,300
<b>Family Deductible</b>	\$600	\$2,600
<b>Coinsurance</b>	Plan pays 80%, employee pays 20%	Plan pays 60%, employee pays 40% or, Plan pay 52%, employee pays 48%
<b>Out-of-Pocket Maximum (network)</b>	After \$3,200 per Individual or \$6,400 per family in covered charges, plan pays 100%	After \$4,600 per Individual or \$9,200 per family in covered charges, plan pays 100%

**Current Pharmacy Plan.** The prescription drug coverage has separate and unique cost share from the medical plan and separate out of pocket maximums. The cost share for the high plan and low plans is based on retail network pharmacies (walk-in) or mail order through OptumRx. The coverage is based on the type of prescription being fulfilled and there are 4 tiers of cost share. Specialty drugs (Tier 4) are only available in a 30-day supply. The low plan cost shares shown below are for the low plan and the low 35 plan, respectively. A summary of these plans is below:

	Pharmacy Plans	
	High PPO Plan	Low PPO Plan
<b>Monthly Contribution</b>	Employee pays a payroll deduction	Employee pays nothing for coverage
<b>Generic Drugs (Tier 1)</b>	Retail – 90% Mail Order- \$5 Copayment	Retail – 68% or 59% Mail Order- \$5 Copayment
<b>Preferred Brand Drugs (Tier 2)</b>	Retail – 80% Mail Order- \$20 Copayment	Retail – 40% or 52% Mail Order- \$20 Copayment
<b>Non-Preferred Brand Drugs (Tier 3)</b>	Retail – 60% Mail Order- \$50 Copayment	Retail – 45% or 39% Mail Order- \$50 Copayment
<b>Specialty Drugs (Tier 4)</b>	\$100 Copayment (30-day supply)	\$100 Copayment (30-day supply)
<b>Out-of-Pocket Maximum (network)</b>	After \$3,400 per Individual or \$6,800 per family in covered charges, plan pays 100%	After \$2,000 per Individual or \$4,000 per family in covered charges, plan pays 100%

**Current Combined Maximum Out-of-Pocket Member Liability.** Under the current plan design, the combined Med/Rx Out-of-Pocket Maximum is equal between the High and Low PPO Plans. However, when we include the annual contribution of \$5,400 in monthly employee cost sharing, the combined maximum out-of-pocket member liability for the High Plan exceeds the Low Plan by this amount.

	CURRENT	
	High PPO Plan Status Quo	Low PPO Plan Status Quo
<b>Annual Contribution</b>	<b>\$5,400</b> (\$450 x 12 months)	<b>\$0</b>
<b>Out-of-Pocket Maximum</b> Combined Med/Rx	<b>\$6,600 / \$13,200</b> (Single / Family)	<b>\$6,600 / \$13,200</b> (Single / Family)
<b>TOTAL Member Out-of-Pocket Liability</b> Includes Payroll Contributions	<b>\$12,000 / \$18,600</b> (Single / Family)	<b>\$6,600 / \$13,200</b> (Single / Family)

**Low Plan Options.** Focusing on changes to Low Plan deductibles and out of pocket limits, the following Options A and B illustrate scenarios that meet the following criteria:

- Increases to the deductible
- Increases to the medical out-of-pocket maximum
- Increases the pharmacy out-of-pocket maximum to match the High Plan
- Logically pairs the total member out-of-pocket liability between the High and Low plans
- Both A/B options remain under the 2026 ACA limits of \$10,600 / \$21,200 (Single / Family) and exceed the required Minimum Actuarial Value (AV).

	CURRENT		LOW PLAN DESIGN OPTIONS	
	High PPO Plan Status Quo	Low PPO Plan Status Quo	Low PPO Plan Option A	Low PPO Plan Option B
<b>Annual Contribution</b>	<b>\$5,400</b> (\$450 x 12 months)	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Deductible Medical</b>	<b>\$200 / \$600</b> (Single / Family)	<b>\$1,300 / \$2,600</b> (Single / Family)	<b>\$2,000 / \$4,000</b> (Single / Family)	<b>\$2,500 / \$5,000</b> (Single / Family)
<b>Deductible Rx</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Coinsurance Member Share</b>	<b>20%</b>	<b>40% or 48%</b>	<b>40% or 48%</b>	<b>40% or 48%</b>
<b>Out-of-Pocket Maximum Medical</b>	<b>\$3,200 / \$6,400</b> (Single / Family)	<b>\$4,600 / \$9,200</b> (Single / Family)	<b>\$6,000 / \$12,000</b> (Single / Family)	<b>\$7,000 / \$14,000</b> (Single / Family)
<b>Out-of-Pocket Maximum Rx</b>	<b>\$3,400 / \$6,800</b> (Single / Family)	<b>\$2,000 / \$4,000</b> (Single / Family)	<b>\$3,400 / \$6,800</b> (Single / Family)	<b>\$3,400 / \$6,800</b> (Single / Family)
<b>Out-of-Pocket Maximum Combined Med/Rx</b>	<b>\$6,600 / \$13,200</b> (Single / Family)	<b>\$6,600 / \$13,200</b> (Single / Family)	<b>\$9,400 / \$18,800</b> (Single / Family)	<b>\$10,400 / \$20,800</b> (Single / Family)
<b>Total Member Out-of-Pocket Liability</b> Includes Payroll Contributions	<b>\$12,000 / \$18,600</b> (Single / Family)	<b>\$6,600 / \$13,200</b> (Single / Family)	<b>\$9,400 / \$18,800</b> (Single / Family)	<b>\$10,400 / \$20,800</b> (Single / Family)
<b>Increase / (Reduction) in Actuarial Value from Current Low Plan</b>			<b>(5%)</b>	<b>(8%)</b>

Note: Items in **blue** shown in the chart above represent a change from the current Low plan design.

**Alternative New Medical Plan.** An alternative solution to consider would be to offer a new, additional mid-tier PPO plan option for employees that are willing to pay a lesser payroll deduction than the High PPO Plan deduction to enroll in a mid-tier benefit plan design.

For consideration, below are two different mid-tier plan options for consideration:

	CURRENT		NEW MID PLAN DESIGN OPTIONS	
	High PPO Plan Status Quo	Low PPO Plan Status Quo	Mid PPO Plan Option A	Mid PPO Plan Option B
<b>Annual Contribution</b>	<b>\$5,400</b> (\$450 x 12 months)	<b>\$0</b>	<b>TBD</b>	<b>TBD</b>
<b>Deductible Medical</b>	<b>\$200 / \$600</b> (Single / Family)	<b>\$1,300 / \$2,600</b> (Single / Family)	<b>\$500 / \$1,500</b> (Single / Family)	<b>\$750 / \$2,250</b> (Single / Family)
<b>Deductible Rx</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Coinsurance Member Share</b>	<b>20%</b>	<b>40% or 48%</b>	<b>40%</b>	<b>40%</b>
<b>Out-of-Pocket Maximum Medical</b>	<b>\$3,200 / \$6,400</b> (Single / Family)	<b>\$4,600 / \$9,200</b> (Single / Family)	<b>\$4,000 / \$8,000</b> (Single / Family)	<b>\$4,000 / \$8,000</b> (Single / Family)
<b>Out-of-Pocket Maximum Rx</b>	<b>\$3,400 / \$6,800</b> (Single / Family)	<b>\$2,000 / \$4,000</b> (Single / Family)	<b>\$3,400 / \$6,800</b> (Single / Family)	<b>\$3,400 / \$6,800</b> (Single / Family)
<b>Out-of-Pocket Maximum Combined Med/Rx</b>	<b>\$6,600 / \$13,200</b> (Single / Family)	<b>\$6,600 / \$13,200</b> (Single / Family)	<b>\$7,400 / \$14,800</b> (Single / Family)	<b>\$7,400 / \$14,800</b> (Single / Family)

<b>Increase / (Reduction) in Actuarial Value from Current Low Plan</b>	<b>5%</b>	<b>3%</b>
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**Tandem Network-** Currently the PPO network is Blue Shield’s broad network including all of their contracted providers. Blue Shield offers a narrow, performance network option, called Tandem, that only includes high-value providers. Performance networks usually are based on value-based care models with provider incentives and are intended to lower health care costs by reducing trend escalation, and to improve clinical outcomes for members.

These items will be discussed at your March 25, 2026 meeting. If there are any questions before or after that meeting, please let me know.

DB:

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

## Memorandum

**To:** Board of Trustees  
Fresno City Health and Welfare Fund

**From:** David Broome, Consultant

**Date:** March 25, 2026

**Re:** Consultant’s Report for March 25, 2026 Board of Trustees Meeting -  
Fiscal Year 2026-27 Financial Projections and Contribution Rates

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We are providing updated Financial Projections for the 2026/2027 Fiscal Year. The changes that have been applied to the prior Financial Projection that was presented in January include updated financials, claims experience, and enrollment data, through December 31, 2025. The impact to the Projection Year includes a higher expected paid claims assumption that resulted in a lower project Fund balance and months of reserves.

The claims experience used in the Projection takes into account six months of actual claims for the 2025/26 Fiscal Year (experience through December 31, 2025) and six months of projected claims to complete the current year. Claims are then projected for the remainder of the 2025/26 Fiscal Year. For both the current year and the projection year, we utilized claims based on the most recent 3 years of experience through December 31, 2025 and trended them forward. Projected medical claims are net of any expected stop loss reimbursements.

Below is a summary of the Projection periods and Contribution Rate change scenarios included in the exhibits:

**Exhibit B - Prior Year.** The net fund balance as of June 30, 2025 as stated in the financials was \$22.4 million with a calculated net reserve of 3.3 months.

**Exhibit C - Current Year.** The net fund balance as of June 30, 2026 is projected to be \$19.6 million, which is equal to 2.7 months of net reserves.

**Exhibit D - Projection Year.** The net fund balance as of June 30, 2027 is projected to be \$13.8 million, with 1.9 months of reserves assuming there is no change to the current contribution rates.

**Contribution Rate Scenarios.** Should rates be changed effective July 1, 2026, a 10.9% increase would result in 3.0 months of reserves; an 16.0% increase would result in 3.5 net reserve months; and finally, a 21.0% increase results in 4.0 months of reserves.

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%.” Based on the current City and Employee cost share structure, this reduction in Fund payments is 35%. Therefore, for an 80% benefit after the deductible is satisfied, the Fund pays  $[80% \times (1 - 35%) =]$  52%, and the employee pays the remaining 48% of the benefit cost until the

maximum out of pocket is satisfied.

These items will be discussed at your March 25, 2026 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

# Financial Projections Contribution Rates

2026 / 2027 Fiscal Year

Fresno City Employees Health and Welfare Trust

(Presented at March 25, 2026 Trust Meeting)

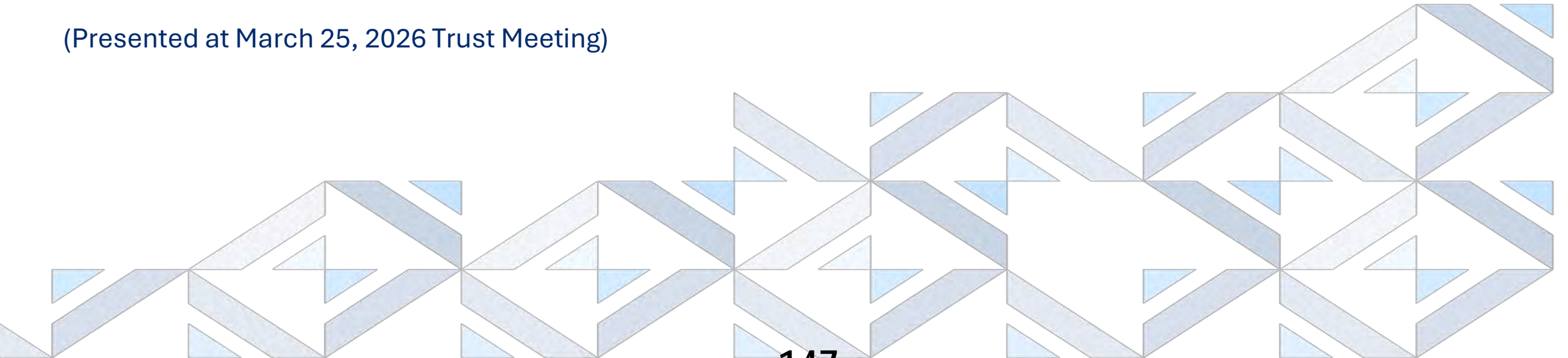


Exhibit A

Projected Enrollment and Claims Costs  
(Presented at 3/25/2026 Trust Meeting)

	(Projected) <sup>1</sup> Claims FY 26-27	Monthly	PEPM	(Projected) <sup>1</sup> Claims FY 25-26	Monthly	PEPM	Claims FY 24-25	Monthly	PEPM	Claims FY 23-24	Monthly	PEPM	Claims FY 22-23	Monthly	PEPM	Claims FY 21-22	Monthly	PEPM	Claims FY 20-21	Monthly	PEPM	Claims FY 19-20	Monthly	PEPM
<b>Active</b>	Enrollment:	4,146	0.0%	Enrollment:	4,146	-0.7%	Enrollment:	4,177	6.4%	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	\$43,732,008	\$3,644,334	\$879.00	\$43,505,286	\$3,544,830	\$855.00	\$40,948,895	\$3,412,408	\$816.95	\$41,435,376	\$3,452,948	\$879.73	\$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	21,244,104	1,770,342	427.00	22,098,442	1,625,232	392.00	19,532,393	1,627,699	389.68	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)	3,482,640	290,220	70.00	3,419,597	286,074	69.00	3,106,037	258,836	61.97	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
	\$68,458,752	\$5,704,896	\$1,376.00	\$69,023,325	\$5,456,136	\$1,316.00	\$63,587,324	\$5,298,944	\$1,268.60	\$60,266,742	\$5,022,229	\$1,279.55	\$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:			Trend:		
Medical Claims			2.8%	Medical Claims		4.7%	Medical Claims		-7.1%	Medical Claims		-4.7%	Medical Claims		17.4%	Medical Claims		3.3%	Medical Claims		7.2%	Medical Claims		-7.8%
Prescription Drug Claims			8.9%	Prescription Drug Claims		0.6%	Prescription Drug Claims		15.8%	Prescription Drug Claims		7.8%	Prescription Drug Claims		-2.8%	Prescription Drug Claims		12.0%	Prescription Drug Claims		2.9%	Prescription Drug Claims		3.2%
Dental Claims (Plans 1 & 2)			1.4%	Dental Claims (Plans 1 & 2)		11.3%	Dental Claims (Plans 1 & 2)		-2.2%	Dental Claims (Plans 1 & 2)		25.2%	Dental Claims (Plans 1 & 2)		-13.3%	Dental Claims (Plans 1 & 2)		-15.1%	Dental Claims (Plans 1 & 2)		17.3%	Dental Claims (Plans 1 & 2)		-11.1%
<b>TOTAL</b>			<b>4.6%</b>	<b>TOTAL</b>		<b>3.7%</b>	<b>TOTAL</b>		<b>-0.9%</b>	<b>TOTAL</b>		<b>-0.5%</b>	<b>TOTAL</b>		<b>10.3%</b>	<b>TOTAL</b>		<b>4.4%</b>	<b>TOTAL</b>		<b>6.6%</b>	<b>TOTAL</b>		<b>-5.3%</b>
<b>Regular Retiree</b>	Enrollment:	183	0.0%	Enrollment:	183	-6.2%	Enrollment:	195	6.6%	Enrollment:	183	5.8%	Enrollment:	173	1.2%	Enrollment:	171	-11.4%	Enrollment:	193	-2.5%	Enrollment:	198	-5.7%
Medical Claims	\$3,783,708	\$315,309	\$1,723.00	\$3,779,393	\$305,976	\$1,672.00	\$3,087,631	\$257,303	\$1,319.50	\$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	1,477,908	123,159	673.00	1,253,253	112,911	617.00	1,330,032	110,836	568.39	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) *	539,016	44,918	74.00	352,565	44,311	73.00	474,870	39,573	65.52	479,091	39,924	69.19	364,157	30,346	89.25	408,401	34,033	98.36	445,186	37,099	\$107.22	339,371	28,281	\$81.74
	\$5,800,632	\$483,386	\$2,470.00	\$5,558,376	\$463,198	\$2,362.00	\$4,892,533	\$380,914	\$1,953.41	\$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 607 Retirees	Projected Trend:			Projected Trend:			Trend:			Trend:			Trend:			Trend:			Trend:			Trend:		
Medical Claims			3.1%	Medical Claims		26.7%	Medical Claims		-27.8%	Medical Claims		3.6%	Medical Claims		29.6%	Medical Claims		78.5%	Medical Claims		-55.1%	Medical Claims		61.4%
Prescription Drug Claims			9.1%	Prescription Drug Claims		8.6%	Prescription Drug Claims		-8.5%	Prescription Drug Claims		-4.6%	Prescription Drug Claims		48.3%	Prescription Drug Claims		9.7%	Prescription Drug Claims		-16.3%	Prescription Drug Claims		6.9%
Dental Claims (Plans 1 & 2)			1.4%	Dental Claims (Plans 1 & 2)		11.4%	Dental Claims (Plans 1 & 2)		-5.3%	Dental Claims (Plans 1 & 2)		-22.5%	Dental Claims (Plans 1 & 2)		-9.3%	Dental Claims (Plans 1 & 2)		-8.3%	Dental Claims (Plans 1 & 2)		31.2%	Dental Claims (Plans 1 & 2)		-2.9%
<b>TOTAL</b>			<b>4.6%</b>	<b>TOTAL</b>		<b>20.9%</b>	<b>TOTAL</b>		<b>-26.8%</b>	<b>TOTAL</b>		<b>3.0%</b>	<b>TOTAL</b>		<b>29.5%</b>	<b>TOTAL</b>		<b>47.6%</b>	<b>TOTAL</b>		<b>-41.6%</b>	<b>TOTAL</b>		<b>40.2%</b>
<b>Medicare Supplement</b>	Enrollment:	156	0.0%	Enrollment:	156	4.0%	Enrollment:	150	-2.6%	Enrollment:	154	-7.8%	Enrollment:	167	-4.6%	Enrollment:	175	15.1%	Enrollment:	152	2.7%	Enrollment:	148	-3.3%
Medical Claims	\$763,776	\$63,648	\$408.00	\$671,215	\$61,776	\$396.00	\$959,917	\$79,993	\$533.29	\$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	1,894,464	157,872	1,012.00	2,354,888	144,768	928.00	1,525,470	127,123	847.48	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
	\$2,658,240	\$221,520	\$1,420.00	\$3,026,103	\$206,544	\$1,324.00	\$2,485,387	\$207,116	\$1,380.77	\$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:			Trend:			Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:			Projected Trend:		
Medical Claims			3%	Medical Claims		-26%	Medical Claims		66%	Medical Claims		36.7%	Medical Claims		17.2%	Medical Claims		-14.4%	Medical Claims		-8.7%	Medical Claims		-5.1%
Prescription Drug Claims			9%	Prescription Drug Claims		10%	Prescription Drug Claims		17.8%	Prescription Drug Claims		9.8%	Prescription Drug Claims		-3.0%	Prescription Drug Claims		-3.1%	Prescription Drug Claims		15.1%	Prescription Drug Claims		-7.8%
<b>TOTAL</b>			<b>7.3%</b>	<b>TOTAL</b>		<b>-4.1%</b>	<b>TOTAL</b>		<b>32.8%</b>	<b>TOTAL</b>		<b>16.9%</b>	<b>TOTAL</b>		<b>1.6%</b>	<b>TOTAL</b>		<b>-5.9%</b>	<b>TOTAL</b>		<b>8.0%</b>	<b>TOTAL</b>		<b>-7.0%</b>
<b>Non-Medicare Retiree</b>	Enrollment:	17	0.0%	Enrollment:	17	-11.7%	Enrollment:	19	-8.3%	Enrollment:	21	-4.5%	Enrollment:	22	-13.3%	Enrollment:	26	0.0%	Enrollment:	30	0.0%	Enrollment:	30	20.0%
Medical Claims	\$499,392	\$41,616	\$2,448.00	\$371,458	\$40,392	\$2,376.00	\$534,839	\$44,570	\$2,315.32	\$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
Vision Claims	\$499,392	\$41,616	\$2,448.00	\$371,458	\$40,392	\$2,376.00	\$534,839	\$44,570	\$2,315.32	\$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:			Trend:		
Medical Claims			3%	Medical Claims		3%	Medical Claims		41.1%	Medical Claims		-65.7%	Medical Claims		37.8%	Medical Claims		113.9%	Medical Claims		1.7%	Medical Claims		33.9%
<b>TOTAL</b>			<b>3.0%</b>	<b>TOTAL</b>		<b>2.6%</b>	<b>TOTAL</b>		<b>41.1%</b>	<b>TOTAL</b>		<b>-65.7%</b>	<b>TOTAL</b>		<b>37.8%</b>	<b>TOTAL</b>		<b>113.9%</b>	<b>TOTAL</b>		<b>1.7%</b>	<b>TOTAL</b>		<b>33.9%</b>
<b>Total Members</b>	Enrollment:	4,502	0.0%	Enrollment:	4,502	-0.9%	Enrollment:	4,541	6.0%	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	\$48,778,884	\$4,064,907	\$902.91	\$48,327,353	\$4,027,279	\$894.55	\$45,531,282	\$3,794,274	\$835.51	\$46,456,253	\$3,871,354	\$903.89	\$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	24,616,476	2,051,373	455.66	25,706,583	2,142,215	475.84	22,387,895	1,865,658	410.82	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)	4,021,656	335,138	74.44	3,772,162	314,347	69.82	3,580,907	298,409	65.71	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
	\$77,417,016	\$6,451,418	\$1,433.01	\$77,806,098	\$6,483,842	\$1,440.21	\$71,500,083	\$5,958,340	\$1,312.05	\$68,460,791	\$5,705,066	\$1,332.03	\$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:			Trend:		
Medical Claims			1%	Medical Claims		7%	Medical Claims		-8%	Medical Claims		-5%	Medical Claims		18%	Medical Claims		8%	Medical Claims		-1%	Medical Claims		-2%
Prescription Drug Costs			-4%	Prescription Drug Costs		16%	Prescription Drug Costs		14%	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)			7%	Dental Claims (Plans 1 & 2)		6%	Dental Claims (Plans 1 & 2)		-2%	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%
<b>TOTAL</b>			<b>-0.5%</b>	<b>TOTAL</b>		<b>9.8%</b>	<b>TOTAL</b>		<b>-1.5%</b>	<b>TOTAL</b>		<b>-0.9%</b>	<b>TOTAL</b>		<b>11.5%</b>	<b>TOTAL</b>		<b>7.1%</b>	<b>TOTAL</b>		<b>1.2%</b>	<b>TOTAL</b>		<b>-1.6%</b>

<sup>1</sup> Projected claims for FY25-26 and FY26-27 do not include expected stop loss reimbursements. Updated with September 2025 - December 2025 data from the initial projection presented at the January 2026 Meeting.



**Exhibit C**  
**Receipts and Disbursements**  
**FY 2025-2026 (6 Months Actual/6 Months Projected)**  
 Projected Enrollment and Claims Costs

*Contribution Change Assumption:* 0.0%

Receipts	MO. AVERAGE	ANNUAL TOTAL	Actual through December 31, 2025						Projected Beginning January 1, 2026						
			2025 July	2025 August	2025 September	2025 October	2025 November	2025 December	2026 January	2026 February	2026 March	2026 April	2026 May	2026 June	
1 Contributions - Actives	\$5,445,859	\$65,350,313	\$4,960,558	\$6,015,340	\$5,452,108	\$5,444,133	\$5,474,234	\$4,949,940	\$5,509,000	\$5,509,000	\$5,509,000	\$5,509,000	\$5,509,000	\$5,509,000	\$5,509,000
2 Retirees - Health	390,045	4,680,538	530,852	415,144	269,062	409,086	278,361	414,033	394,000	394,000	394,000	394,000	394,000	394,000	394,000
3 Retirees - Dental	72,750	873,000	71,000	72,000	73,000	73,000	73,000	73,000	73,000	73,000	73,000	73,000	73,000	73,000	73,000
4 Refunds <sup>1</sup>	763,979	9,167,752	1,831,372	121,157	13,929	2,406,143	332,762	60,189	733,700	733,700	733,700	733,700	733,700	733,700	733,700
5 Interest	78,618	943,411	88,369	87,483	90,391	91,278	87,890	0	83,000	83,000	83,000	83,000	83,000	83,000	83,000
6 Other (Stop Loss Reimbursements)	59,167	710,000	0	0	0	0	0	0	0	0	0	0	0	0	710,000
<b>H &amp; W Trust Cash Receipts</b>	<b>\$6,810,418</b>	<b>\$81,725,014</b>	<b>\$7,482,151</b>	<b>\$6,711,124</b>	<b>\$5,898,490</b>	<b>\$8,423,640</b>	<b>\$6,246,247</b>	<b>\$5,497,162</b>	<b>\$6,792,700</b>	<b>\$6,792,700</b>	<b>\$6,792,700</b>	<b>\$6,792,700</b>	<b>\$6,792,700</b>	<b>\$6,792,700</b>	<b>\$7,502,700</b>
<b>Disbursements</b>															
1 Claims Paid	6,169,502	74,034,026	7,414,133	5,657,027	5,689,777	7,199,375	5,722,561	7,335,753	5,835,900	5,835,900	5,835,900	5,835,900	5,835,900	5,835,900	5,835,900
2 Claims Paid - Delta Dental	314,330	3,771,964	374,278	291,842	324,696	389,880	310,605	284,263	299,400	299,400	299,400	299,400	299,400	299,400	299,400
3 Blue Shield	101,008	1,212,096	99,786	100,297	100,382	99,871	100,020	100,340	101,900	101,900	101,900	101,900	101,900	101,900	101,900
4 Physmetrics, LLC	14,446	173,357	14,071	14,112	0	24,024	0	32,350	14,800	14,800	14,800	14,800	14,800	14,800	14,800
5 Delta Dental of California	27,583	330,990	50,400	25,430	25,637	25,620	25,351	25,452	25,517	25,517	25,517	25,517	25,517	25,517	25,517
6 Flu Shot Progam	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7 OptumRx	30,100	361,197	52,127	20,556	24,012	36,727	31,023	23,352	28,900	28,900	28,900	28,900	28,900	28,900	28,900
8 Halcyon	19,797	237,559	20,532	13,230	7,681	41,442	7,702	20,972	21,000	21,000	21,000	21,000	21,000	21,000	21,000
9 United Dental	9,999	119,987	11,046	9,310	10,368	10,538	10,411	10,114	9,700	9,700	9,700	9,700	9,700	9,700	9,700
10 Body Scan Inc.	17,050	204,600	0	0	0	0	0	0	34,100	34,100	34,100	34,100	34,100	34,100	34,100
11 EPIC Hearing	587	7,047	594	596	595	597	595	592	580	580	580	580	580	580	580
12 Consulting	11,100	133,200	10,800	11,100	11,100	11,100	11,100	11,100	11,100	11,100	11,100	11,200	11,200	11,200	11,200
13 Personify, Inc.	156,154	1,873,853	152,002	156,745	157,038	156,420	156,680	157,168	156,300	156,300	156,300	156,300	156,300	156,300	156,300
14 Legal	3,654	43,850	3,575	3,650	5,050	2,950	2,850	3,575	3,700	3,700	3,700	3,700	3,700	3,700	3,700
15 EyeMed	75,267	903,209	74,794	75,281	76,003	75,533	75,566	75,432	75,100	75,100	75,100	75,100	75,100	75,100	75,100
16 Other (Stop Loss & Cyber Liability Ins)	\$237,626	\$2,851,506	\$234,437	\$270,495	\$235,582	\$236,010	\$241,055	\$234,727	\$233,200	\$233,200	\$233,200	\$233,200	\$233,200	\$233,200	\$233,200
<b>H &amp; W Cash Disbursements</b>	<b>\$7,188,203</b>	<b>\$86,258,441</b>	<b>\$8,512,575</b>	<b>\$6,649,671</b>	<b>\$6,667,921</b>	<b>\$8,310,087</b>	<b>\$6,695,519</b>	<b>\$8,315,190</b>	<b>\$6,851,196</b>	<b>\$6,851,196</b>	<b>\$6,851,196</b>	<b>\$6,851,296</b>	<b>\$6,851,296</b>	<b>\$6,851,296</b>	<b>\$6,851,296</b>
<b>Receipts Over Disbursements</b>	<b>(\$377,786)</b>	<b>(\$4,533,427)</b>	<b>(\$1,030,424)</b>	<b>\$61,453</b>	<b>(\$769,431)</b>	<b>\$113,553</b>	<b>(\$449,272)</b>	<b>(\$2,818,028)</b>	<b>(\$58,496)</b>	<b>(\$58,496)</b>	<b>(\$58,496)</b>	<b>(\$58,596)</b>	<b>(\$58,596)</b>	<b>(\$58,596)</b>	<b>\$651,404</b>
<b>Cash Balance (Gross Fund Reserve)</b>			<b>\$28,240,672</b>	<b>\$28,640,002</b>	<b>\$27,550,683</b>	<b>\$27,771,255</b>	<b>\$27,811,082</b>	<b>\$25,549,759</b>	<b>\$25,491,263</b>	<b>\$25,432,766</b>	<b>\$25,374,270</b>	<b>\$25,315,674</b>	<b>\$25,257,077</b>	<b>\$25,908,481</b>	
<b>Beginning Stop Loss Reserve</b>			<b>(\$884,271)</b>	<b>(\$949,271)</b>	<b>(\$1,014,271)</b>	<b>(\$1,079,271)</b>	<b>(\$1,144,271)</b>	<b>(\$1,209,271)</b>	<b>(\$1,274,271)</b>	<b>(\$1,339,271)</b>	<b>(\$1,404,271)</b>	<b>(\$1,469,271)</b>	<b>(\$1,534,271)</b>	<b>(\$1,599,271)</b>	
<b>Stop Loss Reserve (\$15 PEPM)</b>			<b>(\$65,000)</b>	<b>(\$65,000)</b>	<b>(\$65,000)</b>	<b>(\$65,000)</b>	<b>(\$65,000)</b>	<b>(\$65,000)</b>	<b>(\$65,000)</b>	<b>(\$65,000)</b>	<b>(\$65,000)</b>	<b>(\$65,000)</b>	<b>(\$65,000)</b>	<b>(\$65,000)</b>	
<b>Estimated Stop Loss Claims (Between \$350k &amp; \$550k)</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,664,271</b>	
<b>Estimated Claims IBNR</b>			<b>(\$6,300,000)</b>	<b>(\$6,300,000)</b>	<b>(\$6,300,000)</b>	<b>(\$6,300,000)</b>	<b>(\$6,300,000)</b>	<b>(\$6,300,000)</b>	<b>(\$6,300,000)</b>	<b>(\$6,300,000)</b>	<b>(\$6,300,000)</b>	<b>(\$6,300,000)</b>	<b>(\$6,300,000)</b>	<b>(\$6,300,000)</b>	
<b>Net Fund Balance (Unrestricted)</b>			<b>\$20,991,401</b>	<b>\$21,325,731</b>	<b>\$20,171,412</b>	<b>\$20,326,984</b>	<b>\$20,301,811</b>	<b>\$17,975,488</b>	<b>\$17,851,992</b>	<b>\$17,728,495</b>	<b>\$17,604,999</b>	<b>\$17,481,403</b>	<b>\$17,357,806</b>	<b>\$19,608,481</b>	
<b>Cash Balance / Total Expenses</b>			<b>3.9</b>	<b>4.0</b>	<b>3.8</b>	<b>3.9</b>	<b>3.9</b>	<b>3.6</b>	<b>3.5</b>	<b>3.5</b>	<b>3.5</b>	<b>3.5</b>	<b>3.5</b>	<b>3.6</b>	
<b>Net Fund Balance / Total Expenses</b>			<b>2.9</b>	<b>3.0</b>	<b>2.8</b>	<b>2.8</b>	<b>2.8</b>	<b>2.5</b>	<b>2.5</b>	<b>2.5</b>	<b>2.4</b>	<b>2.4</b>	<b>2.4</b>	<b>2.7</b>	
<b>Estimated One Month of Avg Expenses in 2025/26:</b>															<b>\$7,188,203</b>
<b>Estimated Net Fund Balance as of 6/30/26:</b>															<b>\$19,608,481</b>
<b>Estimated Four Months of Avg Expenses in 2025/26:</b>															<b>\$28,752,814</b>
<b>Difference:</b>															<b>(\$9,144,333)</b>

<sup>1</sup> Actual includes prescription drug rebates, stop-loss reimbursements, and miscellaneous refunds. Projected includes estimated prescription drug rebates; **estimated stop-loss reimbursements are shown separately.**

**Exhibit D**  
**Receipts and Disbursements**  
**FY 2026-2027 (Projected)**  
 Projected Enrollment and Claims Costs

Results in Net Fund Reserve months 1.9  
 Contribution Change Assumption: 0.0%

Receipts	MO. AVERAGE	ANNUAL TOTAL	2026 July	2026 August	2026 September	2026 October	2026 November	2026 December	2027 January	2027 February	2027 March	2027 April	2027 May	2027 June
<b>Contributions - Actives</b>	\$5,509,000	\$66,108,000	\$5,509,000	\$5,509,000	\$5,509,000	\$5,509,000	\$5,509,000	\$5,509,000	\$5,509,000	\$5,509,000	\$5,509,000	\$5,509,000	\$5,509,000	\$5,509,000
Retirees - Health	394,000	4,728,000	394,000	394,000	394,000	394,000	394,000	394,000	394,000	394,000	394,000	394,000	394,000	394,000
Retirees - Dental	73,000	876,000	73,000	73,000	73,000	73,000	73,000	73,000	73,000	73,000	73,000	73,000	73,000	73,000
Refunds <sup>1</sup>	733,700	8,804,400	733,700	733,700	733,700	733,700	733,700	733,700	733,700	733,700	733,700	733,700	733,700	733,700
Interest	62,900	754,800	62,900	62,900	62,900	62,900	62,900	62,900	62,900	62,900	62,900	62,900	62,900	62,900
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>H &amp; W Trust Cash Receipts</b>	<b>\$6,772,600</b>	<b>\$81,271,200</b>	<b>\$6,772,600</b>	<b>\$6,772,600</b>	<b>\$6,772,600</b>	<b>\$6,772,600</b>	<b>\$6,772,600</b>	<b>\$6,772,600</b>	<b>\$6,772,600</b>	<b>\$6,772,600</b>	<b>\$6,772,600</b>	<b>\$6,772,600</b>	<b>\$6,772,600</b>	<b>\$6,772,600</b>
<b>Disbursements</b>														
1 Claims Paid	6,116,300	73,395,600	\$6,116,300	\$6,116,300	\$6,116,300	\$6,116,300	\$6,116,300	\$6,116,300	\$6,116,300	\$6,116,300	\$6,116,300	\$6,116,300	\$6,116,300	\$6,116,300
2 Claims Paid - Delta Dental	335,100	4,021,200	335,100	335,100	335,100	335,100	335,100	335,100	335,100	335,100	335,100	335,100	335,100	335,100
3 Blue Shield	104,400	1,252,800	104,400	104,400	104,400	104,400	104,400	104,400	104,400	104,400	104,400	104,400	104,400	104,400
4 Phymetrics, LLC	14,800	177,600	14,800	14,800	14,800	14,800	14,800	14,800	14,800	14,800	14,800	14,800	14,800	14,800
5 Delta Dental of California	25,517	306,200	25,517	25,517	25,517	25,517	25,517	25,517	25,517	25,517	25,517	25,517	25,517	25,517
6 Flu Shot Program	1,000	12,000	0	0	0	0	0	12,000	0	0	0	0	0	0
7 OptumRx	29,767	357,204	29,767	29,767	29,767	29,767	29,767	29,767	29,767	29,767	29,767	29,767	29,767	29,767
8 Halcyon	21,630	259,560	21,630	21,630	21,630	21,630	21,630	21,630	21,630	21,630	21,630	21,630	21,630	21,630
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.	34,100	409,200	34,100	34,100	34,100	34,100	34,100	34,100	34,100	34,100	34,100	34,100	34,100	34,100
11 EPIC Hearing	580	6,956	580	580	580	580	580	580	580	580	580	580	580	580
12 Consulting	11,525	138,300	11,500	11,500	11,500	11,500	11,500	11,500	11,500	11,500	11,500	11,600	11,600	11,600
13 Personify, Inc.	160,989	1,931,868	160,989	160,989	160,989	160,989	160,989	160,989	160,989	160,989	160,989	160,989	160,989	160,989
14 Legal	3,811	45,732	\$3,811	\$3,811	\$3,811	\$3,811	\$3,811	\$3,811	\$3,811	\$3,811	\$3,811	\$3,811	\$3,811	\$3,811
15 EyeMed	77,353	928,236	77,353	77,353	77,353	77,353	77,353	77,353	77,353	77,353	77,353	77,353	77,353	77,353
16 Other (Stop Loss Ins)	\$280,561	\$3,366,736	\$247,026	\$283,610	\$283,610	\$283,610	\$283,610	\$283,610	\$283,610	\$283,610	\$283,610	\$283,610	\$283,610	\$283,610
<b>H &amp; W Cash Disbursements</b>	<b>\$7,227,133</b>	<b>\$86,725,592</b>	<b>\$7,192,573</b>	<b>\$7,229,156</b>	<b>\$7,229,156</b>	<b>\$7,229,156</b>	<b>\$7,229,156</b>	<b>\$7,241,156</b>	<b>\$7,229,156</b>	<b>\$7,229,156</b>	<b>\$7,229,156</b>	<b>\$7,229,256</b>	<b>\$7,229,256</b>	<b>\$7,229,256</b>
<b>Receipts Over Disbursements</b>	<b>(\$454,533)</b>	<b>(\$5,454,392)</b>	<b>(\$419,973)</b>	<b>(\$456,556)</b>	<b>(\$456,556)</b>	<b>(\$456,556)</b>	<b>(\$456,556)</b>	<b>(\$468,556)</b>	<b>(\$456,556)</b>	<b>(\$456,556)</b>	<b>(\$456,556)</b>	<b>(\$456,656)</b>	<b>(\$456,656)</b>	<b>(\$456,656)</b>
<b>Cash Balance (Gross Fund Reserve)</b>			<b>\$25,488,508</b>	<b>\$25,031,952</b>	<b>\$24,575,396</b>	<b>\$24,118,839</b>	<b>\$23,662,283</b>	<b>\$23,193,727</b>	<b>\$22,737,170</b>	<b>\$22,280,614</b>	<b>\$21,824,058</b>	<b>\$21,367,401</b>	<b>\$20,910,745</b>	<b>\$20,454,089</b>
<b>Beginning Stop Loss Reserve</b>			\$0	(\$87,000)	(\$174,000)	(\$261,000)	(\$348,000)	(\$435,000)	(\$522,000)	(\$609,000)	(\$696,000)	(\$783,000)	(\$870,000)	(\$957,000)
<b>Stop Loss Reserve (\$15 PEPM)</b>			(\$87,000)	(\$87,000)	(\$87,000)	(\$87,000)	(\$87,000)	(\$87,000)	(\$87,000)	(\$87,000)	(\$87,000)	(\$87,000)	(\$87,000)	(\$87,000)
<b>Estimated Stop Loss Claims (Between \$350k and \$550k)</b>														\$1,044,000
<b>Estimated Claims IBNR</b>			(\$6,620,000)	(\$6,620,000)	(\$6,620,000)	(\$6,620,000)	(\$6,620,000)	(\$6,620,000)	(\$6,620,000)	(\$6,620,000)	(\$6,620,000)	(\$6,620,000)	(\$6,620,000)	(\$6,620,000)
<b>Net Fund Balance (Unrestricted)</b>			<b>\$18,781,508</b>	<b>\$18,237,952</b>	<b>\$17,694,396</b>	<b>\$17,150,839</b>	<b>\$16,607,283</b>	<b>\$16,051,727</b>	<b>\$15,508,170</b>	<b>\$14,964,614</b>	<b>\$14,421,058</b>	<b>\$13,877,401</b>	<b>\$13,333,745</b>	<b>\$13,834,089</b>
			\$6,451,400	\$1,434										
<b>Cash Balance / Total Expenses</b>			<b>3.5</b>	<b>3.5</b>	<b>3.4</b>	<b>3.3</b>	<b>3.3</b>	<b>3.2</b>	<b>3.1</b>	<b>3.1</b>	<b>3.0</b>	<b>3.0</b>	<b>2.9</b>	<b>2.8</b>
<b>Net Fund Balance / Total Expenses</b>			<b>2.6</b>	<b>2.5</b>	<b>2.4</b>	<b>2.4</b>	<b>2.3</b>	<b>2.2</b>	<b>2.1</b>	<b>2.1</b>	<b>2.0</b>	<b>1.9</b>	<b>1.8</b>	<b>1.9</b>
<b>Estimated One Month of Avg Expenses in 2026/27:</b>														\$7,227,133
<b>Estimated Net Fund Balance as of 6/30/27:</b>														\$13,834,089
<b>Estimated Four Months of Avg Expenses in 2026/27:</b>														\$28,908,531
<b>Difference:</b>														<b>(\$15,074,442)</b>

<sup>1</sup> Projected includes estimated prescription drug rebate, stop-loss reimbursements, and miscellaneous refunds.

**Exhibit E**  
**Contribution Rate Scenarios**  
**For Contributions beginning July 1, 2026**  
 Projected Enrollment and Claims Costs

	Jul-25 Rate	At 1.9 Months Reserve		At 3.0 Months Reserve		At 3.5 Months Reserve		At 4.0 Months Reserve	
		Net Fund Balance (Unrestricted) <sup>1</sup>		Net Fund Balance (Unrestricted) <sup>1</sup>		Net Fund Balance (Unrestricted) <sup>1</sup>		Net Fund Balance (Unrestricted) <sup>1</sup>	
		0.0% Increase	Additional Amount	10.9% Increase	Additional Amount	16.0% Increase	Additional Amount	21.0% Increase	Additional Amount
<b>Active</b>									
Health + Dental	\$1,500	\$1,500	\$0	\$1,664	\$164	\$1,740	\$240	\$1,815	\$315
<b>Regular Retiree</b>									
Health + Dental	\$1,500	\$1,500	\$0	\$1,664	\$164	\$1,740	\$240	\$1,815	\$315
Dental Only	\$111	\$111	\$0	\$124	\$13	\$129	\$18	\$135	\$24
Health	\$1,389	\$1,389	\$0	\$1,540	\$151	\$1,611	\$222	\$1,680	\$291
<b>Medicare Supplement</b>									
Health	\$709	\$709	\$0	\$787	\$78	\$823	\$114	\$858	\$149
Health + Dental	\$820	\$820	\$0	\$911	\$91	\$952	\$132	\$993	\$173
<i>(This rate is for the Medicare Supplement retiree only. To add a Spouse, the rate is 2x the above rate)</i>									
<b>Non-Medicare Retiree</b>									
Health	\$1,675	\$1,675	\$0	\$1,858	\$183	\$1,943	\$268	\$2,027	\$352
Health + Dental	\$1,786	\$1,786	\$0	\$1,982	\$196	\$2,072	\$286	\$2,162	\$376

<sup>1</sup> As of June 30, 2027, Net Fund Balance (Unrestricted) 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.

**Exhibit F**

**Contribution Rate History**  
Projected Enrollment and Claims Costs

	July 1, 2025 Contribution Rate	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
<b>Active</b>															
Health + Dental	\$1,500	\$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)	0.0%	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%
<b>Regular Retiree</b>															
Health + Dental	\$1,500	\$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	\$111	\$105	\$99	\$99	\$99	\$95	\$91	\$88	\$86	\$86	\$79	\$79	\$72	\$72
Health	\$1,389	\$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)	0.0%	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%
<b>Medicare Supplement</b>															
Health + Dental	\$820 *	\$820 *	\$780 *	\$737 *	\$737 *	\$737 *	\$705 *	\$678 *	\$656 *	\$643 *	\$643 *	\$592 *	\$592 *	\$534 *	\$534 *
Health	\$709 *	\$709 *	\$675 *	\$638 *	\$638 *	\$638 *	\$610 *	\$587 *	\$568 *	\$557 *	\$557 *	\$513 *	\$513 *	\$462 *	\$462 *
(per person)	0.0%	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															
<b>Non-Medicare Retiree</b>															
Health + Dental	\$1,786	\$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	\$1,675	\$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)	0.0%	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%

<b>Annualized Trend as of July 1, 2025</b>	
3-Year:	3.6%
5-Year:	2.1%
10-Year:	2.5%

## Memorandum

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

**From:** David Broome, Consultant

**Date:** March 25, 2026

**Re:** Consultant’s Report for March 25, 2026 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: 73%

The above is based on our analysis of the proposed plan benefit summary (effective July 1, 2026) 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.

**CURRENT MINIMUM VALUE: 73%**

PPO Plan -- Non-contributory 70%/30%	Medical	Drug
Deductible (\$)	\$1,300	\$0.00
Coinsurance (% , Plan's Cost Share)	60.00%	68.00%
OOP Maximum (Separate) (\$)	\$4,600	\$2,000

We will be discussing this matter at the upcoming Board of Trustees meeting scheduled for March 25, 2026. If you have any questions, please let us know.

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

## Memorandum

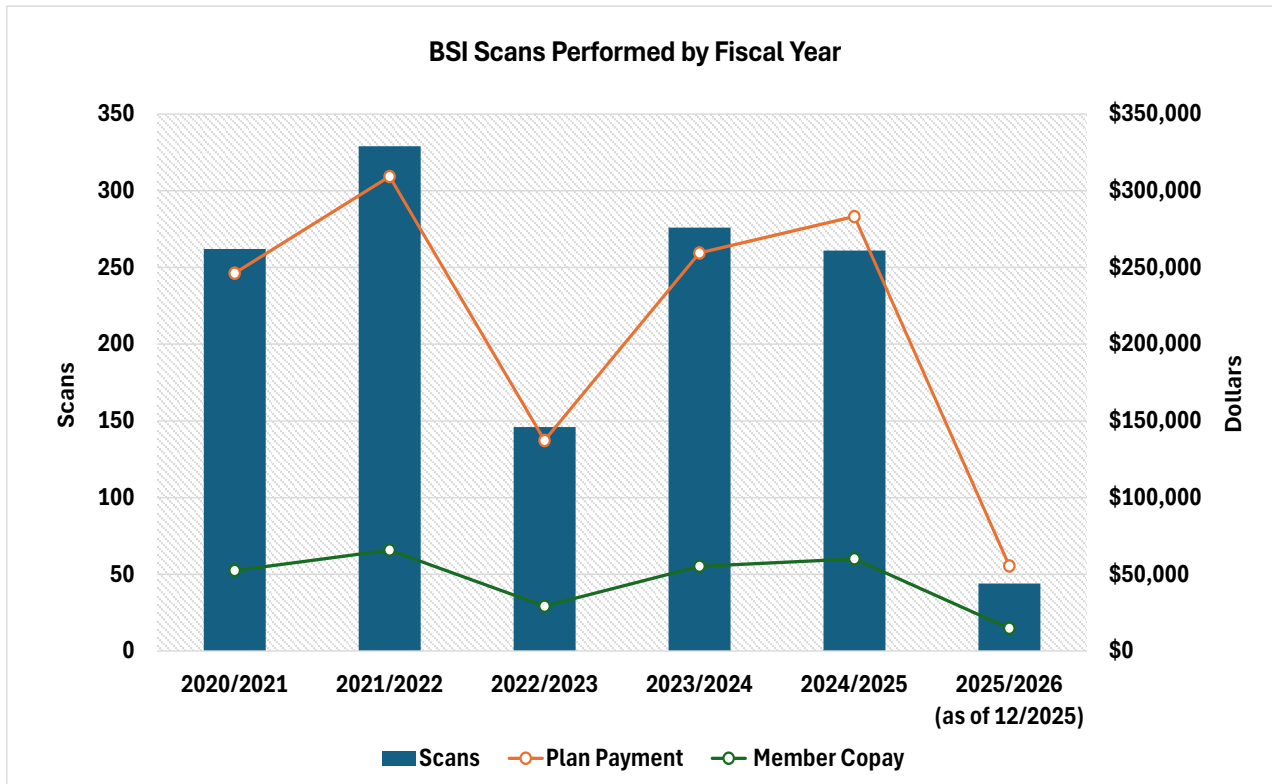
**To:** Board of Trustees  
Fresno City Employees Health & Welfare Trust

**From:** David Broome, Consultant

**Date:** March 25, 2026

**Re:** Consultant’s Report for March 25, 2026 Board of Trustees Meeting –  
BSI Utilization as of December 31, 2025

Body Scan International (BSI) provides preventive body scans for active members. The current contracted rate per scan effective July 1, 2025 is \$1,595. Members pay a \$335 copay per scan with a frequency limit of one scan every three fiscal years. Below are a chart and table that summarizes the utilization and costs of this benefit for the past five fiscal years and the current fiscal year.



<i>Fiscal Year</i>	<i>Scans</i>	<i>Plan Payment</i>	<i>Member Copay</i>	<i>Total</i>
2020/2021	262	\$246,280	\$52,400	\$298,680
2021/2022	329	\$309,260	\$65,800	\$375,060
2022/2023	146	\$137,240	\$29,200	\$166,440
2023/2024	276	\$259,440	\$55,200	\$314,640
2024/2025	261	\$283,185	\$60,030	\$343,215
2025/2026	44	\$55,440	\$14,740	\$70,180

- ▼ There’s an average of 225 scans per year for the past five fiscal years.
- ▼ The number of employees that have received a second, follow up scan since the inception of the program is 120 employees.

This item will be discussed at your March 25, 2026 meeting. If there are any questions before or after that meeting, please let me know.

DB:cn

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

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

MONTHLY CLAIMS EXPERIENCE ANALYSIS  
 MEDICAL AND PRESCRIPTION DRUGS  
 SEVEN MONTHS ENDING JANUARY 31, 2026

		<u>PER ELIGIBLE</u>
ACTIVES	\$ 38,968,457.09	\$ 1,340.14
COBRA	563,144.86	16,563.08
RETIREEES	2,765,187.09	2,163.68
	<u>\$ 42,296,789.04</u>	\$ 1,391.80
MEDICARE SUPPLEMENT	\$ 1,970,731.92	\$ 1,811.33
SELF-PAY OVER 65	258,699.65	2,192.37
	<u>\$ 44,526,220.61</u>	\$ 1,409.24
AVERAGE MONTHLY COST - YTD	<u>\$ 6,360,888.66</u>	\$ 1,409.24
PRIOR YEAR AVERAGE MONTHLY COST - YTD SEVEN MONTHS ENDING JANUARY 31, 2025	\$ 5,264,410.10	\$1,162.23
PRIOR PLAN YEAR AVERAGE MONTHLY COST JULY 2024 - JUNE 2025	\$ 5,659,931.50	\$ 1,248.24
TWELVE MONTH ROLLING AVERAGE February 1, 2025 - January 31, 2026	\$ 6,299,544.00	\$ 1,562.39

**FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST**

**MONTHLY CLAIMS EXPERIENCE ANALYSIS  
DENTAL BENEFIT SECTION  
SEVEN MONTHS ENDING JANUARY 31, 2026**

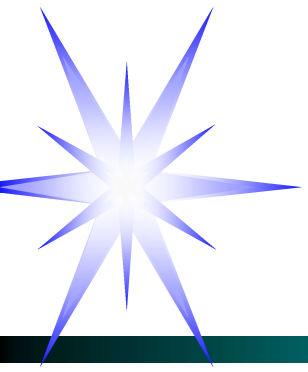
<u>DELTA DENTAL</u>	<u>PAYMENTS</u>	<u>PER ELIGIBLE</u>
ACTIVES	\$ 1,840,855.03	\$ 67.41
RETIREEES	296,050.03	\$ 77.20
 TOTAL FOR DELTA DENTAL	 <u>\$ 2,136,905.06</u>	 \$ 68.62
 AVERAGE MONTHLY COST	 \$ 305,272.15	 \$ 68.62
PUD HMO AVG MONTHLY PREM	10,205.17	\$ 42.32
 TOTAL AVG MONTHLY COST - YTD	 <u>\$ 315,477.32</u>	 \$ 67.26

**PRIOR YEAR AVERAGE MONTHLY COST: DELTA DENTAL  
JULY 2024 - JUNE 2025**

ACTIVES	\$ 67.05
RETIREEES	\$ 70.77
COMBINED	\$ 67.51

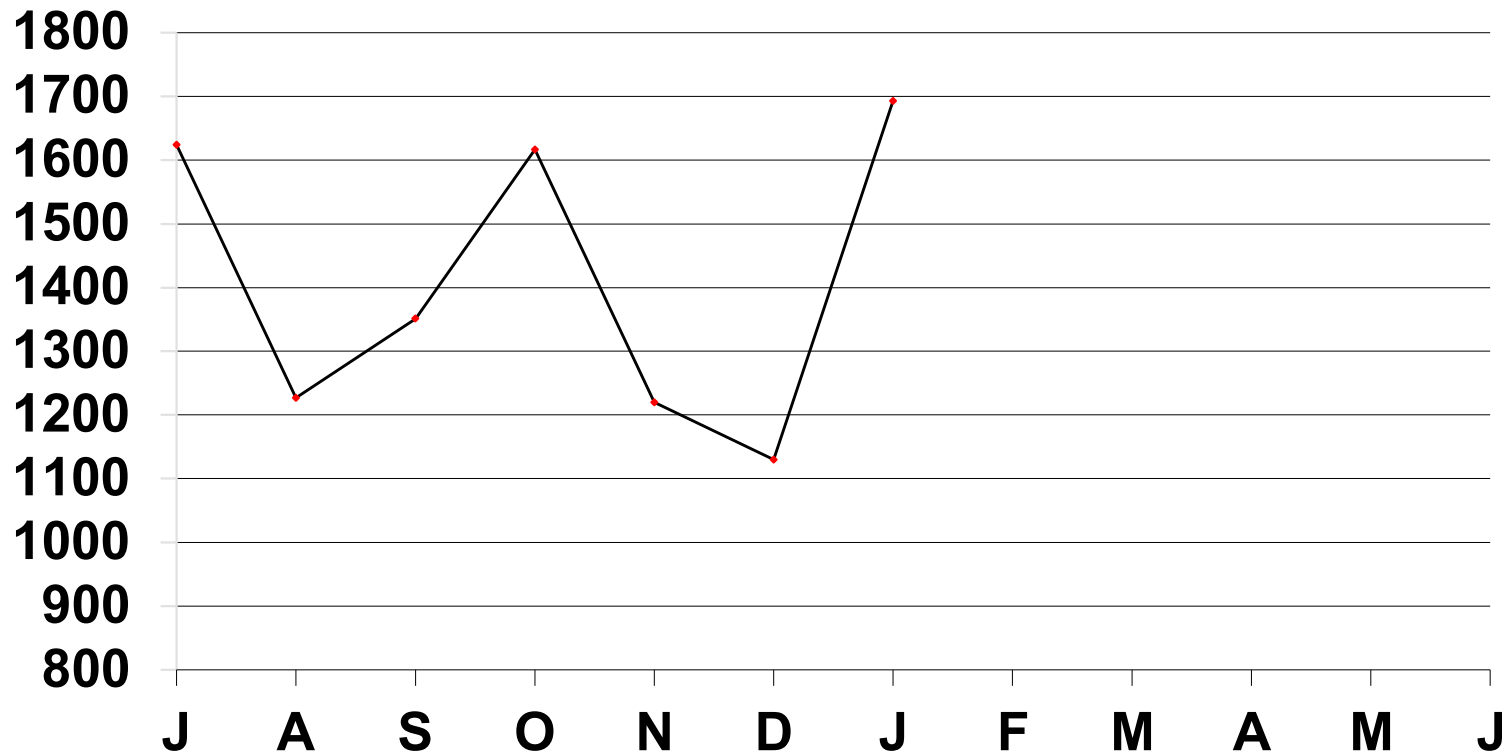
**TWELVE MONTH ROLLING AVERAGE  
DELTA DENTAL  
February 1, 2025 - January 31, 2026**

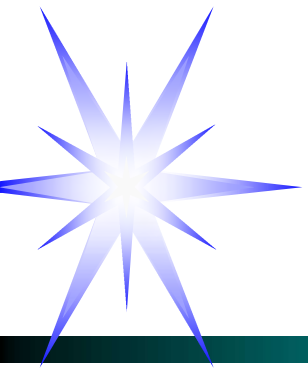
\$ 67.85



# Average Cost Per Participant Monthly

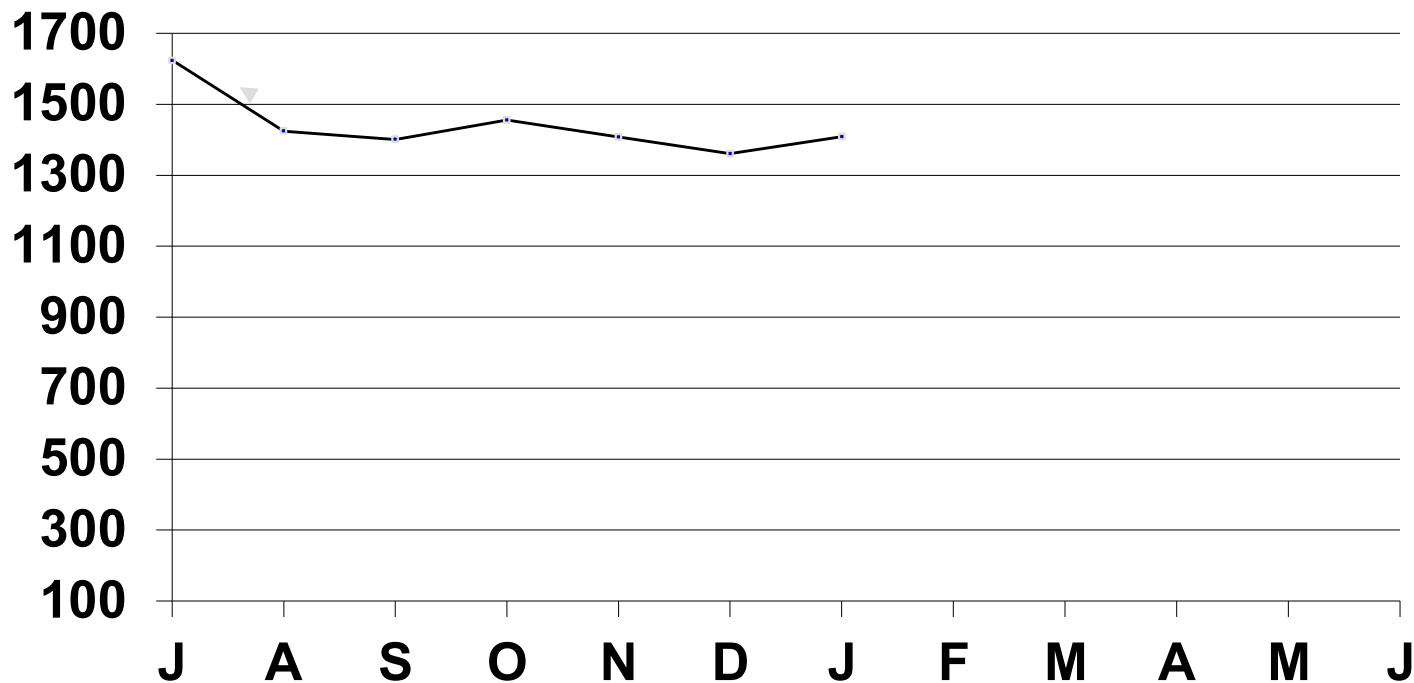
Fresno City Employees H & W Trust  
July 25 – Jun 26

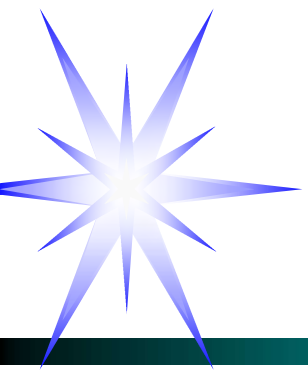




# Average Cost Per Participant Year to Date

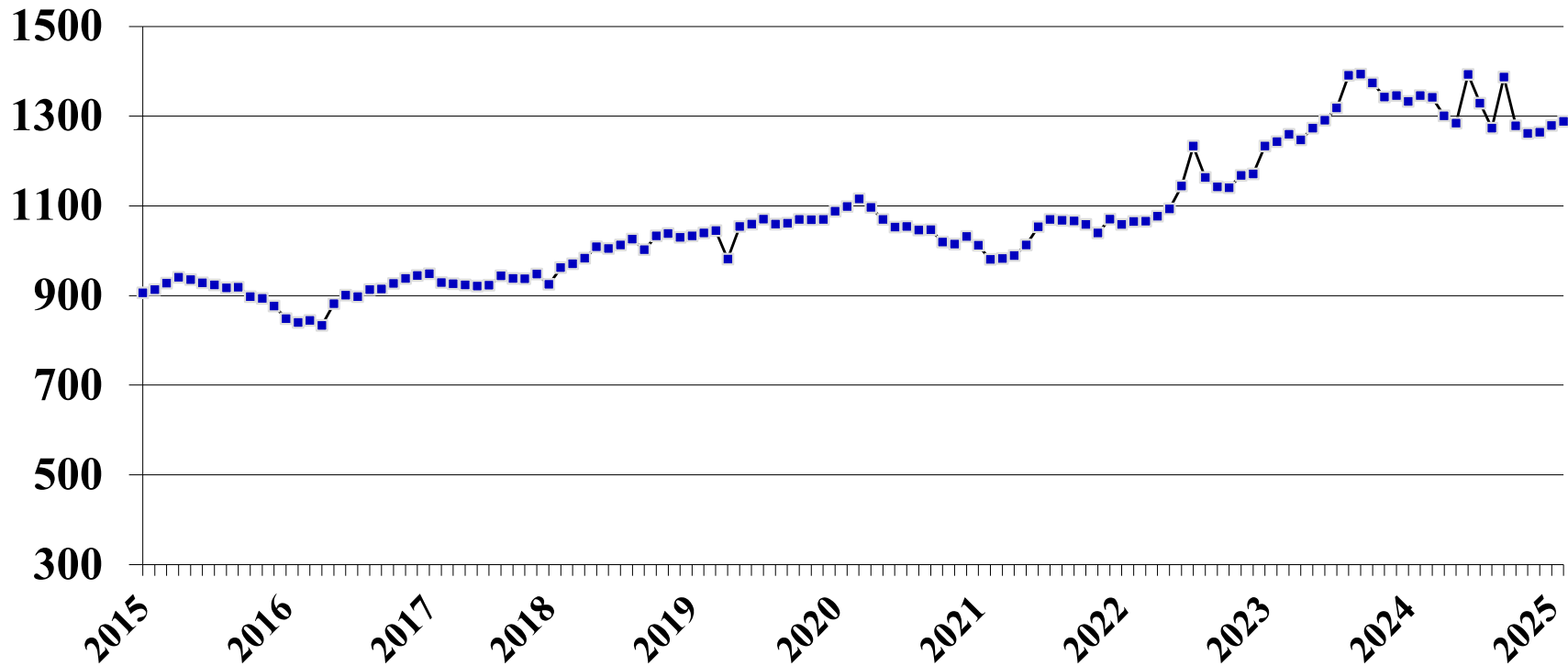
Fresno City Employees H & W Trust  
July 25 – Jun 26





# Average Cost Per Participant 12 Month Rolling Average

**Fresno City Employees H & W Trust  
Jun 2015 – Jan 2026**



**FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST**  
**FINANCIAL ANALYSIS FOR MEDICAL, VISION AND PRESCRIPTION DRUG**  
**SEVEN MONTHS ENDING JANUARY 31, 2026**

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
<b>ACTIVES</b>								
PPO Contributing	2,595	\$ 1,743.39	\$ 133.58	\$ 1,876.97	\$ 1,323.00	\$ 3.32	\$ (550.65)	\$ (10,002,557.25)
PPO Non-Cont 35	1,476	\$ 690.62	\$ 133.58	\$ 824.20	\$ 895.00	\$ 3.32	\$ 74.12	\$ 765,807.84
PPO Non-Cont 25	83	\$ 284.98	\$ 133.58	\$ 418.56	\$ 1,037.00	\$ 3.32	\$ 621.76	\$ 361,242.56
								\$ -
<b>TOTAL (a)</b>	4154	\$ 1,340.18	\$ 133.58	\$ 1,473.76	\$ 1,165.21	\$ 3.32	\$ (305.23)	\$ (8,875,506.85)
<b>RETIREEES</b>								
PPO Plan	183	\$ 2,163.68	\$ 133.58	\$ 2,297.26	\$ 1,323.00	\$ 3.32	\$ (970.94)	\$ (1,240,865.37)
<b>TOTAL</b>	183	2,163.68	\$ 133.58	\$ 2,297.26	\$ 1,323.00	\$ 3.32	\$ (970.94)	\$ (1,240,865.37)
<b>COBRA</b>								
PPO Plan	5	\$ 16,563.08	\$ 133.58	\$ 16,696.66	\$ 1,349.46	\$ 3.32	\$ (15,343.88)	\$ (537,035.80)
<b>TOTAL</b>	5	\$ 16,563.08	\$ 133.58	\$ 16,696.66	\$ 1,349.46	\$ 3.32	\$ (15,343.88)	\$ (537,035.80)
<b>MEDICARE SUPP</b>								
PPO Plan	155	\$ 1,811.33	\$ 29.96	\$ 1,841.29	\$ 725.00	\$ 3.32	\$ (1,112.97)	\$ (1,207,572.45)
<b>TOTAL</b>	155	\$ 1,811.33	\$ 29.96	\$ 1,841.29	\$ 725.00	\$ 3.32	\$ (1,112.97)	\$ (1,207,572.45)
<b>SELF-PAY</b>								
PPO Plan	17	\$ 2,192.37	\$ 133.58	\$ 2,325.95	\$ 1,595.00	\$ 3.32	\$ (727.63)	\$ (86,587.97)
<b>TOTAL</b>	17	\$ 2,192.37	\$ 133.58	\$ 2,325.95	\$ 1,595.00	\$ 3.32	\$ (727.63)	\$ (86,587.97)
<b>Stop-Loss Reimbursement</b>								\$ 407,420.68
<b>Prescription Drug Rebates</b>								\$ 6,287,995.53
<b>TOTAL</b>								\$ (5,252,152.23)

**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.

**FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST**

**FINANCIAL ANALYSIS FOR DENTAL  
SEVEN MONTHS ENDING JANUARY 31, 2026**

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
Delta PPO	4449	\$ 68.62	\$ 5.60	\$ 74.22	\$ 111.00		\$ 36.78	\$ 1,145,439.54
PUD HMO	241	\$ -	\$ 42.32	\$ 42.32	\$ 111.00		\$ 68.68	\$ 115,863.16
<b>TOTAL</b>								\$ 1,261,302.70

**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, 2026

		<u>PER ELIGIBLE</u>
ACTIVES	\$ 44,153,768.87	\$ 1,326.38
COBRA	592,579.53	14,814.49
RETIREEES	3,145,519.03	2,161.87
	<hr/>	
	\$ 47,891,867.43	\$ 1,376.84
MEDICARE SUPPLEMENT	\$ 2,249,733.34	\$ 1,808.47
SELF-PAY OVER 65	265,392.46	1,995.43
	<hr/>	
	\$ 50,406,993.23	\$ 1,393.96
AVERAGE MONTHLY COST - YTD	<hr/> <hr/>	\$ 1,393.96
PRIOR YEAR AVERAGE MONTHLY COST - YTD EIGHT MONTHS ENDING FEBRUARY 28, 2025	\$ 5,301,372.04	\$1,169.99
PRIOR PLAN YEAR AVERAGE MONTHLY COST JULY 2024 - JUNE 2025	\$ 5,659,931.50	\$ 1,248.24
TWELVE MONTH ROLLING AVERAGE March 1, 2025 - February 28, 2026	\$ 6,326,266.24	\$ 1,568.27

**FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST**

**MONTHLY CLAIMS EXPERIENCE ANALYSIS  
DENTAL BENEFIT SECTION  
EIGHT MONTHS ENDING FEBRUARY 28, 2026**

<u>DELTA DENTAL</u>	<u>PAYMENTS</u>	<u>PER ELIGIBLE</u>
ACTIVES	\$ 2,082,831.32	\$ 66.70
RETIREEES	333,657.54	\$ 76.14
 TOTAL FOR DELTA DENTAL	 <u>\$ 2,416,488.86</u>	 \$ 67.87
 AVERAGE MONTHLY COST	 \$ 302,061.11	 \$ 67.87
PUD HMO AVG MONTHLY PREM	10,214.99	\$ 42.32
 TOTAL AVG MONTHLY COST - YTD	 <u>\$ 312,276.10</u>	 \$ 66.55

**PRIOR YEAR AVERAGE MONTHLY COST: DELTA DENTAL  
JULY 2024 - JUNE 2025**

ACTIVES	\$ 67.05
RETIREEES	\$ 70.77
COMBINED	\$ 67.51

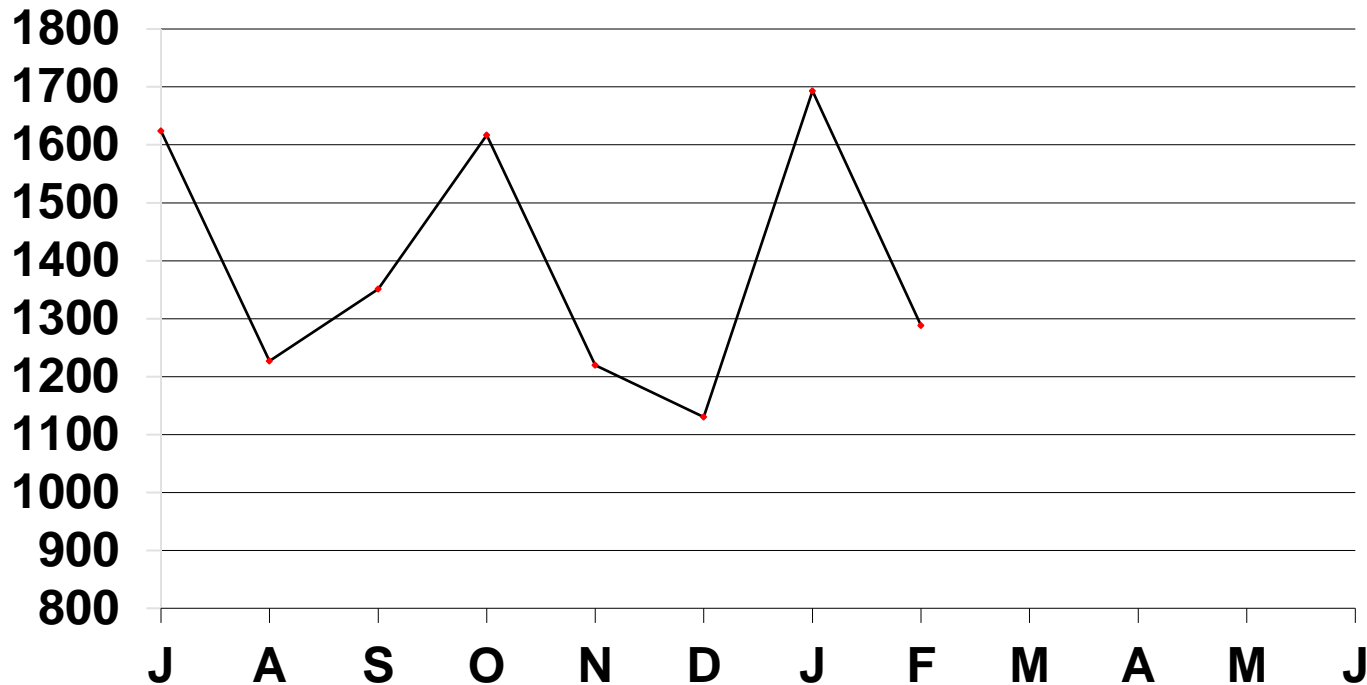
**TWELVE MONTH ROLLING AVERAGE  
DELTA DENTAL**

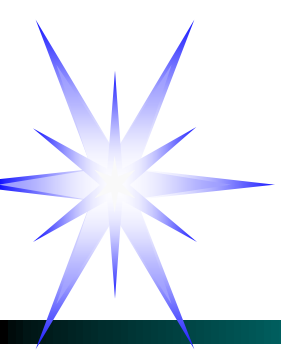
March 1, 2025 - February 28, 2026	\$ 67.91
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# Average Cost Per Participant Monthly

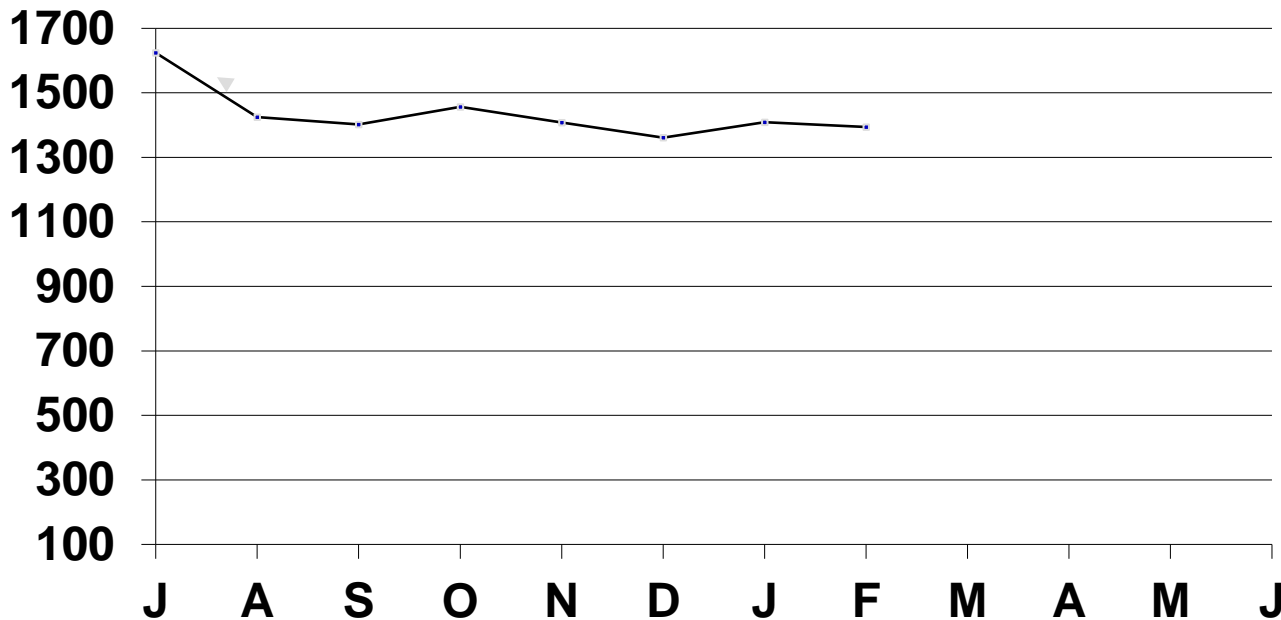
Fresno City Employees H & W Trust  
July 25 – Jun 26



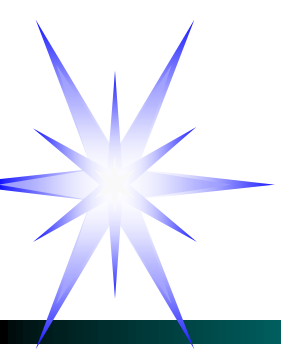


# Average Cost Per Participant Year to Date

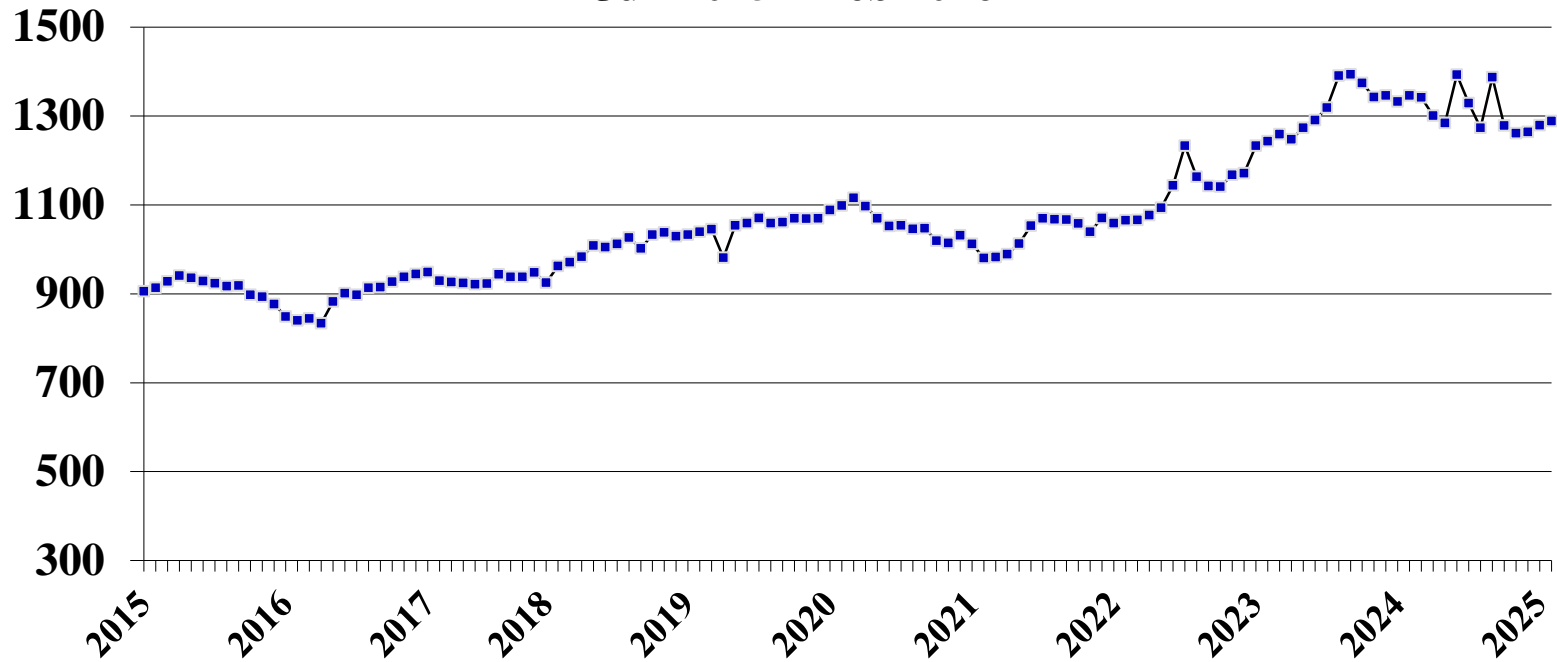
Fresno City Employees H & W Trust  
July 25 – Jun 26



# Average Cost Per Participant 12 Month Rolling Average



Fresno City Employees H & W Trust  
Jun 2015 – Feb 2026



**FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST**  
**FINANCIAL ANALYSIS FOR MEDICAL, VISION AND PRESCRIPTION DRUG**  
**EIGHT MONTHS ENDING FEBRUARY 28, 2026**

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
<b>ACTIVES</b>								
PPO Contributing	2,597	\$ 1,721.02	\$ 133.58	\$ 1,854.60	\$ 1,323.00	\$ 3.32	\$ (528.28)	\$ (10,975,545.28)
PPO Non-Cont 35	1,480	\$ 694.44	\$ 133.58	\$ 828.02	\$ 895.00	\$ 3.32	\$ 70.30	\$ 832,352.00
PPO Non-Cont 25	84	\$ 254.43	\$ 133.58	\$ 388.01	\$ 1,037.00	\$ 3.32	\$ 652.31	\$ 438,352.32
								\$ -
<b>TOTAL (a)</b>	4161	\$ 1,326.28	\$ 133.58	\$ 1,459.86	\$ 1,164.99	\$ 3.32	\$ (291.55)	\$ (9,704,840.96)
<b>RETIREES</b>								
PPO Plan	182	\$ 2,161.87	\$ 133.58	\$ 2,295.45	\$ 1,323.00	\$ 3.32	\$ (969.13)	\$ (1,410,082.33)
<b>TOTAL</b>	182	2,161.87	\$ 133.58	\$ 2,295.45	\$ 1,323.00	\$ 3.32	\$ (969.13)	\$ (1,410,082.33)
<b>COBRA</b>								
PPO Plan	5	\$ 14,814.49	\$ 133.58	\$ 14,948.07	\$ 1,349.46	\$ 3.32	\$ (13,595.29)	\$ (543,811.60)
<b>TOTAL</b>	5	\$ 14,814.49	\$ 133.58	\$ 14,948.07	\$ 1,349.46	\$ 3.32	\$ (13,595.29)	\$ (543,811.60)
<b>MEDICARE SUPP</b>								
PPO Plan	156	\$ 1,808.47	\$ 29.96	\$ 1,838.43	\$ 725.00	\$ 3.32	\$ (1,110.11)	\$ (1,385,417.28)
<b>TOTAL</b>	156	\$ 1,808.47	\$ 29.96	\$ 1,838.43	\$ 725.00	\$ 3.32	\$ (1,110.11)	\$ (1,385,417.28)
<b>SELF-PAY</b>								
PPO Plan	17	\$ 1,995.43	\$ 133.58	\$ 2,129.01	\$ 1,595.00	\$ 3.32	\$ (530.69)	\$ (72,173.84)
<b>TOTAL</b>	17	\$ 1,995.43	\$ 133.58	\$ 2,129.01	\$ 1,595.00	\$ 3.32	\$ (530.69)	\$ (72,173.84)
<b>Stop-Loss Reimbursement</b>								\$ 407,420.68
<b>Prescription Drug Rebates</b>								\$ 6,353,469.74
<b>TOTAL</b>								\$ (6,355,435.59)

**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.

**FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST**

**FINANCIAL ANALYSIS FOR DENTAL  
EIGHT MONTHS ENDING FEBRUARY 28, 2026**

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN(LOSS)	YTD GAIN(LOSS)
Delta PPO	4451	\$ 67.87	\$ 5.60	\$ 73.47	\$ 111.00		\$ 37.53	\$ 1,336,368.24
PUD HMO	241	\$ -	\$ 42.32	\$ 42.32	\$ 111.00		\$ 68.68	\$ 132,415.04
<b>TOTAL</b>								\$ 1,468,783.28

**NOTES:**

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

All interest revenue has been allocated to Medical.

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





## Paid Claims Lag Time Analysis by Input Date

INCURRED: 01/01/1990 - 03/22/2026 | PAID: 01/01/2026 - 01/31/2026

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	5,767	54.0 %	54.0 %	10,470	98.1 %	98.1 %	10,563	99.0 %	99.0 %	10,190	95.5 %	95.5 %
11 - 14	1,053	9.9 %	63.9 %	90	0.8 %	98.9 %	71	0.7 %	99.6 %	247	2.3 %	97.8 %
15 - 21	1,044	9.8 %	73.7 %	81	0.8 %	99.7 %	36	0.3 %	100.0 %	187	1.8 %	99.5 %
22 - 28	687	6.4 %	80.1 %	19	0.2 %	99.9 %	3	0.0 %	100.0 %	29	0.3 %	99.8 %
Over 28	2,123	19.9 %	100.0 %	14	0.1 %	100.0 %	1	0.0 %	100.0 %	21	0.2 %	100.0 %

**Total # of claims: 10,674**

**Average days from incurred to input: 33.2**

**Average days from input to processed: .9**

**Average days from processed to paid: 3.1**

**Average days from input to paid: 4.1**

## Paid Claims Lag Time Analysis by Input Date

INCURRED: 01/01/1990 - 03/22/2026 | PAID: 02/01/2026 - 02/28/2026

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	6,003	50.7 %	50.7 %	11,769	99.5 %	99.5 %	11,792	99.7 %	99.7 %	11,596	98.0 %	98.0 %
11 - 14	1,342	11.3 %	62.1 %	25	0.2 %	99.7 %	17	0.1 %	99.8 %	140	1.2 %	99.2 %
15 - 21	1,203	10.2 %	72.2 %	20	0.2 %	99.8 %	20	0.2 %	100.0 %	64	0.5 %	99.7 %
22 - 28	669	5.7 %	77.9 %	8	0.1 %	99.9 %	3	0.0 %	100.0 %	16	0.1 %	99.9 %
Over 28	2,615	22.1 %	100.0 %	10	0.1 %	100.0 %	0	0.0 %	100.0 %	16	0.1 %	100.0 %

**Total # of claims: 11,832**

**Average days from incurred to input: 38**

**Average days from input to processed: .8**

**Average days from processed to paid: 3.2**

**Average days from input to paid: 4**

# Fresno City Employees Health and Welfare Trust

Fiscal Year July '26 – June '27



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

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

## IMPORTANT ANNOUNCEMENT

**May 1, 2026**

**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, 2026. 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, 2026. ANY CHANGES YOU MAKE WILL BE EFFECTIVE JULY 1, 2026.**

**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 2026/2027 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, 2026. 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**
<b>City Contribution</b>	\$ TBD	\$ TBD
<b>Employee Contribution</b>	<u>\$ TBD</u>	<u>\$ 0.00</u>
<b>Total Monthly Contribution</b>	\$ TBD	\$ TBD
<b>In-Network Medical Charge</b>	\$ 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, 2026 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: <https://www.fresno.gov/personnel/human-resources-support/#benefits>

### **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, 2026 Plan Booklet, please contact Personify Health at (559) 499-2450.

## **The Board of Trustees**

**Fresno City Employees Health and Welfare Trust**

Fiscal Year July '26 – June '27



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

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

**IMPORTANT ANNOUNCEMENT**

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**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.**

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The rate for medical, dental and vision benefits will increase for the new plan year beginning July 1, 2026. 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 HEATH 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**
<b>City Contribution</b>	\$TBD	\$TBD
<b>Employee Contribution</b>	<u>\$TBD</u>	<u>\$ 0.00</u>
<b>Total Monthly Contribution</b>	\$TBD	\$TBD
<b>In-Network Medical Charge</b>	\$ 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, 2026 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: <https://www.fresno.gov/personnel/human-resources-support/#benefits>

### **Checklist for Open Enrollment Completion**

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- 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, 2026 Plan Booklet, please contact Personify Health at (559) 499-2450.

## **The Board of Trustees**

**FRESNO** CITY EMPLOYEES  
HEALTH AND WELFARE TRUST

Fiscal Year July '26 -June '27

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



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

June x, 2026

«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, 2026; you were mailed an open enrollment packet at the end of April 2026. 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, 2026. You are strongly encouraged to complete your open Enrollment forms and return them to Personify Health 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, 2026, 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 Personify Health at (800) 442-7247.

We look forward to your reply,

**THE BOARD OF TRUSTEES**

**FRESNO** CITY EMPLOYEES  
HEALTH AND WELFARE TRUST

Fiscal Year July '26 -June '27

P.O. BOX 45018  
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(559)499-2450  
(800)442-7247

June x, 2026

«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, 2026. You were mailed an announcement for the online open enrollment at the end of April 2026. 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, 2026. 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, 2026, until such time as you complete your Open Enrollment process.

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

We look forward to your reply,

**THE BOARD OF TRUSTEES**

Fiscal Year July '26-June '27



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

June x, 2026

«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, 2026. An open enrollment announcement regarding the online open enrollment was sent to you at the end of April 2026. On June X, 2026, a letter was mailed to you providing a grace period extension to June 30, 2026 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, 2026, 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 Personify Health at (800) 442-7247.

**THE BOARD OF TRUSTEES**

Fiscal Year July '26-June '27



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

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

June x, 2026

«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, 2026. Open enrollment materials were sent to you at the end of April 2026. On June X, 2026, a letter was mailed to you providing a grace period extension to June 30, 2026 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, 2026, 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 Personify Health at (800) 442-7247.

**THE BOARD OF TRUSTEES**

# Medicare Supp Open Enrollment on HCOOnline

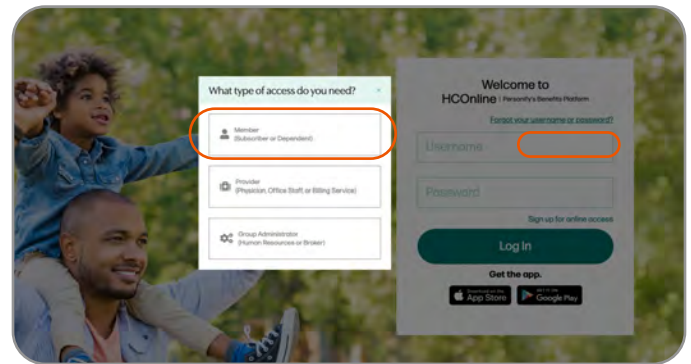
## Open Enrollment is May 1–31, 2026.

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](https://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:

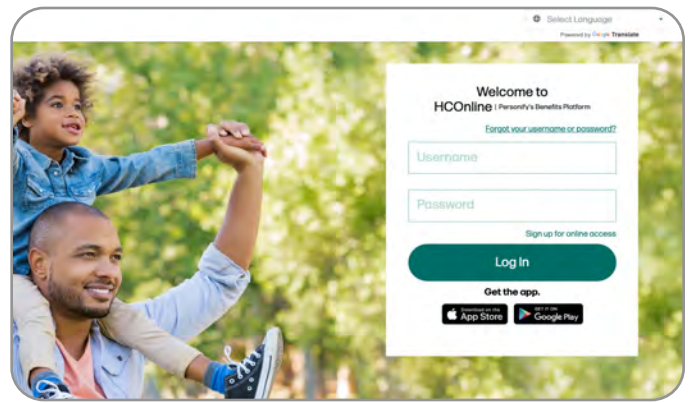
A screenshot of the 'Sign up for online access' page. The 'What type of health plan do you have?' dropdown menu is open, with 'Employer' selected and circled in orange. Below the dropdown, there are several form fields: 'Social Security number', 'Date of Birth', 'Name (ZC Code #)', and 'Home Zip Code #'. There is also a checkbox for 'I'm not a robot' and a 'Submit' button.

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

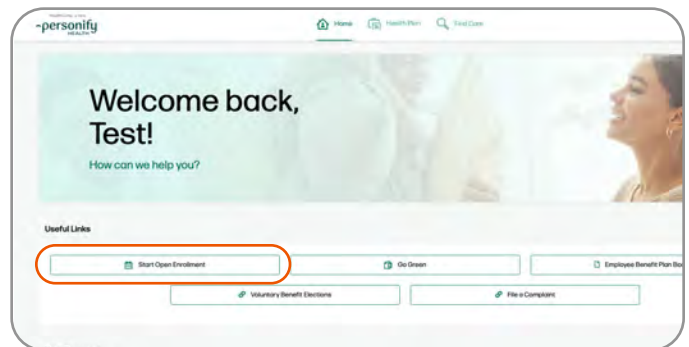
# Complete open enrollment

1. Go to HCOOnline at [hconline.healthcomp.com](https://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.

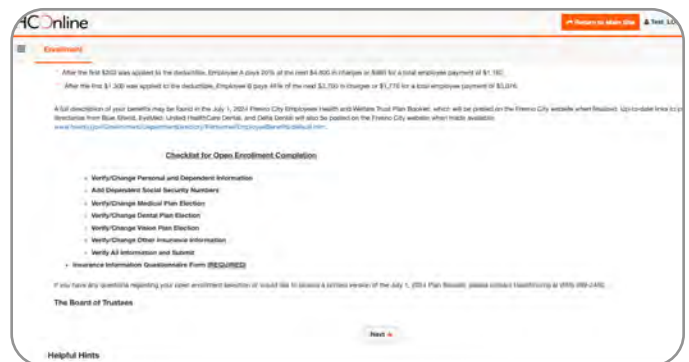
## Login page:



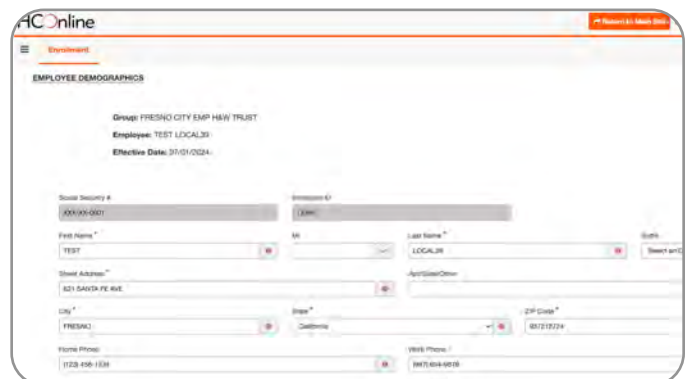
## Home page, Open Enrollment:



## Enrollment interface:



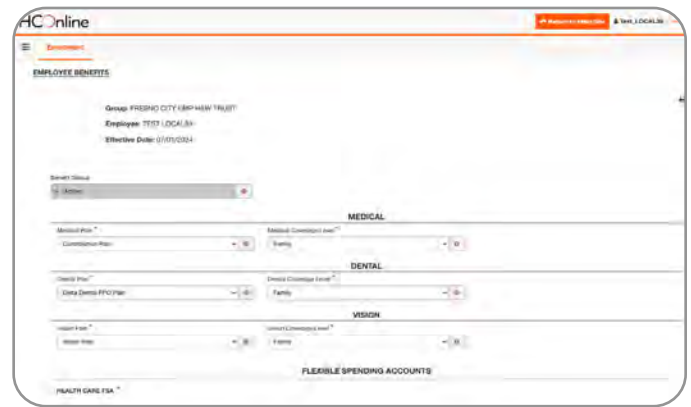
## Employee Demographics page:



# Complete open enrollment continued

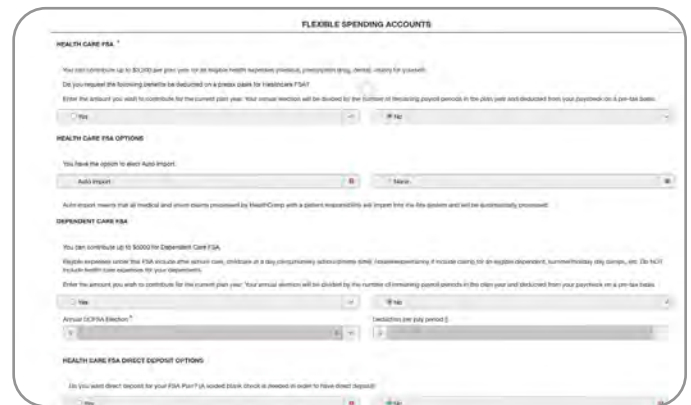
6. On the **Employee Benefits** page, you can elect medical, dental, vision and FSA coverage for you and your family. For each type of coverage, you are required to select **both a plan and a coverage level**. Select the drop-down menus to view your options.

## Employee Benefits page:



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.

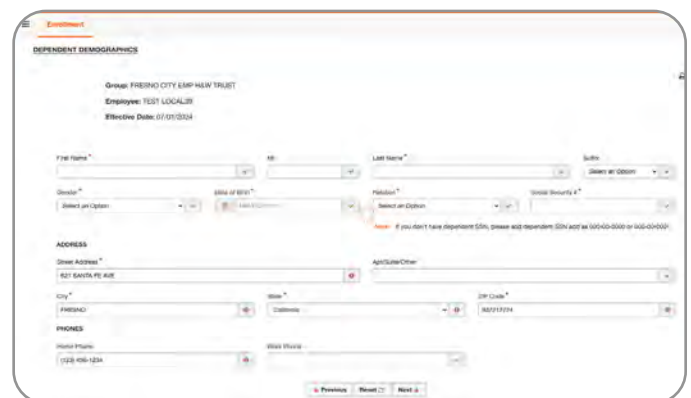
## Employee Benefits page:



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**.

## Dependents page:



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](mailto: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.

# 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:

The screenshot shows the 'Other Insurance Upload' form page. At the top, there is a navigation bar with the Personify Health logo and links for Home, Health Plan, File, and Find Care. The main form area is divided into several sections:

- Other Insurance Upload:** This section contains three input fields: 'Subscriber Name', 'Medical id/No or SSN', and 'Employer Name'. Below these fields are two radio button questions: 'Is this related to a specific claim?' (with 'Yes' and 'No' options) and 'Do you or any of your covered dependents have existing health coverage (this includes Medicare)?' (with 'Yes' and 'No' options).
- Covered Members Without Other Insurance:** This section has a 'Member Name' input field, a 'Date of Birth' input field with a calendar icon, and an 'Add Another Member' button.
- Signature and Date:** At the bottom, there is a declaration: 'I declare under penalty of perjury that the above statements are true and complete to the best of my knowledge.' Below this are 'Signed' and 'Date' input fields, both with calendar icons.

## Add supporting documents:

The screenshot shows the 'Attachments' section of the form. It features a large light blue area with a dashed border and a central green cloud icon with a plus sign. Below the icon, the text reads 'Drag & Drop Files Here!'. At the bottom of the section, there are two buttons: 'Submit For Review' and 'Back To Forms'.

# **Executive Summary Pharmacy Performance Overview January – December 2025**



## **Fresno City Employees' Health & Welfare Trust**

March 25, 2026



# Executive Summary

## Pharmacy Performance Overview

**January - December 2025 Pharmacy Net of Rebate\* Plan Paid was \$17,842,648 which was up from \$14,396,484 in January – December 2024**

- ▶ January - December 2025 Net of Rebate Plan Paid PMPM was \$124.65
- ▶ January - December 2024 Net of Rebate Plan Paid PMPM was \$101.92

### Pharmacy Plan Paid Drivers

- ▶ **Drug Mix:** Members are using different medications
  - Diabetes Plan Paid increased \$1M to \$4.3M from \$3.3M, with Mounjaro (GLP1) being the primary driver of the increase
  - Weight Loss (GLP1) Plan Paid increased sharply to \$4.3M from \$1.8M with Zepbound showing the highest Plan Paid increase to \$2.6M from ~\$700k
  - Average Generic Dispensing Rate decreased to 83.8% from 84.9%, which saw a dip from July through October
  - Specialty medication accounts for 43.6% of all pharmacy spend, driven by 1.2% of all prescriptions
- ▶ **Utilization**
  - 68% of members accessed the pharmacy benefit in January - December 2025 (up from 65% in January - December 2024)
  - Average member filled 7.6 prescriptions per year (similar to January – December 2024)

\*3q and 4q 2025 rebates are estimates

# Key Performance Indicators

	January – December 2024	January – December 2025	Trend
Eligible members	11,771	11,928	1.3%
Utilizing members	7,650	8,110	6.0%
Utilizing %	64.0%	68.0%	4.6%
Prescription Count	87,264	90,306	3.5%
Prescription Count PMPY	7.4	7.6	2.1%
Plan Paid	\$ 20,975,996	\$ 26,156,204	24.7%
Plan Paid PMPM	\$ 148.50	\$ 182.74	23.1%
Non-Specialty Plan Paid PMPM	\$ 79.77	\$ 103.07	29.2%
Specialty Plan Paid PMPM	\$ 68.74	\$ 79.66	15.9%
Rebates*	\$ (6,579,809)	\$ (8,313,921)	26.4%
Net Plan Paid	\$ 14,396,484	\$ 17,842,648	23.9%
Net Plan Paid PMPM	\$ 101.92	\$ 124.66	22.3%
Net Plan Paid / Rx	\$ 164.98	\$ 197.58	19.8%
Generic Dispensing (%)	84.9%	83.8%	-1.3%
Member Copay / Rx	\$ 25.36	\$ 23.65	-6.8%
Member Cost Share %	15.4%	12.0%	-22.2%
Specialty Plan Paid (\$)	\$ 9,708,902	\$ 11,402,580	17.4%
Specialty Plan Paid (%)	46.3%	43.6%	-5.8%

## Key Observations

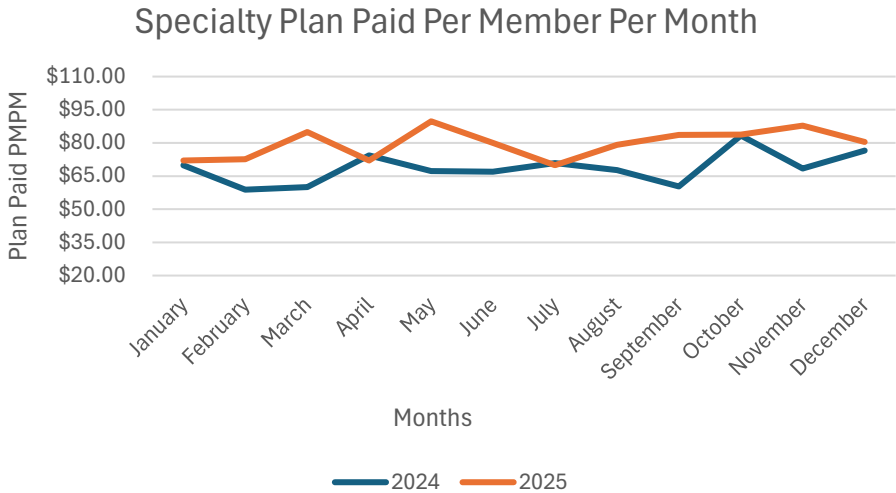
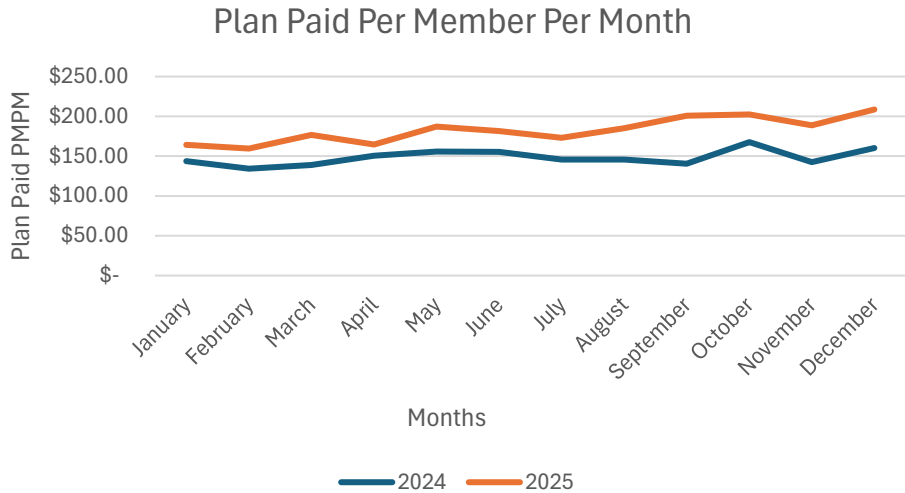
- Utilization has slightly increased
  - More utilizers
  - More Rx per members
- Net Plan Paid PMPM trend is 22.3%, which is above the norm for Labor & Trust clients
  - Primarily driven by the higher weight loss costs
- Weight Loss, Diabetes, and Specialty medication use represent ~76.4% of plan costs
- Generic Dispensing Rate (%) declined by ~1%.
  - The average generic medication is 10x less expensive than a brand medication

\*2025 rebates are estimates

# Pharmacy Cost Drivers

## Plan Paid PMPM tracking

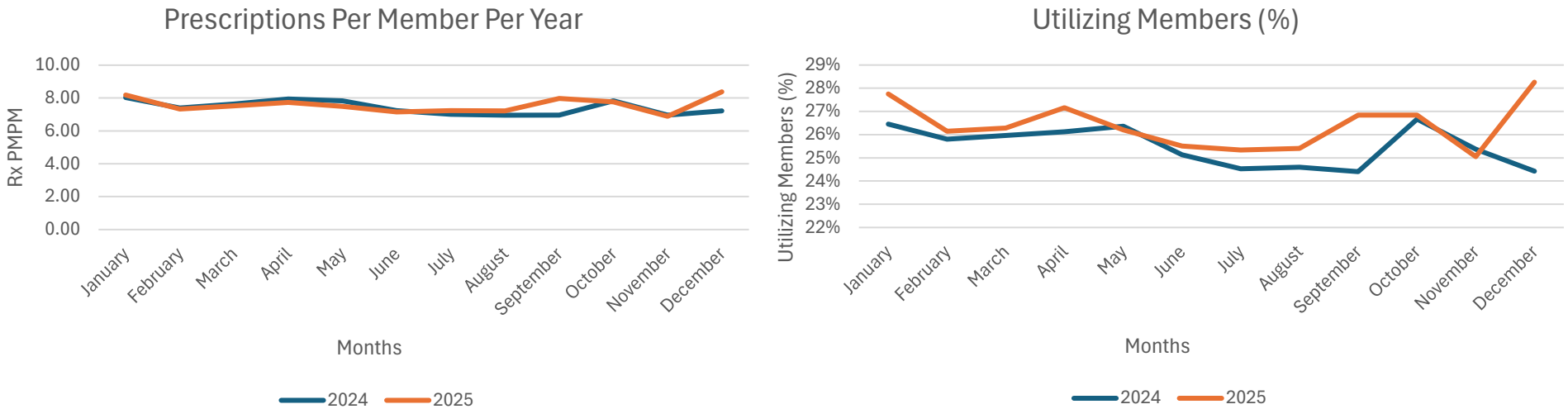
Plan Paid is higher in 2025 versus 2024



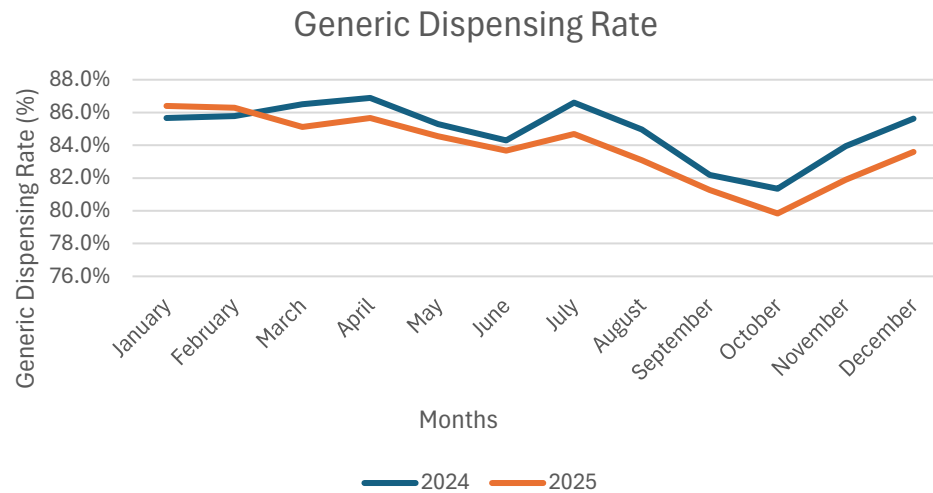
# Pharmacy Cost Drivers

## Utilization and Drug Mix

Average utilizing members has slightly increased when comparing the two time periods



End of year rise in generic medications use decreases plan costs



# Disease States Sorted by Plan Paid

Top 5 Disease States represent ~\$17M in Plan Paid

	January 2025 - December 2025		
Condition	Member Count	Plan Paid	Plan Paid PMPM
Inflammatory Conditions	175	\$ 6,018,973	\$ 42.05
Weight Loss	692	\$ 4,304,671	\$ 30.07
Diabetes	755	\$ 4,282,367	\$ 29.92
Asthma / COPD	1,626	\$ 1,222,624	\$ 8.54
Cholesterol Lowering Agents	1,451	\$ 1,153,031	\$ 8.06
Oncology	210	\$ 987,471	\$ 6.90
Cystic Fibrosis	2	\$ 521,747	\$ 3.65
HIV	35	\$ 520,379	\$ 3.64
Multiple Sclerosis	5	\$ 509,451	\$ 3.56
Seizure Disorders	629	\$ 425,720	\$ 2.97
<b>Total</b>	<b>23,412</b>	<b>\$ 19,946,435</b>	<b>\$ 139.35</b>

## Key Observations

- Weight Loss spend has increased by ~\$2.5M
  - Primarily driven by higher Zepbound utilizing members and script counts
- Diabetes spend has increased ~\$957K
- Inflammatory plan costs have increased in 2025 by \$861K
  - Primarily driven by more higher script counts
  - Humira cost declined from \$1.1M to \$722k due to biosimilar
- Oncology costs have decreased ~\$587K
- A new Juxtapid (lomitapide) member resulted in a ~\$720K increase to cholesterol spend. (see slide 8)

# Non-Specialty Utilization Top 10 Drugs by Plan Paid

7 of the top 10 drugs treat diabetes

		January - December 2025					January - December 2024						
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		
Zepbound	Weight Loss	420	2224	\$ 2,600,738	\$ 18.17	\$ 1,169	130	626	\$ 686,211	\$ 4.86	\$ 1,096		
Wegovy	Weight Loss	250	1139	\$ 1,693,984	\$ 11.83	\$ 1,487	234	1,286	\$ 1,697,582	\$ 12.02	\$ 1,320		
Ozempic	Diabetes	222	955	\$ 1,454,684	\$ 10.16	\$ 1,523	202	1,036	\$ 1,401,657	\$ 9.92	\$ 1,353		
Mounjaro	Diabetes	172	871	\$ 1,242,949	\$ 8.68	\$ 1,427	121	695	\$ 862,799	\$ 6.11	\$ 1,241		
Jardiance	Diabetes	155	424	\$ 526,448	\$ 3.68	\$ 1,242	145	485	\$ 532,892	\$ 3.77	\$ 1,099		
Farxiga	Diabetes	86	326	\$ 335,212	\$ 2.34	\$ 1,028	84	368	\$ 332,281	\$ 2.35	\$ 903		
Biktarvy	Antiviral	9	45	\$ 304,361	\$ 2.13	\$ 6,764	10	54	\$ 352,872	\$ 2.50	\$ 6,535		
Eliquis	Blood Thinner	83	302	\$ 285,888	\$ 2.00	\$ 947	75	420	\$ 313,838	\$ 2.22	\$ 747		
Dexcom	Diabetes	95	340	\$ 239,233	\$ 1.67	\$ 704	59	208	\$ 130,332	\$ 0.92	\$ 627		
Repatha	PCSK9 inhibitor	67	240	\$ 238,470	\$ 1.67	\$ 994	38	249	\$ 160,680	\$ 1.14	\$ 645		
			6,866	\$ 8,921,968	\$ 62.33	\$ 1,299				5427	\$ 6,471,143	\$ 45.81	\$ 1,192

Jardiance has cardiovascular protection and should stay high. Farxiga generic is now available.

All belong to GLP1 medication class. Zepbound utilization is sharply increasing. Mounjaro utilization increasing as well.

# Specialty Utilization

## Top 10 Drugs by Plan Paid

4 of the top 10 drugs are biologic medications

		January - December 2025					January - December 2024				
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
Skyrizi	Inflammation	11	45	\$ 974,138	\$ 6.81	\$ 21,648	9	38	\$ 782,679	\$ 5.54	\$ 20,597
Dupixent	Inflammation /Asthma	27	211	\$ 827,489	\$ 5.78	\$ 3,922	23	197	\$ 684,190	\$ 4.84	\$ 3,473
Juxtapid	High Cholesterol	1	12	\$ 715,028	\$ 5.00	\$ 59,586	0	0	\$ -	\$ -	\$ -
Stelara	Inflammation	7	19	\$ 553,301	\$ 3.87	\$ 29,121	9	31	\$ 851,729	\$ 6.03	\$ 27,475
Tremfya	Inflammation	12	41	\$ 548,747	\$ 3.83	\$ 13,384	6	21	\$ 268,416	\$ 1.90	\$ 12,782
Wezlana	Inflammation	6	21	\$ 541,964	\$ 3.79	\$ 25,808	0	0	\$ -	\$ -	\$ -
Trikafta	Cystic-fibrosis	2	18	\$ 489,030	\$ 3.42	\$ 27,168	1	15	\$ 391,268	\$ 2.77	\$ 26,085
Kesimpta	Multiple Sclerosis	4	43	\$ 380,046	\$ 2.66	\$ 8,838	4	44	\$ 389,524	\$ 2.76	\$ 8,853
Rinvoq	Inflammation	12	55	\$ 375,842	\$ 2.63	\$ 6,833	6	50	\$ 370,167	\$ 2.62	\$ 7,403
Taltz	Inflammation	5	53	\$ 365,845	\$ 2.56	\$ 6,903	5	55	\$ 425,431	\$ 3.01	\$ 7,735
			518	\$ 5,771,431	\$ 40.32	\$ 11,142	451	\$ 4,163,403	\$ 29.48	\$ 9,231	

Wezlana is the biosimilar to Stelara.

Humira is no longer in the top 10, as biosimilar options for Humira have reduced claim costs in 2025 costs.

New claim in 2025. Juxtapid treats homozygous familial hypercholesterolemia (HoFH), an orphan condition; not used for general hypercholesterolemia.

# July 1, 2026 Formulary Update

## OptumRx formulary changes effective July 1, 2026, will impact fifty-two (52) members\*

### Exclusion. Forty-eight (48) members;

- Medications that OptumRx chooses not to cover. Exclusions can be for various reasons, including the availability of cheaper generic alternatives, drugs being used for non-medical purposes, or the potential for misuse.
- ▾ **Premarin: Seven (7) members.** Conjugated estrogen generic equivalent has been available for many years. *Three (3) members have already switched to the generic.*
- ▾ **Thyroid: Forty (40) members.** Removing animal-derived thyroid medications due to FDA concerns with inconsistent doses and possible impurities. Generic alternatives, levothyroxine and liothyronine, are available.

### Step Therapy. Two (2) members; one medication

- Patients must try less expensive or preferred medications before being covered for more costly options. This process ensures that cost-effective treatments are tried first.

### Quantity Limit. Two (2) members; one medication

- Restrict the amount or quantity of medication covered under your plan per 30 day prescription. The Quantity Limit program promotes safe and appropriate use of medications. Overuse of medications can lead to poor health outcomes and may unnecessarily drive up the cost of healthcare

- ▾ OptumRx will send impacted members information about these formulary changes and how their provider can assist them navigate the formulary changes

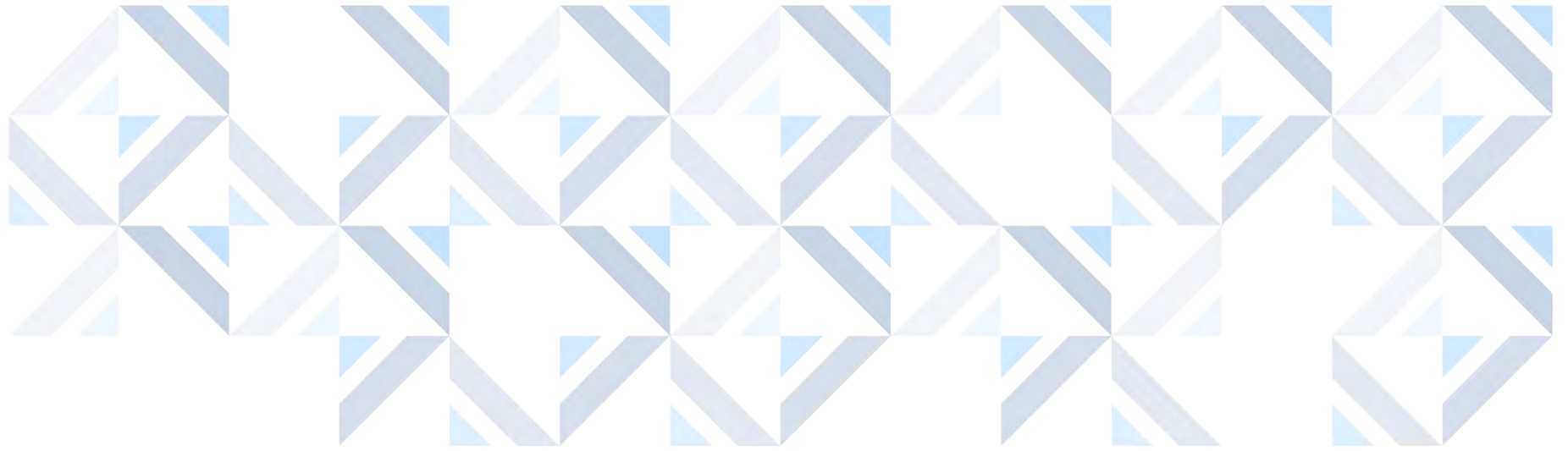
\* Based on paid claims from September 4, 2025 through March 2, 2026  
Fresno City Employees Health & Welfare Trust

# Next steps

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

- ▶ Continue to monitor plan paid performance for increases in select medical conditions / drug categories
- ▶ 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



**Thank You**



# July 1, 2026 Pharmacy Benefit Update



# Fresno City Employees Health & Welfare Trust

## 7/1/2026 Formulary Cycle Change Summary Impact

	Target Medication	Disease State	Change Details	Alternative	Fresno Impact
<b>Premium Exclusion</b>	Premarin	Hormone replacement	Tier 2 → Excluded	conjugated estrogen tablet, Duavee	7
	Rytary	Parkinson disease	Tier 3 → Excluded	carbidopa-levodopa ER tablet	1
<b>Vigilant Drug Program</b>	NP Thyroid, Thyroid	Hypothyroidism	Tier 1 → Excluded	levothyroxine tablet, liothyronine tablet	24
	Armour Thyroid	Hypothyroidism	Tier 3 → Excluded	levothyroxine tablet, liothyronine tablet	16
<b>Quantity Limit</b>	ivermectin 3mg tab	Anthelmintic	Add <b>quantity limit</b> – 18 tablets per 180 days	N/A	2
<b>Step Therapy</b>	Zoryve foam 0.3%	Plaque psoriasis	Remove PA, add <b>step therapy</b>	Any one of the generics: acclometasone, amcinonide, betamethasone, clobetasol, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, flurandrenolide, fluticasone, halcinonide, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone, pramoxine-HC, calcipotriene-betamethasone, tacrolimus, pimecrolimus, calcipotrine, calcitrol, tazarotene, clotrimazole, econazole, ketoconazole, luliconazole, miconazole, oxiconazole, sertaconazole, sulconazole, selenium sulfide	2
<b>Total</b>					<b>52</b>

# July 1, 2026 Formulary Management



# July 1, 2026 key formulary updates



## Affordability

- **Generics** for Premarin will become preferred at Tier 1, excluding the brand from formulary, delivering improved savings for your plans and members.
- Promoting the use of lower cost medications, 187 drugs will be added to the **Vigilant Drug Program** including 60 **Non-Essential Drugs** and 82 **Non-Essential Creams and Patches**. Unapproved animal-derived thyroid medications will also be added to the Non-Essential Drug List due to recent guidance from the FDA.

## Specialty medication updates

- To further advance biosimilar use, select **Prolia and Xgeva biosimilars** will be preferred over the originator products at Tier 2 on our standard formularies, offering a lower net cost.

## Utilization Management

Addressing appropriate usage and providing client savings through utilization management:

- New **Step Therapy** will be applied to 7 drugs including Zoryve foam.
- **Quantity Limits** will be applied to the new categories of anthelmintics used for worm and parasitic infections.

# New generic availability drives savings

All new generic alternatives will be Tier 1

Therapeutic class	Brand drug	Formulary status	Alternatives
Anti-infective Agents	Dificid tablet	Premium: Tier 3 → Excluded	fidaxomicin tablet
Antineoplastic Agents	Tasigna capsule	Premium: Tier 3 → Excluded	nilotinib HCl capsule
Hematological Agents	Promacta powder, tablet	Premium: Tier 3 → Excluded	eltrombopag powder, tablet
Hormonal Agents	Premarin tablet	Premium: Tier 2 → Excluded	conjugated estrogen tablet

Impact:  
7 members\*



Savings potential

~ \$21,209

Brand Tasigna capsule AWP per Rx

~ \$19,513

Generic nilotinib HCl capsule AWP per Rx

\*3 of the 7 impacted members have already switched to the generic

# Preferring Prolia and Xgeva biosimilars

Optum Rx will prefer Prolia and Xgeva biosimilars with FDA interchangeability and stable market supply. We support strategies that align with our patient-first guiding principles of clinical quality, accessibility, and affordability.

## Premium Formulary

Therapeutic class	Originator product	New Strategy
		Tier 2 with PA/QL Stoboclo
Osteoporosis	Prolia	Excluded July 1, 2026 Prolia, Jubbonti, Conexence
		Tier 2 with PA Osenvelt
Cancer	Xgeva	Excluded July 1, 2026 Xgeva, Wyost, Bomynta





- Current preferred biosimilars are **lower net cost** compared to their originators.
- Members using originators will be notified and supported through their transition to a biosimilar.
- Additional preferred biosimilars will be considered for formulary inclusion, giving more options to members and providers.

# July 1, 2026 Optum Rx<sup>®</sup> Vigilant Drug Program<sup>®</sup> updates

Removing waste and shifting use to lower cost drugs through exclusions and Prior Authorizations



Program	Additions (Negative Change)	Removals (Positive Change)
Clinical Duplicate Drugs	13 products	5 products
Non-Essential Drugs	60 products	2 products
Non-Essential Drugs/Creams and Patches	82 products	0 products
High-Cost Brands with Generics	24 products	0 products
 <b>Savings</b> <ul style="list-style-type: none"> <li>• <b>Excluded:</b> Brilinta</li> <li>• <b>Preferred option:</b> ticagrelor tablet</li> </ul>		<ul style="list-style-type: none"> <li>• Cost \$559/Rx</li> <li>• Cost \$451/Rx</li> </ul>
High-Cost Generics	8 products	0 products
 <b>Savings</b> <ul style="list-style-type: none"> <li>• <b>Excluded:</b> sertraline capsule</li> <li>• <b>Preferred option:</b> sertraline tablet</li> </ul>		<ul style="list-style-type: none"> <li>• Cost \$184/Rx</li> <li>• Cost \$97/Rx</li> </ul>
Performance Drivers	0 products	0 products
<b>187 products will be added</b>		

# Moving unapproved thyroid products to the Non-Essential Drug List

As part of the Vigilant Drug Program

**Adding unapproved animal-derived thyroid medications** due to FDA concerns with **inconsistent doses** and **possible impurities**. Products include Adthyza, Armour Thyroid, Evexithroid, Niva Thyroid, NP Thyroid and Renthroid.



FDA announced intention to take action against suppliers of these products, and is encouraging transition to approved synthetic medications used to treat hypothyroidism.

Supply of these products is anticipated to diminish over time.

Generic options of **levothyroxine** and **liothyronine** are available on Optum Rx formularies at **Tier 1**.

Fresno City  
Impact:  
40 members

# 2025: A dynamic year of approvals in the GLP-1/GIP space



## Chronic kidney disease

Ozempic (semaglutide)

Jan. 28, 2025



## MASH

Wegovy (semaglutide)

Aug. 15, 2025



## Weight loss

First-time generic of  
Saxenda (liraglutide)

Aug. 28, 2025



## Cardiovascular risk reduction

Rybelsus (semaglutide)

Oct. 17, 2025



## Weight loss and MACE

Oral Wegovy (semaglutide)

Dec. 28, 2025



## Heart failure

Wegovy (semaglutide)

**UPDATE:** Will not be  
approved



## Peripheral artery disease

Ozempic (semaglutide)

**UPDATE:** Will not be  
approved

# Potential new indications on the horizon

Pending trial results and FDA submission



## Alzheimer's disease

Semaglutide

Novo Nordisk

**December 2025**

**UPDATE:** Indication  
no longer being  
studied, primary  
endpoint not met.



## Osteoarthritis

Retatrutide

Eli Lilly



## Psoriasis & psoriatic arthritis

Tirzepatide +  
ixekizumab

Eli Lilly



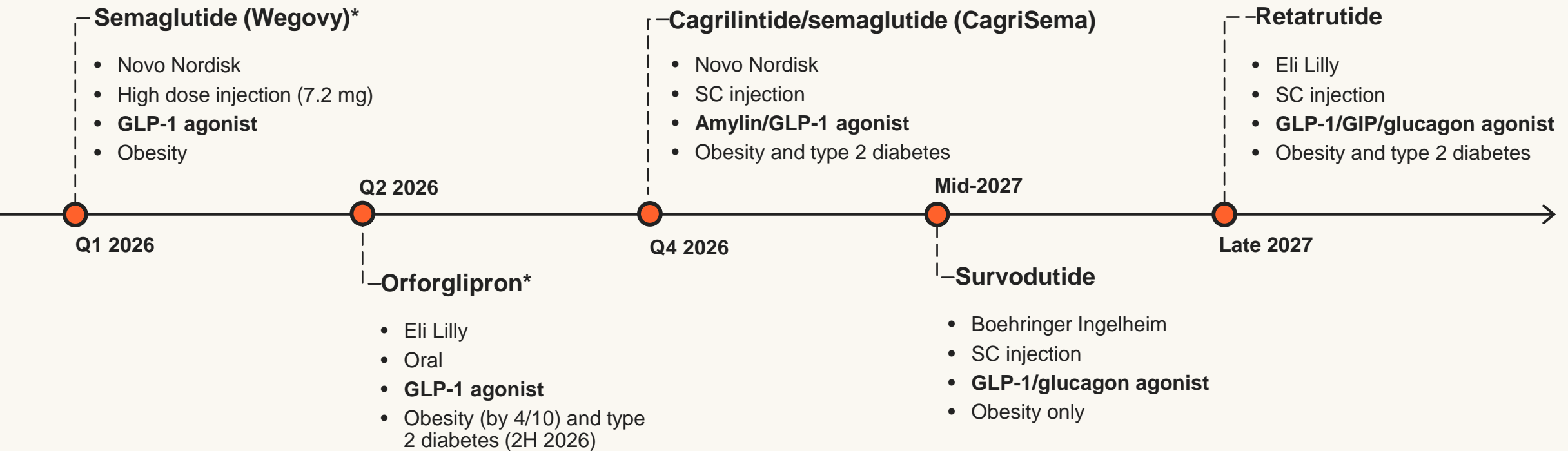
## Hypertension

Orforglipron

Eli Lilly

# When will we see competition?

## Diabetic and non-diabetic GLP-1 new drug pipeline 2026–2027



\*National Priority Review Voucher

# July 1, 2026 Utilization Management



# July 1, 2026 Step Therapy updates

Therapeutic class	Step 2 drugs (Requires trial of step 1)	Step 1 drugs	Savings potential <sup>1</sup>
Central Nervous System: <b>Amyotrophic Lateral Sclerosis (ALS) Agents</b>	Tiglutik Teglutik suspension (riluzole)	<b>Generic riluzole</b>	<p>&gt;~\$1,000 /Rx Zoryve Foam</p> <p>~\$10 to \$100/Rx Corticosteroid alternatives</p>
Dermatology: <b>Topical Immunomodulators</b>	Zoryve foam 0.3% (roflumilast)	<p><b>Any one of the following topical generics:</b>                      alclometasone, amcinonide, betamethasone, clobetasol, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, flurandrenolide, fluticasone, halcinonide, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone, pramoxine-HC, calcipotriene-betamethasone, tacrolimus, pimecrolimus, calcipotrine, calcitrol, tazarotene, clotrimazole, econazole, ketoconazole, luliconazole, miconazole, oxiconazole, sertaconazole, sulconazole, selenium sulfide</p>	<p><b>Impact:</b> 2 members*</p>

\*Both impacted members meet the step therapy requirement

# July 1, 2026 Quantity Limit updates

Therapeutic class	Drug	New or revised quantity limit
Anti-infectives: <b>Anthelmintics</b>	albendazole tab 200 mg	120 tablets per 180 days
	Biltricide tab 600 mg, praziquantel tab 600 mg	105 tablets per 180 days
	Emverm tab 100 mg	6 tablets per 180 days
	ivermectin 6 mg tab	9 tablets per 180 days
	Stromectol tab 3 mg, ivermectin 3 mg tab	18 tablets per 180 days
Oncology (Oral): <b>Kinase and Molecular Target Inhibitors</b>	pazopanib tab 200 mg	3 tablets per day
Respiratory: <b>Pulmonary Fibrosis</b>	pirfenidone tab/cap 267 mg	9 tablets per day
	pirfenidone tab 801 mg	3 tablets per day
	Ofev cap	2 capsules per day


## Quantity Limits

- Encourage evidenced-based use
- Promote patient safety
- Reduce waste
- Control costs



\*Both impacted members will require prior authorization review for over the quantity limitation

# GLP-1 PA options for weight loss

 <b>Requirement</b>	<b>Standard UM<sup>^</sup> ★</b> Aligns to drug label (full rebate) Effective July 1, 2025	<b>Label Based UM</b> Aligns to drug label (lower rebate)	<b>Cardiometabolic UM</b> BMI 35+ (lowest rebate)	<b>Risk Stratified UM</b> Higher risk patients (no rebate)
<b>Initial Coverage Criteria</b>	<b>12 months</b>	<b>6 months</b>	<b>6 months</b>	<b>6 months</b>
Use is for weight loss	✓	✓	✓	✓
Requires presence of obesity-related comorbidity	✓	✓		✓ (cardiovascular only)
BMI	≥27 kg/m <sup>2</sup> w/a comorbidity	✓	✓	
	≥30 kg/m <sup>2</sup>	✓	✓	
	≥35 kg/m <sup>2</sup>			✓
Check for duplicate GLP-1s	✓	✓	✓	✓
Submission of chart notes		Can add chart notes for BMI	✓	✓
Step therapy requirement (through 2 non-GLP-1 weight loss drugs for 3 months each*)				✓
Lifestyle modification requirements		✓	✓	✓ (documentation of specific requirements)
	Wegovy or Zepbound claim adjudicates as covered with any weight loss GLP-1 claim in prior 90 days or ICD-10 for obesity			*Required if plan covers alternative non-GLP-1 weight loss drugs
<b>Reauthorization criteria</b>	<b>12 months</b>	<b>6 months</b>	<b>6 months</b>	<b>6 months</b>
	<b>Attestation</b> of weight loss and no duplication of GLP-1/GIP therapy	<b>Attestation</b> confirming all of the following: weight loss, lifestyle intervention, and no duplication of GLP-1/GIP therapy	<b>Chart notes</b> confirming all of the following: weight loss, BMI, lifestyle intervention and no duplication of GLP-1/GIP therapy	<b>Chart notes</b> confirming all of the following: weight loss, BMI, lifestyle intervention, adherence, maintenance dose and no duplication of GLP-1/GIP therapy. Prescriber practice check. For T2DM, must use formulary GLP-1 indicated for T2DM.
	<sup>^</sup> Can set obesity-specific cost-share up to <b>\$150 per month.</b>			

★ In place for Fresno City

# July 1, 2026 Communications



# Formulary communication channels for cycle notifications

## Multiple channels to reach members

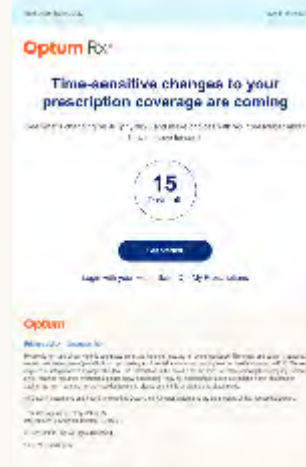


### Mailings

Disruption letters mailed to all negatively impacted members 60 days prior to effective date.

### Member letters on optumrx.com

Members can view their disruption letters in the Documents section on [optumrx.com](https://optumrx.com).



### Emails

Emails are sent to members to let them know about alerts on Optum Rx portal. Emails include no PHI and are only sent to members that are in the cycle mailings.



### Portal Alerts

Formulary change alerts appear for an impacted drug on the Optum Rx portal after member login.



### Formulary Collateral

#### Booklets

Member-friendly list of the top 450 non-specialty and 50 specialty medications based on utilization.

#### Member flyers

Flyers and clinical drug lists are available to announce and communicate updates to employers and members.



### Provider Notifications Digital

Standard offering is to post [Formulary Updates for Providers | Optum](#) 90 days prior to cycle start date

- Updated by 4.1.26 for 7.1.26 cycle
- Updated by 10.1.26 for 1.1.27 cycle

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## Approved & Denied Appeals

Carrier:

Decided between 12/1/2025 12:00:00 AM and 1/1/2026 12:00:00 AM

Total Appeals Count -

CASE ID	CASE TYPE	ISAMC	PRIORITY	MEMBER ID	MEMBER DOB	LAST NAME

# 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” or “Bargaining Association 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. Electronic and hardcopy versions of said Plan Booklet shall be retained by the Plan Administrator and made available upon request.

SECTION 6. The term “Eligible” means any person who meets the eligibility requirements for benefits as determined from time to time by the City and/or the Third Party Administrator [KIM-This is my understanding of the Board’s motion regarding who decides eligibility- ]

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.

## 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 consist of 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 including but not limited to the City 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 Board may from time to time establish a procedure whereby any employee, retiree or dependent beneficiary may direct that benefits due said employee, retiree or dependent beneficiary be paid to a medical 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 (herein sometimes referred to individually as “Trustee” and collectively as ‘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 which now or in the future has such a Memorandum of Understanding requiring payments into this Trust. Any Trustee appointed by a Bargaining Association which ceases to have a Memorandum of Understanding requiring payments into this Trust shall automatically be removed as a Trustee. The current Bargaining Associations as of the effective date of this Trust Agreement are: **List all Bargaining Associations currently signatory to the Trust Agreement.** [KIM-BOARD opted to not include current Bargaining Association list; Board also added language clarifying a Bargaining Association loses its Trustee seat when its MOU no longer mandates payments by the City into the Trust, Finally, Board does not want to give full discretion to the Bargaining Association to name anyone they wish as their Trustee]

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, 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 Chair and Vice

Chair shall alternate between Employee and Employer Trustees every two (2) years. The responsibilities of the Secretary and Treasurer shall be established from time to time by the Board. [KIM-This is the language that was agreed upon with the Secretary and Treasurer responsibilities to be established later. However, Diana also noted your motion about who maintains Plan documents and financial records. This needs your input; also, the Board voted to alternate the Chair and Vice Chair positions between the Employer and Employee Trustee groups every 2 years]]

SECTION 3. Each Trustee shall serve until replaced as described hereinbelow or their resignation, death, inability to serve or the termination of their appointing Bargaining Association's Memorandum of Understanding requiring payment into this Trust [KIM- I added the language about termination of MOU], which ever first occurs.

SECTION 4. A Trustee may resign at any time by service written notice of such resignation upon the Chair, Vice-Chair or Trust Legal Counsel. [KIM- This language was adopted by the Board]

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** NOT CERTAIN FROM NOTES WHETHER THE REDLINED LANGUAGE SHOULD BE DELETED- IF SO, SHOULD THE SIDE LETTER BE CONFIRMED AS STILL OPERATIVE NOTWITHSTANDING THE RESTATEMENT OF THE TRUST AGREEMENT? [KIM- I looked back through my notes and I think the Board opted for the Trustees to have the discretion whether to set a 4 month reserve for the year, but if they are unable to agree on rates, the Consultant must use the 4 month of unrestricted reserves as its end of Plan Year target in establishing a rate- this needs work]

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.

The Board shall have the power from time to time to 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 shall 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. [KIM- The Board voted to remove the Fidelity Bond language from the document]

SECTION 3. All checks, drafts, vouchers, wire transfers, electronic payments or other withdrawals of money from the Trust shall be signed by whomever the Board authorizes to take such action. [KIM- removed "in writing" as voted by the Board; otherwise, our language was adopted]

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 of 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. The Independent Auditor shall determine which books and records it requires to perform said audit, subject to State and Federal privacy laws [KIM- The Board adopted our language].

## **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 KIM- The Board adopted our language].

SECTION 3. All meetings of the Board of Trustees shall be held at Fresno City Hall unless another place is designated from time to time KIM- The Board adopted our language].

## **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 are 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.

## **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[KIM- The Board adopted our language].

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.

[KIM- The Board adopted our recommendation to delete Sub Plans from the document]

[KIM- The Board adopted our recommendation to delete the requirement that new Trustees sign an acknowledgement of the Trust Agreement]

#### **ARTICLE IX-EFFECTIVE DATE, DURATION AND TERMINATION**

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.

SECTION 5: 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 TrustKIM- The Board adopted our language regarding new Bargaining Associations or other groups of new Participants coming into the Plan].

KIM- The Board adopted our recommendation to remove the language about delinquent Employer contributions from the Trust Agreement]

IN WITNESS WHEREOF, we have hereunto affixed our signatures this \_\_\_\_ day  
of \_\_\_\_\_, 2026.

Executed at \_\_\_\_\_, California.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_