

FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

**FINANCIAL ANALYSIS FOR DENTAL
SIX MONTHS ENDING DECEMBER 31, 2025**

CATEGORY	CENSUS COUNT	CLAIMS COSTS	FIXED COSTS	TOTAL COSTS	RATE	INTEREST	NET GAIN/(LOSS)	YTD GAIN/(LOSS)
Delta PPO	4444	\$ 68.62	\$ 5.60	\$ 74.22	\$ 111.00		\$ 36.78	\$ 980,701.92
PUD HMO	241	\$ -	\$ 42.32	\$ 42.32	\$ 111.00		\$ 68.68	\$ 99,311.28
TOTAL								\$ 1,080,013.20

NOTES:

Claims Costs and Census Count represent average per month over the reporting period.
All interest revenue has been allocated to Medical.
Rates are calculated on an average basis over the reporting period.

HEALTH & WELFARE FY25
PREPARED BY FINANCIAL REPORTING

HEALTH & WELFARE TRUST ACTIVITY REPORT
SCHEDULE OF RECEIPTS AND DISBURSEMENTS
JULY 1, 2025 THRU SEPTEMBER 30, 2025 Period 3

	JUL	AUG	SEP	TOTALS
RECEIPTS:				
CITY AND EMP. CONTRIBUTION FROM PAYROLL	\$4,950,883	\$6,002,516	\$5,447,608	\$16,401,007
RDA SUCCESSOR EMPLOYEES CONTRIBUTION	\$1,500	\$1,500	\$0	\$3,000
SELF PAY - LWOP	\$675	\$824	\$0	\$1,499
SELF PAY - COBRA	\$4,500	\$7,500	\$3,000	\$15,000
SELF PAY - FPOA ACTIVE ADM STAFF	\$3,000	\$3,000	\$1,500	\$7,500
RETIRES	\$342,782	\$344,491	\$339,376	\$1,026,649
RETIRES - HRA	\$249,675	\$129,549	\$0	\$379,224
RETIRES - CITY PAID H&W RECEIPTS	\$1,336	\$1,336	\$1,336	\$4,008
RETIRES - SELF PAY	\$8,059	\$11,768	\$1,350	\$21,177
REFUNDS ¹	\$1,831,372	\$121,157	\$13,929	\$1,966,458
INTEREST	\$88,369	\$87,483	\$90,391	\$266,243
OTHER	\$0	\$0	\$0	\$0
H & W TRUST CASH RECEIPTS	\$7,482,151	\$6,711,124	\$5,898,490	\$20,091,765
DISBURSEMENTS:				
CLAIMS PAID	(\$7,414,133)	(\$5,657,027)	(\$5,689,777)	(\$18,760,937)
CLAIMS PAID - DELTA DENTAL	(\$374,278)	(\$291,842)	(\$324,696)	(\$990,816)
BLUE SHIELD OF CALIFORNIA	(\$99,786)	(\$100,297)	(\$100,382)	(\$300,466)
DELTA DENTAL OF CALIFORNIA	(\$50,400)	(\$25,430)	(\$25,637)	(\$101,466)
OPTUMRX INC	(\$52,127)	(\$20,566)	(\$24,012)	(\$96,696)
PHYSMETRICS, LLC	(\$14,071)	(\$14,112)	\$0	(\$28,183)
HALCYON BEHAVIORAL LLC	(\$20,532)	(\$13,230)	(\$7,681)	(\$41,443)
UNITED HEALTHCARE INSURANCE CO	(\$11,046)	(\$9,310)	(\$10,368)	(\$30,724)
EPIC HEARING HEALTHCARE	(\$594)	(\$596)	(\$595)	(\$1,785)
CITY ADMIN. FEES	(\$130)	(\$130)	(\$130)	(\$390)
ADM - RAEL & LETSON	(\$10,800)	(\$11,100)	(\$11,100)	(\$33,000)
HEALTHCOMP INC	(\$151,872)	(\$156,615)	(\$156,908)	(\$465,395)
LEGAL - THE MOSS LAW FIRM	(\$3,575)	(\$3,650)	(\$5,050)	(\$12,275)
FIDELITY SECURITY LIFE INSUR CO-VISION	(\$74,794)	(\$75,281)	(\$76,003)	(\$226,078)
STOP LOSS INSURANCE SERVICES INC	(\$234,437)	(\$234,977)	(\$235,582)	(\$704,996)
MARSH & MCLENNAN - Cyber Insurance	\$0	(\$35,518)	\$0	(\$35,518)
OTHER - ADMIN FEES	\$0	\$0	\$0	\$0
H & W CASH DISBURSEMENTS	(\$8,512,573)	(\$6,649,672)	(\$6,667,921)	(\$21,830,167)
RECEIPTS OVER DISBURSEMENTS	(\$1,030,422)	\$61,452	(\$769,431)	(\$1,738,402)

¹ Please note that Refunds has been reduced \$1,657 for checks that were returned by the payers' banks in FY2026. Finance is working with Personify to verify status of these payments.

HEALTH & WELFARE FY25
 PREPARED BY FINANCIAL REPORTING

HEALTH & WELFARE TRUST ACTIVITY REPORT
 SCHEDULE OF RECEIPTS AND DISBURSMENTS
 JULY 1, 2025 THRU SEPTEMBER 30, 2025 Period 3

	JUL	AUG	SEP
BEGINNING CASH BALANCE	\$29,229,606	\$28,240,672	\$28,640,002
ADD: TOTAL REVENUE	\$7,482,151	\$6,711,124	\$5,898,490
LESS: TOTAL EXPENDITURES	(\$8,512,573)	(\$6,649,672)	(\$6,667,921)
LESS: CHANGE IN RECEIVABLE	(\$40,238)	(\$37,005)	\$17,515
LESS: CHANGE IN VOUCHERS PAYABLE	(\$1,250)	(\$300,873)	\$302,373
ENDING CASH BALANCE	\$28,240,672	\$28,640,002	\$27,550,683

YTD CASH RECEIPTS	\$7,482,151	\$14,193,275	\$20,091,765
YTD CASH DISBURSEMENTS	(\$8,512,573)	(\$15,162,245)	(\$21,830,166)
YTD CHANGE IN RECEIVABLE	(\$40,238)	(\$77,243)	(\$59,728)
YTD CHANGE IN PAYABLE	(\$1,250)	(\$302,123)	\$250
YTD NET CHANGE IN CASH	(\$988,934)	(\$589,604)	(\$1,678,923)

BEGINNING RECEIVABLE BALANCE	\$283,507	\$243,269	\$206,264
INCREASE, DEBITS	\$88,369	\$87,483	\$90,391
DECREASE, CREDITS	(\$128,607)	(\$124,488)	(\$72,876)
ENDING RECEIVABLE BALANCE	\$243,269	\$206,264	\$223,779
ENDING RECEIVABLE BALANCE	\$243,269	\$206,264	\$223,779
BEGINNING RECEIVABLE BALANCE	\$283,507	\$243,269	\$206,264
CHANGE IN RECEIVABLE	(\$40,238)	(\$37,005)	\$17,515

BEG VOUCHERS PAYABLE BAL	(\$250)	(\$1,500)	(\$302,373)
DECREASE, DEBITS	\$7,950,090	\$5,566,425	\$6,243,594
INCREASE, CREDITS	(\$7,951,340)	(\$5,867,297)	(\$5,941,221)
END VOUCHERS PAYABLE BAL	(\$1,500)	(\$302,373)	(\$0)
END VOUCHERS PAYABLE BALANCE	(\$1,500)	(\$302,373)	(\$0)
BEG PAYABLE BALANCE	(\$250)	(\$1,500)	(\$302,373)
CHANGE IN VOUCHERS PAYABLE	(\$1,250)	(\$300,873)	\$302,373

FRESNO CITY EMPLOYEES
HEALTH & WELFARE TRUST
SPECIFIC STOP LOSS
THROUGH 12/31/2025

INCURRED: 07/01/24 - 6/30/2025
PAID: 07/01/24 THRU: 12/31/2025

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

OVER \$550,000.00		LASERED \$975,000.00			
MEMBER	NET PAID	CLAIM AMOUNT	MEMBER	NET PAID	STILL TO MEET
3	\$1,040,714.92	\$490,714.92			
6	\$69,346.54	\$319,346.54			
12	\$559,832.00	\$9,832.00			
14	\$690,865.02	\$140,865.02			
TOTAL	\$3,160,758.48	\$960,758.48		\$0.00	\$0.00

50% OVER \$275,000.00		STILL TO MEET	
MEMBER	NET PAID	PREMIUM	STILL TO MEET
1	\$404,734.89	\$145,265.11	
2	\$365,339.04	\$184,660.96	
4	\$379,407.15	\$170,592.85	
5	\$517,456.23	\$32,543.77	
7	\$351,620.20	\$196,379.80	
8	\$330,587.55	\$219,412.45	
9	\$508,677.06	\$41,322.94	
10	\$339,658.84	\$210,341.16	
11	\$293,333.23	\$256,666.77	
13	\$330,364.56	\$219,635.44	
15	\$447,177.65	\$102,822.35	
16	\$337,479.13	\$212,520.87	
17	\$369,421.55	\$180,578.45	
TOTAL	\$4,975,257.08	\$2,174,742.92	

PREMIUM		CLAIMS OVER DEDUCTIBLE		SAVINGS/(LOSS)	
DEDUCTIBLE	PER MEMBER	PREMIUM	CLAIMS OVER DEDUCTIBLE	SAVINGS/(LOSS)	DEDUCTIBLE
175,000	\$	201.72	\$	10,626,206.16	\$
350,000	\$	100.86	\$	5,313,103.08	\$
550,000	\$	50.43	\$	2,656,551.54	\$
				5,161,015.56	\$
				2,304,592.25	\$
				960,758.48	\$
					(5,465,190.60)
					(3,106,510.83)
					(1,695,793.06)

PRIOR YEAR RESULTS		MEMBERS OVER \$175K		SAVINGS/(LOSS) \$500 DEDUCTIBLE		SAVINGS/(LOSS) \$350 DEDUCTIBLE		SAVINGS/(LOSS) \$175 DEDUCTIBLE	
FISCAL YEAR	MEMBERS OVER \$175K	PER MEMBER	PREMIUM	SAVINGS/(LOSS) \$500 DEDUCTIBLE	SAVINGS/(LOSS) \$350 DEDUCTIBLE	SAVINGS/(LOSS) \$175 DEDUCTIBLE	SAVINGS/(LOSS) \$350 DEDUCTIBLE	SAVINGS/(LOSS) \$175 DEDUCTIBLE	SAVINGS/(LOSS) \$175 DEDUCTIBLE
2008/2009	11	\$	296,037.47	\$	660,094.16	\$	696,657.65	\$	696,657.65
2009/2010	7	\$	571,249.08	\$	901,645.80	\$	2,451,452.16	\$	2,451,452.16
2010/2011	12	\$	392,141.96	\$	562,653.55	\$	1,543,342.62	\$	1,543,342.62
2011/2012	4	\$	690,024.10	\$	1,115,261.30	\$	3,286,763.75	\$	3,286,763.75
2012/2013	11	\$	892,384.76	\$	1,450,290.57	\$	3,807,297.67	\$	3,807,297.67
2013/2014	11	\$	546,018.60	\$	941,346.55	\$	3,782,202.62	\$	3,782,202.62
2014/2015	13	\$	324,590.15	\$	264,268.88	\$	374,381.62	\$	374,381.62
2015/2016	14	\$	2,668,355.84	\$	2,919,146.55	\$	3,042,900.18	\$	3,042,900.18
2016/2017	15	\$	(618,495.03)	\$	(1,101,491.19)	\$	(1,626,992.21)	\$	(1,626,992.21)
2017/2018	23	\$	(808,434.00)	\$	(1,099,684.13)	\$	(1,998,825.30)	\$	(1,998,825.30)
2018/2019	27	\$	(717,892.65)	\$	(696,340.65)	\$	(258,654.91)	\$	(258,654.91)
2019/2020	29	\$	(403,675.83)	\$	34,344.25	\$	231,482.59	\$	231,482.59
2020/2021	23	\$	3,593.03	\$	36,225.35	\$	(1,104,531.07)	\$	(1,104,531.07)
2021/2022	23	\$	1,629,245.00	\$	1,719,923.64	\$	1,675,827.29	\$	1,675,827.29
2022/2023	21	\$	5,712,659.64	\$	5,777,197.58	\$	5,909,121.37	\$	5,909,121.37
2023/2024	20	\$	(874,433.59)	\$	(1,863,832.61)	\$	2,671,126.70	\$	2,671,126.70
TOTAL	264	\$	5,687,102.48	\$	7,707,684.63	\$	15,902,314.82	\$	15,902,314.82

Current Outstanding Submission
As of December 31, 2025

\$141,953.87

Paid Claims Lag Time Analysis by Input Date

INCURRED: 01/01/1990 - 10/31/2025 | PAID: 10/01/2025 - 10/31/2025

FRESNO CITY EMP H&W TRUST Summary

Range of Days Lagged	Incurred Date to Input Date		Input Date to Processed Date		Processed Date to Paid Date		Input Date to Paid Date	
	Claims	% Total	Claims	% Total	Claims	% Total	Claims	% Total
0 - 10	7,937	50.2 %	15,470	97.8 %	15,709	99.3 %	15,108	95.5 %
11 - 14	1,466	9.3 %	119	0.8 %	31	0.2 %	325	2.1 %
15 - 21	1,495	9.5 %	112	0.7 %	18	0.1 %	160	1.0 %
22 - 28	723	4.6 %	65	0.4 %	52	0.3 %	145	0.9 %
Over 28	4,192	26.5 %	47	0.3 %	3	0.0 %	75	0.5 %
		% Cum		% Cum		% Cum		% Cum
		50.2 %	97.8 %	97.8 %	99.3 %	99.3 %	95.5 %	95.5 %
		59.5 %	98.6 %	98.6 %	99.5 %	99.5 %	97.6 %	97.6 %
		68.9 %	99.3 %	99.3 %	99.7 %	99.7 %	98.6 %	98.6 %
		73.5 %	99.7 %	99.7 %	100.0 %	100.0 %	99.5 %	99.5 %
		100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %

Total # of claims: 15,813

Average days from incurred to input: 59.3

Average days from input to processed: 1.5

Average days from processed to paid: 3.1

Average days from input to paid: 4.5

Paid Claims Lag Time Analysis by Input Date

INCURRED: 01/01/1990 - 11/30/2025 | PAID: 11/01/2025 - 11/30/2025

FRESNO CITY EMP H&W TRUST Summary

Range of Days Lagged	Incurred Date to Input Date		Input Date to Processed Date		Processed Date to Paid Date		Input Date to Paid Date	
	Claims	% Total	Claims	% Total	Claims	% Total	Claims	% Total
0 - 10	5,881	54.8 %	10,646	99.3 %	10,661	99.4 %	10,518	98.1 %
11 - 14	1,052	9.8 %	35	0.3 %	52	0.5 %	129	1.2 %
15 - 21	1,196	11.2 %	29	0.3 %	8	0.1 %	39	0.4 %
22 - 28	606	5.7 %	6	0.1 %	2	0.0 %	28	0.3 %
Over 28	1,988	18.5 %	7	0.1 %	0	0.0 %	9	0.1 %
				100.0 %		100.0 %		100.0 %
								98.1 %
								99.3 %
								99.7 %
								99.9 %
								100.0 %

Total # of claims: 10,723

Average days from incurred to input: 31.6

Average days from input to processed: .7

Average days from processed to paid: 3.1

Average days from input to paid: 3.8

Paid Claims Lag Time Analysis by Input Date

INCURRED: 01/01/1990 - 12/31/2025 | PAID: 12/01/2025 - 12/31/2025

FRESNO CITY EMP H&W TRUST Summary

Range of Days Lagged	Incurred Date to Input Date		Input Date to Processed Date		Processed Date to Paid Date		Input Date to Paid Date	
	Claims	% Total	Claims	% Total	Claims	% Total	Claims	% Total
0 - 10	7,101	53.0 %	13,284	99.1 %	13,058	97.5 %	12,705	94.8 %
11 - 14	1,290	9.6 %	62	0.5 %	254	1.9 %	439	3.3 %
15 - 21	1,316	9.8 %	25	0.2 %	57	0.4 %	178	1.3 %
22 - 28	744	5.6 %	14	0.1 %	12	0.1 %	38	0.3 %
Over 28	2,947	22.0 %	13	0.1 %	17	0.1 %	38	0.3 %
		% Cum		% Cum		% Cum		% Cum
		53.0 %	99.1 %	99.1 %	97.5 %	97.5 %	94.8 %	94.8 %
		62.6 %	99.6 %	99.6 %	99.4 %	99.4 %	98.1 %	98.1 %
		72.5 %	99.8 %	99.8 %	99.8 %	99.8 %	99.4 %	99.4 %
		78.0 %	99.9 %	99.9 %	99.9 %	99.9 %	99.7 %	99.7 %
		100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %

Total # of claims: 13,398

Average days from incurred to input: 39.4

Average days from input to processed: .8

Average days from processed to paid: 3.9

Average days from input to paid: 4.7

Timestamp	Please check box(s) that apply for vendor	Brief Summary of Complaint	How can we improve our services	Please share any additional comments you may have	Personify Comments
2025/10/08 10:52:26 AM PDT	HealthComp -Plan Administrator; Flexible Spending Account / EAP	Illegible Claim (\$80.90) & my flex has been frozen	Work faster & pay provider faster	Unfair Claim	A call was made to the member to further review. The member's card was inactivated due to ineligible transactions. The card was reactivated on 12/19/25 after member was able to provide itemized transactions.
2025/10/20 10:00:28 PM PDT	Flexible Spending Account / EAP	I ordered cards for the flex account during open enrollment and still haven't received them, months later.			Member services has reached out to the member to inform their cards are temporarily inactive due to pending transactions in 2024 that has not been resolved. A new card is not issued annually; instead, the same card remains valid for up to 3 years and is automatically reloaded with funds every July 1st if the member chooses to re-enroll.
2025/11/05 5:10:20 PM PST	Adventist Health	I was never provided an option of where my dependent could go for her 52/50 stay. I was told she would go to the closest facility with an open bed. I was told this facility was in Valejo. Once I arrived, I learned it was Adventist Health. Additionally, Adventist Health has never, even to this day, provided a breakdown of charges. Suddenly, I am being slapped with a \$26K bill. Flat out, I was taken advantage of and my daughter's mental health crisis was spun for profit. If this is not rectified, I will seek legal counsel.	The fault is not yours. It's Adventist and the Mental Health Care team.		Personify contacted member and provided an EOB and informed claim was processed out of network at 50%. Adventist was contacted for corrected bill due to indicator for ER admit. Claim was reprocessed at the in-network benefit due to emergent admit from ER.

Make Dual Coverage Work for You

What is dual coverage?

Dual coverage applies when **you and your spouse, domestic partner, parent or dependent who is single and under the age 26, both work for City of Fresno and are enrolled in the health plan.**

How it works

Full coverage for both employees: Coverage at **100%** in-network under the health plan.

Deductible advantage: Your deductible is **\$200**—a big difference compared to the **\$1,300** you'd pay under a standard non-contributory plan.

Costs there is no premium cost for dual coverage

Claims processing: Claims are processed under the non-contributory plan, but they're applied to **both your plan and your spouse's, domestic partner's, or parent's plan** ensuring full coverage.


What do you need to do?

Notify HR today if you and your parent, spouse, domestic partner or single dependent under the age 26 both work for the City of Fresno.

This ensures:

- You're enrolled correctly.
- You receive the full benefits of dual coverage.
- Your claims are processed accurately.

Once you receive your ID cards provide both ID Cards to your providers office they will work as a primary and secondary

Questions? Contact  if you have any questions or need help with dual coverage.

Fresno City Employees Health & Welfare Trust Summary of Appeal

DATE OF APPEAL: January 5, 2026

APPEAL NUMBER: 26-01

APPEAL

Participant is appealing to change from contributory to non-contributory

PLAN PROVISION

The Fresno City Employees Health & Welfare Trust Plan Document Page 63

SPECIAL ENROLLMENT RIGHTS

Federal law provides Special Enrollment provisions under some circumstances. If an Employee is declining enrollment for himself or his dependents (including their spouse) because of other health insurance or group health plan coverage, there may be a right to enroll in this Plan if there is a loss of eligibility for that other coverage (or if the employer stops contributing towards the other coverage). However, a written request by the employee for enrollment must be made within 31 days after the coverage ends (or after the employer stops contributing towards the other coverage).

In addition, in the case of a birth, marriage, adoption or placement for adoption, there may be a right to enroll in this Plan. However, a written request for enrollment must be made by the employee within 31 days after the birth, marriage, adoption or placement for adoption.

The Special Enrollment rules are described in more detail below. To request Special Enrollment or obtain more detailed information of these portability provisions, contact Personify Administrators.

SPECIAL ENROLLMENT PERIODS

The Enrollment Date for anyone who enrolls under a Special Enrollment Period is the first date of coverage. Thus, the time between the date a special enrollee first becomes eligible for enrollment under the Plan and the first day of coverage is not treated as a Waiting Period.

Coverage will become effective as of the first day of the first calendar month following the date the completed enrollment form is received unless an earlier date is established by the Employer or by regulation.

1. Individuals losing other coverage creating a Special Enrollment right. An Employee or Dependent, who is eligible, but not enrolled in this Plan, may enroll if loss of eligibility for coverage meets all of the following conditions:

- a. The Employee or Dependent was covered under a group health plan or had health insurance coverage at the time coverage under this Plan was previously offered to the individual.
- b. If required by the Plan Administrator, the Employee stated in writing at the time that coverage was offered that the other health coverage was the reason for declining enrollment.
- c. The coverage of the Employee or Dependent who had lost the coverage was under COBRA and the COBRA coverage was exhausted, or was not under COBRA and either the coverage was terminated as a result of loss of eligibility for the coverage or because employer contributions towards the coverage were terminated.

The Employee or Dependent requests enrollment in this Plan not later than 31 days after the date of conditions described above. Coverage will begin no later than the first day of the first calendar month following the date the completed enrollment form is received.

2. Loss of Eligibility A loss of eligibility happens if one of the following occurs:

a. The Employee or Dependent has a loss of eligibility on the earliest date a claim is denied that would meet or exceed a lifetime limit on all benefits.

b. The Employee or Dependent has a loss of eligibility due to the plan no longer offering any benefits to a class of similarly situated individuals (i.e., part-time employees).

c. The Employee or Dependent has a loss of eligibility as a result of legal separation, divorce, cessation of dependent status (such as attaining the maximum age to be eligible as a dependent child under the plan), death, termination of employment, or reduction in the number of hours of employment or contributions towards the coverage were terminated.

d. The Employee or Dependent has a loss of eligibility when coverage is offered through an HMO, or other arrangement, in the individual market that does not provide benefits to individuals who no longer reside, live or work in a service area, (whether or not within the choice of the individual).

e. The Employee or Dependent has a loss of eligibility when coverage is offered through an HMO, or other arrangement, in the group market that does not provide benefits to individuals who no longer reside, live or work in a service area, (whether or not within the choice of the individual), and no other benefit package is available to the individual.

f. If the Employee or Dependent lost the other coverage as a result of the individual's failure to pay premiums or required contributions or for cause (such as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the plan), that individual does not have a Special Enrollment right.

3. Dependent beneficiaries. The Dependent (and if not otherwise enrolled, the Employee) may be enrolled under this Plan if:

a. The Employee is a participant under this Plan (or has met the Waiting Period applicable to becoming a participant under this Plan and is eligible to be enrolled under this Plan but for a failure to enroll during a previous enrollment period), and

b. A person becomes a Dependent of the Employee through marriage, birth, adoption or placement for adoption.

In the case of the birth or adoption of a child, the Spouse of the covered Employee may be enrolled as a Dependent of the covered Employee if the Spouse is otherwise eligible for coverage. If the Employee is not enrolled at the time of the event, the Employee must enroll under this Special Enrollment Period in order for his eligible Dependents to enroll.

The Dependent Special Enrollment Period is a period of 31 days and begins on the date of the marriage, birth, adoption or placement for adoption. To be eligible for this Special Enrollment, the Dependent and/or Employee must request enrollment during this 31-day period.

The coverage of the Dependent and/or Employee enrolled in the Special Enrollment Period will be effective:

a. in the case of marriage, as of the date of marriage;

b. in the case of a Dependent's birth, as of the date of birth; or

c. in the case of a Dependent's adoption or placement for adoption, the date of the adoption or placement for adoption.

4. Medicaid and State Child Health Insurance Programs. An Employee or Dependent who is eligible, but not enrolled in this Plan, may enroll if:

a. The Employee or Dependent is covered under a Medicaid plan under Title XIX of the Social Security Act or a State child health plan (CHIP) under Title XXI of such Act, and coverage of the Employee or Dependent is terminated due to loss of eligibility for such coverage, and the Employee or Dependent requests enrollment in this Plan within 60 days after such Medicaid or CHIP coverage is terminated.

b. The Employee or Dependent becomes eligible for assistance with payment of Employee contributions to this Plan through a Medicaid or CHIP plan (including any waiver or demonstration project conducted with respect to such plan), and the Employee or Dependent requests enrollment in this Plan within 60 days after the date the Employee or Dependent is determined to be eligible for such assistance.

If a Dependent becomes eligible to enroll under this provision and the Employee is not then enrolled, the Employee must enroll in order for the Dependent to enroll

SUMMARY

Participant spoke with a representative at Personify Health on May 29, 2025 and was informed he could change plans once spouses' coverage with employer became effective and creditable coverage letter provided. On October 3, 2025 member was denied due to past 31day window to supply creditable coverage documentation. Participant sent in appeal on November 12, 2025 to allow portal to be open to change coverage. After further internal review according to the Plan Summary Gaining Coverage is not a qualifying event therefore member would be ineligible to change from the contributory plan to the non-contributory.

APPROVED

DENIED

DELAYED



This communication plan is designed to drive awareness, engagement, and enrollment through a year-round, multi-channel strategy that's tailored directly to your population.

Personalized Fields

These customized fields are automatically applied to all of our member communications assets. **Please review for accuracy.**

Client Name:

Custom Landing Page: hinge.health/fresno

Reference to Population:

Spanish Language CTA: Yes (Default)

Eligibility Language:

Logo:

Communication Campaign Timeline

Outreach is delivered to eligible individuals who have not yet enrolled in Hinge Health. The dates shown reflect the week each touchpoint is scheduled.

January - June		July - December	
Week Of	Sender	Week Of	Sender
Internal Announcement	Feb. 23	Internal Announcement	Aug. 24
Core Awareness – Email 1	Mar. 2	Core Awareness – Email 1	Aug. 31
Core Awareness – Mailer 1	Mar. 9	Core Awareness – Mailer 1	Sep. 7
Core Overview – Email 2	Mar. 16	Core Overview – Email 2	Sep. 14
Core Overview – Mailer 2	Mar. 23	Core Overview – Mailer 2	Sep. 21
Core Reminder – Email 3	Mar. 30	Core Reminder – Email 3	Sep. 28
Core Reminder – Mailer 3	Apr. 6	Core Reminder – Mailer 3	Oct. 5
WPH / Men's – Email	Apr. 13	WPH / Men's – Email	Oct. 12
Women's Pelvic Health – Mailer	Apr. 27	Women's Pelvic Health – Mailer	Oct. 26
What's New – Email	May. 25	What's New – Email	Nov. 16
What's New – Mailer	Jun. 1	What's New – Mailer	Nov. 30

Key Themes

Core Enrollment Campaign

Essential, high-impact touchpoints that drive enrollment by showing members how personalized exercise therapy can help them manage pain and move with confidence.

Women's & Men's Health

Supportive, stigma-free outreach that speaks directly to women's and men's unique health needs.

Hinge Highlights

Timely, topic-driven communications (e.g., mental health, what's new) that boost awareness, reinforce value, and maintain momentum throughout the year.

Link to embed: [Custom Landing Page]

Hinge Health Program Descriptions	
Hinge One line	Get virtual physical therapy and more with instant form feedback and the ability to treat multiple body parts at no cost to you with Hinge Health.
About Hinge Health Short Form	With Hinge Health, you can get virtual physical therapy and more at no cost to you . Help reduce everyday joint and muscle aches, recover from an injury, and improve your mobility.
About Hinge Health Long Form	<p>Reduce everyday joint and muscle aches, recover from an injury, improve your mobility, and more with a personalized program from Hinge Health at no cost to you.</p> <p>Partner with real people who are dedicated to helping you feel your best with personalized care that includes:</p> <ul style="list-style-type: none">• A care plan designed for your everyday activities and long-term goals — and to treat multiple areas of your body at once• Exercise therapy sessions you can do in as little as 15 minutes — anytime, anywhere with the Hinge Health app• A dedicated care team that includes a physical therapist to help you reach your goals. Easily connect with them via text, in app message, or video visit.• Instant feedback during your exercise sessions with precise motion tracking — to improve your form and build confidence

Link to embed: [Custom Landing Page]

Hinge Health Program Announcement

Email Template

Timing: 3–7 days before Hinge Health outreach

When you're in pain, relief can't come fast enough.

With Hinge Health, you can get virtual physical therapy and more **at no cost to you**. Use your benefit to:

- Recover from an injury
- Reduce everyday joint and muscle aches
- Improve your balance and strength

Work with real people, including a Hinge Health physical therapist, who are dedicated to helping you feel your best.

- A care plan designed for your everyday activities and long-term goals — and to treat multiple areas of your body at once
- Exercise therapy sessions you can do in as little as 15 minutes — anytime, anywhere with the Hinge Health app
- A dedicated care team that includes a physical therapist to help you reach your goals. Easily connect with them via text, in app message, or video visit.
- Instant form guidance to help you do your exercises correctly with audio and visual tips developed by our physical therapy team.

Hinge Health is covered by [Client Name].

[Eligibility Language]



Communications Best Practices for Member Enrollment

Annual Communications Strategy for Optimal Engagement and ROI

Direct Outreach Communications Campaigns

Two multi-channel enrollment campaigns are scheduled per year, targeted to eligible members 18+ not yet enrolled in Hinge Health. Hinge Highlights are communications, scheduled around the primary campaigns, to remind members of their benefit.



Primary Enrollment Campaigns	1H Enrollment Campaign (Emails + Mailers)	2H Enrollment Campaign (Emails + Mailers)
Hinge Highlights	Supplemental themed emails and mailers sent by Hinge Health in between enrollment campaigns to enhance communication frequency and further engage your member population	

Ongoing Communications Support

Your Communications Hub is available to use in your internal employee communications channels.

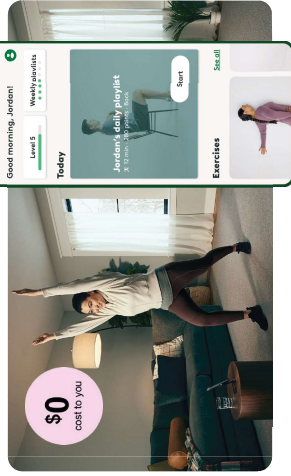
Communications Hub	Broad Awareness Materials: Posters, Fliers, Digital Signage for break rooms, distribution centers, etc. Messaging for internal announcements, ERGs, newsletters, benefits portals, or other internal channels
Annual/Open Enrollment Support	Collateral materials for onsite events and targeted outreach opportunities to support open/annual enrollment
Monthly Webinar Series	Live, virtual learning sessions from health coaches to help educate and inform members on various topics like the connection between pain and mental health, and how movement is medicine

YOUR LOGO HERE



Program engagement tool placeholder

Check out your Hinge Health benefits!



Hi [FIRSTNAME],

You have Hinge Health benefits through [CLIENT NAME]. Sign up today for access to virtual physical therapy at **\$0 cost to you.**

TRY MY PROGRAM

Is Hinge Health right for me?

Hinge Health is for anyone living with joint and muscle pain, like a throbbing back, aching knees, or a weak ankle.

Our personalized program combines gentle exercises to target and relieve pain with 1-on-1 support from a dedicated physical therapist and health coach.

Whether your goal is to hike more, work in the garden, or take the stairs (or all three), you can get on the road to pain relief with short exercises that can be done anytime, anywhere.

We also offer **pelvic floor therapy** from the comfort and privacy of home. Get care for issues related to leaks, pelvic pain, postpartum recovery, and more.

Get started by answering a few questions to discover how Hinge Health is right for you.

TRY MY PROGRAM

Program engagement tool placeholder



Questions? We're here to help!

To talk to a member of our support team, call us at **1-855-902-2777** or email help@hingehhealth.com.

Hinge Health is committed to protecting the privacy and personal information of our customers. For more information, view our [Privacy Policy](#).

Eligibility to receive complimentary items is based on the program in which you are placed and subject to availability upon completion of a qualifying number of exercise sessions. Members may receive an alternative item if the featured item is unavailable.

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About Program Engagement Tools

We are constantly optimizing our Program Engagement Tools strategy, and will deploy the message gun or Stanley® water bottle based on which program engagement tool best drives member enrollments.



NEW MEMBERS ONLY

Start your program and get a message gun on us!



NEW MEMBER EXCLUSIVE OFFER!

Start today, and get a Stanley® on us.*

EXCLUSIVE OFFER FOR NEW MEMBERS



Start your program today and get a message gun on us!

EXCLUSIVE OFFER FOR NEW MEMBERS



Start your program and get an insulated Stanley® on us.*

NEW MEMBERS ONLY

Start your program, and get a [PROGRAM ENGAGEMENT TOOL] on us!

Image placeholder

Pain relief is possible. On average, Hinge Health participants reduce their pain by 68%.¹

Give your personalized exercise therapy program a try with no commitment or cost to you. Signing up is easy and, once approved, you can start your exercises right away. Plus, for a limited time, get a complimentary [PROGRAM ENGAGEMENT TOOL] on us.

TRY MY PROGRAM

\$0 cost to you (yes, really!)

Hinge Health is a benefit that's fully covered by [CLIENT].

Program engagement tool placeholder

You don't have to put up with pain

Exercise therapy isn't just for severe pain after an accident or injury. It also reduces everyday joint pain, allowing you to function at your best and enjoy the activities you love with:

- Personalized exercises developed by physical therapists to target and relieve pain, prevent injuries, and more
- Dedicated 1-on-1 support from your care team
- Convenient virtual sessions that can be done anytime, anywhere

Sign up now to join over a million Hinge Health members on the path to pain relief.

TRY MY PROGRAM

Looking forward to hearing from you,
The Hinge Health Team



Questions? We're here to help!

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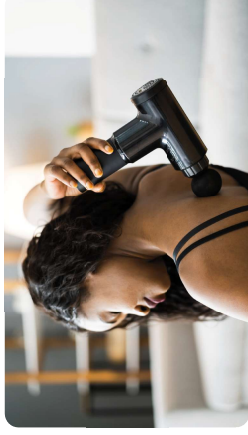
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¹Participants with chronic knee and back pain after 12 weeks. Bailey, et al. Digital Care for Chronic Musculoskeletal Pain: 10,000 Participant Longitudinal Cohort Study. JMIR, (2020).



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EXCLUSIVE OFFER FOR NEW MEMBERS

Start your program today
and get a massage gun on us!



EXCLUSIVE OFFER FOR NEW MEMBERS

Start your program and get
an insulated Stanley® on us.*



Hi [FIRSTNAME],

A lot of my patients don't think of their sore back, stiff knees, or weak ankle as painful. But here's the truth:

Everyday pain can add up and affect our lives more than we realize — holding us back from lifting groceries, playing with our kids, or sleeping well at night.

Hinge Health provides relief for joint and muscle pain with over a million members getting the personalized care they need.

We pair a complete clinical care team with targeted exercise therapy to help people move beyond pain — all at **no cost to you**. Plus, when you [start your program](#) you get a [PROGRAM ENGAGEMENT TOOL] on us!

Getting started is easy:

1. [Join here](#): It takes 10 minutes or less.
2. **Start your program**: Get started immediately with virtual exercise therapy to reduce chronic joint or muscle pain — anytime, anywhere.
3. **Get support along the way**: Your physical therapist and qualified health coach are there to support you from start to finish.

If joint pain, stiffness, or injury has become a part of your day, it's time to give Hinge Health a try. [Sign up now to get started](#).

Have questions? We're here to help. To talk to a member of our support team, call us at [1-855-902-2777](tel:1-855-902-2777) or email help@hingehealth.com.

In good health,

Christynne Helfrich, PT, DPT

Physical Therapist

Hinge Health

P.S. If you're a new member, you get a complimentary [PROGRAM ENGAGEMENT TOOL] when you start your program!

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Plus, when you [start your program](#) you get a message gun on us!

Plus, when you [start your program](#) you get a Stanley® bottle on us!

P.S. If you're a new member, you get a complimentary message gun when you start your program!

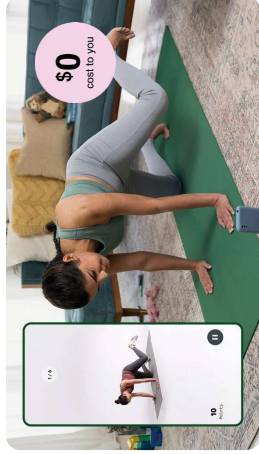
P.S. If you're a new member, you get a complimentary Stanley bottle® when you start your program!

YOUR LOGO HERE



Program engagement tool placeholder

You can sign up for the Women's Pelvic Health Program



Hi [FIRSTNAME],

You can join the Women's Pelvic Health Program offered by Hinge Health, a benefit provided by [CLIENT NAME] at no additional cost to you.

JOIN HINGE HEALTH

The Women's Pelvic Health Program is more than exercise therapy. We combine gentle exercise with 1-on-1 support from an expert clinical care team, including your own pelvic floor physical therapist. So you get the right care when you need it most:

- **Pregnancy and postpartum** — prepare for and recover from childbirth. Prevent back, hip, and pelvic pain. Rebuild your abs.
- **Bladder control** — reduce urgent trips to the bathroom along with that “always gotta go” feeling that can result in leaking urine.
- **Pelvic muscle relaxation and control** — retrain your pelvic floor to reduce tension, relieve pain, and increase flexibility.
- **Pelvic muscle strengthening** — build your core muscles. Prevent leaks when you laugh, sneeze, or cough.

Reduce your pain or discomfort, and keep your pelvic muscles working like they should. Take advantage of your benefit today.

JOIN HINGE HEALTH

Program engagement tool placeholder



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Start your program today and get a message gun on us!

EXCLUSIVE OFFER FOR NEW MEMBERS



Start your program and get an insulated Stanley® on us.*

Understanding your benefit

Hinge Health member FAQs

What is Hinge Health?

Hinge Health offers access to virtual physical therapy (and so much more) for people struggling with joint and muscle pain.

What is virtual physical therapy?

Virtual physical therapy allows members to access care by a licensed physical therapist from anywhere without the need for in-person visits or commutes.

What types of pain does this program treat?

All types of joint and muscle pain from head to toe.

How long does it take to get pain relief?

On average, participants in our program reduce their pain by 68% after 12 weeks.¹

What does my membership include?

As a member, your membership may include:

- A personalized care program to reduce your pain
- A variety of gentle stretches and exercises in the Hinge Health app
- Video visits with a licensed physical therapist
- Unlimited access to the Hinge Health learning center

How often do I need to do this program each week?

We recommend most members do their short exercise therapy sessions 3 to 5 times a week.

How will a physical therapist support me?

You can schedule a video visit with a physical therapist if you have questions or concerns about your pain.

Where can I get more information about Hinge Health?

For more information about your Hinge Health benefit, please go to: [hinge.health/\[CLIENT\]-redirect](https://hinge.health/[CLIENT]-redirect)

¹Participants with chronic knee and back pain after 12 weeks. Bailey, et al. Digital Care for Chronic Musculoskeletal Pain: 10,000 Participant Longitudinal Cohort Study. JMIR. (2020).

Hinge Health está disponible en español

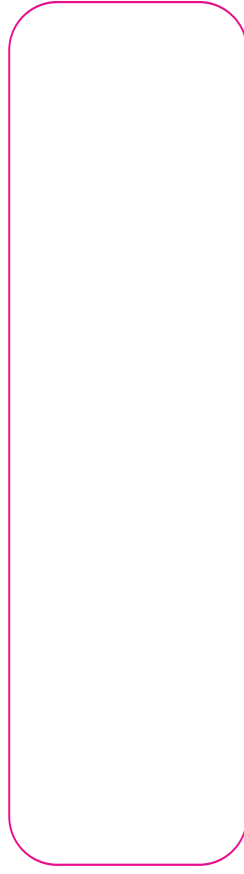
Alivia los dolores articulares y musculares y previene las lesiones con tus beneficios de salud gratuitos. Únete ahora.

[ELIGIBILITY DISCLAIMER]

YOUR LOGO HERE



PSRT STD
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SAN FRANCISCO, CA
PERMIT NO. 850



Virtual physical therapy and so much more

Peel to reveal your benefits

Peel here

\$0 cost to you

1x

10 POINTS

11

The graphic is a green rectangular card with a white border. At the top, it says "Virtual physical therapy and so much more" in white. Below that, it says "Peel to reveal your benefits" in white. On the right side, there is a white rectangular area with a black border, showing a person in a grey shirt and black pants performing a physical therapy exercise. The person is in a lunge position with one leg raised. The background of the exercise area is white. In the top left corner of the exercise area, there is a small white circle with "1x" inside. In the top right corner, there is a small white circle with "11" inside. In the bottom left corner, there is a small white circle with "10 POINTS" inside. On the left side of the green card, there is a white circle with "\$0" inside, and below it, the text "cost to you" in white. On the right side of the green card, there is a white rectangular area with a black border, and the text "Peel here" in black.

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About Program Engagement Tools

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Join now and get a massage gun on us!*



Join now and get a Stanley® on us!*



```
#####
*****
[FIRSTNAME][LASTNAME]
<AddressOne>
<AddressTwo>
<City> <State> <Zip>
| - - | - | - | | | - - - | - - - | - - | | |
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Program engagement tool placeholder

Treat pain at home with virtual physical therapy and more from Hinge Health.

Hello, we're Hinge Health.

If you're living with pain that makes it hard to do the things you enjoy, get access to virtual physical therapy to reduce pain in your back, knees, feet, ankles, even pelvic pain, and more. We've partnered with [CLIENT NAME] to provide this benefit to you.

The best part is you're in control of your care and can get started anytime, anywhere. Plus, you'll receive a complimentary [PROGRAM ENGAGEMENT TOOL] just for joining your program!

Here's what you can expect from Hinge Health

- ✔ **Virtual hands on care**
 We provide instant feedback through our app to ensure you're doing the exercises correctly.
- ✔ **No additional cost**
 Hinge Health is a zero cost benefit available to you and eligible dependents.
- ✔ **Dedicated care team**
 A licensed physical therapist and qualified health coach are with you every step of the way.
- ✔ **Fits your lifestyle**
 Convenient in-app exercise sessions you can do at home or on the go.



Find out if Hinge Health is the right fit for you
[hinge.health/\[CLIENT\]-redirect](https://hinge.health/[CLIENT]-redirect)

Questions? Call (855) 902-2777

Please use the default camera on your device to scan the QR code, not a third-party application. If you are directed to a site other than the URL listed above, do not proceed.

Treat pain at home with app-guided exercise therapy from Hinge Health

To get started, scan the QR code with your mobile device or visit hinge.health/navigate

hmg3xx



* Eligibility to receive complimentary items is based on the program in which you are placed and subject to availability upon completion of a qualifying number of exercise sessions. Members may receive an alternative item if the featured item is unavailable.

Hinge Health está disponible en español

Alivia los dolores articulares y musculares y previene las lesiones con tus beneficios de salud gratuitos. Únete ahora.

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YOUR LOGO HERE



Program engagement tool placeholder

Take the smart path to pain relief



Enjoy being active without being limited by aches and pain.

That back pain, sore left knee, or right shoulder tightness won't go away on its own. No matter how long you wait it out or push through your discomfort.

But you can get relief with Hinge Health. At **no cost to you** through [CLIENT NAME]. On average, our members experience **68% average reduction in pain**.¹

Start today, and get a [PROGRAM ENGAGEMENT TOOL] on us!

JOIN HINGE HEALTH

Your program features exercises designed by a physical therapist to help you **reduce mild to intense back, elbow, knee, shoulder pain, and much more**. It also includes:



Real-time form guidance — move confidently with 3D motion tracking technology in app to help you do your exercises correctly.



Access to virtual physical therapy — reduce pain, build strength, and get back to doing the things you enjoy like hitting the gym, golfing, or playing basketball. *Without being limited by pain.



Quick exercise sessions — do them anywhere, anytime a few times a week. All you need is your phone and our app.

You don't have to wait until your pain is unbearable to do something about it. This program gives you the tools to take control now. Without the extra hassle of copays, in-person visits, or missing work.

JOIN HINGE HEALTH

Program engagement tool placeholder



Questions? We're here to help!

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NEW MEMBERS ONLY
Start your program and get a message gun on us!



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Start today, and get a Stanley® on us.*

Start today, and get a message gun on us!

Start today, and get a Stanley® bottle on us!

EXCLUSIVE OFFER FOR NEW MEMBERS



Start your program today
and get a message gun on us!

EXCLUSIVE OFFER FOR NEW MEMBERS



Start your program and get
an insulated Stanley® on us.*

YOUR LOGO HERE



Designed for your body and mind



You already know that exercise supports your physical health. But did you know it's good for your mental health too?

Nourish your body and mind. Answer a few questions to start your Hinge Health program today. It's no cost to you through [CLIENT NAME].

Get started

3 ways Hinge Health supports your mental health too



Promotes a positive mindset

Get support from real people, including a licensed physical therapist and qualified health coach, to focus on your recovery and progress.



Builds confidence

Regaining strength, flexibility, and range of motion can help you trust your body — to do what you need to do, like everyday tasks, and activities you enjoy.



Reduces stress, anxiety, and pain

After 12 weeks of consistent, gentle exercise, Hinge Health members reduce their pain by 68% and feelings of depression and anxiety by 58%, on average.¹

Get started

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¹In a study of chronic knee and back program participants. Bailey JF, et al. Digital Care for Chronic Musculoskeletal Pain: 10,000 Participant Longitudinal Cohort Study. J Med Internet Res 2020;22(5):e18250.



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Gentle movement can soothe your pain and lift your mood

Pain drains your joy and holds you back from the things you love. With Hinge Health, you get access to virtual physical therapy and more — so you can get back to living life on your terms.



Hinge Health provides:

- Personalized care that fits your lifestyle.
- 1-on-1 support from a dedicated physical therapist and health coach.
- Exercises designed by a licensed physical therapist.

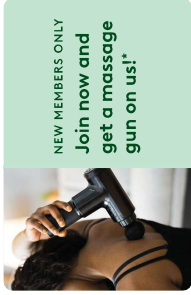
All you need is the Hinge Health app and a comfortable place to exercise.

The mind body connection is stronger than you may realize. Hinge Health can help members feel better from head to toe — inside and out.



About Program Engagement Tools

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NEW MEMBERS ONLY
Join now and get a massage gun on us!*



NEW MEMBERS ONLY
Join now and get a Stanley® on us!*

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SAN FRANCISCO, CA 94105

PERMIT STD
U.S. POSTAGE PAID
SAN FRANCISCO, CA
PERMIT NO. 650

Important benefits information inside.

Program engagement tool placeholder

[FIRSTNAME][LASTNAME]
<AddressOne>
<AddressTwo>
<City> <State> <Zip>

| - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |

YOUR LOGO HERE |  Hinge Health™

\$0
cost to you

Reduce your pain with access to virtual physical therapy

Get exercises that build strength, increase flexibility, and improve your mental health.

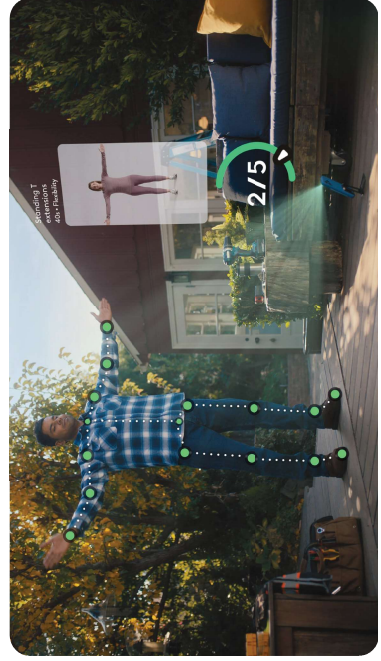


YOUR LOGO HERE



\$0 cost to you (yes, really!)
Hinge Health is a benefit that's fully covered by [CLIENT].

Get real-time feedback to guide your moves



[FNAME],

Get instant audio and visual feedback with Motion Insights in the Hinge Health app. This real-time guidance helps you complete your exercises correctly and with confidence — anytime, anywhere.

Your personalized pain relief program includes:

- Exercise sessions that target your specific issue
- Dedicated physical therapist available via video visit, email, or in-app messaging
- 24/7 access to in-app guided sessions

Try Hinge Health

★ We don't record or store Motion Insights video without your consent. And you can opt out.



Questions? We're here to help!

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A PATH TO PAIN RELIEF

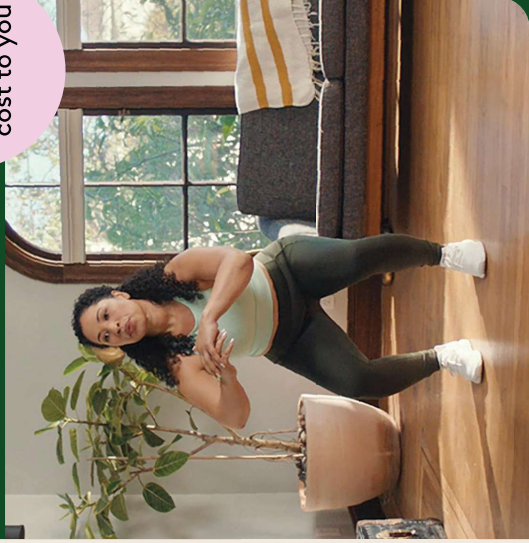
Get real-time feedback to guide your moves

Your Hinge Health benefit offers access to virtual physical therapy and instant guidance



\$0

cost to you



The foundation of your comprehensive care with Hinge Health includes working with your physical therapist, and doing the exercise sessions they personalize for you.

And at each stage, we supply the tool you need to boost your results. Best of all, it's covered by [CLIENT NAME] so it won't cost you a cent.



EXERCISE SESSIONS

Treat your specific joint or muscle conditions

CUTTING EDGE TECHNOLOGY

Instant guided feedback via Motion Insights

DEDICATED CARE TEAM

Connect via video visit, email, or text

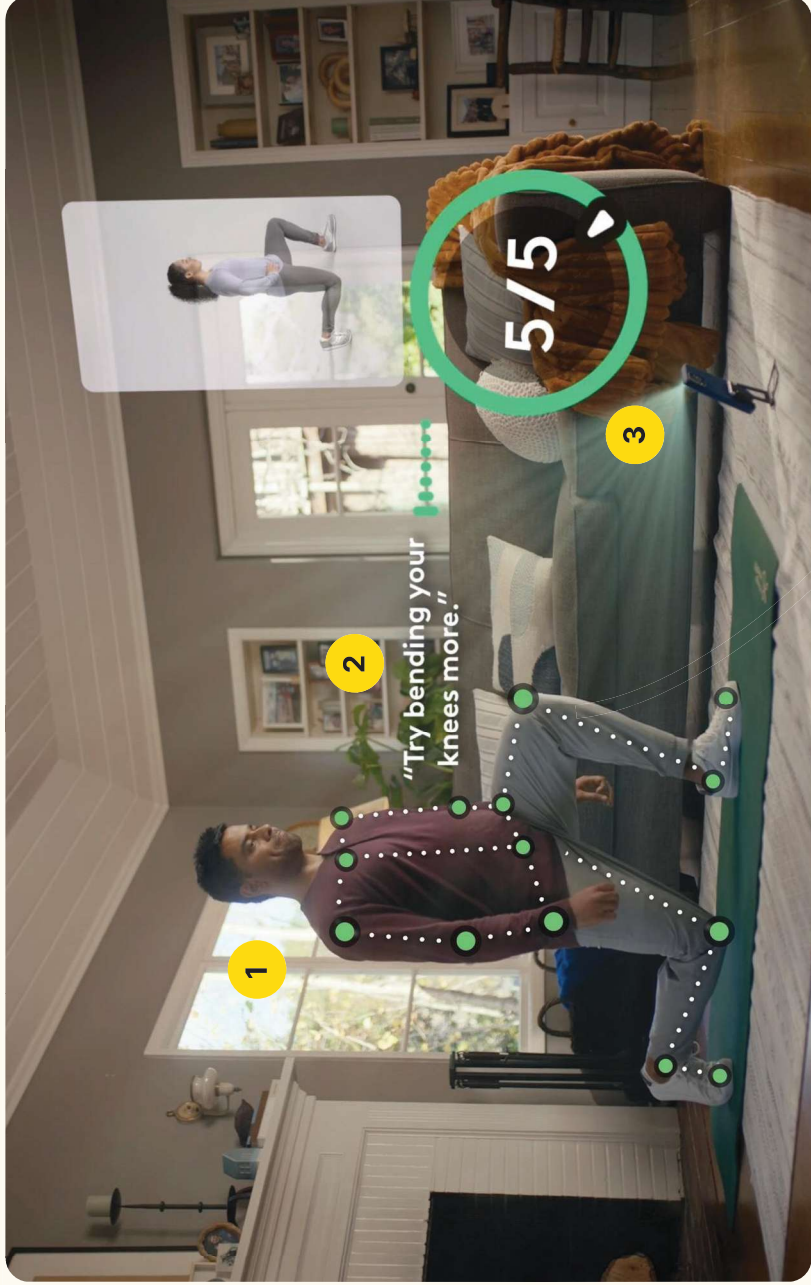
24/7 ACCESS

In-app guided sessions

Available with over 100+ exercises

Instant audio and visual feedback with Motion Insights

Get real-time, personalized guidance developed by physical therapists



- 1 3D visualization accurately tracks your form so you can complete your exercises correctly and with confidence.
- 2 Clear audio feedback helps you focus on making the most of your movements.
- 3 Your care team uses data from each session to monitor and adjust your comprehensive care.

We don't record or store Motion Insights video without your consent. And you can opt out.

Real relief, real results



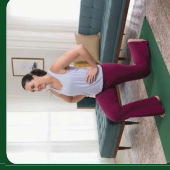
The pain I had been living with for years started to fade. Within a month or two, I could lie on my right side without discomfort and sit for extended periods without aching.

— Christy, Hinge Health member

¹ Bailey et al. (2020) 12-week digital care for chronic back and knee MSK pain. *JMIR*. (N=10,264).
² 156 Employer Medical Claims ROI Study, 2022.

Program engagement tool placeholder

The comprehensive care you deserve at zero cost to you



Get started today:

1. Scan the QR code or follow the link below to enroll
2. Answer some questions
3. Do a simple movement evaluation



[hinge.health/\[CLIENT\]-redirect](https://hinge.health/[CLIENT]-redirect)

Please use the default camera on your device to scan the QR code, not a third-party application. If you are directed to a site other than the URL listed above, do not proceed.

*Eligibility to receive complimentary items is based on the program in which you are placed and subject to availability upon completion of a qualifying number of exercise sessions. Members may receive an alternative item if the featured item is unavailable.

Hinge Health está disponible en español.
 Always los dolores articulares y musculares y previene las lesiones con tus beneficios de salud gratuitos. Únete ahora.

[ELIGIBILITY DISCLAIMER]

About Program Engagement Tools

We are constantly optimizing our Program Engagement Tools strategy, and will deploy the massage gun or Stanley® water bottle based on which program engagement tool best drives member enrollments.



NEW MEMBERS ONLY

Join now and get a massage gun on us!



NEW MEMBERS ONLY

Join now and get a Stanley® on us!

YOUR LOGO HERE



PSRST STD
U.S. POSTAGE PAID
SAN FRANCISCO, CA
PERMIT NO. 850

Important benefits information inside.

Program engagement tool placeholder

[FirstName] [LastName]
[AddressOne]
[AddressTwo]
[City] [State] [Zip]

About Program Engagement Tools

We are constantly optimizing our Program Engagement Tools strategy, and will deploy the massage gun or Stanley® water bottle based on which program engagement tool best drives member enrollments.



NEW MEMBERS ONLY
**Join now and get
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YOUR LOGO HERE



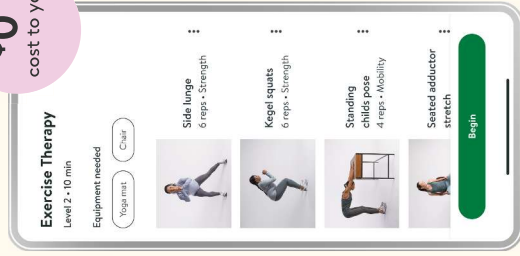
Pelvic floor exercise therapy on your time

Get virtual care from pelvic floor physical therapists like Dr. Daroski with the Women's Pelvic Health Program, a no-cost benefit provided by [CLIENT].

Your program includes:

- Virtual visits with your pelvic floor physical therapist
- A personalized care plan with in-app pelvic floor exercises
- Guided meditation for mind-body connection

\$0
cost to you



Scan the QR code
or visit the link below to learn more
[hinge.health/\[CLIENT\]-pelvichealth](https://hinge.health/[CLIENT]-pelvichealth)
Questions? Call: (855) 902-2777

Please use the default camera on your device to scan the QR code, not a third party application. If you are directed to a site other than the URL listed above, do not proceed.

*Hinge Health está disponible en español
Alivia los dolores articulares y musculares y previene las lesiones con tus beneficios de salud gratuitos. Únete ahora!*

¹Wu JM, et al. Prevalence and Trends of Symptomatic Pelvic Floor Disorders in U.S. Women. *Obstet Gynecol.* 2014; Jan; 123(1): 141-148. Eligibility...



You're invited to join our
**Women's Pelvic Health
Program**

128

Dear [NAME],

Did you know that one in four women has a pelvic floor disorder? Yet so many of us don't receive treatment due to a lack of awareness, stigma, and inadequate access to care.

The Women's Pelvic Health Program from Hinge Health aims to change that through virtual pelvic floor exercise therapy – available at no cost to you.

Enrolling in this fully-covered benefit provided by [CLIENT] means you'll get access to a personalized program you can do on your time, from the comfort and privacy of home. See the back of this card for program details and how to get started.

No waiting rooms, no stress – just personalized care that prioritizes your body's unique needs.



Warm regards,

Dr. Kandis Daroski, PT, DPT
Hinge Health Pelvic Floor Physical Therapist

If you're experiencing symptoms like these, pelvic floor therapy can help.



Urine leaking when laughing, coughing, or sneezing



Pain in your back, tailbone, or pelvic region



Feeling like you always have to go to the bathroom



Pain or discomfort during intimacy

Fresno City Employees Health and Welfare Trust Fund

Consultant's Report Items – January 14, 2026

- ▶ Vendor Rates and Submissions for 2026-2027 Fiscal Year
- ▶ Fiduciary Liability Policy
- ▶ Elite Medical -Vaccinations/Screenings
- ▶ Delta Dental Access
- ▶ Physical, Occupational and Speech Therapy Out of State Access
- ▶ Medical Benefit Plan Design
- ▶ Financial Projections for the 2026-2027 Fiscal Year
- ▶ Contribution Rates for the 2026-2027 Fiscal Year

Memorandum

To: Board of Trustees
Fresno City Health and Welfare Fund

From: David Broome, Consultant

Date: January 14, 2026

Re: Consultant's Report for January 14, 2026 Board of Trustees Meeting –
EyeMed Renewal Effective July 1, 2026

We have received the EyeMed premium rate proposal effective July 1, 2026.

1. The current premium rate of \$16.80 per member per month went into effect on July 1, 2024 and was guaranteed for two (2) years.
2. EyeMed has provided a four-year premium rate proposal for July 1, 2026 through June 30, 2030 with a rate pass (no change in the current premium rate of \$16.80).
3. EyeMed has also proposed to add retinal imaging benefits with a \$0 member copay at no additional charge/increase in premium rate.
4. The proposal from EyeMed is attached to this memo.

This item will be discussed at your meeting on January 14, 2026. Please let me know if there are any questions before or after that meeting.

DB:rn
Enclosure

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

Hello, Fresno City

Nice to see you again



We've been your preferred vision partner since 2022. From the beginning, we've been committed to a seamless member experience focused on innovation and value. That's important, because when members understand their benefits, they use their benefits – and save money. The proof? Over the past year alone, we've delivered savings of \$1,459,461 for your members.¹

We're proud of what we've achieved together. And we know your members appreciate our approach to vision insurance benefits – proven by your 99.6% in-network utilization.¹ Staying with EyeMed lets you continue to offer vision benefits that make your members' lives not just easier ... but better.

PROPOSAL HIGHLIGHTS

- 4-year rate guarantee to keep costs consistent
- Enhanced benefits at Insight PLUS Providers with Eye360 – \$0 copay eye exams and an extra \$50 frame allowance²
- Ability to use both contact lens and frame allowances in the same benefit year
- Special offers and additional discounts that can be combined with the benefit to save even more³
- Ongoing support from your Account Manager leading you through each phase of our program
- Member tools - Know Before You Go cost transparency tool, enhanced provider locator, member web, mobile app, Customer Care Center and more - for a seamless experience
- **NEW!** EyeMed is pleased to offer Fresno City Employee Health and Welfare Trust a Rate Pass with a 4-year guarantee effective 7/01/2026.
PSPM \$16.80
\$0 Copay for Retinal Imaging

Thank you for being our partner. Together, we provide your members with vision benefits they'll enjoy and value. If you have any questions, please feel free to contact me.

JOYCE WALLING
National Account Manager
p 949.274.1578
e JWalling@eyemed.com

¹ Fresno City Utilization Report. ² Eye360 not available in all states. ³ Discounts available for fully insured benefits. Offers not valid in the State of Texas. Fully insured clients are underwritten by Fidelity Security Life Insurance Company®, Kansas City, MO. **132** and Fidelity Security Life Insurance Company® of New York.

Let's review what you'll get with EyeMed

Reinventing choice and convenience

Staying with EyeMed means your members can continue to use their benefits where they want and when they want.



NETWORK

- 30,100 independent and retail provider locations including popular national chains like LensCrafters, Pearle Vision and Target Optical, plus regional favorites near you like America's Best, MyEyeDr. and more¹
- Online in-network options including LensCrafters.com, TargetOptical.com, Ray-Ban.com, Glasses.com, ContactsDirect.com, Oakley.com, NuanceAudio.com and more – with seamless benefit integration
- Providers offer flexible appointment times and availability on evenings and weekends to accommodate employees' fluctuating schedules

Redefining flexibility and savings

Based on how your employees want to use their benefits, we're offering a plan specifically designed to meet their needs. That means, vision benefits that control member out-of-pocket costs without limiting choice.



BENEFITS

Here are some of the standout features in your proposed benefits:¹

- Enhanced benefits at Insight PLUS Providers with Eye360 – \$0 copay eye exams and an extra \$50 frame allowance²
- Ability to use both contact lens and frame allowances in the same benefit year
- Special offers that can be combined with the benefit to save even more
- 40% off complete, unlimited additional pairs of prescription glasses at any in-network provider, any time - the largest and most flexible additional pairs discount in the industry
- 20% off any item not covered by the benefit, including non-prescription sunglasses
- Up to 66% off hearing aids, an extended warranty and free batteries through Amplifon

Reimagining simple and transparent

At EyeMed, we're committed to creating an outstanding experience for you and your members. We've curated our online resources, personalized member communications and client tools to deliver a benefit that members actually enjoy using.

EXPERIENCE

FOR MEMBERS

- Personalized Welcome Kit with ID cards for newly enrolled employees
- Member App for on-the-go access to benefits
- Provider Locator to find in-network providers and schedule an appointment
- Know Before You Go tool to estimate out-of-pocket costs
- Award-winning call center with live agents 7 days a week³

FOR YOU

- Seamless account support – your EyeMed team will remain in place for consulting and more
- Annual Business Reviews to assess your benefit's performance
- HITRUST CSF Certified with best-in-class privacy and data security
- Member materials to download and share
- EyeManage client portal and account team for member data, invoices and reports



¹ Discounts are not insured benefits. Offers not valid in the State of Texas. ² Eye360 not available in all states. ³ Designated "Certified Center of Excellence" by BenchmarkPortal, 2009-2024. Fully insured clients of EyeMed are underwritten by Fidelity Security Life Insurance Company®, Kansas City, MO 64111 and Fidelity Security Life Insurance Company of New York.

Memorandum

To: Board of Trustees
Fresno City Health and Welfare Fund

From: David Broome, Consultant

Date: January 14, 2026

Re: Consultant's Report for January 14, 2026 Board of Trustees Meeting –
Personify Health (Formerly HealthComp) Renewal Effective July 1, 2026

We have received the Personify Health fee proposal effective July 1, 2026.

1. The current administrative service fee of \$31.04 per member (active/retiree/self-pay/COBRA/Medicare supplement retiree) per month went into effect on July 1, 2025 and was guaranteed for one year. There is a separate fee of \$1.50 per member for access to HCOOnline and \$1.05 per member for transparency compliance services.
2. Personify Health has provided a three-year fee proposal for July 1, 2026 through June 30, 2029 as follows:

Personify Health	Current Rate	7/1/2026 Rate	7/1/2027 Rate	7/1/2028 Rate
Administrative Services	\$31.04	\$33.05	\$34.04	\$35.07
HCOOnline Access	\$1.50	\$1.50	\$1.50	\$1.50
Transparency Services ¹	\$1.05	\$0.00	\$0.00	\$0.00
Total	\$33.59	\$34.55	\$35.54	\$36.57
% Increase		2.9%	2.9%	2.9%
Annual Cost ²	\$1,794,900	\$1,846,200	\$1,899,100	\$1,954,200
Annual \$ Increase		\$51,300	\$52,900	\$55,100

- ¹ The July 1, 2026 renewal proposal folds the \$1.05 transparency compliance services fee into the administrative services fee.
- ² Annual cost calculated using 4,453 members per Personify Health proposal.
3. The proposal from Personify Health is attached to this memo.

This item will be discussed at your meeting on January 14, 2026. Please let me know if there are any questions before or after that meeting.

DB:rn
Enclosure

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

Virgin Pulse and
HealthComp are now

~personify™
HEALTH

Because health is personal.

Health plan administration for:
Employees Health & Welfare Trust

In partnership with **Rael & Letson**
Effective: **July 1st, 2026**
Network: **Blue Shield of California**
Enrolled Participants: **4443**
TPA Medical Claims Administration
Created: **December 15, 2025**

Prepared by: **Karla Ray, TPA Strategic Account Executive**
Karla.Ray@personifyhealth.com



Fresno City





Executive summary

Dear Rael & Letson,

Thank you for the opportunity to continue our relationship and provide Fresno City Employees Health & Welfare Trust our renewal proposal as their health plan administration partner. It has been a pleasure to partner with you throughout the year and deliver a program to Fresno City Employees Health & Welfare Trust. As demonstrated from our tenure together, and in this proposal for renewal, Personify Health (formerly HealthComp) is well prepared to meet your strategic vision for many more years to come.

Personify Health is the first and only personalized health platform to provide health plan administration and comprehensive health navigation – so your members access all their health and wellbeing benefits in one place.

With 60+ years of experience as the nation's largest, independent health plan administrator, Personify Health specializes in delivering personalized, human-centric, and powerfully simple healthcare navigation. Our data-driven, personalized approach, is designed to increase member engagement and effectively address your healthcare needs while being more cost-effective.

Our collaboration with 70+ high-caliber partners ensures that Fresno City Employees Health & Welfare Trust receives a cost-effective health plan with cost containment solutions, and administrative efficiencies. Included in this proposal, you will find:

- Proposed Fees & Assumptions

We continue to commit ourselves to championing the culture of Fresno City Employees Health & Welfare Trust to achieve the outcomes that matter most. It's through this commitment to that we can deliver best-in-class care to your members while creating transparency and cost savings to the health.

We are extremely grateful for the opportunity to continue to serve Fresno City Employees Health & Welfare Trust. Together, Personify Health and Fresno City Employees Health & Welfare Trust are changing lives for good.

If you have any questions as you review this proposal, please let me know.

Karla Ray, Strategic Account Executive & Diana Cavazos, Account Manager



Administrative Services Renewal Pricing and Disclaimers

This Administrative Services Renewal for July 1st, 2026, to June 30th, 2029, will become effective on July 1st, 2026.

All fees listed in this proposal are Per Employee Per Month unless stated otherwise. The pricing quoted in this renewal is calculated on an average census of 4,443 employees.

Personify Health Renewal

Annual Plan Renewal

Charged Annually

Service	Current	Renewal
Personify Health Claims Administration		
Medical Claims Administration <i>(Effective: 07/1/2026 renewal rates include 1.05 PEPM Transparency Compliance Fee. Note, previous renewals listed as a separate line item)</i>	\$31.04 PEPM	07/2026 Year Renewal \$33.05 PEPM
		07/2027 Year Renewal \$34.04 PEPM
		07/2028 Year Renewal \$35.07 PEPM
HOnline Enrollment Platform	\$1.50 PEPM	\$1.50 PEPM
HINGE MSK Solution		

Any respective commissions paid to Personify by HINGE will be credited back to the Trust quarterly.

Personify Health solutions

Personify Health's solutions offer a more convenient, digitally enabled, and seamless healthcare experience compared to others. Our solutions provide:

CORE ADMINISTRATION

Annual Plan Renewal is inclusive of the following:

- ID Card Changes
- Plan Review and Changes
- Continuation of Care if network changes
- Electronic Data Interchange (EDI) Integrations - New data feeds and refreshed data testing
- Training - New plans, information or changes will be reviewed with involved teams at Personify Health
- Communications Strategy for the new year
- Eligibility Management - maintain ongoing in-bound and out-bound eligibility
- Education Campaigns for the new year
- Summary Plan Description/Summary of Benefits and Coverage Changes
- Member/Admin Portal - portal maintenance for the new plan year for both member and administrator access
- Stop Loss and Pharmacy Coordination and Integration

Medical Claims Administration is inclusive of the following:

- Claim Processing – bill review to include billing errors, fraud, waste and abuse and negotiated savings opportunities.
- Data Analytics & Reporting
- Member Services
 - Member/Admin portal, HCOOnline; both desktop and app
 - Toll-free customer support number
 - Member Services
 - Member Communications
- Regulatory Compliance
 - MRF Hosting & Creation for Out-of-Network Files
 - Cost Estimation Tool
 - No Surprises Act (NSA)
 - Employer Regulatory Notifications
 - 1099 Reporting
- Electronic Data Interchange (EDI) Integrations
- Account Management and Strategic Account Oversight



Disclaimer

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General Reservation. Given the speed of this process and the required amount of information to be provided, certain mistakes might be made and certain provisions may not have been fully reviewed; therefore, Personify Health reserves all rights in this response including, without limitation, its right to correct any mistakes and to further negotiate any of the terms and conditions in the RFP that may not have been addressed in our response. Any signatures by any Personify Health representatives submitted with this response are provided solely for conformance to any requirement that such signature is a condition of Personify Health's proposal being reviewed, but such signature is not intended, and shall not be interpreted, as committing Personify Health to any

obligation, contractual or otherwise.

Master Agreement. Personify Health provides the attached proposal assuming any agreement or provisions will be subject to negotiation between the parties upon award. Personify Health is agreeable to negotiating the terms of the Master Agreement.



Memorandum

To: Board of Trustees
Fresno City Health and Welfare Fund

From: David Broome, Consultant

Date: January 14, 2026

Re: Consultant's Report for January 14, 2026 Board of Trustees Meeting -
Fiduciary Liability Policy Renewal Effective January 15, 2026

We have received the fiduciary liability policy renewal effective January 15, 2026, from the broker NuWest Insurance Services. This policy renewal has a one-year term.

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

The full proposal provided by NuWest is attached to this memo. This item will be discussed at your meeting on January 14, 2026. Please let me know if there are any questions before or after that meeting.

DB:cn
Enclosure

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



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

December 18, 2024

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

RE: **Fresno City Employees Health & Welfare Trust**
Fiduciary Liability Insurance Renewal
Renewal Date – January 15, 2026

Dear Diana:

We have received the proposed renewal terms from Chubb Insurance Company for the Fiduciary Liability policy covering the Fresno City Employees Health & Welfare Trust for the January 15, 2026-27 term. The comparison to the current coverage is on the attached exhibit.

As you will note, Chubb has proposed the coverages, limits, terms, and conditions remain the same as the expiring policy with no increase in premium. We have run the Trust through our proprietary benchmarking program to compare Fiduciary Liability limits with Trusts of similar size and industry and the current limit of \$3,000,000 limit falls within the average range for similar Trusts. It is our recommendation that the Trustees renew this policy with Chubb at the proposed limit.

After your review, please let us know if the terms are acceptable to you and the Trustees. We will follow up with you prior to January 15, 2026 to see if we may renew this policy.

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

Best Regards,

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

Enclosures



FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

2026 Fiduciary Liability Renewal Proposal

Fiduciary Liability		Current Policy 1/15/2025-26	Proposed Policy 1/15/2026-27
Insurer		Chubb Ins. Co.	Chubb Ins. Co.
A.M. Best Rating		'A++' XV	'A++' XV
Admitted in California		Yes	Yes
Coverage Form			
Each Claim		Claims Made	Claims Made
Aggregate		\$3,000,000	\$3,000,000
Deductible		\$3,000,000	\$3,000,000
		\$10,000	\$10,000
ERISA Section 502 (l) – 20% Penalty		Included	Included
ERISA 502 (i) - 5% Party-In Interest		Included	Included
ERISA 502 (c) Penalties - Sublimit		\$100,000	\$100,000
Voluntary Compliance - Sublimit		\$250,000	\$250,000
HIPAA Fines and Penalties – Sublimit		\$1,000,000	\$1,000,000
PPACA Fines and Penalties – Sublimit		\$250,000	\$250,000
PPA Fines and Penalties – Sublimit		\$250,000	\$250,000
Trustee Claims Expenses - Sublimit		\$250,000	\$250,000
Trustee Non-Fiduciary (Settlor functions)		\$750,000	\$750,000
Sections 4975 & 4976 (excise tax penalties)		\$100,000	\$100,000
Pre-Claim Investigation & Interview Coverage		Included	Included
Section 203 of the Bipartisan Budget Act -Sublimit			
Other Fines, Penalty and Tax - Sublimit		\$250,000	\$250,000
Benefit Overpayment		\$100,000	\$100,000
Umbrella Sublimit Endorsement		\$250,000	\$250,000
Total Annual Premium			
Plus 'Waiver of Recourse'		\$12,492	\$12,492
- per Fiduciary		\$25	\$25
Standard Commission Paid by Carrier		15%	15%



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Fiduciary Liability

Glossary of Terms

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

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

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

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

Voluntary Settlement Program or Voluntary Compliance Program Expenditures (EPCRS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COMPENSATION DISCLOSURE

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

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

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

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

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

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

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

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

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

A.M. Best Rating Classifications

Admitted vs. Non-admitted Insurer

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

Secure Ratings:

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

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

Affiliation Codes:

G	..... Group
P	..... Pooled
R	..... Reinstated

Rating Modifiers:

U	..... Under Review
Q	..... Qualified

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

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

Memorandum

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

From: David Broome, Consultant

Date: January 14, 2026

Re: Consultant’s Report for January 14, 2026 Board of Trustees Meeting –
Elite Medical – 2025 Health Screenings & Vaccinations

Elite Corporate Wellness, based in Visalia, CA, has provided biometric screenings and vaccinations to Fresno City members for the last seven years.

Utilization Trend. The Fall vaccinations in 2025 took place from October 28-30th. Comparing the prior year in 2024 with the most recent year in 2025, utilization and variable fees continue to trend downward:

Elite Medical	2024 Count (Units)	2025 Count (Units)	2025 Unit Cost	2025 Total Cost
Biometric Health Screening	6	0	\$ 0.00	\$ 0.00
Influenza Vaccine	130	105	\$ 32.50	\$ 3,412.50
Pneumonia Vaccine	20	10	\$291.50	\$ 2,915.00
High-Dose Influenza Vaccine	11	0	\$ 0.00	\$ 0.00
Total	167	115		\$ 6,327.50

Historical event costs are as follows:

- ▶ \$10,542 in 2024
- ▶ \$10,721 in 2023
- ▶ \$23,589 in 2022
- ▶ \$14,377 in 2021
- ▶ \$25,400 in 2020
- ▶ \$38,900 in 2019
- ▶ \$42,500 in 2018

This item will be discussed at your January 14, 2026, meeting. If there are any questions before or after that meeting, please let us know.

DB:cn
Enclosure

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



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

Invoice

Date	Invoice #
11/6/2025	33880

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

P.O. No.	Terms	Due Date
2025 Vaccinations	Net 30	12/6/2025

Description	Quantity	Rate	Amount
Municipal Service Center 10/28 Influenza	22	32.50	715.00
Fresno City Hall 10/30 Influenza	49	32.50	1,592.50
Vaccinations:Pneumonia Vax Fresno Water Yard 10/29	5	291.50	1,457.50
Influenza Wastewater Treatment Plant 10/29	10	32.50	325.00
Influenza Municiple Service Center 10/30	13	32.50	422.50
Influenza Vaccinations:Pneumonia Vax	11	32.50	357.50
Purchased in sets of 10 (4 short)	1	291.50	291.50
	4	291.50	1,166.00

Total	\$6,327.50
Payments/Credits	\$0.00
Balance Due	\$6,327.50

Executive Summary: Delta Dental (CA) Network Overview

Network Provider Trends

Plan Year Comparison:

Network	Plan Year	State	# of Providers	Network Growth
PPO	7/1/2023 – 6/30/2024	CA	17,627	+0.50%
PPO	7/1/2024 – 6/30/2025	CA	17,365	-1.50%
Premier	7/1/2023 – 6/30/2024	CA	22,683	-1.00%
Premier	7/1/2024 – 6/30/2025	CA	21,830	-3.80%

GP Providers Accepting New Patients (October 2025)

Total GP Providers: 17,650

Accepting New Patients: 17,489 (99%)

- PPO/Premier GPs: 13,705
- Premier-only GPs: 3,784

Key Insights

- Both PPO and Premier networks in California have seen a reduction in provider counts in the most recent plan year, with the Premier network experiencing a larger percentage decrease.
- Despite these declines, the vast majority of contracted GPs remain available for new patients, ensuring strong network accessibility for members.
- The data does not reflect client-specific utilization, focusing solely on net provider changes.

Summary

The Delta Dental networks in California experienced a decline in provider counts from 2023–2024 to 2024–2025, with the PPO network decreasing from 17,627 to 17,365 providers (-1.5%) and the Premier network dropping from 22,683 to 21,830 providers (-3.8%). Despite this reduction, 99% of general practice providers (17,489

out of 17,650) were accepting new patients as of October 2025, maintaining strong accessibility within the networks.



Network Dentist Turnover Terms & Adds Summary: Fresno City Employees H&W Trust Dentists

This report details the annual turnover of dentists serving Fresno City Employees H&W Trust for the plan years 2023/2024 and 2024/2025, including reasons for departures and new additions who are currently treating members.

Key Metrics

Year	Total Utilized Providers	Attrition	Involuntary	Insurance Independent	Voluntary	Total Terms	Total Adds
2023/2024	816	5	1	2	8	18	24
2024/2025	832	7	9	2	4	24	32
Totals	1,648	12	10	4	12	42	56

- **Attrition:** Dentists who retired, moved, or passed away.
- **Involuntary:** Dentists removed for regulatory violations, licensing/credentialing issues, or contract breaches.
- **Insurance Independent:** Dentists who left to operate independently of insurance networks.
- **Voluntary:** Dentists who left for voluntary reasons.
- **Total Adds:** Newly added Dentists utilized by members.

Insights

- **Total Terms** (dentists leaving the network) increased from 18 in 2023/2024 to 24 in 2024/2025.
- **Total Adds** (new dentists joining the network who are currently treating members) also increased, from 24 in 2023/2024 to 32 in 2024/2025.
- The largest increase was in involuntary departures, rising from 1 to 9 year-over-year.

- Despite turnover, the network added more dentists than it lost in both years, indicating ongoing efforts to maintain or grow provider capacity.

Conclusion:

While the network experienced increased turnover, especially involuntary removals, the addition of new dentists outpaced departures, helping to sustain or improve access for Fresno City Employees H&W Trust members.

Memorandum

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

From: David Broome, Consultant

Date: January 14, 2026

Re: Consultant’s Report for January 14, 2025 Board of Trustees Meeting – Medical Benefit Plan Review

At the October Board meeting, we were asked to provide an overview of different types of benefit plan solutions as well as address contribution rate structures.

Current Medical Plan. To recap, there are two medical PPO plan options available to employees. Employees elect either a higher benefit level PPO option or a 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:

	High PPO Plan	Low PPO Plan
Monthly Contribution	Employee pays a payroll deduction	Employee pays nothing for coverage
Individual Deductible	\$200	\$1,300
Family Deductible	\$600	\$2,600
Coinsurance	Plan pays 80%, employee pays 20%	Plan pays 60%, employee pays 40% or, Plan pay 52%, employee pays 48%
Out-of-Pocket Maximum	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%

Alternative 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:

	Alt. 1 PPO Plan	Alt. 2 PPO Plan
Monthly Contribution	Employee pays a payroll deduction	Employee pays a payroll deduction
Individual Deductible	\$500	\$750
Family Deductible	\$1,500	\$2,250
Coinsurance	Plan pays 70%, employee pays 30%	Plan pays 70%, employee pays 30%
Out-of-Pocket Maximum	After \$4,000 per Individual or \$8,000 per family in covered charges, plan pays 100%	After \$4,000 per Individual or \$8,000 per family in covered charges, plan pays 100%

Current Pharmacy Plan. The member cost share for retail (walk-in) prescription drugs is different for the high and low plans, while mail order drug cost share is the same. Also, the high and low option PPO plans have a separate and additional out of pocket maximums for prescription drugs at \$3,400/\$6,800 (High) and \$2,000/\$4,000 (Low) for individuals and families, respectively. For a mid-tier PPO option, a different cost share for retail (walk-in) and different out of pocket maximums could be considered.

Other Considerations. In comparison to other peer organizations in the Fresno area, the following plan benefits may be considered:

- **Performance Network-** Currently the PPO network is Blue Shield’s broad network including all of their contracted providers. Blue Shield offers narrow, performance network options that only include high-value contracted providers. These networks 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.
- **Office Visit Copayments-** For both Primary Care Providers (PCP) and Specialists, copayments range from \$15 to \$35 per visit. The copayment for PCPs and Specialist visits could be the same or different based on provider type. A typical plan design with office visit copays will often waive the deductible.
- **Incentivize Wellness program-** These programs are based on engaging employees in healthy and active lifestyle choices to reduce the overall prevalence of chronic disease and ultimately lower annual health care costs. The programs are voluntary and incentives are earned for successfully completing Wellness related activities. Incentives are often gift cards or raffles prizes. The programs could involve wellness challenges, fitness classes and training, wellness coaching and assessment, health risk screenings and annual vaccinations. Blue Shield has their Wellvolution program and there are other specialized Wellness vendors available in the market.

Contribution Structure. Currently Fresno City uses a composite contribution rate structure whereby there is a one contribution rate regardless of the number of dependents enrolled. The alternative structure is a tiered rate structure with two or more rate tiers (i.e. Single, Single/Spouse, Single/Child(ren), and Family). Transitioning from one contribution structure to another could be challenging and could have material financial implications.

This item will be discussed at your January 14, 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

Memorandum

To: Board of Trustees
Fresno City Health and Welfare Fund

From: David Broome, Consultant

Date: January 14, 2026

Re: Consultant's Report for January 14, 2026 Board of Trustees Meeting -
Fiscal Year 2026-27 Financial Projections

Included in your meeting packet are the Financial Projections for the 2026/2027 Fiscal Year. The following is a summary of specific action items that still need decisions and other issues or items of attention.

- Exhibit A:** The claims experience report takes into account three months of actual claims for the 2025/26 Fiscal Year (experience through September 30, 2025) and nine 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 September 30, 2025 and trended them forward. Projected medical claims are net of any expected stop loss reimbursements.
- Exhibit B:** During the prior Fiscal Year of 2024/25, the Plan had approximately \$81.4 million in receipts and \$81.5 million in disbursements resulting in a deficit of \$82,200 for the 12 months ending June 30, 2025. **The net fund balance as of June 30, 2025 as stated in the financials was \$22.3 million.** The net reserve months were 3.3 as of June 30, 2025. It is important to note that this fiscal year includes significant large claim losses in excess of the \$550k stop loss deductible. The receipts and corresponding cash balance provided by the City financials do not include all stop-loss reimbursements received after June 30, 2025 for claims paid during this 2024/25 Fiscal Year.
- Exhibit C:** The 2025/26 current Fiscal Year takes into account three months of actual financial experience and projected financial experience for nine months. For the 12 months ending June 30, 2026, the Plan is projected to have \$81.3 million in receipts and \$83.3 million in disbursements, which would result in a \$2.0 million deficit. **The net fund balance as of June 30, 2026 is projected to be \$20.5 million**, which is equal to **3.0 months of net reserves.**
- Exhibit D:** The 2026/27 projected Fiscal Year uses projected claims, latest available enrollment, and latest self-funded claim/premium/fee information to project experience for the 12 months ending June 30, 2027. The self-funded claims are based on the projected claims from Exhibit A. As described earlier, this is calculated using three years of blended experience through September 30, 2025, then trended forward. **Net reserve months as of June 30, 2027 are projected to be 2.3 assuming no change to the current contribution rates.**

5. **Exhibit E:** This exhibit shows various scenarios to the contribution rate. **Based on the projections, a 0.0% increase would result in 2.3 months of net reserves as of June 30, 2027.** Alternatively, a 6.6% increase would result in 3.0 months of reserves for the same period; an 11.6% increase would result in 3.5 net reserve months; and finally, a 16.5% increase results in 4.0 months of reserves.
6. **Exhibit F:** This exhibit shows the rate history going back to July 1, 2011. The 3-year, 5-year, and 10-year annualized contribution rate trends are shown at the bottom of the exhibit.

These items will be discussed at your January 14, 2026 meeting. If there are any questions before or after that meeting, please let me know.

DB:cn
Enclosures

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



Financial Projections Contribution Rates

2026 / 2027 Fiscal Year

Fresno City Employees Health and Welfare Trust



(Presented at January 14, 2026 Trust Meeting)



Exhibit A
(Presented at 1/14/2026 Trust Meeting)

Projected Enrollment and Claims Costs

Active	FY 25-27		FY 25-26		FY 24-25		FY 23-24		FY 22-23		FY 21-22		FY 19-20		PEPM	
	Enrollment	Monthly	Enrollment	Monthly	Enrollment	Monthly	Enrollment	Monthly	Enrollment	Monthly	Enrollment	Monthly	Enrollment	Monthly	Enrollment	Monthly
Medical Claims	\$43,483,392	\$3,623,616	\$43,483,392	\$3,623,616	\$40,942,895	\$3,452,948	\$41,435,376	\$3,452,948	\$40,942,895	\$3,452,948	\$3,396,235	\$2,892,921	\$3,320,900	\$2,892,921	\$3,310,769	\$2,892,921
Prescription Drug Claims	20,634,480	1,719,540	20,634,480	1,719,540	19,532,393	1,627,689	19,532,393	1,627,689	19,532,393	1,627,689	1,448,192	1,148,192	1,399,484	1,148,192	1,411,714	1,148,192
Dental Claims (Plans 1 & 2)	3,472,632	289,388	3,472,632	289,388	3,105,032	258,836	3,105,032	258,836	3,105,032	258,836	2,400,735	200,065	2,400,735	200,065	2,330,625	194,219
TOTAL	\$67,590,504	\$5,632,544	\$67,590,504	\$5,632,544	\$63,580,320	\$5,339,473	\$64,073,804	\$5,339,473	\$63,580,320	\$5,339,473	\$4,730,656	\$3,941,116	\$4,440,942	\$3,941,116	\$4,440,942	\$3,941,116
Trend:																
Medical Claims	2.7%		2.9%		2.9%		2.9%		2.9%		3.3%		3.3%		7.2%	
Prescription Drug Claims	9.0%		9.0%		9.0%		9.0%		9.0%		12.0%		12.0%		2.9%	
Dental Claims (Plans 1 & 2)	1.5%		1.3%		1.3%		1.3%		1.3%		-1.3%		-1.5%		17.3%	
TOTAL	4.5%		4.6%		4.6%		4.6%		4.6%		10.3%		11.5%		6.6%	
Trend:																
Medical Claims	Enrollment: 186	Enrollment: 186	Enrollment: 186	Enrollment: 186	Enrollment: 195	Enrollment: 195	Enrollment: 183	Enrollment: 183	Enrollment: 173	Enrollment: 173	Enrollment: 171	Enrollment: 171	Enrollment: 171	Enrollment: 183	Enrollment: 183	Enrollment: 183
Prescription Drug Claims	\$43,483,392	\$3,623,616	\$43,483,392	\$3,623,616	\$40,942,895	\$3,452,948	\$41,435,376	\$3,452,948	\$40,942,895	\$3,452,948	\$3,396,235	\$2,892,921	\$3,320,900	\$2,892,921	\$3,310,769	\$2,892,921
Dental Claims (Plans 1 & 2)	3,472,632	289,388	3,472,632	289,388	3,105,032	258,836	3,105,032	258,836	3,105,032	258,836	2,400,735	200,065	2,400,735	200,065	2,330,625	194,219
TOTAL	\$67,590,504	\$5,632,544	\$67,590,504	\$5,632,544	\$63,580,320	\$5,339,473	\$64,073,804	\$5,339,473	\$63,580,320	\$5,339,473	\$4,730,656	\$3,941,116	\$4,440,942	\$3,941,116	\$4,440,942	\$3,941,116
Trend:																
Medical Claims	0.0%		0.0%		0.0%		0.0%		0.0%		4.8%		4.8%		-2.5%	
Prescription Drug Claims	0.0%		0.0%		0.0%		0.0%		0.0%		6.6%		6.6%		-1.4%	
Dental Claims (Plans 1 & 2)	1.3%		1.3%		1.3%		1.3%		1.3%		-1.3%		-1.5%		17.3%	
TOTAL	4.5%		4.6%		4.6%		4.6%		4.6%		10.3%		11.5%		6.6%	
Trend:																
Medical Claims	Enrollment: 150	Enrollment: 150	Enrollment: 150	Enrollment: 150	Enrollment: 150	Enrollment: 150	Enrollment: 154	Enrollment: 154	Enrollment: 167	Enrollment: 167	Enrollment: 175	Enrollment: 175	Enrollment: 175	Enrollment: 183	Enrollment: 183	Enrollment: 183
Prescription Drug Claims	\$75,800	\$64,650	\$75,800	\$64,650	\$75,800	\$64,650	\$75,800	\$64,650	\$75,800	\$64,650	\$75,800	\$64,650	\$75,800	\$64,650	\$75,800	\$64,650
Dental Claims (Plans 1 & 2)	1,580,400	131,200	1,580,400	131,200	1,525,420	127,123	1,329,347	110,279	1,312,404	109,362	1,418,063	118,122	1,418,063	118,122	1,270,681	105,890
TOTAL	\$2,356,200	\$196,350	\$2,356,200	\$196,350	\$2,200,820	\$181,773	\$1,922,071	\$160,173	\$1,782,634	\$148,553	\$1,782,634	\$148,553	\$1,782,634	\$148,553	\$1,697,078	\$141,423
Trend:																
Medical Claims	3.0%		3.8%		3.8%		3.8%		3.6%		29.6%		29.6%		-5.1%	
Prescription Drug Claims	9.0%		9.0%		9.0%		9.0%		9.0%		48.3%		48.3%		-16.3%	
Dental Claims (Plans 1 & 2)	1.3%		1.3%		1.3%		1.3%		1.3%		-9.3%		-9.3%		31.2%	
TOTAL	4.5%		4.5%		4.5%		4.5%		4.5%		29.9%		29.9%		-1.6%	
Trend:																
Medical Claims	Enrollment: 150	Enrollment: 150	Enrollment: 150	Enrollment: 150	Enrollment: 150	Enrollment: 150	Enrollment: 154	Enrollment: 154	Enrollment: 167	Enrollment: 167	Enrollment: 175	Enrollment: 175	Enrollment: 175	Enrollment: 183	Enrollment: 183	Enrollment: 183
Prescription Drug Claims	\$75,800	\$64,650	\$75,800	\$64,650	\$75,800	\$64,650	\$75,800	\$64,650	\$75,800	\$64,650	\$75,800	\$64,650	\$75,800	\$64,650	\$75,800	\$64,650
Dental Claims (Plans 1 & 2)	1,580,400	131,200	1,580,400	131,200	1,525,420	127,123	1,329,347	110,279	1,312,404	109,362	1,418,063	118,122	1,418,063	118,122	1,270,681	105,890
TOTAL	\$2,356,200	\$196,350	\$2,356,200	\$196,350	\$2,200,820	\$181,773	\$1,922,071	\$160,173	\$1,782,634	\$148,553	\$1,782,634	\$148,553	\$1,782,634	\$148,553	\$1,697,078	\$141,423
Trend:																
Medical Claims	3.0%		3.8%		3.8%		3.8%		3.6%		29.6%		29.6%		-5.1%	
Prescription Drug Claims	9.0%		9.0%		9.0%		9.0%		9.0%		48.3%		48.3%		-16.3%	
Dental Claims (Plans 1 & 2)	1.3%		1.3%		1.3%		1.3%		1.3%		-9.3%		-9.3%		31.2%	
TOTAL	4.5%		4.5%		4.5%		4.5%		4.5%		29.9%		29.9%		-1.6%	
Trend:																
Medical Claims	Enrollment: 18	Enrollment: 18	Enrollment: 18	Enrollment: 18	Enrollment: 19	Enrollment: 19	Enrollment: 21	Enrollment: 21	Enrollment: 22	Enrollment: 22	Enrollment: 26	Enrollment: 26	Enrollment: 26	Enrollment: 30	Enrollment: 30	Enrollment: 30
Prescription Drug Claims	\$58,888	\$49,158	\$58,888	\$49,158	\$58,888	\$49,158	\$58,888	\$49,158	\$58,888	\$49,158	\$58,888	\$49,158	\$58,888	\$49,158	\$58,888	\$49,158
Dental Claims (Plans 1 & 2)	1,580,400	131,200	1,580,400	131,200	1,525,420	127,123	1,329,347	110,279	1,312,404	109,362	1,418,063	118,122	1,418,063	118,122	1,270,681	105,890
TOTAL	\$2,356,200	\$196,350	\$2,356,200	\$196,350	\$2,200,820	\$181,773	\$1,922,071	\$160,173	\$1,782,634	\$148,553	\$1,782,634	\$148,553	\$1,782,634	\$148,553	\$1,697,078	\$141,423
Trend:																
Medical Claims	0.0%		0.0%		0.0%		0.0%		0.0%		-6.5%		-6.5%		0.0%	
Prescription Drug Claims	3.0%		3.0%		3.0%		3.0%		3.0%		14%		14%		1.7%	
Dental Claims (Plans 1 & 2)	1.3%		1.3%		1.3%		1.3%		1.3%		-9.3%		-9.3%		31.2%	
TOTAL	4.5%		4.5%		4.5%		4.5%		4.5%		14.5%		14.5%		1.7%	
Trend:																
Medical Claims	Enrollment: 4,548	Enrollment: 4,548	Enrollment: 4,548	Enrollment: 4,548	Enrollment: 4,541	Enrollment: 4,541	Enrollment: 4,283	Enrollment: 4,283	Enrollment: 4,042	Enrollment: 4,042	Enrollment: 3,798	Enrollment: 3,798	Enrollment: 3,691	Enrollment: 3,686	Enrollment: 3,686	Enrollment: 3,686
Prescription Drug Claims	\$48,906,864	\$4,075,572	\$48,906,864	\$4,075,572	\$45,531,282	\$3,794,274	\$46,456,253	\$3,871,354	\$46,456,253	\$3,871,354	\$46,456,253	\$3,871,354	\$46,456,253	\$3,871,354	\$46,456,253	\$3,871,354
Dental Claims (Plans 1 & 2)	23,806,290	1,963,858	23,806,290	1,963,858	22,387,895	1,865,658	22,387,895	1,865,658	22,387,895	1,865,658	22,387,895	1,865,658	22,387,895	1,865,658	22,387,895	1,865,658
TOTAL	\$76,746,660	\$6,395,555	\$76,746,660	\$6,395,555	\$71,500,083	\$5,988,340	\$71,500,083	\$5,988,340	\$71,500,083	\$5,988,340	\$71,500,083	\$5,988,340	\$71,500,083	\$5,988,340	\$71,500,083	\$5,988,340
Trend:																
Medical Claims	0.0%		0.0%		0.0%		0.0%		0.0%		4.5%		4.5%		0.1%	
Prescription Drug Claims	0.0%		0.0%		0.0%		0.0%		0.0%		6.6%		6.6%		0.1%	
Dental Claims (Plans 1 & 2)	1.3%		1.3%		1.3%		1.3%		1.3%		-9.3%		-9.3%		31.2%	
TOTAL	4.6%		4.6%		4.6%		4.6%		4.6%		11.5%		11.5%		1.2%	
Trend:																
Medical Claims	Enrollment: 18	Enrollment: 18	Enrollment: 18	Enrollment: 18	Enrollment: 19	Enrollment: 19	Enrollment: 21	Enrollment: 21	Enrollment: 22	Enrollment: 22	Enrollment: 26	Enrollment: 26	Enrollment: 26	Enrollment: 30	Enrollment: 30	Enrollment: 30
Prescription Drug Claims	\$58,888	\$49,158	\$58,888	\$49,158	\$58,888	\$49,158	\$58,888	\$49,158	\$58,888	\$49,158	\$58,888	\$49,158	\$58,888	\$49,158	\$58,888	\$49,158
Dental Claims (Plans 1 & 2)	1,580,400	131,200	1,580,400	131,200	1,525,420	127,123	1,329,347	110,279	1,312,404	109,362	1,418,063	118,122	1,418,063	118,122	1,270,681	105,890
TOTAL	\$2,356,200	\$196,350	\$2,356,200	\$196,350	\$2,200,820	\$181,773	\$1,922,071	\$160,173	\$1,782,634	\$148,553	\$1,782,634	\$148,553	\$1,782,634	\$148,553	\$1,697,078	\$141,423
Trend:																
Medical Claims	0.0%		0.0%		0.0%		0.0%		0.0%		-6.5%		-6.5%		0.0%	
Prescription Drug Claims	3.0%		3.0%		3.0%		3.0%		3.0%		14%		14%		1.7%	
Dental Claims (Plans 1 & 2)	1.3%		1.3%		1.3%		1.3%		1.3%		-9.3%		-9.3%		31.2%	
TOTAL	4.5%		4.5%		4.5%		4.5%		4.5%		14.5%		14.5%		1.7%	
Trend:																
Medical Claims	Enrollment: 18	Enrollment: 18	Enrollment: 18	Enrollment: 18	Enrollment: 19	Enrollment: 19	Enrollment: 21	Enrollment: 21	Enrollment: 22	Enrollment: 22	Enrollment: 26	Enrollment: 26	Enrollment: 26	Enrollment: 30	Enrollment: 30	Enrollment: 30
Prescription Drug Claims	\$58,888	\$49,15														

Receipts and Disbursements

FY 2024-2025 (Actual)

Exhibit B

(Presented at 1/14/2026 Trust Meeting)

Receipts	MO. AVERAGE	ANNUAL TOTAL	2024												2025
			July	August	September	October	November	December	January	February	March	April	May	June	
Contributions - Actives	\$5,458,351	\$65,500,212	\$4,906,666	\$5,979,683	\$5,461,079	\$5,454,330	\$5,456,707	\$5,452,548	\$5,463,041	\$5,483,577	\$5,478,039	\$5,447,250	\$5,478,039	\$5,447,250	
RDA Employees Contribution	1,244	14,928	0	1,428	0	1,500	0	0	0	0	0	0	0	0	
Self Pay - LWOP	1,330	15,964	1,428	6,372	5,544	595	0	0	900	0	0	450	0	675	
Self Pay - COBRA	7,036	84,935	9,000	8,712	13,500	7,500	7,500	9,000	7,389	4,389	4,278	5,889	4,389	4,389	
Self Pay - FPOA Police Admin Staff	2,500	30,000	3,000	3,000	3,000	3,000	0	0	6,000	0	0	6,000	0	3,000	
Retirees - Health	355,278	4,263,338	357,932	358,829	360,625	356,971	358,963	360,108	357,689	351,171	348,695	347,419	348,695	347,419	
Retirees - HRA	119,140	1,429,575	234,637	125,633	131,319	131,849	0	0	247,976	0	94,488	119,066	224,027	0	
Retirees - City Paid H&W Receipts	1,336	16,032	1,336	1,336	1,336	1,336	1,336	1,336	1,336	1,336	1,336	1,336	1,336	1,336	
Retirees - Self-Pay	10,219	122,630	11,269	28,852	0	11,998	9,598	11,509	13,418	8,209	2,700	8,059	8,059	8,059	
Refunds ¹	733,659	8,803,912	312,302	1,410,650	101,058	1,886,300	249,149	1,963,473	373,206	210,041	1,746,463	92,766	142,688	313,816	
Interest	92,170	1,106,039	83,531	87,073	87,049	94,250	92,969	95,316	96,883	95,182	97,231	95,506	91,326	89,723	
Other	\$4	\$50	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
H & W Trust Cash Receipts	\$6,782,268	\$81,387,215	\$5,918,101	\$8,011,588	\$6,161,510	\$7,951,629	\$6,176,222	\$8,023,920	\$6,580,638	\$7,787,444	\$6,151,386	\$6,274,372	\$6,216,508		
Disbursements															
Claims Paid	5,834,764	70,017,173	5,539,017	5,965,783	5,233,200	5,511,773	4,994,996	4,574,192	6,834,624	6,170,348	7,298,190	6,419,324	5,764,070		
Blue Shield	293,085	3,517,016	325,827	320,087	312,664	376,686	282,610	255,338	288,397	261,633	297,991	356,810	182,778		
Physometrics, LLC	14,811	177,726	0	27,843	13,978	14,019	99,041	13,994	98,828	0	197,742	98,828	99,786		
Delta Dental of California	23,095	277,144	0	50,165	25,306	25,234	50,456	25,234	0	27,974	13,997	14,090	14,042		
OptumRx	28,057	336,684	0	53,706	30,133	0	0	0	0	50,383	25,144	25,245	25,211		
Haleyon	20,384	244,722	19,939	20,029	20,401	20,466	20,430	20,419	7,343	33,586	20,487	20,549	20,519		
United Dental	10,846	130,173	21,114	0	11,003	10,411	10,876	11,003	11,130	11,046	11,066	10,580	10,876		
EPIC Hearing	980	6,956	0	1,141	574	573	571	574	580	579	584	594	594		
City Admin Fees	130	1,560	130	130	130	130	130	130	130	130	130	130	130		
Consulting	11,283	135,400	7,000	14,200	10,700	152,030	10,700	10,700	17,900	10,700	10,700	10,700	10,800		
Personify, Inc.	151,702	1,820,421	150,240	151,461	151,682	151,714	151,714	151,492	0	303,681	151,967	152,220	151,714		
Legal	3,544	42,525	0	8,250	4,775	2,850	4,350	3,125	3,700	3,325	2,850	2,850	3,600		
EyeMed	75,083	901,001	74,038	74,726	75,214	76,372	75,012	75,086	74,558	75,163	74,676	74,626	74,491		
Other (Stop Loss Ins)	220,159	2,641,913	435,500	0	218,664	220,278	220,934	220,934	219,925	220,228	220,783	220,581	222,043		
Other Admin Fees	2,638	31,657	0	1,825	0	0	1,825	10,542	12,492	48	6,750	0	0		
H & W Cash Disbursements	6,789,114	81,468,369	6,669,245	6,772,213	6,210,965	6,497,734	5,917,639	5,586,253	7,450,779	6,971,343	8,320,372	7,379,114	6,662,812		
Receipts Over Disbursements	(\$6,646)	(\$82,154)	(\$751,144)	\$1,238,355	(\$49,455)	\$1,453,895	\$258,583	\$2,437,667	(\$889,941)	(\$917,626)	(\$2,168,986)	(\$1,104,742)	(\$346,304)		
Ending Cash Balance (Gross Fund Reserve)	\$29,206,609	\$29,849,703	\$29,789,451	\$31,227,041	\$31,476,386	\$33,020,802	\$32,186,344	\$32,826,884	\$31,638,125	\$29,578,844	\$29,229,606	\$29,229,606			
Beginning Stop Loss Reserve	(\$1,097,356)	(\$1,162,620)	(\$1,227,883)	(\$1,293,147)	(\$1,358,786)	(\$1,424,425)	(\$1,620,861)	(\$1,686,713)	(\$1,752,566)	(\$1,818,418)	(\$1,884,270)	(\$1,950,122)			
Stop Loss Reserve (\$15 PEP)	(\$65,264)	(\$65,264)	(\$65,264)	(\$65,639)	(\$65,639)	(\$65,639)	(\$65,639)	(\$65,639)	(\$65,639)	(\$65,639)	(\$65,639)	(\$65,639)			
Stop Loss Claims (Between \$350K and \$550K)	(\$6,000,000)	(\$6,000,000)	(\$6,000,000)	(\$6,000,000)	(\$6,000,000)	(\$6,000,000)	(\$6,000,000)	(\$6,000,000)	(\$6,000,000)	(\$6,000,000)	(\$6,000,000)	(\$6,000,000)			
Estimated Claims (BKR)	\$22,043,989	\$22,621,820	\$22,496,304	\$23,868,255	\$24,051,961	\$25,465,550	\$24,567,483	\$25,140,171	\$23,866,559	\$21,760,426	\$22,345,335	\$22,345,335			
Net Fund Balance (Unrestricted)	\$21,277,988	\$21,277,988	\$21,277,988	\$21,277,988	\$21,277,988	\$21,277,988	\$21,277,988	\$21,277,988	\$21,277,988	\$21,277,988	\$21,277,988	\$21,277,988			
Cash Balance / Total Expenses	4.3	4.4	4.4	4.6	4.6	4.9	4.7	4.8	4.7	4.4	4.4	4.3			
Net Fund Balance / Total Expenses	3.2	3.3	3.3	3.5	3.5	3.8	3.6	3.7	3.5	3.2	3.2	3.3			
One Month of Avg Expenses in 2024/25:															
Net Fund Balance as of 6/30/25: \$22,345,335															
Four Months of Avg Expenses in 2024/25: \$27,156,456															
Difference: (\$4,811,121)															

¹ Includes prescription drug rebates, stop-loss reimbursements, and miscellaneous refunds.

Receipts and Disbursements

FY 2024-2025 (Actual)

Exhibit B

(Presented at 1/14/2026 Trust Meeting)

Eligibility	Medical:	2024 July	2024 August	2024 September	2024 October	2024 November	2024 December	2025 January	2025 February	2025 March	2025 April	2025 May	2025 June
	Actives	4,170	4,149	4,149	4,155	4,165	4,156	4,173	4,193	4,193	4,193	4,193	4,193
	Regular Retirees	50,035	50,035	50,035	50,035	50,035	50,035	50,035	50,035	50,035	50,035	50,035	50,035
	Medicare Supplement	2,367	2,367	2,367	2,367	2,367	2,367	2,367	2,367	2,367	2,367	2,367	2,367
	Medicare Supplement One (Retiree only)	1,788	1,788	1,788	1,788	1,788	1,788	1,788	1,788	1,788	1,788	1,788	1,788
	Medicare Supplement Two (Retiree+Spouse)	33	33	33	33	33	33	33	33	33	33	33	33
	Medicare GOLD One (Retiree only) w/EGWP	11	11	11	11	11	11	11	11	11	11	11	11
	Medicare GOLD Two (Retiree+Spouse) w/EGWP	62	62	62	62	62	62	62	62	62	62	62	62
	Non-Medicare Retirees	43	43	43	43	43	43	43	43	43	43	43	43
	COBRA	19	20	20	18	18	21	19	17	17	17	17	17
	TOTAL	54,539	54,472	54,520	54,543	54,543	54,525	54,533	54,544	54,556	54,556	54,556	54,556
	Dental:												
	Actives	3,889	3,902	3,912	3,901	3,900	3,893	3,887	3,887	3,904	3,902	3,891	3,885
	Regular Retirees	5,405	5,405	5,405	5,405	5,405	5,405	5,405	5,405	5,405	5,405	5,405	5,405
	Medicare Supplement	1,642	1,642	1,642	1,642	1,642	1,642	1,642	1,642	1,642	1,642	1,642	1,642
	Medicare Supplement One (Retiree only)	38	38	38	38	38	38	38	38	38	38	38	38
	Medicare Supplement Two (Retiree+Spouse)	6	6	6	6	6	6	6	6	6	6	6	6
	Medicare GOLD One (Retiree only) w/EGWP	56	56	56	56	56	56	56	56	56	56	56	56
	Medicare GOLD Two (Retiree+Spouse) w/EGWP	36	36	36	36	36	36	36	36	36	36	36	36
	Non-Medicare Retirees	16	16	16	16	16	16	16	16	16	16	16	16
	COBRA	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	4,503	4,500	4,513	4,508	4,505	4,500	4,497	4,490	4,505	4,504	4,496	4,494
	Dental Plans I & II												
	Actives	3,623	3,626	3,635	3,625	3,624	3,617	3,612	3,612	3,628	3,626	3,616	3,610
	Regular Retirees	5,160	5,160	5,160	5,160	5,160	5,160	5,160	5,160	5,160	5,160	5,160	5,160
	Medicare Supplement	1,459	1,459	1,459	1,459	1,459	1,459	1,459	1,459	1,459	1,459	1,459	1,459
	Medicare Supplement One (Retiree only)	22	22	22	22	22	22	22	22	22	22	22	22
	Medicare Supplement Two (Retiree+Spouse)	9	9	9	9	9	9	9	9	9	9	9	9
	Medicare GOLD One (Retiree only) w/EGWP	54	54	54	54	54	54	54	54	54	54	54	54
	Medicare GOLD Two (Retiree+Spouse) w/EGWP	36	36	36	36	36	36	36	36	36	36	36	36
	Non-Medicare Retirees	15	15	15	15	15	15	15	15	15	15	15	15
	COBRA	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	4,190	4,187	4,200	4,195	4,192	4,187	4,185	4,178	4,192	4,191	4,184	4,182
	Dental Plans III												
	Actives	276	277	277	276	276	276	276	275	276	276	275	275
	Regular Retirees	20	20	20	20	20	20	20	20	20	20	20	20
	Medicare Supplement	15	15	15	15	15	15	15	15	15	15	15	15
	Non-Medicare Retirees	1	1	1	1	1	1	1	1	1	1	1	1
	COBRA	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	312	313	314	314	312	312	312	312	313	313	312	311

Receipts and Disbursements
 FY 2025-2026 (3 Months Actual/9 Months Projected)

Exhibit C
 (Presented at 1/14/2026 Trust Meeting)

Receipts	MO AVERAGE	ANNUAL TOTAL	Projected Beginning October 1, 2025												
			2025 July	2025 August	2025 September	2025 October	2025 November	2025 December	2026 January	2026 February	2026 March	2026 April	2026 May	2026 June	
Contributions - Actives	\$5,572,001	\$66,864,006	\$4,960,558	\$6,015,340	\$5,452,108	\$5,604,000	\$5,604,000	\$5,604,000	\$5,604,000	\$5,604,000	\$5,604,000	\$5,604,000	\$5,604,000	\$5,604,000	\$5,604,000
Retirees - Health	397,588	4,771,058	530,852	415,144	270,062	395,000	395,000	395,000	395,000	395,000	395,000	395,000	395,000	395,000	395,000
Retirees - Dental	71,917	863,000	71,000	72,000	72,000	72,000	72,000	72,000	72,000	72,000	72,000	72,000	72,000	72,000	72,000
Refunds ¹	714,147	8,569,758	1,831,372	121,157	13,929	733,700	733,700	733,700	733,700	733,700	733,700	733,700	733,700	733,700	733,700
Interest	84,437	1,013,243	86,369	87,483	90,391	83,000	83,000	83,000	83,000	83,000	83,000	83,000	83,000	83,000	83,000
Other (Stop Loss Reimbursements)	(63,333)	(760,000)	0	0	0	0	0	0	0	0	0	0	0	0	(760,000)
H & W Trust Cash Receipts	\$6,776,755	\$81,321,065	\$7,482,151	\$6,711,124	\$5,898,490	\$6,887,700	\$6,887,700	\$6,887,700	\$6,887,700	\$6,887,700	\$6,887,700	\$6,887,700	\$6,887,700	\$6,887,700	\$6,127,700
Disbursements															
Claims Paid	5,902,536	70,830,437	7,414,133	5,657,027	5,689,777	5,785,500	5,785,500	5,785,500	5,785,500	5,785,500	5,785,500	5,785,500	5,785,500	5,785,500	5,785,500
Claims Paid - Delta Dental	331,043	3,972,516	374,278	291,842	324,696	331,300	331,300	331,300	331,300	331,300	331,300	331,300	331,300	331,300	331,300
Blue Shield	101,464	1,217,565	99,786	100,297	100,382	101,900	101,900	101,900	101,900	101,900	101,900	101,900	101,900	101,900	101,900
Physemetrics, LLC	13,449	161,383	14,071	14,112	0	14,800	14,800	14,800	14,800	14,800	14,800	14,800	14,800	14,800	14,800
Delta Dental of California	27,593	331,117	50,400	25,430	25,637	25,517	25,517	25,517	25,517	25,517	25,517	25,517	25,517	25,517	25,517
Flu Shot Program	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OptumRx	29,733	356,795	52,127	20,556	24,012	28,900	28,900	28,900	28,900	28,900	28,900	28,900	28,900	28,900	28,900
Halcyon	19,204	230,443	20,532	13,230	7,681	21,000	21,000	21,000	21,000	21,000	21,000	21,000	21,000	21,000	21,000
United Dental	9,835	118,024	11,046	9,310	10,368	9,700	9,700	9,700	9,700	9,700	9,700	9,700	9,700	9,700	9,700
Body Scan Inc.	25,575	306,900	0	0	0	34,100	34,100	34,100	34,100	34,100	34,100	34,100	34,100	34,100	34,100
EPIC Hearing	584	7,002	594	596	595	580	580	580	580	580	580	580	580	580	580
Consulting	11,100	133,200	10,800	11,100	11,100	11,100	11,100	11,100	11,100	11,100	11,100	11,100	11,100	11,100	11,200
Personify, Inc.	156,040	1,872,485	152,002	156,745	157,038	156,300	156,300	156,300	156,300	156,300	156,300	156,300	156,300	156,300	156,300
Legal	3,798	45,575	3,575	3,650	5,050	3,700	3,700	3,700	3,700	3,700	3,700	3,700	3,700	3,700	3,700
EyeMed	75,165	901,978	74,794	75,281	76,003	75,100	75,100	75,100	75,100	75,100	75,100	75,100	75,100	75,100	75,100
Other (Stop Loss & Cyber Liability Ins)	\$236,610	\$2,839,314	\$234,437	\$270,495	\$235,582	\$233,200	\$233,200	\$233,200	\$233,200	\$233,200	\$233,200	\$233,200	\$233,200	\$233,200	\$233,200
H & W Cash Disbursements	\$6,943,728	\$83,324,734	\$8,512,575	\$6,649,671	\$6,667,921	\$6,832,696	\$6,832,696	\$6,832,696	\$6,832,696	\$6,832,696	\$6,832,696	\$6,832,696	\$6,832,696	\$6,832,696	\$6,832,696
Receipts Over Disbursements	(\$166,972)	(\$2,003,669)	(\$1,030,424)	\$61,453	(\$769,431)	\$55,004	\$55,004	\$55,004	\$55,004	\$55,004	\$55,004	\$55,004	\$55,004	\$55,004	(\$705,096)
Cash Balance (Gross Fund Reserve)			\$28,240,672	\$28,640,002	\$27,550,683	\$27,660,690	\$27,715,694	\$27,770,698	\$27,825,701	\$27,880,705	\$27,935,699	\$27,990,512	\$27,990,512	\$27,990,512	\$27,285,416
Beginning Stop Loss Reserve			(\$684,271)	(\$650,271)	(\$1,016,271)	(\$1,148,271)	(\$1,214,271)	(\$1,346,271)	(\$1,478,271)	(\$1,412,271)	(\$1,412,271)	(\$1,478,271)	(\$1,544,271)	(\$1,610,271)	(\$1,610,271)
Stop Loss Reserve (\$15 PEPV)			(\$66,000)	(\$66,000)	(\$66,000)	(\$66,000)	(\$66,000)	(\$66,000)	(\$66,000)	(\$66,000)	(\$66,000)	(\$66,000)	(\$66,000)	(\$66,000)	(\$66,000)
Estimated Stop Loss Claims (Between \$350k & \$550k)			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated Claims IBNR			(\$6,300,000)	(\$6,300,000)	(\$6,300,000)	(\$6,300,000)	(\$6,300,000)	(\$6,300,000)	(\$6,300,000)	(\$6,300,000)	(\$6,300,000)	(\$6,300,000)	(\$6,300,000)	(\$6,300,000)	(\$6,300,000)
Net Fund Balance (Unrestricted)			\$20,990,401	\$21,323,731	\$20,168,412	\$20,146,419	\$20,135,423	\$20,124,427	\$20,113,430	\$20,102,434	\$20,091,338	\$20,080,241	\$20,069,145	\$20,058,049	\$20,046,953
Cash Balance / Total Expenses	4.1		4.1	4.1	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	3.9
Net Fund Balance / Total Expenses	3.0		3.0	3.1	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	3.0
Estimated One Month of Avg Expenses in 2025/26: \$6,943,728															
Estimated Net Fund Balance as of 6/30/25: \$20,509,145															
Estimated Four Months of Avg Expenses in 2025/26: \$27,274,911															
Difference: (\$7,265,766)															

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

Receipts and Disbursements
 FY 2025-2026 (3 Months Actual/9 Months Projected)

Exhibit C
 (Presented at 1/14/2026 Trust Meeting)

Projections:

Eligibility	Medical:	2025 July	2025 August	2025 September	2025 October	2025 November	2025 December	2026 January	2026 February	2026 March	2026 April	2026 May	2026 June
	Actives	4,194	4,194	4,194	4,194	4,194	4,194	4,194	4,194	4,194	4,194	4,194	4,194
	Regular Retirees	186	186	186	186	186	186	186	186	186	186	186	186
	Medicare Supplement	150	150	150	150	150	150	150	150	150	150	150	150
	Medicare Supplement One (Retiree only)	43	43	43	43	43	43	43	43	43	43	43	43
	Medicare Supp Two(Retiree+Spouse)	10	10	10	10	10	10	10	10	10	10	10	10
	Medicare GOLD One (Retiree only) w/EGWP	58	58	58	58	58	58	58	58	58	58	58	58
	Medicare GOLD Two (Retiree+Spouse) w/EGWP	39	39	39	39	39	39	39	39	39	39	39	39
	Non-Medicare Retirees	18	18	18	18	18	18	18	18	18	18	18	18
	COBRA	4	4	4	4	4	4	4	4	4	4	4	4
	TOTAL	4,552	4,552	4,552	4,552	4,552	4,552	4,552	4,552	4,552	4,552	4,552	4,552
	Dental:												
	Actives	3,964	3,965	3,965	3,965	3,965	3,965	3,965	3,965	3,965	3,965	3,965	3,965
	Regular Retirees	453	448	453	453	453	453	453	453	453	453	453	453
	Medicare Supplement	138	136	138	138	138	138	138	138	138	138	138	138
	Medicare Supplement One (Retiree only)	38	38	38	38	38	38	38	38	38	38	38	38
	Medicare Supp Two(Retiree+Spouse)	6	6	6	6	6	6	6	6	6	6	6	6
	Medicare GOLD One (Retiree only) w/EGWP	56	56	56	56	56	56	56	56	56	56	56	56
	Medicare GOLD Two (Retiree+Spouse) w/EGWP	36	36	36	36	36	36	36	36	36	36	36	36
	Non-Medicare Retirees	16	16	16	16	16	16	16	16	16	16	16	16
	COBRA	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	4,571	4,572	4,572	4,572	4,572	4,572	4,572	4,572	4,572	4,572	4,572	4,572
	Dental Plans I & II												
	Actives	3,676	3,684	3,684	3,684	3,684	3,684	3,684	3,684	3,684	3,684	3,684	3,684
	Regular Retirees	428	432	432	432	432	432	432	432	432	432	432	432
	Medicare Supplement	121	121	121	121	121	121	121	121	121	121	121	121
	Medicare Supplement One (Retiree only)	22	22	22	22	22	22	22	22	22	22	22	22
	Medicare Supp Two(Retiree+Spouse)	9	9	9	9	9	9	9	9	9	9	9	9
	Medicare Supp Two(Retiree+Spouse)	54	54	54	54	54	54	54	54	54	54	54	54
	Medicare GOLD One (Retiree only) w/EGWP	36	36	36	36	36	36	36	36	36	36	36	36
	Medicare GOLD Two (Retiree+Spouse) w/EGWP	15	15	15	15	15	15	15	15	15	15	15	15
	Non-Medicare Retirees	0	0	0	0	0	0	0	0	0	0	0	0
	COBRA	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	4,240	4,253	4,253	4,253	4,253	4,253	4,253	4,253	4,253	4,253	4,253	4,253
		93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
	Dental Plans III												
	Actives	280	280	280	280	280	280	280	280	280	280	280	280
	Regular Retirees	20	20	20	20	20	20	20	20	20	20	20	20
	Medicare Supplement	15	15	15	15	15	15	15	15	15	15	15	15
	Medicare Supplement	1	1	1	1	1	1	1	1	1	1	1	1
	Non-Medicare Retirees	0	0	0	0	0	0	0	0	0	0	0	0
	COBRA	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	317	317	317	317	317	317	317	317	317	317	317	317
		93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%

Receipts and Disbursements
FY 2026-2027 (Projected)

Exhibit D
 (Presented at 1/14/2026 Trust Meeting)

Results in Net Fund Reserve months
 2.3

Contribution Change Assumptions:
 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
Contributions - Actives	\$5,604,000	\$67,248,000	\$5,604,000	\$5,604,000	\$5,604,000	\$5,604,000	\$5,604,000	\$5,604,000	\$5,604,000	\$5,604,000	\$5,604,000	\$5,604,000	\$5,604,000	\$5,604,000
Retirees - Health	395,000	4,740,000	395,000	395,000	395,000	395,000	395,000	395,000	395,000	395,000	395,000	395,000	395,000	395,000
Retirees - Dental	72,000	864,000	72,000	72,000	72,000	72,000	72,000	72,000	72,000	72,000	72,000	72,000	72,000	72,000
Refunds ¹	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
H & W Trust Cash Receipts	\$6,867,600	\$82,411,200	\$6,867,600	\$6,867,600	\$6,867,600	\$6,867,600	\$6,867,600	\$6,867,600	\$6,867,600	\$6,867,600	\$6,867,600	\$6,867,600	\$6,867,600	\$6,867,600
Disbursements														
1 Claims Paid	6,059,400	72,712,800	\$6,059,400	\$6,059,400	\$6,059,400	\$6,059,400	\$6,059,400	\$6,059,400	\$6,059,400	\$6,059,400	\$6,059,400	\$6,059,400	\$6,059,400	\$6,059,400
2 Claims Paid - Delta Dental	336,100	4,033,200	336,100	336,100	336,100	336,100	336,100	336,100	336,100	336,100	336,100	336,100	336,100	336,100
3 Blue Shield	105,000	1,260,000	105,000	105,000	105,000	105,000	105,000	105,000	105,000	105,000	105,000	105,000	105,000	105,000
4 Physometrics, 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	0	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 Haley	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	11,500	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.)	\$260,561	\$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
H & W Cash Disbursements	\$7,171,833	\$86,061,992	\$7,173,856	\$7,173,856	\$7,173,856	\$7,173,856	\$7,173,856	\$7,173,856	\$7,173,856	\$7,173,856	\$7,173,856	\$7,173,856	\$7,173,856	\$7,173,856
Receipts Over Disbursements	(\$304,233)	(\$3,650,792)	(\$269,673)	(\$306,256)	(\$306,256)	(\$306,256)	(\$306,256)	(\$318,256)	(\$306,256)	(\$306,256)	(\$306,256)	(\$306,356)	(\$306,356)	(\$306,356)
Cash Balance (Gross Fund Reserve)			\$27,015,743	\$26,709,487	\$26,403,231	\$26,096,974	\$25,790,718	\$25,472,462	\$25,166,205	\$24,859,949	\$24,542,336	\$24,247,336	\$23,940,980	\$23,634,624
Beginning Stop Loss Reserve			(\$476,271)	(\$564,271)	(\$652,271)	(\$740,271)	(\$828,271)	(\$916,271)	(\$1,004,271)	(\$1,092,271)	(\$1,180,271)	(\$1,268,271)	(\$1,356,271)	(\$1,444,271)
Stop Loss Reserve (\$15 PEPV)			(\$88,000)	(\$88,000)	(\$88,000)	(\$88,000)	(\$88,000)	(\$88,000)	(\$88,000)	(\$88,000)	(\$88,000)	(\$88,000)	(\$88,000)	(\$88,000)
Estimated Stop Loss Claims (Between \$350k and \$550k)														
Estimated Claims IBNR			(\$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)
Net Fund Balance (Unrestricted)			\$19,831,472	\$19,437,216	\$19,042,960	\$18,648,703	\$18,254,447	\$17,848,191	\$17,453,934	\$17,059,678	\$16,665,422	\$16,271,065	\$15,876,709	\$16,692,353
			\$6,395,500	\$1,405										
Cash Balance / Total Expenses	3.8	3.7	3.7	3.6	3.6	3.6	3.6	3.6	3.5	3.5	3.4	3.4	3.3	3.3
Net Fund Balance / Total Expenses	2.8	2.7	2.7	2.6	2.6	2.6	2.5	2.5	2.4	2.4	2.3	2.3	2.2	2.2
			Estimated One Month of Avg Expenses in 2026/27:											
			Estimated Net Fund Balance as of 6/30/27:											
			Estimated Four Months of Avg Expenses in 2026/27:											
			Difference:											

¹ Projected includes estimated prescription drug rebates.

Receipts and Disbursements
FY 2026-2027 (Projected)

Exhibit D
(Presented at 1/14/2026 Trust Meeting)

Eligibility	Medical	2026 July	2026 August	2026 September	2026 October	2026 November	2026 December	2027 January	2027 February	2027 March	2027 April	2027 May	2027 June
Actives	4,194	4,194	4,194	4,194	4,194	4,194	4,194	4,194	4,194	4,194	4,194	4,194	4,194
Regular Retirees	186	186	186	186	186	186	186	186	186	186	186	186	186
Medicare Supplement	2,232	2,232	2,232	2,232	2,232	2,232	2,232	2,232	2,232	2,232	2,232	2,232	2,232
Medicare Supplement One (Retiree only)	43	43	43	43	43	43	43	43	43	43	43	43	43
Medicare Supp Two (Retiree+Spouse)	10	10	10	10	10	10	10	10	10	10	10	10	10
Medicare GOLD One (Retiree only) w/EGWP	58	58	58	58	58	58	58	58	58	58	58	58	58
Medicare GOLD Two (Retiree+Spouse) w/EGWP	39	39	39	39	39	39	39	39	39	39	39	39	39
Non-Medicare Retirees	18	18	18	18	18	18	18	18	18	18	18	18	18
COBRA	4	4	4	4	4	4	4	4	4	4	4	4	4
TOTAL	4,552	4,552	4,552	4,552	4,552	4,552	4,552	4,552	4,552	4,552	4,552	4,552	4,552
Dental:													
Actives	3,965	3,965	3,965	3,965	3,965	3,965	3,965	3,965	3,965	3,965	3,965	3,965	3,965
Regular Retirees	453	453	453	453	453	453	453	453	453	453	453	453	453
Medicare Supplement	138	138	138	138	138	138	138	138	138	138	138	138	138
Medicare Supplement One (Retiree only)	38	38	38	38	38	38	38	38	38	38	38	38	38
Medicare Supp Two (Retiree+Spouse)	6	6	6	6	6	6	6	6	6	6	6	6	6
Medicare GOLD One (Retiree only) w/EGWP	56	56	56	56	56	56	56	56	56	56	56	56	56
Medicare GOLD Two (Retiree+Spouse) w/EGWP	36	36	36	36	36	36	36	36	36	36	36	36	36
Non-Medicare Retirees	16	16	16	16	16	16	16	16	16	16	16	16	16
COBRA	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	4,572	4,572	4,572	4,572	4,572	4,572	4,572	4,572	4,572	4,572	4,572	4,572	4,572
Dental Plans I & II													
Actives	3,684	3,684	3,684	3,684	3,684	3,684	3,684	3,684	3,684	3,684	3,684	3,684	3,684
Regular Retirees	432	432	432	432	432	432	432	432	432	432	432	432	432
Medicare Supplement	121	121	121	121	121	121	121	121	121	121	121	121	121
Medicare Supplement One (Retiree only)	22	22	22	22	22	22	22	22	22	22	22	22	22
Medicare Supp Two (Retiree+Spouse)	9	9	9	9	9	9	9	9	9	9	9	9	9
Medicare GOLD One (Retiree only) w/EGWP	54	54	54	54	54	54	54	54	54	54	54	54	54
Medicare GOLD Two (Retiree+Spouse) w/EGWP	36	36	36	36	36	36	36	36	36	36	36	36	36
Non-Medicare Retirees	15	15	15	15	15	15	15	15	15	15	15	15	15
COBRA	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	4,253	4,253	4,253	4,253	4,253	4,253	4,253	4,253	4,253	4,253	4,253	4,253	4,253
Dental Plans III													
Actives	280	280	280	280	280	280	280	280	280	280	280	280	280
Regular Retirees	20	20	20	20	20	20	20	20	20	20	20	20	20
Medicare Supplement	15	15	15	15	15	15	15	15	15	15	15	15	15
Medicare Supplement One (Retiree only)	1	1	1	1	1	1	1	1	1	1	1	1	1
Non-Medicare Retirees	0	0	0	0	0	0	0	0	0	0	0	0	0
COBRA	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	317	317	317	317	317	317	317	317	317	317	317	317	317
TOTAL	3,801	3,801	3,801	3,801	3,801	3,801	3,801	3,801	3,801	3,801	3,801	3,801	3,801

Contribution Rate Scenarios
 For Contributions beginning July 1, 2026

Exhibit E
 (Presented at 1/14/2026 Trust Meeting)

	Jul-25 Rate	At 2.3 Months Reserve Net Fund Balance (Unrestricted) ¹	At 3.0 Months Reserve Net Fund Balance (Unrestricted) ¹	At 3.5 Months Reserve Net Fund Balance (Unrestricted) ¹	At 4.0 Months Reserve Net Fund Balance (Unrestricted) ¹
		0.0% Increase	6.6% Increase	11.6% Increase	16.5% Increase
		Additional Amount	Additional Amount	Additional Amount	Additional Amount
Active					
Health + Dental	\$1,500	\$0	\$99	\$174	\$248
Regular Retiree					
Health + Dental	\$1,500	\$0	\$99	\$174	\$248
Dental Only	\$111	\$0	\$8	\$13	\$19
Health	\$1,389	\$0	\$91	\$161	\$229
Medicare Supplement					
Health	\$709	\$0	\$47	\$83	\$117
Health + Dental	\$820	\$0	\$55	\$96	\$136
(This rate is for the Medicare Supplement retiree only. To add a Spouse, the rate is 2x the above rate)					
Non-Medicare Retiree					
Health	\$1,675	\$0	\$111	\$195	\$277
Health + Dental	\$1,786	\$0	\$119	\$208	\$296

¹ 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.

Contribution Rate History

Exhibit F
(Presented at 1/14/2026 Trust Meeting)

	July 1, 2025	July 1, 2024	July 1, 2023	July 1, 2022	July 1, 2021	July 1, 2020	July 1, 2019	July 1, 2018	July 1, 2017	July 1, 2016	July 1, 2015	July 1, 2014	July 1, 2013	July 1, 2012	July 1, 2011
Active															
Health + Dental (per family)	\$1,500 0.0%	\$1,500 5.0%	\$1,428 5.8%	\$1,350 0.0%	\$1,350 0.0%	\$1,350 4.7%	\$1,290 4.0%	\$1,240 3.3%	\$1,200 2.0%	\$1,176 0.0%	\$1,176 8.5%	\$1,084 0.0%	\$1,084 10.0%	\$985 0.0%	\$985 8.1%
Regular Retiree															
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 (per family)	\$1,389 0.0%	\$1,389 5.0%	\$1,323 5.8%	\$1,251 0.0%	\$1,251 0.0%	\$1,251 4.7%	\$1,195 4.0%	\$1,149 3.3%	\$1,112 2.0%	\$1,090 0.0%	\$1,090 8.5%	\$1,005 0.0%	\$1,004 10.0%	\$913 0.0%	\$913 8.1%
Medicare Supplement															
Health + Dental	\$820 *	\$820 *	\$780 *	\$737 *	\$737 *	\$737 *	\$705 *	\$678 *	\$656 *	\$643 *	\$643 *	\$592 *	\$592 *	\$534 *	\$534 *
Health (per person)	\$709 *	\$709 *	\$675 *	\$638 *	\$638 *	\$638 *	\$610 *	\$587 *	\$568 *	\$557 *	\$557 *	\$513 *	\$513 *	\$462 *	\$462 *
* EGWP participation required	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%
Non-Medicare Retiree															
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 (per family)	\$1,675 0.0%	\$1,675 5.1%	\$1,595 5.9%	\$1,507 0.0%	\$1,507 0.0%	\$1,507 4.6%	\$1,440 4.0%	\$1,385 3.3%	\$1,341 2.0%	\$1,315 0.0%	\$1,315 8.5%	\$1,212 0.0%	\$1,212 10.0%	\$1,102 0.0%	\$1,102 8.9%

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