

AGENDA

BOARD OF DIRECTORS

ANDREAS BORGEAS
KUYLER CROCKER
NATHAN MAGSIG
BUDDY MENDES
BRIAN PACHECO
PETE VANDER POEL
J. STEVEN WORTHLEY

**Meeting Location:
County of Fresno
Board of Supervisors Chambers
2281 Tulare Street, #301
Fresno, CA 93721
July 20, 2018 9:00 AM**

1. Call to Order
2. Pledge of Allegiance
3. Roll Call and Election of President and Vice President of the SJVIA Board of Directors to Serve through the First Meeting of the SJVIA Board in 2020 (A)
4. Approval of Agenda (A)
5. Closed Session CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION (Gov. Code, § 54956.9, subd. (d)(1)) — San Joaquin Valley Insurance Authority v. Gallagher Benefit Services, Inc., Fresno County Superior Court Case No. 17CECG01632, United States District Court for the Eastern District of California Case No. 1:17-cv-00861-LJO-EPG

The public may comment on Closed Session items prior to the Board's recess to Closed Session.

The remainder of the agenda will be heard following the Closed Session item.

6. Public Comment: At this time, members of the public may comment on any item, within the jurisdiction of the SJVIA, not appearing on the agenda. In order for everyone to be heard, please limit your comments to 3 minutes or less. Anyone wishing to be placed on the agenda for a specific topic should contact the SJVIA Manager's Office and submit correspondence at least 14 days before the desired date of appearance.
7. Approval of Minutes – Board Meeting of May 4, 2018 (A)
8. SJVIA Director Questions, Announcements, and Activity Reports (Gov. Code, § 54954.2, subd. (a)(2)) (I)
9. Receive Update from Auditor-Treasurer on Cash Flow Projections (I)

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the SJVIA Manager at 559-600-1810 or the Assistant SJVIA Manager at 559-636-4900. Notification 48 hours prior to the meeting will enable staff to make reasonable arrangements to ensure accessibility. Documents related to the items on this Agenda submitted to the Board after distribution of the Agenda packet are available for public inspection at the County of Fresno plaza Building, 2220 Tulare St, 14th Floor, Fresno, CA during normal business hours. All documents are also posted online to www.sjvia.org.

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10. Receive Update From Auditor-Treasurer on SJVIA Financials as of May 31, 2018 (I)
11. Receive Report on the Anthem LiveHealth Online Kiosk Program and Authorize President to Execute TeleHealth Kiosk Agreement with LiveHealth Online (A)
12. Receive Report on Life Saving Images and Authorize President to Execute Agreement with Life Saving Images Subject to Approval of SJVIA Counsel and Staff (A)
13. Receive and File Consultant's Report on SJVIA Wellness Activities (I)
14. Receive and File Consultant's Report on Medical, Dental, and Vision Experience Through May 2018 (I)
15. Receive and File Consultant's Report on PPO Discount Market Check (I)
16. Receive and File Consultant's Report on Plan Year 2019 Pre-Renewal (I)
17. Receive Consultant's Report on Reserve Accumulation and Provide Direction in Regard to the 2019 Renewal Development (A)
18. Approve and Authorize President to Execute Second Amendment to Agreement with County of Tulare for Cash Advances and Repayment (A)
19. Receive Update on Third Amendment to Agreement with County of Fresno for Cash Advances and Repayment (I)
20. Receive Protected Health Information Confidentiality Agreement Between EmpiRx Health, Voya Financial and the SJVIA, and Authorize President to Execute Agreement (A)
21. Receive Protected Health Information Confidentiality Agreement between TFG Partners, Envolve RX and the SJVIA, and Authorize President to Execute Agreement (A)

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22. Receive Information on Generic Protected Health Information Confidentiality Agreement Template and Delegate Authority to SJVIA President to Execute Future Similar Agreements with Carrier Partners, If Required to Facilitate Underlying Agreements between SJVIA and Carrier Partners, Subject to Approval of SJVIA Counsel and Staff (A)
23. Adjournment

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MINUTES

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**Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrel Avenue
Visalia, CA 93291
May 4, 2018 9:30 AM**

1. Call to Order
2. Pledge of Allegiance
3. Roll Call

All Directors present except for Director Crocker and Director Mendes; Director Shuklian sat in as alternate for Director Crocker.

4. Approval of Agenda (A)

Motion to approve by Director Worthley; Seconded by Director Magsig; Motion approved unanimously.

5. Closed Session CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION (Gov. Code, § 54956.9, sub. (d)(1)) — San Joaquin Valley Insurance Authority v. Gallagher Benefit Services, Inc., Fresno County Superior Court Case No. 17CECG01632, United States District Court for the Eastern District of California Case No. 1:17-cv-00861-LJO-EPG

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The remainder of the agenda will be heard following the Closed Session item.

No public comments.

6. Public Comment: At this time, members of the public may comment on any item, within the jurisdiction of the SJVIA, not appearing on the agenda. In order for everyone to be heard, please limit your comments to 3 minutes or less. Anyone wishing to be placed on the agenda for a specific topic should contact the SJVIA Manager's Office and submit correspondence at least 14 days before the desired date of appearance.

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May 4, 2018 9:30 AM**

No public comments.

7. Approval of Minutes—Board Meeting of February 23, 2018 (A)

Motion to approve by Director Shuklian; Seconded by Director Magsig;
Motion approved unanimously.

8. SJVIA Director Questions, Announcements, and Activity Reports (Gov. Code, § 54954.2, subd. (a)(2)) (I)

No Director announcements were made.

9. Receive Update from Auditor-Treasurer on Cash Flow Projections (I)

Presented by Megan Marks, County of Fresno

10. Receive Update From Auditor-Treasurer on SJVIA Quarterly Financials (I)

Presented by Megan Marks, County of Fresno

Director Magsig requested clarification on page 1 of the report under Assets, line item “Due from other governmental units.” Megan Marks explained that this was the timing difference between the cut off of the reporting period and receipt of the funds. Director Magsig went on to state that the Board had come to the agreement in 2015 or 2016 that all payments need to be current and paid on time as agreed. Paul Nerland commented that County of Fresno and County of Tulare’s Active population payments are paid up front, with the exception for the County of Fresno’s Retiree, COBRA and FMLA, which are paid as they come in, but still within the 30 days.

11. Receive and File Consultant’s Medical, Dental, and Vision Experience Reports Through March 2018 (I)

Presented by Bordan Darm, Keenan & Associates

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May 4, 2018 9:30 AM**

12. Receive and File Consultant's Report on SJVIA Wellness Activities (I)

Presented by Bordan Darm, Keenan & Associates

13. Receive and File the SJVIA Conceptual Wellness Program and Budget (I)

Presented by Bordan Darm, Keenan & Associates

14. Receive and File Consultant's Report on Upcoming 2019 Renewal (I)

Presented by Bordan Darm, Keenan & Associates

Director Vander Poel stated that getting the wellness funding commitment from the SJVIA medical carriers in the upcoming renewal is the best return on investment for preventing large claim dollars driving up costs.

15. Receive Consultant's Report on Loan Repayment and Reserve Funding Schedule and Provide Direction in Regards to the Loan Repayment Amendments (A)

Presented by Paul Nerland, County of Fresno

Board Consensus:

- That the repayment agreements with the County of Fresno and the County of Tulare be consistent and show dollar-for-dollar simultaneous repayments by December 30, 2021 with the final one million to be paid out to the County of Fresno
- That in the repayment of the loans, SJVIA Staff will come before the Board with projected options for repayment, with consideration to funding the IBNR and Stabilization reserves first, and these options will not be reflected in the agreements

Motion to approve by Director Magsig; Seconded by Director Worthley;
Motion approved unanimously.

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16. Adjournment

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Meeting Location:
County of Fresno
Board of Supervisors Chambers
2281 Tulare Street
Fresno, CA 93724
July 20, 2018 - 9:00 AM

AGENDA DATE: July 20, 2018
ITEM NUMBER: Item 9
SUBJECT: Receive Update from Auditor-Treasurer on Cash Flow Projections (I)
REQUEST(S): That the Board Receives This Update on Cash Flow Projections

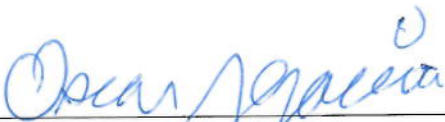
DESCRIPTION:

Informational item. Please see attached report.

FISCAL IMPACT/FINANCING:

None.

ADMINISTRATIVE SIGN-OFF:

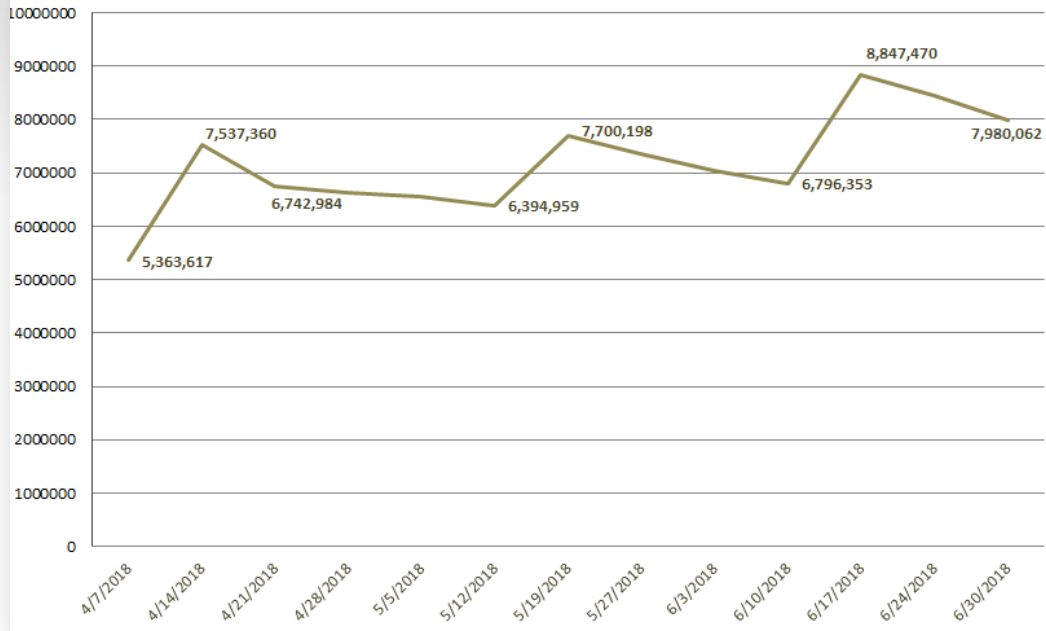


Oscar J. Garcia, CPA
SJVIA Auditor-Treasurer

SJVIA Cash Flow Projections

Megan Marks
July 20, 2018

2018 4th Qtr Estimated Weekly Balance as of 4/16/18



■ Projection from 5/4/18 Board meeting

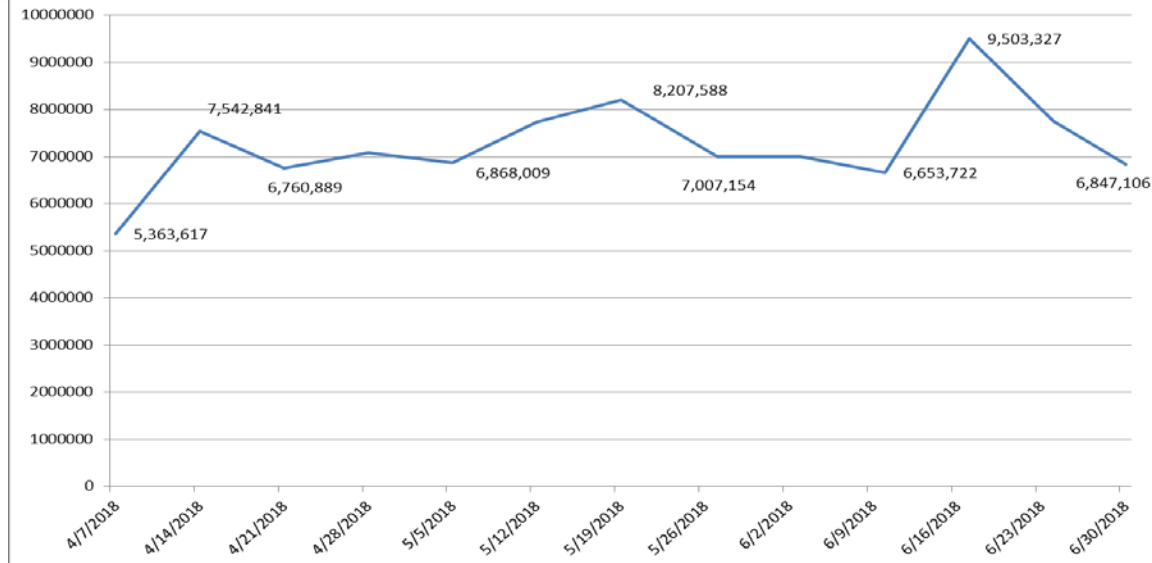
Lowest (Actual)

- 4/05 - \$4,184,586

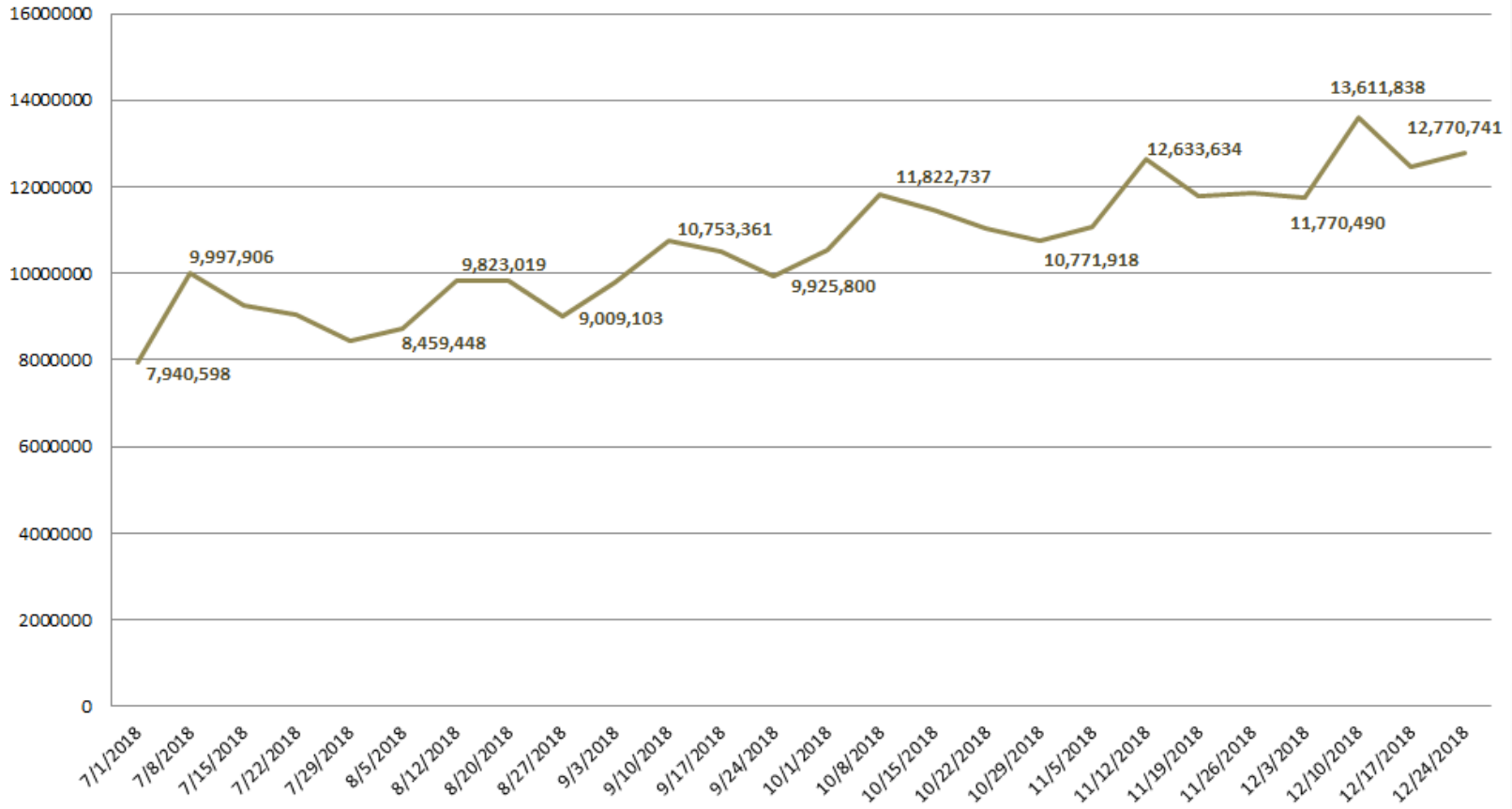
Highest (Actual)

- 6/12 - \$10,907,433

2018 4th Qtr Actuals



July 1 - December 31, 2018 Estimates



- Weekly PPO/EPO estimated at \$840K



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Meeting Location:
County of Tulare
Board of Supervisors Chambers
2281 Tulare Street
Fresno, CA 93724
July 20, 2018 - 9:00 AM

AGENDA DATE: July 20, 2018

ITEM NUMBER: Item 10

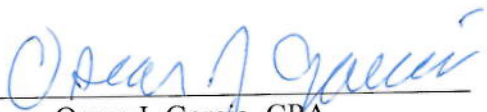
SUBJECT: Received Update From Auditor-Treasurer on SJVIA Financials as of May 31, 2018 (I)

REQUEST(S): That the Board Receives the Financial Update Through May 31, 2018

DESCRIPTION:
Informational item. Please see attached report.

FISCAL IMPACT/FINANCING:
None.

ADMINISTRATIVE SIGN-OFF:



Oscar J. Garcia, CPA
SJVIA Auditor-Treasurer

San Joaquin Valley Insurance Authority
Estimated Statement of Net Position
As of May 31, 2018
(UNAUDITED)

ASSETS

Current assets:

Cash and cash equivalents	\$6,012,918
Due from other governmental units	195,000
Total current assets	6,207,918

Noncurrent assets:

Other receivables	977,819
Total noncurrent assets	977,819
Total assets	7,185,737

LIABILITIES

Current liabilities:

Due to other governmental units	4,000,000
Interest payable	66,000
Accounts payable	2,391,210
Unearned member contributions	3,355,972
Unpaid claims and claims adjustment expenses	1,013,403
Total current liabilities	6,760,585

Noncurrent liabilities:

Due to other governmental units	5,887,669
Interest payable	121,400
Total noncurrent liabilities	5,887,669
Total liabilities	12,648,254

NET POSITION

Unrestricted	(9,396,515)
Total net deficit	\$ (9,396,515)

Note:

This statement of net position is presented on an accrual basis. Certain related adjustments presented in this report are estimates. Additionally, this statement of net position does not include an IBNR accrual. Of the nine million currently loaned to SJVIA, five million is payable to the County of Fresno, due June 30, 2021, and four million is payable to the County of Tulare, due June 30, 2018.

SAN JOAQUIN VALLEY INSURANCE AUTHORITY
ACTUALS VS. BUDGETED RECEIPTS & DISBURSEMENTS
FOR THE NINE AND ELEVEN MONTHS ENDED MAY 31, 2018
(UNAUDITED)

	Current Month				Year-To-Date			
	BUDGET*	ACTUALS	FAVORABLE/ (UNFAVORABLE)	% VARIANCE	BUDGET*	ACTUALS	FAVORABLE/ (UNFAVORABLE)	% VARIANCE
RECEIPTS								
TOTAL RECEIPTS	\$29,381,429	\$24,713,386	(\$4,668,043)	(16%)	97,992,705	\$104,321,846	\$6,329,141	6%
DISBURSEMENTS: Fixed								
1 Specific & Aggregate Stop Loss Insurance (PPO)	280,186	403,703	(123,517)	(44%)	828,394	1,203,488	(375,094)	(45%)
2 Anthem ASO Administration & Network Fees (PPO)	424,911	795,959	(371,048)	(87%)	1,320,371	2,230,812	(910,441)	(69%)
3 Chimenti Associates/Hourglass Administration(PPO & Anthem HMO)	157,721	117,830	39,891	25%	510,473	513,346	(2,873)	(1%)
4 Keenan Consulting	113,627	153,030	(39,403)	(35%)	368,017	458,578	(90,561)	(25%)
5 SJVIA Administration	82,290	201,523	(119,233)	(145%)	246,870	444,425	(197,555)	(80%)
6 Wellness	84,796	0	84,796	100%	254,388	0	254,388	100%
7 Communications	16,957	0	16,957	100%	50,871	0	50,871	100%
8 Anthem HMO Pooling	225,358	268	225,090	100%	855,132	629,436	225,696	26%
9 Anthem HMO Administration/Retention	514,140	440	513,700	100%	1,532,894	1,031,140	501,754	33%
10 ACA Reinsurance (PPO & HMO)	67,147	0	67,147	100%	208,465	131,913	76,552	37%
TOTAL FIXED DISBURSEMENTS	1,967,133	1,672,753	294,380	15%	6,175,875	6,643,138	(467,263)	(8%)
DISBURSEMENTS: Claims								
11 Projected Paid Medical & Rx Claims-PPO/EPO and Non-Cap HMO	17,895,822	12,024,648	5,871,174	33%	59,338,802	58,680,112	658,690	1%
12 Anthem MMP HMO Capitation	0	2,918	(2,918)	(100%)	7,134,390	6,142,277	992,113	14%
TOTAL CLAIMS DISBURSEMENTS	17,895,822	12,027,566	5,868,256	33%	66,473,192	64,822,389	1,650,803	2%
DISBURSEMENTS: Premiums								
13 Delta Dental	1,477,759	1,337,215	140,544	10%	5,024,381	4,962,420	61,961	1%
14 Vision Service Plan	279,368	183,502	95,866	34%	827,148	745,468	81,680	10%
15 Kaiser Permanente	7,157,779	6,081,034	1,076,745	15%	19,979,995	22,215,112	(2,235,117)	(11%)
TOTAL PREMIUM DISBURSEMENTS	8,914,906	7,601,751	1,313,155	15%	25,831,524	27,923,000	(2,091,476)	(8%)
TOTAL DISBURSEMENTS	28,777,861	21,302,070	7,475,791	26%	98,480,591	99,388,527	(907,936)	(1%)
16 Change in Reserve	603,568	3,411,316	2,807,748	(465%)	(487,886)	4,933,319	5,421,205	1111%
COMBINED DISBURSEMENTS & CHANGES IN RESERVES	\$29,381,429	\$24,713,386	(\$4,668,043)	(16%)	\$97,992,705	\$104,321,846	\$6,329,141	6%

*The approved budget contains assumptions that may differ throughout the fiscal year. The budget amounts presented in this report are estimates, and are presented irrespective of the timing of those assumptions.

Note: These schedules are on the cash basis.

SAN JOAQUIN VALLEY INSURANCE AUTHORITY
ANALYSIS OF ADMINISTRATION, WELLNESS & COMMUNICATIONS (FEES) - RECEIPTS & DISBURSEMENTS
FOR THE NINE AND ELEVEN MONTHS ENDED MAY 31, 2018
(UNAUDITED)

	Current Quarter			Year-To-Date		
	SJVIA FEES			SJVIA FEES		
	Administration (*Line 5)	Wellness (*Line 6)	Communications (*Line 7)	Administration (Line 5)	Wellness (Line 6)	Communications (Line 7)
FY 17-18						
Receipts*	\$40,678	\$50,660	\$10,230	203,942	250,960	51,201
Disbursements:						
Auditor-Treasurer Services	68,868			169,887		
Legal Services (CoF & CoT)	6,076			27,592		
Litigation	78,976			476,507		
Human Resource Services	19,608			175,477		
Insurance (Liability, Bond, Etc)				23,481		
Audit Fees	12,500			36,000		
Actuary Fees	\$13,000					
Bank Service Fees	2,494			11,989		
Wellness						
Communications						
Total Disbursements**	201,522			920,933		
Change in Administration, Wellness & Communications Reserve	(\$160,844)	\$50,660	\$10,230	(\$716,991)	\$250,960	\$51,201

*Receipts consist of fees collected from relevant enrollees at the following rates per employee per month: Various rates for administration(\$2.00 for SJVIA administration fees & various rates for non-founding member fees depending upon a participant's enrollment), \$2.50 for wellness & \$.50 for communications fees.

**Total disbursements for each column correspond to the line number shown on the "ACTUALS VS. BUDGETED RECEIPTS & DISBURSEMENTS" report.

Note: These schedules are on the cash basis.

San Joaquin Valley Insurance Authority
Schedule of Cash Flow by Month
For the Eleven Months Ended May 31, 2018
(UNAUDITED)

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	TOTAL
BEGINNING CASH BALANCES:												
Claims Funding Account (294)	\$ 1,022,409	\$ 798,242	\$ 653,950	\$ 730,536	\$ 669,250	\$ 689,275	\$ 709,972	\$ 843,660	\$ 581,192	\$ 615,112	\$ 679,464	\$ 1,022,409
Claims Main Account (819)	1,974,075	2,190,435	3,855,604	3,525,337	3,336,721	2,329,587	2,688,331	2,995,838	4,303,713	4,107,274	6,081,219	1,974,075
Investment Pool	-	-	-	-	-	-	-	-	-	-	-	-
Total Beginning Balances	2,996,484	2,988,677	4,509,554	4,255,873	4,005,971	3,018,862	3,398,303	3,839,498	4,884,905	4,722,386	6,760,683	2,996,484
RECEIPTS:												
Claims Funding Account (294)	3,107,397	3,849,768	2,890,848	3,663,027	4,176,340	2,957,464	3,145,746	2,791,702	4,531,410	4,324,576	4,071,656	39,509,934
Claims Main Account (819)	8,498,699	11,625,886	8,922,632	8,593,566	8,744,756	8,757,204	8,112,805	8,306,761	8,724,778	11,962,913	8,534,985	100,784,985
Investment Pool	-	-	-	-	-	-	-	-	-	-	-	-
	11,606,096	15,475,654	11,813,480	12,256,593	12,921,096	11,714,668	11,258,551	11,098,463	13,256,188	16,287,489	12,606,641	140,294,919
DISBURSEMENTS:												
Claims Funding Account (294)	3,331,564	3,994,060	2,814,262	3,724,312	4,156,315	2,936,767	3,012,058	3,054,170	4,497,490	4,260,224	4,054,509	39,835,731
Claims Main Account (819)	8,282,339	9,960,717	9,252,899	8,782,182	9,751,889	8,398,460	7,805,298	6,998,886	8,921,217	9,988,968	8,548,915	96,691,770
Investment Pool	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL DISBURSEMENTS	11,613,903	13,954,777	12,067,161	12,506,494	13,908,204	11,335,227	10,817,356	10,053,056	13,418,707	14,249,192	12,603,424	136,527,501
ENDING CASH BALANCES:												
Claims Funding Account (294)	798,242	653,950	730,536	669,250	689,275	709,972	843,660	581,192	615,112	679,464	696,612	696,612
Claims Main Account (819)	2,190,435	3,855,604	3,525,337	3,336,721	2,329,587	2,688,331	2,995,838	4,303,713	4,107,274	6,081,219	6,067,290	6,067,290
Investment Pool	-	-	-	-	-	-	-	-	-	-	-	-
Total Ending Balances	\$ 2,988,677	\$ 4,509,554	\$ 4,255,873	\$ 4,005,971	\$ 3,018,862	\$ 3,398,303	\$ 3,839,498	\$ 4,884,905	\$ 4,722,386	\$ 6,760,683	\$ 6,763,902	6,763,902
Less Outstanding Checks												(750,984)
Cash per Estimated Statement of Net Position												<u><u>\$ 6,012,918</u></u>

Note: These schedules are on the cash basis.

Glossary of Terms:

Actuals vs. Budgeted Receipts & Disbursements

1 Specific & Aggregate Stop Loss Insurance (PPO)

Specific: Insurance coverage for eligible individual specific claims in excess of the \$450,000 plan year deductible up to the lifetime maximum of \$6 million.

Aggregate: Insurance coverage for eligible claims under the specific deductible on the aggregated amount for all member claims.

2 Administration & Network Fees (Anthem & Blue Shield PPO)

ASO is "Administrative Services Only". These are administrative services for the PPO plans. This definition includes Anthem Blue Cross & Health Now Administrative Services administration fees and includes access fees to use the Anthem Blue Cross & Blue Shield networks of providers. These services do not include the Anthem HMO plan.

3 Chimienti Associates/Hourglass/Asi Administration (Anthem & Kaiser)

Chimienti & Associates is an independent vendor providing consolidated billing, eligibility, automated enrollment and Section 125 administrative services. Hourglass and ASI are subcontractors to Chimienti Associates that assist in these administrative processes. This line is for health plans excluding HealthNow/Blue Shield.

4 Keenan Consulting

These are payments to the benefit consultant who provides professional guidance to SJVIA and respective members concerning health plan matters including but not limited to compliance, underwriting, renewal bidding, employee communication, cost analysis, actuarial, etc.

5 SJVIA Administration

These fees will be used by SJVIA for administrative, management, legal, accounting and other services needed to effectively establish and maintain proper functioning of the Joint Powers Authority. It includes the association fee and the non-founding member fee which is assessed to non-founding member entities.

6 Wellness

This rate category is earmarked for special claims management services and may include some wellness applications that are outside and additional to the claims management services provided by the insurance company.

7 Communications

This rate category is earmarked for special employee communication materials and prospective new City/County member promotional materials. It may include fees for maintaining a presence at such trade associations as CALPELRA, etc.

8 Anthem HMO Pooling

This is for the specific stop loss pooling insurance for claims in excess of \$400k within the HMO (not PPO).

9 Anthem HMO Administration/Retention

These are Anthem Blue Cross administration fees and include access fees to use the Blue Cross network of providers for the HMO plan.

10 ACA Reinsurance/PCORI (PPO & HMO)

The Affordable Care Act (ACA) includes the following fees on insurance plans: 1) Patient Centered Outcomes Research Institute (PCORI) fee. 2) Transitional Reinsurance Fee.

11 Projected Paid Medical & Rx Claims-PPO and Non-Cap HMO

Projected self-insured PPO claims for medical and Rx and non-capitated HMO claims (hospital).

12 Anthem MPP HMO Capitation

Glossary of Terms:

Actuals vs. Budgeted Receipts & Disbursements

Amount paid in advance of services on a fixed per member per month basis for professional services (physician) as part of the HMO. This fee is no longer in effect due to a change in program.

13 Delta Dental

Premium for entities covered under the SJVIA Delta Dental program.

14 Vision Service Plan

Premium for entities covered under the SJVIA VSP Vision program.

15 Kaiser Permanente

Premium for entities covered under the SJVIA Kaiser HMO program.

16 Change in Reserve

Excess receipts over claims, premiums and fixed costs.

Estimated Statement of Net Position

17 Due from other governmental units

These represent premiums due to SJVIA from various participants.

18 Other receivables

This is primarily a deposit that SJVIA is required to keep with Anthem Blue Cross as part of the capitated HMO claims activity. For a discussion of capitated HMO claims, see item 12 above.

19 Accounts payable

This represents non-claims payments owed to vendors which have not yet been remitted.

20 Unearned member contributions

This represents premiums paid early to SJVIA before the premiums are due.

21 Unpaid claims and claims adjustment expenses

This represents claims payments owed to vendors which have not yet been remitted.

22 Due to other governmental units-Current and Noncurrent

This represents various loans made to the SJVIA by the County of Fresno & the County of Tulare as well as start up payments made by the County of Fresno at SJVIA's inception. Current amounts reflect due dates within a 12 month period.

23 Interest payable-Current and Noncurrent

This represents accrued interest on various loans made to the SJVIA by the County of Fresno and the County of Tulare.

24 Unrestricted Net Position

This represents the assets less any liabilities.



BOARD OF DIRECTORS

ANDREAS BORGEAS
KUYLER CROCKER
NATHAN MAGSIG
BUDDY MENDES
BRIAN PACHECO
PETE VANDER POEL
J. STEVEN WORTHLEY

**Meeting Location:
County of Fresno
Fresno County Board of Supervisors
Chambers
2281 Tulare Street, #301
Fresno, CA 93721**

AGENDA DATE: July 20, 2018

ITEM NUMBER: Item 11

SUBJECT: Receive Report on the Anthem LiveHealth Online Kiosk Program and Authorize President to Execute TeleHealth Kiosk Agreement with LiveHealth Online (A)

REQUEST(S): That the SJIVA Board President Execute the TeleHealth Kiosk Agreement with LiveHealth Online

DESCRIPTION:

The SJVIA has secured two health care kiosks, which will be located onsite at the County of Fresno (location TBD) and the County of Tulare at Human Resources and Development, in HIPAA compliant locations to ensure the appropriate privacy. The kiosks utilize two-way audio and videoconferencing with a webcam, microphone and speaker. The kiosks contain peripheral devices (e.g. dermcam) that stream live audio and video directly to the health care professional, and provides biometric devices (e.g. blood pressure cuff) that allow the user to personally measure and enter vitals before and/or during a visit, as needed. The Kiosks are anticipated to be up and running by August 1, 2018.

FISCAL IMPACT/FINANCING:

The SJVIA directed a portion of the 2017 Wellness funds provided by Anthem to fund the two-year LiveHealth Online pilot program in the amount of \$6,000 (\$3,000 x 2 refurbished kiosks) with the opportunity of annual renewals thereafter. This fee includes shipping, installation and two years of maintenance and support for each kiosk. Anthem members will be required to pay their cost-share for an office visit determined by their specific plan, subject to applicable deductibles, coinsurance and/or copayments. Non-Anthem members will be charged a fee of \$49.

AGENDA: San Joaquin Valley Insurance Authority

DATE: July 20, 2018

ADMINISTRATIVE SIGN-OFF:



Paul Nerland
SJVIA Manager



Rhonda Sjostrom
SJVIA Assistant Manager

TeleHealth Kiosk Agreement

This TeleHealth Kiosk Agreement (the “Agreement”) dated as of June 1, 2018 (the “Effective Date”), is entered into by and between Health Management Corporation, d/b/a LiveHealth Online, a Delaware corporation, with offices located in Seven Hills, Ohio 44131 (hereinafter “LiveHealth Online”) and San Joaquin Valley Insurance Authority (SJVIA) (hereinafter “Client”). Client and LiveHealth Online are each referred to herein as a “Party” and collectively as the “Parties”.

Recitals

LiveHealth Online has entered into an Agreement with American Well Corporation (“American Well”) for the purchase of a Telehealth Kiosk (hereinafter “Kiosk”) and certain related services as described herein; and

The Kiosk provides a physical location to allow a user to connect to a health care professional via LiveHealth Online’s electronic interface utilizing two-way audio and videoconferencing with a webcam, microphone and speaker, utilizing peripheral devices (e.g. dermcam) which stream live audio and video directly to the health care professional, and provides biometric devices (e.g. blood pressure cuff) which allow the user to personally measure and enter vitals before and/or during a visit, as needed. The components of the Kiosk are more fully described in Exhibit A; and

LiveHealth Online and LiveHealth Online’s Affiliate (as defined herein) are providing the Kiosk(s) to give members access to online care to maximize members’ ability to access online care which is a covered benefit of the group; and

Client wishes to place Kiosk(s) in location(s) (the “Locations”), each of which is set forth on Exhibit B.

THEREFORE, in consideration of the mutual promises, covenants, and obligations contained herein, LiveHealth Online and Client hereby agree as follows:

The Agreement

1. Installation LiveHealth Online will ship or deliver, set-up, install, program, configure and operate, at LiveHealth Online’s or its Affiliate’s sole expense, a Kiosk at each Location set forth in Exhibit B.
2. Term. Subject to the termination provisions set forth in Section 12, this Agreement will commence on the Effective Date and remain in effect so long as the Client maintains a group health plan administered by a LiveHealth Online Affiliate.

3. Definitions

Term / Acronym / Abbreviation	Definition / Description
Affiliate	Any entity controlling or controlled by or under common control with a Party at the time of execution of the Agreement and any time thereafter, where “control” is defined as the ownership of at least fifty percent (50%) of the equity or beneficial interest of such entity.
Documentation	The then-current, generally available, written user manuals, hardware specifications, and online help and guides for Kiosk provided by LiveHealth Online.
Error	Any reported malfunction, error or other defect in the Kiosk that can be reproduced by LiveHealth Online or its subcontractors and constitutes a non-conformity from the Documentation.
Kiosk	MedSuite, MedStop Console and/or MedStop Portable model including any peripheral devices designed to be used in conjunction with the MedStop Console and/or the MedStop Portable model.
Level 1 Support	The service provided in response to a known problem with the Kiosk where the resolution can be found in the Documentation.
Level 2/3 Support	The service provided to resolve an Error with no known solution.
MedStop Portable	Kiosk without the walls, but with electronic weight scale, blood pressure monitor, digital thermometer, USB Dermatoscope, USB Otoscope (included in staffed models only), micro-desktop CPU, internal touchscreen monitor, Driver’s license reader, credit card reader, HD webcam, speaker system, microphone, which require the following Client provided elements: wired Ethernet with broadband access, two 110v power outlet and placement within a HIPAA compliant room/location, all as described in the Documentation.
Service	All services provided by LiveHealth Online or its subcontractors and set forth on the first page of this Agreement. The Services provided may include, but are not limited to, installation and/or maintenance of the Kiosk.

4. Kiosk Location and Employee Awareness. LiveHealth Online shall ensure that the Kiosk(s) are customized as agreed between LiveHealth Online and Client, as set forth in Exhibit C. Client retains the right to determine, in its sole discretion, the placement of Kiosk(s) within Locations and any subsequent movement of Kiosk(s) within a Location. In the event Client wishes to move Kiosk(s) to a new location, the cost to do so will be the Client’s responsibility. Client agrees to collaborate with LiveHealth Online to establish a workgroup to develop for Client a formalized plan to make Client’s

employees aware of the availability and features of the Kiosk. Such campaign shall include, but need not be limited to: onsite collateral (e.g. posters, signage, etc.); an employee email campaign. . LiveHealth Online will provide a standard onsite collateral package, as described in Exhibit D below, for each Kiosk deployed.

5. Fees; Expenses. LiveHealth Online or its Affiliate agrees to pay LiveHealth Online \$6,000 (\$3000 x 2 MedStop Portable models) for 2 refurbished Kiosks, which allows for shipping, installation and 2 years of maintenance and support for each kiosk. The fee schedule set forth in Exhibit C shall be waived as these Kiosks are refurbished. The two year maintenance package will be provided as set forth in Exhibit D. Any additional fees will be billed at a time and materials rate of \$200 per hour and will be the sole responsibility of the Client. Payments will be due 30 days from date of invoice.
6. Training. LiveHealth Online will provide training to Client staff on general surface cleaning of the Kiosk(s) and use of the Kiosk(s) (“Training”). Once Training is complete, Client shall be responsible for general surface cleaning and instruction to employees on use of the Kiosk(s).
7. Updates. LiveHealth Online will provide updated documentation to Client as needed.
8. Supplies; Electricity; Internet Connectivity; Installation and Removal. LiveHealth Online shall supply all supplies necessary to install, operate, maintain (and, if necessary, remove) the Kiosk(s). Client shall provide electricity, to include two 110V power outlets, for each Kiosk and shall pay for the cost of such electricity. If any type of new electrical installation is required, Client shall be responsible for the cost for such installation. Client shall provide wired Ethernet CAT6 access to broadband with at least 5Mbps download and 1 Mbps upload speed and shall pay for the cost of such broadband access. LiveHealth Online will comply with any reasonable Client internet policies provided to it.
9. Maintenance. Except for surface cleaning, which is the obligation of Client, LiveHealth Online shall maintain and service the Kiosk(s) according to the schedule outlined in Exhibit E.
10. Support. LiveHealth Online and its subcontractors will provide Level 2 and 3 support and service to resolve an Error or other defect in the Kiosk that can be reproduced by LiveHealth Online or its subcontractors and constitutes a non-conformity from the Documentation otherwise known as the then, current, generally available written user manuals, Kiosk specifications, and online help and guides for the Kiosk provided by LiveHealth Online. All Level 1 support, meaning the service provided in response to a known problem with the Kiosk where the resolution can be found in the Documentation, will be provided by the Client.
11. Location Access. Client shall provide LiveHealth Online and LiveHealth Online subcontractor technicians reasonable access to the Locations during normal business hours. LiveHealth Online and LiveHealth Online subcontractor technicians shall make best efforts not to interfere with Clients’ business operations during such access.
12. Termination.
 - a. Without Cause. Either Party may terminate this Agreement at any time for any reason whatsoever by providing thirty business days prior written notice to the other Party.
 - b. For Cause. In the event of a material breach of this Agreement which is not cured within five business days after notice of such breach to the other Party, the non-breaching Party may terminate this Agreement effective immediately.
 - c. In the event this Agreement is terminated, LiveHealth Online will remove the Kiosks from the

current locations at its own expense. Client agrees to coordinate with the respective counties to provide access to the counties' facilities during normal business hours to remove the Kiosks.

13. Kiosk Security. Client, in its sole (and reasonable) discretion, shall locate the Kiosk(s) in reasonable and secure locations and with reasonably good visibility and exposure to foot traffic within the Location(s). Client shall take all commercially reasonable measures to prevent loss or damage to the Kiosk(s) while the Kiosk(s) are located at the Location(s). Client shall not permit its employees to make any modifications or alterations to the Kiosk(s)

14. Usage Statistics. LiveHealth Online will provide Client with usage statistics captured using LiveHealth Online's Kiosk tracking software.

15. Intellectual Property.

- a. All rights, title and interest in and to any intellectual property contained in the Kiosk(s) and any improved, updated, modified, or additional parts thereof, shall at all times remain the property of LiveHealth Online and/or its subcontractors. Client will not, or allow any other party to, duplicate or reverse engineer the Kiosk(s), create derivative works of the Kiosk(s), modify the Kiosk(s) in any way..
- b. LiveHealth Online agrees that all proprietary and intellectual property rights including, without limitation trademark, copyright, patent and trade secret rights to original works of authorship and materials developed by Client in connection with the Kiosk(s), including advertising and displayed materials, belong to Client except as expressly provided in this Agreement or otherwise agreed to in writing by the parties.
- c. Title and all risk of loss of the Kiosk(s) will transfer to Client upon delivery of the Kiosk(s).
- d. LiveHealth Online hereby represents and warrants at the time of execution this Agreement:
 - i. That it has and will have all rights, title, licenses, permissions and approvals necessary to perform its obligations under this Agreement and to grant Client the rights granted in this Agreement; and
 - ii. That the Kiosk(s), software, peripheral devices, hardware, ad materials (collectively the "Materials") and their use by Client do not infringe, violate or in any manner contravene or breach any patent, trademark, copyright, license or other proprietary or intellectual property right or constitute the unauthorized use or misappropriation of a trade secret of any third party.

16. IP Indemnification: LiveHealth Online will indemnify, defend and hold harmless Client from and against any third party claims and damages based upon any allegation that any portion of the Materials as licensed and delivered by LiveHealth Online, or use thereof by Client as authorized by this Agreement, infringes any third party's intellectual property rights. Client shall:

- a. promptly notify LiveHealth Online after Client learns of any such suit or claim; provided, however, that LiveHealth Online's obligation to defend and indemnify Client shall not be relieved so long as no delay by Client in providing that notice materially prejudices the rights of LiveHealth Online;
- b. give LiveHealth Online authority to defend or settle the suit or claim (provided that LiveHealth Online does not utilize any defense strategy or agree to any settlement that materially prejudices

Client);

- c. give LiveHealth Online all reasonably available non-privileged information reasonably requested by LiveHealth Online concerning the suit or claim;
- d. not make any admissions that prejudice or might prejudice the defense, except as may be elicited during lawful judicial process; and
- e. use the Materials in compliance with this Agreement, comply with this Section 14 and reasonably cooperate with LiveHealth Online in the defense (LiveHealth Online will reimburse Client's reasonable out-of-pocket costs of that requested cooperation).

Client may also retain legal counsel to participate in the defense of a claim under this Section 16. LiveHealth Online will reimburse Client for the reasonable fees and expenses of Client's legal counsel only if LiveHealth Online fails to continue to retain legal counsel as required by Section 16.

If the Materials are held or are reasonably believed by LiveHealth Online to infringe under this Section 16, LiveHealth Online may at its expense, to the extent commercially reasonable and in its sole discretion, (a) modify or replace the applicable Materials to be non-infringing and with similar functionality, (b) obtain permission for Client to continue using the Materials under this Agreement, or (c) terminate this Agreement.

- 17. General Indemnification by LiveHealth Online: LiveHealth Online shall indemnify, defend, and hold Client and the property of Client free and harmless from any and all liabilities, claims, losses, damages, fines, penalties, and expenses, including, without limitation, attorneys' fees and costs, arising from any negligent, gross negligence, intentional or wilful misconduct of LiveHealth Online, its employees, representatives or agents, in the performance of this Agreement, except to the extent arising as a result of Client's gross negligence, or intentional or willful acts.
- 18. General Indemnification by Client: Client shall indemnify, defend by counsel reasonably satisfactory to LiveHealth Online and hold LiveHealth Online and the property of LiveHealth Online free and harmless from any and all third party liabilities, claims, losses, damages, fines, penalties, and expenses, including, without limitation, attorneys' fees and costs, arising from any negligent or grossly negligent act or omission or willful misconduct of Client, its employees, representatives or agents, related to use of the Kiosk by Client and its members.
- 19. Confidentiality. For purposes of this provision, each party will be referred to as a "Discloser" where it discloses its Confidential Information and as a "Recipient" where it receives the other party's Confidential Information. Recipient agrees to keep confidential all confidential and/or proprietary information concerning Discloser that is furnished by Discloser to Recipient in connection with this Agreement, including, but not limited to, , any information regarding Discloser's products, projects, business, plans, programs, plants, processes, equipment, costs, Clients and operations and any other information, which, under all of the circumstances, ought reasonably to be treated as confidential and/or proprietary (collectively, "Confidential Information"). Without Discloser's prior written consent, Recipient will not disclose nor will it permit its representatives to disclose any Confidential Information to any persons other than who have a need to know such information in connection with performing its obligations under this Agreement. The obligations of Recipient to keep confidential any Confidential Information shall continue beyond the termination of this Agreement until such Confidential Information comes into the public domain through no omission or unauthorized act of the Recipient. Confidential Information shall not include information that (a) becomes publicly available other than as a result of a breach of this Agreement by Recipient or its representatives; (b) is furnished or made

known to Recipient by third parties (other than those acting on behalf of Discloser) reasonably is understood to have the right to disclose such information without restriction on disclosure or use; (c) is legitimately in Recipient's possession prior to disclosure by Discloser, (d) was developed by Recipient without reference to the Confidential Information, or (e) is required to be disclosed by law pursuant to the Ralph M. Brown Act. If Recipient is requested or becomes legally compelled to disclose any Confidential Information, Recipient shall provide Discloser with prompt written notice of the request or requirement so that Discloser may seek a protective order or other appropriate remedy. If such order or other remedy is not obtained, Recipient agrees to furnish only that portion of the Confidential Information as it is advised by counsel is legally required to be disclosed and to exercise commercially reasonable efforts to obtain assurance that confidential treatment will be accorded the Confidential Information. The parties acknowledge that the breach of this Section 19 by one party may give rise to irreparable injury to the other party which is not adequately compensable in damages or at law. Accordingly, the parties agree that injunctive relief may be an appropriate remedy to prevent violation of either party's respective rights or obligations under this section.

20. Insurance. The SJVIA will obtain proof of insurance from each county where the kiosks will be housed during the entire term of this Agreement. The insurance shall be with insurers with an A.M. Best rating of A- or better and shall include the following minimum insurance coverage or its equivalent under the respective counties' self-insured programs:

- a. Employer Liability with minimum limits of one million dollars (\$1 million);
- b. Workers' Compensation as required by law;
- c. Commercial General Liability, to include bodily injury and property damage liability, coverage of one million dollars (\$1 million) per occurrence and two million dollars (\$2 million) in the aggregate;

Upon the request of a Party, the other Party shall provide certificates of insurance indicating the coverage required. The certificate shall (i) show the name and address of the insurer; (ii) show the policy number and date(s) of coverage for each policy; (iii) include the name, address, telephone number, and signature of the authorized person providing the Certificate of Insurance; (iv) verify the insurance coverage required in this Section 20.

21. LiveHealth Online Warranty and Disclaimer.

- a. Kiosk Warranty. LiveHealth Online warrants to Client that Kiosk, under normal usage and with regular recommended service, commencing upon installation (which shall not be more than 90 days after delivery to Client) and continuing for 1 year thereafter (the "**Warranty Period**") shall be free from material defects in materials and workmanship, and perform substantially in accordance with the Documentation. Client shall notify LiveHealth Online within 10 business days of its knowledge of any non-conformity. LiveHealth Online's entire liability and Client's exclusive remedies under the warranty described in this Section shall be for LiveHealth Online, at its option, to use reasonable efforts to remedy such defects or performance failure within a reasonable period of time and replace the affected Kiosk upon return of the specific Kiosk to LiveHealth Online by Client.
- b. Limitations of Warranty. The foregoing warranties do not apply if (1) repair or replacement is required as a result of causes other than normal use, including, without limitation, repair, maintenance or modification of the Kiosk by persons other than LiveHealth Online-authorized personnel; Client's accident, fault or negligence; operator error; location of placement and use of

the Kiosk other than as set forth in the Documentation; or causes external to the Kiosk such as, but not limited to, failure of electrical power or fire or water damage; or (2) problems relating to or residing in (i) third party items or services with which the Kiosk is used, but excluding third-party items provided by LiveHealth Online; or (ii) installation not in accordance with LiveHealth Online's instructions or the applicable Documentation, unless done by LiveHealth Online.

- c. Services Warranty. LiveHealth Online shall perform Services in a workmanlike manner in accordance with generally accepted industry standards. Client must notify LiveHealth Online of any failure to so perform within ten (10) business days after the performance of the Services. LiveHealth Online's entire liability, and Client's sole remedy, for LiveHealth Online's failure to so perform shall be for LiveHealth Online to use reasonable efforts to correct such failure.
- d. Warranty Disclaimers. Except as expressly stated in the herein, LiveHealth Online (including its suppliers) provides Kiosk and Services "AS IS" and makes no other express or implied warranties, written or oral, and ALL OTHER WARRANTIES ARE SPECIFICALLY EXCLUDED, INCLUDING, BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, TITLE AND NON-INFRINGEMENT, AND ANY WARRANTY ARISING BY STATUTE, OPERATION OF LAW, COURSE OF DEALING OR PERFORMANCE, OR USAGE OF TRADE. CLIENT ACKNOWLEDGES THAT THE KIOSK IS NOT SOUNDPROOF AND LIVEHEALTH ONLINE DISCLAIMS ANY AND ALL LIABILITY ASSOCIATED WITH PLACEMENT OR LOCATION CHOSEN BY CLIENT OF THE KIOSK OR EMPLOYER MODIFICATION TO THE KIOSK.

22. Limitation of Liability. EXCEPT FOR A PARTY'S INDEMNIFICATION OBLIGATIONS UNDER SECTIONS 16 TO 18 , EACH PARTY'S LIABILITY FOR ALL CLAIMS OF ANY KIND ARISING UNDER, IN CONNECTION WITH, OR RELATED TO THIS AGREEMENT SHALL BE LIMITED TO, AND SHALL NOT EXCEED, TEN THOUSAND DOLLARS (\$10,000.00), WHETHER BASED ON BREACH OF CONTRACT, TORT, OR OTHERWISE. IN NO EVENT WILL EITHER PARTY, ITS OR THEIR SUBSIDIARIES OR AFFILIATES, OR ANY OF ITS OR THEIR OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS BE LIABLE TO THE OTHER PARTY OR ANY THIRD PARTY WHOSE CLAIM IS RELATED TO THIS AGREEMENT, UNDER ANY THEORY OF TORT, CONTRACT, STRICT LIABILITY OR OTHER LEGAL OR EQUITABLE THEORY, FOR CONSEQUENTIAL, INCIDENTAL, INDIRECT, PUNITIVE OR SPECIAL DAMAGES (INCLUDING, WITHOUT LIMITATION, LOSS OF PROFITS, DATA, BUSINESS, OR GOODWILL), REGARDLESS OF WHETHER SUCH DAMAGES WERE FORESEEABLE OR WHETHER EITHER PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. BOTH PARTIES ACKNOWLEDGE THAT THIS LIMITATION OF LIABILITY IS A MATERIAL PART OF THE CONSIDERATION PROVIDED BY THE OTHER PARTY IN EXCHANGE FOR ITS ENTRY INTO THIS AGREEMENT.

23. Compliance with Laws and Policies.

- a. LiveHealth Online agrees that it is responsible for securing and maintaining all required licenses, permits and certificates applicable to its activities and obligations and shall comply with any and all federal, state and local laws, regulations and ordinances as they relate to the terms of this Agreement.

- b. LiveHealth Online agrees that it is responsible for complying with applicable state medical and regulatory laws. LiveHealth Online agrees that it has not relied on Client or its employees to make any determinations regarding the legality of operating the Kiosk(s).
 - c. LiveHealth Online shall reasonably cooperate with any request by Client for information needed to assist Client in its compliance obligations.
 - d. Client is responsible for placement and housing of the Kiosk(s) unit in a HIPAA compliant room/location.
24. Notice. To the extent notice is required or the parties are required to respond via written communication (collectively, "Notice"), such Notice shall be sent: (a) by certified mail, postage prepaid, return receipt requested, with such notice deemed to have been given upon posting in the United States Mail; or (b) by national delivery service guaranteeing overnight delivery, with such notice deemed to have been given upon the next business day; or (c) by facsimile transmission, provided a confirmation copy is sent via one of the other methods provided herein to the addresses provided below, with such notice deemed to have been given upon receipt of the facsimile transmission.

If to LiveHealth Online: LiveHealth Online
6000 Lombardo Center, Suite 200
Seven Hills, OH 44131
Attention: John Jesser, VP & GM
Phone No.: (216) 573-4565
Email: John.Jesser@LiveHealthOnline.com
Copy email to: Aaron.Graham@LiveHealthOnline.com

If to Client: San Joaquin Valley Insurance Authority
2220 Tulare Street
Fresno, CA 93721

25. Independent Contractor: In entering into and complying with this Agreement, LiveHealth Online is at all times performing as an independent contractor. Nothing in this Agreement shall constitute or be construed as the creation of an agency, employment, partnership or joint venture between LiveHealth Online and Client.
26. Governing Law: This Agreement shall be governed by and construed in accordance with the laws of the State of Delaware.
27. Miscellaneous: This document, including Exhibits, constitutes the entire written expression of all terms of the parties' Agreement, and supersedes all proposals, oral and written, and all other communications between the parties, in relation to the subject matter of this Agreement. No amendment of this Agreement, including any Exhibits hereto, shall be effective unless reduced to writing signed by both parties. The invalidity of any provision of this Agreement as determined by a court of competent jurisdiction shall in no way affect the validity of any other provision hereof. The rights and obligations of either party may not be assigned or transferred without the prior, express, written consent of the other party; provided, however, that Client may assign this Agreement to a third party when such third party transfers or acquires all or substantially all of Client' assets through merger, acquisition or other business combination. This Agreement may be executed in counterparts, each of which shall be deemed an original and all of which shall constitute one and the same instrument. This Agreement may

also be signed and transmitted by facsimile, with such signature to be treated as an original and the document transmitted to be considered to have the same binding effect as an original signature on an original document. At the request of either party, any facsimile document will be re-executed in original form by the parties who signed the facsimile document. The failure of any party, in any instance, to insist on strict compliance of any of the terms of this Agreement, or to exercise any right or privilege herein conferred, shall not be construed as waiving any such terms, conditions, rights or privileges but the same shall continue to remain in full force and effect.

IN WITNESS WHEREOF, LiveHealth Online and Client have executed this Agreement to be effective as of the date first above written.

Health Management Corporation,

San Joaquin Valley Insurance Authority

d/b/a LiveHealth Online



By: John F. Jesser

By: _____

Title: President, LiveHealth Online

Title: _____

Date 5/18/18

Date: _____

Exhibit A

Specifications of the Kiosk:

Item	MedStop Portable Model
Branding	External panel; User experience features (logo, videos)
Privacy Features	Telephone handset
Sanitation Features	Hand sanitizer; Anti-microbial/disinfectant surface wipes
Biometric Devices	Electronic Weight Scale; Blood Pressure Monitor; Thermometer
Examination Devices	USB Dermatoscope; USB Otoscope (included in Staffed models only);
Hardware and Other Devices	Micro-desktop CPU; Touchscreen monitor; Driver's license reader; Credit card reader
Videoconferencing Tools	High-definition webcam; Full stereo speaker system; Microphone
Instructions	Embedded instructions, videos
Software and Operating System	Windows 8 / Internet Explorer 10; SiteKiosk 8; Online Care web-based platform (version 7.1 or higher)
End User/Client Requirements	Wired ethernet with broadband access; Two 110V power outlets HIPAA compliant room/location

Exhibit B

Locations

Count	Shipping and Installation Address
1	County of Fresno, 2220 Tulare St Fresno, CA 93721
2	County of Tulare, 2500 W Burrel Ave, Visalia, CA 93291

Exhibit C

Fee Schedule

Cost Item	Cost Per MedStop Portable
MedStop Portable Bundle	\$6,000.00
Shipping includes Domestic, Standard Ground; Includes packaging and handling. (Does not include inside delivery, lift gate, or expedited services).	Included in bundled price above
Installation (USA Based) includes LiveHealth Online and its subcontractor technicians to unpack and install Kiosk (power and data must be prepared prior to install by Client). Includes power and test all electronic components, removal of packaging/debris.	Included in bundled price above
Standard Maintenance and Support is provided for the first 3 years of the contract and then renewed annually thereafter. See exhibit E for details.	Included in bundled price above.
Onsite maintenance and repair available, if needed or requested	See details in exhibit E
Storage Fee is incurred when LiveHealth Online does not ship an order or part of an order to Employer based on Employer's request, a storage fee will be assessed starting 30 days after the product is crated and ready for shipment. In such event, LiveHealth Online will pass through to Client the storage fee charged by its suppliers.	\$100.00 per month

- Lead time to deliver and install these particular Kiosks is 4 to 6 weeks from receipt of an executed Agreement by LiveHealth Online.

In the event Client is required to pay for services, Client shall pay the price stated on the invoice and also pay or reimburse LiveHealth Online for all related taxes or withholdings. If Client is required to withhold taxes, then Client will forward any withholding receipts to LiveHealth Online. All amounts are due in US currency and in full thirty (30) days after the date of LiveHealth Online's invoice, with interest accruing thereafter at the lesser of 1.5% per month or the highest lawful rate.

Exhibit D

Maintenance Schedule

LiveHealth Online and its subcontractors shall be responsible for providing Level 2/3 maintenance and support services for Kiosk commencing upon shipment of the Kiosk. Any support required by Client related to the software utilized by the Kiosk shall be provided pursuant to the Agreement. Kiosk support consists of the following:

The following is a summary of Kiosk maintenance and support services, fees and terms for the MedStop Portable model. The annual maintenance and support packages as described below are included in the cost of a Kiosk bundle and are provided for the first 2 years of the contract, renewed annually thereafter.

Maintenance and Support Packages

Annual MedStop Portable Maintenance and Support Includes:

- 24/7 remote monitoring of Kiosk, including all PC components and attached devices
- Antivirus and O/S patch management
- Remote login functionality to diagnose and fix problems
- Monthly remote health checks to test Kiosk and ensure it is working properly (includes remotely reviewing Kiosk up to once per month to ensure screens are functioning properly, home page is up, the Surface video is looping, the PC is performing, devices are attached, etc.)
- Maintenance of spare device and component inventory with Client-specific configurations
- Up to 8 hours of phone and email support

Additional Services

- Onsite maintenance visit by a service specialist to inspect Kiosk, components and devices; adjust or repair any deficiencies; and clean surfaces and filters. Includes travel and up to 8 hours of onsite support and labor per visit:

Cost: \$1400.00 (MedStop Portable).

If additional hours are required to repair the kiosk(s), an hourly rate of \$200.00 will apply, plus any additional travel expenses incurred. Does not include replacement parts. Any replacement parts needed to repair the kiosk(s) will be billed separately.

- Additional phone and email support only if on annual maintenance and support: \$125/hour.

Support Hours

LiveHealth Online and its subcontractors shall provide Level 2/3 Support to Employer Group 9am to 5pm Eastern Standard Time, Monday through Friday (except for any LiveHealth Online-designated company holidays, a schedule of which shall be provided upon request).

Response Time

LiveHealth Online and its subcontractors will use reasonable commercial efforts to provide appropriate technical advice and assistance in response to support calls requiring Level 2/3 Support, within (i) one (1) business day of receiving notification of the Error and all reasonably requested documentation from Client for all Errors which do not require onsite support; and (ii) three (3) business days of receiving notification of the Error and all reasonably requested documentation from Client for all issues which do require onsite support. In order to receive onsite support, Client must pay an additional fee as described in the “Additional Services” language discussed above. If required under applicable labor union rules or otherwise, Client may be required to pay certain minimum fees in urban or remote geographies regardless of the hours worked.

Client Obligations

Client shall use good-faith, reasonable efforts to isolate and document Errors to enable LiveHealth Online to fulfill its Maintenance and Support Services obligations. Once a service request has been initiated, Client will be asked to provide necessary Error data which may include but not be limited to, applicable identification number for Kiosk, description of the Error, configuration of Kiosk and communication interfaces, any error messages, and any requested support files. Client must provide experienced IT professionals and Client service representatives with training regarding Kiosk to collaborate with LiveHealth Online on fixing Errors.

Exclusions

Maintenance Services specifically **excludes** support for any Errors caused by (i) operator error or use of the Kiosk in a manner not in accordance with the Documentation; (ii) any integration, modification, or repair of the Kiosk made by any person other than LiveHealth Online; (iii) unusual physical, electrical or electromagnetic stress, fluctuations in electrical power beyond Kiosk specifications, or failure of air conditioning or humidity control; and (iv) accident, misuse, or neglect or causes not attributable to normal wear and tear.

Terms

- The term of initial maintenance and support will be 2 years. Upon the 3rd anniversary of the effective date, one (1) year renewals will need to be mutually agreed upon by the Parties through an amendment to this agreement.

If Client decides not to renew, subsequent phone, email and onsite maintenance and support will be delivered at \$200/hour plus any parts and related travel expenses

BOARD OF DIRECTORS

ANDREAS BORGEAS
KUYLER CROCKER
NATHAN MAGSIG
BUDDY MENDES
BRIAN PACHECO
PETE VANDER POEL
J. STEVEN WORTHLEY

Meeting Location:
County of Fresno
Fresno County Board of Supervisors
Chambers
2281 Tulare Street, #301
Fresno, CA 93721

AGENDA DATE: July 20, 2018

ITEM NUMBER: Item 12

SUBJECT: Receive Report on Life Saving Images and Authorize President to Execute Agreement with Life Saving Images Subject to Approval of SJVIA Counsel and Staff (A)

REQUEST(S): That the SJVIA Board President Execute the Agreement with Life Saving Images.

DESCRIPTION:

Two mobile mammography screening companies (Life Saving Images and Pacific Coast Medial Services) were compared for providing onsite mammography screenings for SJVIA members. The recommendation was made to move forward with Life Saving Images providing Mobile Mammography Screenings in FY 2019 for the following reasons:

- Life Saving Images can bill the screenings as claims through Anthem.
- Life Saving Images manages the scheduling process on behalf of the organization, including sending reminder emails.
- No minimum number of participants or up-front deposits required.
- State-of-the-art mobile unit parked outside the facility.

FISCAL IMPACT/FINANCING:

\$137 per exam effective July 1, 2018. Prior to July 1, 2018, a total of 48 screenings have been performed at a cost of \$150 per screening for a total of \$7,200 year to date.

ADMINISTRATIVE SIGN-OFF:



Paul Nerland
SJVIA Manager



Rhonda Sjostrom
SJVIA Assistant Manager

2018/2019 SJVIA Mobile Mammography Vendor Comparison

Two mobile mammography screening companies were compared for providing onsite mammography screenings for SJVIA members.

Vendor Comparison Overview

	Pacific Coast Medical Services (PCMS)	Life Saving Images (LSI)
Cost Per Participant	\$125 per exam, billed directly to SJVIA	\$137 per exam, billed through Anthem to SJVIA
Digital or Analog	Digital	Digital
Deposit	50% deposit due 30 days prior to first event	None
Travel Fees	None	None
Minimum Participants Per Event	Must guaranteed 30 exams per event	No minimum
Other Stipulations	Must hold events 5 days in a row	None
Set-Up Needs	Room required at each location	Five parking spaces to park screening van
Scheduling	PCMS does not handle any scheduling	LSI handles all scheduling

Recommendation

While Pacific Coast Medical Services offers a lower per exam price, the cost savings cannot be guaranteed to SJVIA. If the 30-exam minimum isn't met for a screening event, SJVIA would be responsible for paying for the unused screening. During FY 2018, all the SJVIA Mobile Mammography events screened fewer than 30 women.

Life Saving Images offers a more flexible and comprehensive service by:

- managing the scheduling process on behalf of the organization, include sending reminder emails,
- scheduling screening dates at the discretion of each organization,
- not setting any minimum screening requirements or requiring upfront deposits, and
- offering the screenings in the convenience of the mobile unit parked outside the facility.

For these reasons, it is recommended that SJVIA partner with Life Saving Images to provide Mobile Mammography Screenings in FY 2019.

Pros and Cons of each vendor:

Pacific Coast Medical Services

Pros	Cons
<ul style="list-style-type: none"> Each exam is priced less than LSI 	<ul style="list-style-type: none"> SJVIA must pay for unused screenings if the 30-exam minimum isn't met at any event Organizations would have to manage scheduling internally Organizations would not be able to hold a stand-alone screening event at health fair, as vendor requires screenings held five days in a row Organizations would need to secure rooms at each of the locations to hold the screenings

Life Saving Images

Pros	Cons
<ul style="list-style-type: none"> SJVIA would not have to manage billing or payment of deposits, Anthem billed directly LSI handles all scheduling Organizations could schedule screening dates at their complete discretion Convenient screening bus can be parked outside any facility with at least five empty parking spaces 	<ul style="list-style-type: none"> Each exam is priced higher than PCMS

AGREEMENT

This agreement is dated August 1, 2018, and is between LIFE SAVING IMAGES, a California corporation doing business at 830 Stewart Drive, Suite 180, Sunnyvale, California 94085 (“**Contractor**”), and the SAN JOAQUIN VALLEY INSURANCE AUTHORITY, a joint powers agency (“**SJVIA**”).

The SJVIA is a joint exercise of powers authority that negotiates, purchases, or otherwise funds health, pharmacy, vision, dental, and life insurance (each an “Insurance Program,” and collectively “Insurance Programs”). The SJVIA makes Insurance Programs available to participating entities, subject to the terms and conditions of an agreement by each participating entity to pay for its respective costs for the Insurance Programs in which it participates.

The SJVIA wishes to provide medical management services, including mammography screening, to its participating entities. The Contractor represents that it is willing and able to provide such services on the terms and conditions set forth in this agreement.

The parties therefore agree as follows:

Article 1 Contractor’s Obligations

1.1 **Scope of Services.** The Contractor shall provide the services described in Exhibit A to this agreement, which is attached. Exhibit A also includes definitions for some terms that appear in this agreement.

1.2 **Additional Services.** The Contractor may provide additional services as the SJVIA and the Contractor mutually agree in writing.

1.3 **Cooperation with Management.** The Contractor shall at all times cooperate with SJVIA management, which includes the SJVIA Manager, the SJVIA Assistant Manager, the SJVIA Auditor-Treasurer, any employee of the County of Fresno or the County of Tulare who is designated by one of those persons to administer the business and activities of the SJVIA, and counsel to the SJVIA. That cooperation includes reporting promptly to the SJVIA Auditor-Treasurer any material oral or written communications received by the Contractor from a participating entity, prospective participating entity, or contractor of the SJVIA.

1.4 **Confidentiality.** The Contractor acknowledges that certain confidential information may be furnished by the SJVIA to the Contractor in connection with the services provided by the Contractor under this agreement (“Confidential Information”). The Contractor agrees that it will disclose Confidential Information only to persons who, in the Contractor’s reasonable determination, need to know such information in order for the Contractor to provide services under this agreement. Disclosure by the Contractor of any Confidential Information pursuant to the terms of a valid and effective subpoena or order issued by a court of competent jurisdiction, judicial or administrative agency, or by a legislative body or committee is not a violation of this agreement. Confidential Information does not include information that:

(A) Is in the possession of the Contractor prior to its receipt of such information from the SJVIA;

(B) Is or becomes publicly available other than as a result of a breach of this agreement by the Contractor; or

(C) Is or can be independently acquired or developed by the Contractor without violating any of its obligations under this agreement.

1.5 **Compliance with Laws.** The Contractor shall, at its own cost, comply with all applicable federal, state, and local laws in performance of its services under this agreement, including but not limited to workers compensation, labor, and confidentiality laws and regulations.

Article 2 SJVIA's Obligations

2.1 **Information and Data.** Subject to the terms of this agreement, the SJVIA will provide the Contractor with data and information that is necessary to the Contractor's provision of services under this agreement.

2.2 **Facilities.** The SJVIA shall advise each Participating Entity that receives medical management services from the Contractor that, in order to receive those services, the Participating Entity must provide access to adequate facilities for the Contractor to perform those services on dates agreed upon by the SJVIA and the Contractor.

Article 3 Compensation, Invoices, and Payments

3.1 **Compensation.** The SJVIA agrees to pay to its insurer, and the Contractor agrees to receive from the SJVIA's insurer, compensation as described in Exhibit B to this agreement, which is attached.

3.2 **Invoices.** The Contractor shall submit monthly invoices as described in Exhibit B to this agreement to the SJVIA's insurer.

3.3 **Payment.** The Contractor will receive payment from the SJVIA's insurer, which will then bill the SJVIA. The SJVIA shall pay all amounts billed to the SJVIA by its insurer. If the SJVIA reasonably disputes any invoice, the SJVIA shall have no obligation to pay that invoice until the dispute is resolved to the SJVIA's satisfaction.

3.4 **Incidental Expenses.** The Contractor is solely responsible for all expenses that are incidental to its performance under this agreement, including but not limited to all out-of-pocket expenses.

Article 4
Term and Termination

4.1 **Term.** This agreement is effective on August 1, 2018, and terminates on June 30, 2019. The term of this agreement may be extended for no more than two additional one-year terms by modification as provided in section 11.1 of this agreement.

4.2 **Termination for Non-Allocation of Funds.** Both parties' obligations under this agreement are contingent on the approval of funds by the appropriating government agency or agencies. If sufficient funds are not allocated, then the SJVIA, upon 30 days advance written notice to the Contractor, may:

- (A) Modify either or both of the parties' obligations under this agreement; or
- (B) Terminate this agreement.

4.3 **Termination for Breach; Reinstatement.**

(A) Upon determining that a breach (as defined below) has occurred, the SJVIA Manager may give written notice of the breach to the Contractor. The written notice may suspend performance under this agreement, and shall provide a reasonable time for the Contractor to cure the breach.

(B) If the Contractor fails to cure the breach within the reasonable time stated in the written notice, the SJVIA may terminate this agreement.

(C) For purposes of this section, a breach occurs when the Contractor has:

- (1) Used funds illegally or improperly;
- (2) Failed to comply with any part of this agreement;
- (3) Submitted a substantially incorrect or incomplete report to the SJVIA; or
- (4) Performed improperly as determined by the SJVIA.

4.4 **Termination for HIPAA Violation.** The SJVIA may terminate this agreement as provided in Article 8 of this agreement.

4.5 **Termination without Cause.** In circumstances other than those set forth above, the SJVIA may terminate this agreement by giving 30 days advance written notice to the Contractor.

Article 5
Independent Contractor

5.1 **Status.** In performing under this agreement, the Contractor, including its officers, agents, and employees, is at all times acting and performing as an independent contractor, in an independent capacity, and not as an officer, agent, servant, employee, joint venturer, partner, or associate of the SJVIA.

5.2 **Supervision.** The SJVIA has no right to control, supervise, or direct the manner or method of the Contractor's performance under this agreement, but the SJVIA may verify that the Contractor is performing according to the terms and conditions of this agreement (for example by requesting records of communications under section 1.5 of this agreement).

5.3 **Benefits.** Because of its status as an independent contractor, the Contractor has no right to employment rights or benefits. The Contractor is solely responsible for providing to its own employees all employee benefits required by law. The Contractor shall save the SJVIA harmless from all matters relating to the payment of the Contractor's employees, including compliance with Social Security withholding and all related regulations.

Article 6 Notices

6.1 **Contact Information.** The persons and their addresses having authority to give and receive notices provided for or permitted under this agreement include the following:

For the SJVIA:

SJVIA Manager
SAN JOAQUIN VALLEY INSURANCE AUTHORITY
2220 Tulare Street, 14th Floor
Fresno, California 93721

For the Contractor:

LIFE SAVING IMAGES
5628 Pirrone Road
Salida, California 95368

6.2 **Method of Delivery.** All notices between the SJVIA and the Contractor provided for or permitted under this agreement must be in writing and delivered either by personal service, by first-class United States mail, by an overnight commercial courier service, or by telephonic facsimile transmission.

(A) A notice delivered by personal service is effective upon service to the recipient.

(B) A notice delivered by first-class United States mail is effective three SJVIA business days after deposit in the United States mail, postage prepaid, addressed to the recipient

(C) A notice delivered by an overnight commercial courier service is effective on SJVIA business day after deposit with the overnight commercial courier service, delivery fees prepaid, with delivery instructions given for next day delivery, addressed to the recipient.

(D) A notice delivered by telephonic facsimile is effective when transmission to the recipient is completed (but, if such transmission is completed outside of SJVIA business

hours, then such delivery shall be deemed to be effective at the next beginning of a SJVIA business day), provided that the sender maintains a machine record of the completed transmission.

6.3 Claims Presentation. For all claims arising from or related to this agreement, nothing in this agreement establishes, waives, or modifies any claims presentation requirements or procedures provided by law, including but not limited to the Government Claims Act (Division 3.6 of Title 1 of the Government Code, beginning with section 810).

Article 7

Audits, Inspections, and Public Records

7.1 On-Site Audits and Inspections. The Contractor shall at any time during business hours, and as often as the SJVIA may deem necessary for any reason, make available to the SJVIA for examination all of its records and data with respect to the matters covered by this agreement.

7.2 Document Requests. The Contractor shall at any time, and as often as the SJVIA may deem necessary for any reason, provide copies of any records or data with respect to the matters covered by this agreement as the SJVIA may request.

7.3 Public Records Act Requests. If the SJVIA receives a request under the California Public Records Act (California Government Code, Title 1, Division 7, Chapter 3.5, beginning with section 6250) ("CPRA") or a similar law to disclose any document that is in the Contractor's possession but which the SJVIA may review, request, or obtain from the Contractor under sections 7.1 or 7.2 of this agreement, then the SJVIA will promptly notify the Contractor and request the responsive documents that may be in the possession of the Contractor. The notification shall be in writing, which may include but is not limited to email addressed to the appropriate key person or persons. Upon receiving that notification, the Contractor has five business days in which to provide responsive documents, use the procedure provided in section 7.4 of this agreement, or both. The Contractor shall promptly inform the SJVIA if the Contractor believes that five business days are not sufficient time in which to respond. The Contractor shall indemnify the SJVIA for any award of costs or attorney's fees under the CPRA that results from the Contractor's use of the procedure provided in section 7.4 of this agreement.

7.4 Withholding and Redacting. If the SJVIA for any reason requests any records, data, or documents from the Contractor and the Contractor believes that the responsive documents contain trade secrets, proprietary information, or other information that is subject to legal privilege or separate legally-enforceable obligation of the Contractor to withhold, then the Contractor may do the following:

(A) The Contractor may redact the records or data before providing them, if that is practicable, or withhold the records or data if redaction is not practicable.

(B) If the Contractor redacts or withholds any documents, it shall provide a privilege log describing what has been redacted or withheld and identifying the legal privilege or legally-enforceable obligation that is the reason for the redaction or withholding.

(C) If the SJVIA requests documents because of a CPRA request and the Contractor redacts or withholds any documents, the Contractor shall also identify the specific provision of the CPRA (by citation to the California Government Code) which the Contractor believes would authorize the SJVIA to redact or withhold the documents requested.

7.5 State Audit Requirements. If this agreement exceeds \$10,000, the Contractor is subject to the examination and audit of the California State Auditor, as provided in Government Code section 8546.7, for a period of three years after final payment under this agreement. The obligations under this section survive the termination of this agreement.

7.6 Ownership of Records.

(A) All documents, information, and data delivered by the SJVIA or its health benefits consultant to the Contractor, or which is created by either party for the SJVIA in connection with the performance of this agreement, shall be the exclusive property of the SJVIA.

(B) Upon expiration, termination, or cancellation of this agreement, the Contractor shall return all such records and files to the SJVIA unless the SJVIA requests the Contractor to process any work or file in progress, which the Contractor will continue to process on a time and expense basis or as mutually agreed by the parties in writing. When such work is completed, all records and files relating to the work shall be returned to the SJVIA, and the Contractor shall not later access any data relating to this agreement except for the purpose of its performance under this agreement.

Article 8
Health Insurance Portability and Accountability Act

8.1 The parties shall be in strict conformance with all applicable federal and State of California laws and regulations, including but not limited to: Sections 5328, 10850, and 14100.2 et seq. of the California Welfare and Institutions Code; Sections 2.1 and 431.300 et seq. of Title 42, Code of Federal Regulations (CFR); Section 56 et seq. of the California Civil Code; Sections 11977 and 11812 of Title 22 of the California Code of Regulations; the Health Insurance Portability and Accountability Act, as amended, including but not limited to Section 1320 D et seq. of Title 42, United States Code, and its implementing regulations, including but not limited to Title 45, CFR, Parts 142, 160, 162, and 164 (collectively, HIPAA); the Health Information Technology for Economic and Clinical health Act, as amended (HITECH), regarding the confidentiality and security of patient information; and the Genetic Information Nondiscrimination Act of 2008, as amended (GINA), regarding the confidentiality of genetic information.

8.2 Except as otherwise provided in this agreement, the Contractor, as a business associate of the SJVIA, may use or disclose Protected Health Information (PHI) to perform functions, activities, or services for or on behalf of the SJVIA, as specified in this agreement provided that such use or disclosure does not violate HIPAA. The uses and disclosures of PHI may not be more expansive than those applicable to SJVIA, as the covered entity under the

HIPAA Privacy Rule (45 CFR § 164.500 et seq.), except as authorized for management, administrative, or legal responsibilities of the business associate.

8.3 The Contractor, including its authorized subcontractors and employees, shall protect from unauthorized access, use, or disclosure the names and other identifying information, including genetic information, concerning persons receiving services under the Insurance Programs, except where permitted in order to carry out data aggregation for purposes of health care operations (45 CFR §§ 164.504(e)(2)(i), 164.504(e)(2)(ii)(A), and 164.504(e)(4)(i)). This requirement applies to electronic PHI. The Contractor shall not use such identifying information or genetic information for any purpose other than carrying out the Contractor's obligations under this agreement.

8.4 The Contractor, including its authorized subcontractors and employees, shall not disclose any such identifying information or genetic information to any person or entity, except as otherwise specifically permitted by this agreement, authorized by Subpart E of 45 CFR Part 164 or other law, required by the Secretary, or authorized by the client or patient in writing. In using or disclosing PHI that is permitted by this agreement or authorized by law, the Contractor shall make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

8.5 For the purposes of the above sections, identifying information includes, but is not limited to, name, identifying number, symbol, or other identifying particular assigned to an individual, such as a finger- or voiceprint, or photograph.

8.6 For purposes of the above sections, genetic information includes, but is not limited to, genetic tests of an individual or family members of the individual, manifestation of disease or disorder of an individual or family members of the individual, or any request for or receipt of genetic services by an individual or family members of the individual. Family member means a dependent or any person who is a first, second, third, or fourth degree relative.

8.7 At the request of the SJVIA, and in the time and manner specified by the SJVIA, the Contractor shall provide, to the SJVIA or to an individual, PHI in a designated record set (as defined in 45 CFR § 164.501) in order to meet the requirements of 45 CFR § 164.524 regarding access by individuals to their PHI. With respect to individual requests, the Contractor shall provide access within 30 days of the request. That deadline may be extended if the Contractor cannot provide access and provides the reasons for the delay and the reasonable date when access may be granted. The Contractor shall provide PHI in the form and format requested by the SJVIA or the individual.

8.8 The Contractor shall make amendment or amendments to PHI in a designated record set in accordance with 45 CFR § 164.526.

8.9 The Contractor shall provide to the SJVIA or to an individual, in the time and manner specified by the SJVIA, information collected in accordance with 45 CFR § 164.528, to permit the SJVIA to respond to a request by the individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528.

8.10 The Contractor shall, immediately and without unreasonable delay and in no case later than two business days after discovery, report to the SJVIA's Privacy Officer, in writing, any knowledge or reasonable belief that there has been unauthorized access, viewing, use, disclosure, security incident, or breach of unsecured PHI not permitted by this agreement of which it becomes aware. The notification shall include, to the extent possible, the identification of each individual whose unsecured PHI has been, or is reasonably believed to have been, accessed, acquired, used, disclosed, or breached. The Contractor shall take prompt corrective action to cure any deficiencies and any action pertaining to such unauthorized disclosure required by applicable federal and State of California laws and regulations. The Contractor shall investigate such breach and is responsible for all notifications required by law, regulation, or both, or deemed necessary by the SJVIA, and shall provide a written report of the investigation and reporting required to the SJVIA's Privacy Officer. This written investigation and description of any reporting necessary shall be postmarked as mailed to the SJVIA's Privacy Officer within 30 working days of the discovery of the breach.

8.11 The Contractor shall make its internal practices, books, and records relating to the use and disclosure of PHI received from SJVIA, or created or received by the Contractor on behalf of the SJVIA, in compliance with the HIPAA Privacy Rule, including but not limited to the requirements set forth in 45 CFR Parts 160 and 164. The Contractor shall make its internal practices, books, and records relating to the use and disclosure of PHI received from the SJVIA, or created or received by the Contractor on behalf of the SJVIA, available to the United States Department of Health and Human Services upon demand.

8.12 The Contractor shall cooperate with the compliance and investigation reviews conducted by the Secretary. The Contractor must provide PHI access to the Secretary during the Contractor's normal business hours, but upon exigent circumstances shall also grant access at any time. Upon the Secretary's compliance or investigation review, if PHI is unavailable to the Contractor and in possession of a subcontractor, the Contractor must certify to the Secretary its efforts to obtain the information.

8.13 **Safeguards.** The Contractor shall implement administrative, physical, and technical safeguards as required by the HIPAA Security Rule, Subpart C of 45 CFR Part 164, that reasonably and appropriately protects the confidentiality, integrity, and availability of PHI, including electronic PHI, that it creates, receives, maintains or transmits on behalf of the SJVIA and to prevent unauthorized access, viewing, use, disclosure, or breach of PHI other than as provided for by this agreement. The Contractor shall conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidential, integrity and availability of electronic PHI. The Contractor shall develop and maintain a written information privacy and security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of the Contractor's operations and the nature and scope of its activities. Upon the SJVIA's request, the Contractor shall provide the SJVIA with information concerning such safeguards.

8.14 **Security Safeguards and Precautions.** The Contractor shall implement strong access controls and other security safeguards and precautions in order to restrict logical and physical access to confidential, personal (e.g., PHI) or sensitive data to authorized users only.

8.15 **Password Controls.** Those safeguards and precautions shall include the following administrative and technical password controls for all systems used to process or store confidential, personal, or sensitive data.

(A) Passwords must not be:

(1) Shared or written down where they are accessible or recognizable by anyone else; such as taped to computer screens, stored under keyboards, or visible in a work area;

(2) A dictionary word; or

(3) Stored in clear text

(B) Passwords must be:

(1) Eight characters or more in length;

(2) Changed every 90 days;

(3) Changed immediately if revealed or compromised; and

(4) Composed of characters from at least three of the following four groups from the standard keyboard: (i) upper case letters (A-Z); (ii) lowercase letters (a-z); (iii) Arabic numerals (0 through 9); and (iv) non-alphanumeric characters (punctuation symbols).

8.16 **Security Controls.** The Contractor shall implement the following security controls on each workstation or portable computing device (e.g., laptop computer) containing confidential, personal, or sensitive data:

(A) Network-based firewall and/or personal firewall;

(B) Continuously updated anti-virus software; and

(C) Patch management process including installation of all operating system/software vendor security patches.

8.17 **Encryption.** The Contractor shall use a commercial encryption solution that has received FIPS 140-2 validation to encrypt all confidential, personal, or sensitive data stored on portable electronic media (including, but not limited to, compact disks and thumb drives) and on portable computing devices (including, but not limited to, laptop and notebook computers).

8.18 **Data Transmission.** The Contractor shall not transmit confidential, personal, or sensitive data via e-mail or other internet transport protocol unless the data is encrypted by a solution that has been validated by the National Institute of Standards and Technology (NIST)

as conforming to the Advanced Encryption Standard (AES) Algorithm. The Contractor must apply appropriate sanctions against its employees who fail to comply with these safeguards. The Contractor must adopt procedures for terminating access to PHI when employment of employee ends.

8.19 Mitigation of Harmful Effects. The Contractor shall mitigate, to the extent practicable, any harmful effect that is suspected or known to the Contractor of an unauthorized access, viewing, use, disclosure, or breach of PHI by the Contractor or its subcontractors in violation of the requirements of this Article 8. The Contractor must document suspected or known harmful effects and the outcome of any mitigation.

8.20 Contractor's Subcontractors. The Contractor shall ensure that each of its contractors, including subcontractors, if applicable, to whom the Contractor provides PHI received from or created or received by the Contractor from or on behalf of the SJVIA, agrees to the same restrictions, safeguards, and conditions that apply to the Contractor with respect to such PHI and to incorporate, when applicable, the relevant provisions of these provisions into each subcontract or sub-award to such agents or subcontractors.

8.21 Employee Training and Discipline. The Contractor shall train and use reasonable measures to ensure compliance with the requirements of the provisions of this Article 8 by employees who assist in the performance of functions or activities on behalf of the SJVIA under this agreement and use or disclose PHI and discipline such employees who intentionally violate any provisions of these provisions, including termination of employment.

8.22 Termination for Breach. Upon the SJVIA's knowledge of a material breach of these provisions by the Contractor, the SJVIA shall either:

(A) Provide an opportunity for the Contractor to cure the breach or end the violation, and terminate this agreement if the Contractor does not cure the breach or end the violation within the time specified by the SJVIA; or

(B) Immediately terminate this agreement if the Contractor has breached a material term of these provisions and cure is not possible.

(C) If neither cure nor termination is feasible, the SJVIA's Privacy Officer shall report the violation to the Secretary.

8.23 Termination after Judicial or Administrative Proceedings. The SJVIA may terminate this agreement if: (1) the Contractor is found guilty in a criminal proceeding for a violation of the HIPAA Privacy or Security Laws or the HITECH Act; or (2) there is a finding or stipulation that the Contractor has violated a privacy or security standard or requirement of the HITECH Act, HIPAA, or other security or privacy laws in an administrative or civil proceeding in which the Contractor is a party.

8.24 Obligations upon Termination. Upon termination or expiration of this agreement for any reason, the Contractor shall return or destroy all PHI received from the SJVIA (or created or received by the Contractor on behalf of SJVIA) that the Contractor still maintains in any form,

and shall retain no copies of such PHI. If return or destruction of PHI is not feasible, the Contractor shall continue to extend the protections of these provisions to such information, and limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible. This provision applies to PHI that is in the possession of subcontractors or agents, if applicable, of the Contractor. If the Contractor destroys the PHI data, the Contractor shall provide to the SJVIA a certification of date and time of destruction

8.25 **Disclaimer.** The SJVIA makes no warranty or representation that compliance by the Consultant with the provisions of this Article 8, HIPAA, or HITECH will be adequate or satisfactory for the Contractor's own purposes or that any information in the Contractor's possession or control, or transmitted or received by the Contractor, is or will be secure from unauthorized access, viewing, use, disclosure, or breach. The Contractor is solely responsible for all decisions made by the Contractor regarding the safeguarding of PHI.

8.26 **Amendment.** The parties acknowledge that federal and state laws relating to electronic data security and privacy are rapidly evolving and that amendment of these provisions may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to amend this agreement in order to implement the standards and requirements of HIPAA, HITECH, and other applicable laws relating to the security or privacy of PHI. The SJVIA may terminate this agreement upon 30 days written notice if the Contractor does not enter into an amendment providing assurances regarding the safeguarding of PHI that the SJVIA in its sole discretion, deems sufficient to satisfy the standards and requirements of HIPAA and HITECH.

8.27 **Interpretation.** The terms of this Article 8 shall be interpreted as broadly as necessary to implement and comply with HIPAA and applicable State of California laws. The parties agree that any ambiguity in the terms and conditions of these provisions shall be resolved in favor of a meaning that complies and is consistent with HIPAA.

8.28 **Regulatory References.** Any reference in this agreement to a law or regulation means the law or regulation as in effect or as amended.

8.29 **Survival.** The obligations of the Contractor as provided in this Article 8 survive the termination or expiration of this agreement.

8.30 **Definitions.** For purposes of this Article 8:

(A) The SJVIA's Privacy Officer is the SJVIA Manager.

(B) The Secretary is as defined in 45 CFR § 160.103

Article 9 Indemnity

9.1 **Indemnification.** Each party ("Indemnifying Party") will promptly defend, indemnify, and hold the other party ("Indemnified Party") harmless from and against any and all claims, suits, actions, liabilities, losses, expenses, or damages which the Indemnified Party may incur

as a result of any violation by the Indemnifying Party of any law, or any loss or expense to the Indemnified Party caused by the misrepresentation, negligent act or omission, or any breach of any of the Indemnifying Party's obligations under this agreement.

9.2 **Limitation of Liability.** Notwithstanding any other term of this agreement, each party shall only be liable for actual damages incurred by the other party, and shall not be liable for any indirect, consequential, or punitive damages.

Article 10 Insurance

10.1 **Policy and Coverage Requirements.** Without limiting the SJVIA's right to obtain indemnification from the Contractor or any third parties, the Contractor, at its sole expense, shall maintain in full force and effect, the following insurance policies or a program of self-insurance, which may include an insurance pooling arrangement, throughout the term of this agreement. All policies shall be issued by admitted insurers licensed to do business in the State of California, and such insurance shall be purchased from companies possessing a current A.M. Best, Inc. rating of A FSC VII or better.

10.2 **Commercial General Liability.** The Contractor shall maintain a commercial general liability policy with limits of not less than One Million Dollars (\$1,000,000) per occurrence and an annual aggregate of Two Million Dollars (\$2,000,000). This policy must be issued on a per occurrence basis. The SJVIA may require specific coverages including completed operations, products liability, contractual liability, explosion-collapse-underground, fire legal liability, or another liability insurance deemed necessary because of the nature of this contract.

10.3 **Automobile Liability.** The Contractor shall maintain a comprehensive automobile liability policy with limits for bodily injury of not less than Two Hundred Fifty Thousand Dollars (\$250,000) per person, Five Hundred Thousand Dollars (\$500,000) per accident, and for property damages of not less than Fifty Thousand Dollars (\$50,000), or such coverage with a combined single limit of Five Hundred Thousand Dollars (\$500,000). Coverage must include owned and non-owned vehicles used in connection with this agreement.

10.4 **Professional Liability.** The Contractor shall maintain professional liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence, Three Million Dollars (\$3,000,000) annual aggregate.

10.5 **Workers Compensation.** The Contractor shall maintain a workers compensation insurance policy as may be required by the California Labor Code.

10.6 **Endorsements.** The Contractor shall obtain endorsements to the commercial general liability insurance naming the SJVIA, its officers, agents, and employees, individually and collectively, as additional insured, but only insofar as the operations under this agreement are concerned.

(A) Such coverage for additional insured shall apply as primary insurance and any other insurance, or self-insurance, maintained by the SJVIA, its officers, agents, and

employees shall be excess only and not contributing with insurance provided under the Contractor's policies required by this agreement.

(B) This insurance shall not be cancelled or changed without a minimum of 30 days advance written notice to the SJVIA.

(C) Any insurance proceeds available to the Contractor under its Commercial General Liability insurance in excess of the minimum coverage and limits specified for that policy in this agreement shall be available to the additional insured under the endorsement required by this agreement. If the SJVIA permits the Contractor to sub-contract any of its duties under this agreement, the Contractor shall require all sub-contractors to obtain endorsements to their Commercial General Liability insurance naming the SJVIA as additional insured with coverage at least as broad as that provided by Insurance Services Office (ISO) form number CG 20 38 04 13.

10.7 Certificates of Insurance. Within 30 days from the date the Contractor signs this agreement, the Contractor shall provide certificates of insurance and endorsement as stated above, for all of the policies required above, to the SJVIA Manager, stating all of the following:

(A) that such insurance coverages have been obtained and are in full force;

(B) that the SJVIA, its officers, agents, and employees will not be responsible for any premiums on the policies;

(C) that the commercial general liability policy names the SJVIA, its officers, agents, and employees, individually and collectively, as additional insured, but only insofar as operations under this agreement are concerned;

(D) that such coverage for additional insured shall apply as primary insurance and any other insurance, or self-insurance, maintained by the SJVIA, its officers, agents, and employees, shall be excess only and not contributing with insurance provided under the Contractor's policies required under this agreement; and

(E) that this insurance shall not be cancelled or changed without a minimum of 30 days advance written notice to the SJVIA.

10.8 Failure to Maintain. If the Contractor fails to keep in effect at all times the insurance policies and coverages required under this agreement, the SJVIA may, in addition to any other remedies it may have, suspend or terminate this agreement upon the occurrence of that event.

Article 11 General Provisions

11.1 Modification. This agreement may not be modified, and no waiver is effective, except by another written agreement that is signed by both parties.

11.2 Non-Assignment. Neither party may assign its rights or delegate its obligations under this agreement without the prior written consent of the other party.

11.3 **Governing Law.** The laws of the State of California govern all matters arising from or related to this agreement.

11.4 **Jurisdiction and Venue.** This agreement is signed and performed in Fresno County, California. The Contractor consents to California jurisdiction for actions arising from or related to this agreement, and, subject to the Government Claims Act, all such actions must be brought and maintained in the Fresno County Superior Court.

11.5 **Construction.** The final form of this agreement is the result of the parties' combined efforts. If anything in this agreement is found by a court of competent jurisdiction to be ambiguous, that ambiguity is to be resolved by construing the terms of this agreement according to their generally accepted meaning, and not by construing the terms of this agreement for or against either party.

11.6 **Headings.** The headings and section titles in this agreement are for convenience only and are not part of this agreement.

11.7 **Severability.** If anything in this agreement is found by a court of competent jurisdiction to be unlawful or otherwise unenforceable, the balance of this agreement remains in effect.

11.8 **No Waiver.** Payment, change, waiver, or discharge of any liability or obligation of the Contractor under this agreement on any one or more occasions is not a waiver of performance of any continuing or other obligation and does not prohibit enforcement by the SJVIA of any obligation on any other occasion.

11.9 **Entire Agreement.** This agreement is the entire agreement between the Contractor and the SJVIA with respect to the subject matter of this agreement, and it supersedes all previous negotiations, proposals, commitments, writings, advertisements, publications, and understandings of any nature unless those things are expressly included in this agreement.

11.10 **Third-Party Beneficiaries.** This agreement does not and is not intended to create any rights or obligations for any person or entity except for the parties.

11.11 **Authorized Signatures.** The Contractor represents and warrants to the SJVIA that:

(A) The Contractor is duly authorized and empowered to sign and perform its obligations under this agreement.

(B) The individual signing this agreement on behalf of the Contractor is duly authorized to do so and his or her signature on this agreement will legally bind the Contractor to the terms of this agreement.

11.12 **Counterparts.** This agreement may be signed in counterparts, each of which is an original, and all of which together constitute this agreement.

[SIGNATURE PAGE FOLLOWS]

The parties are signing this agreement on the date stated in the introductory clause.

LIFE SAVING IMAGES

SAN JOAQUIN VALLEY INSURANCE
AUTHORITY

Jim Drury, Owner
Life Saving Images

Pete Vander Poel
President, Board of Directors

Exhibit A

CONTRACTOR SCOPE OF SERVICES

The Contractor shall perform the necessary professional services, including but not limited to those services provided in this exhibit A to the agreement.

1. **Definitions.** For purposes of this agreement, the following words have the meanings given to them here:
 - a. "Participant" means a person deemed eligible by the SJVIA to participate in the services listed in exhibit A.
 - b. "Participating Entity" means a County, City, Special District or other Joint Powers Authority that has been approved by the SJVIA Board of Directors to participate in the SJVIA.
 - c. "Plan" means the SJVIA's self-funded medical plan.
 - d. "Plan Sponsor" means the SJVIA or any of its member entities.
 - e. "Provider" means any person or entity who proposes to provide, or does provide, health care services covered under the Plan to a Participant.
 - f. "Health Educator" means a health care professional having at least a Master's degree in Diagnostic Medical Sonography who is employed by the Contractor.
 - g. "Nurse Health Coach" means a Registered Nurse licensed in the State of California.
2. **Screening.** The Contractor shall conduct on-site bilateral screening mammography exams to Participants at various locations and over multiple days for each Participating Entity, as provided below.
3. **Scheduling.** The Contractor may only schedule mammography services with a Participating Entity after receiving written approval from the SJVIA Manager, SJVIA Assistant Manager, or a designee of either. Such services should be scheduled by the Participating Entity at least 45 days in advance of services unless mutually agreed upon by Participating Entity and the Contractor. Upon receiving SJVIA approval, the Contractor shall work directly with Participating Entity to schedule actual dates and locations of mammography services.
4. **Notice of Privacy Practices.** The Contractor shall provide a notice of privacy practices to each participant before conducting the bilateral screening mammography exam.

Written Reports. Each bilateral screening mammography exam shall result in a written report, including interpretation, by the radiologist who performed the exam. The report shall be sent to the Participant's designated physician within 5-7 working days after the day of service. The Contractor shall provide to each participant either a normal or an abnormal results letter within 7-9 working days after the day of service. The Contractor shall provide a generic outcome report that does not contain unique identifiers pursuant to HIPAA will be sent to the SJVIA no later than 9 days after the last day of service for each Participating Entity.

Exhibit B

CONTRACTOR COMPENSATION

1. There shall be no minimum fee for services provided by the Contractor under this agreement for a scheduled day of service.
2. The SJVIA is not required to produce a minimum number of patients.
3. The Contractor shall bill the Participant's insurance, and accept in full payment for services rendered, a flat fee of \$137.00 per screening mammogram. The Contractor shall submit an invoice at the end of each month to Anthem Blue Cross, to include the total number of patients screened for the month at the fee listed above per screening mammogram..



BOARD OF DIRECTORS

- ANDREAS BORGEAS
- KUYLER CROCKER
- NATHAN MAGSIG
- BUDDY MENDES
- BRIAN PACHECO
- PETE VANDER POEL
- J. STEVEN WORTHLEY

Meeting Location:
County of Fresno
Fresno County Board of Supervisors
Chambers
2281 Tulare Street, #301
Fresno, CA 93721

AGENDA DATE: July 20, 2018

ITEM NUMBER: Item 13

SUBJECT: Receive and File Consultant’s Report on SJVIA Wellness Activities (I)

REQUEST(S): That the SJIVA Board Receive and File the Consultant’s Report on SJVIA Wellness Activities.

DESCRIPTION:

Wellness activities during the second quarter of 2018 included biometric screenings at the County of Tulare, promotion of discounted gym memberships at Planet Fitness, as well as the implementation of a Finding Balance email campaign at the County of Fresno. Mobile Mammography screenings have been scheduled for this Fall at the County of Tulare, and the SJVIA Wellness Committee is currently working on developing a Healthy Pregnancy Program.

FISCAL IMPACT/FINANCING:

None.

ADMINISTRATIVE SIGN-OFF:

Paul Nerland
 SJVIA Manager

Rhonda Sjostrom
 SJVIA Assistant Manager



SJVIA Wellness Activities Update – July 20, 2018 Board Meeting

- **Biometric Screenings:** County of Tulare administered their 2018 Biometric Screening Campaign in May. A total of 456 employees completed a screening provided by Elite Medical Services and received a \$25 gift card. Once the biometric screening aggregate report is received, it will be provided to the SJVIA Wellness Subcommittee for review.
- **Discount on Gym Memberships:** SJVIA reached an agreement for discounts on gym memberships at Planet Fitness (9 locations). All employees and retirees have access to the reduced rates (enrollment fee \$5, \$10 monthly membership fee). Marketing pieces have been distributed at both County of Fresno and County of Tulare regarding these discounts.
- **Finding Balance Program:** County of Fresno launched Kaiser’s 8-week stress-focused program on June 18. During the challenge, participants receive a Finding Balance Workbook, Stress Journal, and weekly emails promoting different stress-relieving techniques. All participants who complete the end-of-program survey are entered into a drawing for prizes. County of Tulare is tentatively scheduled to launch Finding Balance in December.
- **Healthy Pregnancy Program:** SJVIA Members who are pregnant will be directed to resources available through their medical carriers to receive the support they need to reduce their risk of pregnancy complications. Anthem members will have access to the Anthem Future Moms Program, consisting of a risk assessment, education, and support provided telephonically from different Anthem healthcare specialists. Kaiser members will have access to the Kaiser Healthy Pregnancy Program, consisting of 7-10 prenatal visits. During the visits, expected mothers will have their risk level assessed. Higher risk pregnancies will receive an advanced level of care from Kaiser healthcare specialists. SJVIA expectant mothers who complete either of these Healthy Pregnancy Programs will qualify for an incentive (TBD).
- **Mobile Mammography Screenings:** County of Tulare has secured screening dates for fall, which are as follows: September 27, November 5, 6, 7, 8, 13, 14.
- **Open Enrollment Support:** County of Fresno and County of Tulare will host health fairs during Open Enrollment. During the events, a member of the KeenanWell team can be on-site providing blood pressure, BMI, and body fat testing and promoting the SJVIA Wellness Program.



BOARD OF DIRECTORS

- ANDREAS BORGEAS
- KUYLER CROCKER
- NATHAN MAGSIG
- BUDDY MENDES
- BRIAN PACHECO
- PETE VANDER POEL
- J. STEVEN WORTHLEY

Meeting Location:
County of Fresno
Fresno County Board of Supervisors
Chambers
2281 Tulare Street, #301
Fresno, CA 93721

AGENDA DATE: July 20, 2018

ITEM NUMBER: Item 14

SUBJECT: Receive and File Consultant’s Report on Medical, Dental, and Vision Experience Through May 2018 (I)

REQUEST(S): That the Board receive and file the Consultant’s report on the SJVIA plan performance through May 2018.


DESCRIPTION:

The report shows that on a total cost basis from January through May 2018, the medical premium of \$32,524,628 exceeded total cost of \$29,131,090 for a surplus position of \$3,393,538 or a 89.6% loss ratio. The Dental and Vision coverages are fully insured. The Dental and Vision coverage are in a deficit position of \$130,917.

FISCAL IMPACT/FINANCING:

UPDATE: The 2018 plan year experience developed a \$2,605,706 Medical surplus, a \$127,491 Dental deficit, and a \$3,426 Vision deficit. This does not include loan repayment or reserve build up requirements. It does include the realization of IBNR as paid claims for groups and coverage that have terminated.

ADMINISTRATIVE SIGN-OFF:



 Paul Nerland
 SJVIA Manager

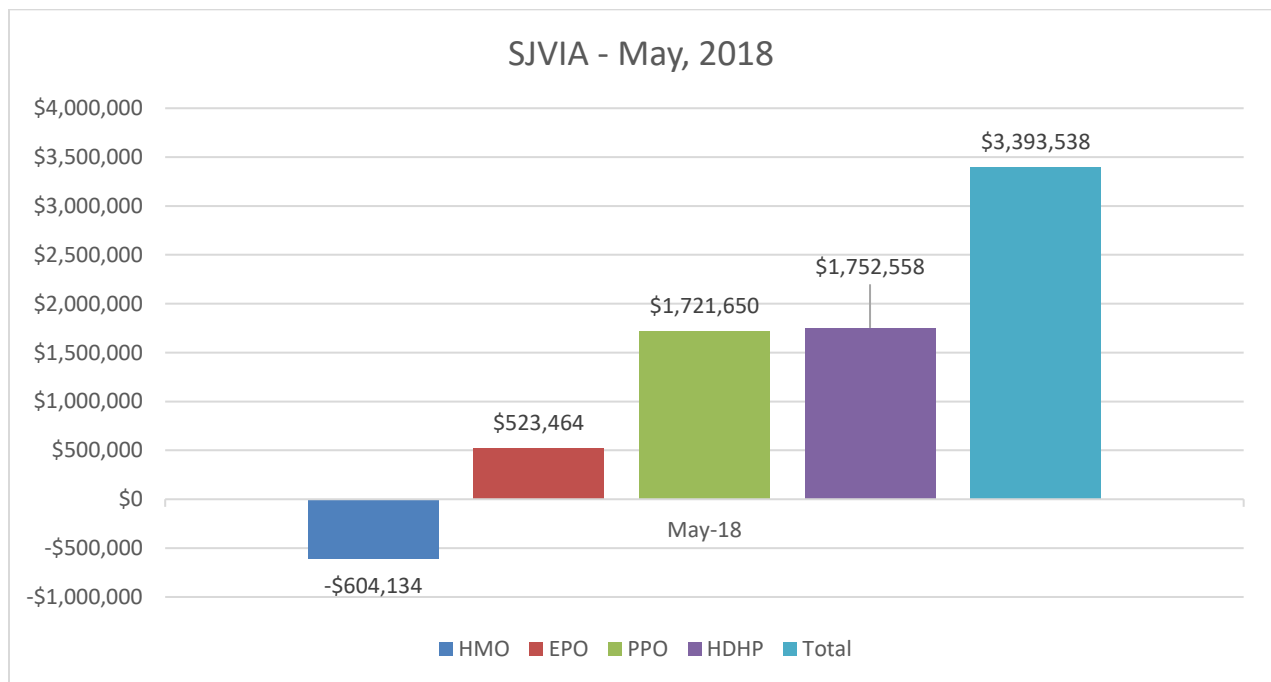


 Rhonda Sjostrom
 SJVIA Assistant Manager

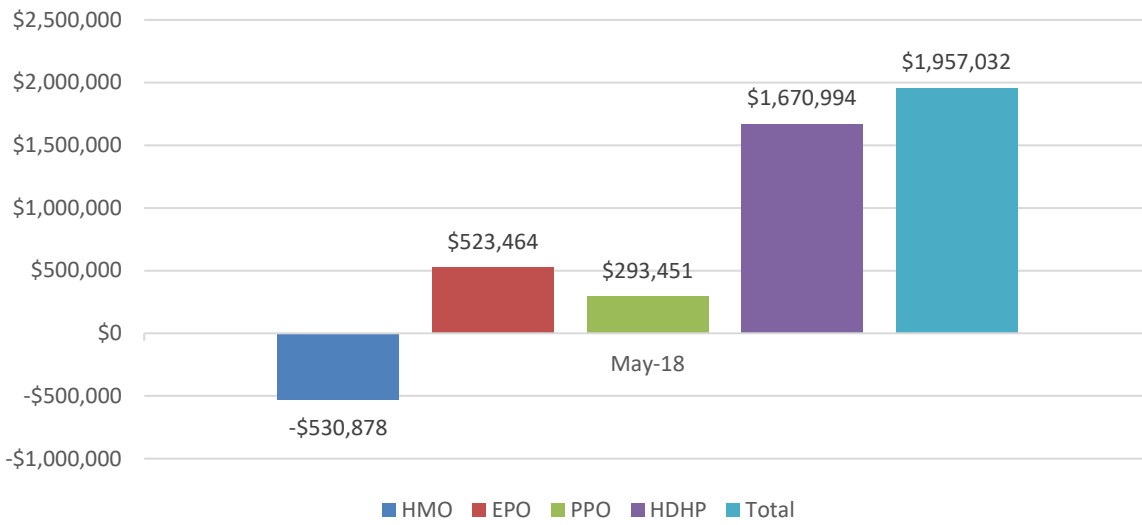
July 20, 2018

SJVIA Board Meeting: Consultant's Report on Medical, Dental, and Vision Experience Through May 2018

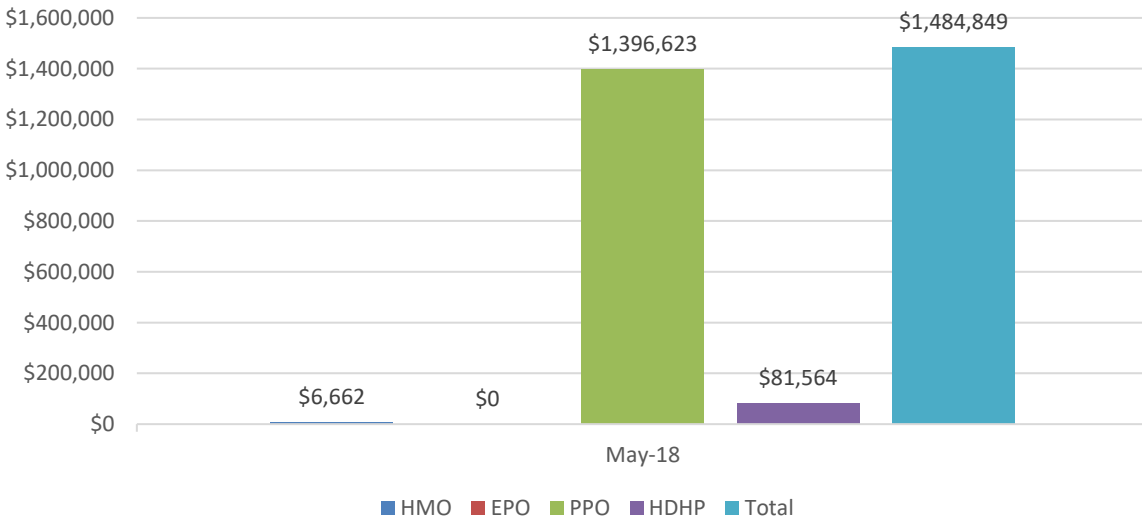
The following pages provide a summary of the plan experience from January 1 through May 2018. Keenan's last report to the SJVIA Board was based on claim experience through March 2018. The Anthem self-funded medical plan showed a surplus of \$3,393,538 through May. This includes paying the runout claims on the discontinued Anthem HMO and the two cities which terminated effective January 1, 2018.



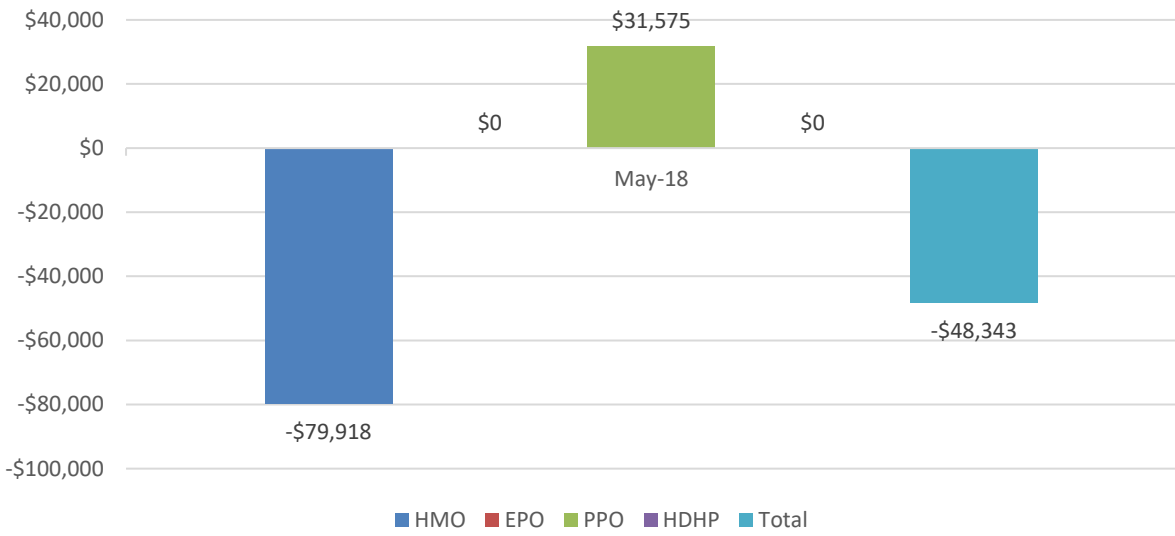
County of Fresno - May, 2018



County of Tulare - May, 2018



All Other - May, 2018





San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
All Districts Combined - All Medical

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO	
			MEDICAL	CAPITATION	RX	FIXED	POOLED CLAIMS				TOTAL EXPENSE
Jan-16	7,415	\$6,292,296	\$2,587,064	\$1,131,645	\$1,422,769	\$564,686	\$0	\$5,706,164	\$586,132	\$693.39	90.7%
Feb-16	7,420	\$6,277,578	\$3,336,635	\$1,127,940	\$1,548,636	\$564,920	\$0	\$6,578,131	-\$300,553	\$810.41	104.8%
Mar-16	7,425	\$6,276,715	\$3,146,223	\$1,123,252	\$1,661,305	\$565,222	\$0	\$6,496,002	-\$219,287	\$798.76	103.5%
Apr-16	7,449	\$6,279,991	\$3,245,888	\$1,121,050	\$1,473,038	\$566,444	\$0	\$6,406,420	-\$126,429	\$783.99	102.0%
May-16	7,426	\$6,262,001	\$3,537,933	\$1,120,362	\$1,531,196	\$564,703	\$0	\$6,754,195	-\$492,194	\$833.49	107.9%
Jun-16	7,445	\$6,268,571	\$3,073,560	\$1,126,152	\$1,533,858	\$566,205	\$0	\$6,299,775	-\$31,205	\$770.12	100.5%
Jul-16	7,458	\$6,269,622	\$3,330,433	\$1,156,189	\$1,543,742	\$567,027	\$0	\$6,597,392	-\$327,769	\$808.58	105.2%
Aug-16	7,450	\$6,260,578	\$3,767,851	\$1,149,168	\$1,639,401	\$566,216	-\$75,525	\$7,047,112	-\$786,534	\$869.92	112.6%
Sep-16	7,434	\$6,240,249	\$2,836,114	\$1,149,991	\$1,504,675	\$565,162	\$0	\$6,055,943	\$184,306	\$738.60	97.0%
Oct-16	7,412	\$6,222,734	\$3,681,077	\$1,146,283	\$1,549,736	\$563,513	\$0	\$6,940,609	-\$717,875	\$860.37	111.5%
Nov-16	7,394	\$6,205,893	\$3,879,920	\$1,142,122	\$1,531,147	\$561,716	-\$45,491	\$7,069,413	-\$863,520	\$880.13	113.9%
Dec-16	7,377	\$6,184,827	\$4,806,350	\$1,103,713	\$1,576,951	\$560,212	-\$746,471	\$7,300,755	-\$1,115,928	\$913.72	118.0%
Jan-17	7,224	\$6,815,134	\$2,700,833	\$995,935	\$1,572,397	\$550,166	\$0	\$5,819,332	\$995,802	\$729.40	85.4%
Feb-17	7,200	\$6,787,681	\$3,258,550	\$991,948	\$1,441,160	\$548,152	\$0	\$6,239,810	\$547,871	\$790.51	91.9%
Mar-17	7,179	\$6,761,387	\$3,322,923	\$987,343	\$1,715,926	\$546,268	\$0	\$6,572,459	\$188,928	\$839.42	97.2%
Apr-17	7,013	\$6,592,653	\$3,063,951	\$977,033	\$1,503,577	\$532,822	\$0	\$6,077,383	\$515,271	\$790.61	92.2%
May-17	7,053	\$6,615,501	\$3,931,378	\$977,081	\$1,650,758	\$535,601	\$0	\$7,094,819	-\$479,318	\$929.99	107.2%
Jun-17	7,172	\$6,728,288	\$3,913,208	\$972,474	\$1,831,804	\$545,175	\$0	\$7,262,662	-\$534,374	\$936.63	107.9%
Jul-17	7,194	\$6,722,354	\$2,824,342	\$991,172	\$1,575,088	\$546,146	\$0	\$5,936,748	\$785,606	\$749.32	88.3%
Aug-17	7,188	\$6,713,191	\$3,675,231	\$988,909	\$1,863,477	\$545,668	\$0	\$7,073,286	-\$360,095	\$908.13	105.4%
Sep-17	7,198	\$6,710,435	\$2,831,320	\$985,584	\$1,817,162	\$546,161	\$0	\$6,180,227	\$530,207	\$782.73	92.1%
Oct-17	7,160	\$6,672,823	\$4,135,718	\$979,410	\$1,810,284	\$543,054	-\$75,682	\$7,392,783	-\$719,961	\$956.67	110.8%
Nov-17	7,193	\$6,689,463	\$3,301,206	\$974,921	\$1,691,816	\$545,451	-\$1,520	\$6,511,874	\$177,590	\$829.48	97.3%
Dec-17	7,112	\$6,646,325	\$2,850,269	\$976,822	\$1,642,380	\$847,464	\$0	\$6,316,935	\$329,390	\$769.05	95.0%
Jan-18	6,958	\$6,521,019	\$2,754,302	\$1,303	\$1,584,855	\$624,786	\$0	\$4,965,246	\$1,555,773	\$623.81	76.1%
Feb-18	6,955	\$6,519,818	\$2,903,773	\$392	\$1,475,588	\$624,534	\$0	\$5,004,287	\$1,515,531	\$629.73	76.8%
Mar-18	6,953	\$6,512,291	\$4,827,607	\$0	\$1,653,772	\$624,197	\$0	\$7,105,576	-\$593,285	\$932.17	109.1%
Apr-18	6,935	\$6,483,938	\$3,693,459	\$0	\$1,523,581	\$622,237	\$0	\$5,839,277	\$644,661	\$752.28	90.1%
May-18	6,963	\$6,487,562	\$3,964,572	\$0	\$1,627,874	\$624,258	\$0	\$6,216,704	\$270,858	\$803.17	95.8%
2015	7,857	\$73,183,304	\$43,280,340	\$15,057,894	\$18,042,745	\$7,747,452	-\$335,568	\$83,792,863	-\$10,609,560	\$806.54	114.5%
2016	7,425	\$75,041,054	\$41,229,048	\$13,597,868	\$18,516,456	\$6,776,025	-\$867,487	\$79,251,910	-\$4,210,855	\$813.38	105.6%
2017	7,157	\$80,455,233	\$39,808,929	\$11,798,633	\$20,115,831	\$6,832,128	-\$77,202	\$78,478,317	\$1,976,916	\$834.20	97.5%
2018 YTD	6,953	\$32,524,628	\$18,143,713	\$1,695	\$7,865,670	\$3,120,012	\$0	\$29,131,090	\$3,393,538	\$748.22	89.6%
Current 12 Months	7,082	\$79,407,506	\$41,675,007	\$6,870,987	\$20,097,682	\$7,239,131	-\$77,202	\$75,805,605	\$3,601,901	\$806.84	95.5%

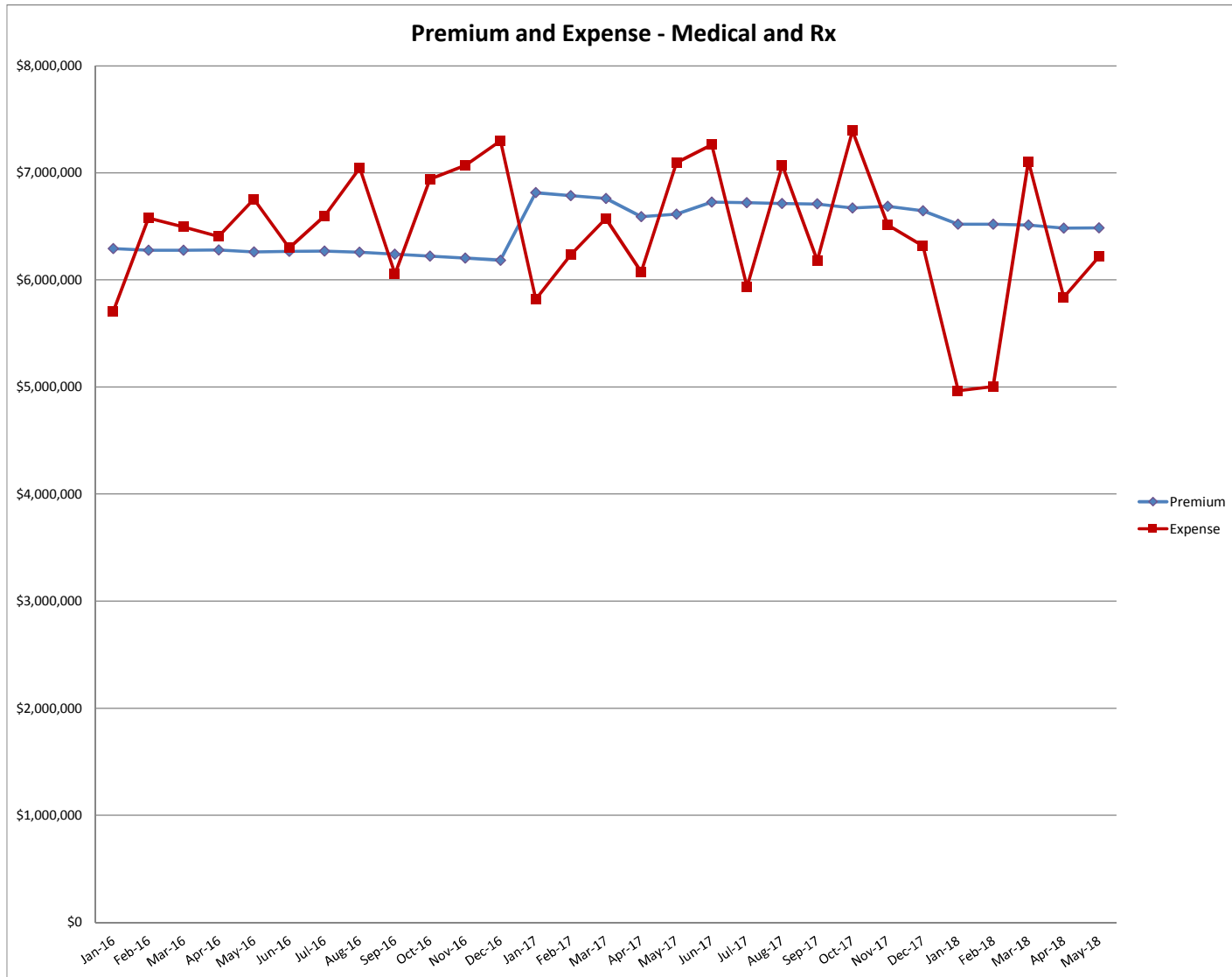
Data Sources:

Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

Notes:

1. Fixed Cost Schedule: Appendix
2. Pooling Points: HMO = \$400,000 and EPO/PPO/HDHP = \$450,000.
3. EmpiRx PBM replaced Envolve PBM effective 1/1/2018
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**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
All Districts Combined - All Medical**





**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
All Districts Combined - HMO**

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO	
			MEDICAL	CAPITATION	RX	FIXED	POOLED CLAIMS				TOTAL EXPENSE
Jan-16	4,049	\$3,947,168	\$1,334,608	\$1,131,645	\$870,159	\$347,301	\$0	\$3,683,712	\$263,456	\$824.01	93.3%
Feb-16	4,045	\$3,931,981	\$1,959,178	\$1,127,940	\$894,530	\$346,958	\$0	\$4,328,606	-\$396,624	\$984.34	110.1%
Mar-16	4,044	\$3,930,093	\$1,481,310	\$1,123,252	\$1,001,187	\$346,872	\$0	\$3,952,621	-\$22,528	\$891.63	100.6%
Apr-16	4,028	\$3,914,357	\$1,612,225	\$1,121,050	\$870,482	\$345,512	\$0	\$3,949,269	-\$34,912	\$894.68	100.9%
May-16	4,016	\$3,902,235	\$1,957,496	\$1,120,362	\$859,069	\$344,482	\$0	\$4,281,409	-\$379,174	\$980.31	109.7%
Jun-16	4,029	\$3,909,977	\$1,709,598	\$1,126,152	\$902,316	\$345,598	\$0	\$4,083,664	-\$173,688	\$927.79	104.4%
Jul-16	4,028	\$3,900,668	\$1,782,613	\$1,156,189	\$904,071	\$345,512	\$0	\$4,188,386	-\$287,717	\$954.04	107.4%
Aug-16	4,014	\$3,886,089	\$2,517,765	\$1,149,168	\$917,188	\$344,312	-\$75,525	\$4,852,908	-\$966,819	\$1,123.22	124.9%
Sep-16	4,013	\$3,880,493	\$1,748,178	\$1,149,991	\$855,942	\$344,224	\$0	\$4,098,336	-\$217,843	\$935.49	105.6%
Oct-16	4,002	\$3,871,427	\$1,790,098	\$1,146,283	\$898,703	\$343,283	\$0	\$4,178,367	-\$306,941	\$958.29	107.9%
Nov-16	3,972	\$3,846,975	\$1,857,465	\$1,142,122	\$911,360	\$340,712	-\$45,491	\$4,206,167	-\$359,193	\$973.18	109.3%
Dec-16	3,953	\$3,827,552	\$3,334,337	\$1,103,713	\$892,519	\$339,081	-\$727,077	\$4,942,573	-\$1,115,021	\$1,164.56	129.1%
Jan-17	3,391	\$3,857,853	\$1,231,705	\$995,935	\$868,003	\$296,428	\$0	\$3,392,072	\$465,781	\$912.90	87.9%
Feb-17	3,371	\$3,829,484	\$1,695,358	\$991,948	\$778,716	\$294,679	\$0	\$3,760,701	\$68,783	\$1,028.19	98.2%
Mar-17	3,348	\$3,805,170	\$1,892,093	\$987,343	\$944,379	\$292,668	\$0	\$4,116,483	-\$311,314	\$1,142.12	108.2%
Apr-17	3,232	\$3,680,296	\$1,204,293	\$977,033	\$838,545	\$282,531	\$0	\$3,302,402	\$377,894	\$934.37	89.7%
May-17	3,238	\$3,685,382	\$2,117,425	\$977,081	\$922,366	\$283,059	\$0	\$4,299,931	-\$614,550	\$1,240.54	116.7%
Jun-17	3,318	\$3,768,088	\$1,533,203	\$972,474	\$987,256	\$290,050	\$0	\$3,782,983	-\$14,895	\$1,052.72	100.4%
Jul-17	3,295	\$3,733,939	\$1,257,109	\$991,172	\$817,251	\$288,039	\$0	\$3,353,572	\$380,367	\$930.36	89.8%
Aug-17	3,291	\$3,723,250	\$1,765,938	\$988,909	\$924,076	\$287,694	\$0	\$3,966,617	-\$243,367	\$1,117.87	106.5%
Sep-17	3,283	\$3,712,476	\$1,490,702	\$985,584	\$854,131	\$286,993	\$0	\$3,617,411	\$95,065	\$1,014.44	97.4%
Oct-17	3,255	\$3,681,354	\$2,128,613	\$979,410	\$905,280	\$284,550	-\$75,682	\$4,222,171	-\$540,818	\$1,209.71	114.7%
Nov-17	3,265	\$3,684,062	\$1,509,653	\$974,921	\$893,657	\$285,425	-\$1,520	\$3,662,136	\$21,926	\$1,034.21	99.4%
Dec-17	3,280	\$2,197,812	\$1,203,354	\$976,822	\$468,244	\$286,737	\$0	\$2,935,157	-\$737,345	\$807.45	133.5%
Jan-18	1	\$1,593	\$484,140	\$1,303	\$804	\$94	\$0	\$486,340	-\$484,747	\$486,246.58	30534.4%
Feb-18	1	\$1,593	\$267,307	\$392	\$0	\$94	\$0	\$267,793	-\$266,200	\$267,699.00	16813.1%
Mar-18	1	\$1,593	\$10,083	\$0	\$0	\$94	\$0	\$10,177	-\$8,584	\$10,083.00	638.9%
Apr-18	1	\$1,593	-\$142,685	\$0	\$0	\$94	\$0	-\$142,591	\$144,184	-\$142,685.00	-8952.5%
May-18	1	\$1,593	-\$9,714	\$0	\$0	\$94	\$0	-\$9,620	\$11,213	-\$9,714.00	-604.0%
2015	4,605	\$47,200,812	\$27,086,366	\$15,057,894	\$10,956,150	\$5,003,196	-\$335,568	\$57,768,037	-\$10,567,225	\$954.76	122.4%
2016	4,016	\$46,749,016	\$23,084,871	\$13,597,868	\$10,777,527	\$4,133,848	-\$848,093	\$50,746,021	-\$3,997,005	\$967.20	108.5%
2017	3,297	\$43,359,166	\$19,029,446	\$11,798,633	\$10,201,906	\$3,458,854	-\$77,202	\$44,411,636	-\$1,052,471	\$1,035.02	102.4%
2018 YTD	1	\$7,964	\$609,131	\$1,695	\$804	\$468	\$0	\$612,097	-\$604,134	\$122,325.92	7686.0%
Current 12 Months	1,916	\$24,508,945	\$11,497,703	\$6,870,987	\$5,850,700	\$2,009,956	-\$77,202	\$26,152,144	-\$1,643,199	\$1,050.03	106.7%

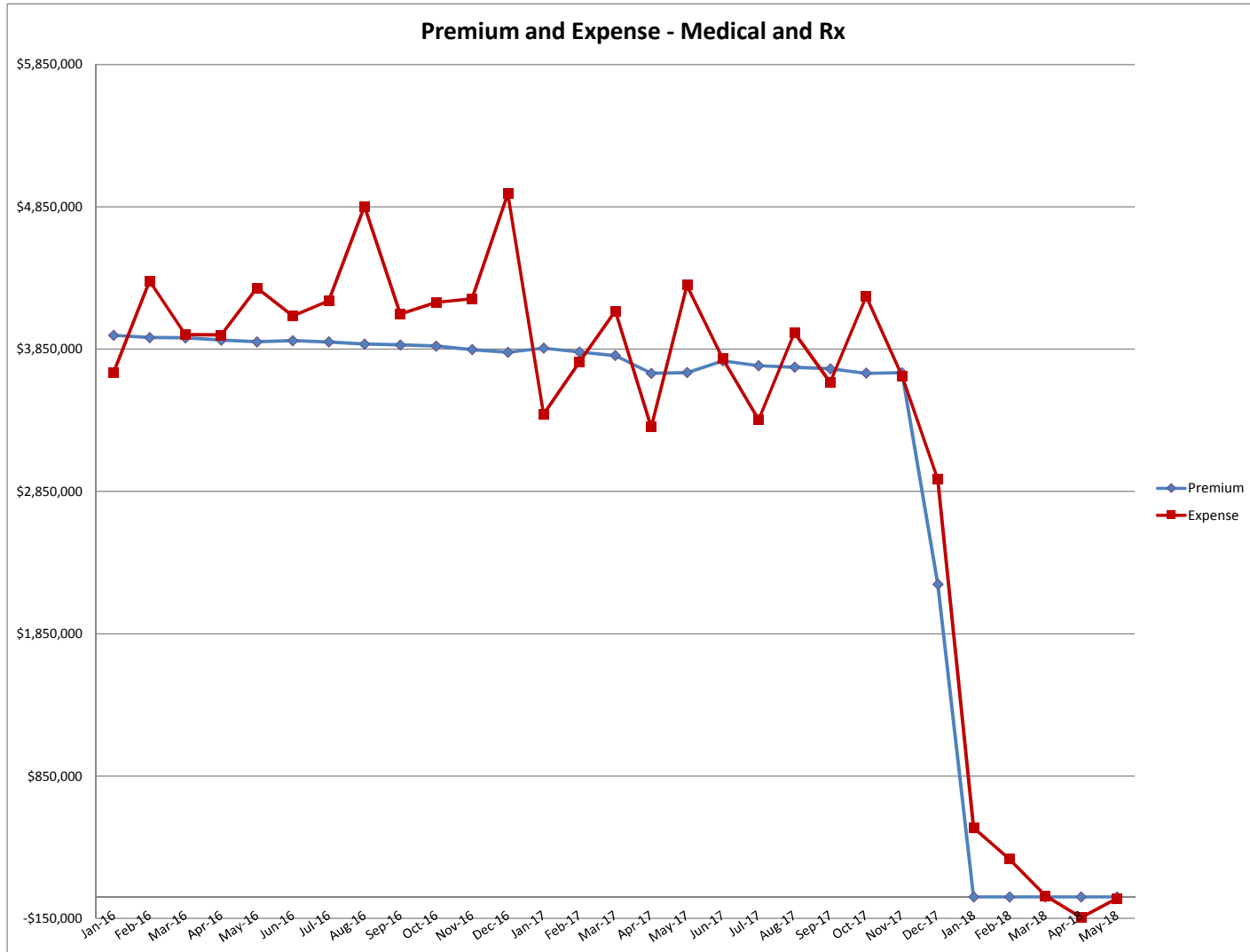
Data Sources:

Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

Notes:

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**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
All Districts Combined - HMO**





**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
All Districts Combined - EPO**

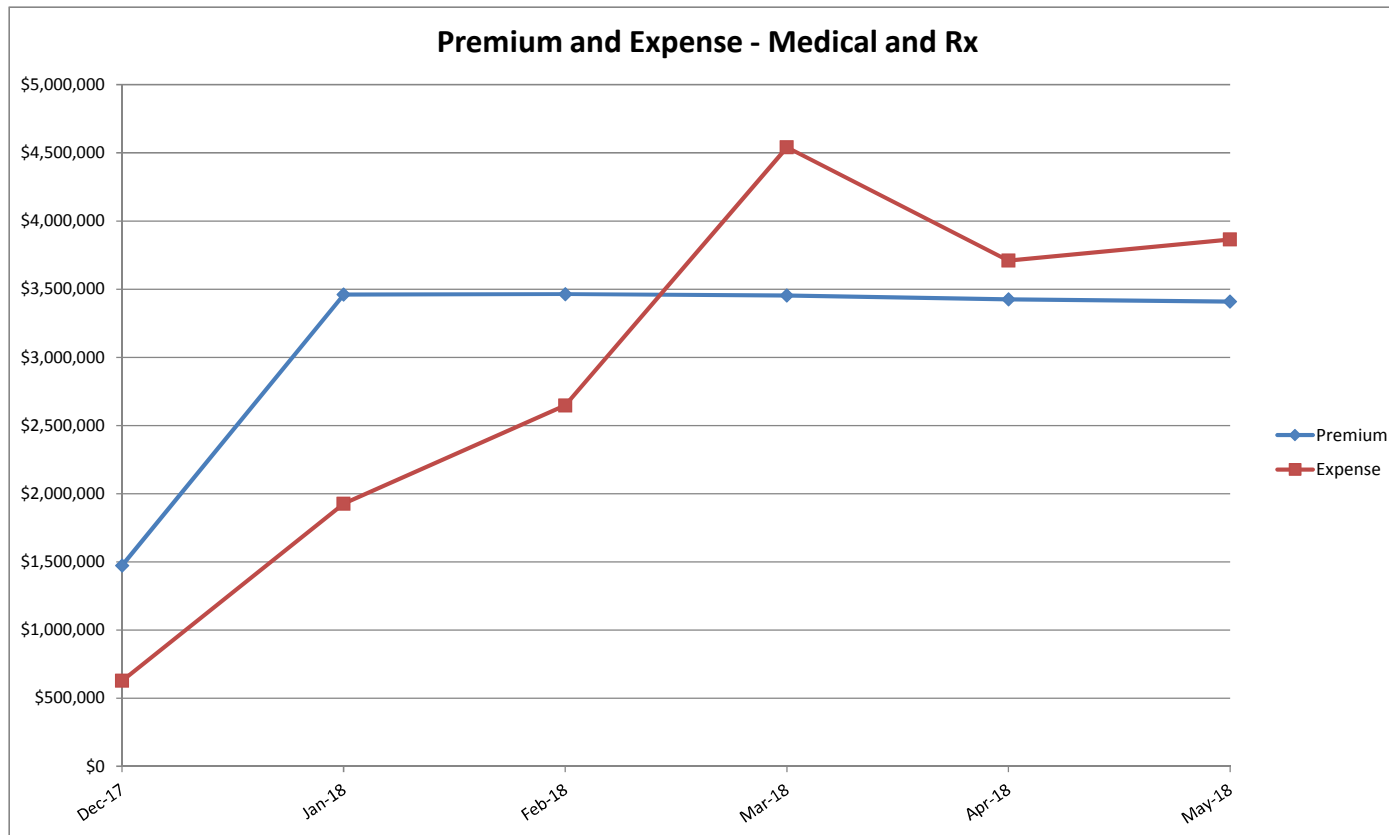
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Feb-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Mar-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Apr-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
May-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Jun-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Jul-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Aug-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Sep-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Oct-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Nov-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Dec-17	3,048	\$1,471,887	\$68,189	\$251,226	\$307,056	\$0	\$626,470	\$845,417	\$104.79	42.6%
Jan-18	3,121	\$3,460,514	\$743,187	\$867,858	\$314,410	\$0	\$1,925,455	\$1,535,059	\$516.20	55.6%
Feb-18	3,122	\$3,463,479	\$1,542,101	\$789,699	\$314,510	\$0	\$2,646,310	\$817,168	\$746.89	76.4%
Mar-18	3,112	\$3,451,850	\$3,301,710	\$924,970	\$313,503	\$0	\$4,540,183	-\$1,088,333	\$1,358.19	131.5%
Apr-18	3,087	\$3,423,792	\$2,596,335	\$801,696	\$310,984	\$0	\$3,709,015	-\$285,223	\$1,100.76	108.3%
May-18	3,074	\$3,408,456	\$2,670,046	\$883,943	\$309,675	\$0	\$3,863,664	-\$455,207	\$1,156.14	113.4%
2017	3,048	\$1,471,887	\$68,189	\$251,226	\$307,056	\$0	\$626,470	\$845,417	\$104.79	42.6%
2018 YTD	3,103	\$17,208,091	\$10,853,379	\$4,268,166	\$1,563,082	\$0	\$16,684,627	\$523,464	\$974.58	97.0%
Current 12 Months	1,547	\$18,679,978	\$10,921,568	\$4,519,392	\$1,870,137	\$0	\$17,311,097	\$1,368,881	\$831.77	92.7%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

Notes:

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Anthem Blue Cross Premium and Claims Report as of May 2018
All Districts Combined - EPO**





San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
All Districts Combined - PPO

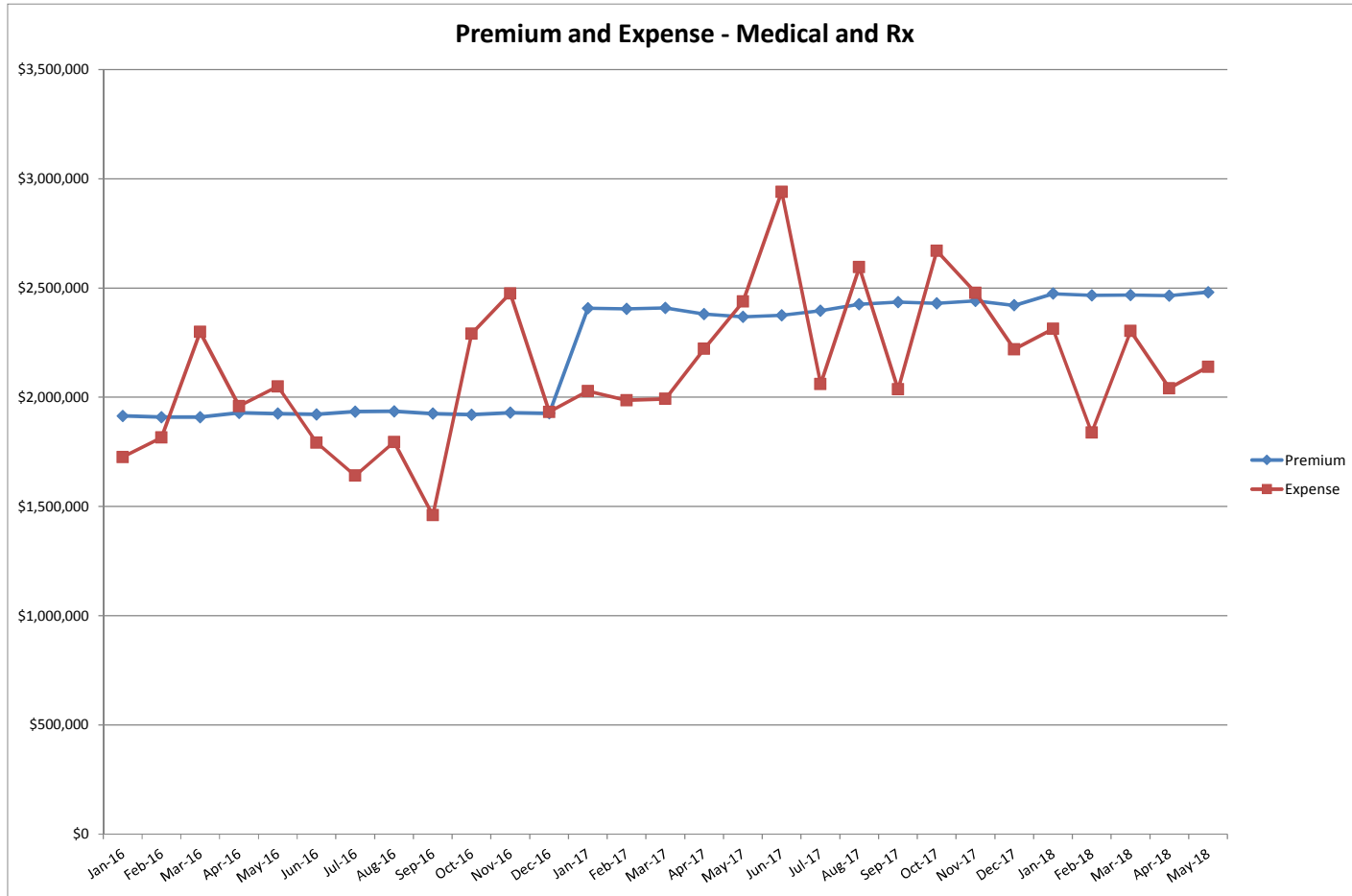
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	2,690	\$1,914,485	\$1,062,073	\$490,627	\$173,742	\$0	\$1,726,442	\$188,043	\$577.21	90.2%
Feb-16	2,692	\$1,909,087	\$1,028,097	\$613,643	\$173,869	\$0	\$1,815,609	\$93,478	\$609.86	95.1%
Mar-16	2,693	\$1,909,124	\$1,529,475	\$595,644	\$173,931	\$0	\$2,299,050	-\$389,926	\$789.13	120.4%
Apr-16	2,730	\$1,928,979	\$1,278,956	\$504,600	\$176,320	\$0	\$1,959,875	-\$30,896	\$653.32	101.6%
May-16	2,720	\$1,925,282	\$1,293,399	\$580,692	\$175,674	\$0	\$2,049,765	-\$124,482	\$689.00	106.5%
Jun-16	2,720	\$1,921,491	\$1,096,943	\$519,503	\$175,672	\$0	\$1,792,118	\$129,373	\$594.28	93.3%
Jul-16	2,735	\$1,934,082	\$957,986	\$506,558	\$176,644	\$0	\$1,641,188	\$292,893	\$535.48	84.9%
Aug-16	2,735	\$1,935,714	\$981,781	\$637,094	\$176,646	\$0	\$1,795,522	\$140,192	\$591.91	92.8%
Sep-16	2,728	\$1,925,079	\$782,238	\$501,415	\$176,196	\$0	\$1,459,850	\$465,229	\$470.55	75.8%
Oct-16	2,721	\$1,920,538	\$1,571,744	\$543,160	\$175,747	\$0	\$2,290,650	-\$370,112	\$777.25	119.3%
Nov-16	2,738	\$1,929,212	\$1,781,402	\$517,132	\$176,844	\$0	\$2,475,378	-\$546,165	\$839.49	128.3%
Dec-16	2,737	\$1,926,358	\$1,239,352	\$535,650	\$176,777	-\$19,394	\$1,932,386	-\$6,027	\$641.44	100.3%
Jan-17	3,049	\$2,408,045	\$1,167,779	\$658,355	\$201,852	\$0	\$2,027,986	\$380,059	\$598.93	84.2%
Feb-17	3,040	\$2,404,910	\$1,173,087	\$611,471	\$201,257	\$0	\$1,985,815	\$419,096	\$587.03	82.6%
Mar-17	3,051	\$2,409,004	\$1,139,347	\$651,192	\$201,977	\$0	\$1,992,516	\$416,488	\$586.87	82.7%
Apr-17	3,024	\$2,381,103	\$1,441,495	\$580,274	\$200,190	\$0	\$2,221,959	\$159,144	\$668.57	93.3%
May-17	3,011	\$2,368,076	\$1,628,318	\$610,381	\$199,332	\$0	\$2,438,031	-\$69,955	\$743.51	103.0%
Jun-17	3,016	\$2,375,163	\$2,038,616	\$702,737	\$199,665	\$0	\$2,941,018	-\$565,855	\$908.94	123.8%
Jul-17	3,046	\$2,396,547	\$1,230,206	\$628,628	\$201,654	\$0	\$2,060,488	\$336,059	\$610.25	86.0%
Aug-17	3,083	\$2,426,551	\$1,596,397	\$794,992	\$204,102	\$0	\$2,595,491	-\$168,940	\$775.67	107.0%
Sep-17	3,099	\$2,435,486	\$1,049,152	\$781,883	\$205,163	\$0	\$2,036,198	\$399,288	\$590.85	83.6%
Oct-17	3,092	\$2,430,771	\$1,715,373	\$751,177	\$204,696	\$0	\$2,671,246	-\$240,475	\$797.72	109.9%
Nov-17	3,105	\$2,441,299	\$1,617,686	\$655,311	\$205,556	\$0	\$2,478,553	-\$37,254	\$732.04	101.5%
Dec-17	3,070	\$2,421,402	\$1,249,063	\$767,492	\$203,238	\$0	\$2,219,793	\$201,609	\$656.86	91.7%
Jan-18	3,056	\$2,474,747	\$1,416,549	\$653,413	\$243,086	\$0	\$2,313,048	\$161,700	\$677.34	93.5%
Feb-18	3,050	\$2,466,814	\$932,401	\$663,106	\$242,546	\$0	\$1,838,053	\$628,761	\$523.12	74.5%
Mar-18	3,054	\$2,468,391	\$1,362,590	\$697,817	\$242,871	\$0	\$2,303,278	\$165,113	\$674.66	93.3%
Apr-18	3,058	\$2,465,659	\$1,106,965	\$691,104	\$243,169	\$0	\$2,041,239	\$424,420	\$587.99	82.8%
May-18	3,092	\$2,481,385	\$1,182,191	\$711,644	\$245,894	\$0	\$2,139,730	\$341,656	\$612.50	86.2%
2015	2,634	\$21,395,949	\$13,739,706	\$6,143,677	\$2,222,984	\$0	\$22,106,367	-\$710,418	\$629.06	103.3%
2016	2,720	\$23,079,432	\$14,603,446	\$6,545,718	\$2,108,061	-\$19,394	\$23,237,832	-\$158,400	\$647.38	100.7%
2017	3,057	\$28,898,357	\$17,046,519	\$8,193,894	\$2,428,681	\$0	\$27,669,093	\$1,229,264	\$688.01	95.7%
2018 YTD	3,062	\$12,356,996	\$6,000,696	\$3,417,085	\$1,217,566	\$0	\$10,635,346	\$1,721,650	\$615.14	86.1%
Current 12 Months	3,068	\$29,284,215	\$16,497,189	\$8,499,305	\$2,641,639	\$0	\$27,638,133	\$1,646,082	\$678.87	94.4%

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Anthem Blue Cross Premium and Claims Report as of May 2018
All Districts Combined - PPO**





**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
All Districts Combined - HSA**

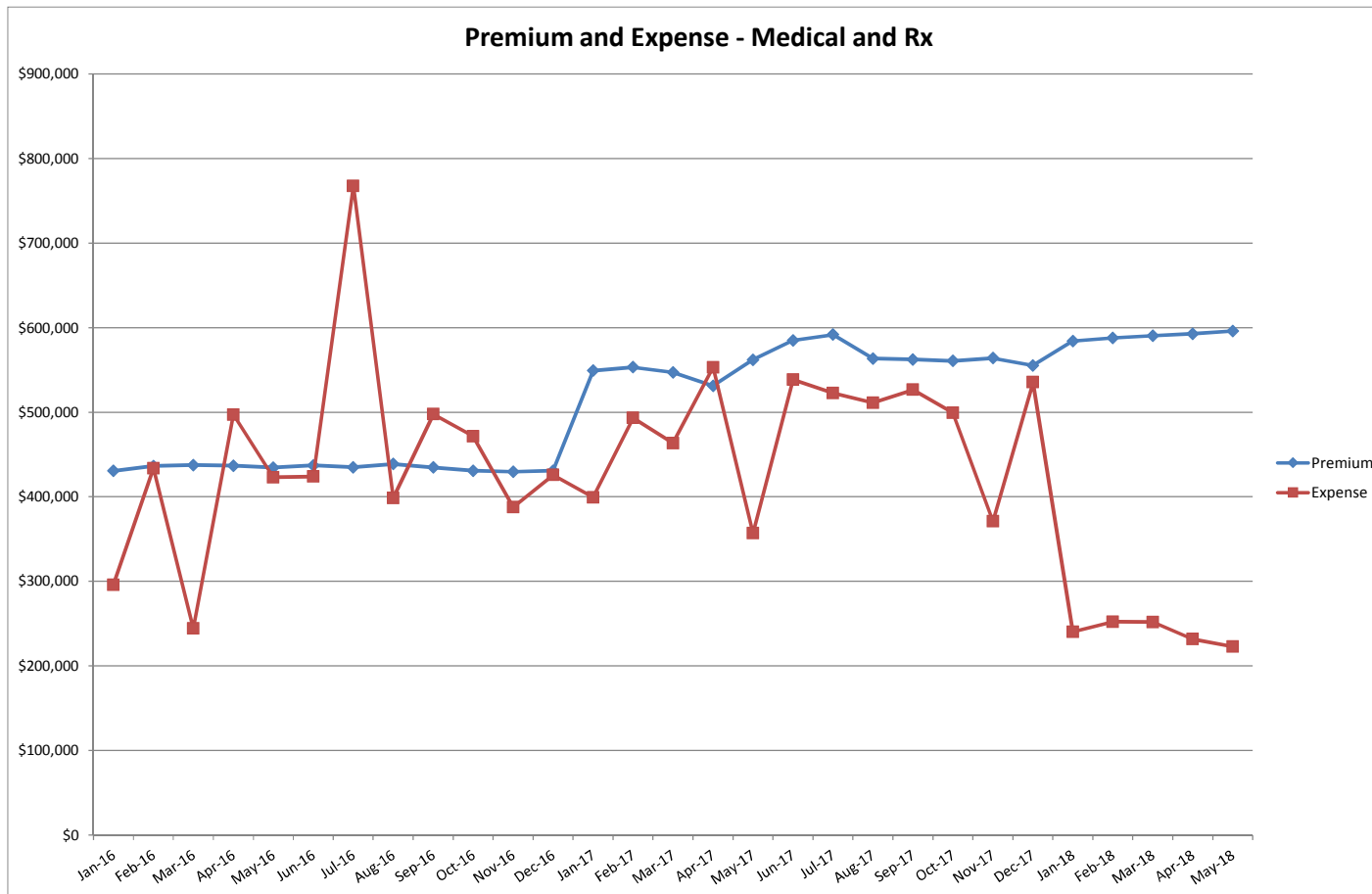
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	676	\$430,642	\$190,383	\$61,983	\$43,644	\$0	\$296,010	\$134,632	\$373.32	68.7%
Feb-16	683	\$436,510	\$349,360	\$40,463	\$44,094	\$0	\$433,917	\$2,594	\$570.75	99.4%
Mar-16	688	\$437,498	\$135,438	\$64,474	\$44,418	\$0	\$244,330	\$193,167	\$290.57	55.8%
Apr-16	691	\$436,654	\$354,707	\$97,956	\$44,612	\$0	\$497,275	-\$60,621	\$655.08	113.9%
May-16	690	\$434,484	\$287,038	\$91,436	\$44,548	\$0	\$423,022	\$11,463	\$548.51	97.4%
Jun-16	696	\$437,103	\$267,019	\$112,039	\$44,935	\$0	\$423,993	\$13,110	\$544.62	97.0%
Jul-16	695	\$434,872	\$589,834	\$133,113	\$44,870	\$0	\$767,817	-\$332,945	\$1,040.21	176.6%
Aug-16	701	\$438,774	\$268,305	\$85,119	\$45,258	\$0	\$398,682	\$40,093	\$504.17	90.9%
Sep-16	693	\$434,676	\$305,698	\$147,318	\$44,741	\$0	\$497,757	-\$63,081	\$653.70	114.5%
Oct-16	689	\$430,769	\$319,235	\$107,873	\$44,483	\$0	\$471,591	-\$40,821	\$619.90	109.5%
Nov-16	684	\$429,706	\$241,053	\$102,655	\$44,160	\$0	\$387,868	\$41,838	\$502.50	90.3%
Dec-16	687	\$430,916	\$232,661	\$148,781	\$44,354	\$0	\$425,796	\$5,120	\$555.23	98.8%
Jan-17	784	\$549,235	\$301,349	\$46,039	\$51,885	\$0	\$399,273	\$149,962	\$443.10	72.7%
Feb-17	789	\$553,287	\$390,105	\$50,974	\$52,216	\$0	\$493,295	\$59,992	\$559.04	89.2%
Mar-17	780	\$547,213	\$291,483	\$120,354	\$51,623	\$0	\$463,460	\$83,754	\$528.00	84.7%
Apr-17	757	\$531,254	\$418,163	\$84,758	\$50,101	\$0	\$553,022	-\$21,768	\$664.36	104.1%
May-17	804	\$562,043	\$185,635	\$118,011	\$53,211	\$0	\$356,857	\$205,187	\$377.67	63.5%
Jun-17	838	\$585,036	\$341,389	\$141,811	\$55,460	\$0	\$538,660	\$46,376	\$576.61	92.1%
Jul-17	853	\$591,868	\$337,027	\$129,208	\$56,453	\$0	\$522,688	\$69,180	\$546.58	88.3%
Aug-17	814	\$563,390	\$312,896	\$144,410	\$53,872	\$0	\$511,178	\$52,212	\$561.80	90.7%
Sep-17	816	\$562,473	\$291,466	\$181,148	\$54,005	\$0	\$526,619	\$35,854	\$579.18	93.6%
Oct-17	813	\$560,698	\$291,732	\$153,826	\$53,808	\$0	\$499,366	\$61,331	\$548.04	89.1%
Nov-17	823	\$564,103	\$173,867	\$142,848	\$54,470	\$0	\$371,185	\$192,918	\$384.83	65.8%
Dec-17	762	\$555,223	\$329,663	\$155,418	\$50,434	\$0	\$535,515	\$19,709	\$636.59	96.5%
Jan-18	780	\$584,165	\$110,426	\$62,780	\$67,197	\$0	\$240,403	\$343,762	\$222.06	41.2%
Feb-18	782	\$587,933	\$161,964	\$22,783	\$67,384	\$0	\$252,131	\$335,801	\$236.25	42.9%
Mar-18	786	\$590,458	\$153,224	\$30,985	\$67,730	\$0	\$251,939	\$338,519	\$234.36	42.7%
Apr-18	789	\$592,894	\$132,844	\$30,781	\$67,990	\$0	\$231,615	\$361,279	\$207.38	39.1%
May-18	796	\$596,128	\$122,049	\$32,287	\$68,595	\$0	\$222,931	\$373,196	\$193.89	37.4%
2015	618	\$4,586,543	\$2,454,268	\$942,919	\$521,272	\$0	\$3,918,459	\$668,084	\$458.27	85.4%
2016	689	\$5,212,607	\$3,540,731	\$1,193,210	\$534,116	\$0	\$5,268,057	-\$55,451	\$572.22	101.1%
2017	803	\$6,725,823	\$3,664,775	\$1,468,805	\$637,538	\$0	\$5,771,118	\$954,706	\$532.92	85.8%
2018 YTD	787	\$2,951,577	\$680,507	\$179,616	\$338,896	\$0	\$1,199,019	\$1,752,558	\$218.69	40.6%
Current 12 Months	804	\$6,934,368	\$2,758,547	\$1,228,285	\$717,398	\$0	\$4,704,230	\$2,230,137	\$413.06	67.8%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

Notes:

1. Fixed Cost Schedule: Appendix
2. Pooling Points: HMO = \$400,000 and EPO/PPO/HDHP = \$450,000.
3. EmpiRx PBM replaced Envolve PBM effective 1/1/2018
4. Fresno converted HMO to EPO plan effective 12/18/2017
5. Waterford and Ceres terminated from SJVIA effective 1/1/2018
6. All Others Claims include runout for Ceres and Waterford

**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
All Districts Combined - HSA**





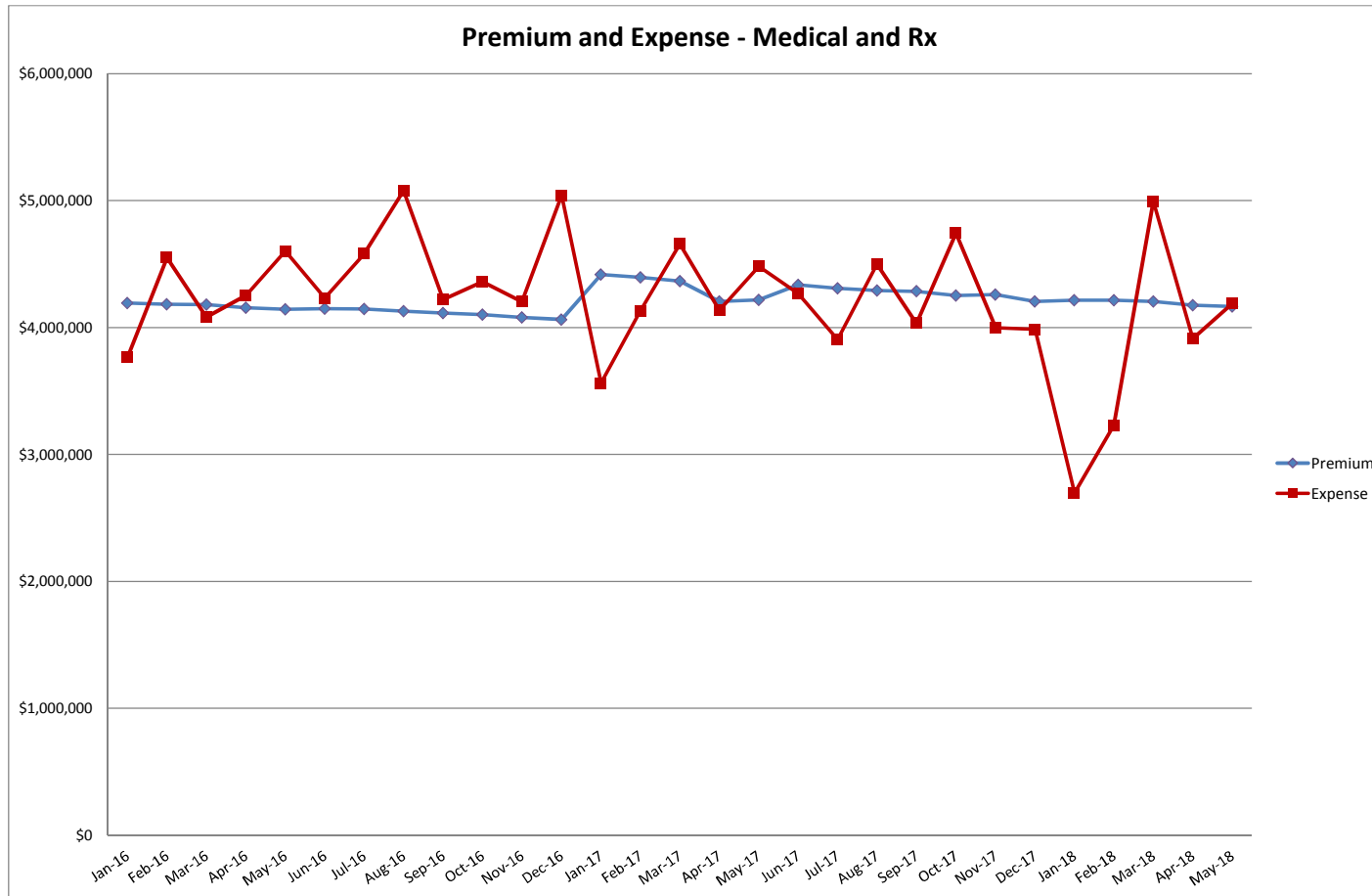
**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
County of Fresno - All Medical**

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE						SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	CAPITATION	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	4,504	\$4,194,043	\$1,446,667	\$1,021,945	\$926,517	\$368,464	\$0	\$3,763,592	\$430,451	\$753.80	89.7%
Feb-16	4,508	\$4,184,176	\$2,221,051	\$1,017,540	\$944,596	\$368,637	\$0	\$4,551,824	-\$367,648	\$927.95	108.8%
Mar-16	4,512	\$4,182,489	\$1,648,255	\$1,015,312	\$1,049,494	\$368,874	\$0	\$4,081,935	\$100,553	\$822.93	97.6%
Apr-16	4,483	\$4,156,205	\$1,917,726	\$1,010,602	\$958,515	\$366,494	\$0	\$4,253,338	-\$97,133	\$867.02	102.3%
May-16	4,472	\$4,144,419	\$2,268,740	\$1,009,640	\$960,052	\$365,615	\$0	\$4,604,047	-\$459,628	\$947.77	111.1%
Jun-16	4,485	\$4,149,744	\$1,849,109	\$1,018,022	\$998,545	\$366,687	\$0	\$4,232,363	-\$82,619	\$861.91	102.0%
Jul-16	4,491	\$4,146,170	\$2,142,910	\$1,045,525	\$1,024,403	\$367,010	\$0	\$4,579,848	-\$433,678	\$938.06	110.5%
Aug-16	4,477	\$4,130,508	\$2,731,921	\$1,044,181	\$1,011,610	\$365,725	-\$75,525	\$5,077,914	-\$947,405	\$1,052.53	122.9%
Sep-16	4,463	\$4,115,418	\$1,911,978	\$1,039,134	\$905,528	\$364,779	\$0	\$4,221,419	-\$106,001	\$864.14	102.6%
Oct-16	4,447	\$4,102,476	\$2,053,161	\$1,037,260	\$907,234	\$363,429	\$0	\$4,361,085	-\$258,609	\$898.96	106.3%
Nov-16	4,416	\$4,079,856	\$1,919,180	\$1,034,489	\$935,145	\$360,898	-\$45,491	\$4,204,221	-\$124,365	\$870.32	103.0%
Dec-16	4,403	\$4,063,662	\$3,472,761	\$995,672	\$941,679	\$359,742	-\$727,077	\$5,042,776	-\$979,114	\$1,064	124.1%
Jan-17	4,217	\$4,418,172	\$1,323,742	\$943,781	\$947,744	\$348,074	\$0	\$3,563,341	\$854,830	\$762.45	80.7%
Feb-17	4,204	\$4,395,734	\$1,975,135	\$939,983	\$869,746	\$346,812	\$0	\$4,131,676	\$264,057	\$900.30	94.0%
Mar-17	4,176	\$4,366,453	\$2,266,845	\$935,255	\$1,109,568	\$344,493	\$0	\$4,656,161	-\$289,708	\$1,032.49	106.6%
Apr-17	4,022	\$4,207,039	\$1,938,565	\$926,167	\$939,788	\$331,911	\$0	\$4,136,430	\$70,609	\$945.93	98.3%
May-17	4,046	\$4,218,545	\$2,134,703	\$925,137	\$1,087,642	\$333,584	\$0	\$4,481,065	-\$262,520	\$1,025.08	106.2%
Jun-17	4,169	\$4,336,268	\$1,841,158	\$920,448	\$1,162,113	\$343,374	\$0	\$4,267,092	\$69,175	\$941.17	98.4%
Jul-17	4,161	\$4,309,129	\$1,653,268	\$939,122	\$970,934	\$342,379	\$0	\$3,905,702	\$403,426	\$856.36	90.6%
Aug-17	4,151	\$4,291,222	\$2,100,627	\$936,084	\$1,121,508	\$341,590	\$0	\$4,499,809	-\$208,587	\$1,001.74	104.9%
Sep-17	4,148	\$4,286,191	\$1,701,193	\$932,821	\$1,058,324	\$341,243	\$0	\$4,033,581	\$252,610	\$890.15	94.1%
Oct-17	4,115	\$4,252,762	\$2,448,349	\$927,014	\$1,106,021	\$338,446	-\$75,682	\$4,744,148	-\$491,386	\$1,070.64	111.6%
Nov-17	4,134	\$4,260,644	\$1,659,146	\$922,220	\$1,079,232	\$339,894	-\$1,520	\$3,998,972	\$261,673	\$885.12	93.9%
Dec-17	4,037	\$4,205,988	\$1,512,768	\$923,518	\$910,228	\$640,827	\$0	\$3,987,341	\$218,647	\$828.96	94.8%
Jan-18	4,014	\$4,216,453	\$1,330,572	\$1,303	\$973,183	\$391,645	\$0	\$2,696,703	\$1,519,750	\$574.25	64.0%
Feb-18	4,013	\$4,214,950	\$1,997,434	\$392	\$841,198	\$391,573	\$0	\$3,230,597	\$984,353	\$707.46	76.6%
Mar-18	4,008	\$4,206,695	\$3,603,132	\$0	\$999,028	\$390,998	\$0	\$4,993,158	-\$786,464	\$1,148.24	118.7%
Apr-18	3,982	\$4,176,812	\$2,643,211	\$0	\$881,703	\$388,393	\$0	\$3,913,307	\$263,504	\$885.21	93.7%
May-18	3,977	\$4,165,557	\$2,837,614	\$0	\$964,280	\$387,775	\$0	\$4,189,669	-\$24,112	\$955.97	100.6%
2015	4,960	\$49,524,371	\$26,241,999	\$13,681,568	\$11,812,227	\$5,199,036	-\$65,205	\$56,869,626	-\$7,345,255	\$868.06	114.8%
2016	4,472	\$49,649,165	\$25,583,459	\$12,289,322	\$11,563,318	\$4,386,355	-\$848,093	\$52,974,360	-\$3,325,196	\$905.46	106.7%
2017	4,132	\$51,548,146	\$22,555,498	\$11,171,550	\$12,362,848	\$4,392,626	-\$77,202	\$50,405,320	\$1,142,826	\$928.05	97.8%
2018 YTD	3,999	\$20,980,467	\$12,411,963	\$1,695	\$4,659,393	\$1,950,384	\$0	\$19,023,435	\$1,957,032	\$853.91	90.7%
Current 12 Months	4,076	\$50,922,671	\$25,328,472	\$6,502,921	\$12,067,753	\$4,638,136	-\$77,202	\$48,460,081	\$2,462,590	\$895.99	95.2%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

- Notes:
1. Fixed Cost Schedule: Appendix
 2. Pooling Points: HMO = \$400,000 and EPO/PPO/HDHP = \$450,000.
 3. EmpiRx PBM replaced Envolve PBM effective 1/1/2018
 4. Fresno converted HMO to EPO plan effective 12/18/2017

San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
County of Fresno - All Medical





**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
County of Fresno - HMO**

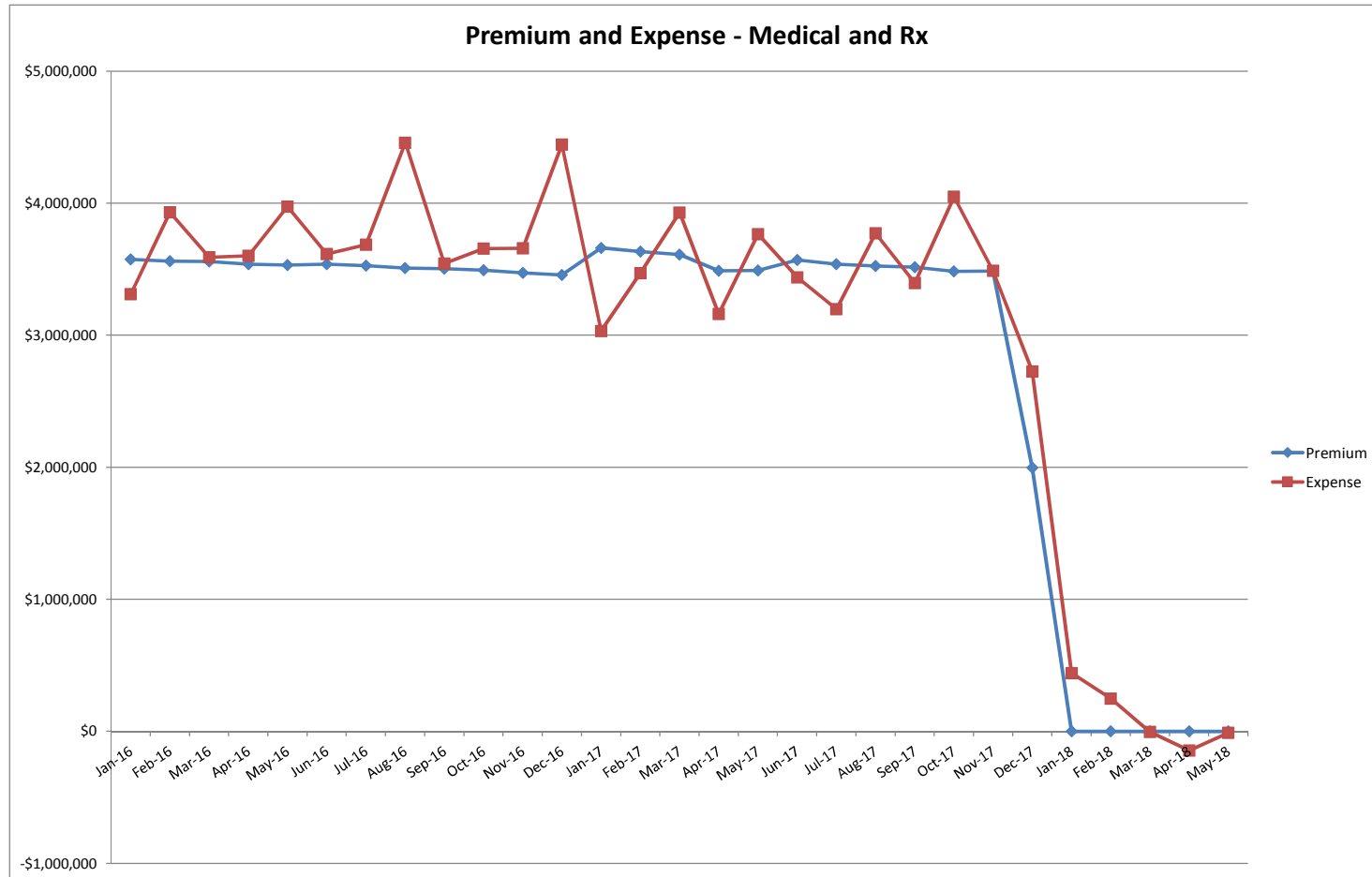
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO	
			MEDICAL	CAPITATION	RX	FIXED	POOLED CLAIMS				TOTAL EXPENSE
Jan-16	3,670	\$3,576,244	\$1,162,022	\$1,021,945	\$813,948	\$314,629	\$0	\$3,312,544	\$263,700	\$816.87	92.6%
Feb-16	3,666	\$3,561,693	\$1,769,284	\$1,017,540	\$830,366	\$314,286	\$0	\$3,931,476	-\$369,784	\$986.69	110.4%
Mar-16	3,665	\$3,559,805	\$1,336,202	\$1,015,312	\$926,710	\$314,200	\$0	\$3,592,424	-\$32,620	\$894.47	100.9%
Apr-16	3,641	\$3,540,178	\$1,479,458	\$1,010,602	\$799,967	\$312,143	\$0	\$3,602,170	-\$61,993	\$903.61	101.8%
May-16	3,633	\$3,531,764	\$1,853,559	\$1,009,640	\$800,884	\$311,457	\$0	\$3,975,540	-\$443,776	\$1,008.56	112.6%
Jun-16	3,644	\$3,538,657	\$1,459,858	\$1,018,022	\$825,450	\$312,400	\$0	\$3,615,730	-\$77,073	\$906.51	102.2%
Jul-16	3,641	\$3,528,478	\$1,493,340	\$1,045,525	\$836,246	\$312,143	\$0	\$3,687,254	-\$158,776	\$926.97	104.5%
Aug-16	3,623	\$3,510,818	\$2,327,662	\$1,044,181	\$852,765	\$310,600	-\$75,525	\$4,459,684	-\$948,866	\$1,145.21	127.0%
Sep-16	3,621	\$3,505,311	\$1,485,167	\$1,039,134	\$709,564	\$310,428	\$0	\$3,544,294	-\$38,982	\$893.09	101.1%
Oct-16	3,606	\$3,494,850	\$1,557,642	\$1,037,260	\$753,983	\$309,142	\$0	\$3,658,027	-\$163,178	\$928.70	104.7%
Nov-16	3,581	\$3,473,820	\$1,595,231	\$1,034,489	\$767,925	\$306,999	-\$45,491	\$3,659,153	-\$185,333	\$936.09	105.3%
Dec-16	3,566	\$3,457,726	\$3,122,906	\$995,672	\$747,347	\$305,713	-\$727,077	\$4,444,560	-\$986,834	\$1,160.64	128.5%
Jan-17	3,261	\$3,662,440	\$953,124	\$943,781	\$852,019	\$284,816	\$0	\$3,033,740	\$628,700	\$842.97	82.8%
Feb-17	3,242	\$3,634,968	\$1,495,166	\$939,983	\$752,976	\$283,156	\$0	\$3,471,281	\$163,687	\$983.38	95.5%
Mar-17	3,220	\$3,611,288	\$1,793,588	\$935,255	\$920,529	\$281,235	\$0	\$3,930,607	-\$319,318	\$1,133.35	108.8%
Apr-17	3,107	\$3,489,598	\$1,152,900	\$926,167	\$811,501	\$271,365	\$0	\$3,161,933	\$327,664	\$930.34	90.6%
May-17	3,111	\$3,491,293	\$1,670,467	\$925,137	\$899,619	\$271,715	\$0	\$3,766,937	-\$275,644	\$1,123.50	107.9%
Jun-17	3,189	\$3,571,890	\$1,276,006	\$920,448	\$965,026	\$278,527	\$0	\$3,440,007	\$131,884	\$991.37	96.3%
Jul-17	3,167	\$3,539,921	\$1,188,689	\$939,122	\$793,647	\$276,606	\$0	\$3,198,064	\$341,857	\$922.47	90.3%
Aug-17	3,161	\$3,525,402	\$1,659,111	\$936,084	\$902,562	\$276,082	\$0	\$3,773,839	-\$248,437	\$1,106.54	107.0%
Sep-17	3,154	\$3,516,103	\$1,359,765	\$932,821	\$828,090	\$275,470	\$0	\$3,396,146	\$119,957	\$989.43	96.6%
Oct-17	3,125	\$3,485,050	\$2,043,211	\$927,014	\$882,280	\$272,938	-\$75,682	\$4,049,761	-\$564,710	\$1,208.58	116.2%
Nov-17	3,134	\$3,487,125	\$1,426,707	\$922,220	\$867,911	\$273,724	-\$1,520	\$3,489,042	-\$1,917	\$1,025.95	100.1%
Dec-17	3,148	\$1,997,542	\$1,087,503	\$923,518	\$440,918	\$274,946	\$0	\$2,726,885	-\$729,343	\$778.89	136.5%
Jan-18	0	\$0	\$439,750	\$1,303	\$804	\$0	\$0	\$441,857	-\$441,857	\$0.00	0.0%
Feb-18	0	\$0	\$247,831	\$392	\$0	\$0	\$0	\$248,223	-\$248,223	\$0.00	0.0%
Mar-18	0	\$0	-\$3,860	\$0	\$0	\$0	\$0	-\$3,860	\$3,860	\$0.00	0.0%
Apr-18	0	\$0	-\$145,069	\$0	\$0	\$0	\$0	-\$145,069	\$145,069	\$0.00	0.0%
May-18	0	\$0	-\$10,273	\$0	\$0	\$0	\$0	-\$10,273	\$10,273	\$0.00	0.0%
2015	4,187	\$42,875,569	\$22,258,882	\$13,681,568	\$10,102,432	\$4,546,489	-\$65,205	\$50,524,166	-\$7,648,597	\$915.11	117.8%
2016	3,630	\$42,279,343	\$20,642,331	\$12,289,322	\$9,665,156	\$3,734,142	-\$848,093	\$45,482,858	-\$3,203,514	\$958.48	107.6%
2017	3,168	\$41,012,620	\$17,106,236	\$11,171,550	\$9,917,078	\$3,320,579	-\$77,202	\$41,438,241	-\$425,621	\$1,002.60	101.0%
2018 YTD	0	\$0	\$528,379	\$1,695	\$804	\$0	\$0	\$530,878	-\$530,878	#DIV/0!	0.0%
Current 12 Months	1,840	\$23,123,033	\$10,569,371	\$6,502,921	\$5,681,238	\$1,928,293	-\$77,202	\$24,604,621	-\$1,481,588	\$1,027.10	106.4%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

Notes:

1. Fixed Cost Schedule: Appendix
2. Pooling Points: HMO = \$400,000 and EPO/PPO/HDHP = \$450,000.
3. EmpiRx PBM replaced Envolve PBM effective 1/1/2018
4. Fresno converted HMO to EPO plan effective 12/18/2017

**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
County of Fresno - HMO**





San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
County of Fresno - EPO

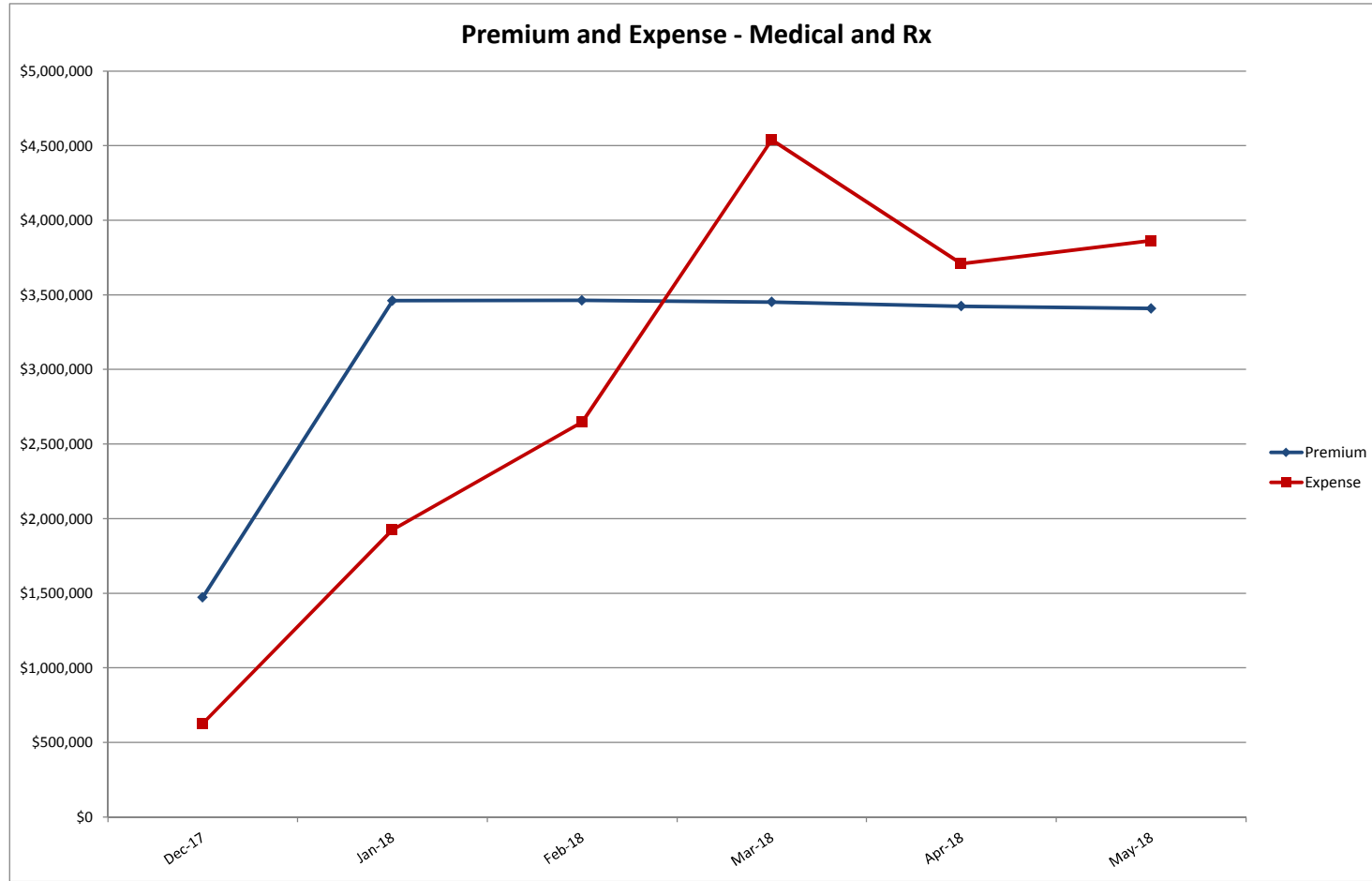
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Feb-16	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Mar-16	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Apr-16	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
May-16	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Jun-16	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Jul-16	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Aug-16	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Sep-16	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Oct-16	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Nov-16	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Dec-16	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Jan-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Feb-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Mar-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Apr-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
May-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Jun-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Jul-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Aug-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Sep-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Oct-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Nov-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Dec-17	3,048	\$1,471,887	\$68,189	\$251,226	\$307,056	\$0	\$626,470	\$845,417	\$104.79	42.6%
Jan-18	3,121	\$3,460,514	\$743,187	\$867,858	\$314,410	\$0	\$1,925,455	\$1,535,059	\$516.20	55.6%
Feb-18	3,122	\$3,463,479	\$1,542,101	\$789,699	\$314,510	\$0	\$2,646,310	\$817,168	\$746.89	76.4%
Mar-18	3112	\$3,451,850	\$3,301,710	\$924,970	\$313,503	\$0	\$4,540,183	-\$1,088,333	\$1,358.19	131.5%
Apr-18	3087	\$3,423,792	\$2,596,335	\$801,696	\$310,984	\$0	\$3,709,015	-\$285,223	\$1,100.76	108.3%
May-18	3074	\$3,408,456	\$2,670,046	\$883,943	\$309,675	\$0	\$3,863,664	-\$455,207	\$1,156.14	113.4%
2015	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
2016	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
2017	3,048	\$1,471,887	\$68,189	\$251,226	\$307,056	\$0	\$626,470	\$845,417	\$104.79	42.6%
2018 YTD	3,103	\$17,208,091	\$10,853,379	\$4,268,166	\$1,563,082	\$0	\$16,684,627	\$523,464	\$974.58	97.0%
Current 12 Months	1,547	\$18,679,978	\$10,921,568	\$4,519,392	\$1,870,137	\$0	\$17,311,097	\$1,368,881	\$831.77	92.7%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

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Anthem Blue Cross Premium and Claims Report as of May 2018
County of Fresno - EPO**





**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
County of Fresno - PPO**

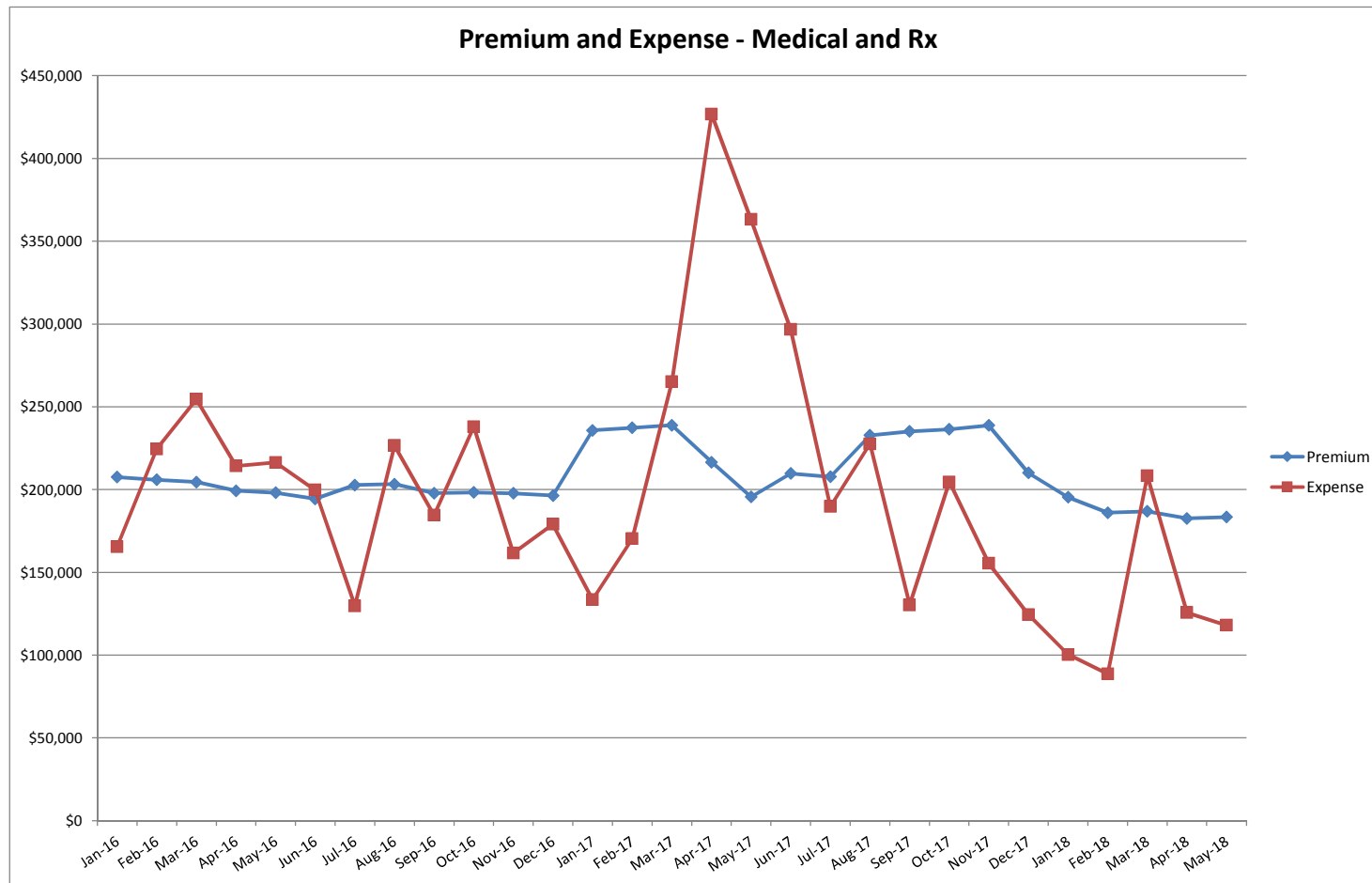
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	194	\$207,541	\$101,618	\$51,295	\$12,523	\$0	\$165,436	\$42,105	\$788.21	79.7%
Feb-16	194	\$205,894	\$138,259	\$73,767	\$12,523	\$0	\$224,548	-\$18,654	\$1,092.92	109.1%
Mar-16	193	\$204,586	\$183,848	\$58,310	\$12,458	\$0	\$254,616	-\$50,031	\$1,254.70	124.5%
Apr-16	186	\$199,265	\$140,415	\$61,828	\$12,006	\$0	\$214,250	-\$14,984	\$1,087.33	107.5%
May-16	184	\$198,062	\$135,367	\$69,140	\$11,877	\$0	\$216,384	-\$18,322	\$1,111.45	109.3%
Jun-16	181	\$194,369	\$126,150	\$61,863	\$11,684	\$0	\$199,696	-\$5,328	\$1,038.74	102.7%
Jul-16	190	\$202,712	\$60,724	\$56,757	\$12,265	\$0	\$129,746	\$72,966	\$618.32	64.0%
Aug-16	191	\$203,294	\$139,063	\$75,277	\$12,329	\$0	\$226,669	-\$23,375	\$1,122.20	111.5%
Sep-16	187	\$197,808	\$122,052	\$50,396	\$12,071	\$0	\$184,519	\$13,289	\$922.18	93.3%
Oct-16	189	\$198,250	\$178,663	\$47,042	\$12,200	\$0	\$237,904	-\$39,654	\$1,194.20	120.0%
Nov-16	188	\$197,723	\$83,197	\$66,277	\$12,135	\$0	\$161,609	\$36,114	\$795.07	81.7%
Dec-16	187	\$196,414	\$119,597	\$47,371	\$12,071	\$0	\$179,038	\$17,375	\$892.87	91.2%
Jan-17	214	\$235,804	\$69,640	\$49,735	\$14,160	\$0	\$133,535	\$102,268	\$557.83	56.6%
Feb-17	216	\$237,336	\$90,222	\$65,802	\$14,293	\$0	\$170,316	\$67,019	\$722.33	71.8%
Mar-17	220	\$238,848	\$181,844	\$68,720	\$14,557	\$0	\$265,121	-\$26,274	\$1,138.93	111.0%
Apr-17	201	\$216,533	\$368,860	\$44,582	\$13,300	\$0	\$426,742	-\$210,210	\$2,056.93	197.1%
May-17	174	\$195,554	\$280,427	\$71,203	\$11,514	\$0	\$363,144	-\$167,590	\$2,020.86	185.7%
Jun-17	185	\$209,687	\$228,069	\$56,514	\$12,241	\$0	\$296,825	-\$87,138	\$1,538.29	141.6%
Jul-17	184	\$207,686	\$128,962	\$48,594	\$12,175	\$0	\$189,731	\$17,955	\$964.98	91.4%
Aug-17	219	\$232,775	\$137,094	\$76,042	\$14,491	\$0	\$227,627	\$5,148	\$973.22	97.8%
Sep-17	219	\$235,182	\$65,554	\$50,263	\$14,491	\$0	\$130,309	\$104,873	\$528.85	55.4%
Oct-17	219	\$236,370	\$118,638	\$71,444	\$14,491	\$0	\$204,573	\$31,796	\$867.95	86.5%
Nov-17	219	\$238,773	\$70,677	\$70,234	\$14,491	\$0	\$155,402	\$83,371	\$643.43	65.1%
Dec-17	168	\$210,141	\$48,983	\$64,385	\$11,117	\$0	\$124,485	\$85,656	\$674.81	59.2%
Jan-18	150	\$195,387	\$45,533	\$41,798	\$12,974	\$0	\$100,304	\$95,082	\$582.20	51.3%
Feb-18	144	\$186,014	\$47,407	\$28,716	\$12,455	\$0	\$88,578	\$97,436	\$528.63	47.6%
Mar-18	145	\$186,862	\$152,687	\$43,074	\$12,541	\$0	\$208,302	-\$21,440	\$1,350.07	111.5%
Apr-18	141	\$182,600	\$64,231	\$49,226	\$12,195	\$0	\$125,653	\$56,947	\$804.66	68.8%
May-18	142	\$183,448	\$57,573	\$48,168	\$12,282	\$0	\$118,023	\$65,425	\$744.66	64.3%
2015	190	\$2,293,437	\$1,703,479	\$775,586	\$160,307	\$0	\$2,639,372	-\$345,935	\$1,087.31	115.1%
2016	189	\$2,405,918	\$1,528,953	\$719,323	\$146,141	\$0	\$2,394,417	\$11,501	\$993.05	99.5%
2017	203	\$2,694,687	\$1,788,970	\$737,518	\$161,322	\$0	\$2,687,811	\$6,876	\$1,036.30	99.7%
2018 YTD	144	\$934,310	\$367,431	\$210,982	\$62,446	\$0	\$640,859	\$293,451	\$801.13	68.6%
Current 12 Months	178	\$2,504,923	\$1,165,408	\$648,458	\$155,944	\$0	\$1,969,810	\$535,113	\$849.59	78.6%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

Notes:

1. Fixed Cost Schedule: Appendix
2. Pooling Points: HMO = \$400,000 and EPO/PPO/HDHP = \$450,000.
3. EmpiRx PBM replaced Envolve PBM effective 1/1/2018
4. Fresno converted HMO to EPO plan effective 12/18/2017

**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
County of Fresno - PPO**





San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
County of Fresno - HSA

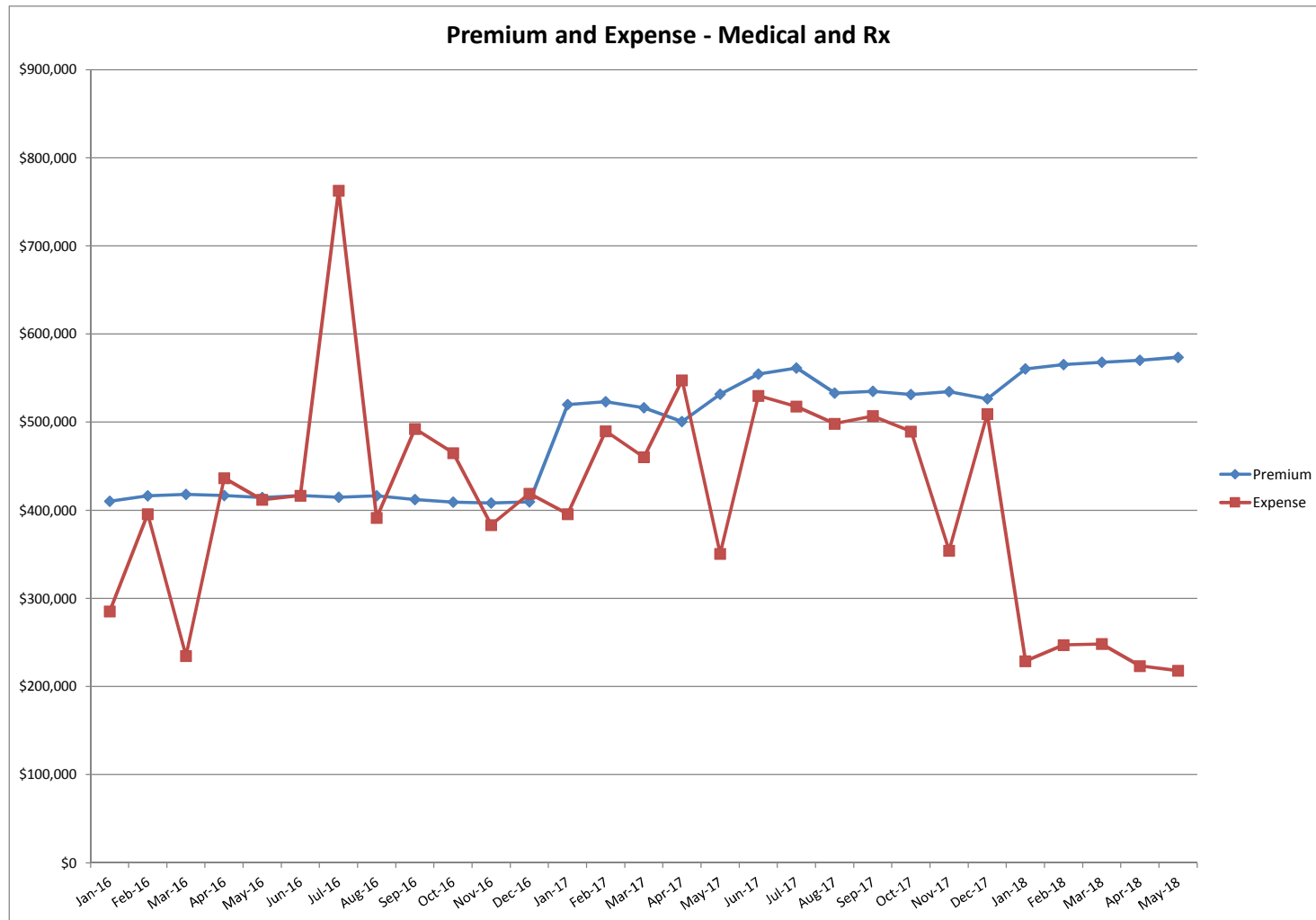
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	640	\$410,258	\$183,027	\$61,273	\$41,312	\$0	\$285,612	\$124,646	\$381.72	69.6%
Feb-16	648	\$416,589	\$313,508	\$40,463	\$41,828	\$0	\$395,799	\$20,790	\$546.25	95.0%
Mar-16	654	\$418,099	\$128,205	\$64,474	\$42,216	\$0	\$234,895	\$183,204	\$294.62	56.2%
Apr-16	656	\$416,762	\$297,853	\$96,720	\$42,345	\$0	\$436,918	-\$20,155	\$601.48	104.8%
May-16	655	\$414,592	\$279,814	\$90,028	\$42,280	\$0	\$412,122	\$2,470	\$564.64	99.4%
Jun-16	660	\$416,718	\$263,101	\$111,232	\$42,603	\$0	\$416,936	-\$218	\$567.17	100.1%
Jul-16	660	\$414,980	\$588,846	\$131,399	\$42,603	\$0	\$762,848	-\$347,868	\$1,091.28	183.8%
Aug-16	663	\$416,396	\$265,196	\$83,568	\$42,797	\$0	\$391,561	\$24,836	\$526.04	94.0%
Sep-16	655	\$412,298	\$304,759	\$145,567	\$42,280	\$0	\$492,606	-\$80,308	\$687.52	119.5%
Oct-16	652	\$409,376	\$316,856	\$106,210	\$42,087	\$0	\$465,153	-\$55,777	\$648.87	113.6%
Nov-16	647	\$408,313	\$240,752	\$100,943	\$41,764	\$0	\$383,459	\$24,854	\$528.12	93.9%
Dec-16	650	\$409,523	\$230,258	\$146,962	\$41,958	\$0	\$419,178	-\$9,655	\$580.34	102.4%
Jan-17	742	\$519,928	\$300,978	\$45,990	\$49,098	\$0	\$396,066	\$123,862	\$467.61	76.2%
Feb-17	746	\$523,429	\$389,747	\$50,969	\$49,363	\$0	\$490,079	\$33,351	\$590.77	93.6%
Mar-17	736	\$516,317	\$291,413	\$120,319	\$48,701	\$0	\$460,433	\$55,884	\$559.42	89.2%
Apr-17	714	\$500,909	\$416,805	\$83,704	\$47,245	\$0	\$547,754	-\$46,846	\$700.99	109.4%
May-17	761	\$531,698	\$183,809	\$116,820	\$50,355	\$0	\$350,984	\$180,714	\$395.04	66.0%
Jun-17	795	\$554,691	\$337,083	\$140,573	\$52,605	\$0	\$530,261	\$24,430	\$600.83	95.6%
Jul-17	810	\$561,522	\$335,617	\$128,693	\$53,598	\$0	\$517,908	\$43,615	\$573.22	92.2%
Aug-17	771	\$533,044	\$304,422	\$142,904	\$51,017	\$0	\$498,343	\$34,701	\$580.19	93.5%
Sep-17	775	\$534,906	\$275,874	\$179,971	\$51,282	\$0	\$507,127	\$27,779	\$588.19	94.8%
Oct-17	771	\$531,342	\$286,500	\$152,297	\$51,017	\$0	\$489,814	\$41,528	\$569.13	92.2%
Nov-17	781	\$534,747	\$161,762	\$141,087	\$51,679	\$0	\$354,528	\$180,219	\$387.77	66.3%
Dec-17	721	\$526,419	\$308,093	\$153,699	\$47,709	\$0	\$509,501	\$16,918	\$640.49	96.8%
Jan-18	743	\$560,552	\$102,102	\$62,723	\$64,262	\$0	\$229,087	\$331,465	\$221.84	40.9%
Feb-18	747	\$565,458	\$160,095	\$22,783	\$64,608	\$0	\$247,486	\$317,972	\$244.82	43.8%
Mar-18	751	\$567,983	\$152,595	\$30,985	\$64,954	\$0	\$248,534	\$319,449	\$244.45	43.8%
Apr-18	754	\$570,419	\$127,714	\$30,781	\$65,213	\$0	\$223,708	\$346,711	\$210.21	39.2%
May-18	761	\$573,653	\$120,268	\$32,169	\$65,819	\$0	\$218,256	\$355,397	\$200.31	38.0%
2015	583	\$4,355,365	\$2,279,638	\$934,209	\$492,240	\$0	\$3,706,087	\$649,277	\$459.06	85.1%
2016	653	\$4,963,904	\$3,412,175	\$1,178,839	\$513,858	\$0	\$5,104,872	-\$133,182	\$585.59	102.8%
2017	760	\$6,368,952	\$3,592,103	\$1,457,026	\$603,669	\$0	\$5,652,798	\$716,154	\$553.45	88.8%
2018 YTD	751	\$2,838,065	\$662,774	\$179,441	\$324,856	\$0	\$1,167,071	\$1,670,994	\$224.23	41.1%
Current 12 Months	765	\$6,614,737	\$2,672,125	\$1,218,665	\$683,763	\$0	\$4,574,553	\$2,040,184	\$423.83	69.2%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

Notes:

1. Fixed Cost Schedule: Appendix
2. Pooling Points: HMO = \$400,000 and EPO/PPO/HDHP = \$450,000.
3. EmpiRx PBM replaced Envolve PBM effective 1/1/2018
4. Fresno converted HMO to EPO plan effective 12/18/2017

**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
County of Fresno - HSA**





**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
County of Tulare - All Medical**

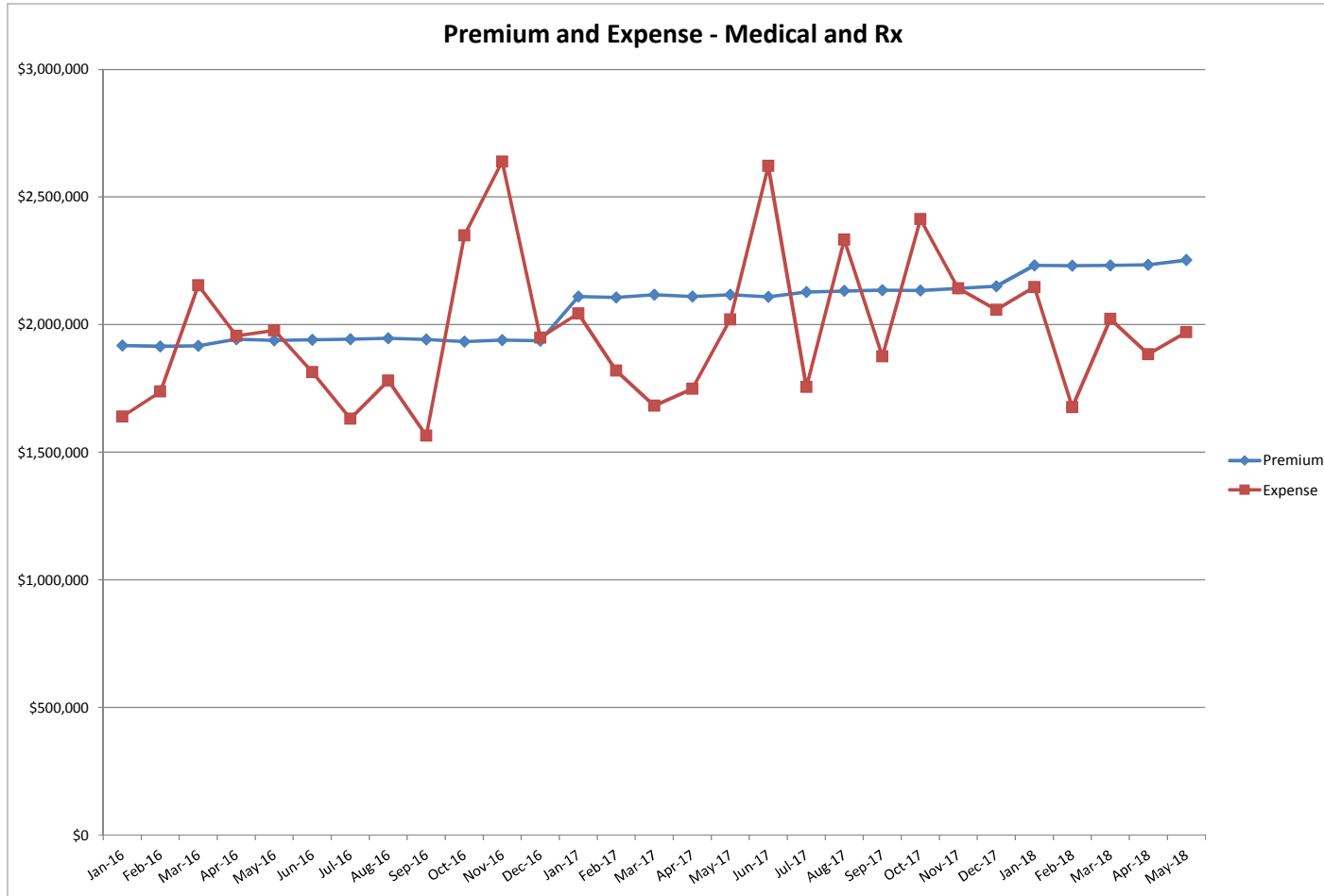
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO	
			MEDICAL	CAPITATION	RX	FIXED	POOLED CLAIMS				TOTAL EXPENSE
Jan-16	2,766	\$1,918,242	\$920,343	\$74,569	\$460,100	\$184,666	\$0	\$1,639,678	\$278,565	\$526.03	85.5%
Feb-16	2,769	\$1,915,349	\$909,422	\$75,036	\$568,546	\$184,860	\$0	\$1,737,864	\$177,485	\$560.85	90.7%
Mar-16	2,770	\$1,917,509	\$1,323,065	\$72,539	\$573,783	\$184,925	\$0	\$2,154,311	-\$236,802	\$710.97	112.3%
Apr-16	2,817	\$1,943,502	\$1,210,456	\$74,400	\$484,179	\$188,001	\$0	\$1,957,036	-\$13,534	\$627.99	100.7%
May-16	2,806	\$1,938,954	\$1,175,116	\$74,867	\$540,390	\$187,227	\$0	\$1,977,600	-\$38,646	\$638.05	102.0%
Jun-16	2,812	\$1,941,450	\$1,052,925	\$71,450	\$502,785	\$187,636	\$0	\$1,814,795	\$126,654	\$578.65	93.5%
Jul-16	2,817	\$1,943,391	\$884,484	\$74,195	\$485,586	\$188,001	\$0	\$1,632,266	\$311,125	\$512.70	84.0%
Aug-16	2,822	\$1,947,517	\$925,254	\$68,299	\$599,698	\$188,408	\$0	\$1,781,659	\$165,858	\$564.58	91.5%
Sep-16	2,820	\$1,941,858	\$738,393	\$74,239	\$564,819	\$188,321	\$0	\$1,565,772	\$376,086	\$488.46	80.6%
Oct-16	2,812	\$1,933,637	\$1,478,516	\$72,068	\$611,072	\$187,869	\$0	\$2,349,525	-\$415,888	\$768.73	121.5%
Nov-16	2,825	\$1,939,416	\$1,811,697	\$70,350	\$567,997	\$188,602	\$0	\$2,638,646	-\$699,229	\$867.27	136.1%
Dec-16	2,823	\$1,937,203	\$1,083,307	\$71,670	\$606,495	\$188,409	\$0	\$1,949,882	-\$12,679	\$623.97	100.7%
Jan-17	2,824	\$2,110,561	\$1,261,565	\$0	\$595,840	\$186,885	\$0	\$2,044,291	\$66,271	\$657.72	96.9%
Feb-17	2,814	\$2,107,318	\$1,097,844	\$0	\$536,533	\$186,224	\$0	\$1,820,600	\$286,718	\$580.80	86.4%
Mar-17	2,825	\$2,117,411	\$924,126	\$0	\$571,707	\$186,951	\$0	\$1,682,784	\$434,626	\$529.50	79.5%
Apr-17	2,816	\$2,110,125	\$1,032,065	\$0	\$530,547	\$186,356	\$0	\$1,748,968	\$361,157	\$554.90	82.9%
May-17	2,829	\$2,117,202	\$1,311,089	\$0	\$522,523	\$187,216	\$0	\$2,020,829	\$96,374	\$648.15	95.4%
Jun-17	2,822	\$2,109,284	\$1,799,781	\$0	\$635,657	\$186,753	\$0	\$2,622,191	-\$512,907	\$863.02	124.3%
Jul-17	2,851	\$2,128,126	\$1,001,046	\$0	\$566,630	\$188,672	\$0	\$1,756,347	\$371,779	\$549.87	82.5%
Aug-17	2,853	\$2,132,516	\$1,440,700	\$0	\$703,354	\$188,804	\$0	\$2,332,858	-\$200,342	\$751.51	109.4%
Sep-17	2,866	\$2,135,392	\$967,631	\$0	\$718,838	\$189,664	\$0	\$1,876,134	\$259,259	\$588.44	87.9%
Oct-17	2,861	\$2,133,836	\$1,558,013	\$0	\$666,865	\$189,334	\$0	\$2,414,211	-\$280,375	\$777.66	113.1%
Nov-17	2,874	\$2,142,485	\$1,378,838	\$0	\$573,506	\$190,194	\$0	\$2,142,538	-\$53	\$679.31	100.0%
Dec-17	2,890	\$2,151,414	\$1,175,436	\$0	\$691,203	\$191,252	\$0	\$2,057,892	\$93,522	\$645.90	95.7%
Jan-18	2,906	\$2,233,054	\$1,310,194	\$0	\$606,636	\$230,518	\$0	\$2,147,349	\$85,706	\$659.61	96.2%
Feb-18	2,902	\$2,231,530	\$819,668	\$0	\$626,710	\$230,201	\$0	\$1,676,579	\$554,951	\$498.41	75.1%
Mar-18	2,905	\$2,232,260	\$1,146,872	\$0	\$645,723	\$230,439	\$0	\$2,023,034	\$209,226	\$617.07	90.6%
Apr-18	2,914	\$2,235,436	\$1,016,951	\$0	\$635,692	\$231,153	\$0	\$1,883,795	\$351,641	\$567.14	84.3%
May-18	2,949	\$2,253,600	\$1,079,799	\$0	\$656,547	\$233,929	\$0	\$1,970,275	\$283,325	\$588.79	87.4%
2015	2,774	\$21,998,530	\$14,444,032	\$947,923	\$5,874,825	\$2,418,678	-\$219,668	\$23,465,790	-\$1,467,260	\$632.35	106.7%
2016	2,805	\$23,218,029	\$13,512,978	\$873,682	\$6,565,449	\$2,246,924	\$0	\$23,199,033	\$18,996	\$622.48	99.9%
2017	2,844	\$25,495,670	\$14,948,135	\$0	\$7,313,202	\$2,258,305	\$0	\$24,519,642	\$976,028	\$652.35	96.2%
2018 YTD	2,915	\$11,185,881	\$5,373,484	\$0	\$3,171,308	\$1,156,240	\$0	\$9,701,032	\$1,484,849	\$586.22	86.7%
Current 12 Months	2,883	\$26,118,934	\$14,694,929	\$0	\$7,727,361	\$2,480,913	\$0	\$24,903,203	\$1,215,731	\$648.17	95.3%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

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2. Pooling Points: HMO = \$400,000 and EPO/PPO/HDHP = \$450,000.
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Anthem Blue Cross Premium and Claims Report as of May 2018
County of Tulare - All Medical**





San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
County of Tulare - HMO

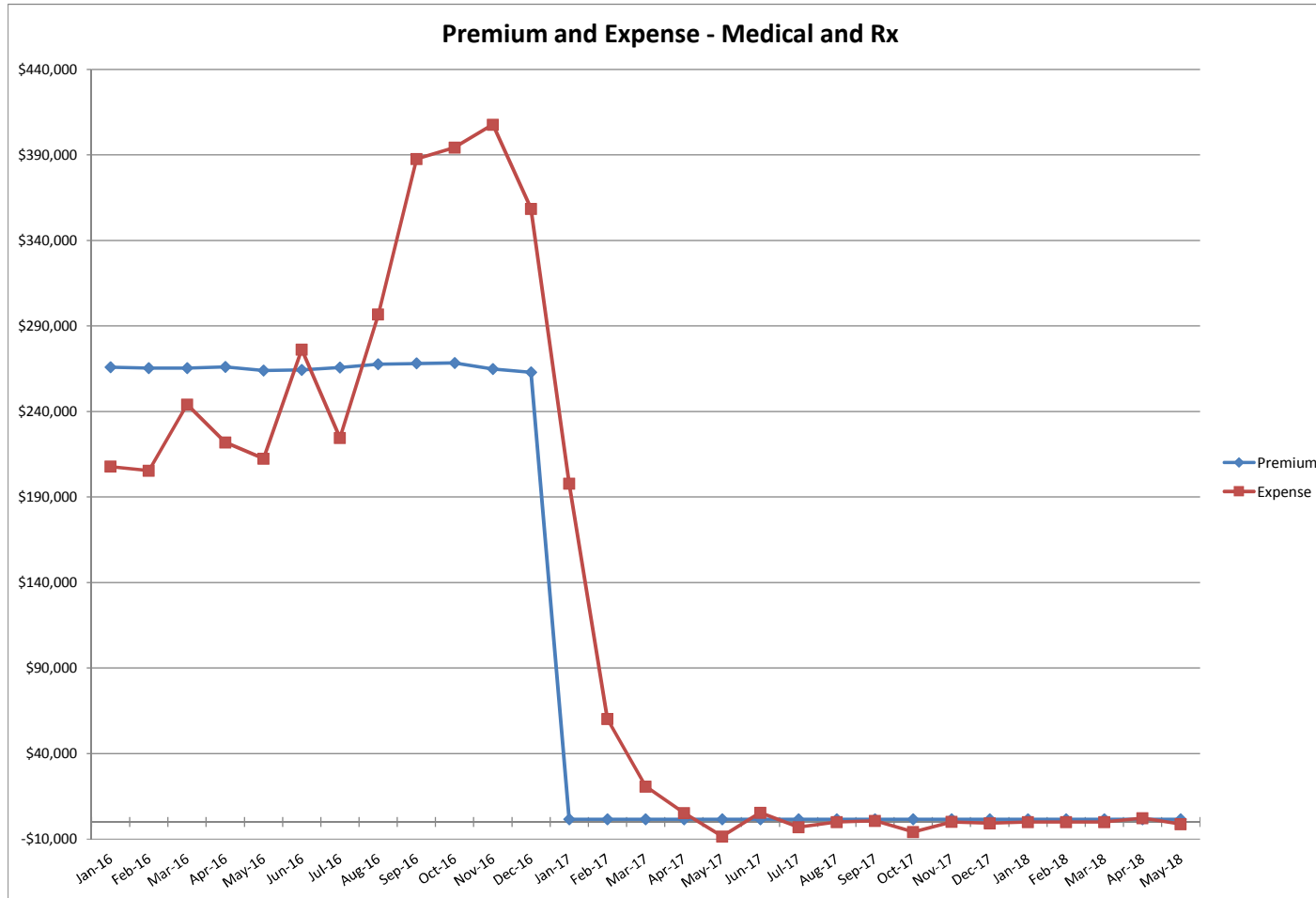
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE						SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	CAPITATION	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	289	\$266,033	\$68,339	\$74,569	\$40,188	\$24,776	\$0	\$207,872	\$58,161	\$633.55	78.1%
Feb-16	289	\$265,507	\$59,035	\$75,036	\$46,727	\$24,776	\$0	\$205,574	\$59,933	\$625.60	77.4%
Mar-16	289	\$265,507	\$90,215	\$72,539	\$56,647	\$24,776	\$0	\$244,176	\$21,330	\$759.17	92.0%
Apr-16	291	\$266,108	\$71,342	\$74,400	\$51,369	\$24,947	\$0	\$222,059	\$44,049	\$677.36	83.4%
May-16	288	\$264,055	\$72,036	\$74,867	\$40,911	\$24,690	\$0	\$212,505	\$51,550	\$652.13	80.5%
Jun-16	289	\$264,355	\$124,170	\$71,450	\$55,944	\$24,776	\$0	\$276,339	-\$11,984	\$870.46	104.5%
Jul-16	291	\$265,726	\$77,567	\$74,195	\$47,881	\$24,947	\$0	\$224,590	\$41,135	\$686.06	84.5%
Aug-16	295	\$267,698	\$153,032	\$68,299	\$50,196	\$25,290	\$0	\$296,817	-\$29,119	\$920.43	110.9%
Sep-16	297	\$268,158	\$163,002	\$74,239	\$125,064	\$25,462	\$0	\$387,766	-\$119,609	\$1,219.88	144.6%
Oct-16	300	\$268,395	\$171,644	\$72,068	\$124,997	\$25,719	\$0	\$394,429	-\$126,033	\$1,229.03	147.0%
Nov-16	295	\$264,973	\$185,862	\$70,350	\$126,345	\$25,290	\$0	\$407,848	-\$142,874	\$1,296.81	153.9%
Dec-16	292	\$262,920	\$133,580	\$71,670	\$128,271	\$25,033	\$0	\$358,555	-\$95,635	\$1,142.20	136.4%
Jan-17	1	\$1,593	\$197,867	\$0	\$19	\$87	\$0	\$197,973	-\$196,381	\$197,885.93	12429.6%
Feb-17	1	\$1,593	\$60,175	\$0	\$0	\$87	\$0	\$60,262	-\$58,669	\$60,174.67	3783.5%
Mar-17	1	\$1,593	\$20,631	\$0	\$0	\$87	\$0	\$20,719	-\$19,126	\$20,631.20	1300.8%
Apr-17	1	\$1,593	\$5,165	\$0	\$0	\$87	\$0	\$5,252	-\$3,660	\$5,165.00	329.8%
May-17	1	\$1,593	-\$8,486	\$0	\$0	\$87	\$0	-\$8,398	\$9,991	-\$8,485.61	-527.3%
Jun-17	1	\$1,593	\$5,438	\$0	\$0	\$87	\$0	\$5,526	-\$3,933	\$5,438.37	346.9%
Jul-17	1	\$1,593	-\$2,965	\$0	\$0	\$87	\$0	-\$2,878	\$4,471	-\$2,965.34	-180.7%
Aug-17	1	\$1,593	\$0	\$0	\$0	\$87	\$0	\$87	\$1,505	\$0.00	5.5%
Sep-17	1	\$1,593	\$696	\$0	\$0	\$87	\$0	\$783	\$809	\$696.00	49.2%
Oct-17	1	\$1,593	-\$5,875	\$0	\$0	\$87	\$0	-\$5,788	\$7,380	-\$5,875.00	-363.4%
Nov-17	1	\$1,593	\$39	\$0	\$0	\$87	\$0	\$126	\$1,466	\$39.00	7.9%
Dec-17	1	\$1,593	-\$754	\$0	\$0	\$87	\$0	-\$667	\$2,259	-\$754.00	-41.9%
Jan-18	1	\$1,593	\$0	\$0	\$0	\$94	\$0	\$94	\$1,499	\$0.00	0.0%
Feb-18	1	\$1,593	\$0	\$0	\$0	\$94	\$0	\$94	\$1,499	\$0.00	0.0%
Mar-18	1	\$1,593	\$0	\$0	\$0	\$94	\$0	\$94	\$1,499	\$0.00	0.0%
Apr-18	1	\$1,593	\$2,160	\$0	\$0	\$94	\$0	\$2,254	-\$661	\$2,160.00	141.5%
May-18	1	\$1,593	-\$1,326	\$0	\$0	\$94	\$0	-\$1,232	\$2,825	-\$1,326.00	-77.4%
2015	324	\$3,113,449	\$2,576,592	\$947,923	\$596,111	\$351,916	-\$219,668	\$4,252,873	-\$1,139,424	\$1,003.07	136.6%
2016	292	\$3,189,435	\$1,369,824	\$873,682	\$894,540	\$300,484	\$0	\$3,438,530	-\$249,094	\$895.31	107.8%
2017	1	\$19,113	\$271,932	\$0	\$19	\$1,048	\$0	\$272,998	-\$253,885	\$22,662.52	1428.3%
2018 YTD	1	\$7,964	\$834	\$0	\$0	\$468	\$0	\$1,302	\$6,662	\$166.80	16.3%
Current 12 Months	1	\$19,113	-\$2,587	\$0	\$0	\$1,079	\$0	-\$1,508	\$20,621	-\$215.58	-7.9%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

Notes:

1. Fixed Cost Schedule: Appendix
2. Pooling Points: HMO = \$400,000 and EPO/PPO/HDHP = \$450,000.
3. EmpiRx PBM replaced Envolve PBM effective 1/1/2018

**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
County of Tulare - HMO**





**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
County of Tulare - PPO**

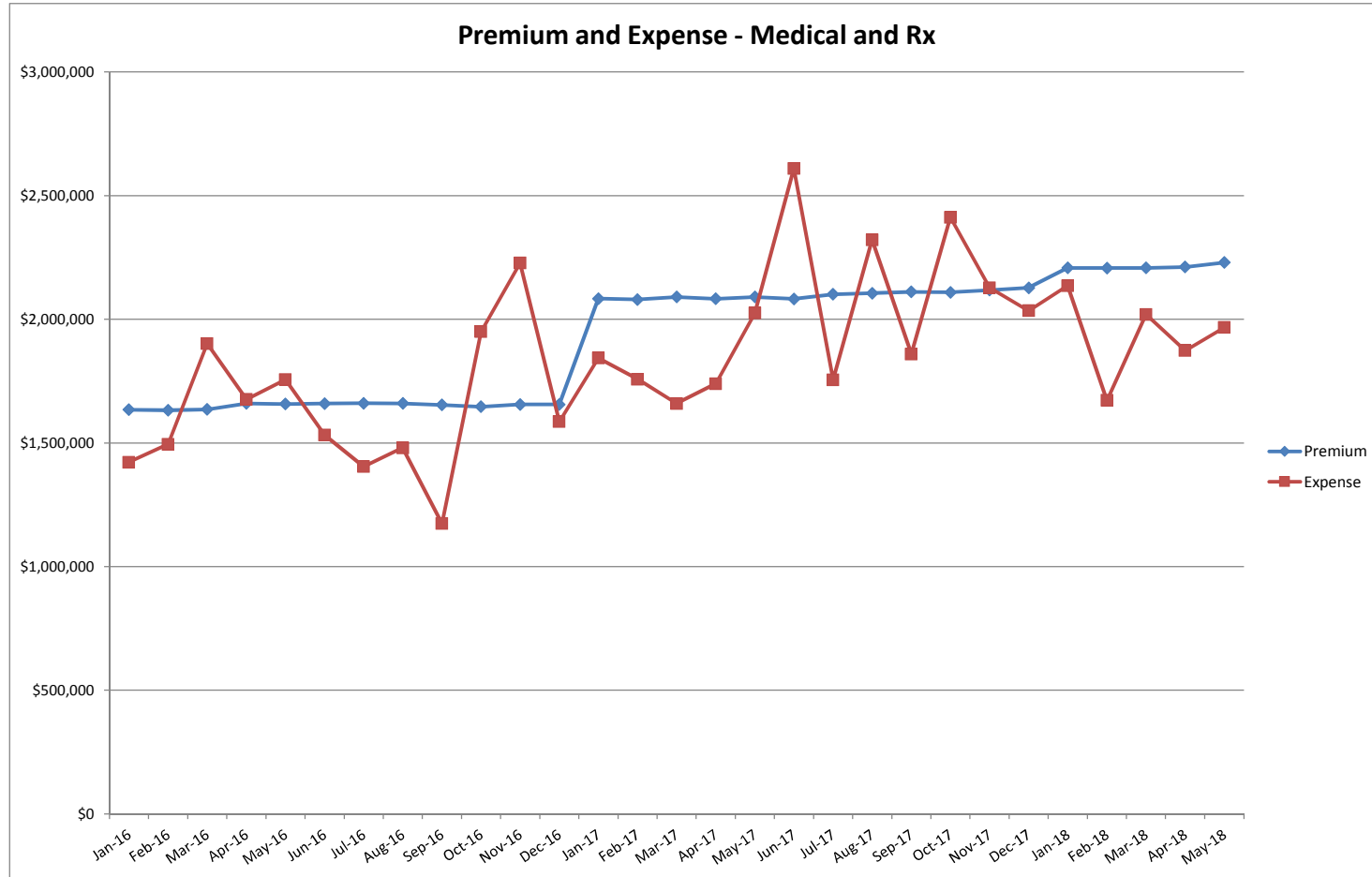
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	2,445	\$1,634,557	\$844,648	\$419,202	\$157,825	\$0	\$1,421,675	\$212,882	\$516.91	87.0%
Feb-16	2,448	\$1,632,189	\$814,535	\$521,819	\$158,018	\$0	\$1,494,373	\$137,817	\$545.90	91.6%
Mar-16	2,451	\$1,635,335	\$1,225,617	\$517,136	\$158,212	\$0	\$1,900,965	-\$265,630	\$711.04	116.2%
Apr-16	2,495	\$1,660,234	\$1,082,260	\$432,397	\$161,052	\$0	\$1,675,709	-\$15,475	\$607.08	100.9%
May-16	2,487	\$1,657,740	\$1,095,985	\$499,089	\$160,536	\$0	\$1,755,610	-\$97,870	\$641.36	105.9%
Jun-16	2,491	\$1,659,442	\$925,363	\$446,034	\$160,794	\$0	\$1,532,191	\$127,250	\$550.54	92.3%
Jul-16	2,495	\$1,660,506	\$805,929	\$437,009	\$161,052	\$0	\$1,403,991	\$256,515	\$498.17	84.6%
Aug-16	2,493	\$1,660,172	\$769,888	\$549,001	\$160,923	\$0	\$1,479,812	\$180,360	\$529.04	89.1%
Sep-16	2,489	\$1,654,054	\$574,578	\$439,054	\$160,665	\$0	\$1,174,297	\$479,758	\$407.24	71.0%
Oct-16	2,479	\$1,646,580	\$1,304,493	\$485,461	\$160,019	\$0	\$1,949,973	-\$303,393	\$722.05	118.4%
Nov-16	2,497	\$1,655,781	\$1,625,534	\$440,989	\$161,181	\$0	\$2,227,704	-\$571,923	\$827.60	134.5%
Dec-16	2,498	\$1,655,621	\$947,450	\$477,450	\$161,246	\$0	\$1,586,146	\$69,475	\$570.42	95.8%
Jan-17	2,785	\$2,083,764	\$1,063,327	\$595,773	\$184,283	\$0	\$1,843,383	\$240,381	\$595.73	88.5%
Feb-17	2,774	\$2,079,970	\$1,037,311	\$536,528	\$183,556	\$0	\$1,757,394	\$322,576	\$567.35	84.5%
Mar-17	2,785	\$2,090,062	\$903,425	\$571,682	\$184,283	\$0	\$1,659,390	\$430,672	\$529.66	79.4%
Apr-17	2,777	\$2,083,327	\$1,025,542	\$529,915	\$183,754	\$0	\$1,739,211	\$344,117	\$560.12	83.5%
May-17	2,790	\$2,090,405	\$1,317,845	\$522,476	\$184,614	\$0	\$2,024,935	\$65,470	\$659.61	96.9%
Jun-17	2,783	\$2,082,487	\$1,790,162	\$635,565	\$184,151	\$0	\$2,609,878	-\$527,391	\$871.62	125.3%
Jul-17	2,812	\$2,101,329	\$1,002,601	\$566,607	\$186,070	\$0	\$1,755,278	\$346,051	\$558.04	83.5%
Aug-17	2,814	\$2,105,719	\$1,432,300	\$702,997	\$186,202	\$0	\$2,321,499	-\$215,780	\$758.81	110.2%
Sep-17	2,829	\$2,111,374	\$953,510	\$718,810	\$187,195	\$0	\$1,859,515	\$251,859	\$591.13	88.1%
Oct-17	2,824	\$2,109,268	\$1,558,844	\$666,488	\$186,864	\$0	\$2,412,196	-\$302,928	\$788.01	114.4%
Nov-17	2,837	\$2,117,916	\$1,366,694	\$572,930	\$187,724	\$0	\$2,127,348	-\$9,432	\$683.69	100.4%
Dec-17	2,854	\$2,127,396	\$1,154,716	\$690,647	\$188,849	\$0	\$2,034,212	\$93,184	\$646.59	95.6%
Jan-18	2,868	\$2,207,849	\$1,301,870	\$606,579	\$227,490	\$0	\$2,135,939	\$71,910	\$665.43	96.7%
Feb-18	2866	\$2,207,463	\$817,799	\$626,710	\$227,331	\$0	\$1,671,840	\$535,623	\$504.02	75.7%
Mar-18	2869	\$2,208,192	\$1,146,243	\$645,723	\$227,569	\$0	\$2,019,535	\$188,657	\$624.60	91.5%
Apr-18	2878	\$2,211,369	\$1,009,661	\$635,692	\$228,283	\$0	\$1,873,636	\$337,733	\$571.70	84.7%
May-18	2913	\$2,229,533	\$1,079,344	\$656,429	\$231,059	\$0	\$1,966,832	\$262,701	\$595.87	88.2%
2015	2,418	\$18,669,716	\$11,692,885	\$5,270,004	\$2,040,045	\$0	\$19,002,934	-\$333,218	\$584.62	101.8%
2016	2,481	\$19,812,211	\$12,016,280	\$5,664,640	\$1,921,524	\$0	\$19,602,444	\$209,767	\$593.96	98.9%
2017	2,805	\$25,183,018	\$14,606,277	\$7,310,416	\$2,227,547	\$0	\$24,144,240	\$1,038,777	\$651.04	95.9%
2018 YTD	2,879	\$11,064,406	\$5,354,917	\$3,171,133	\$1,141,732	\$0	\$9,667,783	\$1,396,623	\$592.33	87.4%
Current 12 Months	2,846	\$25,819,894	\$14,613,744	\$7,725,177	\$2,448,788	\$0	\$24,787,709	\$1,032,185	\$654.20	96.0%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

Notes:

1. Fixed Cost Schedule: Appendix
2. Pooling Points: HMO = \$400,000 and EPO/PPO/HDHP = \$450,000.
3. EmpiRx PBM replaced Envolve PBM effective 1/1/2018

**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
County of Tulare - PPO**





San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
County of Tulare - HSA

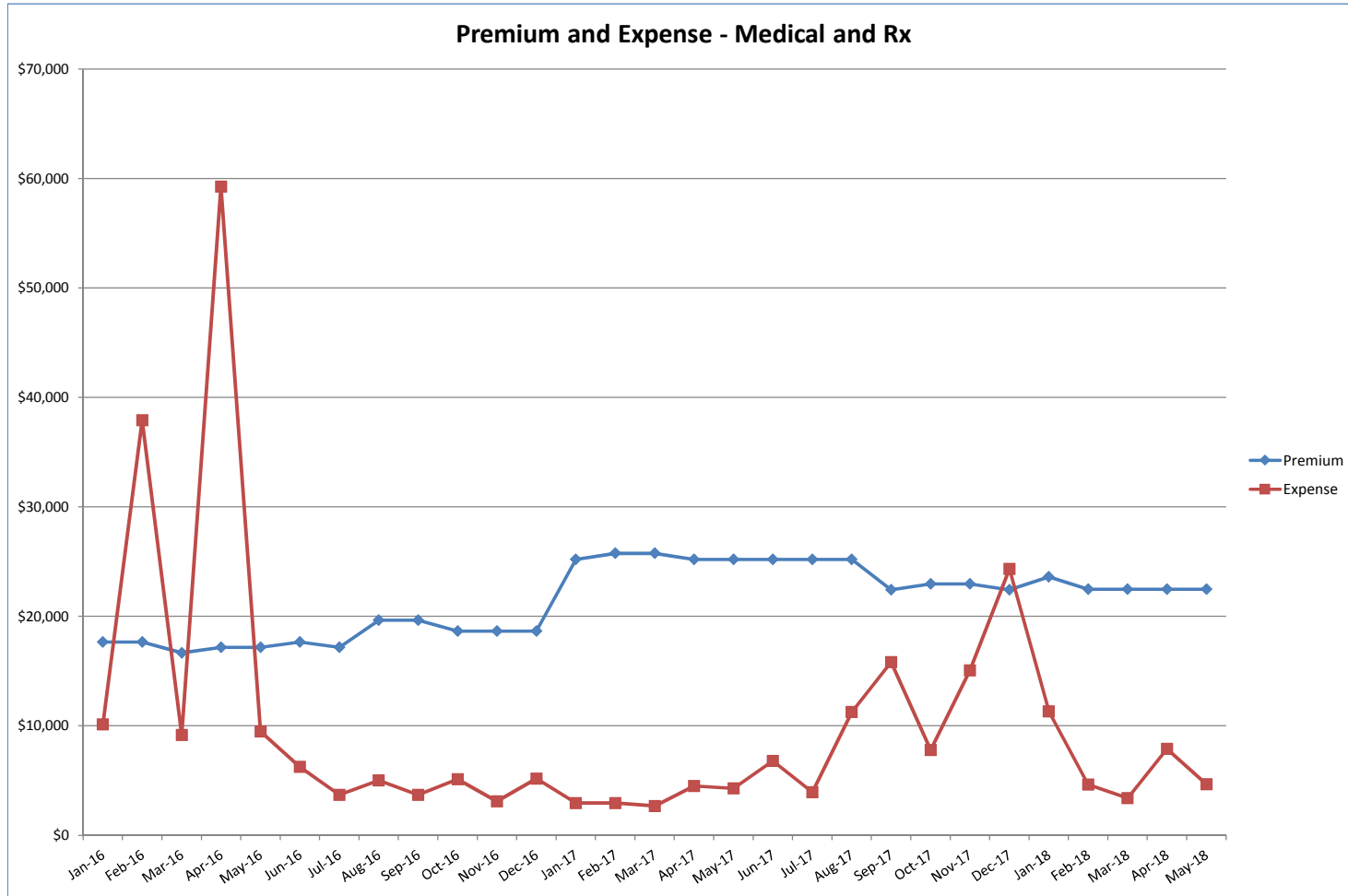
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	32	\$17,653	\$7,356	\$710	\$2,066	\$0	\$10,132	\$7,521	\$252.06	57.4%
Feb-16	32	\$17,653	\$35,852	\$0	\$2,066	\$0	\$37,918	-\$20,265	\$1,120.38	214.8%
Mar-16	30	\$16,667	\$7,233	\$0	\$1,937	\$0	\$9,170	\$7,498	\$241.10	55.0%
Apr-16	31	\$17,160	\$56,854	\$413	\$2,001	\$0	\$59,268	-\$42,108	\$1,847.32	345.4%
May-16	31	\$17,160	\$7,095	\$390	\$2,001	\$0	\$9,486	\$7,674	\$241.45	55.3%
Jun-16	32	\$17,653	\$3,392	\$807	\$2,066	\$0	\$6,265	\$11,388	\$131.22	35.5%
Jul-16	31	\$17,160	\$988	\$696	\$2,001	\$0	\$3,685	\$13,475	\$54.32	21.5%
Aug-16	34	\$19,646	\$2,334	\$501	\$2,195	\$0	\$5,030	\$14,617	\$83.38	25.6%
Sep-16	34	\$19,646	\$813	\$701	\$2,195	\$0	\$3,709	\$15,938	\$44.53	18.9%
Oct-16	33	\$18,662	\$2,379	\$614	\$2,130	\$0	\$5,123	\$13,539	\$90.70	27.5%
Nov-16	33	\$18,662	\$301	\$663	\$2,130	\$0	\$3,094	\$15,568	\$29.21	16.6%
Dec-16	33	\$18,662	\$2,277	\$774	\$2,130	\$0	\$5,181	\$13,481	\$92.45	27.8%
Jan-17	38	\$25,205	\$371	\$49	\$2,514	\$0	\$2,934	\$22,270	\$11.05	11.6%
Feb-17	39	\$25,755	\$358	\$5	\$2,581	\$0	\$2,944	\$22,812	\$9.31	11.4%
Mar-17	39	\$25,755	\$70	\$25	\$2,581	\$0	\$2,676	\$23,080	\$2.44	10.4%
Apr-17	38	\$25,205	\$1,358	\$632	\$2,514	\$0	\$4,504	\$20,700	\$52.37	17.9%
May-17	38	\$25,205	\$1,730	\$47	\$2,514	\$0	\$4,291	\$20,913	\$46.76	17.0%
Jun-17	38	\$25,205	\$4,181	\$92	\$2,514	\$0	\$6,787	\$18,417	\$112.45	26.9%
Jul-17	38	\$25,205	\$1,410	\$23	\$2,514	\$0	\$3,947	\$21,257	\$37.71	15.7%
Aug-17	38	\$25,205	\$8,400	\$357	\$2,514	\$0	\$11,271	\$13,933	\$230.45	44.7%
Sep-17	36	\$22,426	\$13,425	\$28	\$2,382	\$0	\$15,835	\$6,590	\$373.69	70.6%
Oct-17	36	\$22,976	\$5,044	\$377	\$2,382	\$0	\$7,803	\$15,172	\$150.58	34.0%
Nov-17	36	\$22,976	\$12,105	\$576	\$2,382	\$0	\$15,063	\$7,912	\$352.25	65.6%
Dec-17	35	\$22,425	\$21,474	\$556	\$2,316	\$0	\$24,346	-\$1,921	\$629.43	108.6%
Jan-18	37	\$23,613	\$8,324	\$57	\$2,935	\$0	\$11,316	\$12,297	\$226.51	47.9%
Feb-18	35	\$22,475	\$1,869	\$0	\$2,776	\$0	\$4,645	\$17,830	\$53.40	20.7%
Mar-18	35	\$22,475	\$629	\$0	\$2,776	\$0	\$3,405	\$19,070	\$17.97	15.2%
Apr-18	35	\$22,475	\$5,130	\$0	\$2,776	\$0	\$7,906	\$14,569	\$146.57	35.2%
May-18	35	\$22,475	\$1,781	\$118	\$2,776	\$0	\$4,675	\$17,800	\$54.26	20.8%
2015	32	\$215,364	\$174,555	\$8,710	\$26,718	\$0	\$209,983	\$5,381	\$482.28	97.5%
2016	32	\$216,382	\$126,874	\$6,269	\$24,916	\$0	\$158,059	\$58,323	\$344.93	73.0%
2017	37	\$293,539	\$69,926	\$2,767	\$29,710	\$0	\$102,403	\$191,136	\$161.90	34.9%
2018 YTD	35	\$113,512	\$17,733	\$175	\$14,040	\$0	\$31,948	\$81,564	\$101.18	28.1%
Current 12 Months	36	\$279,926	\$83,772	\$2,184	\$31,045	\$0	\$117,001	\$162,925	\$198.06	41.8%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

Notes:

1. Fixed Cost Schedule: Appendix
2. Pooling Points: HMO = \$400,000 and EPO/PPO/HDHP = \$450,000.
3. EmpiRx PBM replaced Envolve PBM effective 1/1/2018

**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
County of Tulare - HSA**





**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
All Others - All Medical**

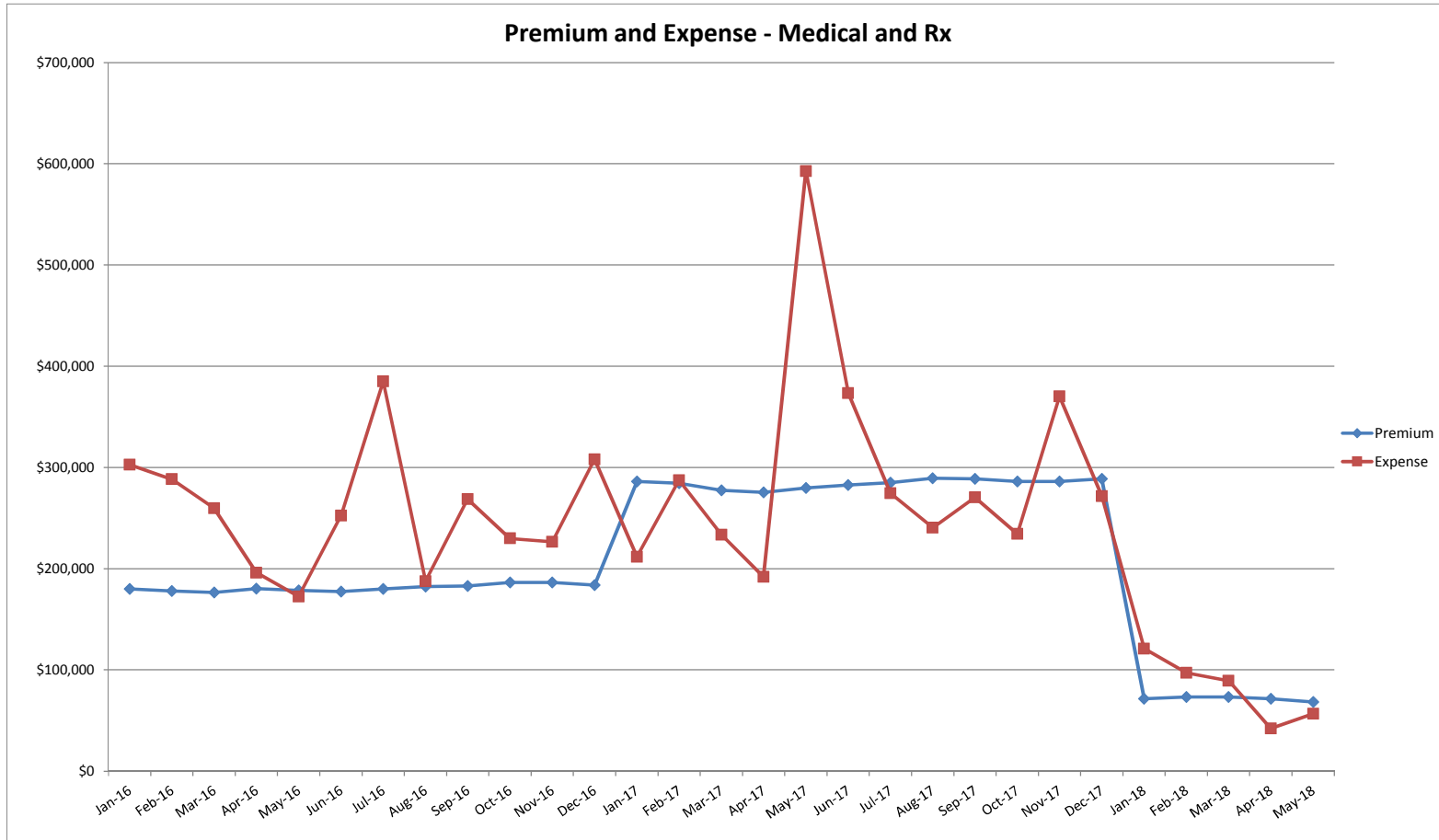
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO	
			MEDICAL	CAPITATION	RX	FIXED	POOLED CLAIMS				TOTAL EXPENSE
Jan-16	145	\$180,011	\$220,054	\$35,132	\$36,153	\$11,556	\$0	\$302,894	-\$122,883	\$2,009.23	168.3%
Feb-16	143	\$178,054	\$206,162	\$35,364	\$35,494	\$11,423	\$0	\$288,443	-\$110,390	\$1,937.21	162.0%
Mar-16	143	\$176,718	\$174,903	\$35,402	\$38,029	\$11,423	\$0	\$259,756	-\$83,038	\$1,736.60	147.0%
Apr-16	149	\$180,284	\$117,706	\$36,047	\$30,344	\$11,949	\$0	\$196,046	-\$15,763	\$1,235.55	108.7%
May-16	148	\$178,628	\$94,077	\$35,855	\$30,754	\$11,862	\$0	\$172,548	\$6,080	\$1,085.72	96.6%
Jun-16	148	\$177,377	\$171,526	\$36,680	\$32,529	\$11,883	\$0	\$252,617	-\$75,240	\$1,626.59	142.4%
Jul-16	150	\$180,061	\$303,039	\$36,470	\$33,753	\$12,016	\$0	\$385,278	-\$205,217	\$2,488.41	214.0%
Aug-16	151	\$182,553	\$110,676	\$36,688	\$28,093	\$12,082	\$0	\$187,539	-\$4,987	\$1,161.97	102.7%
Sep-16	151	\$182,973	\$185,744	\$36,618	\$34,329	\$12,061	\$0	\$268,752	-\$85,779	\$1,699.94	146.9%
Oct-16	153	\$186,621	\$149,400	\$36,954	\$31,430	\$12,215	\$0	\$229,999	-\$43,378	\$1,423.42	123.2%
Nov-16	153	\$186,621	\$149,042	\$37,283	\$28,006	\$12,215	\$0	\$226,546	-\$39,926	\$1,400.86	121.4%
Dec-16	151	\$183,961	\$250,282	\$36,371	\$28,776	\$12,061	-\$19,394	\$308,097	-\$124,135	\$1,960.50	167.5%
Jan-17	183	\$286,401	\$115,526	\$52,154	\$28,813	\$15,206	\$0	\$211,699	\$74,701	\$1,073.73	73.9%
Feb-17	182	\$284,629	\$185,571	\$51,965	\$34,881	\$15,117	\$0	\$287,534	-\$2,905	\$1,496.80	101.0%
Mar-17	178	\$277,523	\$131,952	\$52,088	\$34,651	\$14,823	\$0	\$233,514	\$44,009	\$1,228.60	84.1%
Apr-17	175	\$275,490	\$93,321	\$50,866	\$33,243	\$14,555	\$0	\$191,985	\$83,505	\$1,013.89	69.7%
May-17	178	\$279,753	\$485,586	\$51,944	\$40,593	\$14,802	\$0	\$592,925	-\$313,172	\$3,247.88	211.9%
Jun-17	181	\$282,736	\$272,269	\$52,026	\$34,035	\$15,049	\$0	\$373,378	-\$90,642	\$1,979.72	132.1%
Jul-17	182	\$285,099	\$170,028	\$52,051	\$37,524	\$15,096	\$0	\$274,698	\$10,401	\$1,426.39	96.4%
Aug-17	184	\$289,453	\$133,904	\$52,825	\$38,615	\$15,274	\$0	\$240,619	\$48,835	\$1,224.70	83.1%
Sep-17	184	\$288,851	\$162,496	\$52,763	\$40,000	\$15,253	\$0	\$270,512	\$18,339	\$1,387.28	93.7%
Oct-17	184	\$286,225	\$129,356	\$52,396	\$37,398	\$15,274	\$0	\$234,424	\$51,801	\$1,191.03	81.9%
Nov-17	185	\$286,335	\$263,222	\$52,701	\$39,078	\$15,364	\$0	\$370,365	-\$84,030	\$1,918.92	129.3%
Dec-17	185	\$288,923	\$162,065	\$53,304	\$40,948	\$15,385	\$0	\$271,702	\$17,221	\$1,385.50	94.0%
Jan-18	38	\$71,512	\$113,536	\$0	\$5,036	\$2,622	\$0	\$121,194	-\$49,683	\$3,120.32	169.5%
Feb-18	40	\$73,337	\$86,671	\$0	\$7,680	\$2,760	\$0	\$97,111	-\$23,774	\$2,358.76	132.4%
Mar-18	40	\$73,337	\$77,603	\$0	\$9,021	\$2,760	\$0	\$89,384	-\$16,047	\$2,165.59	121.9%
Apr-18	39	\$71,690	\$33,297	\$0	\$6,186	\$2,691	\$0	\$42,175	\$29,516	\$1,012.39	58.8%
May-18	37	\$68,404	\$47,159	\$0	\$7,047	\$2,553	\$0	\$56,759	\$11,645	\$1,465.03	83.0%
2015	123	\$1,660,403	\$2,594,309	\$428,402	\$355,693	\$129,738	-\$50,695	\$3,457,448	-\$1,797,044	\$2,251.49	208.2%
2016	149	\$2,173,860	\$2,132,611	\$434,864	\$387,689	\$142,746	-\$19,394	\$3,078,516	-\$904,656	\$1,644.69	141.6%
2017	182	\$3,411,417	\$2,305,296	\$627,083	\$439,781	\$181,196	\$0	\$3,553,356	-\$141,938	\$1,546.15	104.2%
2018 YTD	39	\$358,280	\$358,266	\$0	\$34,969	\$13,388	\$0	\$406,623	-\$48,343	\$2,026.99	113.5%
Current 12 Months	123	\$2,365,902	\$1,651,606	\$368,066	\$302,568	\$120,082	\$0	\$2,442,321	-\$76,420	\$1,570.14	103.2%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

Notes:

1. Fixed Cost Schedule: Appendix
2. Pooling Points: HMO = \$400,000 and EPO/PPO/HDHP = \$450,000.
3. EmpiRx PBM replaced Envolve PBM effective 1/1/2018
4. Waterford and Ceres terminated from SJVIA effective 1/1/2018
5. All Others Claims include runout for Ceres and Waterford

**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
All Others - All Medical**





**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
All Others - HMO**

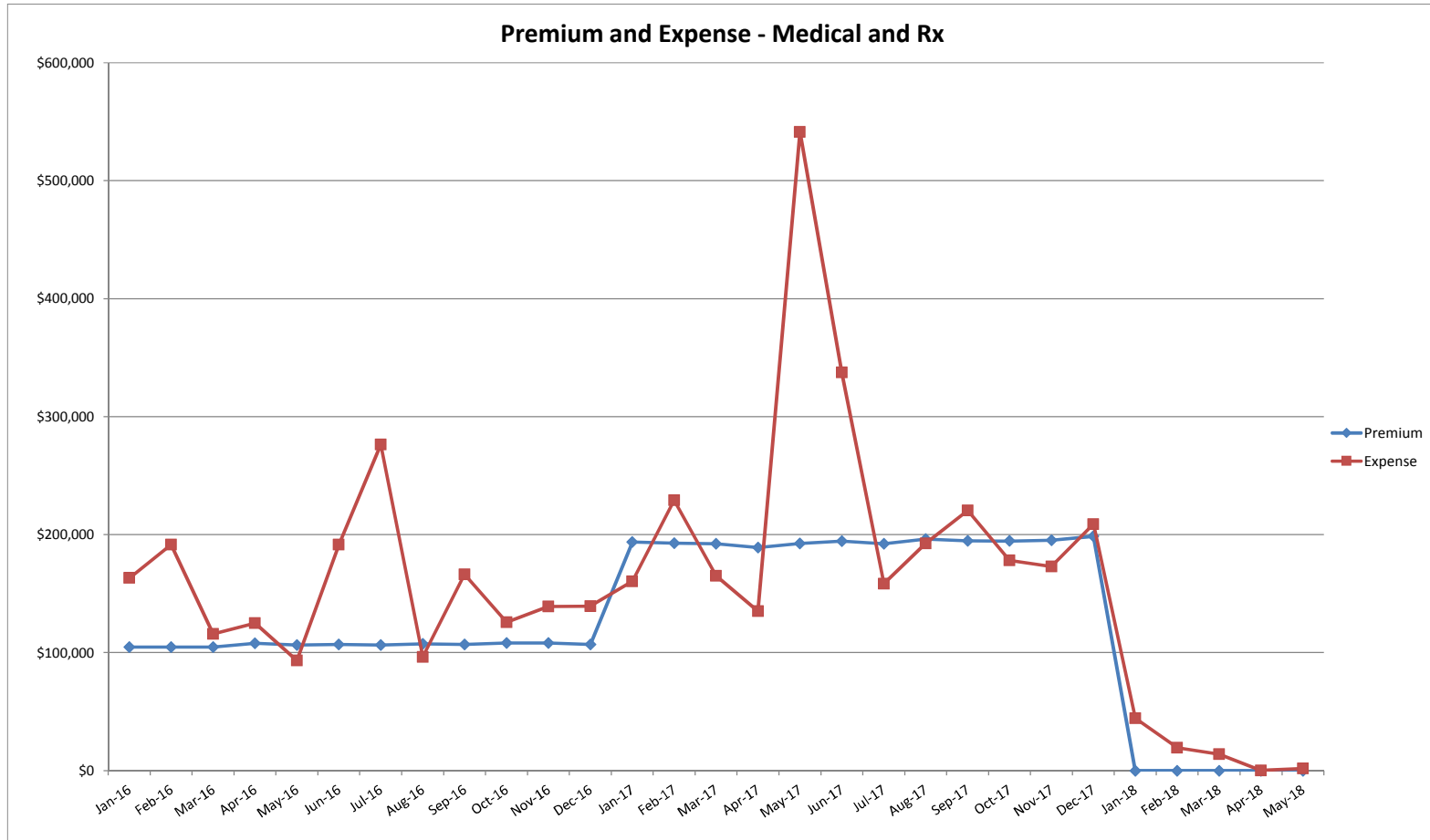
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE						SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	CAPITATION	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	90	\$104,892	\$104,247	\$35,132	\$16,023	\$7,896	\$0	\$163,297	-\$58,405	\$1,726.68	155.7%
Feb-16	90	\$104,782	\$130,859	\$35,364	\$17,437	\$7,896	\$0	\$191,556	-\$86,774	\$2,040.67	182.8%
Mar-16	90	\$104,782	\$54,893	\$35,402	\$17,830	\$7,896	\$0	\$116,021	-\$11,239	\$1,201.39	110.7%
Apr-16	96	\$108,072	\$61,425	\$36,047	\$19,146	\$8,422	\$0	\$125,041	-\$16,969	\$1,214.78	115.7%
May-16	95	\$106,416	\$31,901	\$35,855	\$17,273	\$8,334	\$0	\$93,364	\$13,052	\$895.05	87.7%
Jun-16	96	\$106,964	\$125,570	\$36,680	\$20,923	\$8,422	\$0	\$191,595	-\$84,631	\$1,908.05	179.1%
Jul-16	96	\$106,465	\$211,706	\$36,470	\$19,944	\$8,422	\$0	\$276,542	-\$170,077	\$2,792.91	259.7%
Aug-16	96	\$107,573	\$37,071	\$36,688	\$14,226	\$8,422	\$0	\$96,407	\$11,166	\$916.51	89.6%
Sep-16	95	\$107,024	\$100,010	\$36,618	\$21,314	\$8,334	\$0	\$166,276	-\$59,252	\$1,662.55	155.4%
Oct-16	96	\$108,181	\$60,812	\$36,954	\$19,723	\$8,422	\$0	\$125,911	-\$17,730	\$1,223.85	116.4%
Nov-16	96	\$108,181	\$76,371	\$37,283	\$17,090	\$8,422	\$0	\$139,166	-\$30,985	\$1,361.92	128.6%
Dec-16	95	\$106,906	\$77,851	\$36,371	\$16,901	\$8,334	\$0	\$139,458	-\$32,552	\$1,380.24	130.4%
Jan-17	129	\$193,821	\$80,714	\$52,154	\$15,966	\$11,525	\$0	\$160,359	\$33,462	\$1,153.75	82.7%
Feb-17	128	\$192,923	\$140,017	\$51,965	\$25,740	\$11,436	\$0	\$229,157	-\$36,235	\$1,700.95	118.8%
Mar-17	127	\$192,288	\$77,874	\$52,088	\$23,850	\$11,346	\$0	\$165,158	\$27,130	\$1,211.12	85.9%
Apr-17	124	\$189,106	\$46,228	\$50,866	\$27,044	\$11,078	\$0	\$135,216	\$53,890	\$1,001.11	71.5%
May-17	126	\$192,496	\$455,444	\$51,944	\$22,748	\$11,257	\$0	\$541,393	-\$348,897	\$4,207.43	281.2%
Jun-17	128	\$194,605	\$251,759	\$52,026	\$22,230	\$11,436	\$0	\$337,451	-\$142,846	\$2,546.99	173.4%
Jul-17	127	\$192,426	\$71,385	\$52,051	\$23,604	\$11,346	\$0	\$158,386	\$34,040	\$1,157.79	82.3%
Aug-17	129	\$196,256	\$106,827	\$52,825	\$21,514	\$11,525	\$0	\$192,691	\$3,565	\$1,404.39	98.2%
Sep-17	128	\$194,780	\$130,241	\$52,763	\$26,042	\$11,436	\$0	\$220,481	-\$25,701	\$1,633.17	113.2%
Oct-17	129	\$194,711	\$91,277	\$52,396	\$23,000	\$11,525	\$0	\$178,198	\$16,512	\$1,292.04	91.5%
Nov-17	130	\$195,345	\$82,907	\$52,701	\$25,746	\$11,614	\$0	\$172,968	\$22,376	\$1,241.18	88.5%
Dec-17	131	\$198,678	\$116,605	\$53,304	\$27,326	\$11,704	\$0	\$208,939	-\$10,261	\$1,505.61	105.2%
Jan-18	0	\$0	\$44,390	\$0	\$0	\$0	\$0	\$44,390	-\$44,390	\$0.00	0.0%
Feb-18	0	\$0	\$19,476	\$0	\$0	\$0	\$0	\$19,476	-\$19,476	\$0.00	0.0%
Mar-18	0	\$0	\$13,943	\$0	\$0	\$0	\$0	\$13,943	-\$13,943	\$0.00	0.0%
Apr-18	0	\$0	\$224	\$0	\$0	\$0	\$0	\$224	-\$224	\$0.00	0.0%
May-18	0	\$0	\$1,885	\$0	\$0	\$0	\$0	\$1,885	-\$1,885	\$0.00	0.0%
2015	94	\$1,211,794	\$2,250,892	\$428,402	\$257,607	\$104,791	-\$50,695	\$2,990,998	-\$1,779,204	\$2,547.40	246.8%
2016	94	\$1,280,238	\$1,072,716	\$434,864	\$217,831	\$99,223	\$0	\$1,824,634	-\$544,396	\$1,525.56	142.5%
2017	128	\$2,327,432	\$1,651,278	\$627,083	\$284,809	\$137,226	\$0	\$2,700,397	-\$372,964	\$1,668.73	116.0%
2018 YTD	0	\$0	\$79,918	\$0	\$0	\$0	\$0	\$79,918	-\$79,918	#DIV/0!	#DIV/0!
Current 12 Months	75	\$1,366,799	\$930,919	\$368,066	\$169,462	\$80,585	\$0	\$1,549,031	-\$182,232	\$1,627.99	113.3%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

Notes:

1. Fixed Cost Schedule: Appendix
2. Pooling Points: HMO = \$400,000 and EPO/PPO/HDHP = \$450,000.
3. EmpiRx PBM replaced Envolve PBM effective 1/1/2018
4. Waterford and Ceres terminated from SJVIA effective 1/1/2018
5. All Others Claims include runout for Ceres and Waterford

**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
All Others - HMO**





**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
All Others - PPO**

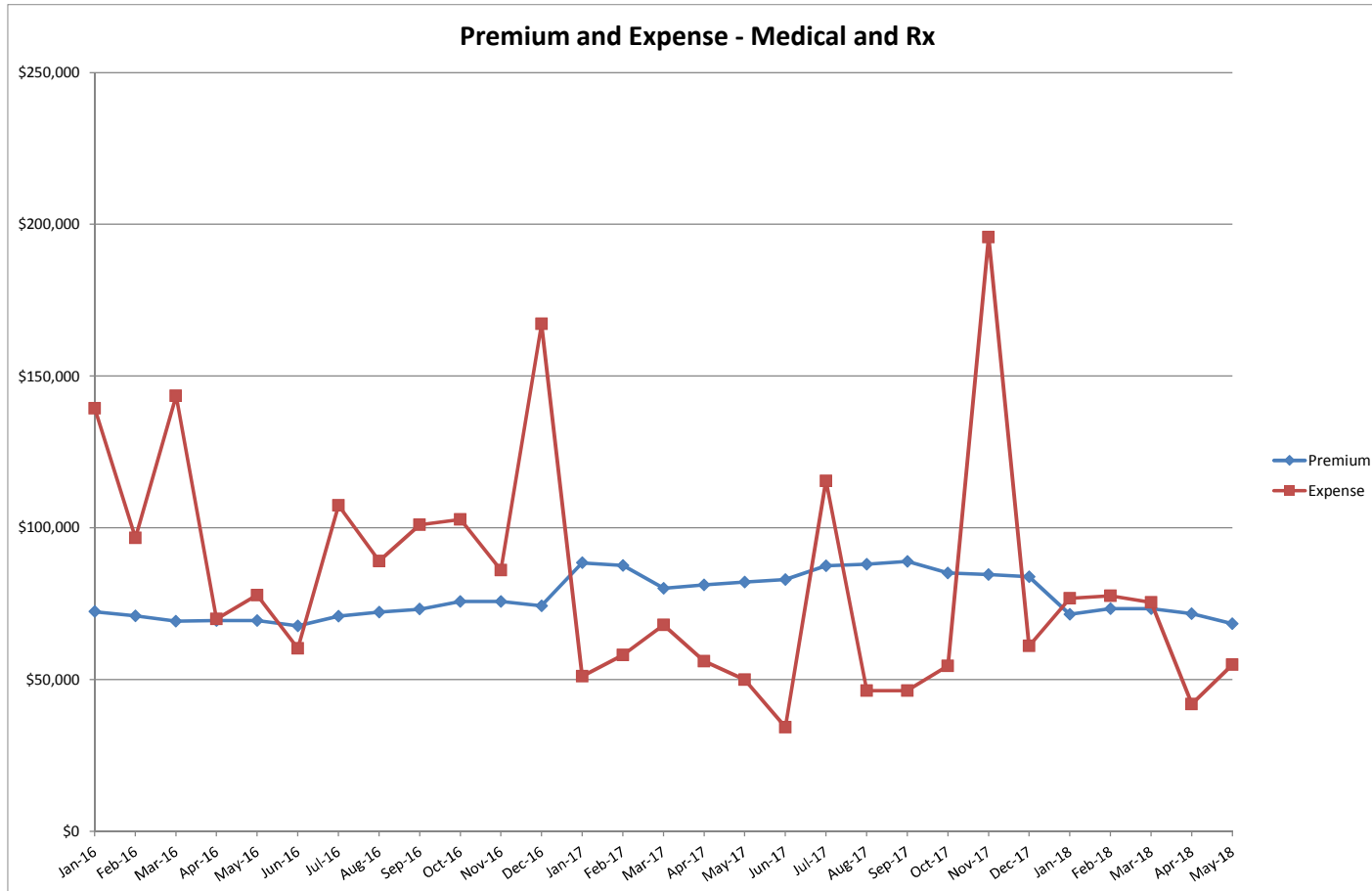
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	Rx	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	51	\$72,387	\$115,807	\$20,130	\$3,394	\$0	\$139,331	-\$66,944	\$2,665.43	192.5%
Feb-16	50	\$71,003	\$75,303	\$18,057	\$3,328	\$0	\$96,688	-\$25,684	\$1,867.20	136.2%
Mar-16	49	\$69,204	\$120,010	\$20,198	\$3,261	\$0	\$143,469	-\$74,265	\$2,861.39	207.3%
Apr-16	49	\$69,480	\$56,281	\$10,375	\$3,261	\$0	\$69,917	-\$436	\$1,360.32	100.6%
May-16	49	\$69,480	\$62,047	\$12,463	\$3,261	\$0	\$77,770	-\$8,290	\$1,520.60	111.9%
Jun-16	48	\$67,681	\$45,430	\$11,606	\$3,194	\$0	\$60,230	\$7,450	\$1,188.25	89.0%
Jul-16	50	\$70,864	\$91,333	\$12,791	\$3,328	\$0	\$107,452	-\$36,588	\$2,082.49	151.6%
Aug-16	51	\$72,248	\$72,830	\$12,817	\$3,394	\$0	\$89,041	-\$16,793	\$1,679.35	123.2%
Sep-16	52	\$73,216	\$85,608	\$11,965	\$3,461	\$0	\$101,034	-\$27,817	\$1,876.40	138.0%
Oct-16	53	\$75,708	\$88,588	\$10,657	\$3,527	\$0	\$102,772	-\$27,065	\$1,872.55	135.7%
Nov-16	53	\$75,708	\$72,671	\$9,867	\$3,527	\$0	\$86,065	-\$10,357	\$1,557.32	113.7%
Dec-16	52	\$74,324	\$172,305	\$10,830	\$3,461	-\$19,394	\$167,202	-\$92,878	\$3,148.87	225.0%
Jan-17	50	\$88,478	\$34,812	\$12,847	\$3,409	\$0	\$51,068	\$37,410	\$953.19	57.7%
Feb-17	50	\$87,604	\$45,554	\$9,141	\$3,409	\$0	\$58,104	\$29,500	\$1,093.91	66.3%
Mar-17	46	\$80,093	\$54,078	\$10,791	\$3,136	\$0	\$68,004	\$12,089	\$1,410.19	84.9%
Apr-17	46	\$81,243	\$47,093	\$5,778	\$3,136	\$0	\$56,006	\$25,237	\$1,149.36	68.9%
May-17	47	\$82,117	\$30,046	\$16,702	\$3,204	\$0	\$49,952	\$32,165	\$994.63	60.8%
Jun-17	48	\$82,990	\$20,385	\$10,659	\$3,272	\$0	\$34,316	\$48,674	\$646.74	41.3%
Jul-17	50	\$87,532	\$98,643	\$13,428	\$3,409	\$0	\$115,479	-\$27,947	\$2,241.42	131.9%
Aug-17	50	\$88,057	\$27,003	\$15,953	\$3,409	\$0	\$46,364	\$41,692	\$859.11	52.7%
Sep-17	51	\$88,930	\$30,088	\$12,809	\$3,477	\$0	\$46,374	\$42,556	\$841.13	52.1%
Oct-17	49	\$85,134	\$37,891	\$13,246	\$3,340	\$0	\$54,477	\$30,657	\$1,043.61	64.0%
Nov-17	49	\$84,610	\$180,315	\$12,147	\$3,340	\$0	\$195,802	-\$111,193	\$3,927.80	231.4%
Dec-17	48	\$83,865	\$45,364	\$12,459	\$3,272	\$0	\$61,095	\$22,770	\$1,204.65	72.8%
Jan-18	38	\$71,512	\$69,146	\$5,036	\$2,622	\$0	\$76,804	-\$5,293	\$1,952.16	107.4%
Feb-18	40	\$73,337	\$67,195	\$7,680	\$2,760	\$0	\$77,635	-\$4,298	\$1,871.86	105.9%
Mar-18	40	\$73,337	\$63,660	\$9,021	\$2,760	\$0	\$75,441	-\$2,104	\$1,817.01	102.9%
Apr-18	39	\$71,690	\$33,073	\$6,186	\$2,691	\$0	\$41,951	\$29,740	\$1,006.65	58.5%
May-18	37	\$68,404	\$45,274	\$7,047	\$2,553	\$0	\$54,874	\$13,530	\$1,414.08	80.2%
2015	52	\$432,796	\$343,342	\$98,086	\$22,633	\$0	\$464,061	-\$31,265	\$1,410.31	107.2%
2016	51	\$861,303	\$1,058,213	\$161,756	\$40,396	-\$19,394	\$1,240,971	-\$379,668	\$1,977.88	144.1%
2017	49	\$1,020,653	\$651,272	\$145,959	\$39,811	\$0	\$837,042	\$183,611	\$1,365.12	82.0%
2018 YTD	39	\$358,280	\$278,348	\$34,969	\$13,388	\$0	\$326,705	\$31,575	\$1,615.04	91.2%
Current 12 Months	45	\$959,398	\$718,037	\$125,670	\$36,907	\$0	\$880,613	\$78,784	\$1,565.32	91.8%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

Notes:

1. Fixed Cost Schedule: Appendix
2. Pooling Points: HMO = \$400,000 and EPO/PPO/HDHP = \$450,000.
3. EmpiRx PBM replaced Envolve PBM effective 1/1/2018
4. Waterford and Ceres terminated from SJVIA effective 1/1/2018
5. All Others Claims include runoff for Ceres and Waterford

San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
All Others - PPO





**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
All Others - HSA**

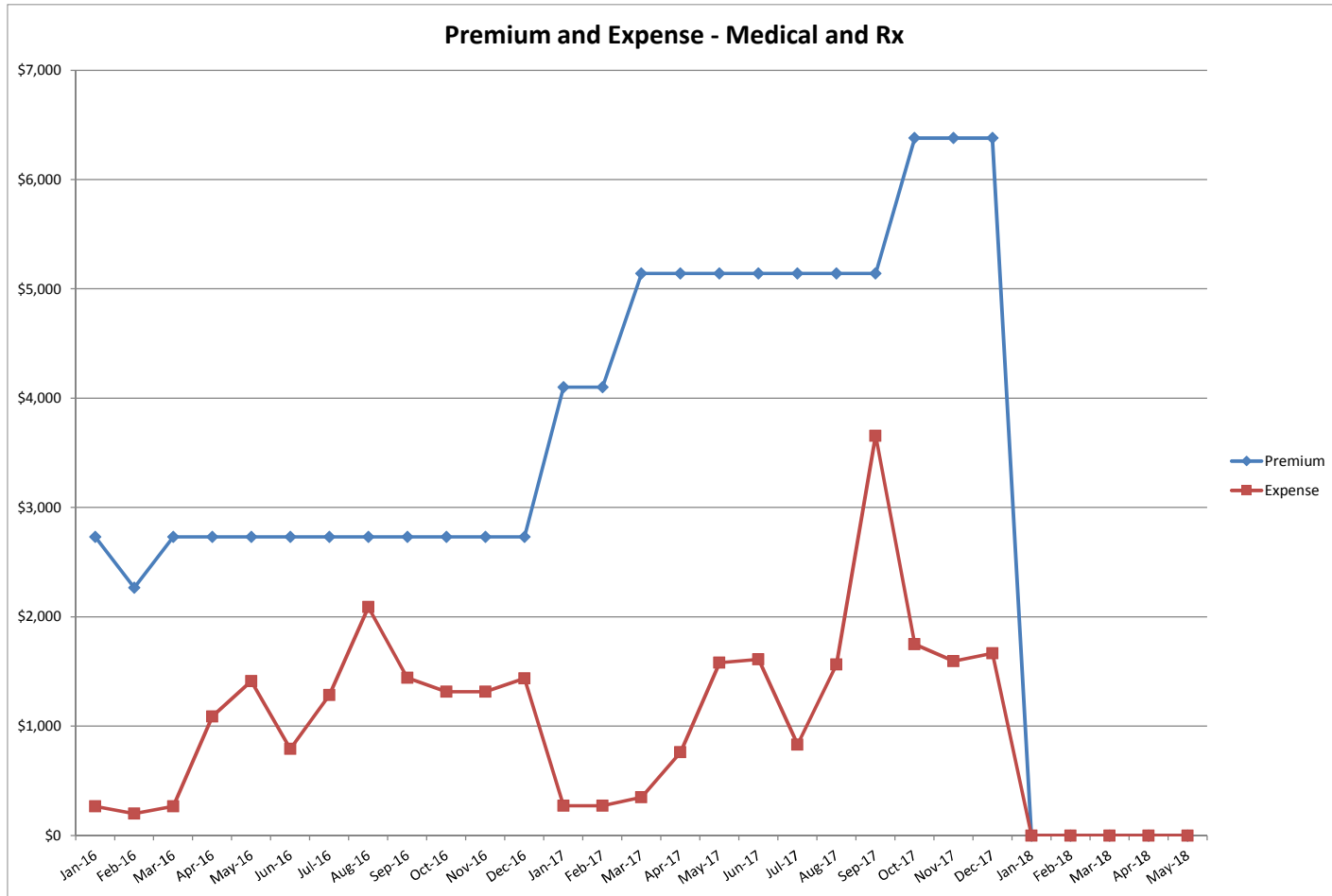
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	4	\$2,732	\$0	\$0	\$266	\$0	\$266	\$2,466	\$0.00	9.7%
Feb-16	3	\$2,268	\$0	\$0	\$200	\$0	\$200	\$2,069	\$0.00	8.8%
Mar-16	4	\$2,732	\$0	\$0	\$266	\$0	\$266	\$2,466	\$0.00	9.7%
Apr-16	4	\$2,732	\$0	\$823	\$266	\$0	\$1,089	\$1,643	\$205.75	39.9%
May-16	4	\$2,732	\$129	\$1,018	\$266	\$0	\$1,413	\$1,319	\$286.75	51.7%
Jun-16	4	\$2,732	\$526	\$0	\$266	\$0	\$792	\$1,940	\$131.50	29.0%
Jul-16	4	\$2,732	\$0	\$1,018	\$266	\$0	\$1,284	\$1,448	\$254.50	47.0%
Aug-16	4	\$2,732	\$775	\$1,050	\$266	\$0	\$2,091	\$641	\$456.25	76.5%
Sep-16	4	\$2,732	\$126	\$1,050	\$266	\$0	\$1,442	\$1,290	\$294.00	52.8%
Oct-16	4	\$2,732	\$0	\$1,049	\$266	\$0	\$1,315	\$1,417	\$262.25	48.1%
Nov-16	4	\$2,732	\$0	\$1,049	\$266	\$0	\$1,315	\$1,417	\$262.25	48.1%
Dec-16	4	\$2,732	\$126	\$1,045	\$266	\$0	\$1,437	\$1,295	\$292.75	52.6%
Jan-17	4	\$4,102	\$0	\$0	\$273	\$0	\$273	\$3,830	\$0.00	6.6%
Feb-17	4	\$4,102	\$0	\$0	\$273	\$0	\$273	\$3,830	\$0.00	6.6%
Mar-17	5	\$5,141	\$0	\$10	\$341	\$0	\$351	\$4,790	\$2.00	6.8%
Apr-17	5	\$5,141	\$0	\$422	\$341	\$0	\$763	\$4,378	\$84.40	14.8%
May-17	5	\$5,141	\$96	\$1,144	\$341	\$0	\$1,581	\$3,560	\$248.00	30.7%
Jun-17	5	\$5,141	\$125	\$1,146	\$341	\$0	\$1,612	\$3,529	\$254.20	31.4%
Jul-17	5	\$5,141	\$0	\$492	\$341	\$0	\$833	\$4,308	\$98.40	16.2%
Aug-17	5	\$5,141	\$74	\$1,149	\$341	\$0	\$1,564	\$3,577	\$244.60	30.4%
Sep-17	5	\$5,141	\$2,167	\$1,149	\$341	\$0	\$3,657	\$1,484	\$663.20	71.1%
Oct-17	6	\$6,380	\$188	\$1,152	\$409	\$0	\$1,749	\$4,631	\$223.33	27.4%
Nov-17	6	\$6,380	\$0	\$1,185	\$409	\$0	\$1,594	\$4,786	\$197.50	25.0%
Dec-17	6	\$6,380	\$96	\$1,163	\$409	\$0	\$1,668	\$4,712	\$209.83	26.1%
Jan-18	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Feb-18	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Mar-18	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Apr-18	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
May-18	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
2015	3	\$15,814	\$75	\$0	\$2,314	\$0	\$2,389	\$13,425	\$2.34	15.1%
2016	4	\$32,320	\$1,682	\$8,102	\$3,128	\$0	\$12,912	\$19,409	\$208.17	39.9%
2017	5	\$63,332	\$2,746	\$9,012	\$4,158	\$0	\$15,916	\$47,416	\$192.75	25.1%
2018 YTD	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	#DIV/0!	0.0%
Current 12 Months	3	\$39,705	\$2,650	\$7,436	\$2,590	\$0	\$12,676	\$27,028	\$265.42	31.9%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

Notes:

1. Fixed Cost Schedule: Appendix
2. Pooling Points: HMO = \$400,000 and EPO/PPO/HDHP = \$450,000.
3. EmpiRx PBM replaced Envolve PBM effective 1/1/2018
4. Waterford and Ceres terminated from SJVIA effective 1/1/2018
5. All Others Claims include runout for Ceres and Waterford

**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of May 2018
All Others - HSA**





**San Joaquin Valley Insurance Authority (SJVIA)
Delta Premium and Claims Report - Dental PPO
County of Fresno and County of Tulare**

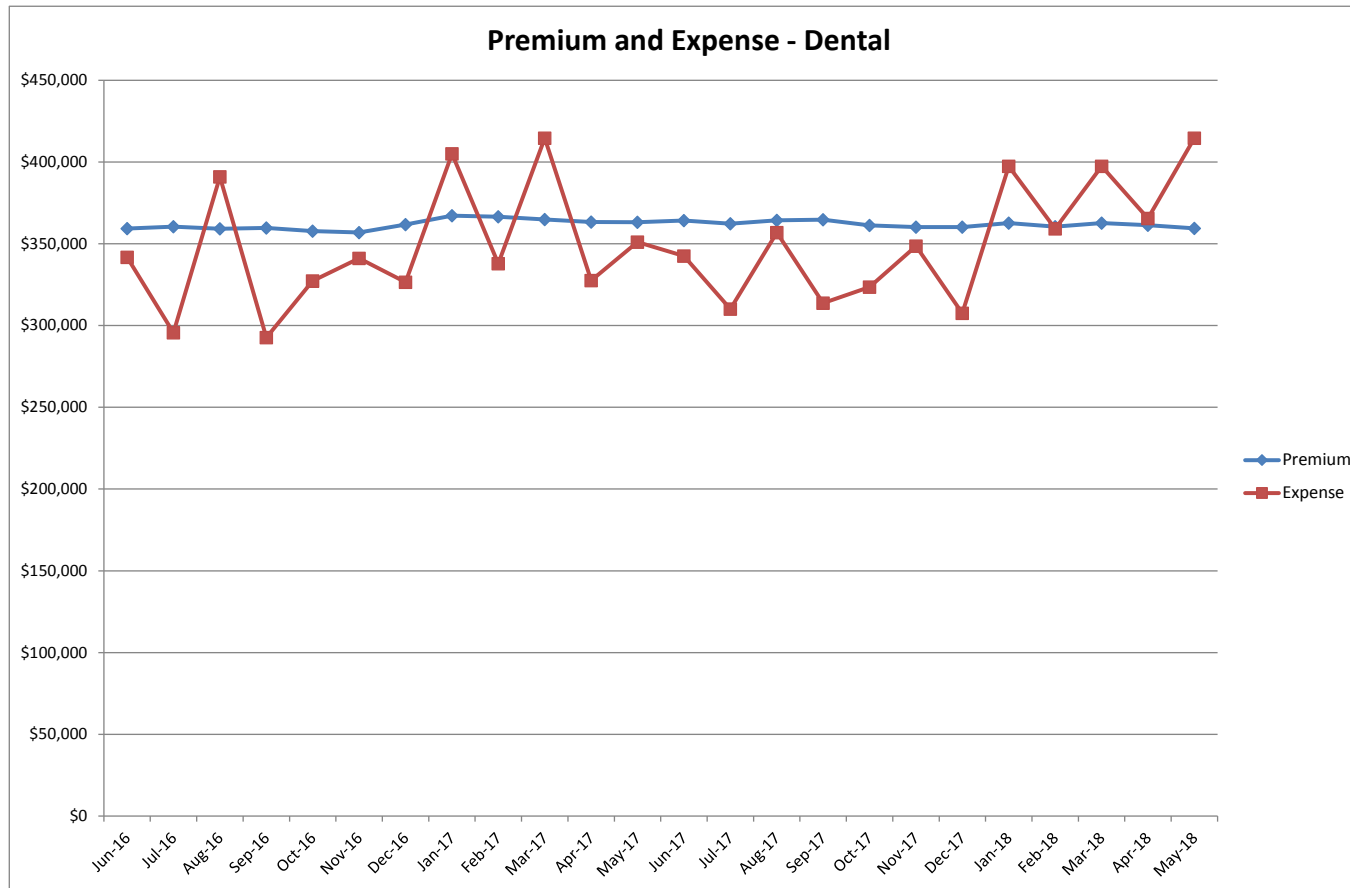
MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	DELTA ADMIN	TOTAL EXPENSE	PAID CLAIMS LOSS RATIO	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
Jun-16	6,512	\$359,340	\$308,837	\$32,936	\$341,773	85.95%	\$47.43	95.11%
Jul-16	6,528	\$360,546	\$262,600	\$33,047	\$295,647	72.83%	\$40.23	82.00%
Aug-16	6,533	\$359,193	\$358,054	\$32,923	\$390,977	99.68%	\$54.81	108.85%
Sep-16	6,527	\$359,733	\$259,677	\$32,972	\$292,649	72.19%	\$39.79	81.35%
Oct-16	6,493	\$357,772	\$294,543	\$32,793	\$327,336	82.33%	\$45.36	91.49%
Nov-16	6,495	\$356,937	\$308,387	\$32,716	\$341,103	86.40%	\$47.48	95.56%
Dec-16	6,507	\$361,750	\$293,375	\$33,157	\$326,533	81.10%	\$45.09	90.26%
Jan-17	6,685	\$367,216	\$371,374	\$33,659	\$405,032	101.13%	\$55.55	110.30%
Feb-17	6,664	\$366,591	\$304,313	\$33,602	\$337,914	83.01%	\$45.67	92.18%
Mar-17	6,643	\$364,855	\$381,131	\$33,442	\$414,573	104.46%	\$57.37	113.63%
Apr-17	6,615	\$363,316	\$294,235	\$33,301	\$327,536	80.99%	\$44.48	90.15%
May-17	6,628	\$363,243	\$317,709	\$33,294	\$351,004	87.46%	\$47.93	96.63%
Jun-17	6,624	\$364,211	\$309,154	\$33,383	\$342,537	84.88%	\$46.67	94.05%
Jul-17	6,642	\$362,305	\$276,885	\$33,209	\$310,094	76.42%	\$41.69	85.59%
Aug-17	6,665	\$364,405	\$323,504	\$33,401	\$356,905	88.78%	\$48.54	97.94%
Sep-17	6,652	\$364,789	\$280,344	\$33,436	\$313,781	76.85%	\$42.14	86.02%
Oct-17	6,629	\$361,260	\$290,397	\$33,113	\$323,510	80.38%	\$43.81	89.55%
Nov-17	6,668	\$360,301	\$315,569	\$33,025	\$348,595	87.59%	\$47.33	96.75%
Dec-17	6,695	\$360,198	\$274,626	\$32,881	\$307,507	76.24%	\$41.02	85.37%
Jan-18	6,772	\$362,752	\$364,424	\$33,042	\$397,467	100.46%	\$53.81	109.57%
Feb-18	6,768	\$360,559	\$326,383	\$32,861	\$359,243	90.52%	\$48.22	99.63%
Mar-18	6,763	\$362,627	\$364,388	\$33,035	\$397,423	100.49%	\$53.88	109.60%
Apr-18	6,758	\$361,348	\$332,612	\$32,919	\$365,531	92.05%	\$49.22	101.16%
May-18	6,779	\$359,517	\$381,880	\$32,752	\$414,632	106.22%	\$56.33	115.33%
2015	6,457	\$4,496,865	\$3,763,409	\$401,012	\$4,164,420	83.69%	\$48.57	92.61%
2016	6,513	\$4,352,090	\$3,780,750	\$398,905	\$4,179,655	86.87%	\$48.38	96.04%
2017	6,651	\$4,362,688	\$3,739,241	\$399,748	\$4,138,989	85.71%	\$46.85	94.87%
2018 YTD	6,768	\$1,806,804	\$1,769,686	\$164,609	\$1,934,295	97.95%	\$52.30	107.06%
Current 12 Months	6,701	\$4,344,272	\$3,840,166	\$397,059	\$4,237,225	88.40%	\$47.75	97.54%

Data Source: Delta Dental Risk Report Package through 05-2018

Note:

1. The above figures include all the divisions under the County of Fresno and County of Tulare.
2. The number of primary enrollees may change to include retroactive additions and/or deletions in eligibility.
3. The incurred claims includes estimate for incurred but unreported (IBUR).
4. The Delta Admin fee is an estimate amount using 0.0911 of monthly premium, starting Mar-2018.

**San Joaquin Valley Insurance Authority (SJVIA)
Delta Premium and Claims Report - Dental PPO
County of Fresno and County of Tulare**





**San Joaquin Valley Insurance Authority (SJVIA)
Delta Premium and Claims Report - Dental PPO
County of Fresno**

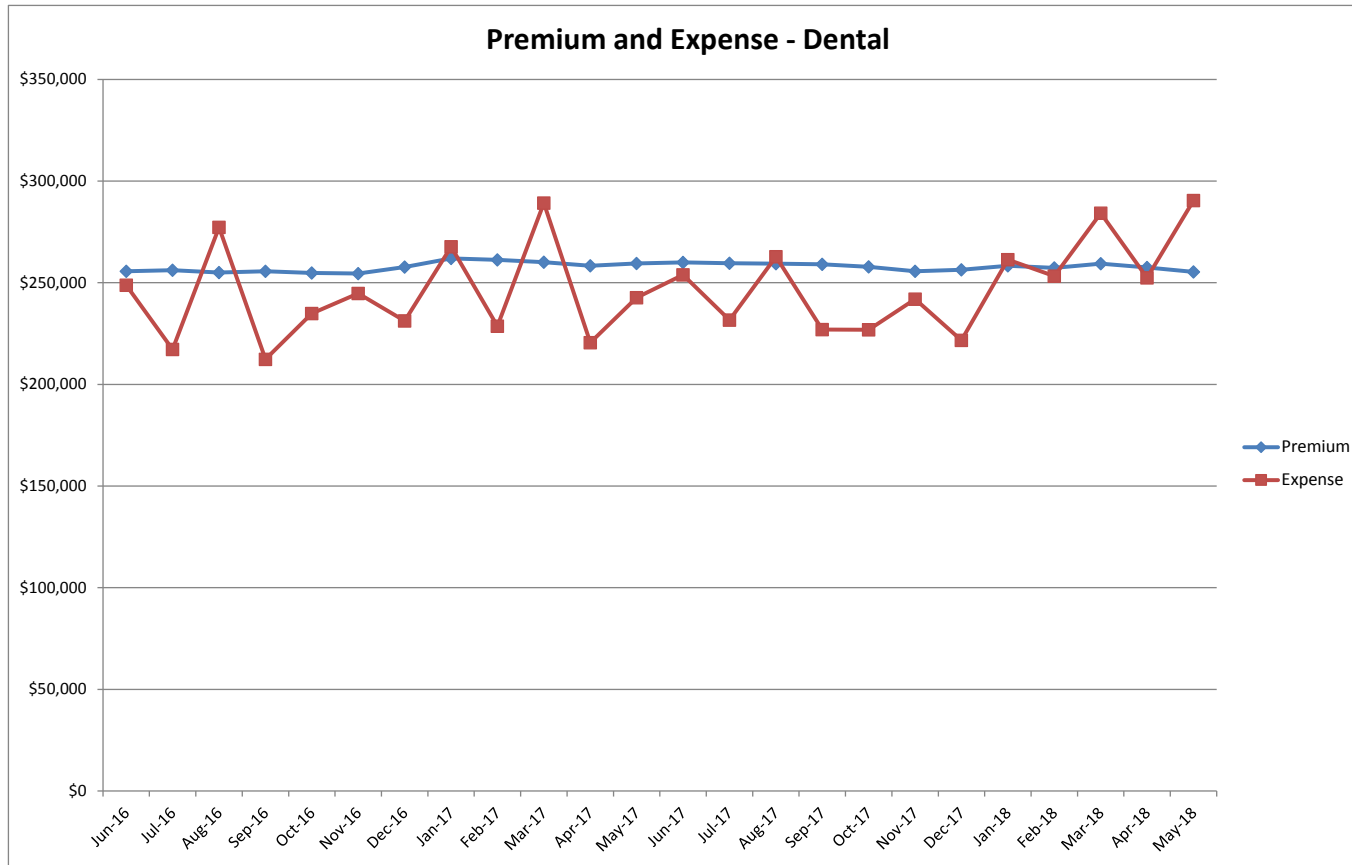
MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	DELTA ADMIN	TOTAL EXPENSE	PAID CLAIMS LOSS RATIO	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
Jun-16	4,068	\$255,662	\$225,332	\$23,429	\$248,761	88.14%	\$55.39	97.30%
Jul-16	4,079	\$256,217	\$193,758	\$23,480	\$217,238	75.62%	\$47.50	84.79%
Aug-16	4,083	\$255,006	\$253,921	\$23,369	\$277,290	99.57%	\$62.19	108.74%
Sep-16	4,079	\$255,657	\$188,949	\$23,429	\$212,378	73.91%	\$46.32	83.07%
Oct-16	4,059	\$254,810	\$211,481	\$23,351	\$234,832	83.00%	\$52.10	92.16%
Nov-16	4,049	\$254,546	\$221,409	\$23,327	\$244,736	86.98%	\$54.68	96.15%
Dec-16	4,062	\$257,759	\$207,631	\$23,621	\$231,253	80.55%	\$51.12	89.72%
Jan-17	4,180	\$261,977	\$243,726	\$24,008	\$267,735	93.03%	\$58.31	102.20%
Feb-17	4,173	\$261,255	\$204,724	\$23,942	\$228,666	78.36%	\$49.06	87.53%
Mar-17	4,150	\$260,156	\$265,391	\$23,841	\$289,232	102.01%	\$63.95	111.18%
Apr-17	4,137	\$258,358	\$196,899	\$23,677	\$220,576	76.21%	\$47.59	85.38%
May-17	4,153	\$259,545	\$218,926	\$23,785	\$242,711	84.35%	\$52.72	93.51%
Jun-17	4,160	\$260,044	\$230,031	\$23,831	\$253,862	88.46%	\$55.30	97.62%
Jul-17	4,157	\$259,656	\$207,825	\$23,796	\$231,621	80.04%	\$49.99	89.20%
Aug-17	4,165	\$259,437	\$239,048	\$23,776	\$262,824	92.14%	\$57.39	101.31%
Sep-17	4,160	\$259,119	\$203,259	\$23,746	\$227,006	78.44%	\$48.86	87.61%
Oct-17	4,140	\$257,815	\$203,219	\$23,627	\$226,846	78.82%	\$49.09	87.99%
Nov-17	4,160	\$255,699	\$218,471	\$23,433	\$241,904	85.44%	\$52.52	94.61%
Dec-17	4,187	\$256,343	\$198,294	\$23,358	\$221,652	77.36%	\$47.36	86.47%
Jan-18	4,261	\$258,318	\$237,880	\$23,536	\$261,416	92.09%	\$55.83	101.20%
Feb-18	4,248	\$257,287	\$229,777	\$23,442	\$253,220	89.31%	\$54.09	98.42%
Mar-18	4,248	\$259,394	\$260,642	\$23,631	\$284,273	100.48%	\$61.36	109.59%
Apr-18	4,236	\$257,575	\$228,964	\$23,465	\$252,429	88.89%	\$54.05	98.00%
May-18	4,238	\$255,373	\$267,169	\$23,264	\$290,434	104.62%	\$63.04	113.73%
2015	4,026	\$3,191,118	\$2,669,510	\$284,709	\$2,954,219	83.65%	\$55.26	92.58%
2016	4,073	\$3,109,731	\$2,679,029	\$284,981	\$2,964,011	86.15%	\$54.81	95.31%
2017	4,160	\$3,109,404	\$2,629,816	\$284,819	\$2,914,635	84.58%	\$52.68	93.74%
2018 YTD	4,246	\$1,287,946	\$1,224,433	\$117,339	\$1,341,772	95.07%	\$57.67	104.18%
Current 12 Months	4,197	\$3,096,060	\$2,724,583	\$282,905	\$3,007,487	88.00%	\$54.10	97.14%

Data Source: Delta Dental Risk Report Package through 05-2018

Note:

1. The number of primary enrollees may change to include retroactive additions and/or deletions in eligibility.
2. The Delta Admin fee is an estimate amount using 0.0911 of monthly premium, starting Mar-2018.

**San Joaquin Valley Insurance Authority (SJVIA)
Delta Premium and Claims Report - Dental PPO
County of Fresno**





**San Joaquin Valley Insurance Authority (SJVIA)
Delta Premium and Claims Report - Dental PPO
County of Tulare**

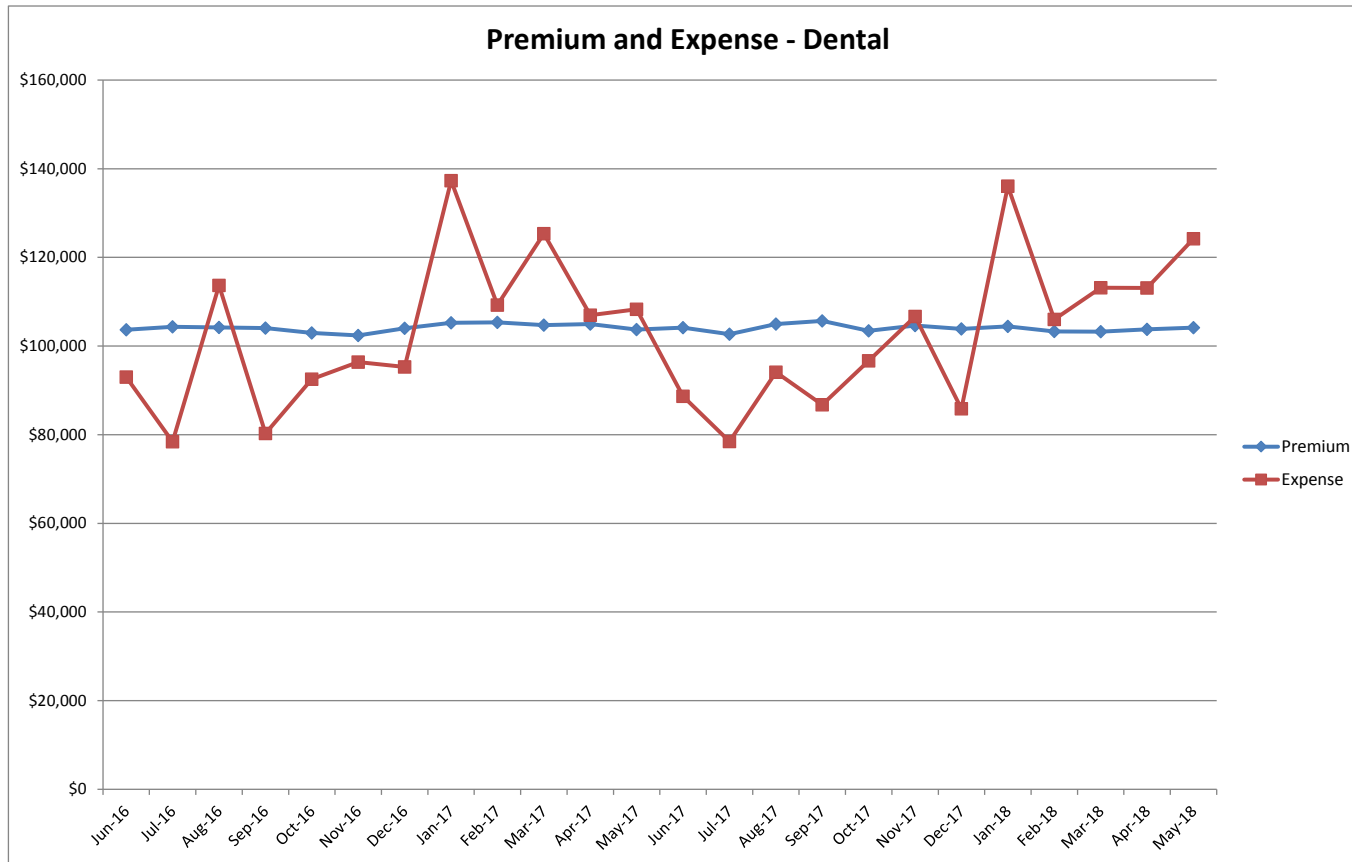
MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	DELTA ADMIN	TOTAL EXPENSE	PAID CLAIMS LOSS RATIO	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
Jun-16	2,444	\$103,679	\$83,504	\$9,507	\$93,012	80.54%	\$34.17	89.71%
Jul-16	2,449	\$104,328	\$68,842	\$9,567	\$78,409	65.99%	\$28.11	75.16%
Aug-16	2,450	\$104,188	\$104,133	\$9,554	\$113,687	99.95%	\$42.50	109.12%
Sep-16	2,448	\$104,075	\$70,728	\$9,544	\$80,272	67.96%	\$28.89	77.13%
Oct-16	2,434	\$102,961	\$83,062	\$9,442	\$92,504	80.67%	\$34.13	89.84%
Nov-16	2,446	\$102,392	\$86,978	\$9,389	\$96,367	84.95%	\$35.56	94.12%
Dec-16	2,445	\$103,990	\$85,744	\$9,536	\$95,280	82.45%	\$35.07	91.62%
Jan-17	2,505	\$105,238	\$127,647	\$9,651	\$137,298	121.29%	\$50.96	130.46%
Feb-17	2,491	\$105,336	\$99,589	\$9,660	\$109,248	94.54%	\$39.98	103.71%
Mar-17	2,493	\$104,698	\$115,740	\$9,601	\$125,341	110.55%	\$46.43	119.72%
Apr-17	2,478	\$104,958	\$97,336	\$9,625	\$106,961	92.74%	\$39.28	101.91%
May-17	2,475	\$103,698	\$98,783	\$9,509	\$108,292	95.26%	\$39.91	104.43%
Jun-17	2,464	\$104,168	\$79,123	\$9,552	\$88,675	75.96%	\$32.11	85.13%
Jul-17	2,485	\$102,649	\$69,060	\$9,413	\$78,473	67.28%	\$27.79	76.45%
Aug-17	2,500	\$104,967	\$84,456	\$9,626	\$94,081	80.46%	\$33.78	89.63%
Sep-17	2,492	\$105,670	\$77,085	\$9,690	\$86,775	72.95%	\$30.93	82.12%
Oct-17	2,489	\$103,445	\$87,178	\$9,486	\$96,664	84.27%	\$35.03	93.44%
Nov-17	2,508	\$104,602	\$97,098	\$9,592	\$106,690	92.83%	\$38.72	102.00%
Dec-17	2,508	\$103,855	\$76,331	\$9,524	\$85,855	73.50%	\$30.44	82.67%
Jan-18	2,511	\$104,434	\$126,544	\$9,507	\$136,050	121.17%	\$50.40	130.27%
Feb-18	2,520	\$103,272	\$96,605	\$9,418	\$106,024	93.54%	\$38.34	102.66%
Mar-18	2,515	\$103,233	\$103,745	\$9,405	\$113,150	100.50%	\$41.25	109.61%
Apr-18	2,522	\$103,773	\$103,648	\$9,454	\$113,102	99.88%	\$41.10	108.99%
May-18	2,541	\$104,144	\$114,710	\$9,488	\$124,198	110.15%	\$45.14	119.26%
2015	2,431	\$1,305,746	\$1,093,899	\$116,302	\$1,210,201	83.78%	\$37.50	92.68%
2016	2,440	\$1,242,358	\$1,101,721	\$113,923	\$1,215,644	88.68%	\$37.63	97.85%
2017	2,491	\$1,253,284	\$1,109,426	\$114,928	\$1,224,354	88.52%	\$37.12	97.69%
2018 YTD	2,522	\$518,857	\$545,253	\$47,271	\$592,523	105.09%	\$43.24	114.20%
Current 12 Months	2,505	\$1,248,212	\$1,115,583	\$114,154	\$1,229,737	89.37%	\$37.12	98.52%

Data Source: Delta Dental Risk Report Package through 05-2018

Note:

1. The number of primary enrollees may change to include retroactive additions and/or deletions in eligibility.
2. The Delta Admin fee is an estimate amount using 0.0911 of monthly premium, starting Mar-2018.

**San Joaquin Valley Insurance Authority (SJVIA)
Delta Premium and Claims Report - Dental PPO
County of Tulare**





**San Joaquin Valley Insurance Authority (SJVIA)
VSP Premium and Claims Report - Vision
County of Fresno, County of Tulare, and City of Ceres**

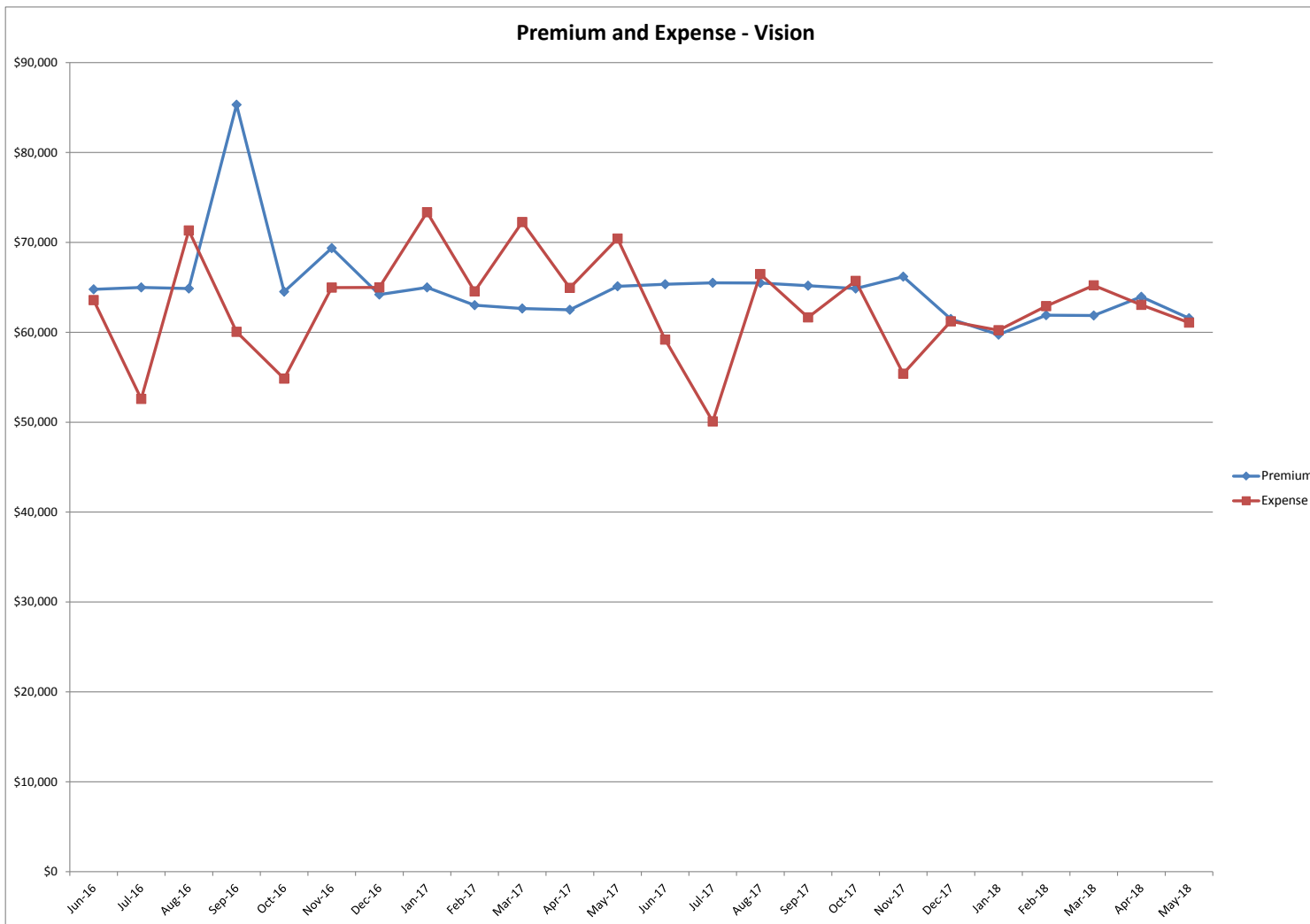
PERIOD MO-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	VSP ADMIN	TOTAL EXPENSE	PAID CLAIMS LOSS RATIO	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
Jun-16	7,665	\$64,783	\$55,161	\$8,422	\$63,583	85.15%	\$7.20	98.15%
Jul-16	7,683	\$64,982	\$44,144	\$8,448	\$52,592	67.93%	\$5.75	80.93%
Aug-16	7,697	\$64,872	\$62,888	\$8,433	\$71,321	96.94%	\$8.17	109.94%
Sep-16	7,678	\$85,309	\$48,963	\$11,090	\$60,053	57.39%	\$6.38	70.39%
Oct-16	7,651	\$64,516	\$46,456	\$8,387	\$54,843	72.01%	\$6.07	85.01%
Nov-16	7,654	\$69,356	\$55,955	\$9,016	\$64,971	80.68%	\$7.31	93.68%
Dec-16	7,644	\$64,199	\$56,638	\$8,346	\$64,984	88.22%	\$7.41	101.22%
Jan-17	7,556	\$64,987	\$64,907	\$8,448	\$73,355	99.88%	\$8.59	112.88%
Feb-17	7,494	\$63,014	\$56,355	\$8,192	\$64,547	89.43%	\$7.52	102.43%
Mar-17	7,475	\$62,650	\$64,115	\$8,145	\$72,260	102.34%	\$8.58	115.34%
Apr-17	7,437	\$62,499	\$56,804	\$8,125	\$64,929	90.89%	\$7.64	103.89%
May-17	7,425	\$65,113	\$61,958	\$8,465	\$70,423	95.15%	\$8.34	108.15%
Jun-17	7,439	\$65,343	\$50,692	\$8,495	\$59,187	77.58%	\$6.81	90.58%
Jul-17	7,481	\$65,509	\$41,567	\$8,516	\$50,083	63.45%	\$5.56	76.45%
Aug-17	7,491	\$65,482	\$57,956	\$8,513	\$66,469	88.51%	\$7.74	101.51%
Sep-17	7,480	\$65,178	\$53,186	\$8,473	\$61,659	81.60%	\$7.11	94.60%
Oct-17	7,464	\$64,860	\$57,272	\$8,432	\$65,704	88.30%	\$7.67	101.30%
Nov-17	7,441	\$66,185	\$46,782	\$8,604	\$55,386	70.68%	\$6.29	83.68%
Dec-17	7,484	\$61,476	\$53,221	\$7,992	\$61,213	86.57%	\$7.11	99.57%
Jan-18	7,203	\$59,729	\$52,458	\$7,765	\$60,223	87.83%	\$7.28	100.83%
Feb-18	7,192	\$61,901	\$54,857	\$8,047	\$62,904	88.62%	\$7.63	101.62%
Mar-18	7,187	\$61,872	\$57,170	\$8,043	\$65,213	92.40%	\$7.95	105.40%
Apr-18	7,178	\$63,952	\$54,731	\$8,314	\$63,045	85.58%	\$7.62	98.58%
May-18	7,183	\$61,574	\$53,064	\$8,005	\$61,069	86.18%	\$7.39	99.18%
2015	8,115	\$899,664	\$773,471	\$107,960	\$881,431	85.97%	\$7.94	97.97%
2016	7,669	\$809,032	\$681,007	\$105,174	\$786,181	84.18%	\$7.40	97.18%
2017	7,472	\$772,296	\$664,815	\$100,398	\$765,213	86.08%	\$7.41	99.08%
2018 YTD	7,189	\$309,028	\$272,280	\$40,174	\$312,454	88.11%	\$7.58	101.11%
Current 12 Months	7,352	\$763,061	\$632,956	\$99,198	\$732,154	82.95%	\$7.17	95.95%

Data Source: VSP SJVIA Utilization Reports 05-2018

Note:

1. The above figures include all the divisions under the County of Fresno, County of Tulare, and City of Ceres.
2. VSP Admin is the retention fee - % of premium (2015: 12%; 2016-2018: 13%).
3. Ceres terminated vision coverage effective 12/31/2017.

San Joaquin Valley Insurance Authority (SJVIA)
VSP Premium and Claims Report - Vision
County of Fresno, County of Tulare, and City of Ceres





San Joaquin Valley Insurance Authority (SJVIA)
VSP Premium and Claims Report - Vision
County of Fresno

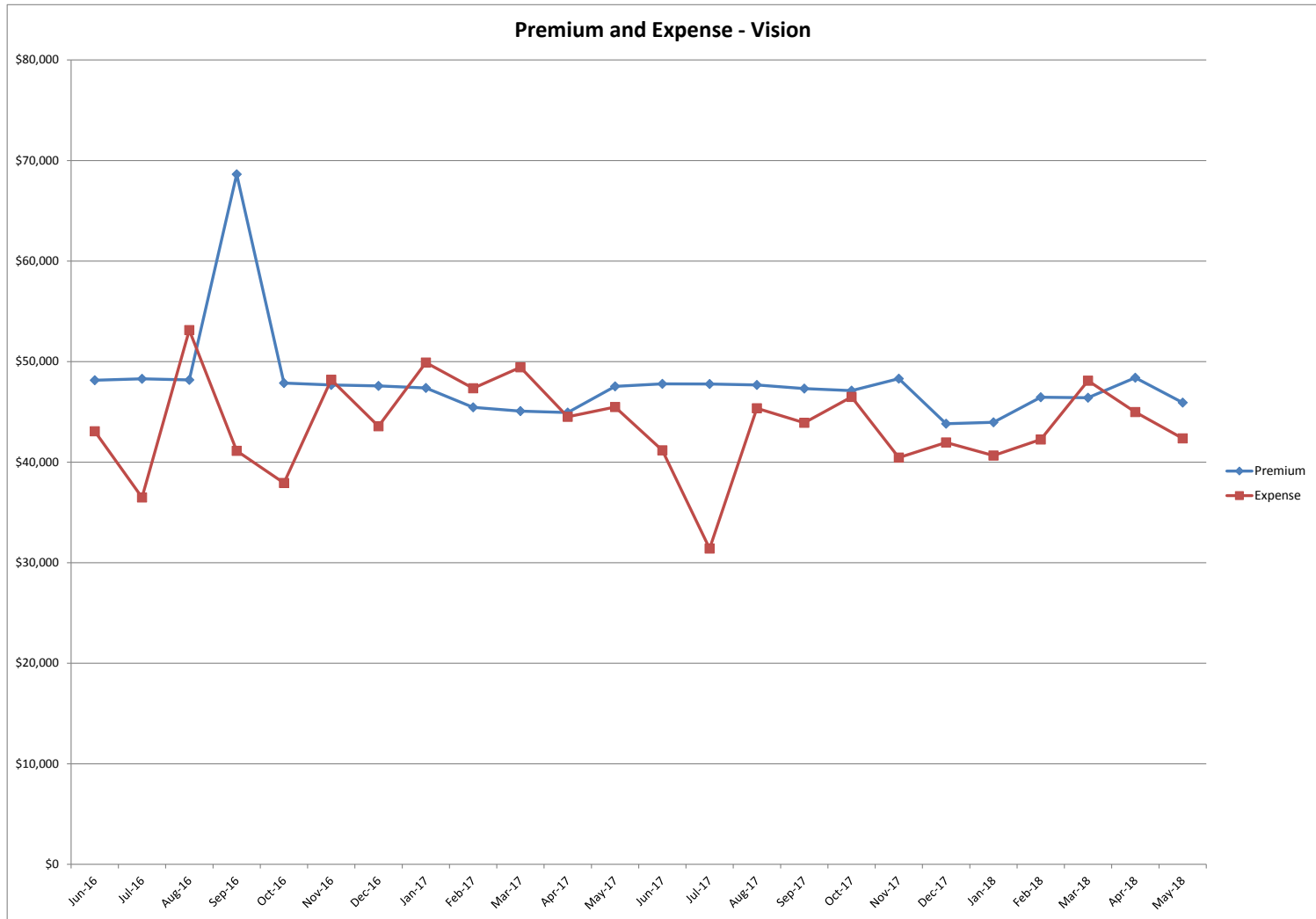
PERIOD MO-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	VSP ADMIN	TOTAL EXPENSE	PAID CLAIMS LOSS RATIO	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
Jun-16	4,873	\$48,149	\$36,814	\$6,259	\$43,073	76.46%	\$7.55	89.46%
Jul-16	4,885	\$48,279	\$30,212	\$6,276	\$36,488	62.58%	\$6.18	75.58%
Aug-16	4,896	\$48,173	\$46,867	\$6,262	\$53,129	97.29%	\$9.57	110.29%
Sep-16	4,881	\$68,629	\$32,194	\$8,922	\$41,116	46.91%	\$6.60	59.91%
Oct-16	4,860	\$47,867	\$31,703	\$6,223	\$37,926	66.23%	\$6.52	79.23%
Nov-16	4,843	\$47,679	\$41,988	\$6,198	\$48,186	88.06%	\$8.67	101.06%
Dec-16	4,841	\$47,574	\$37,386	\$6,185	\$43,571	78.58%	\$7.72	91.58%
Jan-17	4,703	\$47,373	\$43,737	\$6,158	\$49,895	92.32%	\$9.30	105.32%
Feb-17	4,648	\$45,450	\$41,439	\$5,909	\$47,348	91.17%	\$8.92	104.17%
Mar-17	4,627	\$45,068	\$43,578	\$5,859	\$49,437	96.69%	\$9.42	109.69%
Apr-17	4,597	\$44,929	\$38,667	\$5,841	\$44,508	86.06%	\$8.41	99.06%
May-17	4,570	\$47,528	\$39,306	\$6,179	\$45,485	82.70%	\$8.60	95.70%
Jun-17	4,590	\$47,788	\$34,962	\$6,212	\$41,174	73.16%	\$7.62	86.16%
Jul-17	4,599	\$47,773	\$25,191	\$6,210	\$31,401	52.73%	\$5.48	65.73%
Aug-17	4,601	\$47,681	\$39,158	\$6,199	\$45,357	82.12%	\$8.51	95.12%
Sep-17	4,579	\$47,308	\$37,755	\$6,150	\$43,905	79.81%	\$8.25	92.81%
Oct-17	4,567	\$47,107	\$40,351	\$6,124	\$46,475	85.66%	\$8.84	98.66%
Nov-17	4,539	\$48,295	\$34,174	\$6,278	\$40,452	70.76%	\$7.53	83.76%
Dec-17	4,564	\$43,819	\$36,257	\$5,696	\$41,953	82.74%	\$7.94	95.74%
Jan-18	4,450	\$43,952	\$34,937	\$5,714	\$40,651	79.49%	\$7.85	92.49%
Feb-18	4,437	\$46,456	\$36,204	\$6,039	\$42,243	77.93%	\$8.16	90.93%
Mar-18	4,431	\$46,406	\$42,069	\$6,033	\$48,102	90.65%	\$9.49	103.65%
Apr-18	4,417	\$48,396	\$38,693	\$6,291	\$44,984	79.95%	\$8.76	92.95%
May-18	4,387	\$45,913	\$36,384	\$5,969	\$42,353	79.25%	\$8.29	92.25%
2015	5,375	\$700,261	\$566,975	\$84,031	\$651,006	80.97%	\$8.79	92.97%
2016	4,886	\$604,807	\$472,715	\$78,625	\$551,340	78.16%	\$8.06	91.16%
2017	4,599	\$560,119	\$454,575	\$72,815	\$527,390	81.16%	\$8.24	94.16%
2018 YTD	4,424	\$231,123	\$188,287	\$30,046	\$218,333	81.47%	\$8.51	94.47%
Current 12 Months	4,513	\$560,894	\$436,135	\$72,916	\$509,051	77.76%	\$8.05	90.76%

Data Source: VSP SJVIA Utilization Reports 05-2018

Note:

1. The above figures include the following divisions: 0015, 0016, 0017, 0018, 0019, 0020, and 0021.

**San Joaquin Valley Insurance Authority (SJVIA)
VSP Premium and Claims Report - Vision
County of Fresno**





**San Joaquin Valley Insurance Authority (SJVIA)
VSP Premium and Claims Report - Vision
County of Tulare**

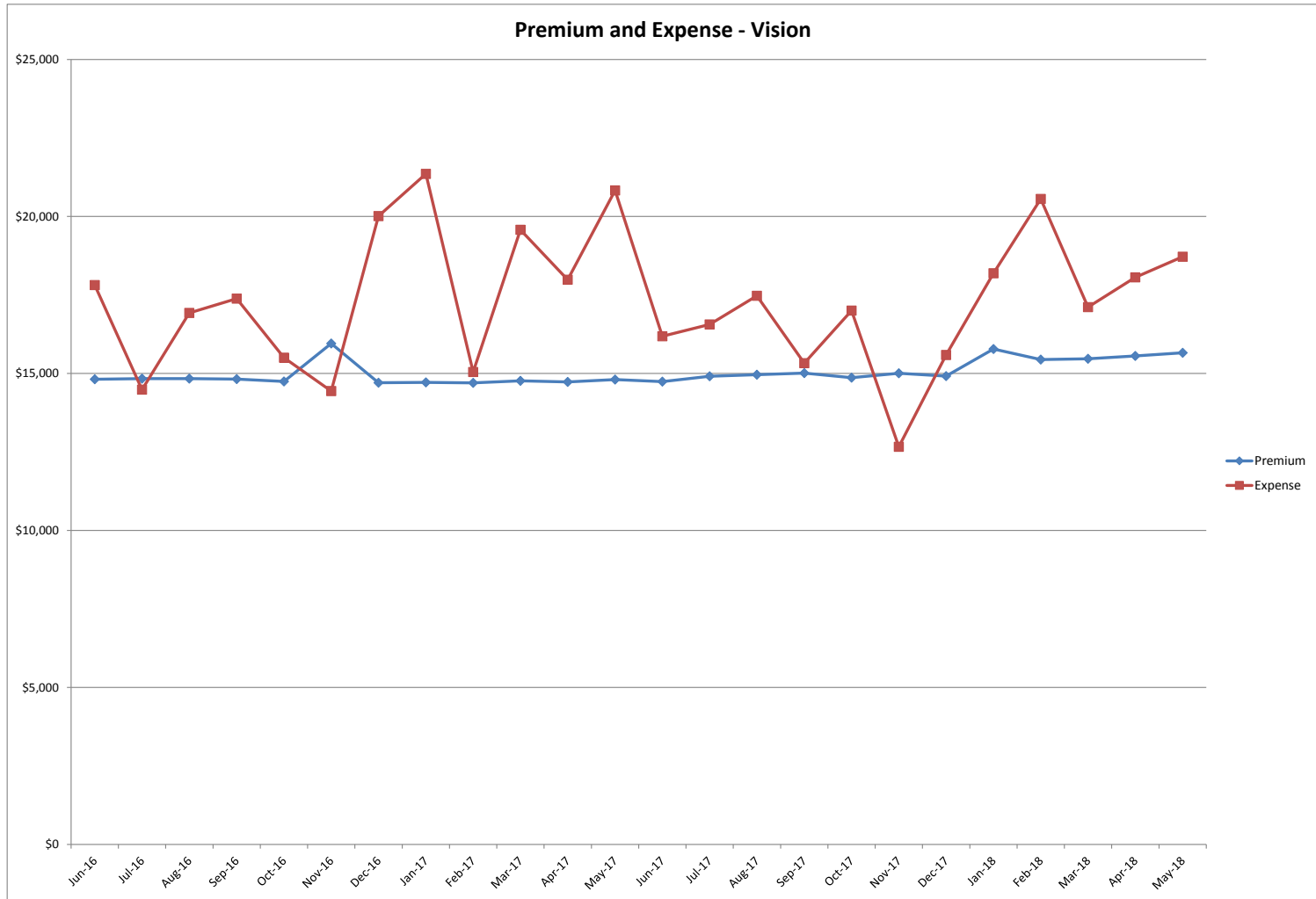
PERIOD MO-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	VSP ADMIN	TOTAL EXPENSE	PAID CLAIMS LOSS RATIO	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
Jun-16	2,659	\$14,815	\$15,889	\$1,926	\$17,815	107.25%	\$5.98	120.25%
Jul-16	2,662	\$14,835	\$12,557	\$1,929	\$14,486	84.64%	\$4.72	97.64%
Aug-16	2,665	\$14,838	\$14,999	\$1,929	\$16,928	101.09%	\$5.63	114.09%
Sep-16	2,662	\$14,819	\$15,457	\$1,926	\$17,383	104.31%	\$5.81	117.31%
Oct-16	2,654	\$14,747	\$13,586	\$1,917	\$15,503	92.13%	\$5.12	105.13%
Nov-16	2,673	\$15,955	\$12,366	\$2,074	\$14,440	77.51%	\$4.63	90.51%
Dec-16	2,665	\$14,705	\$18,101	\$1,912	\$20,013	123.09%	\$6.79	136.09%
Jan-17	2,671	\$14,716	\$19,445	\$1,913	\$21,358	132.14%	\$7.28	145.14%
Feb-17	2,665	\$14,701	\$13,138	\$1,911	\$15,049	89.37%	\$4.93	102.37%
Mar-17	2,670	\$14,765	\$17,657	\$1,919	\$19,576	119.59%	\$6.61	132.59%
Apr-17	2,664	\$14,732	\$16,072	\$1,915	\$17,987	109.10%	\$6.03	122.10%
May-17	2,681	\$14,807	\$18,906	\$1,925	\$20,831	127.68%	\$7.05	140.68%
Jun-17	2,674	\$14,741	\$14,269	\$1,916	\$16,185	96.80%	\$5.34	109.80%
Jul-17	2,704	\$14,913	\$14,622	\$1,939	\$16,561	98.05%	\$5.41	111.05%
Aug-17	2,711	\$14,964	\$15,530	\$1,945	\$17,475	103.78%	\$5.73	116.78%
Sep-17	2,724	\$15,012	\$13,374	\$1,952	\$15,326	89.09%	\$4.91	102.09%
Oct-17	2,716	\$14,868	\$15,071	\$1,933	\$17,004	101.37%	\$5.55	114.37%
Nov-17	2,724	\$15,005	\$10,714	\$1,951	\$12,665	71.40%	\$3.93	84.40%
Dec-17	2,740	\$14,918	\$13,651	\$1,939	\$15,590	91.51%	\$4.98	104.51%
Jan-18	2,753	\$15,777	\$16,139	\$2,051	\$18,190	102.29%	\$5.86	115.29%
Feb-18	2,755	\$15,445	\$18,549	\$2,008	\$20,557	120.10%	\$6.73	133.10%
Mar-18	2,756	\$15,466	\$15,101	\$2,011	\$17,112	97.64%	\$5.48	110.64%
Apr-18	2,761	\$15,556	\$16,038	\$2,022	\$18,060	103.10%	\$5.81	116.10%
May-18	2,796	\$15,661	\$16,680	\$2,036	\$18,716	106.51%	\$5.97	119.51%
2015	2,613	\$175,579	\$186,768	\$21,069	\$207,837	106.37%	\$5.96	118.37%
2016	2,649	\$177,979	\$185,607	\$23,137	\$208,744	104.29%	\$5.84	117.29%
2017	2,695	\$178,142	\$182,449	\$23,158	\$205,607	102.42%	\$5.64	115.42%
2018 YTD	2,764	\$77,905	\$82,507	\$10,128	\$92,635	105.91%	\$5.97	118.91%
Current 12 Months	2,735	\$182,326	\$179,738	\$23,702	\$203,440	98.58%	\$5.48	111.58%

Data Source: VSP SJVIA Utilization Reports 05-2018

Note:

1. The above figures include the following divisions: 0001, 0002, 0003, and 0004.

**San Joaquin Valley Insurance Authority (SJVIA)
VSP Premium and Claims Report - Vision
County of Tulare**





San Joaquin Valley Insurance Authority (SJVIA)
VSP Premium and Claims Report - Vision
City of Ceres

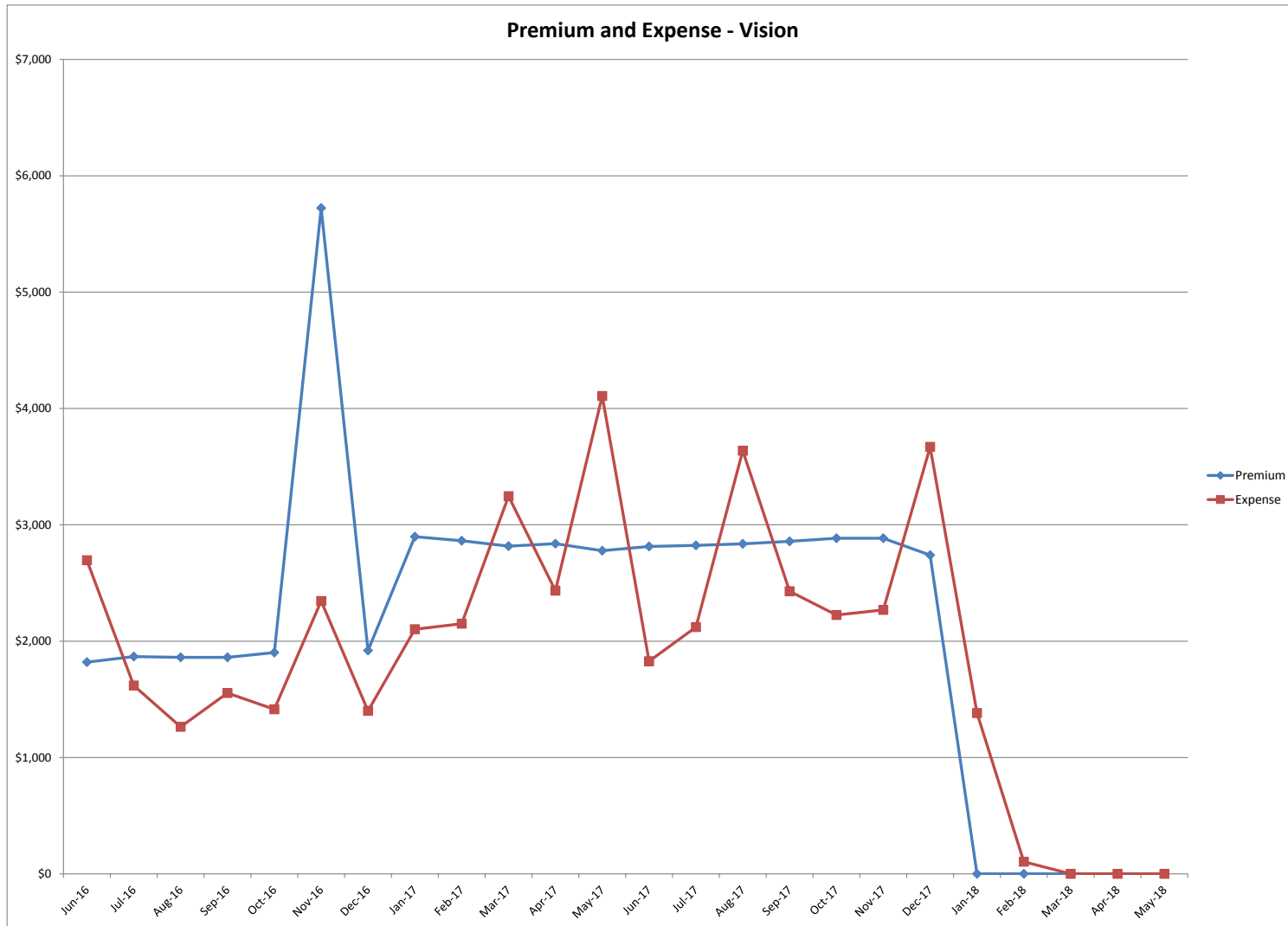
PERIOD MO-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	VSP ADMIN	TOTAL EXPENSE	PAID CLAIMS LOSS RATIO	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
Jun-16	133	\$1,819	\$2,458	\$236	\$2,694	135.13%	\$18.48	148.13%
Jul-16	136	\$1,868	\$1,375	\$243	\$1,618	73.61%	\$10.11	86.61%
Aug-16	136	\$1,861	\$1,022	\$242	\$1,264	54.92%	\$7.51	67.92%
Sep-16	135	\$1,861	\$1,312	\$242	\$1,554	70.50%	\$9.72	83.50%
Oct-16	137	\$1,902	\$1,167	\$247	\$1,414	61.36%	\$8.52	74.36%
Nov-16	138	\$5,722	\$1,601	\$744	\$2,345	27.98%	\$11.60	40.98%
Dec-16	138	\$1,920	\$1,151	\$250	\$1,401	59.95%	\$8.34	72.95%
Jan-17	182	\$2,898	\$1,725	\$377	\$2,102	59.52%	\$9.48	72.52%
Feb-17	181	\$2,863	\$1,778	\$372	\$2,150	62.10%	\$9.82	75.10%
Mar-17	178	\$2,817	\$2,880	\$366	\$3,246	102.24%	\$16.18	115.24%
Apr-17	176	\$2,838	\$2,065	\$369	\$2,434	72.76%	\$11.73	85.76%
May-17	174	\$2,778	\$3,746	\$361	\$4,107	134.85%	\$21.53	147.85%
Jun-17	175	\$2,814	\$1,461	\$366	\$1,827	51.92%	\$8.35	64.92%
Jul-17	178	\$2,823	\$1,754	\$367	\$2,121	62.13%	\$9.85	75.13%
Aug-17	179	\$2,837	\$3,268	\$369	\$3,637	115.19%	\$18.26	128.19%
Sep-17	177	\$2,858	\$2,057	\$372	\$2,429	71.97%	\$11.62	84.97%
Oct-17	181	\$2,885	\$1,850	\$375	\$2,225	64.12%	\$10.22	77.12%
Nov-17	178	\$2,885	\$1,894	\$375	\$2,269	65.65%	\$10.64	78.65%
Dec-17	180	\$2,739	\$3,313	\$356	\$3,669	120.96%	\$18.41	133.96%
Jan-18	0	\$0	\$1,382	\$0	\$1,382	#DIV/0!	#DIV/0!	#DIV/0!
Feb-18	0	\$0	\$104	\$0	\$104	#DIV/0!	#DIV/0!	#DIV/0!
Mar-18	0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!	#DIV/0!
Apr-18	0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!	#DIV/0!
May-18	0	\$0	\$0	\$0	\$0	#DIV/0!	#DIV/0!	#DIV/0!
2015	127	\$23,824	\$19,728	\$2,859	\$22,587	82.81%	\$12.91	94.81%
2016	135	\$26,246	\$22,685	\$3,412	\$26,097	86.43%	\$14.02	99.43%
2017	178	\$34,035	\$27,791	\$4,425	\$32,216	81.65%	\$12.99	94.65%
2018 YTD	0	\$0	\$1,486	\$0	\$1,486	0.00%	#DIV/0!	0.00%
Current 12 Months	104	\$19,841	\$17,083	\$2,579	\$19,662	86.10%	\$13.69	99.10%

Data Source: VSP SJVIA Utilization Reports 05-2018

Note:

1. The above figures include the following divisions: 0026 and 0027.
2. Ceres terminated vision coverage effective 12/31/2017.

**San Joaquin Valley Insurance Authority (SJVIA)
VSP Premium and Claims Report - Vision
City of Ceres**





BOARD OF DIRECTORS

ANDREAS BORGEAS
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**Meeting Location:
County of Fresno
Fresno County Board of Supervisors
Chambers
2281 Tulare Street, #301
Fresno, CA 93721**

AGENDA DATE: July 20, 2018

ITEM NUMBER: Item 15

SUBJECT: Receive and File Consultant's Report on PPO Discount Market Check (I)

REQUEST(S): That the Board receive and file the Consultant's report on the PPO Discount Market Check.

DESCRIPTION:

The SJVIA evaluated carrier PPO network discount pricing by asking the carriers to reprice the SJVIA's 2017 PPO and HMO claims (excluding HMO capitated claims). The overall range in carrier discounts was 55.8% to 60.2% showing a competitive marketplace. Keenan recommends this study be updated for 2018 data during the first quarter of 2019, which will then include all eligible claims.

FISCAL IMPACT/FINANCING:

None.

ADMINISTRATIVE SIGN-OFF:

A handwritten signature in black ink that reads "Paul Nerland".

Paul Nerland
SJVIA Manager

A handwritten signature in black ink that reads "Rhonda Sjostrom".

Rhonda Sjostrom
SJVIA Assistant Manager

July 20, 2018

SJVIA Board Meeting: Consultant's Report on PPO Discount Market Check

Keenan conducted a PPO network discount analysis as a due diligence exercise to see if the SJVIA would be able to save claim dollars by aligning itself with another carrier. Our analysis included the following carriers:

- Anthem Blue Cross
- Blue Shield of California
- United HealthCare
- CIGNA HealthCare
- Aetna HealthCare

Keenan provided each carrier with the SJVIA's 2017 de-identified PPO and HMO claims data (no PHI nor HIPAA protected information was included; capitated HMO claims were excluded). The capitated claims did not contain the information required to reprice the claims. Keenan requested the carriers reprice these claims based on their provider contracts. The following table illustrates the results:

SJVIA	531	118	344	682	713
In-Network					
IP Facility	51.6%	58.2%	65.2%	56.0%	55.7%
OP Facility	68.8%	58.4%	56.6%	57.6%	66.9%
Professional	55.4%	59.4%	58.6%	53.9%	55.9%
Total	59.9%	58.6%	60.0%	56.2%	60.6%
Out-Network					
IP Facility	27.2%	45.7%	44.5%	42.7%	27.3%
OP Facility	36.0%	50.5%	69.8%	44.9%	20.5%
Professional	3.4%	39.3%	65.8%	49.6%	7.5%
Total	18.1%	44.0%	65.6%	47.6%	15.5%
Unable to Process					
IP Facility	0.0%	0.0%	0.0%	0.0%	0.0%
OP Facility	0.0%	0.0%	0.0%	0.0%	0.0%
Professional	0.0%	0.0%	0.0%	0.0%	0.0%
Total	0.0%	0.0%	0.0%	0.0%	0.0%
Total All Claims					
IP Facility	51.3%	58.0%	64.9%	55.8%	55.2%
OP Facility	67.8%	58.1%	57.2%	57.1%	64.9%
Professional	51.6%	56.6%	59.0%	53.4%	51.8%
Total	58.4%	57.7%	60.2%	55.8%	58.5%

One of the carriers required that the analysis be done on an unidentified basis; therefore, all carriers are deidentified. Carrier 344 offers the strongest discount although all carriers offered competitive discounts.

Keenan would like to point out that these results are skewed by excluding the capitated HMO claims. The SJVIA may want to consider redoing the study in 2019 once a year of EPO claims can be evaluated.

Meeting Location:
County of Fresno
Fresno County Board of Supervisors
Chambers
2281 Tulare Street, #301
Fresno, CA 93721

AGENDA DATE: July 20, 2018

ITEM NUMBER: Item 16

SUBJECT: Receive and File Consultant's Report on Plan Year 2019 Pre-Renewal (I)

REQUEST(S): That the Board receive and file the Consultant's report on the Plan Year 2019 Pre-Renewal and provide direction to finalize the renewal.

DESCRIPTION:

Self-funded Medical – The 2019 Preliminary Renewal Report shows a 4.7% renewal increase, or \$3,693,139. This includes \$3,044,910 in margin and IBNR reserve accumulation.

For the County of Fresno, the underwriting indicated the following:

- +10.7% on the EPO plan
- -25.1% for the PPO and HDHP plans
- Overall renewal increase of 4.0%
 - Were this the final renewal, Keenan would recommend the +4.0% be passed on to both the EPO and the PPO/HDHP plans.

For the County of Tulare PPO/HDHP, the underwriting indicated +7.3%.

For the City of Marysville, the underwriting shows a -29.4%. Since the enrollment in Marysville's PPO plan is 37 employees, the results from the underwriting is only partially credible. Were this the final renewal, Keenan would recommend Marysville receive the average SJVIA renewal of +4.7%.

Should the Board choose to increase reserve accumulation beyond what is built into the renewal, the renewal percentage would increase further.

Kaiser Medical – For the 2018 Plan Year, the SJVIA elected to hold the Kaiser rates the same from 2017 when the 2018 renewal provided approximately a 4.5% rate decrease. The preliminary 2019 renewal is +6.1 to 6.3%. The net

AGENDA: San Joaquin Valley Insurance Authority

DATE: July 20, 2018

action for 2019 would be a +0.5 to 1.5% renewal rate adjustment. The SJVIA may want to add a percentage for reserve accumulation.

Dental – Delta Dental will be going into its second year of a two-year rate guarantee. Two self-funded options have been provided which would allow for the transference of the Premium Stabilization Reserve (estimated at \$500,000 to \$1,000,000 by year-end, dependent on claim activity) from Delta Dental to the SJVIA in claims dollars.

Vision – VSP will be going into its second year of a two-year rate guarantee.

FISCAL IMPACT/FINANCING:

Should the SJVIA Board adopt the recommended renewal action from the 2019 preliminary renewal, the SJVIA health plan would experience a 4.4% increase in cost, or \$4,189,043 (from \$95,365,775 in 2018 to \$99,554,818 projected in 2019).

ADMINISTRATIVE SIGN-OFF:



Paul Nerland
SJVIA Manager



Rhonda Sjostrom
SJVIA Assistant Manager

Introduction

Keenan is pleased to present the Plan Year 2019 preliminary renewal for the SJVIA self-funded medical program. The following elements were used in developing the preliminary renewal:

- The self-funded medical plans were underwritten on the most recent plan experience available from June 1, 2017 through May 31, 2018
- The SJVIA eliminated the Anthem HMO effective December 18, 2017 and replaced it with a look-a-like EPO plan
- The SJVIA also changed PBMs from Envolve Prescription Solutions to EmpiRx Health effective January 1, 2018
- The plan experience was modified to account for the EPO and PBM changes
- Each participant was underwritten as 100% credible; no plan experience (claim cost) was blended over the groups
- Fixed cost components continue to be blended for all participants to receive overall economies of scale and decreased fixed costs
- The renewal assumes the continuation of the \$450,000 specific stop-loss deductible
 - Please note, the Stop Loss coverage will be marketed and Staff will return at the December 2018 Board meeting with a complete analysis and recommendation
 - In addition to the current level, Keenan will request quotes to reduce the SJVIA risk including \$400,000, \$350,000, \$300,000, and \$250,000
- The preliminary renewal includes components for the funding of IBNR and the Stabilization reserve based on generally accepted underwriting practices

Executive Summary

The following table illustrates the Plan Year 2019 preliminary rate adjustments based on carrier requested renewals and standard underwriting practices:

Executive Summary	Preliminary Renewal				Comments on Renewal Options
	COF	COT	All Other	SJVIA	
Self-Funded Medical EPO PPO / HDHP Total	10.7% -25.1% 4.01%	n/a 7.3% 7.3%	n/a -29.4% -29.4%	10.7% -2.1% 4.7%	The 2019 preliminary renewal rates include \$3,044,910 in margin accumulation and IBNR reserves. A 3.0% of claims margin (or \$2,197,486) is built into the renewal. The margin is available to cover adverse claim activity. If unused, the margin would be available for reserve buildup. The renewal also includes \$847,424 for the funding of IBNR.
Kaiser HMO Deductible HMO	6.28% n/a	6.17% 5.96%	6.25% n/a		In 2018 the SJVIA held rates from 2017 rather than pass on the rate decreases allowing for the accumulation of COF -4.76%, COT -5.56%, -5.39% respectively, and All Other -4.86%. The 2019 net impact of the renewal would be COF +1.52%, COT +0.61%, +0.57% respectively, and All Other +1.39%.
Medicare Kaiser	n/a	--	n/a		The 2019 Kaiser Medicare Senior Advantage rates for the County of Tulare are not available yet.
Delta Dental PPO DHMO	0.0% 0.0%	0.0% 0.0%	n/a n/a	0.0% 0.0%	Delta Dental will be going into the second year of a Two-Year Rate Guarantee. Keenan will be providing a self-funding option for the PPO plan to enable the transfer of the PSR balance to SJVIA.
VSP	0.0%	0.0%	n/a		Second Year of a Two-Year Rate Guarantee

Executive Summary

The following chart illustrates the change in annual cost from 2018 to the 2019 preliminary renewal assuming the recommended rate action is adopted:

SJVIA Recommended Rate Action - Preliminary Renewal				
SJVIA	2018	2019	\$ Change	% Change
COF				
Anthem	\$ 49,977,527	\$ 51,976,628	\$ 1,999,101	4.0%
Kaiser	\$ 10,044,857	\$ 10,197,539	\$ 152,682	1.5%
Dental	\$ 3,149,639	\$ 3,149,639	\$ -	0.0%
Vision	\$ 584,286	\$ 584,286	\$ -	0.0%
Total COF	\$ 63,756,309	\$ 65,908,092	\$ 2,151,783	3.4%
COT				
Anthem	\$ 27,137,991	\$ 29,122,110	\$ 1,984,119	7.3%
Kaiser	\$ 2,036,526	\$ 2,048,949	\$ 12,423	0.6%
Dental	\$ 1,277,702	\$ 1,277,702	\$ -	0.0%
Vision	\$ 180,507	\$ 180,507	\$ -	0.0%
Total COF	\$ 30,632,726	\$ 32,629,268	\$ 1,996,542	6.5%
All Other				
Anthem	\$ 819,984	\$ 858,523	\$ 38,539	4.7%
Kaiser	\$ 156,756	\$ 158,935	\$ 2,179	1.4%
Total AO	\$ 976,740	\$ 1,017,458	\$ 40,718	4.2%
SJVIA				
Anthem	\$ 77,935,502	\$ 81,957,261	\$ 4,021,760	5.2%
Kaiser	\$ 12,238,139	\$ 12,405,423	\$ 167,284	1.4%
Dental	\$ 4,427,341	\$ 4,427,341	\$ -	0.0%
Vision	\$ 764,793	\$ 764,793	\$ -	0.0%
Total SJVIA	\$ 95,365,775	\$ 99,554,818	\$ 4,189,043	4.4%

Executive Summary

In the final renewal, the self-funded program will include updated plan experience through June 30, 2018.

While the plan experience for the EPO plan started strong, recent months have shown an increase in large claims cost.

Overall, the SJVIA will require a 4.7% increase to the self-funded medical program. Rather than passing on the renewal increases as justified by the underwriting, the Board may elect to take action such as:

- County of Fresno: pass on a 4.0% rate increase to both the PPO/HDHP and the EPO
- County of Tulare: pass on a 7.3% rate increase
- All Other: pass on 4.7% rate increase; the All Other group has so few participants the experience is not credible, and the Board may elect to pass on the SJVIA average renewal rate increase

The Board may want to also consider increasing the calculated renewal to allow for the further buildup of reserves.

In 2018, the SJVIA Board elected to hold Kaiser rates from 2017 rather than pass on the rate decreases of:

- COF -4.76%
- COT -5.56% (HMO) and -5.39% (HDHP)
- All Other -4.86%

The net impact of that board action on the 2019 Renewal is that the renewal increases over the members' current rates would be:

- COF +1.52%
- COT +0.61% (HMO) and +0.57% (HDHP)
- All Other +1.39%

Keenan estimates that the 2018 Kaiser reserve accumulation will be \$1,155,952. The Board may also want to consider adding a reserve accumulation for Kaiser in 2019 by adjusting the rates so that the net impact to Kaiser is similar to the overall SJVIA 2019 renewal impact. This will allow for the continued participation of Kaiser members in reserve accumulation.

Keenan recommends that the SJVIA move to a self-funded arrangement for the Delta Dental PPO plan. Moving to this format in 2019 will allow for the transfer of funds from the Premium Stabilization Reserve (PSR) held by Delta Dental to the SJVIA.

Self-funded Medical Underwriting EPO

San Joaquin Valley Insurance Authority
 Medical and Prescription Drug Renewal Projection
 Effective January 1, 2019 through December 31, 2019
 Underwriting Using Internal Pooling Point
 EPO

Line	EPO Line Item/Description	Fresno			Tulare			Marysville			Total		
		Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total
1	Non-Cap Paid Claims (June 2017 - May 2018)	\$21,490,939	\$9,949,404	\$31,440,343						\$21,490,939	\$9,949,404	\$31,440,343	
2	Capitation Claims (June 2017 - December 2017)	\$6,502,921	\$0	\$6,502,921						\$6,502,921	\$0	\$6,502,921	
3	Savings from HMO to EPO conversion	(\$1,072,982)	\$0	(\$1,072,982)						(\$1,072,982)	\$0	(\$1,072,982)	
4	Savings from Change of PBM (June 2017 - Dec 2017)	\$0	(\$810,268)	(\$810,268)						\$0	(\$810,268)	(\$810,268)	
5	Large Claim Adjustment (Pooling Level: \$450,000)	(\$27,078)	\$0	(\$27,078)						(\$27,078)	\$0	(\$27,078)	
6	Adjusted Paid Claims	\$26,893,800	\$9,139,136	\$36,032,936						\$26,893,800	\$9,139,136	\$36,032,936	
7	Beginning Reserves @ 6/30/2017	(\$1,960,467)	(\$592,170)	(\$2,552,637)						(\$1,960,467)	(\$592,170)	(\$2,552,637)	
8	Ending Reserves @ 5/31/2018	<u>\$2,567,293</u>	<u>\$596,964</u>	<u>\$3,164,257</u>						<u>\$2,567,293</u>	<u>\$596,964</u>	<u>\$3,164,257</u>	
9	Incurred Claims (June 2017 through May 2018)	\$27,500,626	\$9,143,930	\$36,644,556						\$27,500,626	\$9,143,930	\$36,644,556	
10	Total Covered Employees (April 2017 - March 2018)	<u>37,651</u>	<u>37,651</u>	<u>37,651</u>						<u>37,651</u>	<u>37,651</u>	<u>37,651</u>	
11	Claims Cost PEPM	\$730.41	\$242.86	\$973.27						\$730.41	\$242.86	\$973.27	
12	Trend Factor	<u>1.1296</u>	<u>1.1629</u>	<u>1.1379</u>						<u>1.1296</u>	<u>1.1629</u>	<u>1.1379</u>	
13	Projected Claims Cost Per Employee	\$825.07	\$282.42	\$1,107.49						\$825.07	\$282.42	\$1,107.49	
14	<u>Recommended Funding Margin</u>	<u>3.0%</u>	<u>3.0%</u>	<u>3.0%</u>						<u>3.0%</u>	<u>3.0%</u>	<u>3.0%</u>	
15	Adjusted Projected Claims	\$849.82	\$290.89	\$1,140.72						\$849.82	\$290.89	\$1,140.72	
	Fixed Costs PEPM												
16	Specific Stop-Loss Premium PEPM (Estimate)			\$23.94								\$23.94	
17	Aggregate Stop-Loss Premium PEPM (Estimate)			\$0.00								\$0.00	
18	Anthem Network & Administrative Fees			\$50.00								\$50.00	
19	<u>All Other Program Fees</u>			<u>\$13.00</u>								<u>\$13.00</u>	
20	Total Fixed Costs			\$86.95								\$86.95	
21	Required Premium PEPM			\$1,227.66								\$1,227.66	
22	Current Premium PEPM			\$1,109.05								\$1,109.05	
23	Required Increase			10.70%								10.70%	
24	Current Subscribers (May 2018)	3,074	3,074							3,074	3,074		
25	Base Trend	8.00%	10.00%							8.00%	10.00%		
26	Months Trended	19	19							19	19		
27	Pooling Point	\$450,000	N/A							\$450,000	N/A		

Notes:

Other Program Fees include: Wellness, Claims Management/Communication, Consulting Fees, SJVIA Fees, SJVIA Non-Founding Member Fee, and Hourglass/ASI.
 Large claim credits above are obtained only from Anthem medical reports. Rx large claims have not been reconciled in the underwriting projections.

Self-funded Medical Underwriting PPO/HDHP

San Joaquin Valley Insurance Authority
 Medical and Prescription Drug Renewal Projection
 Effective January 1, 2019 through December 31, 2019
 Underwriting Using Internal Pooling Point
 PPO/HDHP

Line	PPO/HDHP Line Item/Description	Fresno			Tulare			Marysville			Total		
		Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total
1	Non-Cap Paid Claims (June 2017 - May 2018)	\$3,837,533	\$1,867,123	\$5,704,656	\$14,697,516	\$7,727,361	\$22,424,877	\$440,046	\$98,655	\$538,701	\$18,975,095	\$9,693,139	\$28,668,234
2	Capitation Claims (June 2017 - December 2017)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3	Savings from HMO to EPO conversion	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4	Savings from Change of PBM (June 2017 - Dec 2017)	\$0	(\$62,394)	(\$62,394)	\$0	(\$649,506)	(\$649,506)	\$0	(\$9,083)	(\$9,083)	\$0	(\$720,982)	(\$720,982)
5	Large Claim Adjustment (Pooling Level: \$450,000)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6	Adjusted Paid Claims	\$3,837,533	\$1,804,729	\$5,642,262	\$14,697,516	\$7,077,855	\$21,775,371	\$440,046	\$89,572	\$529,618	\$18,975,095	\$8,972,157	\$27,947,252
7	Beginning Reserves @ 6/30/2017	(\$469,996)	(\$118,362)	(\$588,358)	(\$1,352,850)	(\$373,542)	(\$1,726,392)	(\$58,468)	(\$7,121)	(\$65,588)	(\$1,881,314)	(\$499,025)	(\$2,380,338)
8	Ending Reserves @ 5/31/2018	\$384,642	\$112,027	\$496,669	\$1,481,278	\$463,642	\$1,944,920	\$66,918	\$5,919	\$72,837	\$1,932,838	\$581,588	\$2,514,426
9	Incurred Claims (June 2017 through May 2018)	\$3,752,179	\$1,798,395	\$5,550,574	\$14,825,944	\$7,167,955	\$21,993,899	\$448,496	\$88,371	\$536,867	\$19,026,619	\$9,054,721	\$28,081,340
10	Total Covered Employees (April 2017 - March 2018)	11,367	11,367	11,367	34,363	34,363	34,363	510	510	510	46,240	46,240	46,240
11	Claims Cost PEPM	\$330.09	\$158.21	\$488.31	\$431.45	\$208.60	\$640.05	\$879.40	\$173.28	\$1,052.68	\$411.48	\$195.82	\$607.30
12	Trend Factor	1.0852	1.1629	1.1104	1.1296	1.1629	1.1405	1.1296	1.1629	1.1351	1.1208	1.1629	1.1344
13	Projected Claims Cost Per Employee	\$358.22	\$183.98	\$542.20	\$487.37	\$242.58	\$729.94	\$993.38	\$201.50	\$1,194.88	\$461.20	\$227.72	\$688.92
14	Recommended Funding Margin	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
15	Adjusted Projected Claims	\$368.96	\$189.50	\$558.47	\$501.99	\$249.85	\$751.84	\$1,023.18	\$207.55	\$1,230.72	\$475.04	\$234.55	\$709.59
Fixed Costs PEPM													
16	Specific Stop-Loss Premium PEPM (Estimate)			\$23.94			\$23.94			\$23.94			\$23.94
17	Aggregate Stop-Loss Premium PEPM (Estimate)			\$0.00			\$0.00			\$0.00			\$0.00
18	Anthem Network & Administrative Fees			\$35.18			\$35.18			\$35.18			\$35.18
19	All Other Program Fees			\$13.00			\$12.25			\$14.00			\$12.45
20	Total Fixed Costs			\$72.13			\$71.38			\$73.13			\$71.58
21	Required Premium PEPM			\$630.59			\$823.22			\$1,303.85			\$781.17
22	Current Premium PEPM			\$842.42			\$767.13			\$1,846.81			\$797.55
23	Required Increase			-25.14%			7.31%			-29.40%			-2.05%
24	Current Subscribers (May 2018)	903	903		2,948	2,948		37	37		3,888	3,888	
25	Base Trend	5.30%	10.00%		8.00%	10.00%		8.00%	10.00%		7.47%	10.00%	
26	Months Trended	19	19		19	19		19	19		19	19	
27	Internal Pooling Point	\$250,000	N/A		\$200,000	N/A		\$450,000	N/A				

Notes:
 Other Program Fees include: Wellness, Claims Management/Communication, Consulting Fees, SJVIA Fees, SJVIA Non-Founding Member Fee, and Hourglass/ASI.
 Large claim credits above are obtained only from Anthem medical reports. Rx large claims have not been reconciled in the underwriting projections.

Self-funded Medical Underwriting Total SJVIA

San Joaquin Valley Insurance Authority
 Medical and Prescription Drug Renewal Projection
 Effective January 1, 2019 through December 31, 2019
 Underwriting Using Internal Pooling Point
 EPO and PPO/HDHP

Line	EPO and PPO/HDHP			Fresno			Tulare			Marysville			Total			
	Line Item/Description	Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total
1	Non-Cap Paid Claims (June 2017 - May 2018)	\$25,328,472	\$11,816,527	\$37,144,999	\$14,697,516	\$7,727,361	\$22,424,877	\$440,046	\$98,655	\$538,701	\$40,466,034	\$19,642,543	\$60,108,577			
2	Capitation Claims (June 2017 - December 2017)	\$6,502,921	\$0	\$6,502,921	\$0	\$0	\$0	\$0	\$0	\$0	\$6,502,921	\$0	\$6,502,921			
3	Savings from HMO to EPO conversion	(\$1,072,982)	\$0	(\$1,072,982)	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,072,982)	\$0	(\$1,072,982)			
4	Savings from Change of PBM (June 2017 - Dec 2017)	\$0	(\$872,661)	(\$872,661)	\$0	(\$649,506)	(\$649,506)	\$0	(\$9,083)	(\$9,083)	\$0	(\$1,531,250)	(\$1,531,250)			
5	Large Claim Adjustment (Pooling Level: \$450,000)	<u>(\$27,078)</u>	<u>\$0</u>	<u>(\$27,078)</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>(\$27,078)</u>	<u>\$0</u>	<u>(\$27,078)</u>			
6	Adjusted Paid Claims	\$30,731,333	\$10,943,866	\$41,675,199	\$14,697,516	\$7,077,855	\$21,775,371	\$440,046	\$89,572	\$529,618	\$45,868,895	\$18,111,293	\$63,980,188			
7	Beginning Reserves @ 6/30/2017	(\$2,430,463)	(\$710,532)	(\$3,140,995)	(\$1,352,850)	(\$373,542)	(\$1,726,392)	(\$58,468)	(\$7,121)	(\$65,588)	(\$3,841,781)	(\$1,091,195)	(\$4,932,975)			
8	Ending Reserves @ 5/31/2018	<u>\$2,951,935</u>	<u>\$708,992</u>	<u>\$3,660,927</u>	<u>\$1,481,278</u>	<u>\$463,642</u>	<u>\$1,944,920</u>	<u>\$66,918</u>	<u>\$5,919</u>	<u>\$72,837</u>	<u>\$4,500,131</u>	<u>\$1,178,553</u>	<u>\$5,678,684</u>			
9	Incurred Claims (June 2017 through May 2018)	\$31,252,805	\$10,942,325	\$42,195,130	\$14,825,944	\$7,167,955	\$21,993,899	\$448,496	\$88,371	\$536,867	\$46,527,245	\$18,198,651	\$64,725,896			
10	Total Covered Employees (April 2017 - March 2018)	<u>49,018</u>	<u>49,018</u>	<u>49,018</u>	<u>34,363</u>	<u>34,363</u>	<u>34,363</u>	<u>510</u>	<u>510</u>	<u>510</u>	<u>83,891</u>	<u>83,891</u>	<u>83,891</u>			
11	Claims Cost PEPM	\$637.58	\$223.23	\$860.81	\$431.45	\$208.60	\$640.05	\$879.40	\$173.28	\$1,052.68	\$554.62	\$216.93	\$771.55			
12	Trend Factor	<u>1.1243</u>	<u>1.1629</u>	<u>1.1343</u>	<u>1.1296</u>	<u>1.1629</u>	<u>1.1405</u>	<u>1.1296</u>	<u>1.1629</u>	<u>1.1351</u>	<u>1.1260</u>	<u>1.1629</u>	<u>1.1364</u>			
13	Projected Claims Cost Per Employee	\$716.81	\$259.60	\$976.40	\$487.37	\$242.58	\$729.94	\$993.38	\$201.50	\$1,194.88	\$624.51	\$252.27	\$876.78			
14	<u>Recommended Funding Margin</u>	<u>3.0%</u>	<u>3.0%</u>	<u>3.0%</u>	<u>3.0%</u>	<u>3.0%</u>	<u>3.0%</u>	<u>3.0%</u>	<u>3.0%</u>	<u>3.0%</u>	<u>3.0%</u>	<u>3.0%</u>	<u>3.0%</u>			
15	Adjusted Projected Claims	\$738.31	\$267.38	\$1,005.70	\$501.99	\$249.85	\$751.84	\$1,023.18	\$207.55	\$1,230.72	\$643.24	\$259.84	\$903.08			
	Fixed Costs PEPM															
16	Specific Stop-Loss Premium PEPM (Estimate)			\$23.94			\$23.94			\$23.94			\$23.94			
17	Aggregate Stop-Loss Premium PEPM (Estimate)			\$0.00			\$0.00			\$0.00			\$0.00			
18	Anthem Network & Administrative Fees			\$46.57			\$35.18			\$35.18			\$41.83			
19	<u>All Other Program Fees</u>			<u>\$13.00</u>			<u>\$12.25</u>			<u>\$14.00</u>			<u>\$12.70</u>			
20	Total Fixed Costs			\$83.51			\$71.38			\$73.13			\$78.48			
21	Required Premium PEPM			\$1,089.21			\$823.22			\$1,303.85			\$981.56			
22	Current Premium PEPM			\$1,047.22			\$767.13			\$1,846.81			\$937.35			
23	Required Increase			4.01%			7.31%			-29.40%			4.72%			
24	Current Subscribers (May 2018)	3,977	3,977		2,948	2,948		37	37		6,962	6,962				
25	Base Trend	7.68%	10.00%		8.00%	10.00%		8.00%	10.00%		7.78%	10.00%				
26	Months Trended	19	19		19	19		19	19		19	19				
27	Internal Pooling Point	\$250,000	N/A		\$200,000	N/A		\$450,000	N/A							

Notes:
 Other Program Fees include: Wellness, Claims Management/Communication, Consulting Fees, SJVIA Fees, SJVIA Non-Founding Member Fee, and Hourglass/ASI.
 Large claim credits above are obtained only from Anthem medical reports. Rx large claims have not been reconciled in the underwriting projections.

Self-funded Medical Underwriting Total SJVIA – Large Claim History

San Joaquin Valley Insurance Authority (SJVIA) Anthem Large Claim Reports

June 2017 - May 2018

Paid Claimant Amount	Fresno				Tulare			All Others		
	HMO	EPO	PPO	HDHP	HMO	PPO	HDHP	HMO	PPO	HDHP
1	\$477,078	\$336,066	\$129,877	\$237,296		\$337,594			\$94,972	
2	\$227,805	\$247,127	\$63,563	\$235,542		\$307,001			\$45,433	
3	\$195,657	\$219,970	\$59,567	\$209,653		\$294,009			\$29,353	
4	\$182,129	\$165,947	\$54,952	\$191,023		\$265,466				
5	\$168,878	\$143,539	\$53,628	\$153,720		\$257,366				
6	\$155,430	\$139,412		\$113,437		\$241,394				
7	\$155,399	\$127,760		\$105,803		\$237,315				
8	\$135,729	\$117,022		\$104,763		\$220,824				
9	\$116,174	\$110,659		\$87,630		\$209,992				
10	\$106,362	\$106,256		\$78,372		\$198,321				
11	\$105,905	\$91,015		\$74,640		\$153,563				
12	\$97,786	\$75,215		\$72,474		\$150,754				
13	\$96,032	\$74,485		\$72,451		\$140,405				
14	\$94,879	\$66,311		\$70,628		\$121,286				
15	\$90,910	\$64,242		\$69,431		\$118,257				
16	\$84,984	\$58,689		\$56,303		\$113,305				
17	\$81,188	\$58,388				\$113,253				
18	\$80,060	\$57,933				\$107,705				
19	\$77,569	\$55,777				\$99,344				
20	\$75,194	\$51,832				\$93,490				
21	\$72,699	\$51,689				\$91,295				
22	\$70,191	\$50,114				\$91,146				
23	\$67,798					\$88,556				
24	\$67,081					\$85,979				
25										
26										

Kaiser – County of Fresno



San Joaquin Valley Insurance Authority (SJVIA)

Rate Comparison

Effective Date: January 1, 2019

County of Fresno

	Current		Renewal	
Carrier Name	Kaiser		Kaiser	
Effective Date	1/1/2018		1/1/2019	
Plan Name	HMO		HMO	
Eligible Class	Active Employees		Active Employees	
Rating Structure	Bi-Weekly Rate	Subscribers	Bi-Weekly Rate	Subscribers
Employee Only	\$326.10	1,230	\$346.58	1,230
Employee + Spouse	\$585.26	121	\$622.02	121
Employee + Child(ren)	\$515.89	440	\$548.28	440
Family	\$774.40	130	\$823.03	130
Total Monthly Premium	\$799,583.06		\$849,794.92	
Total Annual Premium	\$9,594,996.72		\$10,197,539.04	
% Change over Current Monthly Premium	6.3%			
\$ Change over Current Annual Premium	\$602,542.32			

Note: Rates for 65+ Retirees are under separate contract directly between the County of Fresno and Kaiser

Kaiser – County of Tulare



San Joaquin Valley Insurance Authority (SJVA)

Rate Comparison

Effective Date: January 1, 2019

County of Tulare

	Current		Renewal		Current		Renewal	
Carrier Name	Kaiser		Kaiser		Kaiser		Kaiser	
Effective Date	1/1/2018		1/1/2019		1/1/2019		1/1/2019	
Plan Name	Traditional HMO		Traditional HMO		Deductible HMO		Deductible HMO	
Eligible Class	Active Employees		Active Employees		Active Employees		Active Employees	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
Employee Only	\$739.11	157	\$784.74	157	\$568.15	7	\$602.01	7
Employee + Spouse	\$1,478.21	15	\$1,569.47	15	\$1,136.30	1	\$1,204.02	1
Employee + Child(ren)	\$1,337.77	9	\$1,420.37	9	\$1,028.35	1	\$1,089.64	1
Family	\$2,217.33	2	\$2,354.21	2	\$1,704.45	0	\$1,806.03	0
Total Monthly Premium	\$154,688.01		\$164,237.98		\$6,141.70		\$6,507.73	
Total Annual Premium	\$1,856,256.12		\$1,970,855.76		\$73,700.40		\$78,092.76	
% Change over Current Monthly Premium			6.2%				6.0%	
\$ Change over Current Annual Premium			\$114,599.64				\$4,392.36	

Kaiser – All Other



San Joaquin Valley Insurance Authority (SJVIA)

Rate Comparison

Effective Date: January 1, 2019

City of Marysville

	Current		Renewal	
Carrier Name	Kaiser		Kaiser	
Effective Date	1/1/2018		1/1/2019	
Plan Name	HMO		HMO	
Eligible Class	Active Employees		Active Employees	
Rating Structure	Rate	Subscribers	Rate	Subscribers
Employee Only	\$645.19	2	\$685.53	2
Employee + Spouse	\$1,290.40	3	\$1,371.08	3
Family	\$1,825.91	4	\$1,940.07	4
Total Monthly Premium	\$12,465.22		\$13,244.58	
Total Annual Premium	\$149,582.64		\$158,934.96	
% Change over Current Monthly Premium			6.3%	
\$ Change over Current Annual Premium			\$9,352.32	

Delta Dental



San Joaquin Valley Insurance Authority (SJVIA)

Dental PPO Self Funded Options

Effective Date: January 1, 2019

County of Fresno

	Current	Option 1 Self-Funded	Option 2 Self-Funded
Carrier Name	Delta Dental	Delta Dental	Delta Dental
Effective Date	1/1/2019	1/1/2019	1/1/2019
Plan Name	PPO	PPO	PPO
Eligible Class	Active Employees	Active Employees	Active Employees
Rating Structure			
ASO/Admin Fee	Fully Insured	8.1% of Paid Claims	\$3.87 PEPM

Proposed Rates	Rate	Subscribers	Rate Equivalent	Subscribers	Rate Equivalent	Subscribers
Employee Only	\$50.29	2,532	\$47.51	2,532	\$44.58	2,532
Employee + Spouse	\$80.19	488	\$75.76	488	\$71.09	488
Employee + Child(ren)	\$69.88	885	\$66.02	885	\$61.95	885
Family	\$102.58	333	\$96.91	333	\$90.94	333
Annual Claim Cost	\$2,678,365		\$2,678,365		\$2,678,365	
Administration Cost	\$243,999		\$216,948		\$196,813	
Margin (8.5% F, 3.0% SF of Claims)	\$227,275		\$80,351		\$80,351	
Annual Premium Cost	\$3,149,639		\$2,975,664		\$2,955,529	
\$ Difference			-\$173,976		-\$194,111	
% Difference			-5.5%		-6.2%	

2019 DHMO will be in the second year of a two-year rate guarantee.

San Joaquin Valley Insurance Authority (SJVIA)

Dental PPO Self Funded Options

Effective Date: January 1, 2019

County of Tulare

	Current	Option 1 Self-Funded	Option 2 Self-Funded
Carrier Name	Delta Dental	Delta Dental	Delta Dental
Effective Date	1/1/2019	1/1/2019	1/1/2019
Plan Name	PPO	PPO	PPO
Eligible Class	Active Employees	Active Employees	Active Employees
Rating Structure			
ASO/Admin Fee	Fully Insured	8.1% of Paid Claims	\$3.87 PEPM

Proposed Rates	Rate	Subscribers	Rate Equivalent	Subscribers	Rate Equivalent	Subscribers
Employee Only	\$35.43	2,086	\$34.47	2,086	\$34.27	2,086
Employee + Spouse	\$61.42	195	\$59.75	195	\$59.41	195
Employee + Child(ren)	\$69.60	186	\$67.71	186	\$67.32	186
Family	\$103.32	74	\$100.52	74	\$99.95	74
Annual Claim Cost	\$1,118,832		\$1,118,832		\$1,118,832	
Administration Cost	\$101,926		\$90,625		\$118,004	
Margin (5.1% FI, 3.0% SF of Claims)	\$56,944		\$33,565		\$33,565	
Annual Premium Cost	\$1,277,702		\$1,243,022		\$1,270,401	
\$ Difference			-\$34,680		-7,301	
% Difference			-2.7%		-0.6%	

2019 DHMO will be in the second year of a two-year rate guarantee.

Vision Service Plan – VSP

2019 VSP will be in the second year of a two-year rate guarantee.

BOARD OF DIRECTORS

ANDREAS BORGEAS
KUYLER CROCKER
NATHAN MAGSIG
BUDDY MENDES
BRIAN PACHECO
PETE VANDER POEL
J. STEVEN WORTHLEY

Meeting Location:
County of Fresno
Fresno County Board of Supervisors
Chambers
2281 Tulare Street, #301
Fresno, CA 93721

AGENDA DATE: July 20, 2018

ITEM NUMBER: Item 17

SUBJECT: Receive Consultant's Report on Reserve Accumulation and Provide Direction in Regard to the 2019 Renewal Development (A)

REQUEST(S): That the Board receive and provide direction on the Reserve Accumulation and its application to the build-up of the IBNR Reserve, Stabilization Reserve, and Loan Repayment.

DESCRIPTION:

To maintain financial solvency for the SJVIA, the Board has directed Keenan to provide a strategy for the reserve accumulation of the IBNR reserve, stabilization reserve, and loan repayment. Keenan has developed a strategy where the SJVIA Board will give direction twice a year: 1) In conjunction with the renewal, and 2) after the close of the year when the SJVIA Auditor can verify reserve accumulations.

FISCAL IMPACT/FINANCING:

The SJVIA is looking to establish a \$20,792,323 reserve to fund the loan repayment of \$9,163,970, IBNR reserve of \$5,703,223, and a one-month stabilization reserve of \$5,925,130.

ADMINISTRATIVE SIGN-OFF:



Paul Nerland
SJVIA Manager



Rhonda Sjostrom
SJVIA Assistant Manager

July 20, 2018

SJVIA Board Meeting: Consultant’s Report on Reserve Accumulation

In accordance with the direction received at the May 4, 2018 SJVIA Board meeting, Keenan has prepared a process to fund the IBNR and Stabilization reserves and repay the loans to the County of Tulare and to the County of Fresno.

The Board gave direction to:

- Fund the IBNR Reserve and the Stabilization Reserve prior to funding the loan repayment.
- The loan repayment is to be funded on a dollar-for-dollar basis (for each dollar repaid to one County \$1 must be repaid to the other County).
- Time duration to accomplish all three funding elements was to remain flexible so that the Board can evaluate any rate load on the overall renewal requirement impact on the SJVIA members.

To review, Keenan’s most recent reserve estimates and loan repayment with interest are as follows:

Funding Requirements	Loan Repayment	Required IBNR	Required Stabilization	Total
County of Fresno	\$ 8,344,333	\$ 3,464,122	\$ 3,945,125	\$ 15,753,579
County of Tulare	\$ 753,260	\$ 2,160,198	\$ 1,904,457	\$ 4,817,915
City of Marysville	\$ 66,377	\$ 78,903	\$ 75,548	\$ 220,829
Total	\$ 9,163,970	\$ 5,703,223	\$ 5,925,130	\$ 20,792,323

The Proposed Approach

Keenan recommends an approach that allows SJVIA the opportunity to review and provide direction twice per year to accomplish the funding objectives.

Review at Renewal

As part of the renewal process, Keenan will prepare a variety of scenarios of rate loads for reserve funding so that the SJVIA Board can evaluate different levels of surcharges required for renewal action.

Review upon close of the Calendar Year

The SJVIA tracks plan experience on a calendar year basis. By taking a look at the performance of the plan year, the SJVIA Board can make decisions on surplus allocation among the three funding elements.

For 2018, Keenan has identified three areas for reserve build-up:

- Plan experience,
- Kaiser reserve, and
- Delta Dental PSR.

The SJVIA Board made significant changes to the SJVIA medical plans for 2018. Most importantly changing the Anthem HMO to the Anthem EPO. With these changes the anticipated savings were projected conservatively. Should the actual plan experience perform better than projected, a funding reserve would be developed that could be used to fund reserves. Over the first five months of 2018, a \$3,393,538 reserve surplus has been developed over the experience.

In the 2018 renewal, Kaiser offered a -4.8% rate decrease. The SJVIA determined to hold the 2017 rates at 0.0% for 2018 and reserve the difference, which is estimated to be \$1,155,952 for 2018.

Delta Dental reported the ending position (12/31/17) for its Premium Stabilization Reserve (PSR) at \$1,018,586. The PSR is excess premium paid to Delta Dental. Since the dental plans are fully insured, the monies are considered Delta Dental's. Keenan received the 3/31/18 reserve update which shows a beginning balance of \$1,118,346.

As part of the 2018 renewal, Keenan negotiated a premium holiday and a 2.0% buy-down of the renewal from the PSR. The premium holiday was given to the SJVIA in January 2018, for \$362,752. The SJVIA still collected the premium from the two Counties for January, but did not remit the premium to Delta Dental. Instead, Delta Dental took the \$362,752 in premium from the PSR. This action transferred the \$362,752 from the PSR to the SJVIA reserves.

Additionally, Delta Dental requested a 2.0% renewal increase for 2018 which the SJVIA Board approved. Delta Dental agreed to fund the 2.0% from the PSR. The SJVIA is collecting the 2.0% increase from both Counties and passing on 0.0% to Delta Dental. Delta Dental is funding the 2.0% from the PSR. Through May 31, 2018, the 2.0% represents \$36,945. Keenan estimates the 2018 total will be approximately \$88,672. This action will transfer \$88,672 from the PSR to the SJVIA reserves over the 2018 plan year.

The combined total Delta Dental PSR reserve which will be transferred to the SJVIA reserves for 2018 will be approximately \$451,424. This will leave a Delta Dental PSR reserve of \$656,922. The reserve balance is subject to plan experience and premium remitted throughout the balance of the year.

Keenan negotiated with Delta Dental to allow the PSR monies to be returned to the SJVIA if the SJVIA were to self-fund the dental plan for 2019. The PSR would be used to pay claims under the self-funded plan. Additionally, Delta Dental would apply any excess IBNR reserves (reserves after the run-out claims were paid) to pay claims under the self-funded plan.

Subject to the SJVIA's Auditor validation, and based on the 1) projected Kaiser reserve (\$1,155,952), 2) the PSR transfer through reserve transfer and self-funding the dental (\$1,118,346), and 3) any reserve accumulation over the plan year from plan experience (\$3,393,538 through May 2018), the SJVIA would potentially have \$5,667,836 in reserves for 2019 that could be used to offset the a portion of the loan repayment, or partially fund the IBNR reserve, and/or Stabilization reserve buildup.

Funding Model Progress													
2018	January	February	March	April	May	June	July	August	September	October	November	December	Total
Funding from Rate Surcharge	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Funding from Plan Experience	\$ 1,555,773	\$ 1,515,531	\$ (593,285)	\$ 644,661	\$ 270,858	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,393,538
Funding from Other Means													
Kaiser Rate Surcharge	\$ 96,329	\$ 96,329	\$ 96,329	\$ 96,329	\$ 96,329	\$ 96,329	\$ 96,329	\$ 96,329	\$ 96,329	\$ 96,329	\$ 96,329	\$ 96,329	\$ 1,155,952
Delta Dental Premium Holiday	\$ 362,752	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 362,752
Delta Dental 2% Rate Subsidy	\$ 7,389	\$ 7,389	\$ 7,389	\$ 7,389	\$ 7,389	\$ 7,389	\$ 7,389	\$ 7,389	\$ 7,389	\$ 7,389	\$ 7,389	\$ 7,389	\$ 88,672
2018 Available Funding	\$ 2,022,244	\$ 1,619,250	\$ (489,566)	\$ 748,380	\$ 374,577	\$ 103,719	\$ 103,719	\$ 103,719	\$ 103,719	\$ 103,719	\$ 103,719	\$ 103,719	\$ 5,000,914
2019	January	February	March	April	May	June	July	August	September	October	November	December	Total
Funding from Rate Surcharge	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Funding from Plan Experience	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Funding from Other Means													
Kaiser Rate Surcharge	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Delta Dental PSR Transfer	\$ 330,526	\$ 220,351	\$ 110,175	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 661,052
2019 Available Funding	\$ 330,526	\$ 220,351	\$ 110,175	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 661,052
2020	January	February	March	April	May	June	July	August	September	October	November	December	Total
Funding from Rate Surcharge	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Funding from Plan Experience	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Funding from Other Means													
Kaiser Rate Surcharge	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Delta Dental PSR Transfer	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2020 Available Funding	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2021	January	February	March	April	May	June	July	August	September	October	November	December	Total
Funding from Rate Surcharge	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Funding from Plan Experience	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Funding from Other Means													
Kaiser Rate Surcharge	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Delta Dental PSR Transfer	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2021 Available Funding	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2022	January	February	March	April	May	June	July	August	September	October	November	December	Total
Funding from Rate Surcharge	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Funding from Plan Experience	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Funding from Other Means													
Kaiser Rate Surcharge	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Delta Dental PSR Transfer	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2022 Available Funding	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2023	January	February	March	April	May	June	July	August	September	October	November	December	Total
Funding from Rate Surcharge	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Funding from Plan Experience	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Funding from Other Means													
Kaiser Rate Surcharge	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Delta Dental PSR Transfer	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2023 Available Funding	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

We look forward to discussing the funding policy with the SJVIA Board.

SJVIA Reconciliation Report		County of Fresno	County of Tulare	All Other	Total
2010-2017	Prem	\$408,293,681	\$167,541,558	\$ 93,184,806	\$669,020,045
	Total Cost	\$418,765,781	\$167,000,442	\$ 95,594,121	\$681,360,343
	\$ Difference	\$ (10,472,100)	\$ 541,116	\$ (2,409,315)	\$ (12,340,298)
	Loss Ratio	102.6%	99.7%	102.6%	101.8%
Adjustments to the Plan Performance					
2010-2017	HMO YEA	\$ 2,895,972	\$ 68,315	\$ 133,749	\$ 3,098,036
	RX Rebates	\$ 1,242,665	\$ 671,170	\$ 96,410	\$ 2,010,245
	SubTotal	\$ 4,138,637	\$ 739,485	\$ 230,159	\$ 5,108,281
	\$ Difference	\$ (6,333,463)	\$ 1,280,601	\$ (2,179,156)	\$ (7,232,017)
	AO Reallocation	\$ (1,268,457)	\$ (858,315)	\$ (52,384)	\$ (2,179,156)
	Total Cost	\$ (7,601,919)	\$ 422,286	\$ (52,384)	\$ (7,232,017)



BOARD OF DIRECTORS

ANDREAS BORGEAS
KUYLER CROCKER
NATHAN MAGSIG
BUDDY MENDES
BRIAN PACHECO
PETE VANDER POEL
J. STEVEN WORTHLEY

Meeting Location:
County of Fresno
Fresno County Board of Supervisors
Chambers
2281 Tulare Street, #301
Fresno, CA 93721

AGENDA DATE: July 20, 2018

ITEM NUMBER: Item 18

SUBJECT: Approve and Authorize President to Execute Second Amendment to Agreement with County of Tulare for Cash Advances and Repayment (A)

REQUEST(S): That the Board Authorize President to execute Second Amendment to Agreement with County of Tulare for Cash Advances and Repayment.

DESCRIPTION:

On May 4, 2018, the SJVIA's Board of Directors expressed its desire to extend the date of repayment of the cash advances made by the County of Tulare and to ensure the solvency of the SJVIA by building reserves. The SJVIA's Board of Directors also directed that the Agreement should be further amended to provide dollar-for-dollar repayment of Fresno and Tulare ending no later than December 30, 2021.

FISCAL IMPACT/FINANCING:

Repayment of loan in the amount of \$4,000,000 plus accrued interest at the County of Tulare Treasury Pool interest rate.

ADMINISTRATIVE SIGN-OFF:

A handwritten signature in black ink that reads "Paul Nerland".

Paul Nerland
SJVIA Manager

A handwritten signature in black ink that reads "Rhonda Sjostrom".

Rhonda Sjostrom
SJVIA Assistant Manager

**SECOND AMENDMENT TO AGREEMENT
FOR CASH ADVANCES AND REPAYMENT**

This Second Amendment ("Second Amendment") to Agreement for Cash Advances and Repayment ("Agreement") is made and entered into by and between the COUNTY OF TULARE, a political subdivision of the State of California ("Tulare") and the San Joaquin Valley Insurance Authority ("SJVIA," or "the Authority"). Tulare and SJVIA each are a "Party" to the Agreement; and Tulare and SJVIA collectively are the "Parties" to the Agreement.

RECITALS

Tulare and the SJVIA entered into the Agreement (County of Tulare Agreement No. 27772), effective as of July 19, 2016, to provide for a cash advance of up to \$2,000,000 to the SJVIA.

The County of Fresno ("Fresno") and the SJVIA entered into an Agreement for Cash Advances and Repayment (County of Fresno Agreement No. 16-049) ("Fresno Agreement"), effective as of December 23, 2015, to provide for a cash advance of up to \$2,000,000 to the SJVIA.

On December 13, 2016, Fresno and the SJVIA amended the Fresno Agreement (County of Fresno Agreement No. 16-703) to increase the amount of Fresno's cash advance to the SJVIA to a total of up to \$5,000,000, and to extend the term of the Fresno Agreement and provide for repayment no later than December 30, 2021. In 2017, Fresno and the SJVIA further amended the Agreement (County of Fresno Agreement No. 17-188) to increase the amount of Fresno's potential cash advance to the SJVIA to a total of \$8,000,000.

On December 20, 2016, Tulare and the SJVIA amended the Agreement (County of Tulare Agreement No. 27772-A) to increase the amount of Tulare's cash advance to the SJVIA to a total of up to \$4,000,000, and to extend the term of the Agreement and provide for repayment no later than June 30, 2018.

Tulare has advanced \$4,000,000 to the SJVIA and Fresno has advanced \$5,000,000 to the SJVIA.

On May 4, 2018, the SJVIA's Board of Directors expressed its desire to extend the date of repayment of the cash advances made by Tulare and Fresno and to ensure that the solvency of the SJVIA remains foremost and to provide for building reserves. The SJVIA's Board of Directors also directed that the Agreement and the Fresno Agreement should be further amended to provide dollar-for-dollar repayment of Fresno and Tulare ending no later than December 30, 2021.

The Parties now desire to further amend the Agreement consistent with the direction from the SJVIA's Board of Directors, as provided in this Second Amendment.

The Parties therefore agree as follows:

1. Article III, Section F, of the Agreement is hereby amended to state, in full:

"F. SJVIA shall repay in full to Tulare the amount or amounts advanced by Tulare to SJVIA under this Agreement, plus accrued interest at the County of Tulare Treasury Pool interest rate on the unpaid balance advanced by Tulare to SJVIA, until all such amounts are fully paid by SJVIA to Tulare, which shall in any event be at the earlier of:

1. When there is sufficient cash balance in SJVIA's bank accounts to cover regular SJVIA cash flow needs, as determined in writing by SJVIA Manager and SJVIA Auditor-Treasurer, and verified by Tulare; or
2. December 30, 2021.

If Fresno provides any amount of funds to SJVIA, as its own separate advance pursuant to the Fresno-SJVIA Cash Advance and Repayment Agreement referenced in the preceding Article II, Section A, then Tulare and Fresno shall be repaid simultaneously and dollar-for-dollar.

To avoid unnecessary amounts advanced by Tulare and Fresno, SJVIA may repay a portion of any advance, subject to terms and conditions of this Agreement without affecting SJVIA's right to request an advance under this Agreement, provided that such repayment complies with the foregoing provisions of the Article III, Section F."

2. Article IV, Section A of the Agreement is hereby amended to state, in full:

"A. TERM: This Agreement is effective July 19, 2016, and this Agreement shall continue in full force and effect through and including December 30, 2021; provided, that SJVIA's obligation to repay all advances, plus accrued interest at the County of Tulare Treasury Pool interest rate on the unpaid balance advanced by Tulare to SJVIA, until all such amounts are fully repaid by SJVIA, and to perform any other obligations of SJVIA under this Agreement, shall survive the termination of this Agreement. Any action taken by any of the officers or employees of the Parties hereto prior to the Parties' approval and execution of this Agreement is hereby affirmed, approved, and ratified."

3. All terms, conditions, mutual covenants, and promises contained in the Agreement, as previously amended, remain in full force and effect except as amended above.

[SIGNATURE PAGE FOLLOWS]

Each Party is signing this Second Amendment to Agreement for Cash Advances and Repayment as of the date indicated in its signature block below.

SAN JOAQUIN VALLEY INSURANCE
AUTHORITY

COUNTY OF TULARE

Date: _____

Date: 10/12/2018

By: _____
Pete Vander Poel, President of the
Board of Directors of the SJVIA

By: J. Steven Worthley
J. Steven Worthley, Chairman of the
Board of Supervisors of the County of
Tulare

Approved as to Form
SJVIA Counsel

Approved as to Form
County Counsel

By P. W. P.

By Jennifer Nielsen
Deputy

Date: 5/22/18

Date: 05/22/2018
Matter No. 2018493



Attest:
Michael C. Spata
County Administrative Officer/
Clerk, Board of Supervisors
County of Tulare, State of California

By: Mary K. Kello
Deputy



BOARD OF DIRECTORS

ANDREAS BORGEAS
KUYLER CROCKER
NATHAN MAGSIG
BUDDY MENDES
BRIAN PACHECO
PETE VANDER POEL
J. STEVEN WORTHLEY

**Meeting Location:
County of Fresno
Fresno County Board of Supervisors
Chambers
2281 Tulare Street, #301
Fresno, CA 93721**

AGENDA DATE: July 20, 2018

ITEM NUMBER: Item 19

SUBJECT: Receive Update on Third Amendment to Agreement with County of Fresno for Cash Advances and Repayment (I)

REQUEST(S): That the Board receive the update on third amendment to agreement with County of Fresno for cash advances and repayment.

DESCRIPTION:

As presented on Item 18 of today’s agenda, on May 4, 2018, the SJVIA’s Board of Directors expressed its desire to extend the date of repayment of the cash advances made by the County of Tulare. The SJVIA’s Board also directed that the agreement should be further amended, for both the County of Tulare and the County of Fresno, to provide dollar-for-dollar repayment of Fresno and Tulare ending no later than December 30, 2021.

FISCAL IMPACT/FINANCING:

Repayment of loan in the amount of \$5,000,000 plus accrued interest at the County of Fresno Treasury Pool interest rate.

ADMINISTRATIVE SIGN-OFF:

Paul Nerland
SJVIA Manager

Rhonda Sjostrom
SJVIA Assistant Manager



BOARD OF DIRECTORS

ANDREAS BORGEAS
KUYLER CROCKER
NATHAN MAGSIG
BUDDY MENDES
BRIAN PACHECO
PETE VANDER POEL
J. STEVEN WORTHLEY

Meeting Location:
County of Fresno
Fresno County Board of Supervisors
Chambers
2281 Tulare Street, #301
Fresno, CA 93721

AGENDA DATE: July 20, 2018

ITEM NUMBER: Item 20

SUBJECT: Receive Protected Health Information Confidentiality Agreement between EmpiRx Health, Voya Financial and the SJVIA, and Authorize President to Execute Agreement (A)


REQUEST(S): That the Board receive the Protected Health Information Confidentiality Agreement between EmpiRx Health, Voya Financial, and the SJVIA allowing the SJVIA’s two vendor partners to share information, and authorize President to execute agreement.

DESCRIPTION:
In the process of conducting SJVIA business, it is sometimes necessary that our vendor partners coordinate data containing Protected Health Information (PHI) between themselves. This includes our reinsurer who needs large claim cost information from our medical administrator and prescription drug pharmacy benefits manager. The SJVIA has a contract containing Business Associate Agreement language with each vendor, but no expressed language entitling vendors to share information between each other. The attached PHI Agreement looks to remedy the situation between EmpiRx Health and Voya Financial and the SJVIA.

FISCAL IMPACT/FINANCING:

None.

ADMINISTRATIVE SIGN-OFF:



Paul Nerland
SJVIA Manager



Rhonda Sjostrom
SJVIA Assistant Manager

PROTECTED HEALTH INFORMATION CONFIDENTIALITY AGREEMENT

Agreement Effective Date	December 18, 2017
Agreement Effective Period	December 18, 2017 through December 31, 2018
The Company	EmpiRx Health and Voya Financial
The Client	San Joaquin Valley Insurance Authority (the SJVIA)
The Third Party Vendor or Third Party Administrator (the TPA)	N/A
The Group Health Plan	The SJVIA Health Plan

This Protected Health Information Confidentiality Agreement (the "Agreement") is entered into as of the Agreement Effective Date by and between the Company, the Client, and the TPA providing services to or for the Client's Group Health Plan. The Client or the TPA shall individually be referred to herein as a "Disclosing Party" and collectively as the "Disclosing Parties".

RECITALS

- A. The Client has engaged the TPA to provide services to the Group Health Plan, each under a separate "Business Associate Contract" between the Client and the TPA.
- B. The Disclosing Parties may provide or disclose Protected Health Information (as defined below) to the Company in connection with completing the work identified in the Company's Business Agreement with the Client.
- C. The purpose of this agreement is to limit the use and disclosure of PHI by the Company to the purposes provided for herein and to provide reasonable assurances to each Disclosing Party that the Company will maintain appropriate safeguards to protect PHI from any use or disclosure contrary to this Agreement and the Privacy Rule and Security Rule (each as defined below).

SECTION 1: DEFINITIONS

1.1 Breach. "Breach" shall have the same meaning given to such term in 45 C.F.R. § 164.402, as may be amended from time to time.

1.2 Data Aggregation. "Data Aggregation" shall mean, with respect to Protected Health Information provided by the Disclosing Parties, the combining of such Protected Health Information with Protected Health Information received by the Company, to permit data analyses as they relate to Health Care Operations.

1.3 Designated Record Set. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 C.F.R § 164.501, as may be amended from time to time.

1.4 Electronic Protected Health Information. "Electronic Protected Health Information" shall have the same meaning as "electronic protected health information" in 45 C.F.R. § 160.103, as may be amended from time to time.

1.5 Health Care. "Health Care" shall have the same meaning as the term "health care" in 45 C.F.R. § 160.103, as may be amended from time to time.

1.6 Health Care Operations. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 C.F.R. § 164.501, as may be amended from time to time.

1.7 Individual. "Individual" shall have the same meaning as the term "individual" in 45 C.F.R § 160.103 and shall include a person's personal representative who is treated as the Individual in accordance with 45 C.F.R § 164.502(g), as each may be amended from time to time.

1.8 Limited Data Set. "Limited Data Set" shall have the same meaning as the term "limited data set" in 45 C.F.R. § 164.514(e), as may be amended from time to time.

1.9 Payment. "Payment" shall mean the same meaning as payment in 45 C.F.R. § 164.501, as may be amended from time to time.

1.10 Privacy Rule. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information as described at 45 C.F.R part 160 and part 164, subparts A and E, as may be amended from time to time, as applied to the Company's use and disclosure of PHI provided for in this Agreement.

1.11 Protected Health Information ("PHI"). "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 C.F.R § 160.103, as may be amended from time to time, limited to the information received by the Company from any Disclosing Party.

1.12 Required By Law. "Required By Law" shall have the same meaning as the term "required by law" in 45 C.F.R § 164.103, as many be amended from time to time.

1.13 Secretary. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his or her designee.

1.14 Security Rule. "Security Rule" shall mean the Security Standards at 45 C.F.R. Parts 160 and Part 164, Subparts A and C, as may be amended from time to time, as applied to the Company's use and disclosure of PHI provided for in this Agreement.

1.15 Transactions. "Transactions" shall have the same meaning as the term "transactions" in 45 C.F.R. § 160.103, as may be amended from time to time.

1.16 Unsecured PHI. "Unsecured PHI" shall have the same meaning given to such term under 45 C.F.R. § 164.402, as may be amended from time to time.

SECTION 2: LIMITED DATA SET - PERMITTED USES AND DISCLOSURES

2.1 Permitted Uses and Disclosures. The Company may use PHI provided to it in the form of a Limited Data Set, as defined by 45 C.F.R. § 164.501 and permitted by 45 C.F.R. § 164.502(a)(1), solely as identified in the Scope of Service in the agreement between the Company and the Client. Except as provided for in Section 3 of this Agreement, the Company shall not use or disclose PHI under this Section for any other purpose.

2.2 Identification. The Company agrees not to undertake any action which may cause the PHI, including the Limited Data Set, to identify any Individual, nor shall the Company knowingly contact any Individual whose PHI is included in the Limited Data Set.

2.3 Conclusion of Work. Upon conclusion or termination of the work and after any applicable record retention period in the applicable agreement between the Company and the Client, the Company shall destroy or return to Client any property received from the Disclosing Parties which may be in the Company's possession including all PHI, confidential information, products, materials, memoranda, notes, records, reports, or other documents or photocopies of the same, including without limitation any of the foregoing recorded on any computer or any machine readable medium.

SECTION 3: PHI – PERMITTED USES AND DISCLOSURES

3.1 Purpose of PHI Disclosure. A Disclosing Party may provide and disclose PHI to the Company for the purpose of fulfilling the Scope of Service as identified in the Agreement between the Disclosing Party and the Client, in each case as permitted by 45 C.F.R. § 164.502(a)(1), as may be amended from time to time.

3.2 Permitted Uses. The Company may use PHI received from a Disclosing Party solely for the purpose for which it is provided as specified in Section 3.1 of this Agreement.

3.3 Permitted Disclosures. The Company may disclose PHI provided that the Company obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and will be used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person (which purpose must be consistent with the limitations imposed upon the Company pursuant to this Agreement) and the person agrees to notify the Company of any use or disclosure of PHI of which it becomes aware in which the confidentiality of the information has been breached.

3.4 Required by Law. The Company may disclose the PHI if and to the extent that such disclosure is Required by Law.

3.5 Data Aggregation. The Company may use PHI to provide Data Aggregation services, including use of PHI for statistical compilations, reports, research and all other purposes allowed under applicable law.

SECTION 4: OBLIGATIONS OF THE COMPANY

4.1 Privacy of PHI. The Company will maintain appropriate safeguards to reasonably protect PHI from any intentional or unintentional use or disclosure contrary to this Agreement and the Privacy Rule.

4.2 Security of PHI. The Company shall ensure that its information security programs include appropriate administrative, physical and technical safeguards designed to prevent the use or disclosure of confidential information, such as the PHI received by the Company, contrary to this Agreement and the Security Rule.

4.3 Notification of Disclosures. The Company will report to the Disclosing Parties any use or disclosure of PHI not provided for by this Agreement of which it becomes aware.

4.4 Notification of Breach. The Company will notify the Disclosing Parties of any Breach of Unsecured PHI as soon as practicable, and no later than 5 days after discovery of such Breach. The Company's notification of a Breach will include: (a) the identification of each Individual whose Unsecured PHI has been, or is reasonably believed by the Company to have been, accessed, acquired or disclosed during the Breach; and (b) any particulars regarding the Breach that the Group Health Plan would need to include in its notification, as such particulars are identified in 45 C.F.R. § 164.404, as may be amended from time to time.

4.5 Mitigation. To the extent practicable, the Company will cooperate with the Disclosing Party's efforts to mitigate a harmful effect that is known to the Company of a use or disclosure of PHI not provided for in this Agreement.

4.6 HIPAA Compliance Support. The Company agrees to make internal practices, books, and records, including policies and procedures of its information security program, relating to the use and disclosure of confidential information, such as the PHI received by the Company, available to the Secretary, as requested by the Group Health Plan, or designated by the Secretary, for purposes of the Secretary determining the Group Health Plan's compliance with the Privacy Rule.

SECTION 5: OBLIGATIONS OF THE DISCLOSING PARTIES

5.1 Privacy Practices. The TPA will notify the Company of any changes to the limitation(s) in the Group Health Plan's notice of privacy practices in accordance with 45 C.F.R. § 164.520, as amended from time to time, to the extent that such a limitation may affect the Company's use or disclosure of PHI under this Agreement. The TPA will provide such notice no later than 15 days prior to the effective date of the limitation. The TPA confirms that the Group Health Plan's privacy notice discloses the use and disclosure of PHI for Health Care Operations and Payments as permitted by this Agreement.\

5.2 TPA Use and Disclosure of PHI. The TPA represents that any disclosure of PHI provided to the Company is permitted by the Business Associate Contract between the Client and the TPA, as applicable.

5.3 Minimum Necessary. Each Disclosing Party shall limit PHI to the minimum necessary to accomplish the permitted uses and disclosures of the Company provided for in this Agreement when providing or disclosing PHI to the Company in accordance with 45 C.F.R. § 164.502(b) and 45 C.F.R. § 164.514(d), as each may be amended from time to time.

5.4 Payment and Health Care Operations Standards. Each Disclosing Party shall ensure that the use and disclosure of PHI by the Company for Health Care Operations and Payment purposes complies with the standards of 45 C.F.R. § 164.506, as may be amended from time to time.

5.5 Electronic PHI. Each Disclosing Party shall not provide Electronic PHI to the Company in the form of "unsecured protected health information" as defined in 45 C.F.R. § 164.402, as may be amended from time to time.

6. TERM AND TERMINATION

6.1 Term. This Agreement will commence as of the Agreement Effective Date and will terminate in accordance with Section 6.2 or upon the termination of the Agreement Effective Period.

6.2 Termination for Cause. Upon either party's knowledge of a material breach by the other party of this Agreement, such party will provide written notice to the breaching party detailing the nature of the breach and providing an opportunity to cure the breach within 30 business days. Upon the expiration of such 30 day cure period, the non-breaching party may terminate this Agreement if cure is not possible.

6.3 Effect of Termination. Upon termination of this Agreement, the Company will: (a) extend the protections of this Agreement to all PHI retained by Company; (b) limit further uses and disclosures of such PHI to those purposes provided for in this Agreement for so long as the Company maintains such PHI; and (c) where possible, only disclose such PHI to a third party if the information has been de-identified in accordance with the standards set forth in 45 C.F.R. § 164.514(b), as may be amended from time to time. The parties acknowledge and agree that if it is not feasible for the Company to return or destroy all PHI received by the Company under this Agreement, the Company's retention of PHI upon the termination of the Agreement shall be solely for the purposes of complying with any applicable record retention requirements in the applicable contract between Company and Client or as otherwise required by law.

SECTION 7: SURVIVAL

The respective rights and obligations of the parties under Section 6.3 of this Agreement will survive the termination of this Agreement.

SECTION 8: GENERAL

8.1 Relationship of the Parties under HIPAA. This Agreement should not be construed and does not establish any contractual relationship for services. The Company is not an agent or sub-contractor of any Disclosing Party or the Group Health Plan. Each Disclosing Party acknowledges and agrees that the Company does not provide Health Care to or for any Individual either directly or indirectly on behalf of the Group Health Plan.

8.2. Governing Law. This Agreement is governed by, and will be construed in accordance with, the laws of the state of California.

8.4 Successors and Assigns. This Agreement and each party's obligations hereunder will be binding on the representatives, assigns, and successors of such party and will inure to the benefit of the assigns and successors of such party. No party may assign this Agreement without the prior written consent of Company, which will not be unreasonably withheld.

8.5 Severability. If any part of a provision of this Agreement is found illegal or unenforceable, it will be enforced to the maximum extent permissible, and the legality and enforceability of the remainder of that provision and all other provisions of this Agreement will not be affected.

8.6 Notices. All notices relating to the parties' legal rights and remedies under this Agreement will be provided in writing to a party, will be sent to its address set forth in the Agreement, or to such other address as may be designated by that party by notice to the sending party, and will reference this Agreement.

8.7 Amendment and Waiver. This Agreement may be modified, or any rights under it waived, only by a written document executed by the authorized representatives of the parties. Nothing in this Agreement will confer any right, remedy, or obligation upon anyone other than the Disclosing Parties and the Company.

8.8 Entire Agreement. This Agreement is the complete and exclusive agreement between the parties with respect to the subject matter hereof, superseding and replacing all prior agreements, communications, and understandings (written and oral) regarding its subject matter.

8.9. Headings and Captions. The headings and captions of the various subdivisions of this Agreement are for convenience of reference only and will in no way modify, or affect the meaning or construction of any of the terms or provisions hereof.

8.10. Counterparts. This Agreement may be signed in counterparts, which together will constitute one agreement. Documents executed, scanned and transmitted electronically shall be deemed original signatures for purposes of this Agreement and all matters thereto, with such scanned and electronic signatures having the same legal effect as original signatures.

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IN WITNESS WHEREOF, the parties have caused this Agreement to be signed by their duly authorized representatives or officers, effective as of the Agreement Effective Date.

The Company: <u>EmpiRx Health</u> Address: _____	The Company: <u>Voya Financial</u> Address: _____
Signed _____	Signed _____
Name _____	Name _____
Title _____	Title _____
Date _____	Date _____

Client: <u>San Joaquin Valley Insurance Authority</u> Address: _____
Signed _____
Name _____
Title _____
Date _____



BOARD OF DIRECTORS

- ANDREAS BORGEAS
- KUYLER CROCKER
- NATHAN MAGSIG
- BUDDY MENDES
- BRIAN PACHECO
- PETE VANDER POEL
- J. STEVEN WORTHLEY

Meeting Location:
County of Fresno
Fresno County Board of Supervisors
Chambers
2281 Tulare Street, #301
Fresno, CA 93721

AGENDA DATE: July 20, 2018

ITEM NUMBER: Item 21

SUBJECT: Receive Protected Health Information (PHI) Confidentiality Agreement between TFG Partners, Envolve RX and the SJVIA, and Authorize President to Execute Agreement (A)


REQUEST(S): That the Board receive the PHI Confidentiality Agreement between TFG Partners, Envolve RX and the SJVIA allowing transfer of information so the prescription drug plan audit on plan years 2016 and 2017 can be conducted, and authorize President to execute agreement.

DESCRIPTION:
 In the process of conducting SJVIA business, it is sometimes necessary that our vendor partners coordinate data containing Protected Health Information (PHI) between themselves. This includes our auditor who needs prescription drug information from the previous prescription drug pharmacy benefits manager. The SJVIA has a contract containing Business Associate Agreement language with each vendor, but no expressed language entitling vendors to share information between each other. The attached PHI Agreement looks to remedy the situation between TFG Partners, Envolve RX and the SJVIA.

FISCAL IMPACT/FINANCING:

None.

ADMINISTRATIVE SIGN-OFF:



 Paul Nerland
 SJVIA Manager



 Rhonda Sjostrom
 SJVIA Assistant Manager

PROTECTED HEALTH INFORMATION CONFIDENTIALITY AGREEMENT

Agreement Effective Date	July 1, 2018
Agreement Effective Period	
The Company	TFG Partners, LLC
The Client	San Joaquin Valley Insurance Authority (the SJVIA)
The Third Party Vendor or Third Party Administrator (the TPA)	Involve RX
The Group Health Plan	The SJVIA Health Plan

This Protected Health Information Confidentiality Agreement (the "Agreement") is entered into as of the Agreement Effective Date by and between the Company, the Client, and the TPA providing services to or for the Client's Group Health Plan. The Client or the TPA shall individually be referred to herein as a "Disclosing Party" and collectively as the "Disclosing Parties".

RECITALS

- A. The Client has engaged the TPA to provide services to the Group Health Plan, each under a separate "Business Associate Contract" between the Client and the TPA.
- B. The Disclosing Parties may provide or disclose Protected Health Information (as defined below) to the Company in connection with completing the work identified in the Company's Business Agreement with the Client.
- C. The purpose of this agreement is to limit the use and disclosure of PHI by the Company to the purposes provided for herein and to provide reasonable assurances to each Disclosing Party that the Company will maintain appropriate safeguards to protect PHI from any use or disclosure contrary to this Agreement and the Privacy Rule and Security Rule (each as defined below).

SECTION 1: DEFINITIONS

1.1 Breach. "Breach" shall have the same meaning given to such term in 45 C.F.R. § 164.402, as may be amended from time to time.

1.2 Data Aggregation. "Data Aggregation" shall mean, with respect to Protected Health Information provided by the Disclosing Parties, the combining of such Protected Health Information with Protected Health Information received by the Company, to permit data analyses as they relate to Health Care Operations.

1.3 Designated Record Set. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 C.F.R § 164.501, as may be amended from time to time.

1.4 Electronic Protected Health Information. "Electronic Protected Health Information" shall have the same meaning as "electronic protected health information" in 45 C.F.R. § 160.103, as may be amended from time to time.

1.5 Health Care. "Health Care" shall have the same meaning as the term "health care" in 45 C.F.R. § 160.103, as may be amended from time to time.

- 1.6 Health Care Operations. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 C.F.R. § 164.501, as may be amended from time to time.
- 1.7 Individual. "Individual" shall have the same meaning as the term "individual" in 45 C.F.R. § 160.103 and shall include a person's personal representative who is treated as the Individual in accordance with 45 C.F.R. § 164.502(g), as each may be amended from time to time.
- 1.8 Limited Data Set. "Limited Data Set" shall have the same meaning as the term "limited data set" in 45 C.F.R. § 164.514(e), as may be amended from time to time.
- 1.9 Payment. "Payment" shall mean the same meaning as payment in 45 C.F.R. § 164.501, as may be amended from time to time.
- 1.10 Privacy Rule. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information as described at 45 C.F.R. part 160 and part 164, subparts A and E, as may be amended from time to time, as applied to the Company's use and disclosure of PHI provided for in this Agreement.
- 1.11 Protected Health Information ("PHI"). "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 C.F.R. § 160.103, as may be amended from time to time, limited to the information received by the Company from any Disclosing Party.
- 1.12 Required By Law. "Required By Law" shall have the same meaning as the term "required by law" in 45 C.F.R. § 164.103, as many be amended from time to time.
- 1.13 Secretary. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his or her designee.
- 1.14 Security Rule. "Security Rule" shall mean the Security Standards at 45 C.F.R. Parts 160 and Part 164, Subparts A and C, as may be amended from time to time, as applied to the Company's use and disclosure of PHI provided for in this Agreement.
- 1.15 Transactions. "Transactions" shall have the same meaning as the term "transactions" in 45 C.F.R. § 160.103, as may be amended from time to time.
- 1.16 Unsecured PHI. "Unsecured PHI" shall have the same meaning given to such term under 45 C.F.R. § 164.402, as may be amended from time to time.

SECTION 2: LIMITED DATA SET - PERMITTED USES AND DISCLOSURES

- 2.1 Permitted Uses and Disclosures. The Company may use PHI provided to it in the form of a Limited Data Set, as defined by 45 C.F.R. § 164.501 and permitted by 45 C.F.R. § 164.502(a)(1), solely as identified in the Scope of Service in the agreement between the Company and the Client. Except as provided for in Section 3 of this Agreement, the Company shall not use or disclose PHI under this Section for any other purpose.
- 2.2 Identification. The Company agrees not to undertake any action which may cause the PHI, including the Limited Data Set, to identify any Individual, nor shall the Company knowingly contact any Individual whose PHI is included in the Limited Data Set.
- 2.3 Conclusion of Work. Upon conclusion or termination of the work and after any applicable record retention period in the applicable agreement between the Company and the Client, the Company shall destroy or return to Client any property received from the Disclosing Parties which may be in the Company's possession including all PHI, confidential information, products, materials, memoranda, notes, records, reports, or other documents or photocopies of the same, including without limitation any of the foregoing recorded on any computer or any machine readable medium.

SECTION 3: PHI – PERMITTED USES AND DISCLOSURES

3.1 Purpose of PHI Disclosure. A Disclosing Party may provide and disclose PHI to the Company for the purpose of fulfilling the Scope of Service as identified in the Agreement between the Disclosing Party and the Client, in each case as permitted by 45 C.F.R. § 164.502(a)(1), as may be amended from time to time.

3.2 Permitted Uses. The Company may use PHI received from a Disclosing Party solely for the purpose for which it is provided as specified in Section 3.1 of this Agreement.

3.3 Permitted Disclosures. The Company may disclose PHI provided that the Company obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and will be used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person (which purpose must be consistent with the limitations imposed upon the Company pursuant to this Agreement) and the person agrees to notify the Company of any use or disclosure of PHI of which it becomes aware in which the confidentiality of the information has been breached.

3.4 Required by Law. The Company may disclose the PHI if and to the extent that such disclosure is Required by Law.

3.5 Data Aggregation. The Company may use PHI to provide Data Aggregation services, including use of PHI for statistical compilations, reports, research and all other purposes allowed under applicable law.

SECTION 4: OBLIGATIONS OF THE COMPANY

4.1 Privacy of PHI. The Company will maintain appropriate safeguards to reasonably protect PHI from any intentional or unintentional use or disclosure contrary to this Agreement and the Privacy Rule.

4.2 Security of PHI. The Company shall ensure that its information security programs include appropriate administrative, physical and technical safeguards designed to prevent the use or disclosure of confidential information, such as the PHI received by the Company, contrary to this Agreement and the Security Rule.

4.3 Notification of Disclosures. The Company will report to the Disclosing Parties any use or disclosure of PHI not provided for by this Agreement of which it becomes aware.

4.4 Notification of Breach. The Company will notify the Disclosing Parties of any Breach of Unsecured PHI as soon as practicable, and no later than 5 days after discovery of such Breach. The Company's notification of a Breach will include: (a) the identification of each Individual whose Unsecured PHI has been, or is reasonably believed by the Company to have been, accessed, acquired or disclosed during the Breach; and (b) any particulars regarding the Breach that the Group Health Plan would need to include in its notification, as such particulars are identified in 45 C.F.R. § 164.404, as may be amended from time to time.

4.5 Mitigation. To the extent practicable, the Company will cooperate with the Disclosing Party's efforts to mitigate a harmful effect that is known to the Company of a use or disclosure of PHI not provided for in this Agreement.

4.6 HIPAA Compliance Support. The Company agrees to make internal practices, books, and records, including policies and procedures of its information security program, relating to the use and disclosure of confidential information, such as the PHI received by the Company, available to the Secretary, as requested by the Group Health Plan, or designated by the Secretary, for purposes of the Secretary determining the Group Health Plan's compliance with the Privacy Rule.

SECTION 5: OBLIGATIONS OF THE DISCLOSING PARTIES

5.1 Privacy Practices. The TPA will notify the Company of any changes to the limitation(s) in the Group Health Plan's notice of privacy practices in accordance with 45 C.F.R. § 164.520, as amended from time to time, to the extent that such a limitation may affect the Company's use or disclosure of PHI under this Agreement. The TPA will provide such notice no later than 15 days prior to the effective date of the limitation. The TPA confirms that the Group Health Plan's privacy notice discloses the use and disclosure of PHI for Health Care Operations and Payments as permitted by this Agreement.\

5.2 TPA Use and Disclosure of PHI. The TPA represents that any disclosure of PHI provided to the Company is permitted by the Business Associate Contract between the Client and the TPA, as applicable.

5.3 Minimum Necessary. Each Disclosing Party shall limit PHI to the minimum necessary to accomplish the permitted uses and disclosures of the Company provided for in this Agreement when providing or disclosing PHI to the Company in accordance with 45 C.F.R. § 164.502(b) and 45 C.F.R. § 164.514(d), as each may be amended from time to time.

5.4 Payment and Health Care Operations Standards. Each Disclosing Party shall ensure that the use and disclosure of PHI by the Company for Health Care Operations and Payment purposes complies with the standards of 45 C.F.R. § 164.506, as may be amended from time to time.

5.5 Electronic PHI. Each Disclosing Party shall not provide Electronic PHI to the Company in the form of "unsecured protected health information" as defined in 45 C.F.R. § 164.402, as may be amended from time to time.

6. TERM AND TERMINATION

6.1 Term. This Agreement will commence as of the Agreement Effective Date and will terminate in accordance with Section 6.2 or upon the termination of the Agreement Effective Period.

6.2 Termination for Cause. Upon either party's knowledge of a material breach by the other party of this Agreement, such party will provide written notice to the breaching party detailing the nature of the breach and providing an opportunity to cure the breach within 30 business days. Upon the expiration of such 30 day cure period, the non-breaching party may terminate this Agreement if cure is not possible.

6.3 Effect of Termination. Upon termination of this Agreement, the Company will: (a) extend the protections of this Agreement to all PHI retained by Company; (b) limit further uses and disclosures of such PHI to those purposes provided for in this Agreement for so long as the Company maintains such PHI; and (c) where possible, only disclose such PHI to a third party if the information has been de-identified in accordance with the standards set forth in 45 C.F.R. § 164.514(b), as may be amended from time to time. The parties acknowledge and agree that if it is not feasible for the Company to return or destroy all PHI received by the Company under this Agreement;, the Company's retention of PHI upon the termination of the Agreement shall be solely for the purposes of complying with any applicable record retention requirements in the applicable contract between Company and Client or as otherwise required by law.

SECTION 7: SURVIVAL

The respective rights and obligations of the parties under Section 6.3 of this Agreement will survive the termination of this Agreement.

SECTION 8: GENERAL

8.1 Relationship of the Parties under HIPAA. This Agreement should not be construed and does not establish any contractual relationship for services. The Company is not an agent or sub-contractor of any Disclosing Party or the Group Health Plan. Each Disclosing Party acknowledges and agrees that the Company does not provide Health Care to or for any Individual either directly or indirectly on behalf of the Group Health Plan.

8.2. Governing Law. This Agreement is governed by, and will be construed in accordance with, the laws of the state of California.

8.4 Successors and Assigns. This Agreement and each party's obligations hereunder will be binding on the representatives, assigns, and successors of such party and will inure to the benefit of the assigns and successors of such party. No party may assign this Agreement without the prior written consent of Company, which will not be unreasonably withheld.

8.5 Severability. If any part of a provision of this Agreement is found illegal or unenforceable, it will be enforced to the maximum extent permissible, and the legality and enforceability of the remainder of that provision and all other provisions of this Agreement will not be affected.

8.6 Notices. All notices relating to the parties' legal rights and remedies under this Agreement will be provided in writing to a party, will be sent to its address set forth in the Agreement, or to such other address as may be designated by that party by notice to the sending party, and will reference this Agreement.

8.7 Amendment and Waiver. This Agreement may be modified, or any rights under it waived, only by a written document executed by the authorized representatives of the parties. Nothing in this Agreement will confer any right, remedy, or obligation upon anyone other than the Disclosing Parties and the Company.

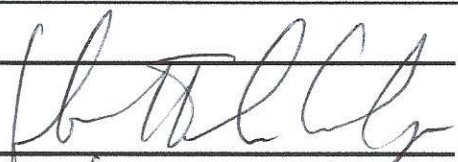
8.8 Entire Agreement. This Agreement is the complete and exclusive agreement between the parties with respect to the subject matter hereof, superseding and replacing all prior agreements, communications, and understandings (written and oral) regarding its subject matter.

8.9. Headings and Captions. The headings and captions of the various subdivisions of this Agreement are for convenience of reference only and will in no way modify, or affect the meaning or construction of any of the terms or provisions hereof.

8.10. Counterparts. This Agreement may be signed in counterparts, which together will constitute one agreement. Documents executed, scanned and transmitted electronically shall be deemed original signatures for purposes of this Agreement and all matters thereto, with such scanned and electronic signatures having the same legal effect as original signatures.

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IN WITNESS WHEREOF, the parties have caused this Agreement to be signed by their duly authorized representatives or officers, effective as of the Agreement Effective Date.

The Company - TFG Partners, LLC	THIRD PARTY ADMINISTRATOR – Envolve RX
Address: 603 Stanwix Street, Ste 1350 Pittsburgh, PA 15222	Address: 8427 Southpark Circle Bldg 300, Suite 400 Orlando, FL 32819
Signed 	Signed
Name Anke van Schelking	Name
Title Partner	Title
Date 7-5-2018	Date

Client SJVIA
Address: 2220 Tulare Street, 14 th Floor Fresno, CA 93721
Signed
Name
Title
Date



BOARD OF DIRECTORS

ANDREAS BORGEAS
KUYLER CROCKER
NATHAN MAGSIG
BUDDY MENDES
BRIAN PACHECO
PETE VANDER POEL
J. STEVEN WORTHLEY

**Meeting Location:
County of Fresno
Fresno County Board of Supervisors
Chambers
2281 Tulare Street, #301
Fresno, CA 93721**

AGENDA DATE: July 20, 2018

ITEM NUMBER: Item 22

SUBJECT: Receive Information on Generic Protected Health Information Confidentiality Agreement Template and Delegate Authority to SJVIA President to Execute Future Similar Agreements with Carrier Partners, If Required to Facilitate Underlying Agreements Between SJVIA and Carrier Partners, Subject to Approval of SJVIA Counsel and Staff (A)

REQUEST(S): That the Board approve the Generic Protected Health Information Confidentiality Agreement Template and Delegate Authority to the SJVIA President to execute future similar agreements with carrier partners, if required to facilitate underlying agreements between SJVIA and carrier partners.

DESCRIPTION:

In the process of conducting SJVIA business, it is sometimes necessary that our vendor partners coordinate data containing Protected Health Information (PHI) between themselves. This includes our reinsurer who needs large claim cost information from our medical administrator and prescription drug pharmacy benefits manager (PBM), and our auditor with the vendor providing the services they are auditing. The SJVIA is currently conducting an audit on 2016 and 2017 Envolve Pharmacy Solutions, the SJVIA's previous PBM. The SJVIA has a contract containing Business Associate Agreement (BAA) language with each vendor, but no expressed language entitling vendors to share information between each other. The attached PHI Agreement looks to remedy the situation and will be used as needed with the SJVIA's vendor partners. The PHI agreement will not be necessary for all of

AGENDA: San Joaquin Valley Insurance Authority

DATE: July 20, 2018

the SJVIA's vendors, which is why it is not being added to the BAA agreement.

FISCAL IMPACT/FINANCING:

None.

ADMINISTRATIVE SIGN-OFF:



Paul Nerland
SJVIA Manager



Rhonda Sjostrom
SJVIA Assistant Manager

PROTECTED HEALTH INFORMATION CONFIDENTIALITY AGREEMENT

Agreement Effective Date	
Agreement Effective Period	
The Company	
The Client	San Joaquin Valley Insurance Authority (the SJVIA)
The Third Party Vendor or Third Party Administrator (the TPA)	
The Group Health Plan	The SJVIA Health Plan

This Protected Health Information Confidentiality Agreement (the "Agreement") is entered into as of the Agreement Effective Date by and between the Company, the Client, and the TPA providing services to or for the Client's Group Health Plan. The Client or the TPA shall individually be referred to herein as a "Disclosing Party" and collectively as the "Disclosing Parties".

RECITALS

- A. The Client has engaged the TPA to provide services to the Group Health Plan, each under a separate "Business Associate Contract" between the Client and the TPA.
- B. The Disclosing Parties may provide or disclose Protected Health Information (as defined below) to the Company in connection with completing the work identified in the Company's Business Agreement with the Client.
- C. The purpose of this agreement is to limit the use and disclosure of PHI by the Company to the purposes provided for herein and to provide reasonable assurances to each Disclosing Party that the Company will maintain appropriate safeguards to protect PHI from any use or disclosure contrary to this Agreement and the Privacy Rule and Security Rule (each as defined below).

SECTION 1: DEFINITIONS

1.1 Breach. "Breach" shall have the same meaning given to such term in 45 C.F.R. § 164.402, as may be amended from time to time.

1.2 Data Aggregation. "Data Aggregation" shall mean, with respect to Protected Health Information provided by the Disclosing Parties, the combining of such Protected Health Information with Protected Health Information received by the Company, to permit data analyses as they relate to Health Care Operations.

1.3 Designated Record Set. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 C.F.R § 164.501, as may be amended from time to time.

1.4 Electronic Protected Health Information. "Electronic Protected Health Information" shall have the same meaning as "electronic protected health information" in 45 C.F.R. § 160.103, as may be amended from time to time.

1.5 Health Care. "Health Care" shall have the same meaning as the term "health care" in 45 C.F.R. § 160.103, as may be amended from time to time.

1.6 Health Care Operations. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 C.F.R. § 164.501, as may be amended from time to time.

1.7 Individual. "Individual" shall have the same meaning as the term "individual" in 45 C.F.R § 160.103 and shall include a person's personal representative who is treated as the Individual in accordance with 45 C.F.R § 164.502(g), as each may be amended from time to time.

1.8 Limited Data Set. "Limited Data Set" shall have the same meaning as the term "limited data set" in 45 C.F.R. § 164.514(e), as may be amended from time to time.

1.9 Payment. "Payment" shall mean the same meaning as payment in 45 C.F.R. § 164.501, as may be amended from time to time.

1.10 Privacy Rule. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information as described at 45 C.F.R part 160 and part 164, subparts A and E, as may be amended from time to time, as applied to the Company's use and disclosure of PHI provided for in this Agreement.

1.11 Protected Health Information ("PHI"). "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 C.F.R § 160.103, as may be amended from time to time, limited to the information received by the Company from any Disclosing Party.

1.12 Required By Law. "Required By Law" shall have the same meaning as the term "required by law" in 45 C.F.R § 164.103, as many be amended from time to time.

1.13 Secretary. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his or her designee.

1.14 Security Rule. "Security Rule" shall mean the Security Standards at 45 C.F.R. Parts 160 and Part 164, Subparts A and C, as may be amended from time to time, as applied to the Company's use and disclosure of PHI provided for in this Agreement.

1.15 Transactions. "Transactions" shall have the same meaning as the term "transactions" in 45 C.F.R. § 160.103, as may be amended from time to time.

1.16 Unsecured PHI. "Unsecured PHI" shall have the same meaning given to such term under 45 C.F.R. § 164.402, as may be amended from time to time.

SECTION 2: LIMITED DATA SET - PERMITTED USES AND DISCLOSURES

2.1 Permitted Uses and Disclosures. The Company may use PHI provided to it in the form of a Limited Data Set, as defined by 45 C.F.R. § 164.501 and permitted by 45 C.F.R. § 164.502(a)(1), solely as identified in the Scope of Service in the agreement between the Company and the Client. Except as provided for in Section 3 of this Agreement, the Company shall not use or disclose PHI under this Section for any other purpose.

2.2 Identification. The Company agrees not to undertake any action which may cause the PHI, including the Limited Data Set, to identify any Individual, nor shall the Company knowingly contact any Individual whose PHI is included in the Limited Data Set.

2.3 Conclusion of Work. Upon conclusion or termination of the work and after any applicable record retention period in the applicable agreement between the Company and the Client, the Company shall destroy or return to Client any property received from the Disclosing Parties which may be in the Company's possession including all PHI, confidential information, products, materials, memoranda, notes, records, reports, or other documents or photocopies of the same, including without limitation any of the foregoing recorded on any computer or any machine readable medium.

SECTION 3: PHI – PERMITTED USES AND DISCLOSURES

3.1 Purpose of PHI Disclosure. A Disclosing Party may provide and disclose PHI to the Company for the purpose of fulfilling the Scope of Service as identified in the Agreement between the Disclosing Party and the Client, in each case as permitted by 45 C.F.R. § 164.502(a)(1), as may be amended from time to time.

3.2 Permitted Uses. The Company may use PHI received from a Disclosing Party solely for the purpose for which it is provided as specified in Section 3.1 of this Agreement.

3.3 Permitted Disclosures. The Company may disclose PHI provided that the Company obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and will be used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person (which purpose must be consistent with the limitations imposed upon the Company pursuant to this Agreement) and the person agrees to notify the Company of any use or disclosure of PHI of which it becomes aware in which the confidentiality of the information has been breached.

3.4 Required by Law. The Company may disclose the PHI if and to the extent that such disclosure is Required by Law.

3.5 Data Aggregation. The Company may use PHI to provide Data Aggregation services, including use of PHI for statistical compilations, reports, research and all other purposes allowed under applicable law.

SECTION 4: OBLIGATIONS OF THE COMPANY

4.1 Privacy of PHI. The Company will maintain appropriate safeguards to reasonably protect PHI from any intentional or unintentional use or disclosure contrary to this Agreement and the Privacy Rule.

4.2 Security of PHI. The Company shall ensure that its information security programs include appropriate administrative, physical and technical safeguards designed to prevent the use or disclosure of confidential information, such as the PHI received by the Company, contrary to this Agreement and the Security Rule.

4.3 Notification of Disclosures. The Company will report to the Disclosing Parties any use or disclosure of PHI not provided for by this Agreement of which it becomes aware.

4.4 Notification of Breach. The Company will notify the Disclosing Parties of any Breach of Unsecured PHI as soon as practicable, and no later than 5 days after discovery of such Breach. The Company's notification of a Breach will include: (a) the identification of each Individual whose Unsecured PHI has been, or is reasonably believed by the Company to have been, accessed, acquired or disclosed during the Breach; and (b) any particulars regarding the Breach that the Group Health Plan would need to include in its notification, as such particulars are identified in 45 C.F.R. § 164.404, as may be amended from time to time.

4.5 Mitigation. To the extent practicable, the Company will cooperate with the Disclosing Party's efforts to mitigate a harmful effect that is known to the Company of a use or disclosure of PHI not provided for in this Agreement.

4.6 HIPAA Compliance Support. The Company agrees to make internal practices, books, and records, including policies and procedures of its information security program, relating to the use and disclosure of confidential information, such as the PHI received by the Company, available to the Secretary, as requested by the Group Health Plan, or designated by the Secretary, for purposes of the Secretary determining the Group Health Plan's compliance with the Privacy Rule.

SECTION 5: OBLIGATIONS OF THE DISCLOSING PARTIES

5.1 Privacy Practices. The TPA will notify the Company of any changes to the limitation(s) in the Group Health Plan's notice of privacy practices in accordance with 45 C.F.R. § 164.520, as amended from time to time, to the extent that such a limitation may affect the Company's use or disclosure of PHI under this Agreement. The TPA will provide such notice no later than 15 days prior to the effective date of the limitation. The TPA confirms that the Group Health Plan's privacy notice discloses the use and disclosure of PHI for Health Care Operations and Payments as permitted by this Agreement.\

5.2 TPA Use and Disclosure of PHI. The TPA represents that any disclosure of PHI provided to the Company is permitted by the Business Associate Contract between the Client and the TPA, as applicable.

5.3 Minimum Necessary. Each Disclosing Party shall limit PHI to the minimum necessary to accomplish the permitted uses and disclosures of the Company provided for in this Agreement when providing or disclosing PHI to the Company in accordance with 45 C.F.R. § 164.502(b) and 45 C.F.R. § 164.514(d), as each may be amended from time to time.

5.4 Payment and Health Care Operations Standards. Each Disclosing Party shall ensure that the use and disclosure of PHI by the Company for Health Care Operations and Payment purposes complies with the standards of 45 C.F.R. § 164.506, as may be amended from time to time.

5.5 Electronic PHI. Each Disclosing Party shall not provide Electronic PHI to the Company in the form of "unsecured protected health information" as defined in 45 C.F.R. § 164.402, as may be amended from time to time.

6. TERM AND TERMINATION

6.1 Term. This Agreement will commence as of the Agreement Effective Date and will terminate in accordance with Section 6.2 or upon the termination of the Agreement Effective Period.

6.2 Termination for Cause. Upon either party's knowledge of a material breach by the other party of this Agreement, such party will provide written notice to the breaching party detailing the nature of the breach and providing an opportunity to cure the breach within 30 business days. Upon the expiration of such 30 day cure period, the non-breaching party may terminate this Agreement if cure is not possible.

6.3 Effect of Termination. Upon termination of this Agreement, the Company will: (a) extend the protections of this Agreement to all PHI retained by Company; (b) limit further uses and disclosures of such PHI to those purposes provided for in this Agreement for so long as the Company maintains such PHI; and (c) where possible, only disclose such PHI to a third party if the information has been de-identified in accordance with the standards set forth in 45 C.F.R. § 164.514(b), as may be amended from time to time. The parties acknowledge and agree that if it is not feasible for the Company to return or destroy all PHI received by the Company under this Agreement, the Company's retention of PHI upon the termination of the Agreement shall be solely for the purposes of complying with any applicable record retention requirements in the applicable contract between Company and Client or as otherwise required by law.

SECTION 7: SURVIVAL

The respective rights and obligations of the parties under Section 6.3 of this Agreement will survive the termination of this Agreement.

SECTION 8: GENERAL

IN WITNESS WHEREOF, the parties have caused this Agreement to be signed by their duly authorized representatives or officers, effective as of the Agreement Effective Date.

The Company _____ Address: _____	THIRD PARTY ADMINISTRATOR _____ _____ Address: _____
_____ Signed	_____ Signed
_____ Name	_____ Name
_____ Title	_____ Title
_____ Date	_____ Date

Client SJVIA _____ _____ Address: _____
_____ Signed
_____ Name
_____ Title
_____ Date

**A Resolution of the Board of Directors of
the San Joaquin Valley Insurance Authority
Delegating Authority to the President to Sign Certain
Protected Health Information Confidentiality Agreements**

The San Joaquin Valley Insurance Authority (“Authority”) engages various vendors to provide certain necessary services. Some of those services require access to or possession of protected health information (“PHI”) of employees of the Authority’s participating entities. For that purpose, each of those vendors enters into a business associate agreement (“BAA”) with the Authority, which allows them to receive PHI.

Some services provided by vendors of the Authority further require, however, that separate vendors of the Authority have the ability to share certain PHI between them. To facilitate the provision of those services by those vendors, the Authority needs to enter into a further PHI confidentiality agreement with affected vendors.

The Board of Directors of the Authority (“Board”) wishes to establish a form Protected Health Information Confidentiality Agreement Template and delegate authority to the Board’s President to execute future similar agreements with vendors of the Authority if required to facilitate underlying agreements.

The Board therefore resolves as follows:

1. Approval of Form. The Board approves the form of the “Protected Health Information Confidentiality Agreement” that is attached as exhibit A to this resolution, for use as provided in this resolution.

2. Delegation of Authority. The President of the Board is hereby authorized to sign agreements with vendors of the Authority in the form provided in exhibit A to this resolution, when both of the following conditions are satisfied:

a. The Manager has determined, in consultation with the Authority’s health benefits and administrative services consultant, that such an agreement is necessary to facilitate underlying agreements of the Authority with two or more vendors.

b. Legal counsel for the Authority has reviewed and approved the form of the proposed agreement with the affected vendors.

3. Effective Date. This resolution is effective immediately.

The Board of Directors of the San Joaquin Valley Insurance Authority approved the resolution above, “Delegating Authority to the President to Sign Certain Protected

Health Information Confidentiality Agreements,” on July 20, 2018, by the following vote:

Aye:

No:

Absent:

President

Attest:

Manager