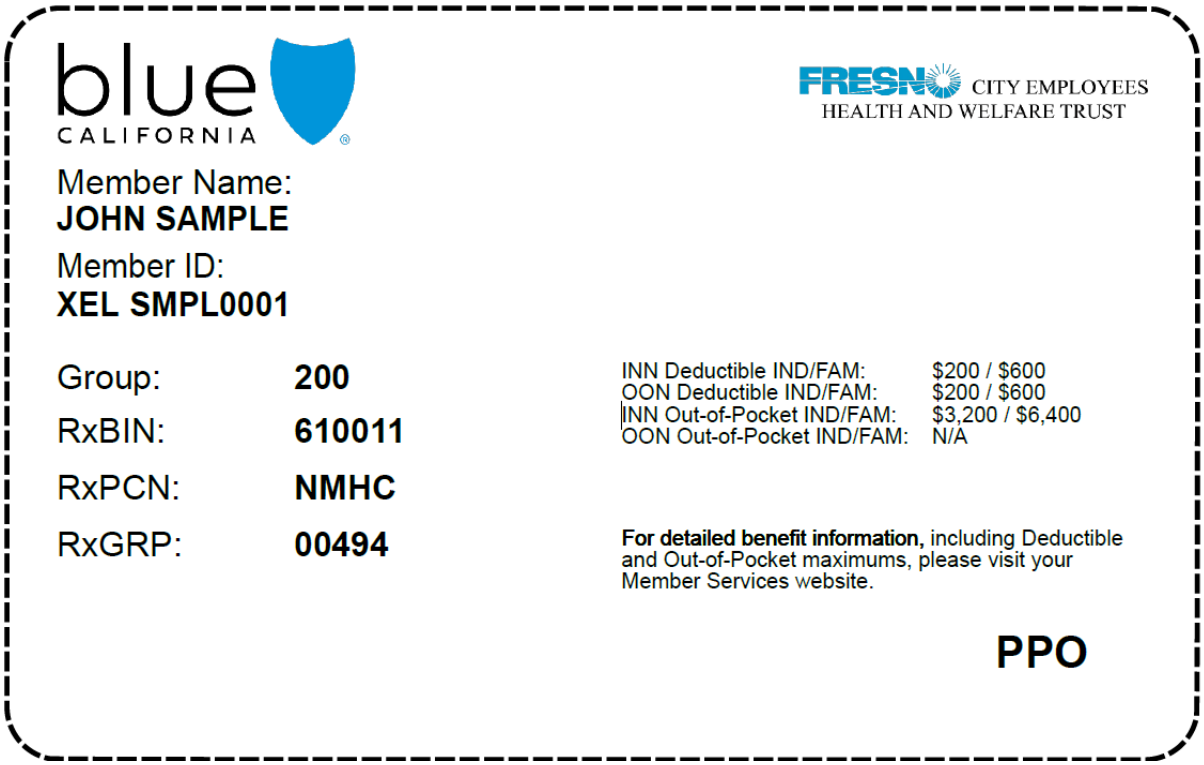
**From:** Diana Cavazos <Diana.Cavazos@PersonifyHealth.com>
**Sent:** Tuesday, June 16, 2026 10:53 AM
**To:** Phillip Carbajal <Phillip.Carbajal@fresno.gov>
**Cc:** Nikki Vang <Nikki.Vang@PersonifyHealth.com>
**Subject:** H&W Trust -ID Card Review ACTION REQUIRED

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

Hello Phillip

Attached are the ID card proofs for the 2025-2026 plan year. If you can review and provide your comments/approval no later than **Thursday, June 18.**

There are currently 10 different versions of the ID card. This is due to the combination of different medical plans/dental plans members may choose from.
Below is a snippet from the attached. All cards are built from this master card. Below you will see the front of the ID card for the High and Low plan. Below is also the back of the ID card for a member who has medical/delta dental/vision.



**blueshieldca.com/networkPPO**

Participants: Use Blue Shield of California Preferred physicians and hospitals (the PPO Network) to receive maximum benefits.

Providers: File all claims with your local BCBS plan or, when Medicare is primary, file all Medicare claims with Medicare.

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| **800-541-6652** | Prior Authorizations |
| **844-854-4861** | Outpatient PT, OT & ST |
| **888-425-4800** | Mental Health/Substance Abuse |
| **559-400-6230** | Chiropractic: SimpleMSK |
| **866-956-5400** | Hearing Aids: EPIC |
| **833-319-5697** | Personify Health Customer Service |
| **800-810-2583** | Locate a Provider Outside of CA |
| **800-777-0074** | Optum Rx Customer Service |
| **800-835-2362** | Teladoc Health |

**Submit All Dental Claims to:**
**Mail:** Delta Dental - Grp# 0273
PO Box 997330
Sacramento, CA 95899

**For Dental Eligibility/Benefits:**
(800) 765-6003

**Submit All Vision Claims to:**
**Mail:** EyeMed
PO Box 8504
Mason, OH 45040

**For Vision Eligibility/Benefits:**
(866) 723-0513

**Send California Medical Claims to:**
**Mail:** Blue Shield of California
PO Box 272540
Chico, CA 95927-2540

**Submit PT, OT, ST, and Chiropractic Claims to:**
**Mail:** Simple MSK
PO Box 25220
Fresno, CA 93729-5220

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blue CALIFORNIA

FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
**JOHN SAMPLE**

Member ID:
**XEL SMPL0001**

| | |
|---|---|
| Group: | **200** |
| RxBIN: | **610011** |
| RxPCN: | **NMHC** |
| RxGRP: | **00494** |

| | |
|---|---|
| INN Deductible IND/FAM: | $2,000 / $4,000 |
| OON Deductible IND/FAM: | $2,000 / $4,000 |
| INN Out-of-Pocket IND/FAM: | $6,000 / $12,000 |
| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

**PPO**

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




v4.09

personify HEALTH
PO Box 45018
Fresno, CA 93718-5018

**FORWARDING SERVICE REQUESTED**

J07A 1

JOHN SAMPLE
100 SAMPLE STREET
APT S
SAMPLEVILLE SM 11111

**NOTICE:**

**Identification Cards Enclosed**

**Dear Member,**

Attached is your new ID card. Please discard any old cards in your possession and begin using your new card on your effective date to access your healthcare benefits.

By accepting this card and any benefits it entitles the holder, the holder acknowledge that the agreement is a contract solely between the named subscriber's group and Blue Shield of California, and that Blue Shield is an independent corporation operating under a license from the Blue Shield Association, which permits Blue Shield to use the Blue Shield name and service marks in California.

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# Smarter health starts here

## One experience for benefits, care and wellbeing

At Personify Health, we connect everything you need to take charge of your health—from benefits to wellbeing—in one powerful platform. We handle the behind-the-scenes work so you can focus on what matters: feeling your best. Enclosed you will find your new health plan ID card(s). Present your card(s) when you check in for healthcare services.

If your provider has questions about your coverage, have them call Personify Health directly—we're here to help.

**With the Personify Health member platform, you've got 24/7 access to tools and support that help you take charge of your health, your way.**

- Access your digital health plan ID card(s)
- Find in-network providers
- Work on your health and wellbeing goals
- Access your claims

**Download the app.**

### Need help? We're here for you.

Our personal health advocates are always ready to assist with questions about coverage, in-network providers, claims and more. To get in touch, simply **call the number listed on your health plan ID card**.

### Activate your Personify Health account today.

Visit **login.personifyhealth.com**, or open the app and select **Create an account**. Follow the progress bar as you complete these steps:

**Identify**

**Tell us who you are.** We'll ask for a few details about you and your sponsor organization, so have your health plan ID card ready.

**Review**

**Legal and privacy.** Review and agree to the rules, data collection and privacy policy.

**Create**

**Create your account.** Add your email, make a password and give us some additional details to customize your experience.

**Finish**

**You're all set.** Your account is ready. Click **Take Me There** to sign in.

Please Note: This identification card is not a guarantee of coverage or a commitment to pay benefits. Benefits are subject to patient eligibility, and are based upon all plan provisions in effect at the time that services are received.

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personify HEALTH

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FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

**Members:** 800-765-6003
hconline.healthcomp.com

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Fresno City Employees Health and Welfare Trust

Delta Dental

Group: 200

Member Name:

JOHN SAMPLE

Member ID:

SMPL0001

DELTA DENTAL

7479-HW 734C IC(*) 200----- M()D(*)V()
20260521T22 Sh: 0 Bin 2
J049 Env [1] CSets 1 of 2

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7479-HW 734C IC(*) 200----- M()D(*)V()
20260521T22 Sh: 0 Bin 2
J049 Env [1] CSets 1 of 2

137

**Submit All Dental Claims to:**

**Mail:** Delta Dental - Grp# 0273
PO Box 997330
Sacramento, CA 95899

Present this identification card to the provider of healthcare when you or your eligible dependents receive covered services. See your Plan Document for a detailed description of your benefits.

This card is not a guarantee of coverage or a commitment to pay benefits. It is subject to patient eligibility and benefits provided by the policy at the time expenses are incurred, and coordination with other insurance.

For verification of eligibility & benefits, contact Personify Health using the number provided on the front of this card.

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7479-HW 734F IC(*) 200----- M0D(*)V0
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J049 Env [1] CSets 1 of 2

blue CALIFORNIA

FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
**JOHN SAMPLE**

Member ID:
**XEL SMPL0001**

| | |
|---|---|
| Group: | **200** |
| RxBIN: | **610011** |
| RxPCN: | **NMHC** |
| RxGRP: | **00494** |

| | |
|---|---|
| INN Deductible IND/FAM: | $200 / $600 |
| OON Deductible IND/FAM: | $200 / $600 |
| INN Out-of-Pocket IND/FAM: | $3,200 / $6,400 |
| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

**PPO**

7479-HW 71D6 IC(*) 100200---100200HIGH-- M(*)D(V()

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J06E Env [1] CSets 1 of 2

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7479-HW 71D6 IC(*) 100200---100200HIGH-- M(*)D(V()

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J06E Env [1] CSets 1 of 2
7479-HW 74F3 IC(*) 100200---100200HIGH-- M(*)D(V()

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| **800-835-2362** | Teladoc Health |

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PO Box 272540
Chico, CA 95927-2540

**Submit PT, OT, ST, and Chiropractic Claims to:**
**Mail:** Simple MSK
PO Box 25220
Fresno, CA 93729-5220

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20260505T2B Sh: 0 Bin 2
J06E Env [1] CSets 1 of 2
7479-HW 74F3 IC(*) 100200---100200HIGH-- M(*)D(V()

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FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
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Member ID:
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|---|---|
| Group: | **200** |
| RxBIN: | **610011** |
| RxPCN: | **NMHC** |
| RxGRP: | **00494** |

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|---|---|
| INN Deductible IND/FAM: | $2,000 / $4,000 |
| OON Deductible IND/FAM: | $2,000 / $4,000 |
| INN Out-of-Pocket IND/FAM: | $6,000 / $12,000 |
| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

**PPO**

7479-HW 71D6 IC(*) 100200---100200LO35-- M(*)D(V()
20260505T2B Sh: 0 Bin 2
J06E Env [4] CSets 1 of 2

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7479-HW 71D6 IC(*) 100200---100200LO35-- M(*)D(V()
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7479-HW 74F3 IC(*) 100200---100200LO35-- M(*)D(V()

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PO Box 25220
Fresno, CA 93729-5220

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20260505T2B Sh: 0 Bin 2
J06E Env [4] CSets 1 of 2
7479-HW 74F3 IC(*) 100200---100200LO35-- M(*)D(V()

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|---|---|
| INN Deductible IND/FAM: | $2,000 / $4,000 |
| OON Deductible IND/FAM: | $2,000 / $4,000 |
| INN Out-of-Pocket IND/FAM: | $6,000 / $12,000 |
| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

**PPO**

7479-HW 71D6 IC(*) 100200---100200LOW-- M(*)D()V()
20260505T2B Sh: 0 Bin 3
J06E Env [2] CSets 2 of 2

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FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
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| OON Out-of-Pocket IND/FAM: | N/A |

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**PPO**

7479-HW 71D6 IC(*) 100200---100200LOW-- M(*)D()V()
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J06E Env [2] CSets 2 of 2

20260505T2B Sh: 0 Bin 3
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7479-HW 74F3 IC(*) 100200---100200LOW-- M(*)D()V()

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J06E Env [2] CSets 2 of 2
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| OON Deductible IND/FAM: | $200 / $600 |
| INN Out-of-Pocket IND/FAM: | $6,000 / $12,000 |
| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

**PPO**

7479-HW 71D6 IC(*) 100200---100200DC35-- M(*)D(0V(0

20260505T2B Sh: 0 Bin 3
J06E Env [5] CSets 2 of 2

blue CALIFORNIA

FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

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| OON Out-of-Pocket IND/FAM: | N/A |

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**PPO**

7479-HW 71D6 IC(*) 100200---100200DC35-- M(*)D(0V(0

20260505T2B Sh: 0 Bin 3
J06E Env [5] CSets 2 of 2

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559-400-6230 Chiropractic: SimpleMSK
866-956-5400 Hearing Aids: EPIC
833-319-5697 Personify Health Customer Service
800-810-2583 Locate a Provider Outside of CA
800-777-0074 Optum Rx Customer Service
800-835-2362 Teladoc Health

Send California Medical Claims to:
Mail: Blue Shield of California
PO Box 272540
Chico, CA 95927-2540

Submit PT, OT, ST, and Chiropractic Claims to:
Mail: Simple MSK
PO Box 25220
Fresno, CA 93729-5220

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blue CALIFORNIA

FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
**JOHN SAMPLE**

Member ID:
**XEL SMPL0001**

| | |
|---|---|
| Group: | **200** |
| RxBIN: | **610011** |
| RxPCN: | **NMHC** |
| RxGRP: | **00494** |

| | |
|---|---|
| INN Deductible IND/FAM: | $200 / $600 |
| OON Deductible IND/FAM: | $200 / $600 |
| INN Out-of-Pocket IND/FAM: | $3,200 / $6,400 |
| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

**PPO**

7479-HW 71D6 IC(*) 100200---100200SELF-- M(*)D(V()
20260505T2A Sh: 0 Bin 2
J067 Env [1] CSets 1 of 2

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FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

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**PPO**

7479-HW 71D6 IC(*) 100200---100200SELF-- M(*)D(V()
20260505T2A Sh: 0 Bin 2
J067 Env [1] CSets 1 of 2

20260505T2A Sh: 0 Bin 2
J067 Env [1] CSets 1 of 2
7479-HW 74F3 IC(*) 100200---100200SELF-- M(*)D0V()

**blueshieldca.com/networkPPO**

Participants: Use Blue Shield of California Preferred physicians and hospitals (the PPO Network) to receive maximum benefits.

Providers: File all claims with your local BCBS plan or, when Medicare is primary, file all Medicare claims with Medicare.

Blue Shield of California, an independent member of the Blue Shield Association, provides administrative services only and does not assume any financial risk or obligation with respect to claims.

hconline.healthcomp.com

| | |
|---|---|
| **800-541-6652** | Prior Authorizations |
| **844-854-4861** | Outpatient PT, OT & ST |
| **888-425-4800** | Mental Health/Substance Abuse |
| **559-400-6230** | Chiropractic: SimpleMSK |
| **866-956-5400** | Hearing Aids: EPIC |
| **833-319-5697** | Personify Health Customer Service |
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20260505T2A Sh: 0 Bin 2
J067 Env [1] CSets 1 of 2
7479-HW 74F3 IC(*) 100200---100200SELF-- M(*)D0V()

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Member Name:
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| RxBIN: | **610011** |
| RxPCN: | **NMHC** |
| RxGRP: | **00494** |

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| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

**PPO**

7479-HW 71D6 IC(*) 100200---100200HIGH-- M(*)D(*)V(*)
20260505T25 Sh: 0 Bin 2
J081 Env [1] CSets 1 of 2

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FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

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Member ID:
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**PPO**

7479-HW 71D6 IC(*) 100200---100200HIGH-- M(*)D(*)V(*)
20260505T25 Sh: 0 Bin 2
J081 Env [1] CSets 1 of 2

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PO Box 997330
Sacramento, CA 95899

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PO Box 8504
Mason, OH 45040

**For Vision Eligibility/Benefits:**
(866) 723-0513

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Chico, CA 95927-2540

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PO Box 25220
Fresno, CA 93729-5220

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20260505T25 Sh: 0 Bin 2
J081 Env [1] CSets 1 of 2
7479-HW 78CC IC(*) 100200--100200HIGH-- M(*)D(*)V(*)

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FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
**JOHN SAMPLE**

Member ID:
**XEL SMPL0001**

| | |
|---|---|
| Group: | **200** |
| RxBIN: | **610011** |
| RxPCN: | **NMHC** |
| RxGRP: | **00494** |

| | |
|---|---|
| INN Deductible IND/FAM: | $2,000 / $4,000 |
| OON Deductible IND/FAM: | $2,000 / $4,000 |
| INN Out-of-Pocket IND/FAM: | $6,000 / $12,000 |
| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

**PPO**

7479-HW 71D6 IC(*) 100200---100200LO35-- M(*)D(*)V(*)
20260505T25 Sh: 0 Bin 2
J081 Env [4] CSets 1 of 2

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FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
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Member ID:
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| RxPCN: | **NMHC** |
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| | |
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| OON Deductible IND/FAM: | $2,000 / $4,000 |
| INN Out-of-Pocket IND/FAM: | $6,000 / $12,000 |
| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

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**PPO**

7479-HW 71D6 IC(*) 100200---100200LO35-- M(*)D(*)V(*)
20260505T25 Sh: 0 Bin 2
J081 Env [4] CSets 1 of 2

**blueshieldca.com/networkPPO**

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Chico, CA 95927-2540

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**Mail:** Simple MSK
PO Box 25220
Fresno, CA 93729-5220

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20260505T25 Sh: 0 Bin 2
J081 Env [4] CSets 1 of 2
7479-HW 78CC IC(*) 100200---100200LO35--M(*)D(*)V(*)

blueshieldca.com/networkPPO

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FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
**JOHN SAMPLE**

Member ID:
**XEL SMPL0001**

| | |
|---|---|
| Group: | **200** |
| RxBIN: | **610011** |
| RxPCN: | **NMHC** |
| RxGRP: | **00494** |

| | |
|---|---|
| INN Deductible IND/FAM: | $200 / $600 |
| OON Deductible IND/FAM: | $200 / $600 |
| INN Out-of-Pocket IND/FAM: | $3,200 / $6,400 |
| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

**PPO**

7479-HW 71D6 IC(*) 100200---100200SELF-- M(*)D(*)V(*)
20260505T25 Sh: 0 Bin 2
J081 Env [7] CSets 1 of 2

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FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
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**PPO**

7479-HW 71D6 IC(*) 100200---100200SELF-- M(*)D(*)V(*)
20260505T25 Sh: 0 Bin 2
J081 Env [7] CSets 1 of 2

**blueshieldca.com/networkPPO**

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20260505T25 Sh: 0 Bin 2
J081 Env [7] CSets 1 of 2
7479-HW 78CC IC(*) 100200---100200SELF-- M(*)D(*)V(*)

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**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

**PPO**

7479-HW 71D6 IC(*) 100200---100200LOW-- M(*)D(*)V(*)
20260505T25 Sh: 0 Bin 3
J081 Env [2] CSets 2 of 2

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FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

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**PPO**

7479-HW 71D6 IC(*) 100200---100200LOW-- M(*)D(*)V(*)
20260505T25 Sh: 0 Bin 3
J081 Env [2] CSets 2 of 2

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20260505T25 Sh: 0 Bin 3
J081 Env [2] CSets 2 of 2
7479-HW 78CC IC(*) 100200---100200LOW-- M(*)D(*)V(*)

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**Send California Medical Claims to:**
**Mail:** Blue Shield of California
PO Box 272540
Chico, CA 95927-2540

**Submit PT, OT, ST, and Chiropractic Claims to:**
**Mail:** Simple MSK
PO Box 25220
Fresno, CA 93729-5220

Optum Rx®

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blue CALIFORNIA

FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
**JOHN SAMPLE**

Member ID:
**XEL SMPL0001**

| | |
|---|---|
| Group: | **200** |
| RxBIN: | **610011** |
| RxPCN: | **NMHC** |
| RxGRP: | **00494** |

| | |
|---|---|
| INN Deductible IND/FAM: | $200 / $600 |
| OON Deductible IND/FAM: | $200 / $600 |
| INN Out-of-Pocket IND/FAM: | $6,000 / $12,000 |
| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

**PPO**

7479-HW 71D6 IC(*) 100200---100200DC35-- M(*)D(*)V(*)
20260505T25 Sh: 0 Bin 3
J081 Env [5] CSets 2 of 2

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FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
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Member ID:
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**PPO**

7479-HW 71D6 IC(*) 100200---100200DC35-- M(*)D(*)V(*)
20260505T25 Sh: 0 Bin 3
J081 Env [5] CSets 2 of 2

**blueshieldca.com/networkPPO**

Participants: Use Blue Shield of California Preferred physicians and hospitals (the PPO Network) to receive maximum benefits.

Providers: File all claims with your local BCBS plan or, when Medicare is primary, file all Medicare claims with Medicare.

Blue Shield of California, an independent member of the Blue Shield Association, provides administrative services only and does not assume any financial risk or obligation with respect to claims.

hconline.healthcomp.com

| | |
|---|---|
| **800-541-6652** | Prior Authorizations |
| **844-854-4861** | Outpatient PT, OT & ST |
| **888-425-4800** | Mental Health/Substance Abuse |
| **559-400-6230** | Chiropractic: SimpleMSK |
| **866-956-5400** | Hearing Aids: EPIC |
| **833-319-5697** | Personify Health Customer Service |
| **800-810-2583** | Locate a Provider Outside of CA |
| **800-777-0074** | Optum Rx Customer Service |
| **800-835-2362** | Teladoc Health |

**Submit All Dental Claims to:**
**Mail:** Delta Dental - Grp# 0273
PO Box 997330
Sacramento, CA 95899

**For Dental Eligibility/Benefits:**
(800) 765-6003

**Submit All Vision Claims to:**
**Mail:** EyeMed
PO Box 8504
Mason, OH 45040

**For Vision Eligibility/Benefits:**
(866) 723-0513

**Send California Medical Claims to:**
**Mail:** Blue Shield of California
PO Box 272540
Chico, CA 95927-2540

**Submit PT, OT, ST, and Chiropractic Claims to:**
**Mail:** Simple MSK
PO Box 25220
Fresno, CA 93729-5220

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20260505T25 Sh: 0 Bin 3
J081 Env [5] CSets 2 of 2
7479-HW 78CC IC(*) 100200---100200DC35-- M(*)D(*)V(*)

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FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
**JOHN SAMPLE**

Member ID:
**XEL SMPL0001**

| | |
|---|---|
| Group: | **200** |
| RxBIN: | **610011** |
| RxPCN: | **NMHC** |
| RxGRP: | **00494** |

| | |
|---|---|
| INN Deductible IND/FAM: | $200 / $600 |
| OON Deductible IND/FAM: | $200 / $600 |
| INN Out-of-Pocket IND/FAM: | $3,200 / $6,400 |
| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

**PPO**

7479-HW 71D6 IC(*) 100200---100200HIGH-- M(*)D(*)V0)
20260505T26 Sh: 0 Bin 2
J076 Env [1] CSets 1 of 2

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FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

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**PPO**

7479-HW 71D6 IC(*) 100200---100200HIGH-- M(*)D(*)V0)
20260505T26 Sh: 0 Bin 2
J076 Env [1] CSets 1 of 2

20260505T26 Sh: 0 Bin 2
J076 Env [1] CSets 1 of 2
7479-HW 78CE IC(*) 100200--100200HIGH-- M(*)D(*)V()

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20260505T26 Sh: 0 Bin 2
J076 Env [1] CSets 1 of 2
7479-HW 78CE IC(*) 100200--100200HIGH-- M(*)D(*)V()

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FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
**JOHN SAMPLE**

Member ID:
**XEL SMPL0001**

| | |
|---|---|
| Group: | **200** |
| RxBIN: | **610011** |
| RxPCN: | **NMHC** |
| RxGRP: | **00494** |

| | |
|---|---|
| INN Deductible IND/FAM: | $2,000 / $4,000 |
| OON Deductible IND/FAM: | $2,000 / $4,000 |
| INN Out-of-Pocket IND/FAM: | $6,000 / $12,000 |
| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

**PPO**

7479-HW 71D6 IC(*) 100200---100200LO35-- M(*)D(*)V()
20260505T26 Sh: 0 Bin 2
J076 Env [4] CSets 1 of 2

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FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
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Member ID:
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| RxPCN: | **NMHC** |
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| | |
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| INN Deductible IND/FAM: | $2,000 / $4,000 |
| OON Deductible IND/FAM: | $2,000 / $4,000 |
| INN Out-of-Pocket IND/FAM: | $6,000 / $12,000 |
| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

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**PPO**

7479-HW 71D6 IC(*) 100200---100200LO35-- M(*)D(*)V()
20260505T26 Sh: 0 Bin 2
J076 Env [4] CSets 1 of 2

20260505T26 Sh: 0 Bin 2
J076 Env [4] CSets 1 of 2
7479-HW 78CE IC(*) 100200--100200LO35-- M(*)D(*)V()

**blueshieldca.com/networkPPO**

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Fresno, CA 93729-5220

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20260505T26 Sh: 0 Bin 2
J076 Env [4] CSets 1 of 2
7479-HW 78CE IC(*) 100200--100200LO35-- M(*)D(*)V()

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blue CALIFORNIA

FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
**JOHN SAMPLE**

Member ID:
**XEL SMPL0001**

| | |
|---|---|
| Group: | **200** |
| RxBIN: | **610011** |
| RxPCN: | **NMHC** |
| RxGRP: | **00494** |

| | |
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| INN Deductible IND/FAM: | $200 / $600 |
| OON Deductible IND/FAM: | $200 / $600 |
| INN Out-of-Pocket IND/FAM: | $3,200 / $6,400 |
| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

**PPO**

7479-HW 71D6 IC(*) 100200---100200SELF-- M(*)D(*)V0)
20260505T26 Sh: 0 Bin 2
J076 Env [7] CSets 1 of 2

blue CALIFORNIA

FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

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**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

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**PPO**

7479-HW 71D6 IC(*) 100200---100200SELF-- M(*)D(*)V0)
20260505T26 Sh: 0 Bin 2
J076 Env [7] CSets 1 of 2

20260505T26 Sh: 0 Bin 2
J076 Env [7] CSets 1 of 2
7479-HW 78CE IC(*) 100200--100200SELF-- M(*)D(*)V()

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20260505T26 Sh: 0 Bin 2
J076 Env [7] CSets 1 of 2
7479-HW 78CE IC(*) 100200--100200SELF-- M(*)D(*)V()

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FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

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| Group: | **200** |
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| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

**PPO**

7479-HW 71D6 IC(*) 100200---100200LOW-- M(*)D(*)V()
20260505T26 Sh: 0 Bin 3
J076 Env [2] CSets 2 of 2

blue CALIFORNIA

FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
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**PPO**

7479-HW 71D6 IC(*) 100200---100200LOW-- M(*)D(*)V()
20260505T26 Sh: 0 Bin 3
J076 Env [2] CSets 2 of 2

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J076 Env [2] CSets 2 of 2
7479-HW 78CE IC(*) 100200--100200LOW-- M(*)D(*)V()

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blue CALIFORNIA

FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
**JOHN SAMPLE**

Member ID:
**XEL SMPL0001**

| | |
|---|---|
| Group: | **200** |
| RxBIN: | **610011** |
| RxPCN: | **NMHC** |
| RxGRP: | **00494** |

| | |
|---|---|
| INN Deductible IND/FAM: | $200 / $600 |
| OON Deductible IND/FAM: | $200 / $600 |
| INN Out-of-Pocket IND/FAM: | $6,000 / $12,000 |
| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

**PPO**

7479-HW 71D6 IC(*) 100200---100200DC35-- M(*)D(*)V0)
20260505T26 Sh: 0 Bin 3
J076 Env [5] CSets 2 of 2

blue CALIFORNIA

FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
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| OON Out-of-Pocket IND/FAM: | N/A |

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**PPO**

7479-HW 71D6 IC(*) 100200---100200DC35-- M(*)D(*)V0)
20260505T26 Sh: 0 Bin 3
J076 Env [5] CSets 2 of 2

20260505T26 Sh: 0 Bin 3
J076 Env [5] CSets 2 of 2
7479-HW 78CE IC(*) 100200--100200DC35-- M(*)D(*)V()

**blueshieldca.com/networkPPO**

Participants: Use Blue Shield of California Preferred physicians and hospitals (the PPO Network) to receive maximum benefits.

Providers: File all claims with your local BCBS plan or, when Medicare is primary, file all Medicare claims with Medicare.

Blue Shield of California, an independent member of the Blue Shield Association, provides administrative services only and does not assume any financial risk or obligation with respect to claims.

hconline.healthcomp.com

| | |
|---|---|
| **800-541-6652** | Prior Authorizations |
| **844-854-4861** | Outpatient PT, OT & ST |
| **888-425-4800** | Mental Health/Substance Abuse |
| **559-400-6230** | Chiropractic: SimpleMSK |
| **866-956-5400** | Hearing Aids: EPIC |
| **833-319-5697** | Personify Health Customer Service |
| **800-810-2583** | Locate a Provider Outside of CA |
| **800-777-0074** | Optum Rx Customer Service |
| **800-835-2362** | Teladoc Health |

**Submit All Dental Claims to:**
**Mail:** Delta Dental - Grp# 0273
PO Box 997330
Sacramento, CA 95899

**For Dental Eligibility/Benefits:**
(800) 765-6003

**Send California Medical Claims to:**
**Mail:** Blue Shield of California
PO Box 272540
Chico, CA 95927-2540

**Submit PT, OT, ST, and Chiropractic Claims to:**
**Mail:** Simple MSK
PO Box 25220
Fresno, CA 93729-5220

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*Pharmacy Benefits Administrator

20260505T26 Sh: 0 Bin 3
J076 Env [5] CSets 2 of 2
7479-HW 78CE IC(*) 100200--100200DC35-- M(*)D(*)V()

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FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
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Member ID:
**XEL SMPL0001**

| | |
|---|---|
| Group: | **200** |
| RxBIN: | **610011** |
| RxPCN: | **NMHC** |
| RxGRP: | **00494** |

| | |
|---|---|
| INN Deductible IND/FAM: | $200 / $600 |
| OON Deductible IND/FAM: | $200 / $600 |
| INN Out-of-Pocket IND/FAM: | $3,200 / $6,400 |
| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

**PPO**

7479-HW 71D6 IC(*) 100200---100200HIGH-- M(*)D(V(*)
20260505T27 Sh: 0 Bin 2
J07A Env [1] CSets 1 of 2

blue CALIFORNIA

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**PPO**

7479-HW 71D6 IC(*) 100200---100200HIGH-- M(*)D(V(*)
20260505T27 Sh: 0 Bin 2
J07A Env [1] CSets 1 of 2

20260505T27 Sh: 0 Bin 2
J07A Env [1] CSets 1 of 2
7479-HW 78CF IC(*) 100200--100200HIGH-- M(*)D(V(*)

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**Submit All Vision Claims to:**
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PO Box 8504
Mason, OH 45040

**For Vision Eligibility/Benefits:**
(866) 723-0513

**Send California Medical Claims to:**
**Mail:** Blue Shield of California
PO Box 272540
Chico, CA 95927-2540

**Submit PT, OT, ST, and Chiropractic Claims to:**
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PO Box 25220
Fresno, CA 93729-5220

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*Pharmacy Benefits Administrator

20260505T27 Sh: 0 Bin 2
J07A Env [1] CSets 1 of 2
7479-HW 78CF IC(*) 100200--100200HIGH-- M(*)D(V(*)

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*Pharmacy Benefits Administrator

blue CALIFORNIA

FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
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Member ID:
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| | |
|---|---|
| Group: | **200** |
| RxBIN: | **610011** |
| RxPCN: | **NMHC** |
| RxGRP: | **00494** |

| | |
|---|---|
| INN Deductible IND/FAM: | $2,000 / $4,000 |
| OON Deductible IND/FAM: | $2,000 / $4,000 |
| INN Out-of-Pocket IND/FAM: | $6,000 / $12,000 |
| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

**PPO**

7479-HW 71D6 IC(*) 100200---100200LO35-- M(*)D(V(*)
20260505T27 Sh: 0 Bin 2
J07A Env [4] CSets 1 of 2

blue CALIFORNIA

FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

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| INN Out-of-Pocket IND/FAM: | $6,000 / $12,000 |
| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

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**PPO**

7479-HW 71D6 IC(*) 100200---100200LO35-- M(*)D(V(*)
20260505T27 Sh: 0 Bin 2
J07A Env [4] CSets 1 of 2

20260505T27 Sh: 0 Bin 2
J07A Env [4] CSets 1 of 2
7479-HW 78CF IC(*) 100200---100200LO35-- M(*)D(V(*)

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Chico, CA 95927-2540

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Fresno, CA 93729-5220

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*Pharmacy Benefits Administrator

20260505T27 Sh: 0 Bin 2
J07A Env [4] CSets 1 of 2
7479-HW 78CF IC(*) 100200---100200LO35-- M(*)D(V(*)

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Member Name:
**JOHN SAMPLE**

Member ID:
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| | |
|---|---|
| Group: | **200** |
| RxBIN: | **610011** |
| RxPCN: | **NMHC** |
| RxGRP: | **00494** |

| | |
|---|---|
| INN Deductible IND/FAM: | $200 / $600 |
| OON Deductible IND/FAM: | $200 / $600 |
| INN Out-of-Pocket IND/FAM: | $3,200 / $6,400 |
| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

**PPO**

7479-HW 71D6 IC(*) 100200---100200SELF-- M(*)D(V(*)
20260505T27 Sh: 0 Bin 2
J07A Env [7] CSets 1 of 2

blue CALIFORNIA

FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
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**PPO**

7479-HW 71D6 IC(*) 100200---100200SELF-- M(*)D(V(*)
20260505T27 Sh: 0 Bin 2
J07A Env [7] CSets 1 of 2

20260505T27 Sh: 0 Bin 2
J07A Env [7] CSets 1 of 2
7479-HW 78CF IC(*) 100200---100200SELF-- M(*)D(V(*)

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*Pharmacy Benefits Administrator

20260505T27 Sh: 0 Bin 2
J07A Env [7] CSets 1 of 2
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| OON Out-of-Pocket IND/FAM: | N/A |

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**PPO**

7479-HW 71D6 IC(*) 100200---100200LOW-- M(*)D()V(*)
20260505T27 Sh: 0 Bin 3
J07A Env [2] CSets 2 of 2

blue CALIFORNIA

FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

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**PPO**

7479-HW 71D6 IC(*) 100200---100200LOW-- M(*)D()V(*)
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J07A Env [2] CSets 2 of 2

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**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

**PPO**

7479-HW 71D6 IC(*) 100200---100200DC35-- M(*)D()V(*)
20260505T27 Sh: 0 Bin 3
J07A Env [5] CSets 2 of 2

blue CALIFORNIA

FRESNO CITY EMPLOYEES HEALTH AND WELFARE TRUST

Member Name:
**JOHN SAMPLE**

Member ID:
**XEL SMPL0001**

| | |
|---|---|
| Group: | **200** |
| RxBIN: | **610011** |
| RxPCN: | **NMHC** |
| RxGRP: | **00494** |

| | |
|---|---|
| INN Deductible IND/FAM: | $200 / $600 |
| OON Deductible IND/FAM: | $200 / $600 |
| INN Out-of-Pocket IND/FAM: | $6,000 / $12,000 |
| OON Out-of-Pocket IND/FAM: | N/A |

**For detailed benefit information,** including Deductible and Out-of-Pocket maximums, please visit your Member Services website.

177

**PPO**

7479-HW 71D6 IC(*) 100200---100200DC35-- M(*)D()V(*)
20260505T27 Sh: 0 Bin 3
J07A Env [5] CSets 2 of 2

20260505T27 Sh: 0 Bin 3
J07A Env [5] CSets 2 of 2
7479-HW 78CF IC(*) 100200--100200DC35-- M(*)D(V(*)

**blueshieldca.com/networkPPO**

Participants: Use Blue Shield of California Preferred physicians and hospitals (the PPO Network) to receive maximum benefits.

Providers: File all claims with your local BCBS plan or, when Medicare is primary, file all Medicare claims with Medicare.

Blue Shield of California, an independent member of the Blue Shield Association, provides administrative services only and does not assume any financial risk or obligation with respect to claims.

hconline.healthcomp.com

| | |
|---|---|
| **800-541-6652** | Prior Authorizations |
| **844-854-4861** | Outpatient PT, OT & ST |
| **888-425-4800** | Mental Health/Substance Abuse |
| **559-400-6230** | Chiropractic: SimpleMSK |
| **866-956-5400** | Hearing Aids: EPIC |
| **833-319-5697** | Personify Health Customer Service |
| **800-810-2583** | Locate a Provider Outside of CA |
| **800-777-0074** | Optum Rx Customer Service |
| **800-835-2362** | Teladoc Health |

**Submit All Vision Claims to:**
**Mail:** EyeMed
PO Box 8504
Mason, OH 45040

**For Vision Eligibility/Benefits:**
(866) 723-0513

**Send California Medical Claims to:**
**Mail:** Blue Shield of California
PO Box 272540
Chico, CA 95927-2540

**Submit PT, OT, ST, and Chiropractic Claims to:**
**Mail:** Simple MSK
PO Box 25220
Fresno, CA 93729-5220

Optum Rx®

*Pharmacy Benefits Administrator

20260505T27 Sh: 0 Bin 3
J07A Env [5] CSets 2 of 2
7479-HW 78CF IC(*) 100200--100200DC35-- M(*)D(V(*)

blueshieldca.com/networkPPO

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**Submit PT, OT, ST, and Chiropractic Claims to:**
**Mail:** Simple MSK
PO Box 25220
Fresno, CA 93729-5220

Optum Rx®

*Pharmacy Benefits Administrator

**From:** Georgeanne White
**To:** David Broome
**Cc:** Tom Georgouses; Diana Cavazos; Office FCEA
**Subject:** Re: ACTION REQUIRED Fresno City -Stop Loss Renewal Eff 7/1/26
**Date:** Tuesday, June 9, 2026 8:27:25 AM
**Attachments:** image001.png
image002.png
image004.png

---



Yes it's fine

On Jun 9, 2026, at 7:33 AM, David Broome <davidb@rael-letson.com> wrote:



Morning Georgeanne, can you please take a look at this e-mail poll? Our deadline to notify the carrier is tomorrow- 6/10.

Thank you, David

**David W. Broome**
Consultant
CA license #0B49636
**Direct** (650) 356-2345
**Cell** (415) 306-6850

<image001.png>

160 Bovet Road, Suite 203
San Mateo, CA 94402
rael-letson.com

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**From:** FCEA Office <Office@fceamail.com>
**Sent:** Wednesday, June 3, 2026 11:22 AM
**To:** Diana Cavazos <Diana.Cavazos@PersonifyHealth.com>; Georgeanne White (Georgeanne.White@fresno.gov) <Georgeanne.White@fresno.gov>; David Broome <davidb@rael-letson.com>
**Cc:** Tom Georgouses <Thomas.Georgouses@PersonifyHealth.com>
**Subject:** RE: ACTION REQUIRED Fresno City -Stop Loss Renewal Eff 7/1/26

> you recognize the sender. DO NOT provide your username or password. If the email looks like it originated from an employee within our company, it is probably fake and an attempt at phishing you. Please contact the sender via phone or Endsight to verify the email validity.

Good morning,

I am very pleased that you have secured the Option #2 Renewal Offer from Ullico that has better policy gap protection for the Trust with no increased cost. I think that is the best option and it has my approval.

Sam

---

**From:** Diana Cavazos <Diana.Cavazos@PersonifyHealth.com>
**Sent:** Wednesday, June 3, 2026 8:55 AM
**To:** FCEA Office <Office@fceamail.com>; Georgeanne White (Georgeanne.White@fresno.gov) <Georgeanne.White@fresno.gov>; David Broome <davidb@rael-letson.com>
**Cc:** Tom Georgouses <Thomas.Georgouses@PersonifyHealth.com>
**Subject:** RE: ACTION REQUIRED Fresno City -Stop Loss Renewal Eff 7/1/26

Hello Georgeanne and Sam

Rael and Letson has confirmed they were able to further negotiate the **renewal down to a rate pass** and added a new, improved paid contract option of a 24/12, which they are recommending per the attached memo.

We will need a reply no later than **June 10th which is the updated Ullico deadline for acceptance.**

I reviewed the current Stop Loss rates and for the 7/1/25-6/30/26 plan year the rate is currently $53.42, I have informed Rael & Letson.

Let me know if you have any questions,

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

and delete the email.

v4.09

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**From:** Diana Cavazos
**Sent:** Friday, May 22, 2026 9:09 AM
**To:** 'FCEA Office' <Office@fceamail.com>; Georgeanne White (Georgeanne.White@fresno.gov) <Georgeanne.White@fresno.gov>; David Broome <davidb@rael-letson.com>
**Cc:** Tom Georgouses <Thomas.Georgouses@PersonifyHealth.com>
**Subject:** RE: ACTION REQUIRED Fresno City -Stop Loss Renewal Eff 7/1/26

Hello

Please disregard the email sent. Rael and Letson will be providing a final shortly.

Thanks!

---

**From:** FCEA Office <Office@fceamail.com>
**Sent:** Thursday, May 21, 2026 6:27 PM
**To:** Diana Cavazos <Diana.Cavazos@PersonifyHealth.com>; Georgeanne White (Georgeanne.White@fresno.gov) <Georgeanne.White@fresno.gov>; David Broome <davidb@rael-letson.com>
**Cc:** Tom Georgouses <Thomas.Georgouses@PersonifyHealth.com>
**Subject:** RE: ACTION REQUIRED Fresno City -Stop Loss Renewal Eff 7/1/26



Yer, I'm wondering why the numbers don't align with what we were presented on May 13th. The current composite rate is on your chart is $2.99 more than the one we were given, and the current estimated annual premium listed in your graph is $262,300 higher than the current on the graph presented on May 13. The Percent change is way lower yet the amount is way higher. Can you check and get back to us ASAP.
Sam
May 13th Ullico renewal graph:
<image003.jpg>

---

**From:** Diana Cavazos <Diana.Cavazos@PersonifyHealth.com>
**Sent:** Thursday, May 21, 2026 5:02 PM
**To:** Georgeanne White (Georgeanne.White@fresno.gov)

<Georgeanne.White@fresno.gov>; FCEA Office <Office@fceamail.com>; David Broome <davidb@rael-letson.com>
**Cc:** Tom Georgouses <Thomas.Georgouses@PersonifyHealth.com>
**Subject:** ACTION REQUIRED Fresno City -Stop Loss Renewal Eff 7/1/26

Hello Georgeanne and Sam

Ullico has come back with a revised offer for the 7/1/2026 stop-loss renewal for Fresno City Employees H&W Trust and their offer is **firm through 6/4/2026**. Maintaining the current specific deductible of $550,000, Ullico has revised their proposal to a 3.0% increase from the current composite rate of $53.42 to **$55.02 PEPM effective for one year from 7/1/2026 through 6/30/2027**. Below is an updated summary of the proposed firm renewal offer.

Please let us know any questions you may have or provide your approval.

@David Broome please provide any additional commentary that may assist with Georgeanne and Sam decision. Thank you,

<image004.png>

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

<image002.png>

**FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST**

**MONTHLY CLAIMS EXPERIENCE ANALYSIS**
**MEDICAL AND PRESCRIPTION DRUGS**
**ELEVEN MONTHS ENDING MAY 31, 2026**

.

| | | PER ELIGIBLE |
|---|---|---|
| **ACTIVES** | $ 59,914,211.75 | $ 1,305.52 |
| **COBRA** | 707,590.12 | 11,793.17 |
| **RETIREES** | 5,104,836.33 | 2,533.42 |
| | $ 65,726,638.20 | $ 1,370.22 |
| **MEDICARE SUPPLEMENT** | $ 3,347,726.34 | $ 1,946.35 |
| **SELF-PAY OVER 65** | 324,107.87 | 1,761.46 |
| | $ 69,398,472.41 | $ 1,391.53 |
| **AVERAGE MONTHLY COST - YTD** | $ 6,308,952.04 | $ 1,391.53 |
| **PRIOR YEAR AVERAGE MONTHLY COST - YTD ELEVEN MONTHS ENDING MAY 31, 2025** | $ 5,652,371.10 | $ 1,246.46 |
| **PRIOR PLAN YEAR AVERAGE MONTHLY COST JULY 2024 - JUNE 2025** | $ 5,659,931.50 | $ 1,248.24 |
| **TWELVE MONTH ROLLING AVERAGE Jun 1, 2025 - May 31, 2026** | $ 6,261,797.36 | $ 1,549.79 |

**FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST**

**MONTHLY CLAIMS EXPERIENCE ANALYSIS**
**DENTAL BENEFIT SECTION**
**ELEVEN MONTHS ENDING MAY 31, 2026**

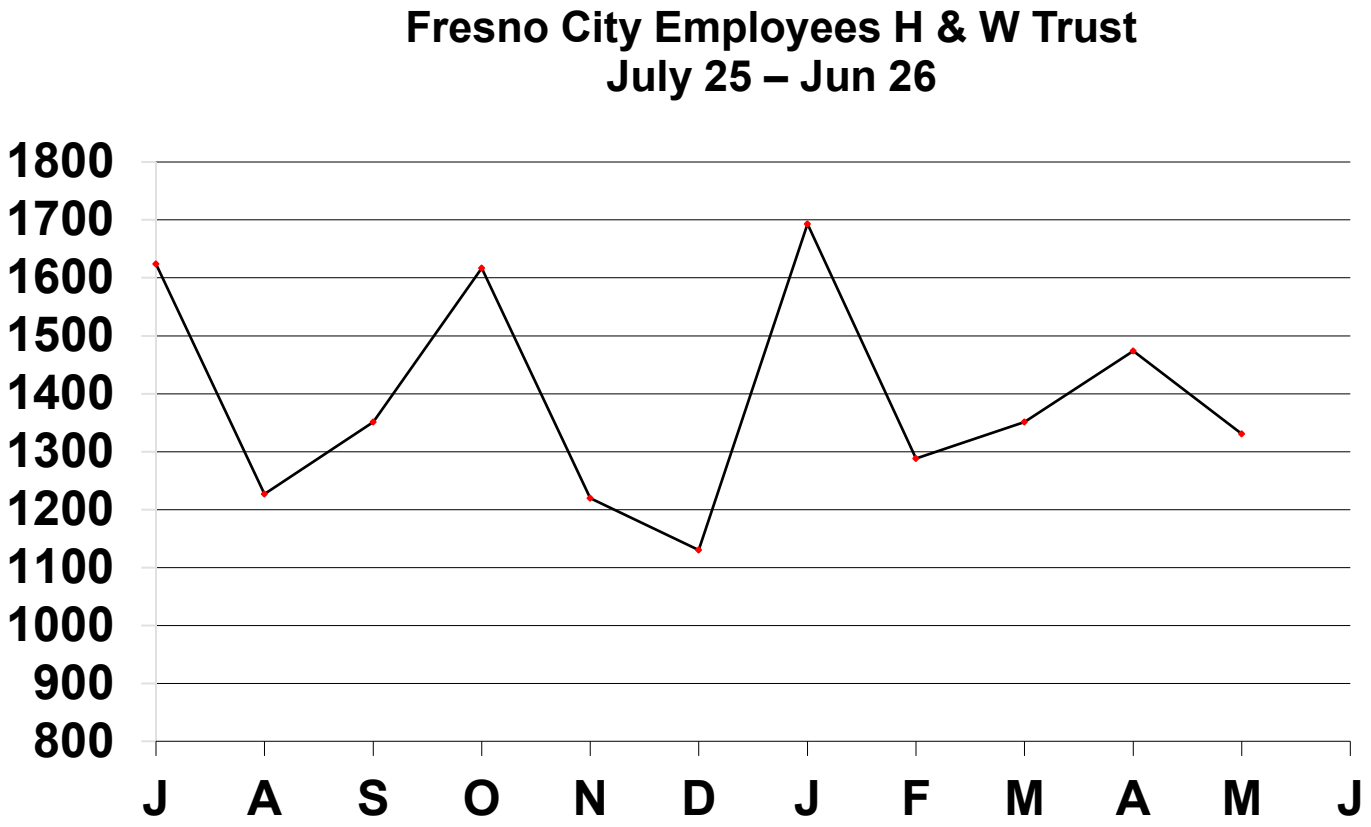
| DELTA DENTAL | PAYMENTS | PER ELIGIBLE |
|---|---|---|
| ACTIVES | $ 2,851,434.53 | $ 66.39 |
| RETIREES | 461,029.47 | $ 76.47 |
| TOTAL FOR DELTA DENTAL | $ 3,312,464.00 | $ 67.63 |
| AVERAGE MONTHLY COST | $ 301,133.09 | $ 67.63 |
| PUD HMO AVG MONTHLY PREM | 10,233.75 | $ 42.32 |
| TOTAL AVG MONTHLY COST - YTD | $ 311,366.84 | $ 66.33 |

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

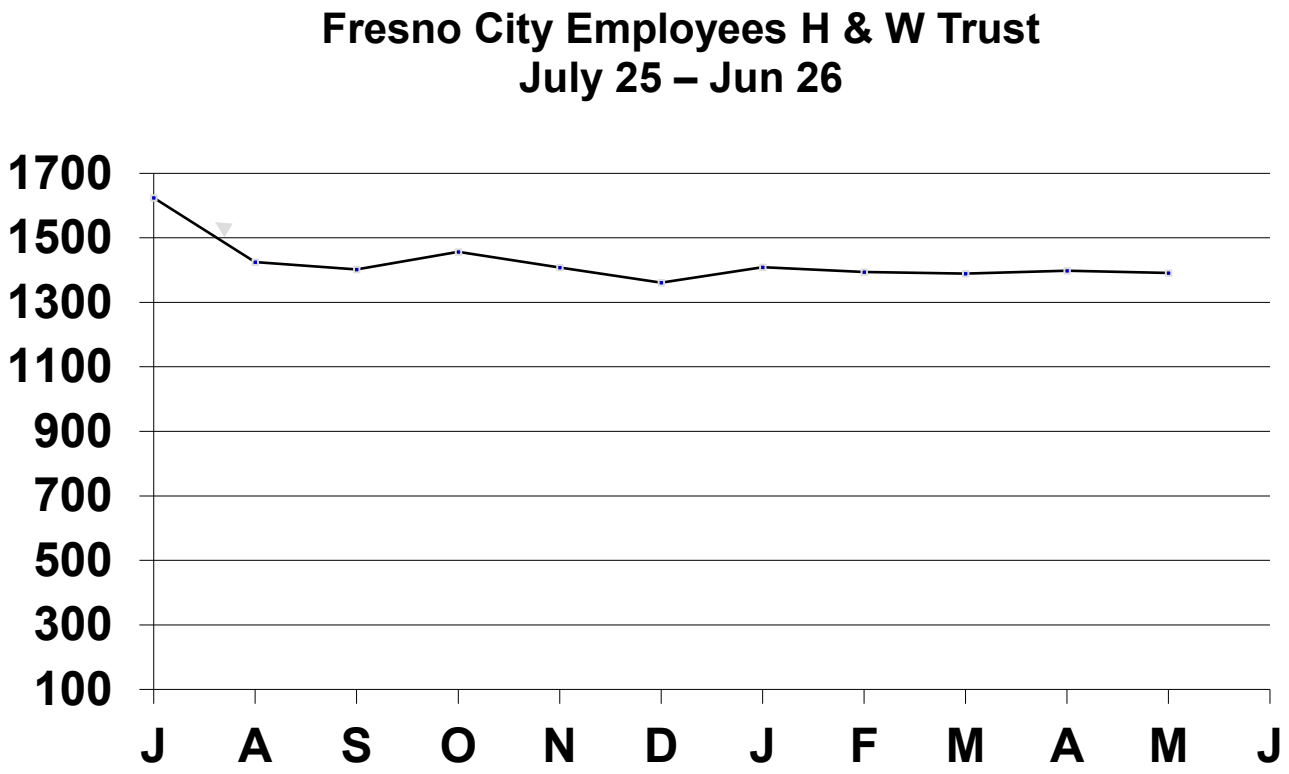
| | |
|---|---|
| **ACTIVES** | **$ 67.05** |
| **RETIREES** | **$ 70.77** |
| **COMBINED** | **$ 67.51** |

**TWELVE MONTH ROLLING AVERAGE**
**DELTA DENTAL**
**Jun 1, 2025 - May 31, 2026** **$ 67.17**

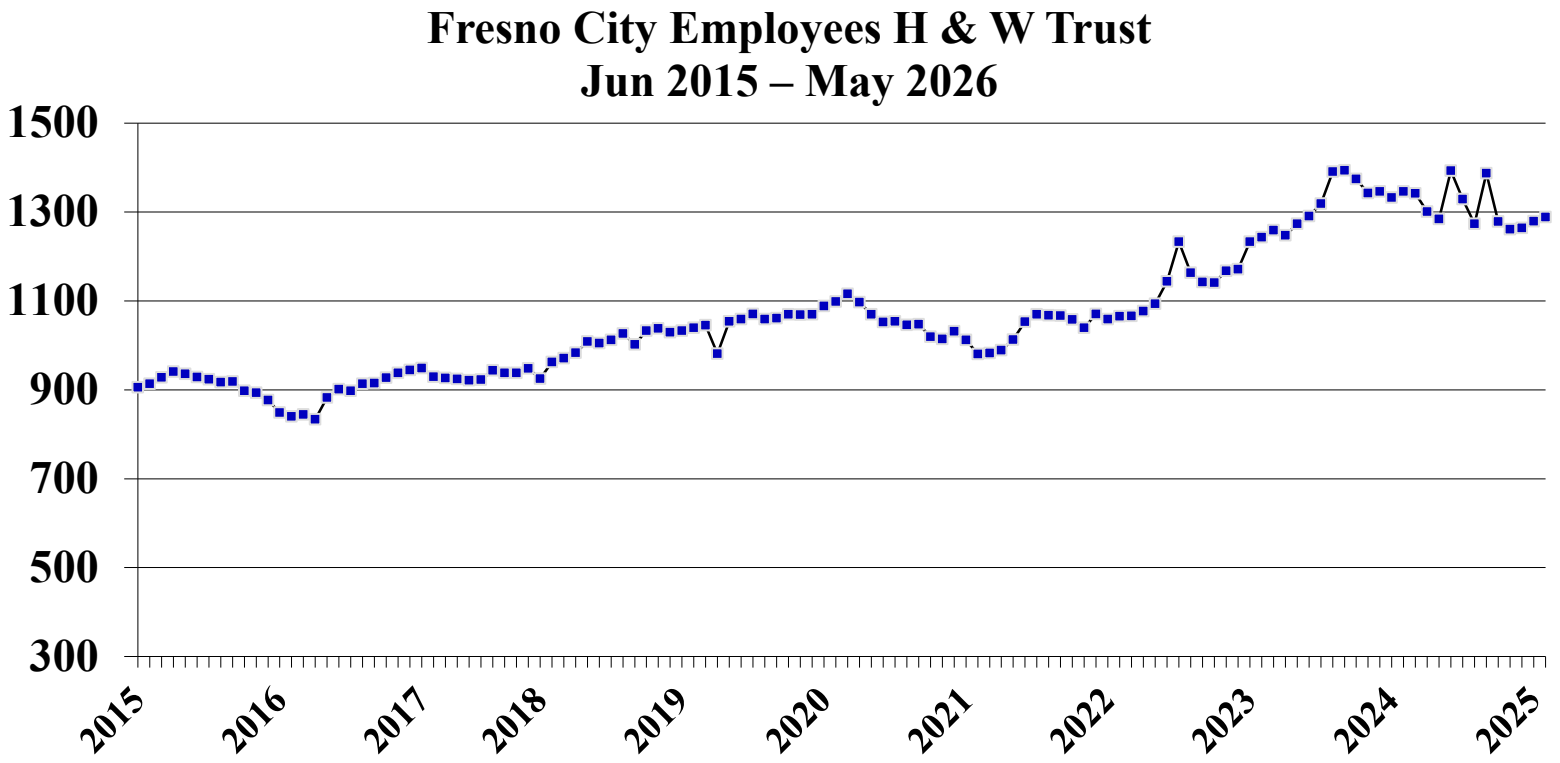
# Average Cost Per Participant Monthly



# Average Cost Per Participant Year to Date



# Average Cost Per Participant
# 12 Month Rolling Average



# FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST
## FINANCIAL ANALYSIS FOR MEDICAL, VISION AND PRESCRIPTION DRUG
## ELEVEN MONTHS ENDING MAY 31, 2026

| CATEGORY | CENSUS COUNT | CLAIMS COSTS | FIXED COSTS | TOTAL COSTS | RATE | INTEREST | NET GAIN(LOSS) | YTD GAIN(LOSS) |
|---|---|---|---|---|---|---|---|---|
| **ACTIVES** | | | | | | | | |
| PPO Contributing | 2,596 | $ 1,701.56 | $ 133.58 | $ 1,835.14 | $ 1,389.00 | $ 3.32 | $ (442.82) | $ (12,645,167.92) |
| PPO Non-Cont 35 | 1,492 | $ 678.12 | $ 133.58 | $ 811.70 | $ 939.00 | $ 3.32 | $ 130.62 | $ 2,143,735.44 |
| PPO Non-Cont 25 | 84 | $ 210.58 | $ 133.58 | $ 344.16 | $ 1,089.00 | $ 3.32 | $ 748.16 | $ 691,299.84 |
| | | | | | | | | $ - |
| **TOTAL (a)** | 4172 | $ 1,305.54 | $ 133.58 | $ 1,439.12 | $ 1,222.03 | $ 3.32 | $ (213.77) | $ (9,810,132.64) |
| **RETIREES** | | | | | | | | |
| PPO Plan | 183 | $ 2,533.42 | $ 133.58 | $ 2,667.00 | $ 1,389.00 | $ 3.32 | $ (1,274.68) | $ (2,568,475.23) |
| **TOTAL** | 183 | 2,533.42 | $ 133.58 | $ 2,667.00 | $ 1,389.00 | $ 3.32 | $ (1,274.68) | $ (2,568,475.23) |
| **COBRA** | | | | | | | | |
| PPO Plan | 5 | $ 11,793.17 | $ 133.58 | $ 11,926.75 | $ 1,416.78 | $ 3.32 | $ (10,506.65) | $ (577,865.75) |
| **TOTAL** | 5 | $ 11,793.17 | $ 133.58 | $ 11,926.75 | $ 1,416.78 | $ 3.32 | $ (10,506.65) | $ (577,865.75) |
| **MEDICARE SUPP** | | | | | | | | |
| PPO Plan | 156 | $ 1,946.35 | $ 29.96 | $ 1,976.31 | $ 759.00 | $ 3.32 | $ (1,213.99) | $ (2,083,206.84) |
| **TOTAL** | 156 | $ 1,946.35 | $ 29.96 | $ 1,976.31 | $ 759.00 | $ 3.32 | $ (1,213.99) | $ (2,083,206.84) |
| **SELF-PAY** | | | | | | | | |
| PPO Plan | 17 | $ 1,761.46 | $ 133.58 | $ 1,895.04 | $ 1,675.00 | $ 3.32 | $ (216.72) | $ (40,526.64) |
| **TOTAL** | 17 | $ 1,761.46 | $ 133.58 | $ 1,895.04 | $ 1,675.00 | $ 3.32 | $ (216.72) | $ (40,526.64) |
| **Stop-Loss Reimbursement** | | | | | | | | $ 807,934.45 |
| **Prescription Drug Rebates** | | | | | | | | $ 8,645,061.91 |
| **TOTAL** | | | | | | | | $ (5,627,210.74) |

**NOTES:**

Claims Costs and Census Count represent average per month over the reporting period.
Fixed Costs include all plan costs for Blue Shield, Simple Behavioral, SimpleMSK, Optum, Personify Health, Rael & Letson, Moss Law Firm, EyeMed, EPIC and ULL Insurance Company.
Interest revenue is based upon $14,400 per month, and has been entirely allocated to the above benefits.
Rates are calculated on an average basis over the reporting period.
(a) Total Claims Cost and Rate are based upon a weighted average of contributing and non-contributing.

## FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

### FINANCIAL ANALYSIS FOR DENTAL
### ELEVEN MONTHS ENDING MAY 31, 2026

| CATEGORY | CENSUS COUNT | CLAIMS COSTS | FIXED COSTS | TOTAL COSTS | RATE | INTEREST | NET GAIN(LOSS) | YTD GAIN(LOSS) |
|---|---|---|---|---|---|---|---|---|
| **Delta PPO** | 4452 | $ 67.63 | $ 5.60 | $ 73.23 | $ 111.00 | | $ 37.77 | $ 1,849,672.44 |
| **PUD HMO** | 242 | $ - | $ 42.32 | $ 42.32 | $ 111.00 | | $ 68.68 | $ 182,826.16 |
| | | | | | | | | |
| **TOTAL** | | | | | | | | $ 2,032,498.60 |

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

## Fresno City Employees:

**CLAIMS**

| | ACTIVE | RETIREE | MEDICARE | SELFPAY | COBRA | DENTAL | TOTAL |
|---|---|---|---|---|---|---|---|
| **DELTA** | | | | | | | |
| **Jul-25** | 308,251.61 | 29,529.31 | 21,343.20 | 3,161.55 | - | - | 362,285.67 |
| **Aug-25** | 268,011.76 | 17,066.80 | 13,281.65 | 1,223.00 | - | - | 299,583.21 |
| **Sep-25** | 271,588.32 | 27,147.57 | 19,295.30 | 278.40 | 440.00 | - | 318,749.59 |
| **Oct-25** | 233,026.25 | 18,212.20 | 19,193.30 | 853.00 | - | - | 271,284.75 |
| **Nov-25** | 261,143.09 | 26,971.10 | 17,116.35 | 1,028.80 | 316.80 | | 306,576.14 |
| **Dec-25** | 233,026.25 | 18,212.20 | 19,193.30 | 853.00 | - | | 271,284.75 |
| **Jan-26** | 264,217.35 | 22,903.95 | 17,652.95 | 1,533.10 | 833.60 | | 307,140.95 |
| **Feb-26** | 241,628.29 | 19,834.85 | 16,389.71 | 1,382.95 | 348.00 | | 279,583.80 |
| **Mar-26** | 214,561.69 | 22,064.38 | 13,370.70 | 1,918.00 | 366.00 | | 252,280.77 |
| **Apr-26** | 307,042.05 | 24,169.60 | 16,379.50 | 1,208.10 | 99.20 | | 348,898.45 |
| **May-26** | 246,384.27 | 24,812.35 | 22,915.90 | 533.40 | 150.00 | | 294,795.92 |
| **Jun-26** | | | | | | | - |
| | **2,848,880.93** | **250,924.31** | **196,131.86** | **13,973.30** | **2,553.60** | **-** | **3,312,464.00** |

## FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST
## Optum

| | | |
|---|---|---|
| **ACTIVE** | $ | 19,069,669.66 |
| **ACTIVE NON-CONTRIBUTING LOW25** | $ | 76,829.51 |
| **ACTIVE NON-CONTRIBUTING LOW35** | $ | 3,115,377.92 |
| **ACTIVE NON-CONTRIBUTING LOW34** | $ | - |
| **ACTIVE NON-CONTRIBUTING LOW30** | $ | - |
| **RETIREES** | | 1,059,926.57 |
| **MEDICARE** | | 90,512.43 |
| **MEDICARE EGWP** | | 2,687,443.01 |
| | **$** | **26,099,759.10** |

## FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

| | MEDICAL | VISION | TOTALS |
|---|---|---|---|
| CLASS A & D COBRA | 707,590.12 | 0.00 | 707,590.12 |
| CLASS A & D - RET/MED | 4,044,909.76 | 0.00 | 4,044,909.76 |
| ADJ CLASS A-D-F-G-H-I ACT | 37,652,334.66 | 0.00 | 37,652,334.66 |
| CLASS B - MEDICARE | 569,770.90 | 0.00 | 569,770.90 |
| CLASS C & E - SELF-PAY | 324,107.87 | 0.00 | 324,107.87 |
| HEALTH & VISION TOTAL | | | 43,298,713.31 |
| PCN TOTAL | | | 26,099,759.10 |
| | | | 69,398,472.41 |

FRESNO CITY EMPLOYEES
HEALTH & WELFARE TRUST

SPECIFIC STOP LOSS
THROUGH 05/31/2026

INCURRED: 07/01/25 - 05/31/2026
PAID: 07/01/25 THRU: 05/31/2026

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

**OVER $550,000.00**

| MEMBER | NET PAID | CLAIM AMOUNT |
|---|---|---|
| 1 | $774,306.70 | $224,306.70 |
| | | |
| | | |
| **TOTAL** | $774,306.70 | $224,306.70 |

**50% OVER $275,000.00**

| MEMBER | NET PAID | STILL TO MEET |
|---|---|---|
| 2 | $536,791.44 | $13,208.56 |
| 3 | $319,490.29 | $230,509.71 |
| 4 | $399,329.71 | $150,670.29 |
| 5 | $346,504.19 | $203,495.81 |
| 6 | $354,193.38 | $195,806.62 |
| 7 | $311,953.47 | $238,046.53 |
| 8 | $332,877.23 | $217,122.77 |
| 9 | $485,631.05 | $64,368.95 |
| 10 | $290,373.10 | $259,626.90 |
| 11 | $319,147.86 | $230,852.14 |
| 12 | $302,736.32 | $247,263.68 |
| 13 | $309,051.70 | $240,948.30 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **TOTAL** | $4,308,079.74 | $2,291,920.26 |

**PREMIUM**

| DEDUCTIBLE | PER MEMBER | PREMIUM | CLAIMS OVER DEDUCTIBLE | SAVINGS/(LOSS) |
|---|---|---|---|---|
| 175,000 | $ 213.67 | $ 10,892,682.93 | $ 2,807,386.44 | $ (8,085,296.49) |
| 350,000 | $ 106.84 | $ 5,446,596.36 | $ 800,252.28 | $ (4,646,344.08) |
| 550,000 | $ 53.42 | $ 2,723,298.18 | $ 224,306.70 | $ (2,498,991.48) |

**PRIOR YEAR RESULTS**

| FISCAL YEAR | MEMBERS OVER $175K | SAVINGS/(LOSS) $500 DEDUCTIBLE | SAVINGS/(LOSS) $350 DEDUCTIBLE | SAVINGS/(LOSS) $175 DEDUCTIBLE |
|---|---|---|---|---|
| 2008/2009 | 11 | $ 298,037.47 | $ 660,094.16 | $ 696,657.85 |
| 2009/2010 | 7 | $ 571,249.08 | $ 901,645.80 | $ 2,451,452.16 |
| 2010/2011 | 12 | $ 392,141.96 | $ 562,653.55 | $ 1,543,342.62 |
| 2011/2012 | 4 | $ 690,024.10 | $ 1,115,261.30 | $ 3,286,763.75 |
| 2012/2013 | 11 | $ 892,384.76 | $ 1,450,290.57 | $ 3,807,297.67 |
| 2013/2014 | 11 | $ 546,018.60 | $ 941,346.55 | $ 3,782,202.62 |
| 2014/2015 | 13 | $ 324,590.15 | $ 264,268.88 | $ 374,381.62 |
| 2015/2016 | 14 | $ 2,588,355.84 | $ 2,919,146.55 | $ 3,042,900.18 |
| 2016/2017 | 15 | $ (618,495.03) | $ (1,101,491.19) | $ (1,626,992.21) |
| 2017/2018 | 23 | $ (808,434.00) | $ (1,099,684.13) | $ (1,999,825.30) |
| 2018/2019 | 27 | $ (717,892.65) | $ (696,340.65) | $ (258,654.91) |
| 2019/2020 | 29 | $ (403,675.83) | $ 34,344.25 | $ 231,492.59 |
| 2020/2021 | 23 | $ 3,553.03 | $ 36,225.35 | $ (1,104,531.07) |
| 2021/2022 | 23 | $ 1,829,245.00 | $ 1,719,923.64 | $ 1,675,827.25 |
| 2022/2023 | 21 | $ 5,712,659.64 | $ 5,777,197.58 | $ 5,909,121.37 |
| 2023/2024 | 20 | $ (874,433.59) | $ (1,863,832.61) | $ 2,671,126.70 |
| 2024/2025 | 17 | $ (1,695,793.06) | $ (3,008,510.83) | $ (5,465,190.60) |
| **TOTAL** | **281** | **$ 5,587,102.48** | **$ 7,707,684.63** | **$ 15,902,314.82** |

**Current Outstanding Submission**
**As of May 31, 2026 $ 284,053.03**

# Paid Claims Lag Time Analysis by Input Date

**INCURRED: 01/01/1990 - 05/31/2026 | PAID: 05/01/2026 - 05/31/2026**

**FRESNO CITY EMP H&W TRUST Summary**

| Range of Days Lagged | Incurred Date to Input Date | | | Input Date to Processed Date | | | Processed Date to Paid Date | | | Input Date to Paid Date | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Claims | % Total | % Cum | Claims | % Total | % Cum | Claims | % Total | % Cum | Claims | % Total | % Cum |
| **0 - 10** | 5,927 | 48.9 % | 48.9 % | 11,728 | 96.7 % | 96.7 % | 12,083 | 99.7 % | 99.7 % | 11,508 | 94.9 % | 94.9 % |
| **11 - 14** | 1,341 | 11.1 % | 60.0 % | 249 | 2.1 % | 98.8 % | 20 | 0.2 % | 99.8 % | 295 | 2.4 % | 97.4 % |
| **15 - 21** | 1,376 | 11.4 % | 71.3 % | 85 | 0.7 % | 99.5 % | 19 | 0.2 % | 100.0 % | 229 | 1.9 % | 99.2 % |
| **22 - 28** | 678 | 5.6 % | 76.9 % | 53 | 0.4 % | 99.9 % | 1 | 0.0 % | 100.0 % | 71 | 0.6 % | 99.8 % |
| **Over 28** | 2,801 | 23.1 % | 100.0 % | 8 | 0.1 % | 100.0 % | 0 | 0.0 % | 100.0 % | 20 | 0.2 % | 100.0 % |

**Total # of claims: 12,123**

**Average days from incurred to input: 31.5**

**Average days from input to processed: 1.2**

**Average days from processed to paid: 3**

**Average days from input to paid: 4.2**

# Paid Claims Lag Time Analysis by Input Date

**INCURRED: 01/01/1990 - 06/30/2026 | PAID: 06/01/2026 - 06/30/2026**

**FRESNO CITY EMP H&W TRUST Summary**

| Range of Days Lagged | Incurred Date to Input Date | | | Input Date to Processed Date | | | Processed Date to Paid Date | | | Input Date to Paid Date | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Claims | % Total | % Cum | Claims | % Total | % Cum | Claims | % Total | % Cum | Claims | % Total | % Cum |
| **0 - 10** | 5,487 | 46.0 % | 46.0 % | 11,850 | 99.3 % | 99.3 % | 11,866 | 99.5 % | 99.5 % | 11,633 | 97.5 % | 97.5 % |
| **11 - 14** | 1,197 | 10.0 % | 56.0 % | 26 | 0.2 % | 99.5 % | 20 | 0.2 % | 99.6 % | 174 | 1.5 % | 99.0 % |
| **15 - 21** | 1,223 | 10.3 % | 66.3 % | 30 | 0.3 % | 99.8 % | 26 | 0.2 % | 99.8 % | 59 | 0.5 % | 99.5 % |
| **22 - 28** | 778 | 6.5 % | 72.8 % | 14 | 0.1 % | 99.9 % | 9 | 0.1 % | 99.9 % | 39 | 0.3 % | 99.8 % |
| **Over 28** | 3,245 | 27.2 % | 100.0 % | 10 | 0.1 % | 100.0 % | 9 | 0.1 % | 100.0 % | 25 | 0.2 % | 100.0 % |

**Total # of claims: 11,930**

**Average days from incurred to input: 52.5**

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

**Average days from processed to paid: 3**

**Average days from input to paid: 3.9**

To: All City of Fresno Employees
From: Board of Trustees (Labor and Management)

RE: **IMPORTANT – Health Benefit Plan and Payroll Deduction Changes, Effective July 1, 2026**

Dear City of Fresno Employees,

**Due to the plan changes and the updates needed to your open enrollment materials, there has been a delay in mailing out your packets, which you can expect to receive by May 8, 2026.**

Starting on Friday May 1st, the Health Plan's annual Open Enrollment will begin, and we want to inform you of some significant plan changes. We understand that health benefits are an important part of supporting City employees and their families. As health care costs continue to rise, we've been focused on finding a practical balance between managing costs and keeping care accessible and affordable. As such, the Board of Trustees have approved changes that will take effect on July 1, 2026. The Health Plan will transition to a dual-choice selection each year of either a High Plan or a Low Plan, each with different benefit levels and corresponding payroll deduction requirements. These changes were discussed and debated at recent Board meetings and below is a snapshot of the key changes:

| **Summary of Changes to the Active Health Plan for July 1, 2026** | | |
|---|---|---|
| Old Plan Names (2025) | Contributing Plan | Non-Contributing |
| **New Plan Names (2026)** | **High Plan** | **Low Plan** |
| **Medical and Pharmacy Benefits** | **No Changes** | **Increased Deductibles and Out-of-Pocket Limits** |
| **Monthly Payroll Deduction** | **$499/ mo. (increase of $49 from 2025)** | **$49/ mo. (new for 2026)** |

The former Non-Contributing option will no longer be offered in 2026 since it will be replaced by the new Low Plan. Employees will be able to enroll in either the High or Low Plan. If an employee does not make an election, the employee's prior election will carry over. If the employee previously elected the Non-Contributing option, that election will carry over to the Low Plan. Payroll deductions as stated in the chart above will apply to all employees and both plans. Enrolled employees that are spouses or qualified Domestic Partners pursuant to the terms of the Plan will each pay a separate payroll deduction. The Health Plan rules do not allow employees to waive coverage, so all eligible employees will be enrolled. This rule is critically important to the fiscal health and sustainability of the Plan for all employees and families.

You may be aware that Blue Shield's contract with Community Health System (CHS) terminated on February 1, 2026. We hope and expect that this impasse between the parties is temporary. Nevertheless, this situation remains a focal point of the Board's attention because it is an ongoing problem for our employees and the Fresno community. We want you to know that the Board has taken action to explore alternatives to allow our members to regain access to CHS as soon as possible.

You must actively complete the enrollment process during the Open Enrollment period even if you are not making any changes to your former plan election. Although your payroll deduction will become effective on July 1, 2026, if you fail to timely complete Open Enrollment by May 31, 2026, any claim for benefits will be denied until your Open Enrollment is completed. More detailed information will be provided in the open enrollment announcement. If you have questions, please contact the Personify at (833) 319-5697.

Sincerely,

Board of Trustees

To: All City of Fresno Employees
From: Board of Trustees (Labor and Management)

RE: **IMPORTANT – Health Benefit Plan and Payroll Deduction Changes, Effective July 1, 2026**

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**Due to the plan changes and the updates needed to your open enrollment materials, there has been a delay in mailing out your packets, which you can expect to receive by May 8, 2026.**

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| **Medical and Pharmacy Benefits** | **No Changes** | **Increased Deductibles and Out-of-Pocket Limits** |
| **Monthly Payroll Deduction** | **$499/ mo. (increase of $49 from 2025)** | **$49/ mo. (new for 2026)** |

The former Non-Contributing option will no longer be offered in 2026 since it will be replaced by the new Low Plan. Employees will be able to enroll in either the High or Low Plan. If an employee does not make an election, the employee's prior election will carry over. If the employee previously elected the Non-Contributing option, that election will carry over to the Low Plan. Payroll deductions as stated in the chart above will apply to all employees and both plans. Enrolled employees that are spouses or qualified Domestic Partners pursuant to the terms of the Plan will each pay a separate payroll deduction. If you choose to decline coverage a Premium Conversion Plan Declination Form must be signed and proof of other coverage provided prior to the end of the Open Enrollment Period otherwise you will be enrolled in the Low Plan.

You may be aware that Blue Shield's contract with Community Health System (CHS) terminated on February 1, 2026. We hope and expect that this impasse between the parties is temporary. Nevertheless, this situation remains a focal point of the Board's attention because it is an ongoing problem for our employees and the Fresno community. We want you to know that the Board has taken action to explore alternatives to allow our members to regain access to CHS as soon as possible.

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Sincerely,

Board of Trustees

# Memorandum

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

**From:** David Broome, Consultant

**Date:** June 30, 2026

**Re:** Cost Impact of Reducing +65 Non-Medicare Retiree Rates to Active Rates

---

We have assessed the financial impact of aligning the non-Medicare retiree (ages +65) self-pay contribution rate of $1,982 with the active contribution rate of $1,664. This is the comparable Health and Dental rate.

**1. Population**

- The group represents a closed population:
  - No new entrants
  - No opt-in/opt-out behavior
- As a result:
  - Enrollment is expected to decline over time
  - No material change in utilization trend is expected
  - No material change in claims trend is expected

**2. Cost Impact to the Plan**

Because:
- Claims are unchanged
- Membership is fixed

The cost impact is driven solely by the reduction in retiree contributions:

***Additional Cost = Retiree Contribution – Active Contribution***

| | PEPM |
|---|---|
| **Non-Medicare Retiree Self-Pay** | $1,982 |
| **Active Self-Pay** | $1,664 |
| **Additional Cost to the Plan** | **$318** |

**Conclusion**

Aligning age +65 non-Medicare retiree contributions to the active rate results in a **$318 PEPM increase in Plan costs**, driven entirely by reduced retiree contributions. Based on an average enrollment of 17, the **annual cost would be $64,872.**

We will discuss this item at the upcoming Board of Trustees meeting under the General Calendar.

DB:rs
Enclosure

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

HEALTH & WELFARE FY26
PREPARED BY FINANCIAL REPORTING

HEALTH & WELFARE TRUST ACTIVITY REPORT
SCHEDULE OF RECEIPTS AND DISBURSMENTS
JULY 1, 2025 THRU May 31, 2026 Period 11

| RECEIPTS: | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY [2] | TOTALS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CITY AND EMP. CONTRIBUTION FROM PAYROLI | $4,950,883 | $6,002,516 | $5,447,608 | $5,434,335 | $5,462,234 | $4,942,551 | $6,012,092 | $5,464,321 | $5,441,094 | $5,447,073 | $5,439,386 | $60,044,093 |
| RDA SUCCESSOR EMPLOYEES CONTRIBUTION | $1,500 | $1,500 | $0 | $3,000 | $1,500 | $0 | $1,500 | $1,500 | $3,000 | $1,500 | $1,500 | $16,500 |
| SELF PAY - LWOP | $675 | $824 | $0 | $798 | $0 | $844 | $0 | $0 | $0 | $900 | $0 | $4,041 |
| SELF PAY - COBRA | $4,500 | $7,500 | $3,000 | $4,500 | $7,500 | $7,389 | $23,664 | $4,389 | $16,656 | $7,389 | $4,500 | $90,987 |
| SELF PAY - FPOA ACTIVE ADM STAFF | $3,000 | $3,000 | $1,500 | $1,500 | $3,000 | $0 | $3,000 | $3,000 | $6,000 | $3,000 | $3,000 | $30,000 |
| RETIREES | $342,782 | $344,491 | $339,376 | $346,912 | $342,016 | $345,033 | $341,587 | $345,449 | $345,493 | $346,063 | $348,665 | $3,787,867 |
| RETIREES - HRA | $249,675 | $129,549 | $0 | $125,779 | $0 | $127,346 | $127,029 | $131,538 | $254,743 | $0 | $134,664 | $1,280,322 |
| RETIREES - CITY PAID H&W RECEIPTS | $1,336 | $1,336 | $1,336 | $1,336 | $1,336 | $1,336 | $1,336 | $1,336 | $1,336 | $1,336 | $1,336 | $14,696 |
| RETIREES - SELF PAY | $8,059 | $11,768 | $1,350 | $8,059 | $8,009 | $13,318 | $1,350 | $13,168 | $9,545 | $9,588 | $1,350 | $85,564 |
| REFUNDS [1] | $1,831,372 | $121,157 | $13,929 | $2,406,143 | $332,762 | $4,703 | $2,125,866 | $86,415 | $336,088 | $2,251,123 | $109,477 | $9,619,036 |
| INTEREST | $88,369 | $87,483 | $90,391 | $91,278 | $87,890 | $80,667 | $78,140 | $76,935 | $74,994 | $76,225 | $0 | $832,371 |
| H & W TRUST CASH RECEIPTS | $7,482,151 | $6,711,124 | $5,898,490 | $8,423,641 | $6,246,247 | $5,523,187 | $8,715,564 | $6,128,052 | $6,488,948 | $8,144,197 | $6,043,876 | $75,805,477 |
| DISBURSEMENTS: | | | | | | | | | | | | |
| CLAIMS PAID - ALL | ($7,788,410) | ($5,948,870) | (6,014,472.20) | (7,589,255.23) | (6,033,166.38) | (7,620,015.86) | ($6,191,493) | ($6,218,874) | ($6,357,772) | ($7,176,786) | ($5,665,378) | ($72,604,492) |
| ACH TRP included in Claims Paid - All | | | | | | | | | | | | |
| CLAIMS PAID | ($7,414,133) | ($5,657,027) | ($5,689,777) | ($7,199,375) | ($5,722,561) | ($7,335,753) | ($5,905,202) | ($5,925,219) | ($6,107,386) | ($6,839,026) | ($5,665,378) | ($69,460,836) |
| CLAIMS PAID - DELTA DENTAL | ($374,278) | ($291,842) | ($324,696) | ($389,880) | ($310,605) | ($284,263) | ($286,291) | ($293,656) | ($250,386) | ($337,760) | $0 | ($3,143,656) |
| BLUE SHIELD OF CALIFORNIA | ($99,786) | ($100,297) | ($100,382) | ($99,871) | ($100,020) | ($100,340) | ($100,872) | ($101,085) | ($100,680) | ($100,425) | ($100,361) | ($1,104,121) |
| DELTA DENTAL OF CALIFORNIA | ($50,400) | ($25,430) | ($25,637) | ($25,620) | ($25,351) | ($25,452) | $0 | ($51,061) | ($25,525) | ($25,441) | ($25,469) | ($305,385) |
| OPTUMRX INC | ($52,127) | ($20,556) | ($24,012) | ($36,727) | ($31,023) | ($23,352) | $0 | ($60,600) | ($26,937) | ($32,592) | ($29,706) | ($337,634) |
| PHYSMETRICS, LLC | ($14,071) | ($14,112) | $0 | ($24,024) | $0 | ($32,350) | $0 | ($28,387) | ($14,157) | ($14,122) | $0 | ($141,223) |
| HALCYON BEHAVIORAL LLC | ($20,532) | ($13,230) | ($7,681) | ($41,442) | ($7,702) | ($20,972) | $0 | ($39,795) | ($36,490) | ($20,961) | $0 | ($208,805) |
| UNITED HEALTHCARE INSURANCE CO | ($11,046) | ($9,310) | ($10,368) | ($10,538) | ($10,411) | ($10,114) | ($10,199) | ($10,284) | ($10,241) | ($10,284) | ($10,453) | ($113,248) |
| EPIC HEARING HEALTHCARE | ($594) | ($596) | ($595) | ($597) | ($595) | ($592) | ($592) | ($591) | $0 | ($591) | ($1,181) | ($6,523) |
| CITY ADMIN. FEES | ($130) | ($130) | ($130) | ($130) | ($130) | ($130) | ($130) | ($130) | ($130) | ($130) | ($130) | ($1,430) |
| ADM - RAEL & LETSON | ($10,800) | ($11,100) | ($11,100) | ($11,100) | ($11,100) | ($11,100) | ($11,100) | ($11,100) | ($11,100) | ($11,100) | ($11,200) | ($121,900) |
| HEALTHCOMP INC | ($151,872) | ($156,615) | ($156,908) | ($156,290) | ($156,550) | ($157,038) | ($157,656) | ($157,819) | ($157,298) | ($156,810) | ($157,168) | ($1,722,025) |
| LEGAL - THE MOSS LAW FIRM | ($3,575) | ($3,650) | ($5,050) | ($2,950) | ($2,850) | ($3,575) | ($6,450) | ($4,225) | ($4,425) | ($4,475) | ($6,275) | ($47,500) |
| FIDELITY SECURITY LIFE INSUR CO-VISION | ($74,794) | ($75,281) | ($76,003) | ($75,533) | ($75,566) | ($75,432) | ($75,214) | ($75,348) | ($75,449) | ($75,230) | ($74,978) | ($828,828) |
| STOP LOSS INSURANCE SERVICES INC | ($234,437) | ($234,977) | ($235,582) | ($236,010) | ($234,727) | ($234,727) | ($235,636) | ($236,597) | ($237,292) | ($236,330) | ($235,742) | ($2,592,058) |
| MARSH & MCLENNAN - Cyber Insurance | $0 | ($35,518) | $0 | $0 | $0 | $0 | ($12,492) | $0 | $0 | $0 | $0 | ($48,010) |
| OTHER - ADMIN FEES | $0 | $0 | $0 | $0 | ($6,328) | $0 | $0 | $0 | ($65,239) | $0 | $0 | ($71,567) |
| H & W CASH DISBURSEMENTS | ($8,512,573) | ($6,649,672) | ($6,667,921) | ($8,310,087) | ($6,695,520) | ($8,315,191) | ($6,801,833) | ($6,995,896) | ($7,122,736) | ($7,865,276) | ($6,318,042) | ($80,254,747) |
| RECEIPTS OVER DISBURSMENTS | ($1,030,422) | $61,452 | ($769,431) | $113,554 | ($449,273) | ($2,792,004) | $1,913,731 | ($867,844) | ($633,788) | $278,921 | ($274,166) | ($4,449,270) |

[1] Please note that Refunds has been reduced $57,448 for checks that were returned by the payers' banks in FY2026. Finance is working with Personify to verify status of these payments.

[2] The May figures are preliminary and pending completion of the City's month-end close process.

HEALTH & WELFARE FY26
PREPARED BY FINANCIAL REPORTING

HEALTH & WELFARE TRUST ACTIVITY REPORT
SCHEDULE OF RECEIPTS AND DISBURSMENTS
JULY 1, 2025 THRU May 31, 2026 Period 11

| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BEGINNING CASH BALANCE | $29,229,606 | $28,240,672 | $28,640,002 | $27,550,683 | $27,771,255 | $27,811,082 | $25,590,044 | $26,357,417 | $25,499,020 | $24,848,832 | $25,134,131 |
| ADD: TOTAL REVENUE | $7,482,151 | $6,711,124 | $5,898,490 | $8,423,641 | $6,246,247 | $5,523,187 | $8,715,564 | $6,128,052 | $6,488,948 | $8,144,197 | $6,043,876 |
| LESS: TOTAL EXPENDITURES | ($8,512,573) | ($6,649,672) | ($6,667,921) | ($8,310,087) | ($6,695,520) | ($8,315,191) | ($6,801,833) | ($6,995,896) | ($7,122,736) | ($7,865,276) | ($6,318,042) |
| LESS: CHANGE IN RECEIVABLE | ($40,238) | ($37,005) | $17,515 | $6,386 | $7,089 | ($14,260) | ($17,568) | ($7,663) | $12,608 | ($6,378) | $0 |
| LESS: CHANGE IN VOUCHERS PAYABLE | ($1,250) | ($300,873) | $302,373 | ($113,404) | ($496,189) | ($556,706) | $1,163,926 | ($1,784) | $3,792 | $0 | $0 |
| **ENDING CASH BALANCE** | **$28,240,672** | **$28,640,002** | **$27,550,683** | **$27,771,255** | **$27,811,082** | **$25,590,044** | **$26,357,417** | **$25,499,020** | **$24,848,832** | **$25,134,131** | **$24,859,965** |
| YTD CASH RECEIPTS | $7,482,151 | $14,193,275 | $20,091,765 | $28,515,406 | $34,761,653 | $40,284,840 | $49,000,404 | $55,128,456 | $61,617,404 | $69,761,601 | $75,805,477 |
| YTD CASH DISBURSEMENTS | ($8,512,573) | ($15,162,245) | ($21,830,166) | ($30,140,253) | ($36,835,773) | ($45,150,964) | ($51,952,797) | ($58,948,693) | ($66,071,429) | ($73,936,705) | ($80,254,747) |
| YTD CHANGE IN RECEIVABLE | ($40,238) | ($77,243) | ($59,728) | ($53,342) | ($46,253) | ($60,512) | ($78,080) | ($85,742) | ($73,135) | ($79,513) | ($79,513) |
| YTD CHANGE IN PAYABLE | ($1,250) | ($302,123) | $250 | ($113,154) | ($609,344) | ($1,166,050) | ($2,124) | ($3,909) | ($117) | ($117) | ($117) |
| YTD NET CHANGE IN CASH | ($988,934) | ($589,604) | ($1,678,923) | ($1,458,351) | ($1,418,523) | ($3,639,562) | ($2,872,189) | ($3,730,586) | ($4,380,773) | ($4,095,474) | ($4,369,640) |
| BEGINNING RECEIVABLE BALANCE | $283,507 | $243,269 | $206,264 | $223,779 | $230,165 | $237,254 | $222,994 | $205,426 | $197,763 | $210,371 | $203,993 |
| INCREASE, DEBITS | $88,369 | $87,483 | $90,391 | $91,278 | $87,890 | $80,668 | $78,141 | $76,935 | $74,994 | $76,225 | $0 |
| DECREASE, CREDITS | ($128,607) | ($124,488) | ($72,876) | ($84,892) | ($80,801) | ($94,927) | ($95,708) | ($84,598) | ($62,386) | ($82,603) | $0 |
| ENDING RECEIVABLE BALANCE | $243,269 | $206,264 | $223,779 | $230,165 | $237,254 | $222,994 | $205,426 | $197,763 | $210,371 | $203,993 | $203,993 |
| ENDING RECEIVABLE BALANCE | $243,269 | $206,264 | $223,779 | $230,165 | $237,254 | $222,994 | $205,426 | $197,763 | $210,371 | $203,993 | $203,993 |
| BEGINNING RECEIVABLE BALANCE | $283,507 | $243,269 | $206,264 | $223,779 | $230,165 | $237,254 | $222,994 | $205,426 | $197,763 | $210,371 | $203,993 |
| CHANGE IN RECEIVABLE | ($40,238) | ($37,005) | $17,515 | $6,386 | $7,089 | ($14,260) | ($17,568) | ($7,663) | $12,608 | ($6,378) | $0 |
| BEG VOUCHERS PAYABLE BAL | ($250) | ($1,500) | ($302,373) | $0 | ($113,404) | ($609,593) | ($1,166,299) | ($2,373) | ($4,157) | ($365) | ($365) |
| DECREASE, DEBITS | $7,950,090 | $5,566,425 | $6,243,594 | $7,488,252 | $5,541,101 | $7,217,149 | $7,232,081 | $6,149,425 | $6,560,459 | $6,956,321 | $6,317,912 |
| INCREASE, CREDITS | ($7,951,340) | ($5,867,297) | ($5,941,221) | ($7,601,657) | ($6,037,290) | ($7,773,855) | ($6,068,155) | ($6,151,209) | ($6,556,667) | ($6,956,321) | ($6,317,912) |
| END VOUCHERS PAYABLE BAL | ($1,500) | ($302,373) | ($0) | ($113,404) | ($609,593) | ($1,166,299) | ($2,373) | ($4,157) | ($365) | ($365) | ($365) |
| END VOUCHERS PAYABLE BALANCE | ($1,500) | ($302,373) | ($0) | ($113,404) | ($609,593) | ($1,166,299) | ($2,373) | ($4,157) | ($365) | ($365) | ($365) |
| BEG PAYABLE BALANCE | ($250) | ($1,500) | ($302,373) | $0 | ($113,404) | ($609,593) | ($1,166,299) | ($2,373) | ($4,157) | ($365) | ($365) |
| CHANGE IN VOUCHERS PAYABLE | ($1,250) | ($300,873) | $302,373 | ($113,404) | ($496,189) | ($556,706) | $1,163,926 | ($1,784) | $3,792 | $0 | $0 |

Rael & Letson

# Fresno City Employees Health and Welfare Trust Fund

## Consultant's Report Items – May 13, 2026

1. Blue Shield and Community Health Systems and Affiliates Contract Negotiations (verbal)
2. Cyber Liability renewal status (verbal)
3. Elite Medical Health Screening and Vaccination proposal
4. Blue Shield Early Renewal
5. Request for Information for PPO Network Vendor
6. Pharmacy Performance Review

# Memorandum

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

**From:** David Broome, Consultant

**Date:** July 1, 2026

**Re:** Consultant's Report for July 8, 2026 Board of Trustees Meeting –
Elite Medical – 2025 (Updated) and 2026 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.** There have not yet been any screening/vaccination events in 2026. The Fall vaccinations in 2025 took place from October 28-30th with an additional event for the Municipal Service Center on November 12th. 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 |
| Influenza Vaccine – MSC 11/12 | 0 | 24 | $ 30.60 | $ 734.40 |
| Student Flu Vaccine | 0 | 3 | $125.00 | $ 375.00 |
| **Total** | **167** | **142** | **$ 52.37[1]** | **$ 7,436.90** |

[1] Total average unit cost.

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 July 8, 2026, meeting. If there are any questions before or after that meeting, please let us know.

DB:rs

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

# Memorandum

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

**From:** David Broome, Consultant

**Date:** July 1, 2026

**Re:** Consultant's Report for July 8, 2026, Board of Trustees Meeting –
Blue Shield of California Renewal Effective July 1, 2027

---

Blue Shield of California is the Trust's medical PPO network, utilization, and case management provider, and they provide telehealth services through a partnership with Teladoc. The current contract provides guaranteed fees for two years effective July 1, 2025, with an expiry of June 30, 2027.

We received an optional, early renewal offer from Blue Shield, guaranteeing fees for an additional two years, extending the fee guarantee from June 30, 2027 through June 30, 2029. Blue Shield's proposal is as follows:

| | Current[1] | | Proposed | |
|---|---|---|---|---|
| **Product** | **7/1/2025** | **7/1/2026** | **7/1/2027** | **7/1/2028** |
| Shared Advantage Base Fee | $16.21 | $16.70 | $17.20 | $17.72 |
| Shield Support | $ 3.75 | $ 3.86 | $ 3.98 | $ 4.10 |
| Teladoc | $ 0.94 | $ 0.97 | $ 1.00 | $ 1.03 |
| **Total** | **$20.90** | **$21.53** | **$22.18** | **$22.85** |
| % Increase/(Decrease) | 3.0% | 3.0% | 3.0% | 3.0% |

The renewal proposal includes additional disclosure regarding **pharmaceutical manufacturer rebates** associated with certain drugs covered under the medical benefit. Blue Shield advises that anticipated rebate revenue is considered when establishing administrative fees and that Blue Shield retains the rebates received, as those amounts are assumed in the fee pricing.

Also included are enrollment assumptions (4,415 subscribers and 11,656 members), reporting responsibilities, and run-out claim administration. We did not identify any material changes to the core services currently utilized by the Trust. The early renewal proposal from Blue Shield is attached to this memo.

[1] Fees are under a current fee guarantee and are expiring June 30, 2027.

This item will be discussed at your July 8, 2026 meeting. If there are any questions before or after that meeting, please let me know.

Enclosure

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

# Memorandum

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

**From:** David Broome, Consultant

**Date:** July 8, 2026

**Re:** Network RFI – Update
PPO Marketplace Review and Next Steps

---

Following the Community Health System (CHS) network termination earlier this year, the Trust authorized a Request for Information (RFI) to better understand the PPO network vendor alternatives in the Fresno area and to retore access to CHS.

On June 24, 2026, Blue Shield notified the Trust that it had entered into a new multi-year agreement with CHS, restoring full network access. The agreement is retroactive to February 1, 2026, the original termination date, effectively resolving the immediate network disruption.

Although the access issue has been resolved, the RFI provided the Trust with valuable information regarding the broader PPO marketplace and available network options.

**RFI Preliminary Findings.** The RFI confirmed that the Trust has **several viable PPO network options** available should the Board elect to further evaluate these opportunities. The responses to the RFI received indicate that further evaluation could provide meaningful additional information regarding provider access, service capabilities, contractual protections, and overall value.

However, the RFI responses were preliminary and are not sufficient to support a network selection decision. Given the size and significance of the Trust's PPO arrangement, a more definitive request for proposal (RFP) will provide the Board with a more complete understanding of the available options before determining the Trust's long-term network strategy.

**Next Steps for Board Consideration.** To focus attention on the most viable alternatives, the Board may wish to limit participation in an RFP to those organizations that demonstrated the greatest potential during the RFI process and eliminate those that are unlikely to merit further consideration.

An RFP process would provide detailed proposals, claims repricing, provider disruption analyses, contractual provisions, guarantees, and operational evaluations necessary to fully assess the available options and support a future Board decision.

Completion of an RFP would not obligate the Trust to make any network vendor change.

This item will be discussed at your July 8, 2026 meeting. If there are any questions before or after that meeting, please let me know.

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

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San Mateo, CA 94402

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# Executive Summary
# Pharmacy Performance Overview
# June 2025 – May 2026

## Fresno City Employees' Health & Welfare Trust

July 8, 2026

Presented by: Martin P Fornataro, Pharm.D., Senior Pharmacy Benefits Consultant

# Executive Summary
## Pharmacy Performance Overview

**June 2025 - May 2026 Pharmacy Net of Rebate* Plan Paid was $19,155,440 which was up from $15,091,033 in June 2024 – May 2025**

- June 2025 - May 2026 Net of Rebate Plan Paid PMPM was $134.15
- June 2024 – May 2025 Net of Rebate Plan Paid PMPM was $105.76

### Pharmacy Plan Paid Drivers

- **Drug Mix**
  - Spend on diabetes medications increased to ~$4.5M in June 2025 - May 2026; up from $3.6M June 2024 - May 2025
    - Plan Paid for GLP1 drugs was ~$3.3M this period, up from ~$2.4M June 2024 - May 2025
  - Spend on weight loss GLP-1 medications increased to ~$5.3M from June 2025 - May 2026; up from $3.6M June 2024 - May 2025
    - Plan Paid for Zepbound was ~$3.6M this period, up from ~$1.2M June 2024 - May 2025
  - Average Generic Dispensing Rate decreased to 83.1%; gradual increase after October, leveling out for the past several months
  - Specialty medication accounts for 44.1% of all pharmacy spend, driven by <2% of all prescriptions
- **Utilization**
  - >66% of members accessed the pharmacy benefit from April 2025 - March 2026 (slightly up from 64% in April 2024 - March 2025)
  - Average member filled 7.5 prescriptions per year (similar to April 2024 - March 2025)



* 4q2025 and 1q2026 rebates are estimated based on historical performance. Numbers may change.

# Key Performance Indicators

| | June 2024 – May 2025 | June 2025 – May 2026 | Trend |
|---|---|---|---|
| Eligible members | 11,891 | 11,899 | 0.1% |
| Utilizing members | 5,465 | 5,590 | 2.3% |
| Average Monthly Utilizing % | 25.7% | 26.6% | 3.4% |
| Prescription Count | 87,623 | 89,721 | 2.4% |
| Prescription Count PMPY | 7.4 | 7.5 | 2.3% |
| Plan Paid | $22,721,829 | $28,567,635 | 25.7% |
| Plan Paid PMPM | $159.24 | $200.07 | 25.6% |
| Non-Specialty Plan Paid PMPM | $85.43 | $111.77 | 30.8% |
| Specialty Plan Paid PMPM | $73.80 | $88.30 | 19.6% |
| Rebates* | **-$7,630,796** | **-$9,412,195** | 23.3% |
| Net Plan Paid | $15,091,033 | $19,155,440 | 26.9% |
| Net Plan Paid PMPM | $105.76 | $134.15 | 26.8% |
| Net Plan Paid / Rx | $172.23 | $213.50 | 24.0% |
| Generic Dispensing (%) | 84.7% | 83.1% | -1.9% |
| Member Copay / Rx | $24.86 | $24.84 | -0.1% |
| Member Cost Share % | 9.6% | 7.8% | -18.6% |
| Specialty Plan Paid ($) | $10,531,419 | $12,607,947 | 19.7% |
| Specialty Plan Paid (%) | 46.3% | 44.1% | -4.8% |

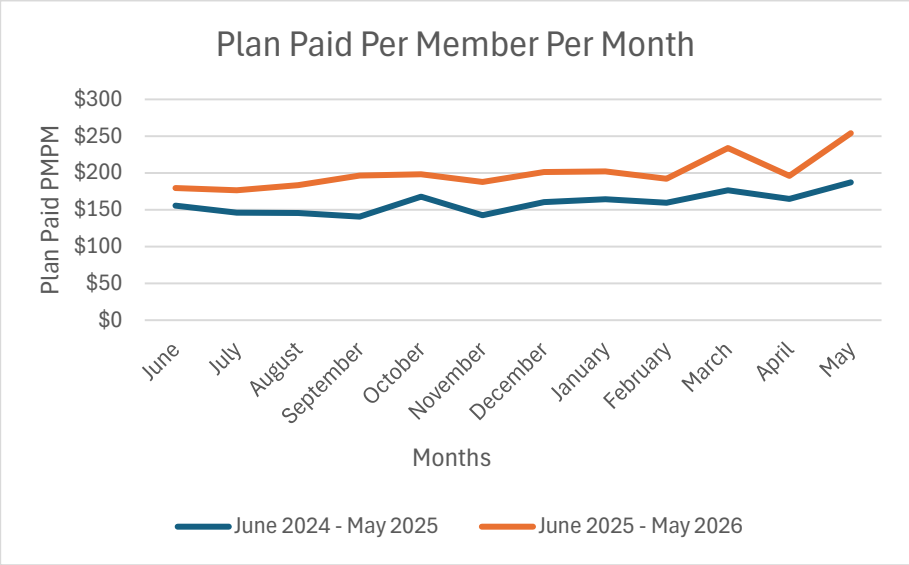
* 4q2025 EGWP and 1q2026 rebates are estimates

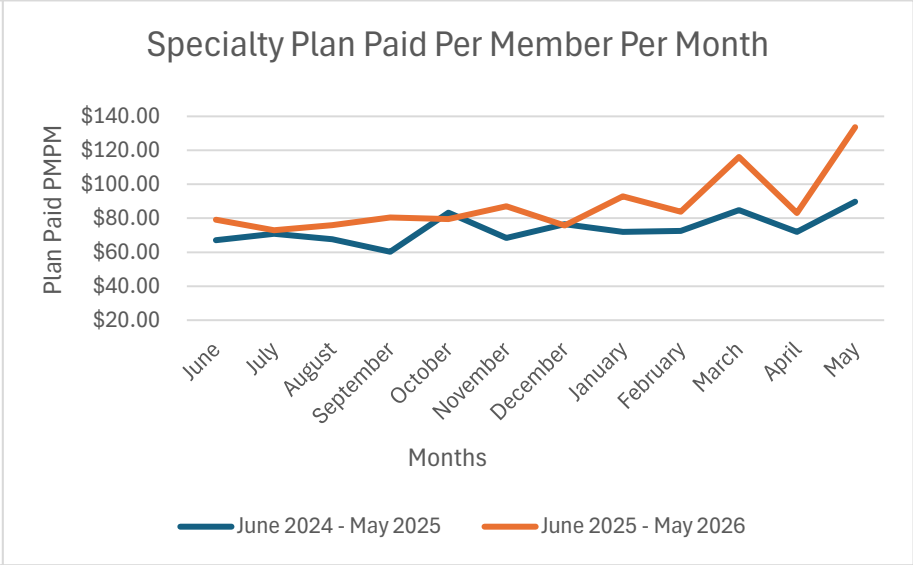
## Key Observations

- Utilization has slightly increased
  - More members and prescriptions
- Plan Paid PMPM trend is 26.8%, which is above the norm for Public Sector clients
  - Primarily driven by higher GLP1 use
- GLP1 (Weight Loss and Diabetes) and Specialty medication use represent ~74.3% of plan costs
- Generic Dispensing Rate (%) declined by ~1.9%.
  - The average generic medication is 10x less expensive than a brand medication

# Pharmacy Cost Drivers
## Plan Paid PMPM tracking

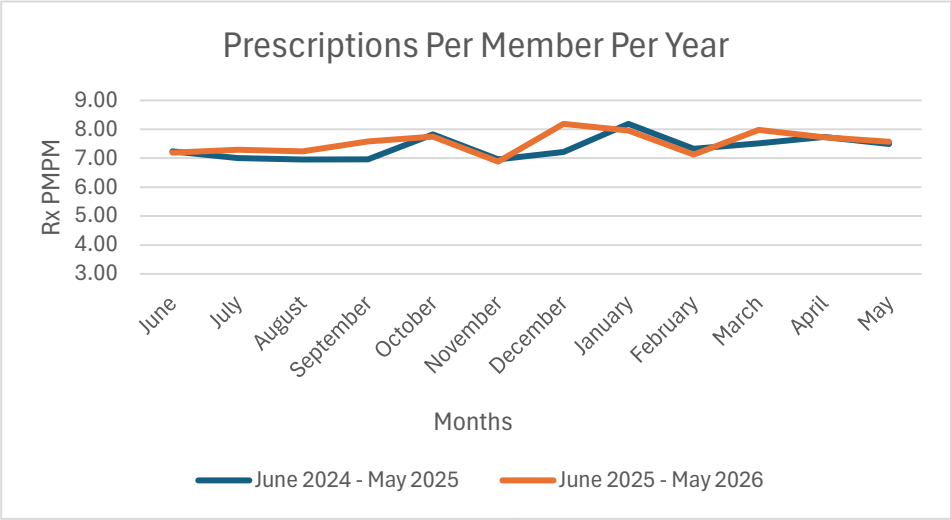
- Plan costs continue to increase over time primarily due to higher non-specialty drug use

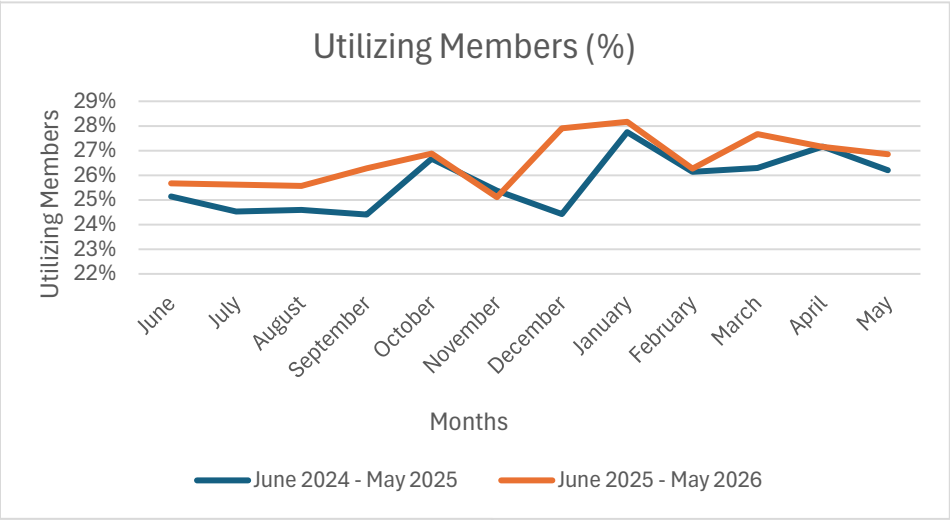


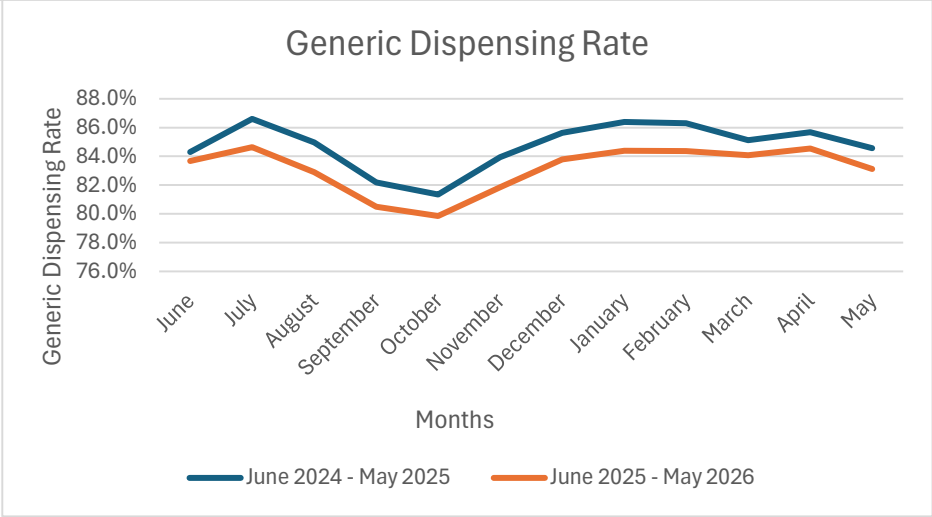
# Pharmacy Cost Drivers
## Utilization and Drug Mix

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




End of year rise in generic medications use decreases plan costs



# Disease States
## Sorted by Plan Paid

- Top 5 Disease States represent ~$18.7M in Plan Costs

| | April 2025 - March 2026 | | |
|---|---|---|---|
| Condition | Member Count | Plan Paid | Plan Paid PMPM |
| Inflammatory Conditions | 174 | $ 6,439,596 | $ 45.10 |
| Weight Loss | 734 | $ 5,320,039 | $ 37.26 |
| Diabetes | 748 | $ 4,469,637 | $ 31.30 |
| Asthma / COPD | 1,452 | $ 1,309,519 | $ 9.17 |
| Cholesterol Lowering Agents | 1,404 | $ 1,166,891 | $ 8.17 |
| Oncology | 202 | $ 880,052 | $ 6.16 |
| Cystic Fibrosis | 2 | $ 591,468 | $ 4.14 |
| Endocrine And Metabolic | 18 | $ 492,388 | $ 3.45 |
| HIV | 29 | $ 490,977 | $ 3.44 |
| Multiple Sclerosis | 5 | $ 487,428 | $ 3.41 |
| **Total** | 4768 | $21,647,996 | $151.61 |

## Key Observations

- Inflammatory plan costs increased to $6.4M (+$731K)
  - Primarily driven by higher prescription counts and utilizers
- Weight Loss spend increased to ~$5.3M (+$2.5M)
  - Primarily driven by higher Zepbound utilization (members and prescription counts)
- Diabetes spend increased to $4.5M (+$862K)
  - Primarily driven by higher GLP1 utilization (members and prescription counts)
- Oncology costs decreased to $880K (-$524K)
- Juxtapid (lomitapide) is ~$664K of cholesterol spend (one member)

# Non-Specialty Utilization
## Top 10 Drugs by Plan Paid

- Seven (7) of the top 10 drugs treat diabetes or weight loss

| | | April 2025 - March 2026 | | | | | April 2024 - March 2025 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Drug | Condition | Member Count | Rx Count | Plan Paid | Plan Paid PMPM | Plan Paid / Rx | Member Count | Rx Count | Plan Paid | Plan Paid PMPM | Plan Paid / Rx |
| Zepbound | Weight Loss | 517 | 2,871 | $3,643,145 | $25.51 | $1,269 | 247 | 1,082 | $1,196,248 | $8.38 | $1,106 |
| Wegovy | Weight Loss | 263 | 1,017 | $1,681,307 | $11.77 | $1,653 | 248 | 1,175 | $1,591,133 | $11.15 | $1,354 |
| Mounjaro | Diabetes | 214 | 1,036 | $1,591,719 | $11.15 | $1,536 | 134 | 633 | $820,102 | $5.75 | $1,296 |
| Ozempic | Diabetes | 206 | 863 | $1,405,395 | $9.84 | $1,628 | 218 | 907 | $1,277,995 | $8.96 | $1,409 |
| Jardiance | Diabetes | 155 | 418 | $427,902 | $3.00 | $1,024 | 150 | 413 | $473,596 | $3.32 | $1,147 |
| Repatha | PCSK9 inhibitor | 91 | 275 | $296,544 | $2.08 | $1,078 | 50 | 201 | $157,921 | $1.11 | $786 |
| Biktarvy | Antiviral | 9 | 41 | $293,283 | $2.05 | $7,153 | 9 | 46 | $297,884 | $2.09 | $6,476 |
| Farxiga | Diabetes | 85 | 300 | $268,042 | $1.88 | $893 | 89 | 289 | $275,920 | $1.93 | $955 |
| Dexcom | Diabetes | 101 | 345 | $250,853 | $1.76 | $727 | 82 | 260 | $175,384 | $1.23 | $675 |
| Eliquis | Blood Thinner | 84 | 318 | $241,166 | $1.69 | $758 | 74 | 286 | $233,195 | $1.63 | $815 |
| | | | 7,484 | $10,099,358 | $70.73 | $1,349 | | 5,292 | $6,499,380 | $45.55 | $1,228 |

All belong to GLP1 medication class. Zepbound and Mounjaro utilization continues to increase. Both are made by Eli Lilly.

**Jardiance** has cardiovascular protection and should stay in the top 10; a generic for **Farxiga** hit the market in 2024. Multiple versions are now available, which should help lower costs in 2026**.**

# Specialty Utilization
## Top 10 Drugs by Plan Paid

- Six(6) of the top 10 drugs are biologic medications

| | | April 2025 - March 2026 | | | | | January - December 2024 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Drug | Condition | Member Count | Rx Count | Plan Paid | Plan Paid PMPM | Plan Paid / Rx | Member Count | Rx Count | Plan Paid | Plan Paid PMPM | Plan Paid / Rx |
| Wezlana | Inflammation | 6 | 41 | $1,063,328 | $7.45 | $25,935 | 0 | 0 | $0 | $0.00 | $0 |
| Skyrizi | Inflammation | 14 | 46 | $1,023,567 | $7.17 | $22,251 | 12 | 39 | $826,213 | $5.79 | $21,185 |
| Dupixent | Inflammation/ Asthma | 33 | 230 | $829,973 | $5.81 | $3,609 | 29 | 180 | $690,201 | $4.84 | $3,834 |
| Amjevita | Inflammation | 14 | 137 | $686,949 | $4.81 | $5,014 | 0 | 0 | $0 | $0.00 | $0 |
| Juxtapid | Hypercholesterolemia | 1 | 11 | $664,075 | $4.65 | $60,370 | 1 | 5 | $297,870 | $2.09 | $59,574 |
| Tremfya | Inflammation | 14 | 48 | $663,843 | $4.65 | $13,830 | 9 | 25 | $325,230 | $2.28 | $13,009 |
| Trikafta | Cystic-fibrosis | 2 | 21 | $577,550 | $4.04 | $27,502 | 1 | 12 | $310,485 | $2.18 | $25,874 |
| Tepezza | Thyroid Eye Disease | 1 | 6 | $477,009 | $3.34 | $79,502 | 0 | 0 | $0 | $0.00 | $0 |
| Rinvoq | Inflammation | 14 | 73 | $475,940 | $3.33 | $6,520 | 8 | 43 | $321,455 | $2.25 | $7,476 |
| Imaavy | Myasthenia Gravis | 1 | 10 | $452,438 | $3.17 | $45,244 | 0 | 0 | $0 | $0.00 | $0 |
| | | | 623 | $6,914,671 | $48.43 | $11,099 | | 304 | $2,771,455 | $19.42 | $9,117 |

Wezlana is the biosimilar to Stelara, while Amjevita is the biosimilar for Humira.
.

Juxtapid treats homozygous familial hypercholesterolemia (HoFH), a rare condition.
Not used for general high cholesterol.

# Appeal Reporting

## OptumRx reviews member and provider appeals on behalf of the City for prescriptions that were denied at the pharmacy

**First Level Appeal Outcomes**

| 1st Level | Quantity | Overturned | Upheld |
|---|---|---|---|
| Jan 26 | 8 | 5 | 3 |
| Feb 26 | 5 | 3 | 2 |
| Mar 26 | 14 | 7 | 7 |
| **Total** | **27** | **15** | **12** |

**Second Level Appeal Outcomes**

| 2nd Level | Quantity | Overturned | Upheld |
|---|---|---|---|
| Jan 26 | 0 | 0 | 0 |
| Feb 26 | 0 | 0 | 0 |
| Mar 26 | 2 | 1 | 1 |
| **Total** | **2** | **1** | **1** |

**External Appeal Outcomes**

| External | Quantity | Overturned | Upheld |
|---|---|---|---|
| Jan 26 | 0 | 0 | 0 |
| Feb 26 | 0 | 0 | 0 |
| Mar 26 | 0 | 0 | 0 |
| **Total** | **0** | **0** | **0** |

- Overturned Activity for First and Second Level Appeals
  - Non-formulary (5)
  - Prior Authorization (10)
  - Step Therapy (1)
- Notables
  - Rael & Letson is working with OptumRx to review cases that were overturned to ensure the documentation is complete and adheres to the City's plan design

# Diabetes Management

**OptumRx's diabetes management program includes personalized care, timely engagement, and clinician review**

## Optum Rx Diabetes Management Program

Promoting better health through an evidence-based approach

**Impactful program**
reporting

**Incentive**
free supplies (no copay)

**Pharmacist-led counseling**
one-on-one

**Connected devices**
cloud meter or CGM

**Educate**
diabetes literacy

**Resolve**
close gaps in care

**Providers**
engaged for therapy changes

**Monitoring**
for increased adherence

**$2.62 PMPM** average savings for full program[1]

1. 2024 results for clients with the full program
Engagement strategy varies by risk and aligns with ADA guidelines

# Weight Management
## Weight Engage

### OptumRx has multiple program partners to address weight management

## Optum Rx Weight Engage solution suite

A sustained weight loss approach helps members achieve and maintain weight loss goals, and clients offer more affordable access to GLP-1 medications.

**Strategic benefit planning and utilization management**

Evaluate the benefit to **manage access and drug cost**

**Flexibility** to apply one of four utilization management **strategies**

**Member behavior change programs**

**Provider guidance**
More cost control, leveraging participating provider expertise

**Member support**
Open GLP-1 access, backed by education and coaching

virta
**Nutrition first**

Calibrate
**Medication-focused**

omada
**Behavior-led**

**Value-added fitness and well-being solution**

**One Pass Select**

Increased **member support**
- virta
- omada

**Responsible prescribing**
- virta
- omada
- Calibrate

Increased **trend predictability**
- virta
- omada

# Next steps

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

- Continue to monitor plan paid performance for increases in select medical conditions / drug categories
- Determine whether there are additional OptumRx clinical management programs to roll out drive higher quality of care without service and access decrements
  - At Trustee direction, schedule meetings with OptumRx and vendors to review diabetes and weight management programs

# Thank You

# Next steps

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

- Continue to monitor plan paid performance for increases in select medical conditions / drug categories
- Determine whether there are additional OptumRx clinical management programs to roll out drive higher quality of care without service and access decrements
  - Schedule meeting with OptumRx and vendors to review diabetes and weight management programs
- Monitor whether OptumRx is meeting the Funds service, financial, and quality of care objectives

# Diabetes Management Program

# Optum Rx Diabetes Management Program

## Promoting better health through an evidence-based approach

**Impactful program**
reporting

**Incentive**
free supplies (no copay)

**Pharmacist-led counseling**
one-on-one

**Connected devices**
cloud meter or CGM

**Educate**
diabetes literacy

**Resolve**
close gaps in care

**Providers**
engaged for therapy changes

**Monitoring**
for increased adherence

**$2.62 PMPM** average savings for full program[1]

1. 2024 results for clients with the full program
Engagement strategy varies by risk and aligns with ADA guidelines

Optum Rx®

# The right touch, personalized for each member

**Pharmacist expertise**

**Comprehensive** medication reviews and continuous monitoring

**Expert-led guidance** for weight loss and healthy eating to encourage **healthier lifestyle** choices

---

**Tailored support**

**Personalized action plan** development for diabetes and comorbidities

Glucose testing **education** and **support** for blood glucose meters and continuous glucose monitors (CGM)

---

**Timely engagement**

Provider engagement where **critical intervention** opportunities apply

Identifying and **closing gaps** across the care spectrum – **medical, pharmacy and behavioral**

# Proactive care solutions

## Daily review of pharmacy claims

Adherence monitoring involves engaging both providers and members, while the gaps in care component focuses on provider engagement. Both strategies address clinical issues, resulting in overall health care savings.

## Adherence monitoring

| | |
|---|---|
| **New to Therapy** | **Primary Medication Nonadherence** |
| **Refill Reminders** | **Low Adherence** |

**72%** success rate in converting nonadherent members to adherent across 17+ therapeutic classes

## Gaps in care

**18%**

Care gaps closed successfully for cardiovascular and kidney protective medications

Results may vary based on intervention opportunities and member engagement. Figures included represent our Optum Rx commercial direct client book of business analysis from January – December 2024

# Desirable outcomes, rewarding experiences

The **Optum Rx Diabetes Management Program** reduces A1c levels and promotes improved health and well-being through configurable program options designed to better support member needs and achieve client objectives.

Clients begin experiencing financial and clinical outcomes **6 months** into the program.

## Health care savings achieved

**$2.62 PMPM**

average savings delivered to our clients[2]

**>$1,200 per year**

average savings per counseled member

## Meaningful A1c reduction

**2**

point average A1c reduction in engaged members with diabetes[1]

**41%**

of enrolled members experienced an improvement in A1c

## Retention

**40%**

member retention after 1 year in the program

## Pharmacists with clinical expertise

**100%**

of medication reviews are provided by a clinical pharmacist

**100%**

of pharmacists completing diabetic consults are credentialed diabetes experts

**10+**

Languages spoken fluently by program pharmacists

1. Members that registered a baseline A1c of 9% or higher. Results may vary based on intervention opportunities and member engagement. Figures represent January 2023–December 2024 outcomes. Optum Rx commercial direct client book of business analysis; 2. 2024 results for clients with the full program

# Impactful program reporting

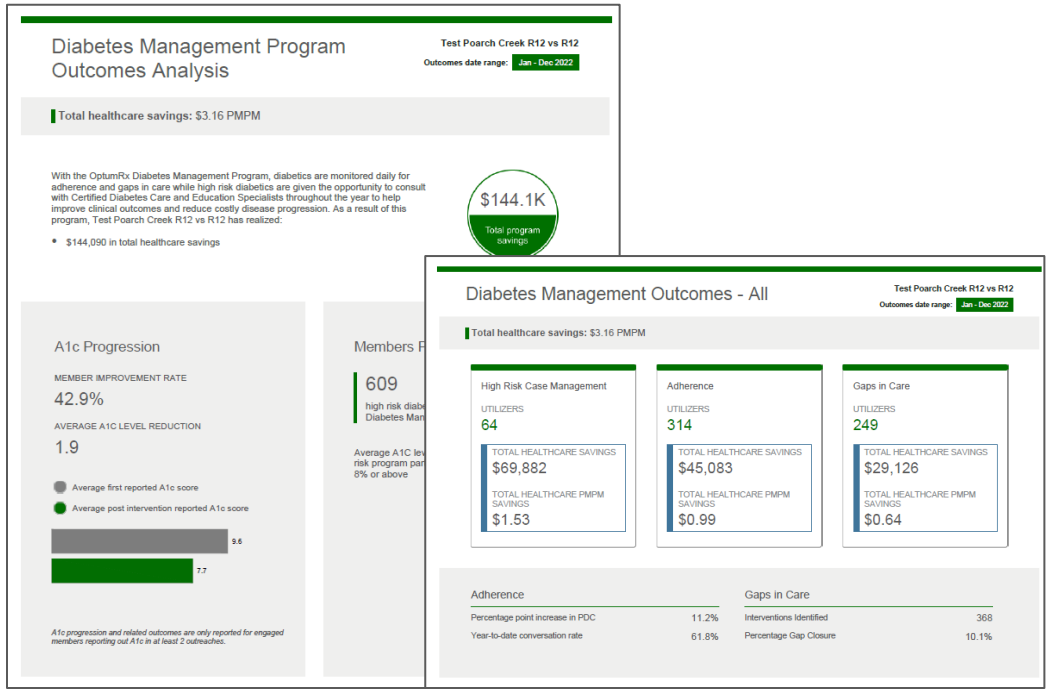
Clients receive **comprehensive member detail** and program **activity reports** as well as **financial performance** and **savings** reporting.

**Activity reporting for diabetes enrolled members is available quarterly and annually. Information includes:**

- Total members identified for outreach
- Total outreach – member and/or provider
- Number of interventions

**Outcomes reporting on financial savings and performance are available annually:**

- Total health care savings
- A1c reduction
- Adherence and gap closure success rates



# Diabetes Management member and provider touchpoints

## Member

Cindy

Cindy receives a letter introducing her to the Diabetes Management Program and inviting her to connect with a pharmacist.

A 1:1 counseling session educates Cindy and helps her to create an action plan.

If she hadn't scheduled her consultation, Cindy would have received an automated call.

A few days later, **Cindy receives a follow-up letter** with details from the pharmacist consultation.

If Cindy misses refills, she receives **IVR and digital communications** to help improve her adherence.

90 days after initial consult, **Cindy receives a call** to check in on her action plan and goals.

Cindy's A1c continues to improve. She gets a **phone call** connecting her to a pharmacist about once every quarter.**

## Provider

Optum Rx sends a notification to the patient's provider making them aware of recommendations for treatment modifications.

**Channels of communication include:**

• DM • Fax • Mail (if fax fails)

**Member Communication Channels:**
Member receives an enrollment letter and SMS; auto-dialer (Interactive Voice Recognition (IVR)) that connects them to a pharmacist.*

**Provider Communication Channels:**
Direct message (DM) and fax are the primary communication channels for the provider.

* SMS only if patient is enrolled in digital communication
** Once opting in to the program, members remain year-after-year, if they have the same plan and benefit

Optum Rx®

# Connected care through cloud-based meters or CGMs

Optum Rx integrates testing data from the cloud-enabled meter into a member's profile for enriched coaching

Members receive a formulary-preferred **blood glucose meter** or **CGM System****
**Select** devices **support** data sharing***

1. Members get a letter explaining how to get their free meter (and supplies*)
2. Their doctor can provide a prescription for the testing supplies, which can be filled at the pharmacy of their choice
3. Members can call their Certified Diabetes Specialist for help getting started




## Unique features

Proven accuracy

Target range indicator gives instant feedback

Apple or Android compatible device shows real-time blood sugar readings

**Making it easy for you to offer your members $0 cost share on diabetes testing supplies***

* Free supplies are an optional incentive of the Diabetes Management Program that the client can opt into. By opting into this feature, clients are responsible for the member copay on the member's behalf. A deductible may need to be met before $0 copay applies on testing supplies. $0 copay applies to any member identified for the program.
**Meter coverage depends on formulary
***Currently integrated with Contour®Next One and Dexcom (both preferred-formulary products) and OneTouch Verio Flex®

Optum Rx®

# Weight Engage Program Suite

# Optum Rx Weight Engage solution suite

A sustained weight loss approach helps members achieve and maintain weight loss goals, and clients offer more affordable access to GLP-1 medications.

## Strategic benefit planning and utilization management

Evaluate the benefit to **manage access and drug cost**

**Flexibility** to apply one of four utilization management **strategies**

## Member behavior change programs

### Provider guidance

**More cost control,** leveraging participating provider expertise

### Member support

**Open GLP-1 access,** backed by education and coaching

virta

**Nutrition first**

Calibrate

**Medication-focused**

omada

**Behavior-led**

## Value-added fitness and well-being solution

**One Pass Select**

**The result? Better member outcomes**

# Program considerations

Your strategic trade-offs to optimize what matters most


**Strategies to move the scale**

Programming that supports lifestyle change with or without medications

Optional participation alongside medication

Less restrictive eligibility

Limit prescribers to Center of Excellence

Add friction to process via stepped care

Limit eligibility

# Weight Engage: Calibrate

# Weight Engage: Medication-focused program

Calibrate

Obesity-trained clinicians guide members on a personalized program paired with the right medication

## Calibrate's metabolic reset program

**Personalized, comprehensive member journeys** + **1:1 coaching/clinician visits and superior member support**

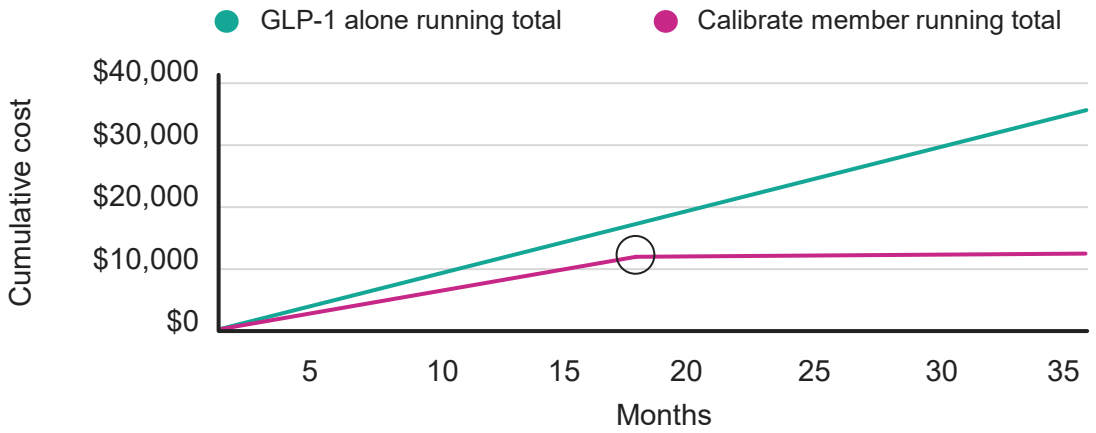
**Obesity medications with behavior change training** + **Science-backed curriculum at your fingertips**

## Calibrate costs

- **$135** PPPM*
- Up to **$1,620** / year - average/enrollee is ~$2,500 over 18 months

## Up to 100% fees at risk

Based on health outcomes




**15.7%**
**Average weight loss at 12 months (n=17,475)[1]**

**17.2%**
**Average weight loss at 24 months (n=5,137)[2]**

**80.9%**
**Members with improved HbA1c at month 12 (n=4,677)[3]**

**91.6%**
**Members finished with GLP-1 regimen sustaining ≥10% weight loss for 6 months (n=131)[4]**

1. Calibrate 2025 Results Report, Jan. 2025, pp 3, LINKED HERE; 2. Ibid; 3. Ibid, pp. 4; 4. Ibid, pp. 20.
Note: participants had an average of 8.21 GLP-1 medication fills during 12-month period (pp. 16)
More details about the study's participants can be found in the linked Results Report

Optum Rx®

# Clinically-led program member journey

Calibrate

**Beth | 43** BMI 30+

An employee ready to join a weight management program that will improve her health and well-being long-term.

**Member seeks Rx and/or weight loss solution**

**She is also interested in improving her overall health and well-being.**

Path 1:
**Member enrollment**

Beth learns that her employer offers Calibrate for members seeking GLP-1s to help lose weight.

**She visits her dedicated Calibrate enrollment webpage and enrolls in the program.**

Path 2:
**Rx blocked at POS***

Beth receives a prescription from her PCP; it is rejected at the pharmacy. Calibrate activates a communication plan to enroll her in the program.

**Program setup and care established**

Beth completes her initial health intake and schedules a visit with her Calibrate coach. Then after completing her labs, Beth meets with her Calibrate clinician who assesses her health history and eligibility for GLP-1s.

**Prescription dispensed**

If clinically eligible, **Beth receives Rx via the Optum Rx pharmacy network** (HD or retail) following the plan's approved UM process.

**Continued participation with Calibrate's program**

She improves her health by engaging in their curriculum of 1:1 coaching, member events, metrics tracking and community support within the app.

* PreCheck MyScript will inform member's provider at point of care that enrollment in Calibrate is required; Used for illustrative purposes only, not based on an actual member.

Optum Rx®

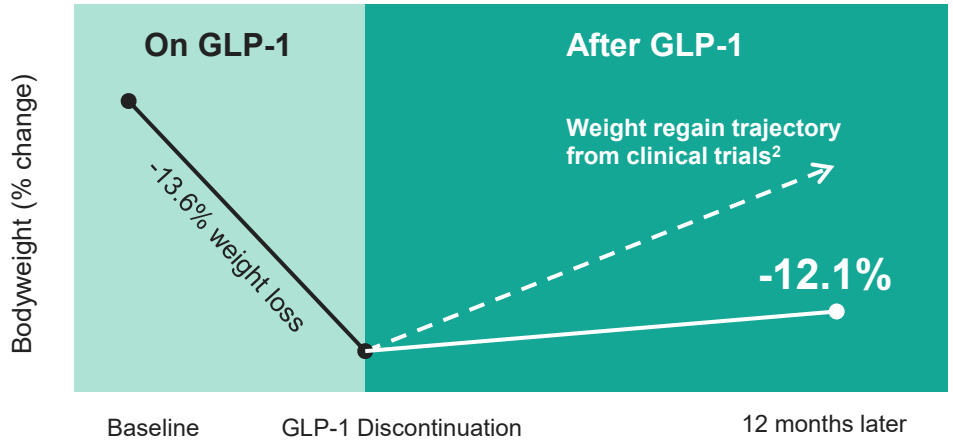
# Weight Engage: Virta

# Weight Engage: Nutrition First Program

## Virta experience – from engagement to outcomes

- **Intensive coaching**
- **Individualized nutrition plan**
- **Biomarker logging**
- **Behavioral support**
- **App with content and community**
- **Provider-led Rx management**

**85% of weight-loss maintained post GLP-1 discontinuation**[1]




**~1x / day**
members interact with their health coach[3]

**13% weight loss**
at one year **without** medication[4]

**>15% weight loss**
at one year **with** medication[5, 6]


1. https://link.springer.com/article/10.1007/s13300-024-01547-0; 2. Virta internal data reflecting average number of messages sent between coaches and patients for the 1st year of treatment, as of January 2023; 3. Ibid. 4. McKenzie AL, et al. Nutrients. 2021; 13(3):749.. Outcomes among one-year completers; 5. Ibid. 6. Wilding JPH, Batterham RL, Calanna S, Davies M, Van Gaal LF, Lingvay I, McGowan BM, Rosenstock J, Tran MTD, Wadden TA, Wharton S, Yokote K, Zeuthen N, Kushner RF; STEP 1 Study Group. Once-Weekly Semaglutide in Adults with Overweight or Obesity. N Engl J Med. 2021 Mar 18;384(11):989-1002. doi: 10.1056/NEJMoa2032183. Epub 2021 Feb 10. PMID: 33567185; 5. Aronne LJ, Sattar N, Horn DB, Bays HE, Wharton S, Lin WY, Ahmad NN, Zhang S, Liao R, Bunck MC, Jouravskaya I, Murphy MA; SURMOUNT-4 Investigators. Continued Treatment With Tirzepatide for Maintenance of Weight Reduction in Adults With Obesity: The SURMOUNT-4 Randomized Clinical Trial. JAMA. 2024 Jan 2;331(1):38-48. doi: 10.1001/jama.2023.24945. PMID: 38078870; PMCID: PMC10714284.

# Multiple pathways to care

The Virta care team guides members to care path based on readiness for change, clinical needs, and eligibility — and further tailors their pathway to their individual needs

| | Nutrition model | Behavioral coaching | Provider supervision | GLP-1 Prescribing | 100% fees at risk target |
|---|---|---|---|---|---|
| Weight Engage Core*: Nutrition therapy | Personalized low carb | High support | Yes | No | 5% weight loss |
| Weight Engage Core*: Nutrition therapy + Rx | Personalized low carb | High support | Yes | Prescription and optimization | 10% weight loss<br>20% GLP-optimization |
| Weight Engage Core*: Lifestyle + Rx | Limited low carb | Moderate support + nutrition nudges | Yes | Prescription only | 10% weight loss |
| Sustainable Weight Loss (Obesity and Prediabetes) | Personalized low carb | High support | Yes | No | 5% weight loss |
| Type 2 diabetes reversal | Personalized low carb | High support | Yes | Prescription and optimization | 5% weight loss<br>1.0 A1c reduction<br>40% Rx reduction |
| Optum Rx Diabetes Management | Pharmacist-guided | Moderate support | Pharmacist-led clinical oversight | Pharmacist-led therapy optimization | 2.0 A1c reduction<br>3:1 ROI guarantee* |

*Contingent upon having at least 5k lives and ≥95% accurate phone numbers

# Optum Rx Weight Engage with Virta program comparison

| virta | **Core**<br>**Balancing medication access and costs** | **Trend assurance**<br>**Optimized for cost predictability over medication access** |
|---|---|---|
| **Detail** | Drives nutrition-first weight loss with or without drugs | Drives nutrition-first weight loss with or without drugs and trend predictability in volatile GLP-1 drug class |
| **Prerequisite requirements**<br>Before new GLP-1 script | No prerequisite program | **6 Months** engagement in Virta nutrition for new starts |
| **PG** | **5-10%** Weight loss<br>**20%** GLP-1 optimization<br>**100% fees at risk** | **8%** Weight Loss<br>**0%** GLP-1 Prescription Trend (Scripts)<br>**100% fees at risk** half on trend, half on weight loss |
| **Rebate impact** | Rebate-eligible* | Yes |
| **Other requirements** | **Membership minimum:** 1K+<br>**Age of Virta participants:** 18+<br>**Existing coverage:** Not required | **Minimums:**<br>• 500 existing GLP-1 utilizers prior to plan start<br>• $5 PMPM spend net of rebates<br>**Age of Virta participants:** 18+<br>**Existing coverage:** Previous coverage of GLP-1s for 12+ months |
| **Cost** | **$167 PEPM** | **$182 PEPM** |

*Reflects information available as of April 2026

# Weight Engage: Omada

# Fewer drop-offs. Better outcomes. Results that stick.

We've set the standard for GLP-1 companion care for 150k members – and counting

omada

## Stay on track

**67%**

medication persistence at 12 months compared to 47-49% in key real-world evidence[1]

## Lose more weight

**50%**

more weight loss at 12 months compared to real-world evidence[1]

## Keep it off

**0.8%**

average weight change at 12 months after discontinuation compared to the industry average of 11–12%[2]

1. Omada real-world retrospective study of 965 Omada members for a 12-month period 2024-2025
2. Omada real-world retrospective study of 816 Omada members from 12/21/23-5/21/25

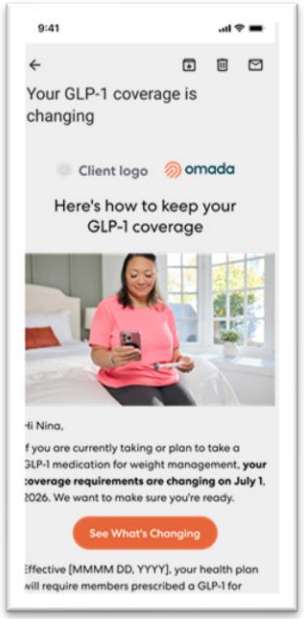
Optum Rx®

# From enrollment to first prescription

A seamless experience from coverage notification to medication in hand

omada

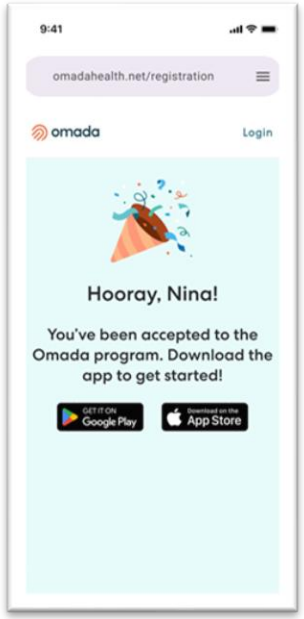
1




## Coverage notification

Member learns about coverage change

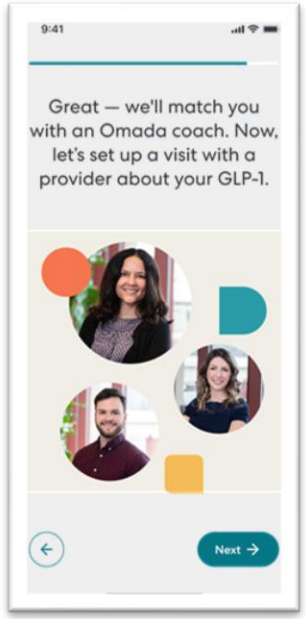
2




## Registration and onboarding

Download app, set up profile

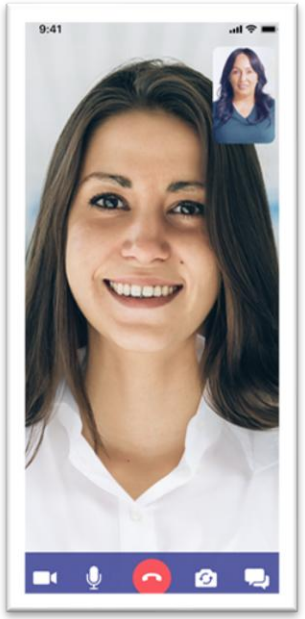
3




## Coach match and visit setup

Matched with coach, schedule provider visit

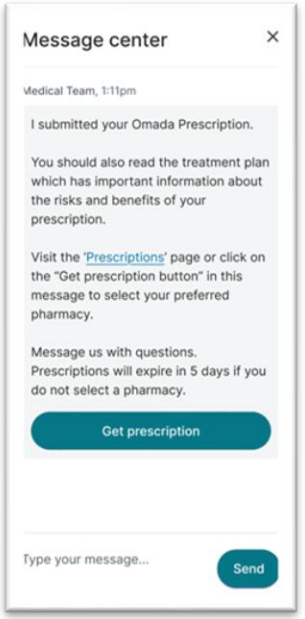
4




## Provider visit

On-demand or scheduled video/chat visit

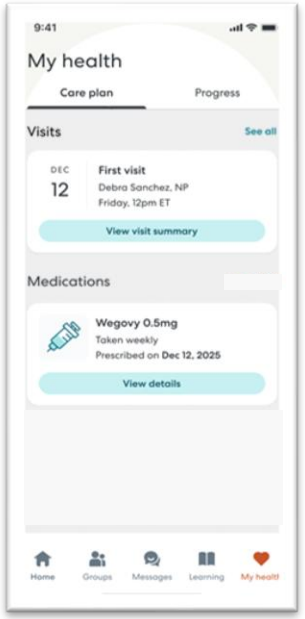
5




## Prescription sent

Script sent to preferred pharmacy

6




## My health dashboard

Medications, visits, and care plan

Optum Rx®

# Optum Rx Weight Engage Omada program comparison

| omada | Core | Trend assurance | Rx savings |
|---|---|---|---|
| **Client focus** | • Narrow network<br>• Clinical outcomes | • Narrow network<br>• Trend predictability and clinical outcomes<br>• Option for new to cover non-diabetic GLP-1s | • Narrow network<br>• Reducing already-established high-PMPM plan spend and clinical outcomes |
| **PG** | 100% program fees at risk<br>8% Weight Loss | 100% program fees at risk, half on trend, half on weight loss<br>8% weight loss<br>15% pre-rebate spend (existing coverage)<br>30% responsible Rx guarantee (new-to-coverage) | 100% program fees at risk, half on trend, half on weight loss<br>8% weight loss<br>2:1 GLP-1 plan spend savings |
| **Rebate impact** | Rebate-eligible* | Rebate-eligible* | Rebate-eligible* |
| **Requirements** | **Minimums:**<br>• 1,000 or more covered lives<br>**Age of Omada participants:** 18+ | **Minimums:**<br>• 100 or more existing GLP-1 utilizers<br>• 1,000 or more covered lives<br>**Age of Omada participants:** 18+ | **Minimums:**<br>• 100 or more existing GLP-1 utilizers prior to plan start<br>• Plan pay PMPM spend ≥ $27.5<br>• 1,000 or more covered lives<br>**Age of Omada participants:** 18+<br>**Existing coverage:** Previous coverage of GLP-1s for 12+ months |
| **Cost** | • **$155 PEPM**<br>• Option to buy down the rate for Prevention-only members | • **$155 PEPM**<br>• Option to buy down the rate for Prevention-only members | • **$155 PEPM**<br>• Option to buy down the rate for Prevention-only members |

*Reflects information available as of April 2026

# Weight Engage: Vendor Comparison Charts

# Weight Engage core product suite

| Vendor | Calibrate | virta | omada |
|---|---|---|---|
| **Product offering** | **Medication-focused** | **Nutrition-first** | **Behavior-led** |
| **Key points of difference** | • Narrow prescribing network | • Stricter nutrition-first protocols<br>• Option to deliver trend predictability<br>• Narrow prescribing network option | • Option to deliver trend predictability or savings guarantee<br>• Narrow prescribing network option |
| **Members targeted** | • Those currently utilizing or seeking non-diabetic GLP-1s for obesity or overweight | • Those currently utilizing or seeking non-diabetic GLP-1s for obesity or overweight<br>• Those interested in improving health through nutrition guidance | • Those currently utilizing or seeking non-diabetic GLP-1s for obesity or overweight<br>• Members interested in making lifestyle changes with or without Rx |
| **Other requirements** | Participants are 18+<br>Client must cover weight loss drugs | Participants are 18+<br>Client may or may not cover weight loss drugs | Participants are 18+<br>Client may or may not cover weight loss drugs |
| **Fees at risk** | Up to **100% of program fees** | Up to **100% of program fees** | Up to **100% of program fees** |
| **Outcomes expected (PG)** | **10–15% weight loss**<br>**25% weight loss GLP-1 optimization** | *Weight Engage Core:* **5-10% weight loss, 20% GLP-1 optimization**<br>***Trend Assurance option:*** *8% weight loss, 0% GLP-1 prescription trend** | *Weight Engage Core:* **8% weight loss**<br>***Trend Assurance option (with current GLP-1 coverage)****: 8% weight loss and **15% pre-rebate plan spend trend ****<br>***Trend Assurance option (without current GLP-1 coverage)****: **30% utilization reduction, 8% weight loss****<br>***Rx Savings option (with current GLP-1 coverage):*** *8% weight loss and **2:1 GLP-1 plan spend savings)**** |
| **Price** | **$135 Per Engaged Per Month (PEPM)** | **$167 PEPM** *(Weight Engage Core)*<br>**$182 PEPM (for trend assurance)** | **$155 PEPM (***Weight Engage Core, Trend Assurance or Rx Savings)* |

*for eligible clients

# Member Support vendor comparison

| Vendor | virta | omada |
|---|---|---|
| **Product offering** | **Sustainable weight loss** | **Lifestyle change** |
| **Key points of difference** | • Nutrition emphasis to support weight loss without drug coverage | • Lifestyle and behavioral modification coaching to support weight loss with or without drug coverage |
| **Fees at risk** | Up to **100% on outcomes** | Up to **100% on outcomes** |
| **Outcomes expected** | 5% weight loss | 5% weight loss |
| **Price** | **$167 PEPM** | • **$82 PEPM – GLP-1 care pathway**<br>• **$52 PEPM – Prevention program** |

# Weight Engage trend assurance vendor comparison

| Vendor | virta | omada |
|---|---|---|
| **Trend guarantee** | **0% Trend on utilization (scripts)** | **15% Trend on pre-rebate PMPM (spend)** |
| **Key requirement** | **6-month Nutrition step** for new starts | **N/A** |
| **Rebate impact** | **Yes** | **Rebate-eligible*** |
| **Outcomes expected** | 8% weight loss<br>**0% GLP-1 prescription trend** | 8% weight loss<br>**15% pre-rebate plan spend trend** |
| **BMI requirement** | Coverage to label standardly; other UM options | Coverage to label standardly; other UM options |
| **Other requirements** | **Minimums:**<br>• 500 existing GLP-1 utilizers prior to plan start<br>• $5 PMPM spend net of rebates<br>**Age of Virta participants:** 18+<br>**Existing coverage:** Previous coverage of non-diabetic GLP-1s for 12+ months | **Minimums:**<br>• 100 or more existing GLP-1 utilizers prior to plan start<br>• 1,000 or more covered lives<br>**Age of Omada participants:** 18+<br>**Existing coverage:** Previous coverage of GLP-1s for 12+ months |
| **Fees at risk** | Up to 100% sliding scale half on trend, half on weight loss | Up to 100% sliding scale half on trend, half on weight loss |
| **Payout scale** | Weight loss: PG repayment owed: Sliding scale measuring weight reduction of enrolled members: from 0% weight loss to ≥8.00%<br>Script trend: PG repayment owed: Sliding scale measuring GLP-1 claim count increase for enrolled members: from 0% increase to 100% | **Weight loss** / **PG repayment owed****: ≥8.0% — No PG Repayment; 7% to <8% — 5%; 6% to <7% — 12.5%; <6% — 50%<br>**Trended spend** / **PG repayment owed****: ≤15% increase — No PG Repayment; >15% to ≤25% increase — 5%; >25% to ≤50% increase — 10%; >50% increase — 50% |
| **Price** | **$182 PEPM** | **$155 PEPM**<br>Option to buy down the rate of Prevention-only members |

*Reflects information available as of April 2026
**Available to clients with existing non-diabetic GLP-1 coverage

# FRESNO CITY EMPLOYEES HEALTH & WELFARE TRUST

## Restated Trust Agreement

(Date)

ADD TABLE OF CONTENTS

**RECITALS**:

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

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

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

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

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

### ARTICLE I

**DEFINITIONS:**

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

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

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

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

SECTION 5. The term "Health and Welfare Plan" means the detailed basis on which health, welfare or similar benefits are to be provided as determined from time to time by the Board of Trustees. Said Plan's terms shall be set forth in a Plan Booklet. Electronic and hardcopy versions of said Plan Booklet shall be retained by the Plan Administrator and made available upon request.

SECTION 6. The term "Eligible" means any person who meets the eligibility requirements for benefits as determined from time to time by the City and/or the Third Party Administrator.

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

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

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

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

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

## ARTICLE II

### ESTABLISHMENT OF TRUST

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

The Trust Fund Assets (hereafter sometimes referred to as "Trust Assets") established by this Trust Agreement shall consist of all payments required to be made into the Trust by any Memorandum of Understanding, made pursuant to order of the Fresno City Council, made by any Union/Bargaining Association or made by any beneficiary as the Board of Trustees or a Memorandum of Understanding may require, as well as all interest, income and other returns thereon of any kind whatsoever.

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

Section 3. No employee, dependent, Bargaining Association or any other person or entity including but not limited to the City shall be entitled to receive all or any part of the payment or contributions made or required to be made into the Trust in lieu of the benefits or any of them provided by the Health and Welfare Plan maintained by the Trust. Neither the City, any Bargaining Association, employee, dependent or other person or entity shall have any right, title or interest in the assets of the Trust except as specifically provided in this Trust Agreement. No part of the Trust's assets shall revert to the City, Bargaining Associations, employees, retirees or dependents of any of them except as provided herein.

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

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

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

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

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

## ARTICLE III

### BOARD OF TRUSTEES

Section 1. The Trust shall be administered by a Board of Trustees (herein sometimes referred to individually as "Trustee" and collectively as 'Trustees") which shall consist of three (3) Trustees appointed by the Chief Administrative Officer of the City of Fresno (hereafter sometimes referred to as Employer Trustees) and one (1) Trustee appointed by each Bargaining Association which has entered into a Memorandum of Understanding with the City of Fresno (hereinafter sometimes referred to as Employee Trustees). The Employer Trustees shall be designated in writing by the City's Chief Administrative Officer. Only employees or elected officials of the City of Fresno shall be eligible to serve as Employer Trustees. No person who is a member of an employee unit represented by a Bargaining Association shall be designated as an Employer Trustee. Only current or retired employees of the City of Fresno or a Bargaining Association are eligible to serve as Employee Trustees. The Employee Trustees shall be designated in writing by the authorized elective officer of each Bargaining Association which now or in the future has such a Memorandum of Understanding requiring payments into this Trust. Any Trustee appointed by a Bargaining Association which ceases to have a Memorandum of Understanding requiring payments into this Trust shall automatically be removed as a Trustee.

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

SECTION 2. The Trustees shall elect a Chair, a Vice-Chair, a Secretary and a Treasurer, to serve for such period as the Board shall determine. When the Chair is selected from among the Employer Trustees, the Vice-Chair shall be selected from among the Employee Trustees, and vice versa. The Chair and Vice Chair shall alternate between Employee and Employer Trustees every two (2) years. The responsibilities of the Secretary and Treasurer shall be established from time to time by the Board.

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

SECTION 4. A Trustee may resign at any time by service written notice of such resignation upon the Chair, Vice-Chair or Trust Legal Counsel.

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

## ARTICLE IV

## FUNCTIONS AND POWERS OF BOARD OF TRUSTEES

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

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

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

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

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

The Board shall have the power to establish and accumulate such reserve funds as may be adequate to provide for the maintenance in effect of a Health and Welfare Plan as well as to defray

administrative expenses and other obligations. The Board of Trustees shall establish the contribution rate annually. In the event the Board of Trustees is unable to agree upon the contribution rate, the Plan Health Consultant/Actuary shall establish the contribution rate required to maintain a four (4) month unrestricted reserve.

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

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

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

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

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

SECTION 2. The Board shall procure a Fiduciary Liability Insurance Policy naming as Insureds. each Trustee and/or any other person who exercises discretionary control over the activities and actions of the Trust. The cost of such insurance shall be paid out of Trust Assets. However, any premiums for non-recourse policy riders shall not be paid from Trust assets.

SECTION 3. All checks, drafts, vouchers, wire transfers, electronic payments or other withdrawals of money from the Trust shall be signed by whomever the Board authorizes to take such action.

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

SECTION 5 The books and records of the Trust shall be audited annually by a Certified Public Accountant selected by the Board of Trustees. Alternatively, the Board may delegate said annual audit to the then Independent Auditor assigned the responsibility of auditing the books and records of the City of Fresno. The Independent Auditor shall determine which books and records it requires to perform said audit, subject to State and Federal privacy laws.

## ARTICLE V

## PROCEDURE OF BOARD OF TRUSTEES

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

SECTION 2. A quorum is necessary to convene a meeting. A quorum shall consist of at least two (2) Employer Trustees and three (3) Employee Trustees. All Employer Trustees present shall be entitled to one (1) vote collectively. All Employee Trustees present shall be entitled to one (1) vote collectively. The Employer Trustees shall by vote among the Trustees present, determine how their single vote will be cast. The Employee Trustees shall determine how their single vote will be cast by voting among those Trustees present.

SECTION 3. All meetings of the Board of Trustees shall be held at Fresno City Hall unless another place is designated from time to time.

## ARTICLE VI

## GENERAL PROVISIONS APPLICABLE TO TRUSTEES

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

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

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

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

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

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

SECTION 6. Any Trustee who resigns or is removed from their position as Trustee shall forthwith turn over to the Chair or Vice Chair of the Board any and all records, books, documents, monies and other

property in their possession or under their control which belong to the Board or the Trust or which were received by said Trustee in their capacity as such Trustee.

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

## ARTICLE VII

## GENERAL PROVISIONS

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

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

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

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

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

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

## ARTICLE VIII

## ELIGIBILITY

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

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

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

## ARTICLE IX-EFFECTIVE DATE, DURATION AND TERMINATION

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

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

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

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

SECTION 5: The Board of Trustees reserves the right to establish terms and conditions (financial and otherwise) for the addition of new Bargaining Association members or other groups of new participants to health plans maintained by the Trust.

IN WITNESS WHEREOF, we have hereunto affixed our signatures this ____ day

of _____, 2026.

Executed at _____, California.

_____ _____

_____ _____