

AGENDA

BOARD OF DIRECTORS

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

**Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrel Avenue
Visalia, CA 93291
August 24, 2018 9:00 AM**

1. Call to Order
2. Pledge of Allegiance
3. Roll Call
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 July 20, 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 June 30, 2018 (I)
11. Approve Revised 2018 SJVIA Board Meeting Calendar (A)
12. Approve and Authorize Staff to Send the 2018 Multi-County Biennial Notice to the California Fair Political Practices Commission (FPPC) (A)
13. Approve and Authorize President to Execute Third Amendment to Agreement with County of Fresno for Cash Advances and Repayment (A)
14. Authorize President to Execute Prior Year Anthem Blue Cross Minimum Premium Funding Endorsements for SJVIA Participating Entities (A)
15. Receive and File Consultant's Report on PBM Experience with EmpiRx for January through June 2018 (I)
16. Receive and File Consultant's Medical, Dental, and Vision Experience Reports through June 2018 (I)
17. Receive and File Consultant's SJVIA Actuarially Certified Incurred But Not Reported (IBNR) Reserve Report as of June 30, 2018 (I)
18. Receive and File Consultant's Report on Reserve Accumulation (I)
19. Receive Consultant's Plan Year 2019 Underwriting Renewal Report, Finalize and Approve 2019 Rates and Fees, Authorize Consultant and SJVIA Staff to Negotiate Agreements, and President to Execute Agreements Subject to Approval of SJVIA Counsel and Staff (A)
20. Approve an Extension of Notification by City of Marysville of Intent to Terminate from 120 Days as Provided in Section 9 of the SJVIA Participation Agreement to 90 Days (A)
21. Adjournment

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**Meeting Location:
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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)

All Directors present with the exception of Director Borgeas and Director Magsig.

Motion to elect Director Mendes as President and Director Crocker as Vice President of the SJVIA Board by Director Worthley; Seconded by Director Vander Poel; Motion approved unanimously.

4. Approval of Agenda (A)

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

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

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

No public comments.

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No public comments.

7. Approval of Minutes – Board Meeting of May 4, 2018 (A)

Motion to approve by Director Vander Poel; Seconded by Director Worthley;
Motion approved unanimously.

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

No Director announcement 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 Financials as of May 31, 2018 (I)

Presented by Megan Marks, County of Fresno

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July 20, 2018 9:00 AM**

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

Presented by Lupe Garza, County of Tulare

Director Vander Poel commented that this pilot program is a great idea and the younger generation will make use of this technology. Director Vander Poel also requested that utilization results be reviewed after a year and brought before the Board.

Director Worthley questioned the location of the kiosk for the County of Tulare at Human Resources and Development department, saying it may make more sense to locate the kiosk at Government Plaza where there is a higher concentration of employees. Rhonda Sjostrom responded that they will look at relocating the kiosk once remodel has been completed.

Hollis Magill mentioned that the County of Fresno kiosk will be located at County Plaza on the 15th Floor but will consider moving the kiosk if necessary.

Motion to authorize President to execute Telehealth Kiosk Agreement with LiveHealth Online by Director Worthley; Seconded by Director Crocker; Motion approved unanimously.

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)

Presented by Hollis Magill, County of Fresno

Motion to authorize President to execute Agreement with Life Saving Images by Director Vander Poel; Seconded by Director Worthley; Motion approved unanimously.

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

Presented by Bordan Darm, Keenan & Associates

14. Receive and File Consultant's Report on Medical, Dental, and Vision Experience Through May 2018 (I)

Presented by Bordan Darm, Keenan & Associates

15. Receive and File Consultant's Report on PPO Discount Market Check (I)

Presented by Bordan Darm, Keenan & Associates

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

Presented by Bordan Darm, Keenan & Associates

Director Vander Poel commented that we need to remain consistent and follow good underwriting practices year over year.

After further discussion, Consultant agreed to return with scenarios reflecting:

County of Fresno

- Underwriting results based on updated claims experience;
- 0% increase for the PPO and HDHP plans and underwriting results based on updated experience for the EPO plan;
- 0% increase for the PPO and HDHP plans and underwriting results based on updated experience for the EPO plan with an offset of the PPO and HDHP plan subsidy on the EPO;
- Flat increase for the PPO and HDHP and EPO plans

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City of Marysville

- Underwriting results based on updated claims experience;
- 0% increase;
- Overall average increase for the SJVIA self-funded plan

The SJVIA has a \$450,000 reinsurance level and there is no risk share between the entities below that. Because of this there is no smoothing element between the entities; however, there can be a cross subsidy between each entity's respective plans.

Hollis Magill from the County of Fresno mentioned that in 2013, 2014, and 2015, the County of Fresno combined the HMO and PPO rates.

Director Worthley asked how the SJVIA compares to the trend in the marketplace. Bordan responded that the SJVIA is better than most other self-funded plans at 4.7%, while the marketplace is showing 8-10%.

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

Presented by Bordan Darm, Keenan & Associates

Director Crocker commented that he would like to see the loan repayment as a number one priority before funding the IBNR and Stabilization Reserves. Bordan replied that this is in conflict to action taken by the Board at the last Board meeting.

Director Vander Poel commented that he would like the loans repaid but not necessarily through surcharges passed through to plan members.

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Motion to come before the Board two times per year to take action for allocation of reserve funding and loan repayment: 1) at renewal when setting the rates, and 2) at close out of plan year once auditors confirmed monies accumulated.

Motion by Director Crocker; Seconded by Director Worthley; Motion approved unanimously.

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

Presented by Rhonda Sjostrom, County of Tulare

Motion to approve by Director Worthley; Seconded by Director Vander Poel; Motion approved unanimously.

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

Presented by Larry Gomez, County of Fresno

20. Receive Protected Health Information Confidentiality Agreement Between EmpiRx Health, Voya Financial and the SJVIA, and Authorize President to Execute Agreement (A)

Presented by Bordan Darm, Keenan & Associates

As an aside, Director Vander Poel requested to have follow up on experience with new PBM. Is the SJVIA realizing projected savings with the change in vendor? Bordan replied that Keenan will come back with a mid-year report, through June 2018, to be presented at the next Board meeting.

Motion to approve by Director Vander Poel; Seconded by Director Pacheco; Motion approved unanimously.

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July 20, 2018 9:00 AM**

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

Presented by Bordan Darm, Keenan & Associates

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

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)

Presented by Bordan Darm, Keenan & Associates

Motion to approve by Director Vander Poel; Seconded by Director Crocker;
Motion approved unanimously.

23. Adjournment

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SJVIA

San Joaquin Valley
Insurance Authority

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Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrell Avenue
Visalia, CA 93291
August 24, 2018 - 9:00 AM

AGENDA DATE: August 24, 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.

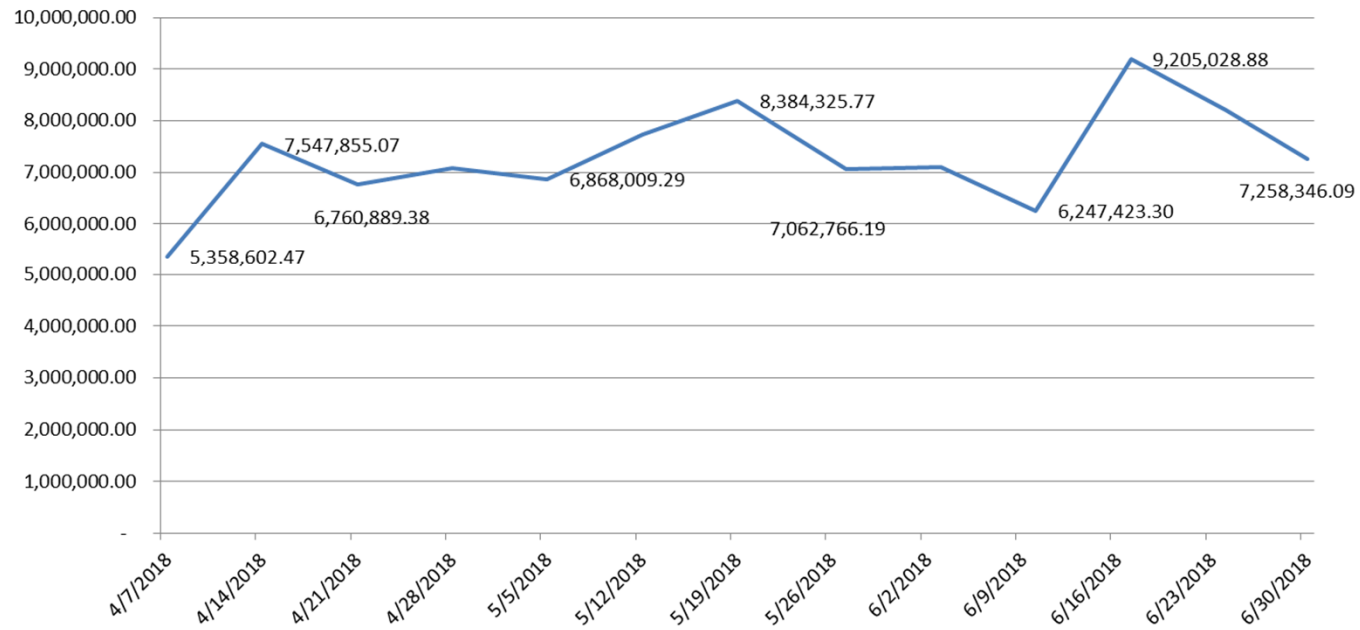
ADMINISTRATIVE SIGN-OFF:

Oscar J. Garcia, CPA
SJVIA Auditor-Treasurer

SJVIA Cash Flow Projections

Sonexay Sopha
August 24, 2018

2018 4th Qtr Actuals



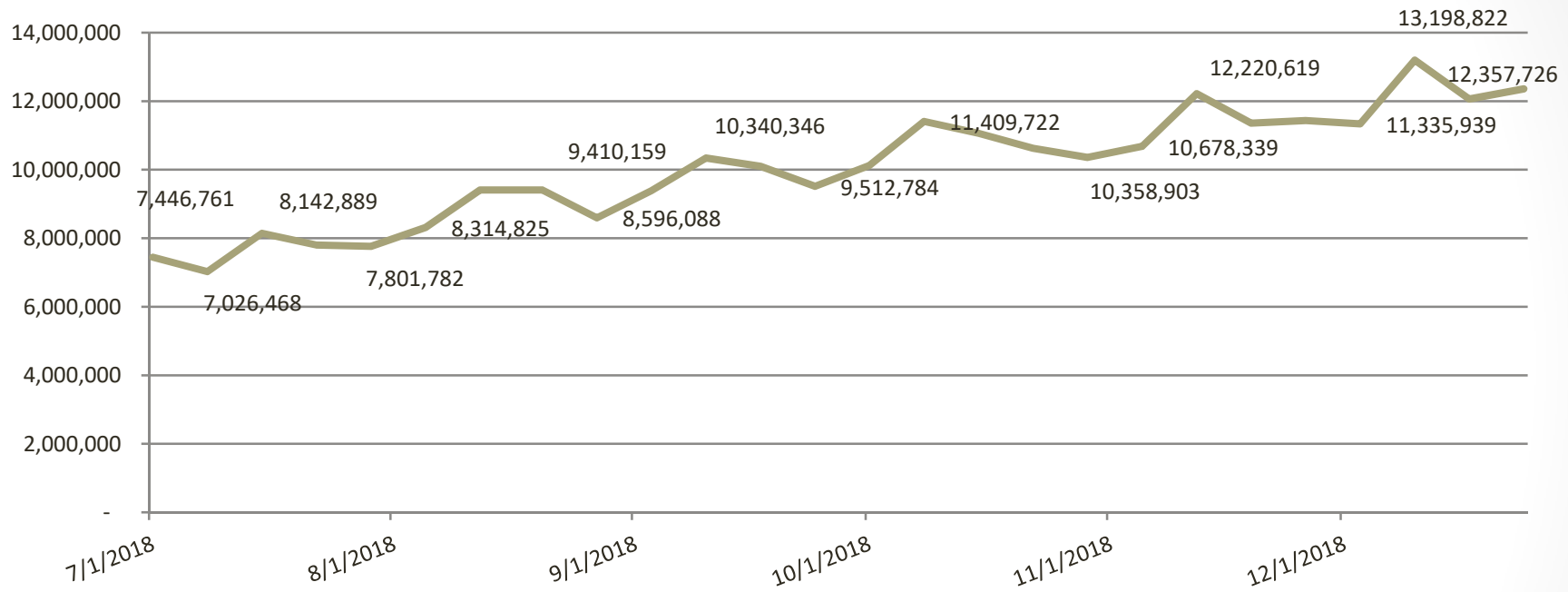
Lowest (Actual)

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

Highest (Actual)

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

July 1 - December 31, 2018 Estimates



- Weekly PPO/EPO estimated at \$840K

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Meeting Location:
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2800 W. Burrell Avenue
Visalia, CA 93291
August 24, 2018 - 9:00 AM

AGENDA DATE: August 24, 2018

ITEM NUMBER: Item 10

SUBJECT: Receive Update From Auditor-Treasurer on SJVIA Financials as of June 30, 2018 (I)

REQUEST(S): That the Board Receives the Financial Update Through June 30, 2018

DESCRIPTION:
Informational item. Please see attached report.

FISCAL IMPACT/FINANCING:
None.

ADMINISTRATIVE SIGN-OFF:

A handwritten signature in blue ink, appearing to read "Oscar J. Garcia", is written over a horizontal line.

Oscar J. Garcia, CPA
SJVIA Auditor-Treasurer

San Joaquin Valley Insurance Authority
Estimated Statement of Net Position
As of June 30, 2018
(UNAUDITED)

ASSETS

Current assets:

Cash and cash equivalents	\$ 6,560,511
Due from other governmental units	342,650
Total current assets	<u>6,903,161</u>

Noncurrent assets:

Other receivables	977,819
Total noncurrent assets	<u>977,819</u>

Total assets	<u><u>\$ 7,880,980</u></u>
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LIABILITIES

Current liabilities:

Accounts payable	\$ 3,273,973
Unearned member contributions	2,523,169
Unpaid claims and claims adjustment expenses	932,571
Total current liabilities	<u>6,729,713</u>

Noncurrent liabilities:

Due to other governmental units	9,887,669
Interest payable	207,774
Total noncurrent liabilities	<u>9,887,669</u>

Total liabilities	<u><u>16,617,382</u></u>
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NET POSITION

Unrestricted	(8,736,402)
Total net deficit	<u><u>\$ (8,736,402)</u></u>

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. Long-term liability also includes \$887,669 in County of Fresno start-up costs.

SAN JOAQUIN VALLEY INSURANCE AUTHORITY
ACTUALS VS. BUDGETED RECEIPTS & DISBURSEMENTS
FOR THE NINE AND TWELVE MONTHS ENDED JUNE 30, 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	610,600	(330,414)	(118%)	828,394	1,410,385	(581,991)	(70%)
2 Anthem ASO Administration & Network Fees (PPO)	424,911	1,146,624	(721,713)	(170%)	1,320,371	2,581,477	(1,261,106)	(96%)
3 Chimenti Associates/Hourglass Administration(PPO & Anthem HMO)	157,721	171,511	(13,790)	(9%)	510,473	567,027	(56,554)	(11%)
4 Keenan Consulting	113,627	209,548	(95,921)	(84%)	368,017	515,096	(147,079)	(40%)
5 SJVIA Administration	82,290	380,131	(297,841)	(362%)	246,870	1,112,540	(865,670)	(351%)
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	2,519,122	(551,989)	(28%)	6,175,875	7,979,014	(1,803,139)	(29%)
DISBURSEMENTS: Claims								
11 Projected Paid Medical & Rx Claims-PPO/EPO and Non-Cap HMO	17,895,822	17,192,117	703,705	4%	59,338,802	63,847,581	(4,508,779)	(8%)
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	17,195,035	700,787	4%	66,473,192	69,989,858	(3,516,666)	(5%)
DISBURSEMENTS: Premiums								
13 Delta Dental	1,477,759	1,873,543	(395,784)	(27%)	5,024,381	5,498,748	(474,367)	(9%)
14 Vision Service Plan	279,368	257,315	22,053	8%	827,148	819,282	7,866	1%
15 Kaiser Permanente	7,157,779	8,464,284	(1,306,505)	(18%)	19,979,995	24,598,362	(4,618,367)	(23%)
TOTAL PREMIUM DISBURSEMENTS	8,914,906	10,595,142	(1,680,236)	(19%)	25,831,524	30,916,392	(5,084,868)	(20%)
TOTAL DISBURSEMENTS	28,777,861	30,309,299	(1,531,438)	(5%)	98,480,591	108,885,264	(10,404,673)	(11%)
16 Change in Reserve	603,568	(5,595,913)	(6,199,481)	1027%	(487,886)	(4,563,418)	(4,075,532)	(835%)
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 TWELVE MONTHS ENDED JUNE 30, 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	43,545			144,563		
Legal Services (CoF & CoT)	36,276			57,793		
Litigation	198,181			595,711		
Human Resource Services	62,555			218,424		
Insurance (Liability, Bond, Etc)				23,481		
Audit Fees	22,970			46,470		
Actuary Fees	13,000			13,000		
Bank Service Fees	3,604			13,098		
Wellness						
Communications						
Total Disbursements**	380,131			1,112,540		
Change in Administration, Wellness & Communications Reserve	(\$339,453)	\$50,660	\$10,230	(\$908,598)	\$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 Twelve Months Ended June 30, 2018
(UNAUDITED)

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	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	\$ 581,190	\$ 615,110	\$ 679,462	\$ 696,610	\$ 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	6,067,290	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	4,884,903	4,722,384	6,760,681	6,763,900	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	3,719,532	43,229,466
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	8,735,367	109,520,352
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	12,454,899	152,749,818
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	3,054,172	4,497,490	4,260,224	4,054,509	3,706,435	43,542,168
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	8,153,773	104,845,543
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	10,053,058	13,418,707	14,249,192	12,603,424	11,860,208	148,387,711
ENDING CASH BALANCES:													
Claims Funding Account (294)	798,242	653,950	730,536	669,250	689,275	709,972	843,660	581,190	615,110	679,462	696,610	709,707	709,707
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	6,648,884	6,648,884
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	\$ 4,884,903	\$ 4,722,384	\$ 6,760,681	\$ 6,763,900	\$ 7,358,591	7,358,591
Less Outstanding Checks													(798,080)
Cash per Estimated Statement of Net Position													\$ 6,560,511

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 BERGEAS

KUYLER CROCKER

NATHAN MAGSIG

BUDDY MENDES

BRIAN PACHECO

PETE VANDER POEL

J. STEVEN WORTHLEY

Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrel Avenue
Visalia, CA 93291
August 24, 2018 9:00 AM

AGENDA DATE: August 24, 2018

ITEM NUMBER: Item 11

SUBJECT: Approve Revising the 2018 SJVIA Board Meeting Calendar (A)

REQUEST(S): That the Board approves revising the 2018 Board Meeting Calendar

DESCRIPTION:

Your Board approved the revised 2018 SJVIA Board Meeting Calendar at the December 15, 2017 Board meeting. Due to a scheduling conflict, Staff recommends rescheduling the December 7, 2018 SJVIA Board meeting. Dates currently being considered include December 13 or December 14, and staff will bring forth the final recommendation at the October SJVIA Board meeting.

FISCAL IMPACT/FINANCING:

None.

ADMINISTRATIVE SIGN-OFF:

A handwritten signature in black ink, appearing to read "Paul Nerland", written over a horizontal line.

Paul Nerland
SJVIA Manager

A handwritten signature in black ink, appearing to read "Rhonda Sjostrom", written over a horizontal line.

Rhonda Sjostrom
SJVIA Assistant Manager

Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrell Avenue
Visalia, CA 93291
August 24, 2018 9:00 AM

AGENDA DATE: August 24, 2018

ITEM NUMBER: Item 12

SUBJECT: Approve and Authorize Staff to Send the 2018 Multi-County Biennial Notice to the California Fair Political Practices Commission (FPPC) (A)

REQUEST(S): That the Board approve and authorize the SJVIA Staff to submit the 2018 Multi-County Biennial Notice to the FPPC indicating that no amendment is required at this time.

DESCRIPTION:

The Political Reform Act requires every government agency to review its conflict of interest code biennially to determine if it is accurate or, alternatively, that the code must be amended. The biennial review examines current programs to ensure that the agency's code requires disclosure by agency officials who make or participate in making governmental decisions.

According to the FPPC guidelines, points to consider when determining if changes must be made to the Conflict of Interest Code include:

1. Is the current code more than five years old? (**Yes**)
2. Have there been any substantial changes to the organizational structure since the last code was approved by the FPPC? (**No**)
3. Have any positions been eliminated or renamed since the current conflict of interest code was approved by FPPC? (**No**)
4. Have any new positions been added since the last code was approved by FPPC? (**No**)
5. Have there been any substantial changes in duties or responsibilities for any positions since the current conflict of interest code was approved by FPPC? (**No**)

AGENDA: San Joaquin Valley Insurance Authority

DATE: August 24, 2018

Although the current code was approved by the FPPC more than five years ago, it still accurately reflects the current organizational structure of the SJVIA and disclosure categories. Staff consulted with the FPPC and confirmed that no amendments are necessary. Staff recommends submission of the 2018 Multi-County Biennial Notice to the FPPC indicating that no amendment is required at this time. The original SJVIA Conflict of Interest Code was approved in 2010 and updated in 2012 to designate positions that had a title change. The 2018 Multi-County Biennial Notice, which is attached for your reference, must be returned to the FPPC no later than October 1, 2018.

FISCAL IMPACT/FINANCING:

None.

ADMINISTRATIVE SIGN-OFF:



Paul Nerland
SJVIA Manager



Rhonda Sjostrom
SJVIA Assistant Manager

2018 Multi-County Agency Biennial Notice

Name of Agency: San Joaquin Valley Insurance Authority

Mailing Address: 2220 Tulare St., Ste 1400, Fresno, CA 93721

Contact Person: Paul Nerland Phone No. (559) 600-1810

Email: PNerland@fresnocountyca.gov Alternate Email: _____

Counties within Jurisdiction, or for Charter Schools, Counties in which the School is Chartered:
(if more space is needed, include an attachment):

No. of Employees* 0 No. of Form 700 Filers* 17

*Including board and committee members

Accurate disclosure is essential to monitor whether officials have conflicts of interest and to help ensure public trust in government. The biennial review examines current programs to ensure that the agency's code includes disclosure by those agency officials who make or participate in making governmental decisions.

Please identify which statement accurately describes your agency's status.

- ☒ This agency has reviewed its conflict of interest code. The current code designates all positions which make or participate in making governmental decisions. The designated positions are assigned accurate disclosure categories that relate to the job duties of the respective positions. The code incorporates FPPC regulation 18730 so that all relevant Government Code Sections are referenced.
- ☐ This agency has reviewed its conflict of interest code and has determined that an amendment is necessary. An amendment may include the following:
- New positions which involve the making or participating in the making of decisions which may foreseeably have a material impact on a financial interest
 - Current designated positions need renaming or deletion
 - Statutorily required provisions of the code need to be addressed
 - Disclosure categories need revision

Verification (to be completed if no amendment is required)

This multi-county agency's code accurately designates all positions that make or participate in the making of governmental decisions. The disclosure assigned to those positions accurately requires that all investments, business positions, interests in real property, and sources of income that may foreseeably be affected materially by the decisions made by those holding designated positions are reported. The code includes all other provisions required by Government Code Section 87302.

Signature of Chief Executive Officer

Date

All multi-county agencies must complete and return this notice, including those agencies whose codes are currently under review. Please return this notice no later than **October 1, 2018** to the FPPC at biennialnotice@fppc.ca.gov or 1102 Q Street, Suite 3000, Sacramento, CA 95811.

**BOARD OF DIRECTORS**

ANDREAS BERGEAS

KUYLER CROCKER

NATHAN MAGSIG

BUDDY MENDES

BRIAN PACHECO

PETE VANDER POEL

J. STEVEN WORTHLEY

Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrel Avenue
Visalia, CA 93291
August 24, 2018 9:00 AM

AGENDA DATE: August 24, 2018

ITEM NUMBER: Item 13

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

REQUEST(S): That the Board Authorize President to execute Third Amendment to Agreement with County of Fresno 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. The Board also directed that the agreements for both the County of Tulare and the County of Fresno should be further amended to provide dollar-for-dollar repayment of Fresno and Tulare ending no later than December 30, 2021. The County of Fresno's Board of Supervisors approved the attached Third Amendment to the Agreement at their August 7, 2018 meeting.

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:

A handwritten signature in black ink, appearing to read "Paul Nerland", written over a horizontal line.

Paul Nerland
SJVIA Manager

A handwritten signature in black ink, appearing to read "Rhonda Sjostrom", written over a horizontal line.

Rhonda Sjostrom
SJVIA Assistant Manager

THIRD AMENDMENT TO AGREEMENT FOR CASH ADVANCES AND REPAYMENT

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

RECITALS

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

The County of Tulare ("Tulare") and the SJVIA entered into an Agreement for Cash Advances and Repayment (County of Tulare Agreement No. 27772) ("Tulare Agreement"), effective as of July 19, 2016, 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 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 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 Tulare 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.

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

The Parties therefore agree as follows:

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

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

1. When there is sufficient cash balance in SJVIA's Chase Bank account to cover regular SJVIA cash flow needs, as determined by SJVIA Manager and SJVIA Auditor-Treasurer; or

2. December 30, 2021.

If Tulare provides any amount of funds to SJVIA, as its own separate advance pursuant to the Tulare – SJVIA Cash Advance and Repayment Agreement referenced in the preceding Paragraph II.A., then Fresno and Tulare shall be repaid simultaneously and dollar-for-dollar. Fresno acknowledges that, because Fresno has advanced \$5,000,000 while Tulare has advanced \$4,000,000, the preceding sentence means that Tulare may be paid in full before Fresno is paid in full.

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

2. 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 Third 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 FRESNO

Date: _____

Date: 8-7-18

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

By: Sal Quintero
Sal Quintero, Chairperson of the
Board of Supervisors of the County of
Fresno

Attest:
Bernice E. Seidel
Clerk of the Board of Supervisors
County of Fresno, State of California

By: Susan Bishop
Deputy

**BOARD OF DIRECTORS**

ANDREAS BERGEAS

KUYLER CROCKER

NATHAN MAGSIG

BUDDY MENDES

BRIAN PACHECO

PETE VANDER POEL

J. STEVEN WORTHLEY

Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrel Avenue
Visalia, CA 93291
August 24, 2018 9:00 AM

AGENDA DATE: August 24, 2018

ITEM NUMBER: Item 14

SUBJECT: Authorize President to Execute Prior Year Anthem
Blue Cross Minimum Premium Funding
Endorsements for SJVIA Participating Entities (A)

REQUEST(S): That the Board authorize President to execute prior
year Anthem Blue Cross Minimum Premium
Funding Endorsements for SJVIA Participating
Entities.

DESCRIPTION:

In order to finalize the year-end accounting a signed Minimum Premium Funding Endorsement is required each year. Anthem recently discovered that some prior year documents had not been signed.

FISCAL IMPACT/FINANCING:

None.

ADMINISTRATIVE SIGN-OFF:

A handwritten signature in black ink, appearing to read "Paul Nerland", written over a horizontal line.

Paul Nerland
SJVIA Manager

A handwritten signature in black ink, appearing to read "Rhonda Sjostrom", written over a horizontal line.

Rhonda Sjostrom
SJVIA Assistant Manager



FUNDING PROVISIONS

MINIMUM PREMIUM

with

WEEKLY BANK TRANSFER AND CLAIMS LIABILITY LIMIT

between

ANTHEM BLUE CROSS

and

SAN JOAQUIN VALLEY INSURANCE AUTHORITY (COUNTY OF FRESNO)

(the Group)

SECTION I: BASIC FACTS

Group Benefit Agreement SF275341-C (R-0217) (the "Agreement") currently in effect between the Group and Anthem Blue Cross ("Anthem") is subject to the Funding Provisions of this endorsement.

Effective December 19, 2016, these Funding Provisions are made a part of the Agreement. All other provisions of the Agreement which are not inconsistent with this endorsement remain in effect.

With respect to these Funding Provisions, the Agreement Year will begin on the effective date of this endorsement and will end on December 17, 2017. Each subsequent Agreement Year will be a period of twelve (12) consecutive calendar months. Any Agreement Year will end, however, upon termination of the Agreement.

SECTION II: PRINCIPAL RESOLUTION

- A. The Group agrees to reimburse Anthem according to the terms of these Funding Provisions for Non-Capitated Claims paid by Anthem on or after the effective date.
- B. Anthem will provide the Group with coverage for Non-Capitated Claims in excess of the Pooling Limit and Claims Liability Limit, as specified in these Funding Provisions.
- C. The Group agrees to pay Anthem applicable Subscription Charges, consisting of Retention Charges, Pooling Charges and Capitation Expense, as set forth in the **Schedule**.
- D. Upon completion of the first three months of each Agreement Year, Anthem will make an evaluation of the Capitation Expense charged to the Group for that three-month period. Anthem reserves the right to reconcile such Capitation Expense, in accordance with the terms set forth in **Section X: Review and Reconciliation of Capitation Expense**, if it is determined that the amount charged for the three-month period was inadequate or excessive.
- E. The Group agrees to pay Anthem applicable Administrative Fees for the use of the BlueCard Program, as set forth in the **Schedule**.

FUNDING PROVISIONS

SECTION III: DEFINITIONS

The following terms, when capitalized throughout this endorsement, shall have the meanings set forth below.

Capitation is a method of payment for health services in which a Physician or Hospital is paid a fixed amount for each person served regardless of the number or nature of services provided to each person.

Capitation Expense is the monthly fixed amount determined by Anthem which is due and payable to Anthem by the Group for each enrolled Member. Capitation Expense includes actual Capitation charges plus all related Capitation costs paid by Anthem to participating medical groups and independent practice associations to cover professional and other capitated health care services including, but not limited to, contributions to shared risk funds and provider incentive pools calculated in accordance with Anthem corporate policy.

Claims Liability Limit shall mean the maximum amount of Non-Capitated Claims for which the Group is liable during an Agreement Year, subject to the terms and conditions set forth in **Section VI**.

Contract Type means the category of enrollment, as designated in the **Schedule**, used to determine the monthly attachment point factor and the monthly Subscription Charges.

Non-Capitated Claims represent all claims incurred under the Plan for services or supplies which are not subject to Capitation.

Plan Benefits shall mean those benefits for which coverage is described under the Plan, including any extension of such coverage.

Pooling Limit is the dollar limit for which the Group is liable for Non-Capitated Claims paid on behalf of any one Member during an Agreement Year. The Pooling Limit is specified in the **Schedule**.

Retention means the amount charged by Anthem for expenses, commissions, taxes and risk. Retention Charges are shown in the **Schedule**.

Subscription Charges refers to the charges for Retention, Pooling and Capitation Expense calculated in accordance with these Funding Provisions, and subject to annual accounting. The Subscription Charges are specified in the **Schedule**.

Surplus. Surpluses on the Plan are determined by annual accounting performed by Anthem, as set forth in **Section VII: Annual Settlement**.

SECTION IV: REIMBURSEMENT OF NON-CAPITATED CLAIMS

On the first working day of every week, Anthem will telephone to the Group the total amount of Non-Capitated Claims paid during the preceding week. The Group will immediately deposit this amount via wire transfer to a designated Anthem bank account. On the same day, Anthem will mail a written version of the request to the Group, together with a listing of Non-Capitated Claims.

At the end of each month, Anthem will mail a written summary of the Non-Capitated Claims billed to the Group and the amounts requested from the Group during the month. Adjustments of any discrepancies will be made at such time.

FUNDING PROVISIONS

SECTION V: POOLING LIMIT

The Group is liable for the accumulated paid Non-Capitated Claims of a Subscriber or Family Member up to the Pooling Limit, as set forth in the **Schedule**. Accumulation toward this Limit takes place over a period of twelve consecutive months, starting at the beginning of each Agreement Year.

If, in any Agreement Year, the accumulated paid Non-Capitated Claims for a Subscriber or Family Member equal the Pooling Limit for that Agreement Year, the Group shall continue to be responsible for funding any further Non-Capitated Claims paid for that Subscriber or Family Member for that month and each subsequent month during the remainder of that Agreement Year. However, Anthem shall reimburse the Group in the amount of such further paid Non-Capitated Claims during the month immediately following the month in which the Non-Capitated Claims are paid.

Anthem shall notify the Group when the Pooling Limit has been exceeded for a Subscriber or Family Member. Such notification shall be made one month following the month in which such Limit has been exceeded.

Non-Capitated Claims incurred but not paid during an Agreement Year will accumulate toward the Pooling Limit for the subsequent Agreement Year.

On the date the Agreement terminates, this Limit shall no longer apply. However, Non-Capitated Claims paid and applied to the Pooling Limit may be adjusted after the Agreement Year if Anthem recovers any overpayments, workers' compensation or third party liability liens, as specified in **Section XII**. Anthem will recalculate the Non-Capitated Claims applied to the Pooling Limit and the Group will reimburse Anthem for any adjustments made over the Pooling Limit.

Note. The Pooling Limit does not apply to Dental Benefits or Prescription Drug Benefits, nor will Non-Capitated Claims paid on these benefits be applied toward that Limit.

SECTION VI: CLAIMS LIABILITY LIMIT

The Claims Liability Limit is the maximum amount of Non-Capitated Claims for which the Group is liable during an Agreement Year. The Claims Liability Limit is 125% of the projected paid Non-Capitated Claims for the Agreement Year.

The number of Subscribers per Contract Type which will be used to determine the Claims Liability Limit for the first three months of the first Agreement Year, shall be the number of such Subscribers covered on the first day of the first month of that Agreement Year.

Thereafter, the number of Subscribers per Contract Type to be used shall be the number of such Subscribers covered on the first day of the second preceding calendar month; however, if in any given month the number of Subscribers falls below 90% of the Initial Monthly Attachment Point, the number of Subscribers used to determine the Claims Liability Limit shall be equal to 90% of such Initial Monthly Attachment Point.

Non-Capitated Claims will be applied to the Claims Liability Limit. If the accumulated Non-Capitated Claims exceeds the Claims Liability Limit, the Group will no longer be responsible for any Non-Capitated Claims incurred after the Claims Liability Limit is reached.

FUNDING PROVISIONS

SECTION VII: ANNUAL SETTLEMENT

Within 120 days after the end of each Agreement Year, Anthem will perform an annual accounting in which the total Non-Capitated Claims paid under the Plan during the Agreement Year (excluding Non-Capitated Claims which exceed the Pooling Limit) are compared to the Claims Liability Limit.

- If the total amount of such Non-Capitated Claims paid for the Agreement Year exceeds the Claims Liability Limit, the excess will be refunded to the Group.
- If the Claims Liability Limit is greater than the amount of such Non-Capitated Claims paid during the Agreement Year, the difference between the two amounts is the amount of the Surplus on the Plan for the Agreement Year.

SECTION VIII: SUBSCRIPTION CHARGES

Anthem will bill the Group each month for Subscription Charges, as specified in the **Schedule**. The first payment is due on the Agreement Effective Date. The Agreement remains in effect for the term of one month from that date. Succeeding Subscription Charges are due on the first day of each following month. This day is the Subscription Charge Due Date.

SECTION IX: BLUECARD PROGRAM

Anthem is a member of the Blue Cross Blue Shield Association. The Blue Cross Blue Shield Association has a program (called the "BlueCard Program") which allows our Members who are traveling outside of California to have the reciprocal use of participating providers contracted under other states' Blue Cross Blue Shield plans. There are fees associated with the reciprocal use of such providers by Members and are determined in accordance with the applicable rules of the Blue Cross Blue Shield Association which will be charged back to the Group. These fees are:

- Access Fees.** Access fees are a percentage of the savings generated by the discounts between the Blue Cross Blue Shield Plan and the provider. Some plans may charge up to 7.75% of savings generated by their discounts, up to \$2,000 per claim, as a network access charge. If there are no savings from the discounts, there will be no access fee charged.
- Administrative Fees.** Administrative fees are fees charged for each claim payment. There is a charge for each institutional and professional claim paid under this program, and an additional charge for each transaction. There is an electronics claims routing process fee for all non-participating provider claims. The charges are specified in the **Schedule**.

These fees are subject to change in accordance with the applicable rules of the Blue Cross Blue Shield Association and will be included in the Group's claims experience and will be charged to the Group as Non-Capitated Claims.

SECTION X: REVIEW AND RECONCILIATION OF CAPITATION EXPENSE

A review of Capitation Expense by Anthem will take place 90 days after the initial effective date of these Funding Provisions and, subsequently, 90 days after the end of each Agreement Year, to verify the adequacy of the amount charged by Anthem to the Group. In this review, the Capitation Expense charged to the Group for the first three months of the Agreement Year will be compared to the actual Capitation Expense incurred, based on actual enrollment figures for that three-month period.

FUNDING PROVISIONS

If it is determined by Anthem that the Capitation Expense charged for such three-month period was inadequate or excessive, Anthem may, at its sole discretion, reconcile that Capitation Expense to more accurately reflect the actual enrollment figures, plus any deficit attributable to the prior Agreement Year. Any such reconciliation of the Capitation Expense shall be reflected in the monthly billing to the Group during the remaining months of the Agreement Year. In such case, these Funding Provisions shall be reissued, notwithstanding any prior authorization thereof by the parties to this endorsement, to reflect the appropriate adjustment to Capitation Expense.

SECTION XI: MODIFICATION OF FUNDING PROVISIONS

A. **Amendment of Terms.** Anthem may amend the terms of these Funding Provisions as follows:

1. At the beginning of any month or upon annual renewal of the Agreement, provided Anthem gives the Group thirty (30) days written notice;
2. Any time the provisions of the Agreement are changed; or
3. Any time there is a ten (10) percent or greater change in the number of Subscribers enrolled under the Agreement during the preceding three months, from the number of Subscribers enrolled at the start of the Agreement Year; or.
4. As specified in **Section X: Review and Reconciliation of Capitation Expense.**

B. **Adjustment of Retention.** Anthem may adjust the charge for Retention-as follows:

1. On the date Anthem, at the Group's request, begins to perform additional administrative services relating to the Agreement;
2. On the effective date of any legislation or governmental regulations which impose additional administrative duties on Anthem relating to the Agreement;
3. On the effective date that any tax, which is based on Income, is imposed upon Anthem by the state or any other taxing authority. In such case, Anthem will increase the charge for Retention by an amount sufficient to cover the tax; or
4. As provided under items 1, 2 and 3 of paragraph A, **Amendment of Terms.**

C. **Adjustment of Attachment Point Factors.** Anthem reserves the right to change the monthly attachment point factors and the post-termination attachment point factors:

1. On the first day of any month after these Funding Provisions have been in effect for 12 months;
2. Whenever the terms of these Funding Provisions are changed;
3. On the effective date of any law or regulation which affects Anthem's liability under the Agreement;
4. Whenever benefits are changed under the Agreement; or
5. As provided under items 1, 2 and 3 of paragraph A, **Amendment of Terms.**

FUNDING PROVISIONS

SECTION XII: RECOVERY PROVISIONS

- A. **Recovery of Overpayments.** If it is determined that any payment has been made under this Agreement to an ineligible person, or if it is determined that more or less than a correct amount has been paid by Anthem, Anthem shall make a reasonable effort to recover any such overpayment made or to adjust the payment, subject to the following:
1. Anthem, at its discretion, may use the services of subcontractors (collection agencies and bill audit firms) to identify and recover overpayments. Any expenses which Anthem incurs for such services are included in the retention.
 2. Anthem will not be required to initiate court proceeding for any such recovery.
- B. **Recovery of Liens.** Subject to the following, Anthem agrees to use reasonable diligence to identify and seek to recover third-party liability liens or workers' compensation liens:
1. In pursuing these recoveries, Anthem reserves the right to use its discretion in negotiating and compromising recoveries from third parties.
 2. Anthem may engage the services of subcontractors to assist in the recovery process. Expenses which Anthem incurs for such services are included in the retention.
 3. The Group will fully cooperate with Anthem in such recoveries and advise Anthem of any potential recoveries of which it becomes aware.
 4. Anthem will not be required to initiate court proceeding for any such recovery.
 5. Anthem will submit monthly reports to the Group listing all cases identified as subject to third party liens or workers' compensation liens, the amount of claims paid, the current status of collection efforts and a report of all amounts collected and waived. The Group will advise Anthem of those cases which, in the Group's determination, shall warrant recovery.

SECTION XIII: AUDIT

- A. **Authorization of Audits.** Anthem may authorize audits, subject to certain limitations, to be performed by auditors employed by the Group. The Group shall have the right to select an auditor of its choice, except that the auditor shall not be involved in, or be subsidiary to, a business engaged in activities competitive to Anthem or to subsidiaries or affiliates of Anthem. Such audits will be conducted in accordance with, and subject to, the auditing standards of the American Institute of Certified Public Accountants and the written audit policy of Anthem, a copy of which shall be provided to the auditor.
- B. **Confidential and Proprietary Information.** Anthem shall make available such records as may be reasonably necessary for a valid audit. Access by the Group, or any third party acting on behalf of the Group, to Anthem's confidential and proprietary information shall be restricted to only such information as deemed necessary by Anthem to accomplish the audit. The Group and the Group's auditor shall agree in writing (by a separate "Audit Agreement") regarding the auditor's conduct, and to maintain the confidentiality of any trade secret or proprietary information of which it may become aware during the course of the audit.

FUNDING PROVISIONS

- C. **Reimbursement of Anthem for Expense.** The Group agrees to reimburse Anthem for all expense incurred by Anthem in support of the audit. Any such expense will be billed to the Group and the Group will remit the amount billed to Anthem within 15 days from the date of the bill. Failure of the Group to pay such bill by the end of that 15 day period shall be deemed reason for cancellation of the Agreement by Anthem.

SECTION XIV: TERMINATION PROVISIONS

- A. Either Anthem or the Group may terminate these Funding Provisions by giving written notice to the other party at least 31 days prior to the effective date of such termination.
- B. Anthem may terminate these Funding Provisions upon thirty-one (31) days advance written notice to the Group, if enrollment under the Agreement falls below 100 Subscribers for a period of three consecutive months. In the event of such termination, the account will be converted to a non-refunding arrangement. Beginning with the effective date of such termination, the Group shall pay to Anthem the monthly Non-Refunding Subscription Charges specified in the Group Benefit Agreement for the remainder of the Agreement Year.
- C. These Funding Provisions or the Agreement, at Anthem's election, shall terminate upon written notice to the Group:
1. If Anthem determines that the continuance of these Funding Provisions is prohibited by the enactment, amendment or construction of a law or regulation of any state or other jurisdiction. These Funding Provisions shall terminate as of the date such law, regulation, amendment or construction is determined by Anthem to be effective.
 2. If the Group fails to comply with any of the terms or conditions of these Funding Provisions or otherwise breaches or defaults in its obligations hereunder. Any waiver of a right to terminate these Funding Provisions or the Agreement for cause shall be as to the particular default only and shall not waive any rights or remedies with respect to any subsequent default.
- D. Upon termination of the Agreement, these Funding Provisions shall also terminate.

Notwithstanding the provisions set forth in paragraphs A., B., C. and D. above, the terms and conditions of the **Post-Termination Provisions** set forth in **Section XV** shall survive the termination of the Agreement or these Funding Provisions thereof.

SECTION XV: POST-TERMINATION PROVISIONS

- A. In the event of termination of the Agreement, the procedures and obligations described in this endorsement will, to the extent applicable, survive such termination and remain in effect while the Group remains liable. The Group will continue to reimburse Anthem for the Group's liability in accordance with the provisions of **Section IV: Reimbursement of Non-Capitated Claims** and, subject to the **Post-Termination Claims Liability Limit** provision below, the Group will be liable for and pay to Anthem:
1. Non-Capitated Claims which are incurred prior to, but paid after the termination date;
 2. Non-Capitated Claims which are incurred after the termination date and are payable under the Extension of Benefits provision of the Plan; and

FUNDING PROVISIONS

3. Post-Termination Administrative Charges for the administration of Non-Capitated Claims paid following the termination date. The amount of these charges will be based on a percentage of paid Non-Capitated Claims, as set forth in the **Schedule**. These charges will continue as long as Non-Capitated Claims are being paid under these Post-Termination Provisions. Post-Termination Administrative Charges do not apply toward the Post-Termination Claims Liability Limit.
 4. Administrative Fees for the use of the BlueCard Program, as set forth in the **Schedule**. These Fees do not apply toward the Post-Termination Claims Liability Limit.
 5. Post-Termination Capitation Expense, as determined by Anthem based on actual Capitation charges being incurred at the time of termination for individuals covered under the Extension of Benefits provision of the Agreement. Post-Termination Capitation Expense does not apply toward the Post-Termination Claims Liability Limit.
- B. In the event that the funding arrangement described in this endorsement terminates while the Agreement remains in effect, subsection A immediately above will apply and, in addition, the Group shall also be liable for and pay to Anthem:
1. Non-Capitated Claims incurred during a confinement in a hospital, skilled nursing facility or hospice, which confinement began prior to the termination of this funding arrangement; and
 2. Non-Capitated Claims incurred for ongoing services received from a home health agency, visiting nurse association or day treatment center, if the first date of service for the course of treatment giving rise to such Claims is prior to the termination of this funding arrangement.
- C. **Post-Termination Claims Liability Limit*.** The Group's liability for Non-Capitated Claims, as determined in accordance with the subsection A above (other than items 3, 4 and 5 of such provision), shall not exceed the sum of items 1 and 2 below.
1. An amount equal to the sum of the products obtained by multiplying the number of Subscribers per Contract Type for the three months immediately prior to the termination of these Funding Provisions, by the appropriate Post-Termination Claims Liability Factors set forth in the **Schedule**; plus
 2. The amount of the Surplus, if any, at the end of the Agreement Year.
- *Note.** Post-Termination Administrative Charges, Administrative Fees charged for the use of the BlueCard Program, and Post-Termination Capitation Expense do not apply toward the Post-Termination Claims Liability Limit.
- Exception to "item 1" above.** If the number of Subscribers per Contract Type for any of the three months immediately prior to the termination of these Funding Provisions was less than "90% of the Initial Enrollment", the number of Subscribers per Contract Type which will be used to determine the Post-Termination Claims Liability Limit shall be "90% of the Initial Enrollment".
- The **Initial Enrollment** is the number of Subscribers per Contract Type covered on the first day of the first month of the Agreement Year.
- Exception to "item 2" above.** If the term of the last Agreement Year is less than 12 months, item 2. above shall read: "An amount equal to the sum of the Surpluses for (a) the last Agreement Year, and (b) the Agreement Year immediately preceding that Year."
- D. **Pooling Limit.** The liability of the Group under this section will not be subject to or limited by the Pooling Limit provisions of this endorsement.

FUNDING PROVISIONS

- E. **Cancellation of Funding Arrangement.** If the Agreement remains in force after the funding arrangement described in this endorsement terminates, the Group shall pay Subscription Charges to Anthem for continued coverage under the Agreement. Unless Anthem and the Group otherwise agree in writing, the amounts of the Subscription Charges will be determined by Anthem at its discretion.
- F. **Final Settlement.** Subsequently, Anthem will perform a final settlement of all accounts in accordance with the following terms and conditions:
1. The final settlement will take place on a date determined by Anthem; however, in no event will such final settlement occur later than 24 months after the termination date.
 2. Upon completion of the final settlement, Anthem will remit to the Group any unused amounts held in the Minimum Claims Deposit, subject to the Group's endorsement of the "Acknowledgment of Receipt and Release of Claim".
 3. In the event that any Non-Capitated Claims incurred under the Agreement prior to the termination date are paid by Anthem after the final settlement, the Group will reimburse Anthem for the amount of such Non-Capitated Claims, plus Post-Termination Administrative Charges.
- G. Anthem will not be responsible for the Group's use of any payment made by Anthem under the terms of these Funding Provisions.

SECTION XVI: RESPONSIBILITIES OF THE GROUP

- A. **Payments Made in Connection with a Judgment or Settlement.** The Group agrees to pay the amount of benefit payments included in any judgment or settlement to the extent of its Claims Liability Limit. Benefit payments made in accordance with the terms of any judgment or settlement shall be considered benefits paid under the Plan for the month in which such judgment or settlement is satisfied.
- B. **Reimbursement of Benefits to a Person or Organization.** If any person or organization pays any amount of benefits which is an obligation of the Group, the Group shall reimburse such person or organization to the extent of such payment, plus any reasonable costs or charges in connection with such payment. In no event shall any such payment by either party to these Funding Provisions, or by any person or organization, be construed as obliging such party, person or organization for payment of benefits.
- C. **Notice to Subscribers.** The Group shall furnish to covered Subscribers a written "Notice to Subscribers" advising that the Group is liable for payment of a portion of the benefits under the Plan and that this portion will not be insured by Anthem. The Group agrees to indemnify Anthem and hold Anthem harmless against any and all loss, damage and expense sustained by Anthem as a result of any failure by the Group to provide such notice.
- D. **Notification of Required Information.** The Group shall notify Anthem immediately as to any modification or termination of the Plan. Anthem will not be responsible for any delay or non-performance of its functions under these Funding Provisions which is caused or contributed to in whole or in part by the failure of the Group to furnish any required information on a timely basis.
- E. **Maintenance and Audit of Records.** The Group agrees to maintain and to permit Anthem to audit, at all reasonable times, all records required by Anthem for the administration of these Funding Provisions.

FUNDING PROVISIONS

- F. **Minimum Claims Deposit.** The Group agrees to provide, within two weeks after the effective date of these Funding Provisions, a Minimum Claims Deposit in an amount determined by Anthem. The Group agrees to maintain such Minimum Claims Deposit at Anthem for the term of the Agreement Year. The amount of the Minimum Claims Deposit is specified in the **Schedule**.

Anthem may change the amount of the Minimum Claims Deposit with prior written notice, as specified in **Section XI: Modification of Funding Provisions**. If Anthem decreases the amount of the Deposit required, Anthem will, upon the written request of the Group, refund the excess to the Group. If Anthem increases the amount of the Deposit required, the Group will, prior to the effective date of the change, remit to Anthem the additional amount required.

SECTION XVII: ANTHEM DUTIES AS AGENT

Anthem as agent for and on behalf of the Group, shall:

- A. Make final determination of the amount of benefits, if any, payable with respect to each Non-Capitated Claim for benefits under the Plan, in accordance with the terms and conditions described in the Agreement;
- B. Undertake the defense of any suit brought with respect to any Non-Capitated Claim for benefits under the Plan and settle any such suit when in its judgment it appears expedient to do so; and
- C. Make final determination of the amount of Plan Benefits payable from Group funds.

Anthem will use ordinary care and reasonable diligence in the exercise of its powers and the performance of its duties hereunder.

SECTION XVIII: INDEMNIFICATION

- A. Anthem agrees to indemnify the Group and hold the Group harmless against any and all loss, damage, and expense with respect to these Funding Provisions to the extent that such loss, damage and expense result from or arise out of negligent, dishonest, fraudulent, or criminal acts of Anthem employees, acting alone or in collusion with others, unless such collusion is with an employee of the Group, in which case Anthem shall be relieved of any obligations under this paragraph.
- B. Except as provided in paragraph A above, the Group agrees to indemnify and hold Anthem harmless against any loss, expense, or other cost or obligation, resulting from or arising out of claims, assessments or taxes, including premium taxes, or resulting from the action of any government body.
- C. If either Anthem or the Group has paid any benefits which were the responsibility of the other party, appropriate reimbursement will be made.

SECTION XIX: FINANCIAL ARRANGEMENTS WITH PROVIDERS

Anthem or an affiliate has contracts with certain health care providers and suppliers (hereafter referred to together as "Providers") for the provision of and payment for health care services rendered to its Subscribers and Members/Insured Persons entitled to health care benefits under individual certificates and group policies or contracts to which Anthem or an affiliate is a party, including all persons covered under the Agreement.

FUNDING PROVISIONS

Under the above-referenced contracts between Providers and Anthem or an affiliate, the negotiated rates paid for certain medical services provided to persons covered under the Agreement may differ from the rates paid for persons covered by other types of products or programs offered by Anthem or an affiliate for the same medical services. In negotiating the terms of the Agreement, the Group was aware that Anthem or its affiliates offer several types of products and programs. The Subscribers, Family Members and the Group are entitled to receive the benefits of only those discounts, payments, settlements, incentives, adjustments and/or allowances specifically set forth in the Agreement.

Also, under arrangements with some Providers certain discounts, payments, rebates, settlements, incentives, adjustments and/or allowances, including, but not limited to, pharmacy rebates, may be based on aggregate payments made by Anthem or an affiliate in respect to all health care services rendered to all persons who have coverage through a program provided or administered by Anthem or an affiliate. They are not attributed to specific claims or plans and do not inure to the benefit of any covered individual or group, but may be considered by Anthem or an affiliate in determining its fees or subscription charges or premiums.

SECTION XX: TERMINATION PROVISION

Any amounts due to Anthem under this funding arrangement are subscription charges under the Group Benefit Agreement to which these Funding Provisions are made a part. Any failure by the group to pay such additional subscription charges when due may result in, at Anthem' option either: (a) termination of these funding provisions and recalculation of the subscription charges under the Group Benefit Agreement; or (b) in accordance with the Group Benefit Agreement's Cancellation provisions, termination for failure to pay subscription charges as they become due.

AUTHORIZATION

Authorized officers of Anthem and of the Group have approved this endorsement as of its effective date.

FOR ANTHEM BLUE CROSS

by: 
J. Brian Ternan
Title: President

by: _____
Kathy Kiefer
Title: Secretary

FOR THE GROUP

by: _____
Title: _____

by: _____
Title: _____

<p style="text-align: center;">SCHEDULE COUNTY OF FRESNO</p>

EFFECTIVE DATE

This Schedule reflects the Funding Provisions which become effective on December 19, 2016.

MINIMUM CLAIMS DEPOSIT

The amount of the Minimum Claims Deposit to be maintained for the term of the Agreement Year is \$884,182.

POOLING LIMIT

The Pooling Limit for the Agreement Year is \$400,000.00*.

*This Limit does not apply to Dental Benefits or Prescription Drug Benefits, nor will claims paid on these benefits be applied toward the Pooling Limit.

MONTHLY ATTACHMENT POINT FACTORS

Contract Types	Monthly Attachment Point Factors	Post-Termination Attachment Point Factors
Composite Rate (per Subscriber)	\$ 664.65	\$ 609.26

SUBSCRIPTION CHARGES

The monthly Subscription Charges during the Agreement Year is \$374.04 per Subscriber.

BREAKDOWN OF SUBSCRIPTION CHARGES:

The following is a breakdown of the above Subscription Charges:

Retention Charges

The monthly Retention Charges during the Agreement Year is \$45.34 per Subscriber.

Pooling Charges

The monthly Pooling Charges during the Agreement Year is \$27.69 per Subscriber.

Capitation Expense

The monthly charges for Capitation Expense during the Agreement Year is \$301.01 per Subscriber.

<p style="text-align: center;">SCHEDULE COUNTY OF FRESNO</p>

BLUECARD PROGRAM

The Group will pay to Anthem the following Administrative Fees determined in accordance with the applicable rules of the Blue Cross Blue Shield Association for the use of Out-of-California Providers under the BlueCard Program:

Administrative Fees	Per Claim
Institutional Claims	\$ 11.00
Professional Claims.....	\$ 5.00
Central Financial Agency Fee	\$.20
Charge per transaction.....	\$.05
Electronic Claims Routing Process (ECRP) (non-participating provider claims)	\$ 1.00

These fees are subject to change in accordance with the applicable rules of the Blue Cross Blue Shield Association.

POST-TERMINATION ADMINISTRATIVE CHARGES

The monthly Post-Termination Administrative Charge is 0.0% of paid Non-Capitated Claims.



FUNDING PROVISIONS

MINIMUM PREMIUM

with

WEEKLY BANK TRANSFER AND CLAIMS LIABILITY LIMIT

between

ANTHEM BLUE CROSS

and

SAN JOAQUIN VALLEY INSURANCE AUTHORITY (CITY OF CERES) (the Group)

SECTION I: BASIC FACTS

Group Benefit Agreement SF275341-C (R-0217) (the "Agreement") currently in effect between the Group and Anthem Blue Cross ("Anthem") is subject to the Funding Provisions of this endorsement.

Effective January 1, 2017, these Funding Provisions are made a part of the Agreement. All other provisions of the Agreement which are not inconsistent with this endorsement remain in effect.

With respect to these Funding Provisions, the Agreement Year will begin on the effective date of this endorsement and will end on December 31, 2017. Each subsequent Agreement Year will be a period of twelve (12) consecutive calendar months, beginning on January 1. Any Agreement Year will end, however, upon termination of the Agreement.

SECTION II: PRINCIPAL RESOLUTION

- A. The Group agrees to reimburse Anthem according to the terms of these Funding Provisions for Non-Capitated Claims paid by Anthem on or after the effective date.
- B. Anthem will provide the Group with coverage for Non-Capitated Claims in excess of the Pooling Limit and Claims Liability Limit, as specified in these Funding Provisions.
- C. The Group agrees to pay Anthem applicable Subscription Charges, consisting of Retention Charges, Pooling Charges and Capitation Expense, as set forth in the **Schedule**.
- D. Upon completion of the first three months of each Agreement Year, Anthem will make an evaluation of the Capitation Expense charged to the Group for that three-month period. Anthem reserves the right to reconcile such Capitation Expense, in accordance with the terms set forth in **Section X: Review and Reconciliation of Capitation Expense**, if it is determined that the amount charged for the three-month period was inadequate or excessive.
- E. The Group agrees to pay Anthem applicable Administrative Fees for the use of the BlueCard Program, as set forth in the **Schedule**.

FUNDING PROVISIONS

SECTION III: DEFINITIONS

The following terms, when capitalized throughout this endorsement, shall have the meanings set forth below.

Capitation is a method of payment for health services in which a Physician or Hospital is paid a fixed amount for each person served regardless of the number or nature of services provided to each person.

Capitation Expense is the monthly fixed amount determined by Anthem which is due and payable to Anthem by the Group for each enrolled Member. Capitation Expense includes actual Capitation charges plus all related Capitation costs paid by Anthem to participating medical groups and independent practice associations to cover professional and other capitated health care services including, but not limited to, contributions to shared risk funds and provider incentive pools calculated in accordance with Anthem corporate policy.

Claims Liability Limit shall mean the maximum amount of Non-Capitated Claims for which the Group is liable during an Agreement Year, subject to the terms and conditions set forth in **Section VI**.

Contract Type means the category of enrollment, as designated in the **Schedule**, used to determine the monthly attachment point factor and the monthly Subscription Charges.

Non-Capitated Claims represent all claims incurred under the Plan for services or supplies which are not subject to Capitation.

Plan Benefits shall mean those benefits for which coverage is described under the Plan, including any extension of such coverage.

Pooling Limit is the dollar limit for which the Group is liable for Non-Capitated Claims paid on behalf of any one Member during an Agreement Year. The Pooling Limit is specified in the **Schedule**.

Retention means the amount charged by Anthem for expenses, commissions, taxes and risk. Retention Charges are shown in the **Schedule**.

Subscription Charges refers to the charges for Retention, Pooling and Capitation Expense calculated in accordance with these Funding Provisions, and subject to annual accounting. The Subscription Charges are specified in the **Schedule**.

Surplus. Surpluses on the Plan are determined by annual accounting performed by Anthem, as set forth in **Section VII: Annual Settlement**.

SECTION IV: REIMBURSEMENT OF NON-CAPITATED CLAIMS

On the first working day of every week, Anthem will telephone to the Group the total amount of Non-Capitated Claims paid during the preceding week. The Group will immediately deposit this amount via wire transfer to a designated Anthem bank account. On the same day, Anthem will mail a written version of the request to the Group, together with a listing of Non-Capitated Claims.

At the end of each month, Anthem will mail a written summary of the Non-Capitated Claims billed to the Group and the amounts requested from the Group during the month. Adjustments of any discrepancies will be made at such time.

FUNDING PROVISIONS

SECTION V: POOLING LIMIT

The Group is liable for the accumulated paid Non-Capitated Claims of a Subscriber or Family Member up to the Pooling Limit, as set forth in the **Schedule**. Accumulation toward this Limit takes place over a period of twelve consecutive months, starting at the beginning of each Agreement Year.

If, in any Agreement Year, the accumulated paid Non-Capitated Claims for a Subscriber or Family Member equal the Pooling Limit for that Agreement Year, the Group shall continue to be responsible for funding any further Non-Capitated Claims paid for that Subscriber or Family Member for that month and each subsequent month during the remainder of that Agreement Year. However, Anthem shall reimburse the Group in the amount of such further paid Non-Capitated Claims during the month immediately following the month in which the Non-Capitated Claims are paid.

Anthem shall notify the Group when the Pooling Limit has been exceeded for a Subscriber or Family Member. Such notification shall be made one month following the month in which such Limit has been exceeded.

Non-Capitated Claims incurred but not paid during an Agreement Year will accumulate toward the Pooling Limit for the subsequent Agreement Year.

On the date the Agreement terminates, this Limit shall no longer apply. However, Non-Capitated Claims paid and applied to the Pooling Limit may be adjusted after the Agreement Year if Anthem recovers any overpayments, workers' compensation or third party liability liens, as specified in **Section XII**. Anthem will recalculate the Non-Capitated Claims applied to the Pooling Limit and the Group will reimburse Anthem for any adjustments made over the Pooling Limit.

Note. The Pooling Limit does not apply to Dental Benefits or Prescription Drug Benefits, nor will Non-Capitated Claims paid on these benefits be applied toward that Limit.

SECTION VI: CLAIMS LIABILITY LIMIT

The Claims Liability Limit is the maximum amount of Non-Capitated Claims for which the Group is liable during an Agreement Year. The Claims Liability Limit is 125% of the projected paid Non-Capitated Claims for the Agreement Year.

The number of Subscribers per Contract Type which will be used to determine the Claims Liability Limit for the first three months of the first Agreement Year, shall be the number of such Subscribers covered on the first day of the first month of that Agreement Year.

Thereafter, the number of Subscribers per Contract Type to be used shall be the number of such Subscribers covered on the first day of the second preceding calendar month; however, if in any given month the number of Subscribers falls below 90% of the Initial Monthly Attachment Point, the number of Subscribers used to determine the Claims Liability Limit shall be equal to 90% of such Initial Monthly Attachment Point.

Non-Capitated Claims will be applied to the Claims Liability Limit. If the accumulated Non-Capitated Claims exceeds the Claims Liability Limit, the Group will no longer be responsible for any Non-Capitated Claims incurred after the Claims Liability Limit is reached.

FUNDING PROVISIONS

SECTION VII: ANNUAL SETTLEMENT

Within 120 days after the end of each Agreement Year, Anthem will perform an annual accounting in which the total Non-Capitated Claims paid under the Plan during the Agreement Year (excluding Non-Capitated Claims which exceed the Pooling Limit) are compared to the Claims Liability Limit.

- If the total amount of such Non-Capitated Claims paid for the Agreement Year exceeds the Claims Liability Limit, the excess will be refunded to the Group.
- If the Claims Liability Limit is greater than the amount of such Non-Capitated Claims paid during the Agreement Year, the difference between the two amounts is the amount of the Surplus on the Plan for the Agreement Year.

SECTION VIII: SUBSCRIPTION CHARGES

Anthem will bill the Group each month for Subscription Charges, as specified in the **Schedule**. The first payment is due on the Agreement Effective Date. The Agreement remains in effect for the term of one month from that date. Succeeding Subscription Charges are due on the first day of each following month. This day is the Subscription Charge Due Date.

SECTION IX: BLUECARD PROGRAM

Anthem is a member of the Blue Cross Blue Shield Association. The Blue Cross Blue Shield Association has a program (called the "BlueCard Program") which allows our Members who are traveling outside of California to have the reciprocal use of participating providers contracted under other states' Blue Cross Blue Shield plans. There are fees associated with the reciprocal use of such providers by Members and are determined in accordance with the applicable rules of the Blue Cross Blue Shield Association which will be charged back to the Group. These fees are:

- A. **Access Fees.** Access fees are a percentage of the savings generated by the discounts between the Blue Cross Blue Shield Plan and the provider. Some plans may charge up to 7.75% of savings generated by their discounts, up to \$2,000 per claim, as a network access charge. If there are no savings from the discounts, there will be no access fee charged.
- B. **Administrative Fees.** Administrative fees are fees charged for each claim payment. There is a charge for each institutional and professional claim paid under this program, and an additional charge for each transaction. There is an electronics claims routing process fee for all non-participating provider claims. The charges are specified in the **Schedule**.

These fees are subject to change in accordance with the applicable rules of the Blue Cross Blue Shield Association and will be included in the Group's claims experience and will be charged to the Group as Non-Capitated Claims.

SECTION X: REVIEW AND RECONCILIATION OF CAPITATION EXPENSE

A review of Capitation Expense by Anthem will take place 90 days after the initial effective date of these Funding Provisions and, subsequently, 90 days after the end of each Agreement Year, to verify the adequacy of the amount charged by Anthem to the Group. In this review, the Capitation Expense charged to the Group for the first three months of the Agreement Year will be compared to the actual Capitation Expense incurred, based on actual enrollment figures for that three-month period.

FUNDING PROVISIONS

If it is determined by Anthem that the Capitation Expense charged for such three-month period was inadequate or excessive, Anthem may, at its sole discretion, reconcile that Capitation Expense to more accurately reflect the actual enrollment figures, plus any deficit attributable to the prior Agreement Year. Any such reconciliation of the Capitation Expense shall be reflected in the monthly billing to the Group during the remaining months of the Agreement Year. In such case, these Funding Provisions shall be reissued, notwithstanding any prior authorization thereof by the parties to this endorsement, to reflect the appropriate adjustment to Capitation Expense.

SECTION XI: MODIFICATION OF FUNDING PROVISIONS

A. **Amendment of Terms.** Anthem may amend the terms of these Funding Provisions as follows:

1. At the beginning of any month or upon annual renewal of the Agreement, provided Anthem gives the Group thirty (30) days written notice;
2. Any time the provisions of the Agreement are changed; or
3. Any time there is a ten (10) percent or greater change in the number of Subscribers enrolled under the Agreement during the preceding three months, from the number of Subscribers enrolled at the start of the Agreement Year; or.
4. As specified in **Section X: Review and Reconciliation of Capitation Expense**.

B. **Adjustment of Retention.** Anthem may adjust the charge for Retention-as follows:

1. On the date Anthem, at the Group's request, begins to perform additional administrative services relating to the Agreement;
2. On the effective date of any legislation or governmental regulations which impose additional administrative duties on Anthem relating to the Agreement;
3. On the effective date that any tax, which is based on Income, is imposed upon Anthem by the state or any other taxing authority. In such case, Anthem will increase the charge for Retention by an amount sufficient to cover the tax; or
4. As provided under items 1, 2 and 3 of paragraph A, **Amendment of Terms**.

C. **Adjustment of Attachment Point Factors.** Anthem reserves the right to change the monthly attachment point factors and the post-termination attachment point factors:

1. On the first day of any month after these Funding Provisions have been in effect for 12 months;
2. Whenever the terms of these Funding Provisions are changed;
3. On the effective date of any law or regulation which affects Anthem's liability under the Agreement;
4. Whenever benefits are changed under the Agreement; or
5. As provided under items 1, 2 and 3 of paragraph A, **Amendment of Terms**.

FUNDING PROVISIONS

SECTION XII: RECOVERY PROVISIONS

- A. **Recovery of Overpayments.** If it is determined that any payment has been made under this Agreement to an ineligible person, or if it is determined that more or less than a correct amount has been paid by Anthem, Anthem shall make a reasonable effort to recover any such overpayment made or to adjust the payment, subject to the following:
1. Anthem, at its discretion, may use the services of subcontractors (collection agencies and bill audit firms) to identify and recover overpayments. Any expenses which Anthem incurs for such services are included in the retention.
 2. Anthem will not be required to initiate court proceeding for any such recovery.
- B. **Recovery of Liens.** Subject to the following, Anthem agrees to use reasonable diligence to identify and seek to recover third-party liability liens or workers' compensation liens:
1. In pursuing these recoveries, Anthem reserves the right to use its discretion in negotiating and compromising recoveries from third parties.
 2. Anthem may engage the services of subcontractors to assist in the recovery process. Expenses which Anthem incurs for such services are included in the retention.
 3. The Group will fully cooperate with Anthem in such recoveries and advise Anthem of any potential recoveries of which it becomes aware.
 4. Anthem will not be required to initiate court proceeding for any such recovery.
 5. Anthem will submit monthly reports to the Group listing all cases identified as subject to third party liens or workers' compensation liens, the amount of claims paid, the current status of collection efforts and a report of all amounts collected and waived. The Group will advise Anthem of those cases which, in the Group's determination, shall warrant recovery.

SECTION XIII: AUDIT

- A. **Authorization of Audits.** Anthem may authorize audits, subject to certain limitations, to be performed by auditors employed by the Group. The Group shall have the right to select an auditor of its choice, except that the auditor shall not be involved in, or be subsidiary to, a business engaged in activities competitive to Anthem or to subsidiaries or affiliates of Anthem. Such audits will be conducted in accordance with, and subject to, the auditing standards of the American Institute of Certified Public Accountants and the written audit policy of Anthem, a copy of which shall be provided to the auditor.
- B. **Confidential and Proprietary Information.** Anthem shall make available such records as may be reasonably necessary for a valid audit. Access by the Group, or any third party acting on behalf of the Group, to Anthem's confidential and proprietary information shall be restricted to only such information as deemed necessary by Anthem to accomplish the audit. The Group and the Group's auditor shall agree in writing (by a separate "Audit Agreement") regarding the auditor's conduct, and to maintain the confidentiality of any trade secret or proprietary information of which it may become aware during the course of the audit.

FUNDING PROVISIONS

- C. **Reimbursement of Anthem for Expense.** The Group agrees to reimburse Anthem for all expense incurred by Anthem in support of the audit. Any such expense will be billed to the Group and the Group will remit the amount billed to Anthem within 15 days from the date of the bill. Failure of the Group to pay such bill by the end of that 15 day period shall be deemed reason for cancellation of the Agreement by Anthem.

SECTION XIV: TERMINATION PROVISIONS

- A. Either Anthem or the Group may terminate these Funding Provisions by giving written notice to the other party at least 31 days prior to the effective date of such termination.
- B. Anthem may terminate these Funding Provisions upon thirty-one (31) days advance written notice to the Group, if enrollment under the Agreement falls below 100 Subscribers for a period of three consecutive months. In the event of such termination, the account will be converted to a non-refunding arrangement. Beginning with the effective date of such termination, the Group shall pay to Anthem the monthly Non-Refunding Subscription Charges specified in the Group Benefit Agreement for the remainder of the Agreement Year.
- C. These Funding Provisions or the Agreement, at Anthem's election, shall terminate upon written notice to the Group:
1. If Anthem determines that the continuance of these Funding Provisions is prohibited by the enactment, amendment or construction of a law or regulation of any state or other jurisdiction. These Funding Provisions shall terminate as of the date such law, regulation, amendment or construction is determined by Anthem to be effective.
 2. If the Group fails to comply with any of the terms or conditions of these Funding Provisions or otherwise breaches or defaults in its obligations hereunder. Any waiver of a right to terminate these Funding Provisions or the Agreement for cause shall be as to the particular default only and shall not waive any rights or remedies with respect to any subsequent default.
- D. Upon termination of the Agreement, these Funding Provisions shall also terminate.

Notwithstanding the provisions set forth in paragraphs A., B., C. and D. above, the terms and conditions of the **Post-Termination Provisions** set forth in **Section XV** shall survive the termination of the Agreement or these Funding Provisions thereof.

SECTION XV: POST-TERMINATION PROVISIONS

- A. In the event of termination of the Agreement, the procedures and obligations described in this endorsement will, to the extent applicable, survive such termination and remain in effect while the Group remains liable. The Group will continue to reimburse Anthem for the Group's liability in accordance with the provisions of **Section IV: Reimbursement of Non-Capitated Claims** and, subject to the **Post-Termination Claims Liability Limit** provision below, the Group will be liable for and pay to Anthem:
1. Non-Capitated Claims which are incurred prior to, but paid after the termination date;
 2. Non-Capitated Claims which are incurred after the termination date and are payable under the Extension of Benefits provision of the Plan; and

FUNDING PROVISIONS

3. Post-Termination Administrative Charges for the administration of Non-Capitated Claims paid following the termination date. The amount of these charges will be based on a percentage of paid Non-Capitated Claims, as set forth in the **Schedule**. These charges will continue as long as Non-Capitated Claims are being paid under these Post-Termination Provisions. Post-Termination Administrative Charges do not apply toward the Post-Termination Claims Liability Limit.
 4. Administrative Fees for the use of the BlueCard Program, as set forth in the **Schedule**. These Fees do not apply toward the Post-Termination Claims Liability Limit.
 5. Post-Termination Capitation Expense, as determined by Anthem based on actual Capitation charges being incurred at the time of termination for individuals covered under the Extension of Benefits provision of the Agreement. Post-Termination Capitation Expense does not apply toward the Post-Termination Claims Liability Limit.
- B. In the event that the funding arrangement described in this endorsement terminates while the Agreement remains in effect, subsection A immediately above will apply and, in addition, the Group shall also be liable for and pay to Anthem:
1. Non-Capitated Claims incurred during a confinement in a hospital, skilled nursing facility or hospice, which confinement began prior to the termination of this funding arrangement; and
 2. Non-Capitated Claims incurred for ongoing services received from a home health agency, visiting nurse association or day treatment center, if the first date of service for the course of treatment giving rise to such Claims is prior to the termination of this funding arrangement.
- C. **Post-Termination Claims Liability Limit*.** The Group's liability for Non-Capitated Claims, as determined in accordance with the subsection A above (other than items 3, 4 and 5 of such provision), shall not exceed the sum of items 1 and 2 below.
1. An amount equal to the sum of the products obtained by multiplying the number of Subscribers per Contract Type for the three months immediately prior to the termination of these Funding Provisions, by the appropriate Post-Termination Claims Liability Factors set forth in the **Schedule**; plus
 2. The amount of the Surplus, if any, at the end of the Agreement Year.
- *Note.** Post-Termination Administrative Charges, Administrative Fees charged for the use of the BlueCard Program, and Post-Termination Capitation Expense do not apply toward the Post-Termination Claims Liability Limit.
- Exception to "item 1" above.** If the number of Subscribers per Contract Type for any of the three months immediately prior to the termination of these Funding Provisions was less than "90% of the Initial Enrollment", the number of Subscribers per Contract Type which will be used to determine the Post-Termination Claims Liability Limit shall be "90% of the Initial Enrollment".
- The **Initial Enrollment** is the number of Subscribers per Contract Type covered on the first day of the first month of the Agreement Year.
- Exception to "item 2" above.** If the term of the last Agreement Year is less than 12 months, item 2. above shall read: "An amount equal to the sum of the Surpluses for (a) the last Agreement Year, and (b) the Agreement Year immediately preceding that Year."
- D. **Pooling Limit.** The liability of the Group under this section will not be subject to or limited by the Pooling Limit provisions of this endorsement.

FUNDING PROVISIONS

- E. **Cancellation of Funding Arrangement.** If the Agreement remains in force after the funding arrangement described in this endorsement terminates, the Group shall pay Subscription Charges to Anthem for continued coverage under the Agreement. Unless Anthem and the Group otherwise agree in writing, the amounts of the Subscription Charges will be determined by Anthem at its discretion.
- F. **Final Settlement.** Subsequently, Anthem will perform a final settlement of all accounts in accordance with the following terms and conditions:
1. The final settlement will take place on a date determined by Anthem; however, in no event will such final settlement occur later than 24 months after the termination date.
 2. Upon completion of the final settlement, Anthem will remit to the Group any unused amounts held in the Minimum Claims Deposit, subject to the Group's endorsement of the "Acknowledgment of Receipt and Release of Claim".
 3. In the event that any Non-Capitated Claims incurred under the Agreement prior to the termination date are paid by Anthem after the final settlement, the Group will reimburse Anthem for the amount of such Non-Capitated Claims, plus Post-Termination Administrative Charges.
- G. Anthem will not be responsible for the Group's use of any payment made by Anthem under the terms of these Funding Provisions.

SECTION XVI: RESPONSIBILITIES OF THE GROUP

- A. **Payments Made in Connection with a Judgment or Settlement.** The Group agrees to pay the amount of benefit payments included in any judgment or settlement to the extent of its Claims Liability Limit. Benefit payments made in accordance with the terms of any judgment or settlement shall be considered benefits paid under the Plan for the month in which such judgment or settlement is satisfied.
- B. **Reimbursement of Benefits to a Person or Organization.** If any person or organization pays any amount of benefits which is an obligation of the Group, the Group shall reimburse such person or organization to the extent of such payment, plus any reasonable costs or charges in connection with such payment. In no event shall any such payment by either party to these Funding Provisions, or by any person or organization, be construed as obliging such party, person or organization for payment of benefits.
- C. **Notice to Subscribers.** The Group shall furnish to covered Subscribers a written "Notice to Subscribers" advising that the Group is liable for payment of a portion of the benefits under the Plan and that this portion will not be insured by Anthem. The Group agrees to indemnify Anthem and hold Anthem harmless against any and all loss, damage and expense sustained by Anthem as a result of any failure by the Group to provide such notice.
- D. **Notification of Required Information.** The Group shall notify Anthem immediately as to any modification or termination of the Plan. Anthem will not be responsible for any delay or non-performance of its functions under these Funding Provisions which is caused or contributed to in whole or in part by the failure of the Group to furnish any required information on a timely basis.
- E. **Maintenance and Audit of Records.** The Group agrees to maintain and to permit Anthem to audit, at all reasonable times, all records required by Anthem for the administration of these Funding Provisions.

FUNDING PROVISIONS

- F. **Minimum Claims Deposit.** The Group agrees to provide, within two weeks after the effective date of these Funding Provisions, a Minimum Claims Deposit in an amount determined by Anthem. The Group agrees to maintain such Minimum Claims Deposit at Anthem for the term of the Agreement Year. The amount of the Minimum Claims Deposit is specified in the **Schedule**.

Anthem may change the amount of the Minimum Claims Deposit with prior written notice, as specified in **Section XI: Modification of Funding Provisions**. If Anthem decreases the amount of the Deposit required, Anthem will, upon the written request of the Group, refund the excess to the Group. If Anthem increases the amount of the Deposit required, the Group will, prior to the effective date of the change, remit to Anthem the additional amount required.

SECTION XVII: ANTHEM DUTIES AS AGENT

Anthem as agent for and on behalf of the Group, shall:

- A. Make final determination of the amount of benefits, if any, payable with respect to each Non-Capitated Claim for benefits under the Plan, in accordance with the terms and conditions described in the Agreement;
- B. Undertake the defense of any suit brought with respect to any Non-Capitated Claim for benefits under the Plan and settle any such suit when in its judgment it appears expedient to do so; and
- C. Make final determination of the amount of Plan Benefits payable from Group funds.

Anthem will use ordinary care and reasonable diligence in the exercise of its powers and the performance of its duties hereunder.

SECTION XVIII: INDEMNIFICATION

- A. Anthem agrees to indemnify the Group and hold the Group harmless against any and all loss, damage, and expense with respect to these Funding Provisions to the extent that such loss, damage and expense result from or arise out of negligent, dishonest, fraudulent, or criminal acts of Anthem employees, acting alone or in collusion with others, unless such collusion is with an employee of the Group, in which case Anthem shall be relieved of any obligations under this paragraph.
- B. Except as provided in paragraph A above, the Group agrees to indemnify and hold Anthem harmless against any loss, expense, or other cost or obligation, resulting from or arising out of claims, assessments or taxes, including premium taxes, or resulting from the action of any government body.
- C. If either Anthem or the Group has paid any benefits which were the responsibility of the other party, appropriate reimbursement will be made.

SECTION XIX: FINANCIAL ARRANGEMENTS WITH PROVIDERS

Anthem or an affiliate has contracts with certain health care providers and suppliers (hereafter referred to together as "Providers") for the provision of and payment for health care services rendered to its Subscribers and Members/Insured Persons entitled to health care benefits under individual certificates and group policies or contracts to which Anthem or an affiliate is a party, including all persons covered under the Agreement.

FUNDING PROVISIONS

Under the above-referenced contracts between Providers and Anthem or an affiliate, the negotiated rates paid for certain medical services provided to persons covered under the Agreement may differ from the rates paid for persons covered by other types of products or programs offered by Anthem or an affiliate for the same medical services. In negotiating the terms of the Agreement, the Group was aware that Anthem or its affiliates offer several types of products and programs. The Subscribers, Family Members and the Group are entitled to receive the benefits of only those discounts, payments, settlements, incentives, adjustments and/or allowances specifically set forth in the Agreement.

Also, under arrangements with some Providers certain discounts, payments, rebates, settlements, incentives, adjustments and/or allowances, including, but not limited to, pharmacy rebates, may be based on aggregate payments made by Anthem or an affiliate in respect to all health care services rendered to all persons who have coverage through a program provided or administered by Anthem or an affiliate. They are not attributed to specific claims or plans and do not inure to the benefit of any covered individual or group, but may be considered by Anthem or an affiliate in determining its fees or subscription charges or premiums.


SECTION XX: TERMINATION PROVISION

Any amounts due to Anthem under this funding arrangement are subscription charges under the Group Benefit Agreement to which these Funding Provisions are made a part. Any failure by the group to pay such additional subscription charges when due may result in, at Anthem' option either: (a) termination of these funding provisions and recalculation of the subscription charges under the Group Benefit Agreement; or (b) in accordance with the Group Benefit Agreement's Cancellation provisions, termination for failure to pay subscription charges as they become due.

AUTHORIZATION

Authorized officers of Anthem and of the Group have approved this endorsement as of its effective date.

FOR ANTHEM BLUE CROSS

by: 
J. Brian Ternan
Title: President

by: _____
Kathy Kiefer
Title: Secretary

FOR THE GROUP

by: _____
Title: _____

by: _____
Title: _____

SCHEDULE CITY OF CERES

EFFECTIVE DATE

This Schedule reflects the Funding Provisions which become effective on January 1, 2017.

MINIMUM CLAIMS DEPOSIT

The amount of the Minimum Claims Deposit to be maintained for the term of the Agreement Year is \$86,148.

POOLING LIMIT

The Pooling Limit for the Agreement Year is \$400,000.00*.

*This Limit does not apply to Dental Benefits or Prescription Drug Benefits, nor will claims paid on these benefits be applied toward the Pooling Limit.

MONTHLY ATTACHMENT POINT FACTORS

Contract Types	Monthly Attachment Point Factors	Post-Termination Attachment Point Factors
Composite Rate (per Subscriber)	\$ 664.65	\$ 609.26

SUBSCRIPTION CHARGES

The monthly Subscription Charges during the Agreement Year is \$374.04.

BREAKDOWN OF SUBSCRIPTION CHARGES:

The following is a breakdown of the above Subscription Charges:

Retention Charges

The monthly Retention Charges during the Agreement Year is \$45.34 per Subscriber.

Pooling Charges

The monthly Pooling Charges during the Agreement Year is \$27.69 per Subscriber.

Capitation Expense

The monthly charges for Capitation Expense during the Agreement Year is \$301.01 per Subscriber.

SCHEDULE CITY OF CERES

BLUECARD PROGRAM

The Group will pay to Anthem the following Administrative Fees determined in accordance with the applicable rules of the Blue Cross Blue Shield Association for the use of Out-of-California Providers under the BlueCard Program:

Administrative Fees	Per Claim
Institutional Claims	\$ 11.00
Professional Claims.....	\$ 5.00
Central Financial Agency Fee	\$.20
Charge per transaction.....	\$.05
Electronic Claims Routing Process (ECRP) (non-participating provider claims)	\$ 1.00

These fees are subject to change in accordance with the applicable rules of the Blue Cross Blue Shield Association.

POST-TERMINATION ADMINISTRATIVE CHARGES

The monthly Post-Termination Administrative Charge is 0.0% of paid Non-Capitated Claims.



FUNDING PROVISIONS

MINIMUM PREMIUM

with

WEEKLY BANK TRANSFER AND CLAIMS LIABILITY LIMIT

between

ANTHEM BLUE CROSS

and

SAN JOAQUIN VALLEY INSURANCE AUTHORITY (CITY OF WATERFORD)

(the Group)

SECTION I: BASIC FACTS

Group Benefit Agreement SF275341-C (R-0217) (the "Agreement") currently in effect between the Group and Anthem Blue Cross ("Anthem") is subject to the Funding Provisions of this endorsement.

Effective January 1, 2017, these Funding Provisions are made a part of the Agreement. All other provisions of the Agreement which are not inconsistent with this endorsement remain in effect.

With respect to these Funding Provisions, the Agreement Year will begin on the effective date of this endorsement and will end on December 31, 2017. Each subsequent Agreement Year will be a period of twelve (12) consecutive calendar months, beginning on January 1. Any Agreement Year will end, however, upon termination of the Agreement.

SECTION II: PRINCIPAL RESOLUTION

- A. The Group agrees to reimburse Anthem according to the terms of these Funding Provisions for Non-Capitated Claims paid by Anthem on or after the effective date.
- B. Anthem will provide the Group with coverage for Non-Capitated Claims in excess of the Pooling Limit and Claims Liability Limit, as specified in these Funding Provisions.
- C. The Group agrees to pay Anthem applicable Subscription Charges, consisting of Retention Charges, Pooling Charges and Capitation Expense, as set forth in the **Schedule**.
- D. Upon completion of the first three months of each Agreement Year, Anthem will make an evaluation of the Capitation Expense charged to the Group for that three-month period. Anthem reserves the right to reconcile such Capitation Expense, in accordance with the terms set forth in **Section X: Review and Reconciliation of Capitation Expense**, if it is determined that the amount charged for the three-month period was inadequate or excessive.
- E. The Group agrees to pay Anthem applicable Administrative Fees for the use of the BlueCard Program, as set forth in the **Schedule**.

FUNDING PROVISIONS

SECTION III: DEFINITIONS

The following terms, when capitalized throughout this endorsement, shall have the meanings set forth below.

Capitation is a method of payment for health services in which a Physician or Hospital is paid a fixed amount for each person served regardless of the number or nature of services provided to each person.

Capitation Expense is the monthly fixed amount determined by Anthem which is due and payable to Anthem by the Group for each enrolled Member. Capitation Expense includes actual Capitation charges plus all related Capitation costs paid by Anthem to participating medical groups and independent practice associations to cover professional and other capitated health care services including, but not limited to, contributions to shared risk funds and provider incentive pools calculated in accordance with Anthem corporate policy.

Claims Liability Limit shall mean the maximum amount of Non-Capitated Claims for which the Group is liable during an Agreement Year, subject to the terms and conditions set forth in **Section VI**.

Contract Type means the category of enrollment, as designated in the **Schedule**, used to determine the monthly attachment point factor and the monthly Subscription Charges.

Non-Capitated Claims represent all claims incurred under the Plan for services or supplies which are not subject to Capitation.

Plan Benefits shall mean those benefits for which coverage is described under the Plan, including any extension of such coverage.

Pooling Limit is the dollar limit for which the Group is liable for Non-Capitated Claims paid on behalf of any one Member during an Agreement Year. The Pooling Limit is specified in the **Schedule**.

Retention means the amount charged by Anthem for expenses, commissions, taxes and risk. Retention Charges are shown in the **Schedule**.

Subscription Charges refers to the charges for Retention, Pooling and Capitation Expense calculated in accordance with these Funding Provisions, and subject to annual accounting. The Subscription Charges are specified in the **Schedule**.

Surplus. Surpluses on the Plan are determined by annual accounting performed by Anthem, as set forth in **Section VII: Annual Settlement**.

SECTION IV: REIMBURSEMENT OF NON-CAPITATED CLAIMS

On the first working day of every week, Anthem will telephone to the Group the total amount of Non-Capitated Claims paid during the preceding week. The Group will immediately deposit this amount via wire transfer to a designated Anthem bank account. On the same day, Anthem will mail a written version of the request to the Group, together with a listing of Non-Capitated Claims.

At the end of each month, Anthem will mail a written summary of the Non-Capitated Claims billed to the Group and the amounts requested from the Group during the month. Adjustments of any discrepancies will be made at such time.

FUNDING PROVISIONS

SECTION V: POOLING LIMIT

The Group is liable for the accumulated paid Non-Capitated Claims of a Subscriber or Family Member up to the Pooling Limit, as set forth in the **Schedule**. Accumulation toward this Limit takes place over a period of twelve consecutive months, starting at the beginning of each Agreement Year.

If, in any Agreement Year, the accumulated paid Non-Capitated Claims for a Subscriber or Family Member equal the Pooling Limit for that Agreement Year, the Group shall continue to be responsible for funding any further Non-Capitated Claims paid for that Subscriber or Family Member for that month and each subsequent month during the remainder of that Agreement Year. However, Anthem shall reimburse the Group in the amount of such further paid Non-Capitated Claims during the month immediately following the month in which the Non-Capitated Claims are paid.

Anthem shall notify the Group when the Pooling Limit has been exceeded for a Subscriber or Family Member. Such notification shall be made one month following the month in which such Limit has been exceeded.

Non-Capitated Claims incurred but not paid during an Agreement Year will accumulate toward the Pooling Limit for the subsequent Agreement Year.

On the date the Agreement terminates, this Limit shall no longer apply. However, Non-Capitated Claims paid and applied to the Pooling Limit may be adjusted after the Agreement Year if Anthem recovers any overpayments, workers' compensation or third party liability liens, as specified in **Section XII**. Anthem will recalculate the Non-Capitated Claims applied to the Pooling Limit and the Group will reimburse Anthem for any adjustments made over the Pooling Limit.

Note. The Pooling Limit does not apply to Dental Benefits or Prescription Drug Benefits, nor will Non-Capitated Claims paid on these benefits be applied toward that Limit.

SECTION VI: CLAIMS LIABILITY LIMIT

The Claims Liability Limit is the maximum amount of Non-Capitated Claims for which the Group is liable during an Agreement Year. The Claims Liability Limit is 125% of the projected paid Non-Capitated Claims for the Agreement Year.

The number of Subscribers per Contract Type which will be used to determine the Claims Liability Limit for the first three months of the first Agreement Year, shall be the number of such Subscribers covered on the first day of the first month of that Agreement Year.

Thereafter, the number of Subscribers per Contract Type to be used shall be the number of such Subscribers covered on the first day of the second preceding calendar month; however, if in any given month the number of Subscribers falls below 90% of the Initial Monthly Attachment Point, the number of Subscribers used to determine the Claims Liability Limit shall be equal to 90% of such Initial Monthly Attachment Point.

Non-Capitated Claims will be applied to the Claims Liability Limit. If the accumulated Non-Capitated Claims exceeds the Claims Liability Limit, the Group will no longer be responsible for any Non-Capitated Claims incurred after the Claims Liability Limit is reached.

FUNDING PROVISIONS

SECTION VII: ANNUAL SETTLEMENT

Within 120 days after the end of each Agreement Year, Anthem will perform an annual accounting in which the total Non-Capitated Claims paid under the Plan during the Agreement Year (excluding Non-Capitated Claims which exceed the Pooling Limit) are compared to the Claims Liability Limit.

- If the total amount of such Non-Capitated Claims paid for the Agreement Year exceeds the Claims Liability Limit, the excess will be refunded to the Group.
- If the Claims Liability Limit is greater than the amount of such Non-Capitated Claims paid during the Agreement Year, the difference between the two amounts is the amount of the Surplus on the Plan for the Agreement Year.

SECTION VIII: SUBSCRIPTION CHARGES

Anthem will bill the Group each month for Subscription Charges, as specified in the **Schedule**. The first payment is due on the Agreement Effective Date. The Agreement remains in effect for the term of one month from that date. Succeeding Subscription Charges are due on the first day of each following month. This day is the Subscription Charge Due Date.

SECTION IX: BLUECARD PROGRAM

Anthem is a member of the Blue Cross Blue Shield Association. The Blue Cross Blue Shield Association has a program (called the "BlueCard Program") which allows our Members who are traveling outside of California to have the reciprocal use of participating providers contracted under other states' Blue Cross Blue Shield plans. There are fees associated with the reciprocal use of such providers by Members and are determined in accordance with the applicable rules of the Blue Cross Blue Shield Association which will be charged back to the Group. These fees are:

- A. **Access Fees.** Access fees are a percentage of the savings generated by the discounts between the Blue Cross Blue Shield Plan and the provider. Some plans may charge up to 7.75% of savings generated by their discounts, up to \$2,000 per claim, as a network access charge. If there are no savings from the discounts, there will be no access fee charged.
- B. **Administrative Fees.** Administrative fees are fees charged for each claim payment. There is a charge for each institutional and professional claim paid under this program, and an additional charge for each transaction. There is an electronics claims routing process fee for all non-participating provider claims. The charges are specified in the **Schedule**.

These fees are subject to change in accordance with the applicable rules of the Blue Cross Blue Shield Association and will be included in the Group's claims experience and will be charged to the Group as Non-Capitated Claims.

SECTION X: REVIEW AND RECONCILIATION OF CAPITATION EXPENSE

A review of Capitation Expense by Anthem will take place 90 days after the initial effective date of these Funding Provisions and, subsequently, 90 days after the end of each Agreement Year, to verify the adequacy of the amount charged by Anthem to the Group. In this review, the Capitation Expense charged to the Group for the first three months of the Agreement Year will be compared to the actual Capitation Expense incurred, based on actual enrollment figures for that three-month period.

FUNDING PROVISIONS

If it is determined by Anthem that the Capitation Expense charged for such three-month period was inadequate or excessive, Anthem may, at its sole discretion, reconcile that Capitation Expense to more accurately reflect the actual enrollment figures, plus any deficit attributable to the prior Agreement Year. Any such reconciliation of the Capitation Expense shall be reflected in the monthly billing to the Group during the remaining months of the Agreement Year. In such case, these Funding Provisions shall be reissued, notwithstanding any prior authorization thereof by the parties to this endorsement, to reflect the appropriate adjustment to Capitation Expense.

SECTION XI: MODIFICATION OF FUNDING PROVISIONS

A. **Amendment of Terms.** Anthem may amend the terms of these Funding Provisions as follows:

1. At the beginning of any month or upon annual renewal of the Agreement, provided Anthem gives the Group thirty (30) days written notice;
2. Any time the provisions of the Agreement are changed; or
3. Any time there is a ten (10) percent or greater change in the number of Subscribers enrolled under the Agreement during the preceding three months, from the number of Subscribers enrolled at the start of the Agreement Year; or.
4. As specified in **Section X: Review and Reconciliation of Capitation Expense**.

B. **Adjustment of Retention.** Anthem may adjust the charge for Retention-as follows:

1. On the date Anthem, at the Group's request, begins to perform additional administrative services relating to the Agreement;
2. On the effective date of any legislation or governmental regulations which impose additional administrative duties on Anthem relating to the Agreement;
3. On the effective date that any tax, which is based on Income, is imposed upon Anthem by the state or any other taxing authority. In such case, Anthem will increase the charge for Retention by an amount sufficient to cover the tax; or
4. As provided under items 1, 2 and 3 of paragraph A, **Amendment of Terms**.

C. **Adjustment of Attachment Point Factors.** Anthem reserves the right to change the monthly attachment point factors and the post-termination attachment point factors:

1. On the first day of any month after these Funding Provisions have been in effect for 12 months;
2. Whenever the terms of these Funding Provisions are changed;
3. On the effective date of any law or regulation which affects Anthem's liability under the Agreement;
4. Whenever benefits are changed under the Agreement; or
5. As provided under items 1, 2 and 3 of paragraph A, **Amendment of Terms**.

FUNDING PROVISIONS

SECTION XII: RECOVERY PROVISIONS

- A. **Recovery of Overpayments.** If it is determined that any payment has been made under this Agreement to an ineligible person, or if it is determined that more or less than a correct amount has been paid by Anthem, Anthem shall make a reasonable effort to recover any such overpayment made or to adjust the payment, subject to the following:
1. Anthem, at its discretion, may use the services of subcontractors (collection agencies and bill audit firms) to identify and recover overpayments. Any expenses which Anthem incurs for such services are included in the retention.
 2. Anthem will not be required to initiate court proceeding for any such recovery.
- B. **Recovery of Liens.** Subject to the following, Anthem agrees to use reasonable diligence to identify and seek to recover third-party liability liens or workers' compensation liens:
1. In pursuing these recoveries, Anthem reserves the right to use its discretion in negotiating and compromising recoveries from third parties.
 2. Anthem may engage the services of subcontractors to assist in the recovery process. Expenses which Anthem incurs for such services are included in the retention.
 3. The Group will fully cooperate with Anthem in such recoveries and advise Anthem of any potential recoveries of which it becomes aware.
 4. Anthem will not be required to initiate court proceeding for any such recovery.
 5. Anthem will submit monthly reports to the Group listing all cases identified as subject to third party liens or workers' compensation liens, the amount of claims paid, the current status of collection efforts and a report of all amounts collected and waived. The Group will advise Anthem of those cases which, in the Group's determination, shall warrant recovery.

SECTION XIII: AUDIT

- A. **Authorization of Audits.** Anthem may authorize audits, subject to certain limitations, to be performed by auditors employed by the Group. The Group shall have the right to select an auditor of its choice, except that the auditor shall not be involved in, or be subsidiary to, a business engaged in activities competitive to Anthem or to subsidiaries or affiliates of Anthem. Such audits will be conducted in accordance with, and subject to, the auditing standards of the American Institute of Certified Public Accountants and the written audit policy of Anthem, a copy of which shall be provided to the auditor.
- B. **Confidential and Proprietary Information.** Anthem shall make available such records as may be reasonably necessary for a valid audit. Access by the Group, or any third party acting on behalf of the Group, to Anthem's confidential and proprietary information shall be restricted to only such information as deemed necessary by Anthem to accomplish the audit. The Group and the Group's auditor shall agree in writing (by a separate "Audit Agreement") regarding the auditor's conduct, and to maintain the confidentiality of any trade secret or proprietary information of which it may become aware during the course of the audit.

FUNDING PROVISIONS

- C. **Reimbursement of Anthem for Expense.** The Group agrees to reimburse Anthem for all expense incurred by Anthem in support of the audit. Any such expense will be billed to the Group and the Group will remit the amount billed to Anthem within 15 days from the date of the bill. Failure of the Group to pay such bill by the end of that 15 day period shall be deemed reason for cancellation of the Agreement by Anthem.

SECTION XIV: TERMINATION PROVISIONS

- A. Either Anthem or the Group may terminate these Funding Provisions by giving written notice to the other party at least 31 days prior to the effective date of such termination.
- B. Anthem may terminate these Funding Provisions upon thirty-one (31) days advance written notice to the Group, if enrollment under the Agreement falls below 100 Subscribers for a period of three consecutive months. In the event of such termination, the account will be converted to a non-refunding arrangement. Beginning with the effective date of such termination, the Group shall pay to Anthem the monthly Non-Refunding Subscription Charges specified in the Group Benefit Agreement for the remainder of the Agreement Year.
- C. These Funding Provisions or the Agreement, at Anthem's election, shall terminate upon written notice to the Group:
1. If Anthem determines that the continuance of these Funding Provisions is prohibited by the enactment, amendment or construction of a law or regulation of any state or other jurisdiction. These Funding Provisions shall terminate as of the date such law, regulation, amendment or construction is determined by Anthem to be effective.
 2. If the Group fails to comply with any of the terms or conditions of these Funding Provisions or otherwise breaches or defaults in its obligations hereunder. Any waiver of a right to terminate these Funding Provisions or the Agreement for cause shall be as to the particular default only and shall not waive any rights or remedies with respect to any subsequent default.
- D. Upon termination of the Agreement, these Funding Provisions shall also terminate.

Notwithstanding the provisions set forth in paragraphs A., B., C. and D. above, the terms and conditions of the **Post-Termination Provisions** set forth in **Section XV** shall survive the termination of the Agreement or these Funding Provisions thereof.

SECTION XV: POST-TERMINATION PROVISIONS

- A. In the event of termination of the Agreement, the procedures and obligations described in this endorsement will, to the extent applicable, survive such termination and remain in effect while the Group remains liable. The Group will continue to reimburse Anthem for the Group's liability in accordance with the provisions of **Section IV: Reimbursement of Non-Capitated Claims** and, subject to the **Post-Termination Claims Liability Limit** provision below, the Group will be liable for and pay to Anthem:
1. Non-Capitated Claims which are incurred prior to, but paid after the termination date;
 2. Non-Capitated Claims which are incurred after the termination date and are payable under the Extension of Benefits provision of the Plan; and

FUNDING PROVISIONS

3. Post-Termination Administrative Charges for the administration of Non-Capitated Claims paid following the termination date. The amount of these charges will be based on a percentage of paid Non-Capitated Claims, as set forth in the **Schedule**. These charges will continue as long as Non-Capitated Claims are being paid under these Post-Termination Provisions. Post-Termination Administrative Charges do not apply toward the Post-Termination Claims Liability Limit.
 4. Administrative Fees for the use of the BlueCard Program, as set forth in the **Schedule**. These Fees do not apply toward the Post-Termination Claims Liability Limit.
 5. Post-Termination Capitation Expense, as determined by Anthem based on actual Capitation charges being incurred at the time of termination for individuals covered under the Extension of Benefits provision of the Agreement. Post-Termination Capitation Expense does not apply toward the Post-Termination Claims Liability Limit.
- B. In the event that the funding arrangement described in this endorsement terminates while the Agreement remains in effect, subsection A immediately above will apply and, in addition, the Group shall also be liable for and pay to Anthem:
1. Non-Capitated Claims incurred during a confinement in a hospital, skilled nursing facility or hospice, which confinement began prior to the termination of this funding arrangement; and
 2. Non-Capitated Claims incurred for ongoing services received from a home health agency, visiting nurse association or day treatment center, if the first date of service for the course of treatment giving rise to such Claims is prior to the termination of this funding arrangement.
- C. **Post-Termination Claims Liability Limit*.** The Group's liability for Non-Capitated Claims, as determined in accordance with the subsection A above (other than items 3, 4 and 5 of such provision), shall not exceed the sum of items 1 and 2 below.
1. An amount equal to the sum of the products obtained by multiplying the number of Subscribers per Contract Type for the three months immediately prior to the termination of these Funding Provisions, by the appropriate Post-Termination Claims Liability Factors set forth in the **Schedule**; plus
 2. The amount of the Surplus, if any, at the end of the Agreement Year.
- *Note.** Post-Termination Administrative Charges, Administrative Fees charged for the use of the BlueCard Program, and Post-Termination Capitation Expense do not apply toward the Post-Termination Claims Liability Limit.
- Exception to "item 1" above.** If the number of Subscribers per Contract Type for any of the three months immediately prior to the termination of these Funding Provisions was less than "90% of the Initial Enrollment", the number of Subscribers per Contract Type which will be used to determine the Post-Termination Claims Liability Limit shall be "90% of the Initial Enrollment".
- The **Initial Enrollment** is the number of Subscribers per Contract Type covered on the first day of the first month of the Agreement Year.
- Exception to "item 2" above.** If the term of the last Agreement Year is less than 12 months, item 2. above shall read: "An amount equal to the sum of the Surpluses for (a) the last Agreement Year, and (b) the Agreement Year immediately preceding that Year."
- D. **Pooling Limit.** The liability of the Group under this section will not be subject to or limited by the Pooling Limit provisions of this endorsement.

FUNDING PROVISIONS

- E. **Cancellation of Funding Arrangement.** If the Agreement remains in force after the funding arrangement described in this endorsement terminates, the Group shall pay Subscription Charges to Anthem for continued coverage under the Agreement. Unless Anthem and the Group otherwise agree in writing, the amounts of the Subscription Charges will be determined by Anthem at its discretion.
- F. **Final Settlement.** Subsequently, Anthem will perform a final settlement of all accounts in accordance with the following terms and conditions:
1. The final settlement will take place on a date determined by Anthem; however, in no event will such final settlement occur later than 24 months after the termination date.
 2. Upon completion of the final settlement, Anthem will remit to the Group any unused amounts held in the Minimum Claims Deposit, subject to the Group's endorsement of the "Acknowledgment of Receipt and Release of Claim".
 3. In the event that any Non-Capitated Claims incurred under the Agreement prior to the termination date are paid by Anthem after the final settlement, the Group will reimburse Anthem for the amount of such Non-Capitated Claims, plus Post-Termination Administrative Charges.
- G. Anthem will not be responsible for the Group's use of any payment made by Anthem under the terms of these Funding Provisions.

SECTION XVI: RESPONSIBILITIES OF THE GROUP

- A. **Payments Made in Connection with a Judgment or Settlement.** The Group agrees to pay the amount of benefit payments included in any judgment or settlement to the extent of its Claims Liability Limit. Benefit payments made in accordance with the terms of any judgment or settlement shall be considered benefits paid under the Plan for the month in which such judgment or settlement is satisfied.
- B. **Reimbursement of Benefits to a Person or Organization.** If any person or organization pays any amount of benefits which is an obligation of the Group, the Group shall reimburse such person or organization to the extent of such payment, plus any reasonable costs or charges in connection with such payment. In no event shall any such payment by either party to these Funding Provisions, or by any person or organization, be construed as obliging such party, person or organization for payment of benefits.
- C. **Notice to Subscribers.** The Group shall furnish to covered Subscribers a written "Notice to Subscribers" advising that the Group is liable for payment of a portion of the benefits under the Plan and that this portion will not be insured by Anthem. The Group agrees to indemnify Anthem and hold Anthem harmless against any and all loss, damage and expense sustained by Anthem as a result of any failure by the Group to provide such notice.
- D. **Notification of Required Information.** The Group shall notify Anthem immediately as to any modification or termination of the Plan. Anthem will not be responsible for any delay or non-performance of its functions under these Funding Provisions which is caused or contributed to in whole or in part by the failure of the Group to furnish any required information on a timely basis.
- E. **Maintenance and Audit of Records.** The Group agrees to maintain and to permit Anthem to audit, at all reasonable times, all records required by Anthem for the administration of these Funding Provisions.

FUNDING PROVISIONS

- F. **Minimum Claims Deposit.** The Group agrees to provide, within two weeks after the effective date of these Funding Provisions, a Minimum Claims Deposit in an amount determined by Anthem. The Group agrees to maintain such Minimum Claims Deposit at Anthem for the term of the Agreement Year. The amount of the Minimum Claims Deposit is specified in the **Schedule**.

Anthem may change the amount of the Minimum Claims Deposit with prior written notice, as specified in **Section XI: Modification of Funding Provisions**. If Anthem decreases the amount of the Deposit required, Anthem will, upon the written request of the Group, refund the excess to the Group. If Anthem increases the amount of the Deposit required, the Group will, prior to the effective date of the change, remit to Anthem the additional amount required.

SECTION XVII: ANTHEM DUTIES AS AGENT

Anthem as agent for and on behalf of the Group, shall:

- A. Make final determination of the amount of benefits, if any, payable with respect to each Non-Capitated Claim for benefits under the Plan, in accordance with the terms and conditions described in the Agreement;
- B. Undertake the defense of any suit brought with respect to any Non-Capitated Claim for benefits under the Plan and settle any such suit when in its judgment it appears expedient to do so; and
- C. Make final determination of the amount of Plan Benefits payable from Group funds.

Anthem will use ordinary care and reasonable diligence in the exercise of its powers and the performance of its duties hereunder.

SECTION XVIII: INDEMNIFICATION

- A. Anthem agrees to indemnify the Group and hold the Group harmless against any and all loss, damage, and expense with respect to these Funding Provisions to the extent that such loss, damage and expense result from or arise out of negligent, dishonest, fraudulent, or criminal acts of Anthem employees, acting alone or in collusion with others, unless such collusion is with an employee of the Group, in which case Anthem shall be relieved of any obligations under this paragraph.
- B. Except as provided in paragraph A above, the Group agrees to indemnify and hold Anthem harmless against any loss, expense, or other cost or obligation, resulting from or arising out of claims, assessments or taxes, including premium taxes, or resulting from the action of any government body.
- C. If either Anthem or the Group has paid any benefits which were the responsibility of the other party, appropriate reimbursement will be made.

SECTION XIX: FINANCIAL ARRANGEMENTS WITH PROVIDERS

Anthem or an affiliate has contracts with certain health care providers and suppliers (hereafter referred to together as "Providers") for the provision of and payment for health care services rendered to its Subscribers and Members/Insured Persons entitled to health care benefits under individual certificates and group policies or contracts to which Anthem or an affiliate is a party, including all persons covered under the Agreement.

FUNDING PROVISIONS

Under the above-referenced contracts between Providers and Anthem or an affiliate, the negotiated rates paid for certain medical services provided to persons covered under the Agreement may differ from the rates paid for persons covered by other types of products or programs offered by Anthem or an affiliate for the same medical services. In negotiating the terms of the Agreement, the Group was aware that Anthem or its affiliates offer several types of products and programs. The Subscribers, Family Members and the Group are entitled to receive the benefits of only those discounts, payments, settlements, incentives, adjustments and/or allowances specifically set forth in the Agreement.

Also, under arrangements with some Providers certain discounts, payments, rebates, settlements, incentives, adjustments and/or allowances, including, but not limited to, pharmacy rebates, may be based on aggregate payments made by Anthem or an affiliate in respect to all health care services rendered to all persons who have coverage through a program provided or administered by Anthem or an affiliate. They are not attributed to specific claims or plans and do not inure to the benefit of any covered individual or group, but may be considered by Anthem or an affiliate in determining its fees or subscription charges or premiums.

SECTION XX: TERMINATION PROVISION

Any amounts due to Anthem under this funding arrangement are subscription charges under the Group Benefit Agreement to which these Funding Provisions are made a part. Any failure by the group to pay such additional subscription charges when due may result in, at Anthem' option either: (a) termination of these funding provisions and recalculation of the subscription charges under the Group Benefit Agreement; or (b) in accordance with the Group Benefit Agreement's Cancellation provisions, termination for failure to pay subscription charges as they become due.

AUTHORIZATION

Authorized officers of Anthem and of the Group have approved this endorsement as of its effective date.

FOR ANTHEM BLUE CROSS

by: 
J. Brian Ternan
Title: _____
President

by: _____
Kathy Kiefer
Title: _____
Secretary

FOR THE GROUP

by: _____
Title: _____

by: _____
Title: _____

<p style="text-align: center;">SCHEDULE CITY OF WATERFORD</p>
--

EFFECTIVE DATE

This Schedule reflects the Funding Provisions which become effective on January 1, 2017.

MINIMUM CLAIMS DEPOSIT

The amount of the Minimum Claims Deposit to be maintained for the term of the Agreement Year is \$7,489.

POOLING LIMIT

The Pooling Limit for the Agreement Year is \$400,000.00*.

*This Limit does not apply to Dental Benefits or Prescription Drug Benefits, nor will claims paid on these benefits be applied toward the Pooling Limit.

MONTHLY ATTACHMENT POINT FACTORS

Contract Types	Monthly Attachment Point Factors	Post-Termination Attachment Point Factors
Composite Rate (per Subscriber)	\$ 664.65	\$ 609.26

SUBSCRIPTION CHARGES

The monthly Subscription Charges during the Agreement Year is \$374.04 per Subscriber.

BREAKDOWN OF SUBSCRIPTION CHARGES:

The following is a breakdown of the above Subscription Charges:

Retention Charges

The monthly Retention Charges during the Agreement Year is \$45.34 per Subscriber.

Pooling Charges

The monthly Pooling Charges during the Agreement Year is \$27.69 per Subscriber.

Capitation Expense

The monthly charges for Capitation Expense during the Agreement Year is \$301.01 Subscriber.

SCHEDULE
CITY OF WATERFORD

BLUECARD PROGRAM

The Group will pay to Anthem the following Administrative Fees determined in accordance with the applicable rules of the Blue Cross Blue Shield Association for the use of Out-of-California Providers under the BlueCard Program:

Administrative Fees	Per Claim
Institutional Claims	\$ 11.00
Professional Claims.....	\$ 5.00
Central Financial Agency Fee	\$.20
Charge per transaction.....	\$.05
Electronic Claims Routing Process (ECRP) (non-participating provider claims)	\$ 1.00

These fees are subject to change in accordance with the applicable rules of the Blue Cross Blue Shield Association.

POST-TERMINATION ADMINISTRATIVE CHARGES

The monthly Post-Termination Administrative Charge is 0.0% of paid Non-Capitated Claims.

**BOARD OF DIRECTORS**

ANDREAS BERGEAS

KUYLER CROCKER

NATHAN MAGSIG

BUDDY MENDES

BRIAN PACHECO

PETE VANDER POEL

J. STEVEN WORTHLEY

Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrel Avenue
Visalia, CA 93291
August 24, 2018 9:00 AM

AGENDA DATE: August 24, 2018

ITEM NUMBER: Item 15

SUBJECT: Receive and File Consultant's Report on PBM
Experience with EmpiRx for January through June
2018 (I)

REQUEST(S): That the Board receive and file EmpiRx's
Performance Report through June 2018.

DESCRIPTION:

The SJVIA Board requested a performance report for the first six months of 2018. EmpiRx was able to provide experience reports through June 2018; however, clinical performance could only be measured for the first quarter. It typically takes 90 days for a quarter to settle. A second quarter clinical performance report will be available in October 2018.

FISCAL IMPACT/FINANCING:

The EmpiRx 2018 clinical performance guarantee ranged from \$1,850,000 to \$2,250,000. First quarter 2018 clinical performance amounted to \$1,182,766.

ADMINISTRATIVE SIGN-OFF:

A handwritten signature in black ink, appearing to read "Paul Nerland", written over a horizontal line.

Paul Nerland
SJVIA Manager

A handwritten signature in black ink, appearing to read "Rhonda Sjostrom", written over a horizontal line.

Rhonda Sjostrom
SJVIA Assistant Manager



San Joaquin Valley Insurance Authority

EmpiRx Health Pharmacy Benefit

6 Month Review

Table of Contents

- Executive Summary
- Plan Experience
 - PMPM Costs
 - Generic Dispensing Rates
 - Specialty Trends
- 1 Q Clinical Guarantees
- Clinical Tracker Methodology
- Clinical Savings Examples
- 1 Q Performance Guarantees



Executive Summary

Drug Trends

- The average cost per member per month is \$144
- The average member cost is \$12
- Specialty drugs account for 27% of the SJVIA's plan cost
- Generic dispense rate is 85%

Clinical Programs

- SJVIA 1Q clinical savings valued at \$1.1M
- Over \$5K in manufacturer copay assistance obtained for more than 18 members

Performance Guarantees

- Service and operational performance guarantees were achieved

SJVA Plan Experience: PMPM Costs

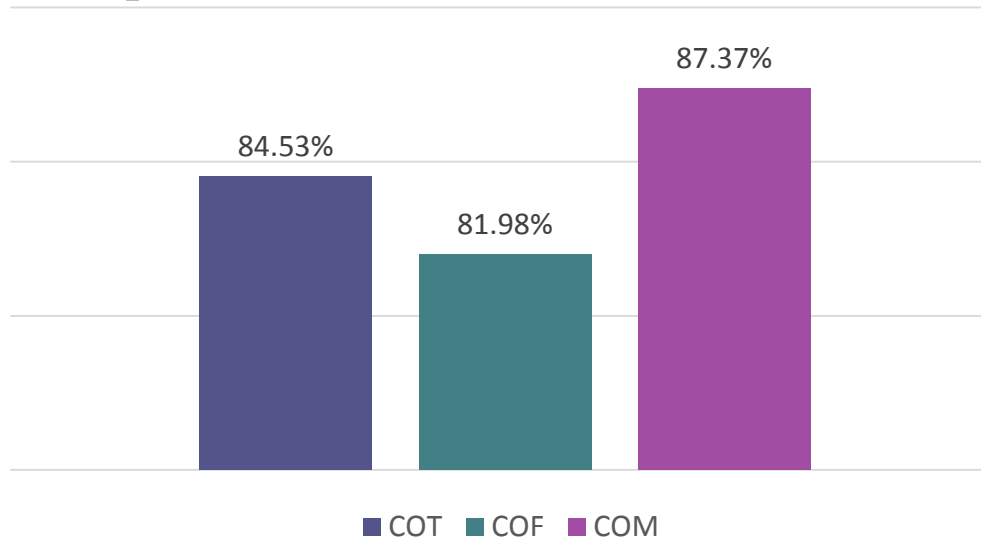
- The average plan cost per member per month (PMPM) is \$144
- The average member cost per month is \$12
- Plan cost = \$9.1M
- Member cost share = \$777K
 - 7.83% of the overall plan cost

Jan-June 2018	COT	COF	COM	SJVA
Member Cost PMPM	\$14.65	\$10.98	\$8.73	\$12.28
Plan Cost PMPM	\$167.41	\$132.74	\$66.90	\$144.57
Member Cost Share	\$334,021.79	\$437,262.02	\$5,602.14	\$776,885.95
Plan Cost	\$3,816,552.05	\$5,283,900.17	\$42,952.52	\$9,143,404.74

SJVIA Plan Experience: GDR

- The generic dispensing rate (GDR) averages **84.63%**, which is in line with the industry average

GDR % by Group



SJVIA Plan Experience: Specialty Trends

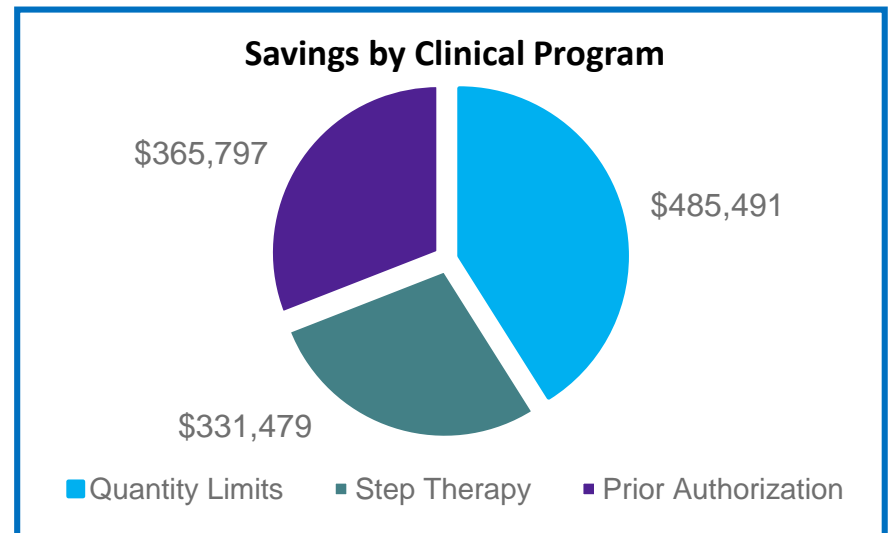
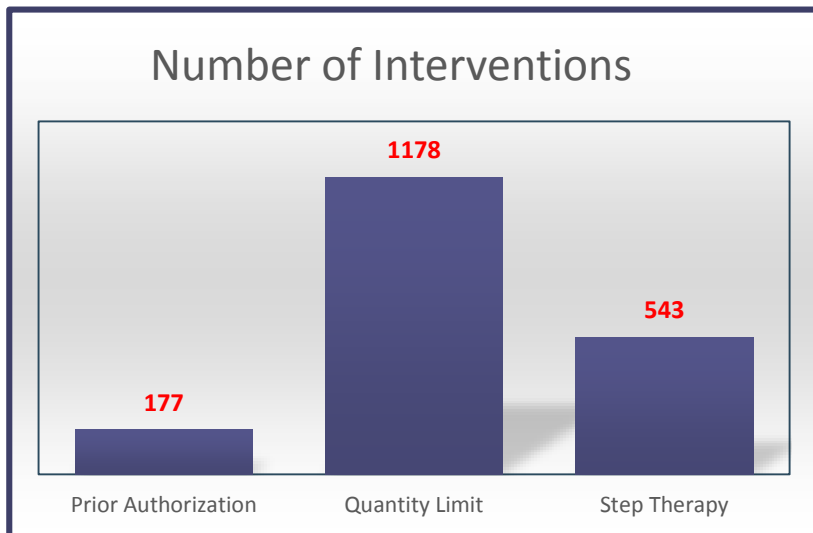
- Specialty drugs treat complex medical conditions and are especially costly
- While only a very small percentage of members require these drugs, they comprise on average **33%** of the cost of prescription benefit plans
- These costs are expected to rise to about **50%** of total prescription drug costs over the next two to three years
- The SJVIA specialty cost currently represents **27.28%** of the plan cost

SJVIA Specialty Plan Cost by Group

Group	Plan Cost	# Claims	% of Plan Cost
COT	\$1,241, 919.76	283	32.46%
COF	\$1,238,292.51	426	23.37%
COM	\$14,940.22	10	33.39%
SJVIA	\$2,495,152.49	719	27.28%

Clinical Intervention Summary

- SJVIA Clinical Care Management Program
 - Prior Authorization: Implemented 01/01/18 for new utilizers and Grandfathered for 1 year
 - Step Therapy: Implemented 01/01/18 for new utilizers and Grandfathered indefinitely
 - Quantity Level Limit: Implemented 01/01/18 for current and new utilizers
- Clinical Savings Guarantee: \$1,850,000 for Year 1
- Estimated Clinical Savings as of March 31, 2018: \$1,182,766
- Clinical interventions by EmpiRx Health Clinicians, resulted in clinical savings; utilizers switching to more appropriate therapy and adding significant savings for both plan and member.



Clinical values reported are estimates based on data obtained before clinical reconciliation and do not reflect all savings achieved from clinical interventions. Final clinical value will be reconciled per contractual terms to include all outbound interventions.

Clinical Tracker Methodology

- The Clinical Tracker is designed to capture savings attributed to EmpiRx Health Clinical Care Management Programs:
 - Prior Authorization
 - Step Therapy
 - Quantity Level Limit
- The values provided on the EmpiRx reports or at a quarterly/bi-annual reviews are **estimates**.
- The Clinical Savings Tracker is reconciled post 90 days from the initial rejected claim date.
- Final reconciliation is completed by our clinicians 120 days post contract year. This secondary review is completed by EmpiRx Health Clinicians to validate the clinical savings identified by the Clinical Tracker.
- We continue monitoring our savings and interventions for future paid claims to identify any changes needed in final savings (e.g. Hep C therapies might get approval post 90 day look forward period and will require removal of clinical savings from original estimate).

Clinical Savings PA Summary

Prior Authorization (PA) – *Implemented 01/01/2018: Grandfathered existing utilizers for 12 months.* EmpiRx Health's clinical prior authorization program utilizes online claim adjudication edits to prevent claim payment until we have assessed the patient's drug history and/or current diagnosis through communication with the member's physician(s), ensuring appropriate and safe utilization of the medication.

Prior Authorization

Rx: Afinitor 5mg

- Existing member new Rx
- Claim reviewed for clinical appropriateness by our Clinical Team
- Found inappropriate due to non-FDA approved indication
- Case was also reviewed and upheld by an IRO (independent review organization)

Savings (est.): \$48,802.98

Prior Authorization

Rx: Harvoni 90-400mg

- Existing member new Rx
- PA documentation was not provided by physician with original request
- Request was re-initiated and currently under review
- Our clinical team is in active communication with prescriber to obtain information necessary for clinical determination
- Case is actively monitored and saving will be adjusted accordingly

Savings (est.): \$98,658.00

Prior Authorization

Rx: Diclofex DC Kit

- Existing member new Rx
- High cost topical product kit
- Upon review, we identified dispensing compounding pharmacy attempting to process various types of high cost topical products
- All claims stopped for review
- Pharmacy outreach completed for alternative and advised to submit documentation needed for clinical review
- No documentation provided

Savings (est.): \$17,275.38

Clinical Savings ST Summary

Step Therapy(ST) *Implemented 01/01/2018: Grandfathered existing utilizers for 12 months.*

Requires members to use a clinically-appropriate, lower-cost alternative prior to getting the second-line or higher-cost medication within the same therapeutic class.

Step Therapy

Rx: Glumetza 1000mg

- Existing member new Rx
- Rejected claim reviewed for clinical appropriateness.
- Claim was denied due lack of documentation of trail and failure of 1st line agent
- Our clinician had a conversation with the prescriber and he approved a switch to a clinically effective and lower cost generic metformin

Savings (est.): \$25,500.66

Step Therapy

Treximet 85-500mg

- Existing member new Rx
- Rejected claim reviewed for clinical appropriateness.
- Claim was denied due lack of documentation of trail and failure of 1st line agent
- Clinical team provided lower cost and clinically effective alternative for generic combination of Treximet (Sumatriptan and Naproxen)

Savings (est.): \$18,655.03

Step Therapy

Rx: Kerydin solution

- Existing member new Rx
- This claim was reviewed for clinical appropriateness
- Claim was denied due lack of documentation of trail and failure of 1st line agent
- Clinical team provided lower cost and clinically effective alternative and prescriber switched to Ketoconazole

Savings (est.): \$3,037

Clinical Savings QL Summary

Quantity Limit (QL) *Implemented 01/01/2018: no Grandfathering.*

Quantity limits are approved by our P&T Committee and follow the standard FDA-approved dosing for that product.

Quantity Limit

Rx: Copaxone Inj 40mg/ml

- Pharmacy submitted a clinically inappropriate quantity and day supply
- EmpiRx Health QL program stopped the claim for review & subsequent clinically appropriate qty/day supply resubmission
- Prescription was changed to appropriate quantity and days supply

Savings (est.): \$73,063

Quantity Limit

Rx: Cialis 20 mg tablet (30 tablets for 30 days)

- Pharmacy submitted a clinically inappropriate quantity and day supply
- Cialis 2.5 mg and 5 mg daily dose is only FDA approved for BPH
- The claim was reviewed and approved for quantity of 6 tablets for 30 days supply as per benefit design

Savings (est.): \$4,593

Quantity Limit

Rx: Nexium 40mg

- Pharmacy submitted a clinically inappropriate quantity and day supply (two per day)
- Claim was reviewed for appropriateness and was approved for the recommended daily dosing

Savings (est.): \$1,455

Clinical Savings Examples

AlertRx: Proactive Plan News Flash

Date: March 21, 2018

Details: The prescriber requested GLUMETZA TAB 1000MG.

Identified: GLUMETZA TAB 1000MG was switched to METFORMIN TAB 500MG ER. This switch is clinically effective with savings to the client.

Action: The Clinical Pharmacy Team had a discussion with the MD, and it was determined switching the medication is clinically appropriate.

Outcome: By switching to METFORMIN TAB 500MG ER, the estimated Semi-Annual Savings is \$34,318.

- GLUMETZA TAB 1000MG; 180/90 days; Potential Semi-Annual Cost is \$34,486 (2 fills *\$17,243)
- METFORMIN TAB 500MG ER; 120/30days; Potential Semi-Annual Cost is \$168 (6 fills *\$28)

Next Steps: The EmpiRx Clinical Team will follow up to ensure member is adhering to METFORMIN TAB 500MG ER and ensure it continues to be a clinically appropriate treatment.

This is informational only.

AlertRx: Proactive Plan News Flash

Date: January 31, 2018

Details: The prescriber requested Metformin ER (Glucophage XR) 500mg.

Identified: Metformin ER (Glumetza) 1000 mg was switched to Metformin ER (Glucophage XR) 500 mg. This switch is clinically effective with savings to the client.

Action: The Clinical Pharmacy Team had a discussion with the MD, and it was determined switching the medication is clinically appropriate.

Outcome: By switching to Metformin ER (Glucophage XR), the estimated annual savings is \$68,739.24

- Metformin ER (Glumetza) 1000mg; 180/90days \$ 17,292.61
Potential yearly cost (based on 4 fills): \$ 69,170.44
- Metformin ER (Glucophage XR) 500mg; 360/90days \$ 107.80
Potential yearly cost (based on 4 fills): \$ 431.20

Next Steps: The EmpiRx Clinical Team will follow up to ensure member is adhering to Metformin ER (Glucophage XR), and ensure it continues to be a clinically appropriate treatment.

This is informational only.

Proactive oversight provides clients and advisors with critical insight on daily claims data and industry news to ensure maximum plan efficiency.

Proactive oversight provides clients and advisors with critical insight on daily claims data and industry news to ensure maximum plan efficiency.

Performance Guarantees: Q1 Results

Service Description	Performance Guarantee	Performance Q1
Plan Design Set Up	98% of Plan specifications and Formulary information will be set up and accurately loaded into the EmpiRx system by the Sponsor implementation date.	100%
Member Communication Materials	98% of Covered Persons will receive ID Cards and welcome kits within 5 business days of the Sponsor implementation date.	100%
Electronic Claims Processing Accuracy	98% or more of all point-of-service Claims will be processed and paid with no errors.	100%
Electronic Claims Processing TAT	90% of all Claims submitted by a Network Pharmacies through the EmpiRx system will be received, processed, and messaged back to the pharmacy within 3 seconds.	0.5
Eligibility Changes	96% of eligibility change and update files will be loaded accurately into the EmpiRx system by 5PM EST each day; within 48 hours of receipt of a clean file.	99.90%
First Call Resolution	95% of all Covered Persons inquiries will be resolved on the first contact. Resolved means that the Covered Person did not call back within 48 hours of the initial call.	99.31%
Mail Order Pharmacy Prescription Dispensing Accuracy	99% of Covered Drugs mailed by the mail order Network Pharmacy to Covered Persons on an annual basis will be the correct drug, at the correct strength, and the correct dosage (excluding errors by the prescriber).	100%
Mail Order Pharmacy Service TAT (Clean Claims)	99% of Covered Drugs mailed by the mail order Network Pharmacy to Covered Persons on an annual basis shall be dispensed and mailed within	99.51%
	2 business days of receipt of a clean Claim, excluding specialty drug Claims.	

Performance Guarantees: Q1 Results (cont)

Service Description	Performance Guarantee	Performance Q1
Standard Report Delivery	98% of all reports due Sponsor will be delivered within 2 business days of their due date.	98%
Average Speed of Answer	Member calls received during each calendar year will be answered on average within 30 seconds with the exception of a failure of a third-party communications system.	0.16
Abandonment Rate	Less than 5% of Covered Person calls, once a call has entered the queue.	2.00%
Plan Design Changes	98% of all Plan specifications and Formulary changes will be made and accurately loaded into the EmpiRx system within 5 business days.	100%
EmpiRx System Availability	98% of each calendar year, the EmpiRx system will be available 24 hours per day, 7 days per week (excluding scheduled system maintenance).	100%

Appendix

SJVIA – Combined Totals

CLIENT: SJVIA - COMBINED
YEAR: 2018

	JAN	FEB	MAR	APR	MAY	JUN	TOTALS/AVGS
Member Cost	\$136,049.65	\$125,039.21	\$133,997.14	\$129,872.57	\$134,307.92	\$117,619.46	\$776,885.95
Plan Cost	\$1,519,790.53	\$1,452,804.83	\$1,622,786.81	\$1,492,800.29	\$1,595,587.20	\$1,459,635.08	\$9,143,404.74
Member Cost Share	8.22%	7.92%	7.63%	8.00%	7.76%	7.46%	7.83%
Utilizers	3,878	3,953	4,107	4,034	4,101	3,875	3,991
Non-Utilizers	6,716	6,613	6,444	6,460	6,395	6,669	6,550
All Members	10,594	10,566	10,551	10,494	10,496	10,544	10,541
Gross Cost PMPM	\$156.30	\$149.33	\$166.50	\$154.63	\$164.81	\$149.59	\$156.85
Member Cost PMPM	\$12.84	\$11.83	\$12.70	\$12.38	\$12.80	\$11.16	\$12.28
Plan Cost PMPM	\$143.46	\$137.50	\$153.80	\$142.25	\$152.02	\$138.43	\$144.57
Days Supply	417,035	376,031	403,569	414,455	420,703	383,813	2,415,606
Average Days Supply	38.36	37.62	37.67	40.53	40.32	40.86	39.19
Claim Count	10,871	9,996	10,713	10,226	10,435	9,394	61,635
Generic Dispensing Rate	84.18%	86.79%	84.01%	84.81%	85.25%	82.71%	84.63%
Specialty Claim Count	113	111	137	109	129	120	719
Specialty Plan Cost	\$340,844.32	\$433,729.21	\$464,107.99	\$366,996.59	\$467,723.74	\$421,750.64	\$2,495,152.49
Specialty Plan Cost Per Rx	\$3,016.32	\$3,907.47	\$3,387.65	\$3,366.94	\$3,625.77	\$3,514.59	\$3,470.31
Specialty Plan Cost Percent	22.43%	29.85%	28.60%	24.58%	29.31%	28.89%	27.28%
Specialty Plan Cost PMPM	\$32.17	\$41.05	\$43.99	\$34.97	\$44.56	\$40.00	\$39.45
Mail Order Claim Count	123	110	126	127	122	125	733
Mail Order Penetration Rate	1.13%	1.10%	1.18%	1.24%	1.17%	1.33%	1.19%

SJVIA – County of Tulare

CLIENT: SJVIA - TULARE
YEAR: 2018

	JAN	FEB	MAR	APR	MAY	JUN	TOTALS/AVGS
Member Cost	\$57,424.52	\$52,823.95	\$57,761.05	\$56,125.30	\$58,383.88	\$51,503.09	\$334,021.79
Plan Cost	\$605,098.34	\$626,710.03	\$645,722.88	\$635,691.75	\$656,429.33	\$646,899.72	\$3,816,552.05
Member Cost Share	8.67%	7.77%	8.21%	8.11%	8.17%	7.37%	8.05%
Utilizers	1,443	1,563	1,596	1,616	1,612	1,528	1,560
Non-Utilizers	2,344	2,218	2,188	2,171	2,214	2,304	2,240
All Members	3,787	3,781	3,784	3,787	3,826	3,832	3,800
Gross Cost PMPM	\$174.95	\$179.72	\$185.91	\$182.68	\$186.83	\$182.26	\$182.07
Member Cost PMPM	\$15.16	\$13.97	\$15.26	\$14.82	\$15.26	\$13.44	\$14.65
Plan Cost PMPM	\$159.78	\$165.75	\$170.65	\$167.86	\$171.57	\$168.82	\$167.41
Days Supply	163,999	157,816	161,839	168,230	174,521	157,640	984,045
Average Days Supply	37.32	37.41	36.92	40.05	40.20	40.27	38.66
Claim Count	4,394	4,218	4,383	4,201	4,341	3,915	25,452
Generic Dispensing Rate	84.46%	84.76%	84.92%	84.10%	84.17%	84.75%	84.53%
Specialty Claim Count	37	49	48	41	59	49	283
Specialty Plan Cost	\$144,658.04	\$233,171.26	\$211,059.84	\$199,260.51	\$225,135.42	\$228,634.69	\$1,241,919.76
Specialty Plan Cost Per Rx	\$3,909.68	\$4,758.60	\$4,397.08	\$4,860.01	\$3,815.85	\$4,666.01	\$4,388.41
Specialty Plan Cost Percent	23.91%	37.21%	32.69%	31.35%	34.30%	35.34%	32.46%
Specialty Plan Cost PMPM	\$38.20	\$61.67	\$55.78	\$52.62	\$58.84	\$59.66	\$54.48
Mail Order Claim Count	73	57	68	77	74	61	410
Mail Order Penetration Rate	1.66%	1.35%	1.55%	1.83%	1.70%	1.56%	1.61%

SJVIA – County of Fresno

CLIENT: SJVIA - FRESNO

YEAR: 2018

	JAN	FEB	MAR	APR	MAY	JUN	TOTALS/AVGS
Member Cost	\$77,838.95	\$71,218.29	\$75,188.57	\$72,897.65	\$74,957.34	\$65,161.22	\$437,262.02
Plan Cost	\$909,656.21	\$818,415.24	\$968,043.36	\$850,922.34	\$932,110.85	\$804,752.17	\$5,283,900.17
Member Cost Share	7.88%	8.01%	7.21%	7.89%	7.44%	7.49%	7.64%
Utilizers	2,403	2,359	2,478	2,386	2,456	2,319	2,400
Non-Utilizers	4,293	4,316	4,179	4,214	4,112	4,291	4,234
All Members	6,696	6,675	6,657	6,600	6,568	6,610	6,634
Gross Cost PMPM	\$147.48	\$133.28	\$156.71	\$139.97	\$153.33	\$131.61	\$143.73
Member Cost PMPM	\$11.62	\$10.67	\$11.29	\$11.05	\$11.41	\$9.86	\$10.98
Plan Cost PMPM	\$135.85	\$122.61	\$145.42	\$128.93	\$141.92	\$121.75	\$132.74
Days Supply	250,692	215,085	238,966	244,169	243,176	223,487	1,415,575
Average Days Supply	39.12	37.73	38.25	40.98	40.41	41.30	39.60
Claim Count	6,409	5,701	6,247	5,958	6,018	5,411	35,744
Generic Dispensing Rate	81.32%	82.09%	81.58%	82.26%	82.12%	82.50%	81.98%
Specialty Claim Count	73	61	87	67	69	69	426
Specialty Plan Cost	\$196,150.72	\$197,581.69	\$250,059.69	\$164,759.82	\$239,612.06	\$190,128.53	\$1,238,292.51
Specialty Plan Cost Per Rx	\$2,687.00	\$3,239.04	\$2,874.25	\$2,459.10	\$3,472.64	\$2,755.49	\$2,906.79
Specialty Plan Cost Percent	21.56%	24.14%	25.83%	19.36%	25.71%	23.63%	23.37%
Specialty Plan Cost PMPM	\$29.29	\$29.60	\$37.56	\$24.96	\$36.48	\$28.76	\$31.11
Mail Order Claim Count	50	50	58	50	45	64	317
Mail Order Penetration Rate	0.78%	0.88%	0.93%	0.84%	0.75%	1.18%	0.89%

SJVIA – City of Marysville

CLIENT: SJVIA - MARYSVILLE
YEAR: 2018

	JAN	FEB	MAR	APR	MAY	JUN	TOTALS/AVGS
Member Cost	\$786.18	\$996.97	\$1,047.52	\$849.62	\$966.70	\$955.15	\$5,602.14
Plan Cost	\$5,035.98	\$7,679.56	\$9,020.57	\$6,186.20	\$7,047.02	\$7,983.19	\$42,952.52
Member Cost Share	13.50%	11.49%	10.40%	12.08%	12.06%	10.69%	11.54%
Utilizers	32	31	33	32	33	28	32
Non-Utilizers	79	79	77	75	69	74	76
All Members	111	110	110	107	102	102	107
Gross Cost PMPM	\$52.45	\$78.88	\$91.53	\$65.76	\$78.57	\$87.63	\$75.63
Member Cost PMPM	\$7.08	\$9.06	\$9.52	\$7.94	\$9.48	\$9.36	\$8.73
Plan Cost PMPM	\$45.37	\$69.81	\$82.01	\$57.81	\$69.09	\$78.27	\$66.90
Days Supply	2,344	3,130	2,764	2,056	3,006	2,686	15,986
Average Days Supply	34.47	40.65	33.30	30.69	39.55	39.50	36.41
Claim Count	68	77	83	67	76	68	439
Generic Dispensing Rate	86.76%	93.51%	85.54%	88.06%	89.47%	80.88%	87.37%
Specialty Claim Count	3	1	2	1	1	2	10
Specialty Plan Cost	\$35.56	\$2,976.26	\$2,988.46	\$2,976.26	\$2,976.26	\$2,987.42	\$14,940.22
Specialty Plan Cost Per Rx	\$11.85	\$2,976.26	\$1,494.23	\$2,976.26	\$2,976.26	\$1,493.71	\$1,494.02
Specialty Plan Cost Percent	0.71%	38.76%	33.13%	48.11%	42.23%	37.42%	33.39%
Specialty Plan Cost PMPM	\$0.32	\$27.06	\$27.17	\$27.82	\$29.18	\$29.29	\$23.27
Mail Order Claim Count	0	3	0	0	3	0	6
Mail Order Penetration Rate	0.00%	3.90%	0.00%	0.00%	3.95%	0.00%	1.37%

Thank You!

**BOARD OF DIRECTORS**

ANDREAS BERGEAS

KUYLER CROCKER

NATHAN MAGSIG

BUDDY MENDES

BRIAN PACHECO

PETE VANDER POEL

J. STEVEN WORTHLEY

Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrel Avenue
Visalia, CA 93291
August 24, 2018 9:00 AM

AGENDA DATE: August 24, 2018

ITEM NUMBER: Item 16

SUBJECT: Receive and File Consultant's Medical, Dental, and Vision Experience Reports through June 2018 (I)

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

DESCRIPTION:

The report shows that on a total cost basis from January through June 2018, the medical premium of \$39,030,041 exceeded total cost of \$36,017,421 for a surplus position of \$3,012,620 or a 92.3% loss ratio. The Dental and Vision coverages are fully insured. Dental is in a deficit position of \$63,986. Vision is in a surplus position of \$3,271.

FISCAL IMPACT/FINANCING:

The 2018 plan year experience developed a \$3,012,620 medical surplus, a \$63,986 dental deficit, and a \$3,271 vision surplus. 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:

A handwritten signature in black ink, appearing to read "Paul Nerland", written over a horizontal line.

Paul Nerland
SJVIA Manager

A handwritten signature in black ink, appearing to read "Rhonda Sjostrom", written over a horizontal line.

Rhonda Sjostrom
SJVIA Assistant Manager

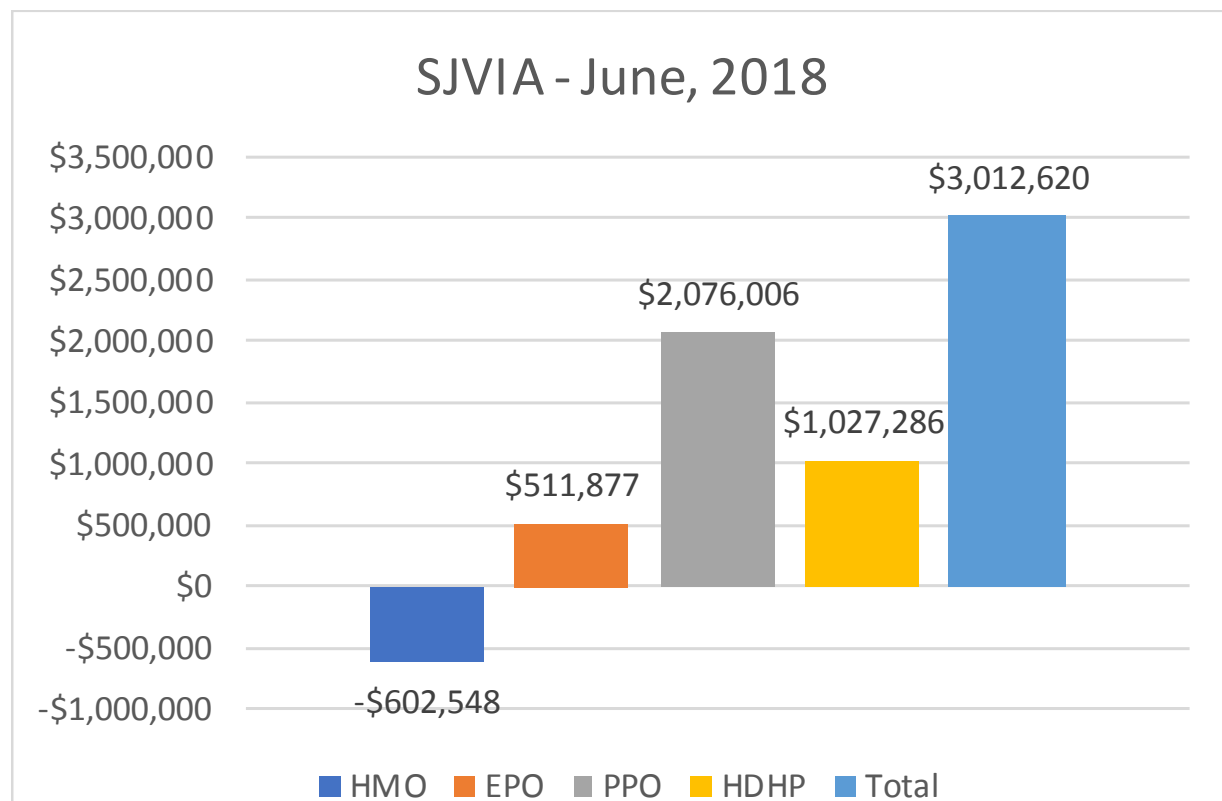
August 24, 2018

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

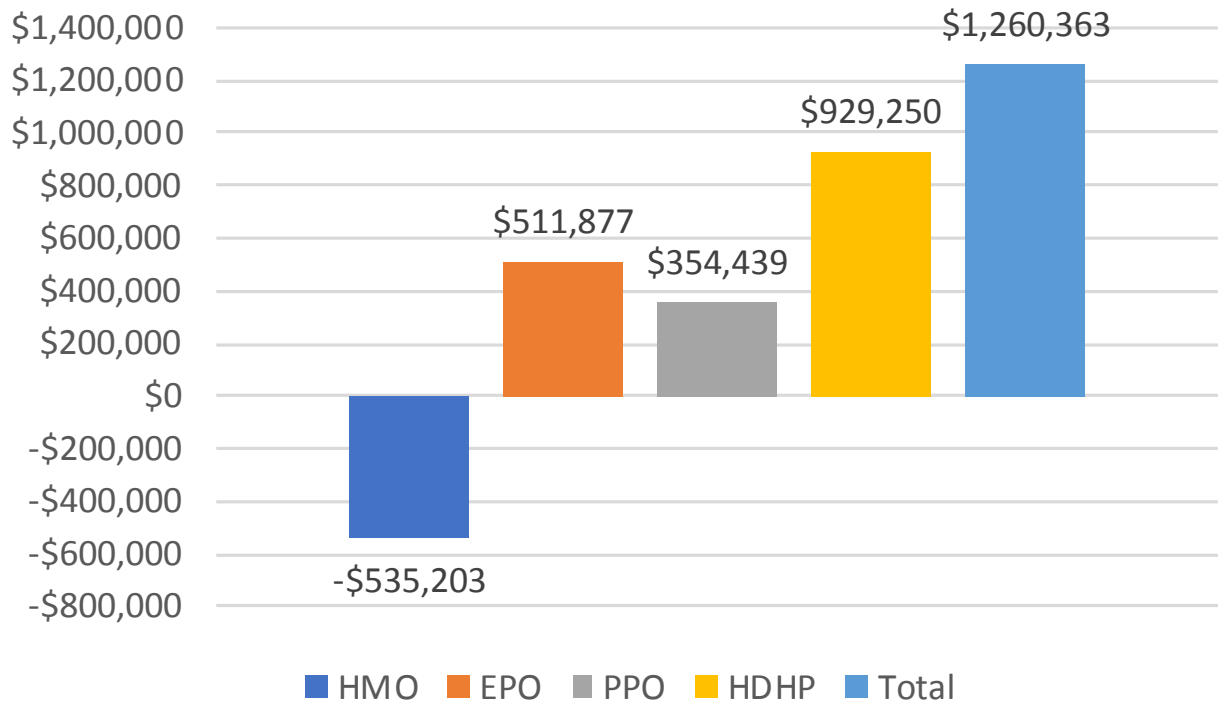
The following pages provide a summary of the Medical experience from January 1 through June 2018. Keenan's last report to the SJVIA Board was based on claim experience through May 2018. The Anthem self-funded medical plan showed a surplus of \$3,012,620 through June. This includes paying the runout claims on the discontinued Anthem HMO and the two cities which terminated effective January 1, 2018.

The May 2018 experience report showed a surplus position of \$3,393,538. June 2018 produced a surplus of \$578,056. Keenan questioned the plan experience of the HDHP since it seemed very low. This resulted in Anthem realizing that not all employee group's plan experience were being reported to Keenan for the experience reports. An audit of claim experience from January 1, 2016 through May 31, 2018 revealed that the County of Fresno HDHP plan experience reports were understated from July 1, 2017 through May 31, 2018 by \$981,431. While the preliminary renewal was impacted by this understatement, the final renewal was not.

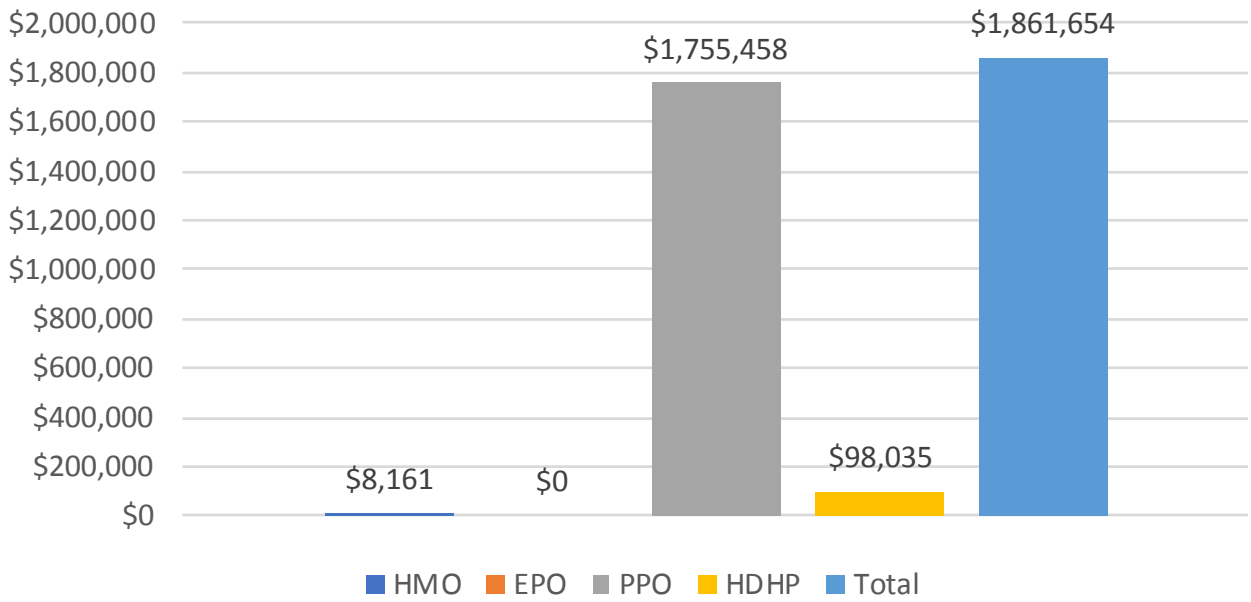
As of June 30, 2018, Dental is in a deficit position of \$63,986 and Vision is in a surplus position of \$3,271.

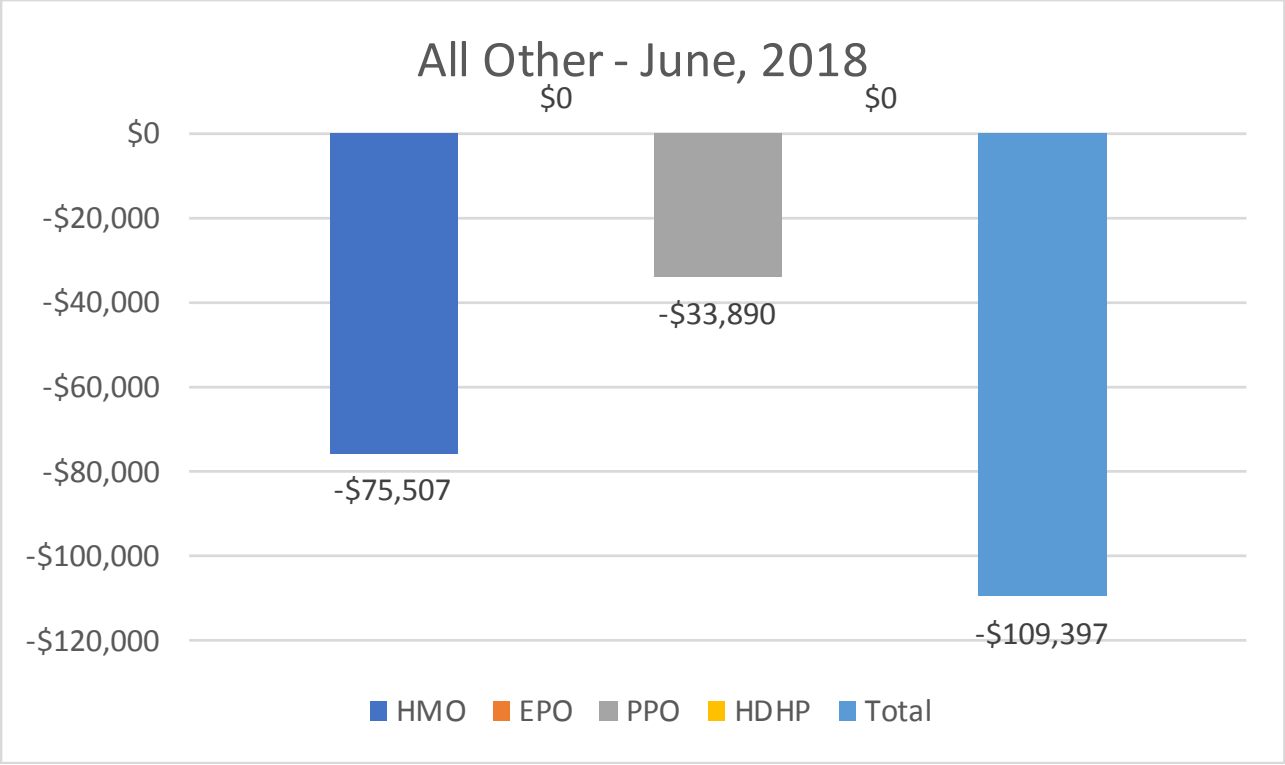


County of Fresno - June, 2018



County of Tulare - June, 2018







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

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE						SURPLUS / (DEFICIT)
			MEDICAL	CAPITATION	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE	
Jul-17	0	0	\$ 3,776	\$ -	\$ 281	\$ -	\$ -	\$ 4,057	\$ (4,057)
Aug-17	0	0	\$ 4,493	\$ -	\$ 696	\$ -	\$ -	\$ 5,189	\$ (5,189)
Sep-17	0	0	\$ 1,460	\$ -	\$ 311	\$ -	\$ -	\$ 1,771	\$ (1,771)
Oct-17	0	0	\$ 2,240	\$ -	\$ 307	\$ -	\$ -	\$ 2,547	\$ (2,547)
Nov-17	0	0	\$ 1,511	\$ -	\$ 771	\$ -	\$ -	\$ 2,282	\$ (2,282)
Dec-17	0	0	\$ 6,170	\$ -	\$ 441	\$ -	\$ -	\$ 6,611	\$ (6,611)
Jan-18	0	0	\$ 13,010	\$ -	\$ 7,905	\$ -	\$ -	\$ 20,915	\$ (20,915)
Feb-18	0	0	\$ 70,390	\$ -	\$ 44,391	\$ -	\$ -	\$ 114,781	\$ (114,781)
Mar-18	0	0	\$ 314,103	\$ -	\$ 82,186	\$ -	\$ -	\$ 396,289	\$ (396,289)
Apr-18	0	0	\$ 99,112	\$ -	\$ 65,103	\$ -	\$ -	\$ 164,215	\$ (164,215)
May-18	0	0	\$ 177,178	\$ -	\$ 85,596	\$ -	\$ -	\$ 262,774	\$ (262,774)
Total	0	0	\$ 693,443	\$ -	\$ 287,988	\$ -	\$ -	\$ 981,431	\$ (981,431)

Data Sources:

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

Notes:

1. Pooling Points: EPO/PPO/HDHP = \$450,000.
2. EmpiRx PBM replaced Envelope PBM effective 1/1/2018
3. Waterford and Ceres terminated from SJVIA effective 1/1/2018
4. All Others Claims include runout for Ceres and Waterford



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

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	MEDICAL	CAPITATION	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE	SURPLUS / (DEFICIT)
Jul-17	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Aug-17	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Sep-17	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Oct-17	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Nov-17	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Dec-17	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Jan-18	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Feb-18	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Mar-18	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Apr-18	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
May-18	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Total	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0

Data Sources:

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

Notes:

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4. All Others Claims include runout for Ceres and Waterford



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

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	MEDICAL	CAPITATION	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE	SURPLUS / (DEFICIT)
Jul-17	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Aug-17	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Sep-17	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Oct-17	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Nov-17	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Dec-17	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Jan-18	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Feb-18	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Mar-18	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Apr-18	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
May-18	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Total	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0

Data Sources:

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

Notes:

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4. All Others Claims include runout for Ceres and Waterford



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

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	MEDICAL	CAPITATION	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE	SURPLUS / (DEFICIT)
Jul-17	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Aug-17	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Sep-17	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Oct-17	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Nov-17	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Dec-17	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Jan-18	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Feb-18	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Mar-18	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Apr-18	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
May-18	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Total	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0

Data Sources:

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

Notes:

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

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	MEDICAL	CAPITATION	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE	SURPLUS / (DEFICIT)
Jul-17	0	\$ -	\$ 3,776	\$ -	\$ 281	\$ -	\$ -	\$ 4,057	-4,057
Aug-17	0	\$ -	\$ 4,493	\$ -	\$ 696	\$ -	\$ -	\$ 5,189	-5,189
Sep-17	0	\$ -	\$ 1,460	\$ -	\$ 311	\$ -	\$ -	\$ 1,771	-1,771
Oct-17	0	\$ -	\$ 2,240	\$ -	\$ 307	\$ -	\$ -	\$ 2,547	-2,547
Nov-17	0	\$ -	\$ 1,511	\$ -	\$ 771	\$ -	\$ -	\$ 2,282	-2,282
Dec-17	0	\$ -	\$ 6,170	\$ -	\$ 441	\$ -	\$ -	\$ 6,611	-6,611
Jan-18	0	\$ -	\$ 13,010	\$ -	\$ 7,905	\$ -	\$ -	\$ 20,915	-20,915
Feb-18	0	\$ -	\$ 70,390	\$ -	\$ 44,391	\$ -	\$ -	\$ 114,781	-114,781
Mar-18	0	\$ -	\$ 314,103	\$ -	\$ 82,186	\$ -	\$ -	\$ 396,289	-396,289
Apr-18	0	\$ -	\$ 99,112	\$ -	\$ 65,103	\$ -	\$ -	\$ 164,215	-164,215
May-18	0	\$ -	\$ 177,178	\$ -	\$ 85,596	\$ -	\$ -	\$ 262,774	-262,774
Total	0	\$ -	\$ 693,443	\$ -	\$ 287,988	\$ -	\$ -	\$ 981,431	-981,431

Data Sources:

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

Notes:

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2. EmpiRx PBM replaced Envelope PBM effective 1/1/2018
3. Waterford and Ceres terminated from SJVIA effective 1/1/2018
4. All Others Claims include runout for Ceres and Waterford



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

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	MEDICAL	CAPITATION	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE	SURPLUS / (DEFICIT)
Jul-17	0	\$ -	\$ 3,776	\$ -	\$ 281	\$ -	\$ -	\$ 4,057	-4,057
Aug-17	0	\$ -	\$ 4,493	\$ -	\$ 696	\$ -	\$ -	\$ 5,189	-5,189
Sep-17	0	\$ -	\$ 1,460	\$ -	\$ 311	\$ -	\$ -	\$ 1,771	-1,771
Oct-17	0	\$ -	\$ 2,240	\$ -	\$ 307	\$ -	\$ -	\$ 2,547	-2,547
Nov-17	0	\$ -	\$ 1,511	\$ -	\$ 771	\$ -	\$ -	\$ 2,282	-2,282
Dec-17	0	\$ -	\$ 6,170	\$ -	\$ 441	\$ -	\$ -	\$ 6,611	-6,611
Jan-18	0	\$ -	\$ 13,010	\$ -	\$ 7,905	\$ -	\$ -	\$ 20,915	-20,915
Feb-18	0	\$ -	\$ 70,390	\$ -	\$ 44,391	\$ -	\$ -	\$ 114,781	-114,781
Mar-18	0	\$ -	\$ 314,103	\$ -	\$ 82,186	\$ -	\$ -	\$ 396,289	-396,289
Apr-18	0	\$ -	\$ 99,112	\$ -	\$ 65,103	\$ -	\$ -	\$ 164,215	-164,215
May-18	0	\$ -	\$ 177,178	\$ -	\$ 85,596	\$ -	\$ -	\$ 262,774	-262,774
Total	0	\$ -	\$ 693,443	\$ -	\$ 287,988	\$ -	\$ -	\$ 981,431	-981,431

Data Sources:

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

Notes:

1. Pooling Points: EPO/PPO/HDHP = \$450,000.
2. EmpiRx PBM replaced Envelope PBM effective 1/1/2018
3. Waterford and Ceres terminated from SJVIA effective 1/1/2018
4. All Others Claims include runout for Ceres and Waterford



San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of June 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	\$2,828,118	\$991,172	\$1,575,369	\$546,146	\$0	\$5,940,805	\$781,549	\$749.88	88.4%
Aug-17	7,188	\$6,713,191	\$3,679,724	\$988,909	\$1,864,173	\$545,668	\$0	\$7,078,475	-\$365,284	\$908.85	105.4%
Sep-17	7,198	\$6,710,435	\$2,832,780	\$985,584	\$1,817,473	\$546,161	\$0	\$6,181,998	\$528,436	\$782.97	92.1%
Oct-17	7,160	\$6,672,823	\$4,137,958	\$979,410	\$1,810,591	\$543,054	-\$75,682	\$7,395,330	-\$722,508	\$957.02	110.8%
Nov-17	7,193	\$6,689,463	\$3,302,717	\$974,921	\$1,692,587	\$545,451	-\$1,520	\$6,514,156	\$175,308	\$829.79	97.4%
Dec-17	7,112	\$6,646,325	\$2,856,439	\$976,822	\$1,642,821	\$847,464	\$0	\$6,323,546	\$322,779	\$769.98	95.1%
Jan-18	6,958	\$6,521,019	\$2,767,312	\$1,303	\$1,592,760	\$624,786	\$0	\$4,986,161	\$1,534,858	\$626.81	76.5%
Feb-18	6,955	\$6,519,818	\$2,974,163	\$392	\$1,519,979	\$624,534	\$0	\$5,119,068	\$1,400,750	\$646.23	78.5%
Mar-18	6,953	\$6,512,291	\$5,141,710	\$0	\$1,735,958	\$624,197	\$0	\$7,501,865	-\$989,574	\$989.17	115.2%
Apr-18	6,935	\$6,483,938	\$3,792,571	\$0	\$1,588,684	\$622,237	\$0	\$6,003,492	\$480,446	\$775.96	92.6%
May-18	6,963	\$6,487,562	\$4,141,750	\$0	\$1,713,470	\$624,258	\$0	\$6,479,478	\$8,084	\$840.90	99.9%
Jun-18	6,992	\$6,505,413	\$3,695,905	\$0	\$1,604,344	\$627,108	\$0	\$5,927,357	\$578,056	\$758.04	91.1%
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	\$39,828,579	\$11,798,633	\$20,118,638	\$6,832,128	-\$77,202	\$78,500,774	\$1,954,459	\$834.46	97.6%
2018 YTD	6,959	\$39,030,041	\$22,513,411	\$1,695	\$9,755,195	\$3,747,119	\$0	\$36,017,421	\$3,012,620	\$772.83	92.3%
Current 12 Months	7,067	\$79,184,631	\$42,151,147	\$5,898,513	\$20,158,209	\$7,321,063	-\$77,202	\$75,451,731	\$3,732,900	\$803.42	95.3%

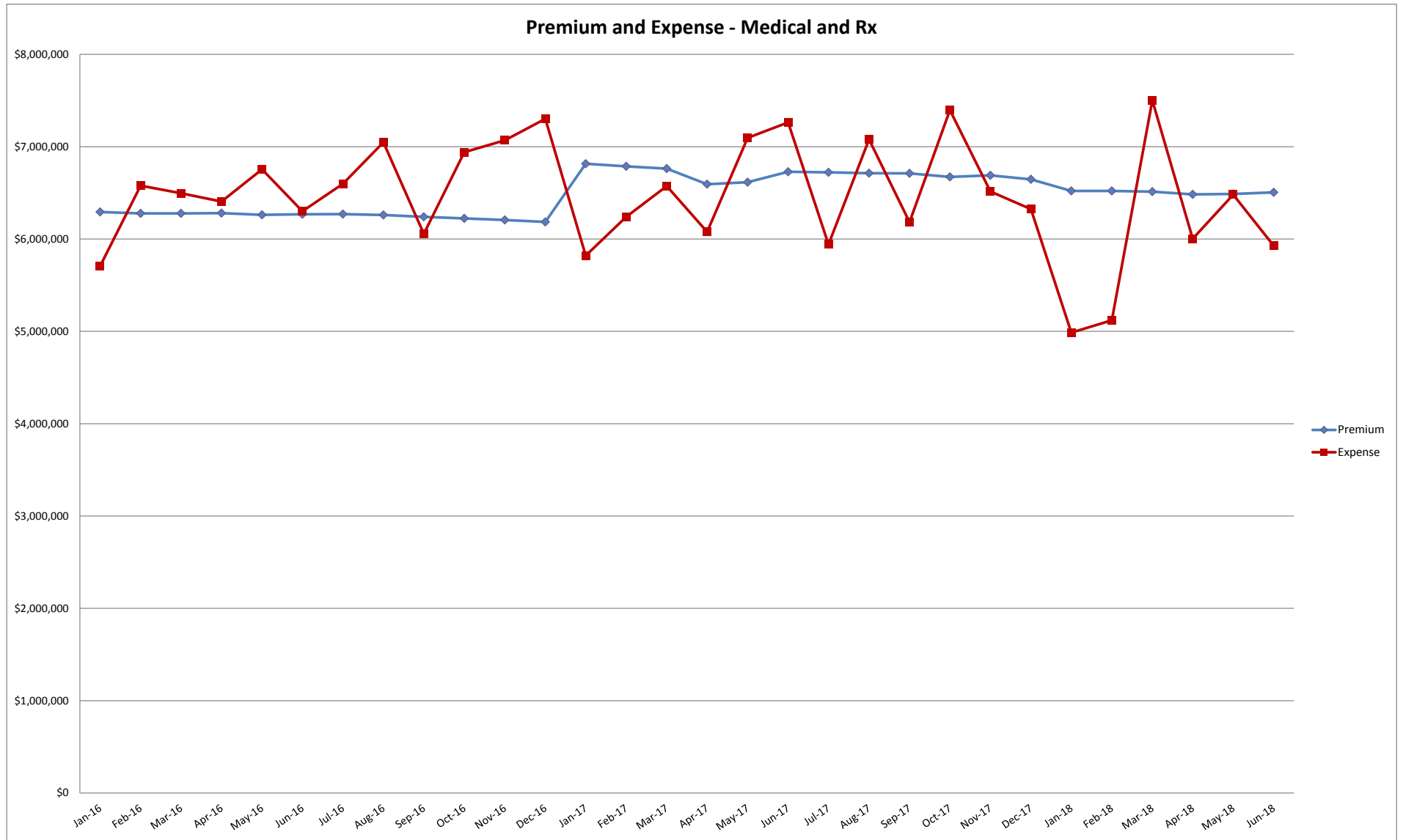
Data Sources:

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





San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of June 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%
Jun-18	1	\$1,593	-\$86	\$0	\$0	\$94	\$0	\$8	\$1,585	-\$86.00	0.5%
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	\$9,557	\$609,045	\$1,695	\$804	\$561	\$0	\$612,105	-\$602,548	\$101,923.93	6405.1%
Current 12 Months	1,640	\$20,742,450	\$9,964,414	\$5,898,513	\$4,863,444	\$1,720,000	-\$77,202	\$22,369,169	-\$1,626,719	\$1,049.51	107.8%

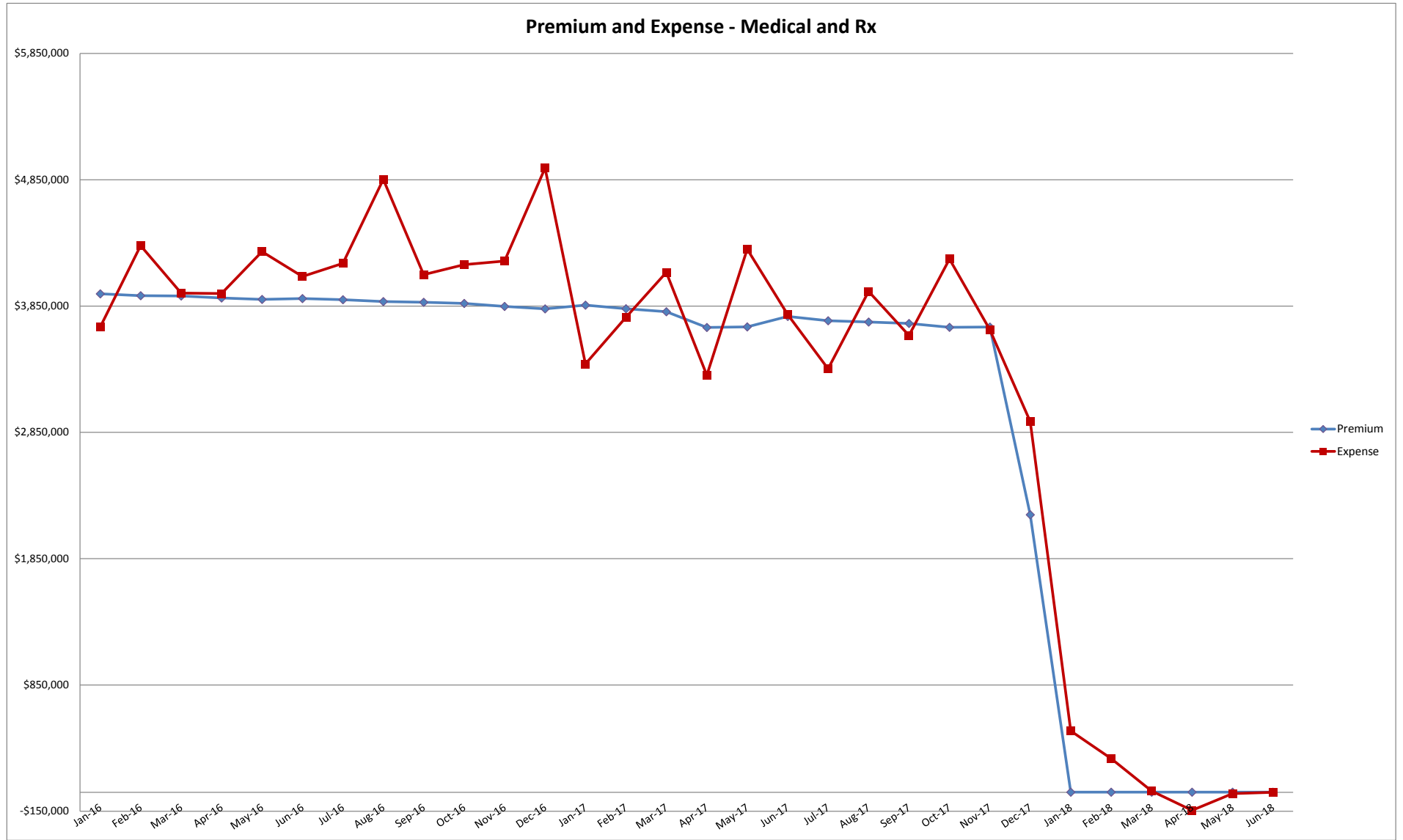
Data Sources:

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





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

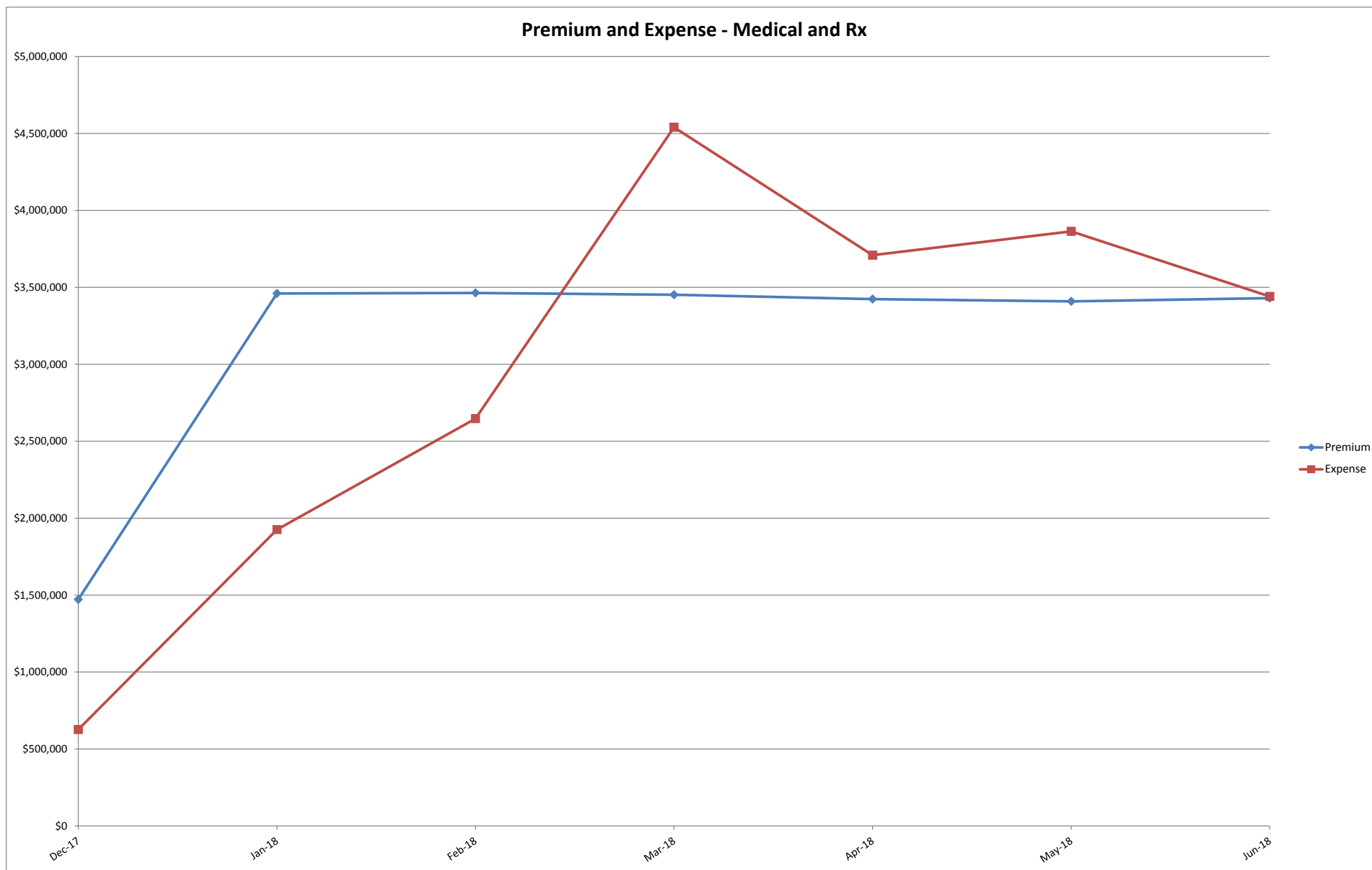
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Feb-17	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Mar-17	0	\$0	\$0	\$0	\$0	\$0	\$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%
Jun-18	3,098	\$3,429,672	\$2,361,578	\$767,589	\$312,093	\$0	\$3,441,259	-\$11,587	\$1,010.06	100.3%
2017	3,048	\$1,471,887	\$68,189	\$251,226	\$307,056	\$0	\$626,470	\$845,417	\$104.79	42.6%
2018 YTD	3,102	\$20,637,763	\$13,214,957	\$5,035,755	\$1,875,174	\$0	\$20,125,886	\$511,877	\$980.48	97.5%
Current 12 Months	1,805	\$22,109,650	\$13,283,146	\$5,286,981	\$2,182,230	\$0	\$20,752,356	\$1,357,294	\$857.27	93.9%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envelope, 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 Envelope PBM effective 1/1/2018
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**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of June 2018
All Districts Combined - EPO**





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

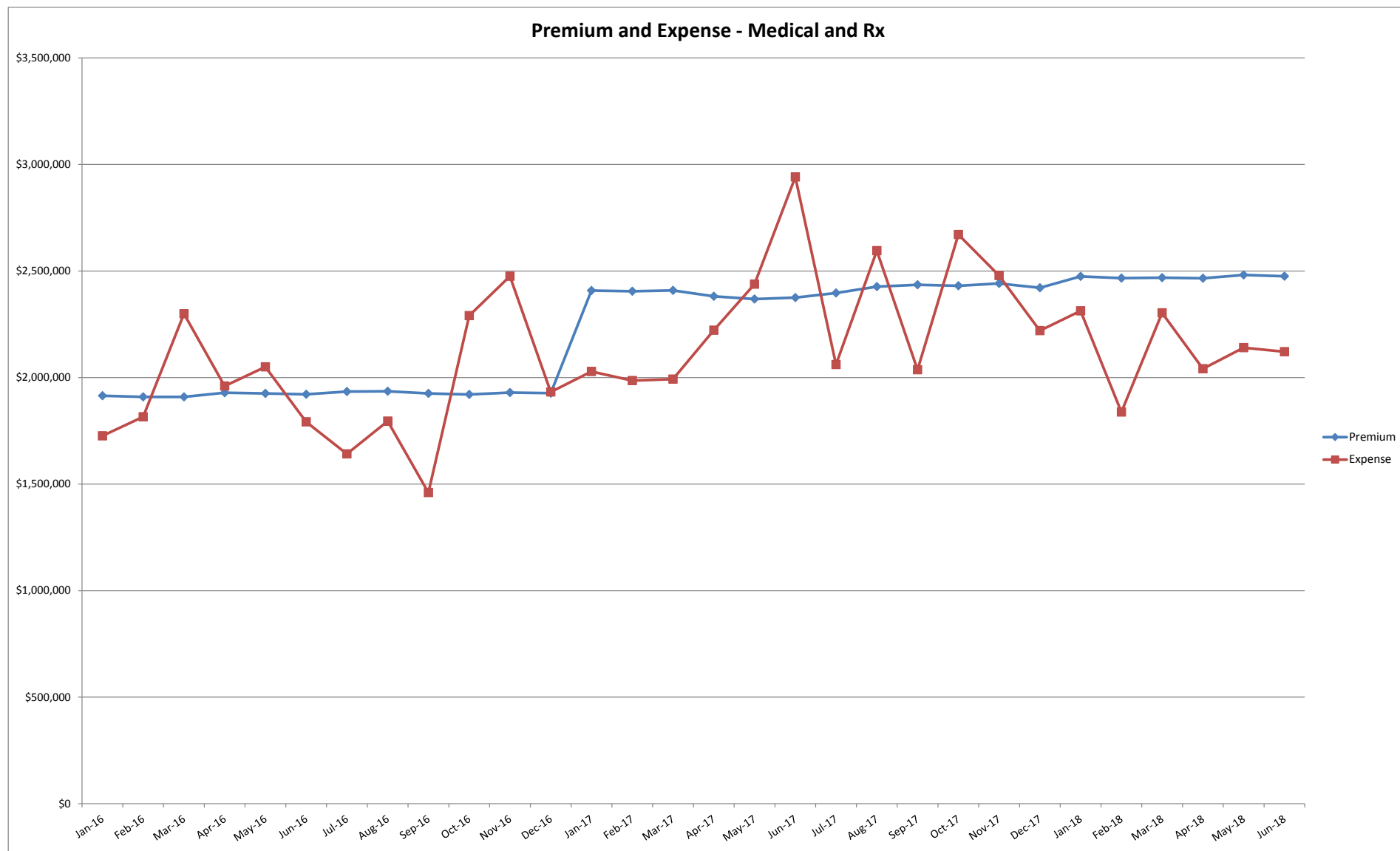
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	2,690	\$1,914,485	\$1,062,073	\$490,627	\$173,742	\$0	\$1,726,442	\$188,043	\$577.21	90.2%
Feb-16	2,692	\$1,909,087	\$1,028,097	\$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	\$1,888,053	\$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%
Jun-18	3,090	\$2,475,265	\$1,183,141	\$692,047	\$245,721	\$0	\$2,120,909	\$354,356	\$606.86	85.7%
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	3,067	\$14,832,261	\$7,183,837	\$4,109,131	\$1,463,287	\$0	\$12,756,255	\$2,076,006	\$613.75	86.0%
Current 12 Months	3,075	\$29,384,317	\$15,641,714	\$8,488,614	\$2,687,695	\$0	\$26,818,023	\$2,566,293	\$654.03	91.3%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envelope, 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 Envelope 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 June 2018
All Districts Combined - PPO**





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

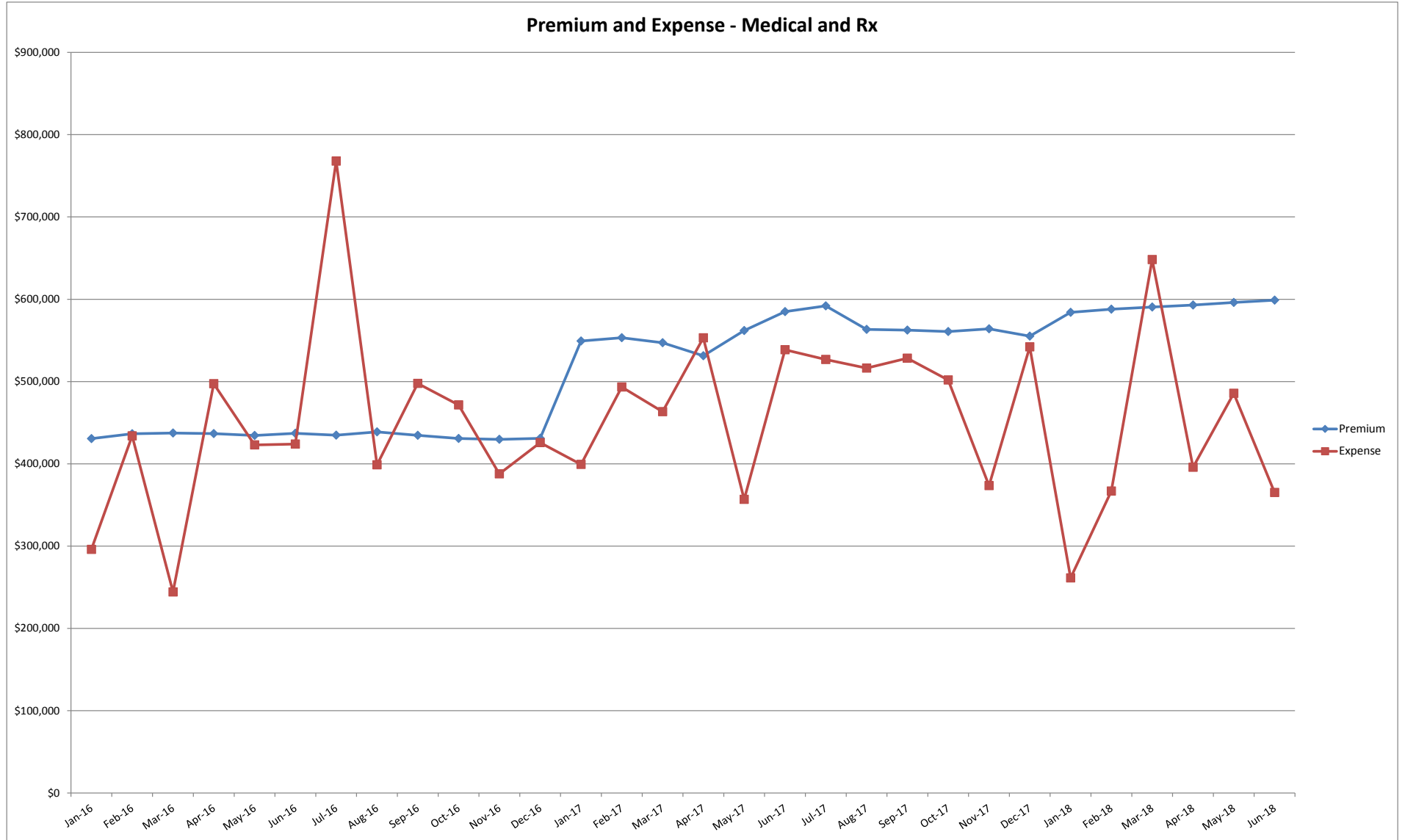
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	676	\$430,642	\$190,383	\$61,983	\$43,644	\$0	\$296,010	\$134,632	\$373.32	68.7%
Feb-16	683	\$436,510	\$349,360	\$40,463	\$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	\$340,803	\$129,489	\$56,453	\$0	\$526,745	\$65,123	\$551.34	89.0%
Aug-17	814	\$563,390	\$317,389	\$145,106	\$53,872	\$0	\$516,367	\$47,023	\$568.18	91.7%
Sep-17	816	\$562,473	\$292,926	\$181,459	\$54,005	\$0	\$528,390	\$34,083	\$581.35	93.9%
Oct-17	813	\$560,698	\$293,972	\$154,133	\$53,808	\$0	\$501,913	\$58,784	\$551.17	89.5%
Nov-17	823	\$564,103	\$175,378	\$143,619	\$54,470	\$0	\$373,467	\$190,636	\$387.60	66.2%
Dec-17	762	\$555,223	\$335,833	\$155,859	\$50,434	\$0	\$542,126	\$13,098	\$645.27	97.6%
Jan-18	780	\$584,165	\$123,436	\$70,685	\$67,197	\$0	\$261,318	\$322,847	\$248.87	44.7%
Feb-18	782	\$587,933	\$232,354	\$67,174	\$67,384	\$0	\$366,912	\$221,020	\$383.03	62.4%
Mar-18	786	\$590,458	\$467,327	\$113,171	\$67,730	\$0	\$648,228	-\$57,770	\$738.55	109.8%
Apr-18	789	\$592,894	\$231,956	\$95,884	\$67,990	\$0	\$395,830	\$197,064	\$415.51	66.8%
May-18	796	\$596,128	\$299,227	\$117,883	\$68,595	\$0	\$485,705	\$110,422	\$524.01	81.5%
Jun-18	803	\$598,883	\$151,272	\$144,709	\$69,201	\$0	\$365,182	\$233,702	\$368.59	61.0%
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	\$3,684,425	\$1,471,612	\$637,538	\$0	\$5,793,575	\$932,249	\$535.25	86.1%
2018 YTD	789	\$3,550,460	\$1,505,572	\$609,506	\$408,097	\$0	\$2,523,175	\$1,027,286	\$446.60	71.1%
Current 12 Months	801	\$6,948,215	\$3,261,873	\$1,519,171	\$731,138	\$0	\$5,512,182	\$1,436,032	\$497.15	79.3%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envelope, 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 Envelope 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 June 2018
All Districts Combined - HDHP**





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

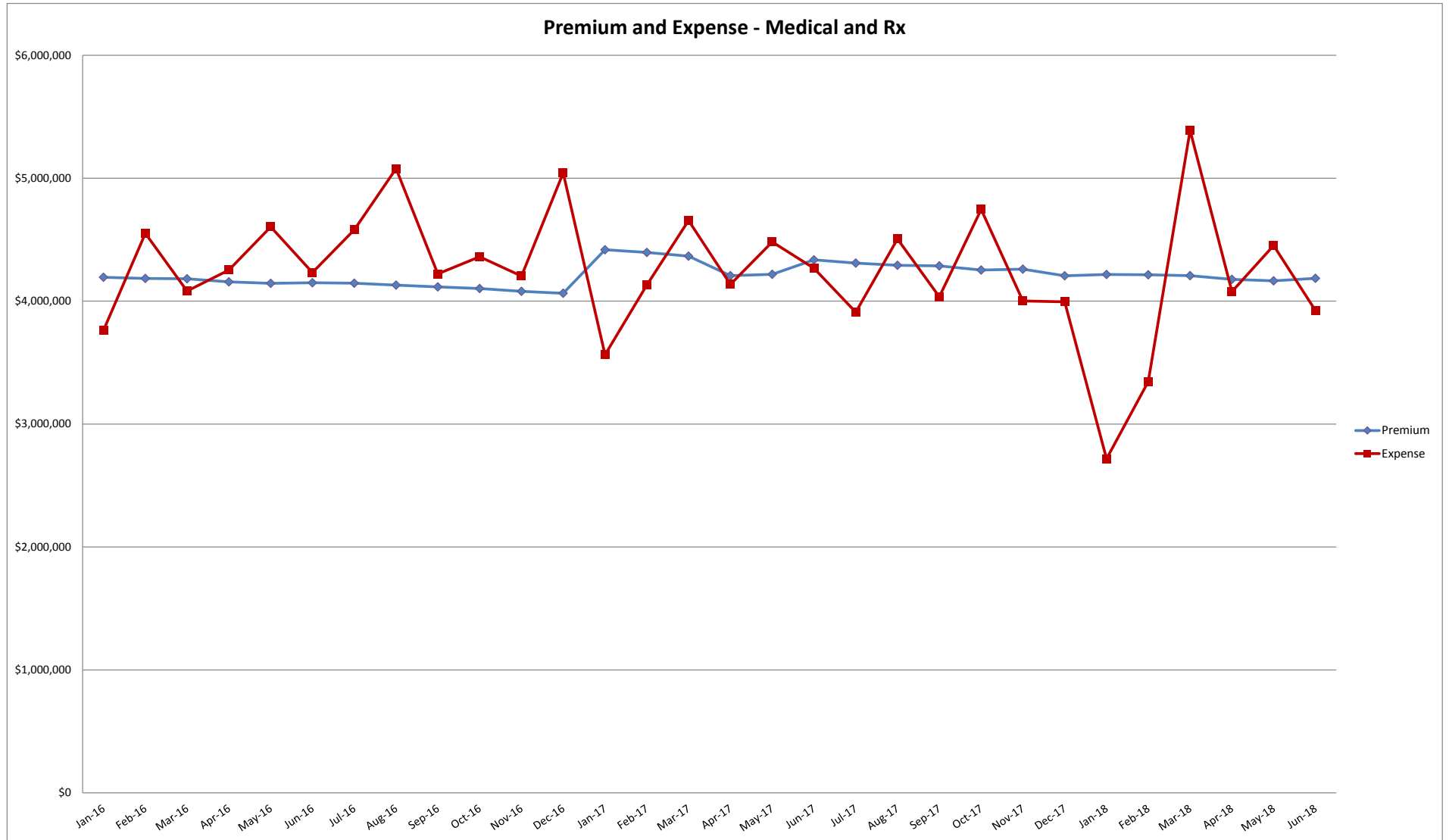
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE						SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	CAPITATION	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	4,504	\$4,194,043	\$1,446,667	\$1,021,945	\$926,517	\$368,464	\$0	\$3,763,592	\$430,451	\$753.80	89.7%
Feb-16	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	\$1,657,044	\$939,122	\$971,215	\$342,379	\$0	\$3,909,759	\$399,369	\$857.34	90.7%
Aug-17	4,151	\$4,291,222	\$2,105,120	\$936,084	\$1,122,204	\$341,590	\$0	\$4,504,998	-\$213,776	\$1,002.99	105.0%
Sep-17	4,148	\$4,286,191	\$1,702,653	\$932,821	\$1,058,635	\$341,243	\$0	\$4,035,352	\$250,839	\$890.58	94.1%
Oct-17	4,115	\$4,252,762	\$2,450,589	\$927,014	\$1,106,328	\$338,446	-\$75,682	\$4,746,695	-\$493,933	\$1,071.26	111.6%
Nov-17	4,134	\$4,260,644	\$1,660,657	\$922,220	\$1,080,003	\$339,894	-\$1,520	\$4,001,254	\$259,391	\$885.67	93.9%
Dec-17	4,037	\$4,205,988	\$1,518,938	\$923,518	\$910,669	\$640,827	\$0	\$3,993,952	\$212,036	\$830.60	95.0%
Jan-18	4,014	\$4,216,453	\$1,343,582	\$1,303	\$981,088	\$391,645	\$0	\$2,717,618	\$1,498,835	\$579.47	64.5%
Feb-18	4,013	\$4,214,950	\$2,067,824	\$392	\$885,589	\$391,573	\$0	\$3,345,378	\$869,572	\$736.06	79.4%
Mar-18	4,008	\$4,206,695	\$3,917,235	\$0	\$1,081,214	\$390,998	\$0	\$5,389,447	-\$1,182,753	\$1,247.12	128.1%
Apr-18	3,982	\$4,176,812	\$2,742,323	\$0	\$946,806	\$388,393	\$0	\$4,077,522	\$99,289	\$926.45	97.6%
May-18	3,977	\$4,165,557	\$3,014,792	\$0	\$1,049,876	\$387,775	\$0	\$4,452,443	-\$286,886	\$1,022.04	106.9%
Jun-18	4,006	\$4,186,011	\$2,584,783	\$0	\$948,297	\$390,625	\$0	\$3,923,706	\$262,305	\$881.95	93.7%
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	\$22,575,148	\$11,171,550	\$12,365,655	\$4,392,626	-\$77,202	\$50,427,777	\$1,120,369	\$928.50	97.8%
2018 YTD	4,000	\$25,166,478	\$15,670,539	\$1,695	\$5,892,871	\$2,341,010	\$0	\$23,906,114	\$1,260,363	\$898.55	95.0%
Current 12 Months	4,062	\$50,772,414	\$26,765,540	\$5,582,474	\$12,141,925	\$4,685,388	-\$77,202	\$49,098,125	\$1,674,289	\$911.11	96.7%

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

Notes:

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2. Pooling Points: HMO = \$400,000 and EPO/PPO/HDHP = \$450,000.
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**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of June 2018
County of Fresno - All Medical**





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

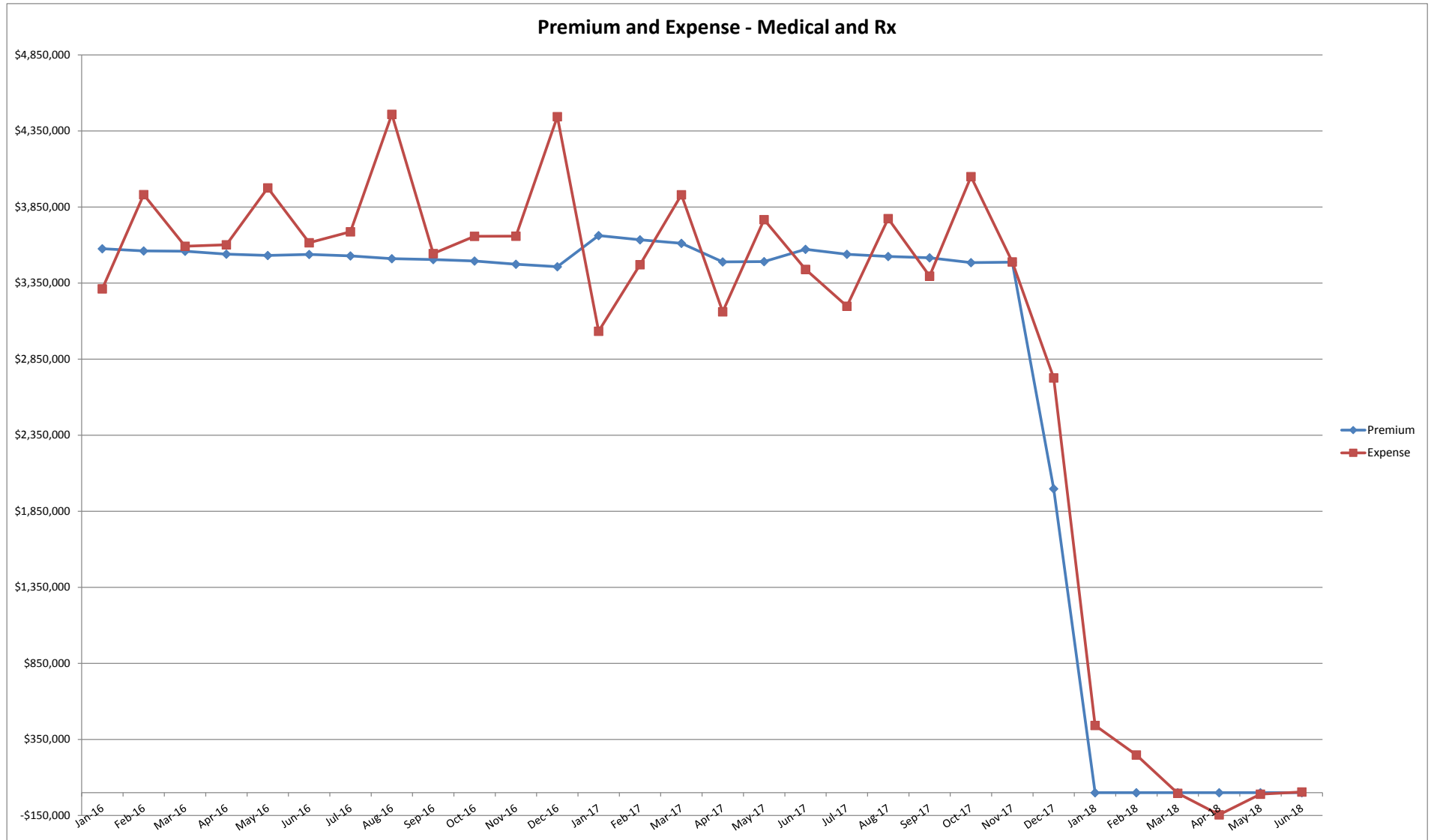
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE						SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	CAPITATION	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	3,670	\$3,576,244	\$1,162,022	\$1,021,945	\$813,948	\$314,629	\$0	\$3,312,544	\$263,700	\$816.87	92.6%
Feb-16	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%
Jun-18	0	\$0	\$4,325	\$0	\$0	\$0	\$0	\$4,325	-\$4,325	\$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	\$532,704	\$1,695	\$804	\$0	\$0	\$535,203	-\$535,203	#DIV/0!	0.0%
Current 12 Months	1,574	\$19,551,142	\$9,297,690	\$5,582,474	\$4,716,212	\$1,649,765	-\$77,202	\$21,168,939	-\$1,617,797	\$1,033.36	108.3%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envelope, 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 Envelope 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 June 2018
County of Fresno - HMO**





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

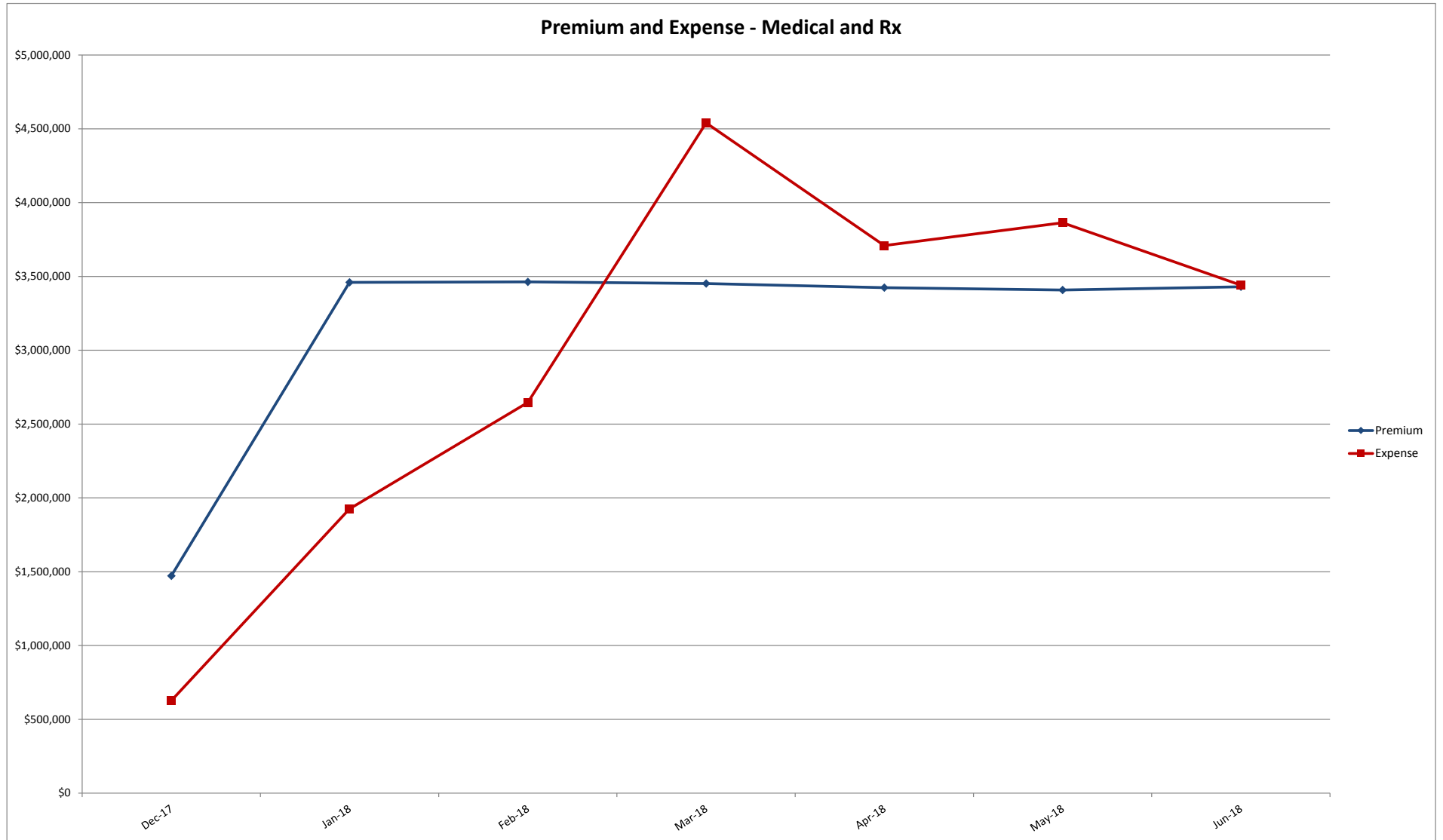
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Feb-16	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0.0%
Mar-16	0	\$0	\$0	\$0	\$0	\$0	\$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%
Jun-18	3098	\$3,429,672	\$2,361,578	\$767,589	\$312,093	\$0	\$3,441,259	-\$11,587	\$1,010.06	100.3%
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	3,102	\$20,637,763	\$13,214,957	\$5,035,755	\$1,875,174	\$0	\$20,125,886	\$511,877	\$980.48	97.5%
Current 12 Months	1,805	\$22,109,650	\$13,283,146	\$5,286,981	\$2,182,230	\$0	\$20,752,356	\$1,357,294	\$857.27	93.9%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envelope, 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.
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**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of June 2018
County of Fresno - EPO**





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

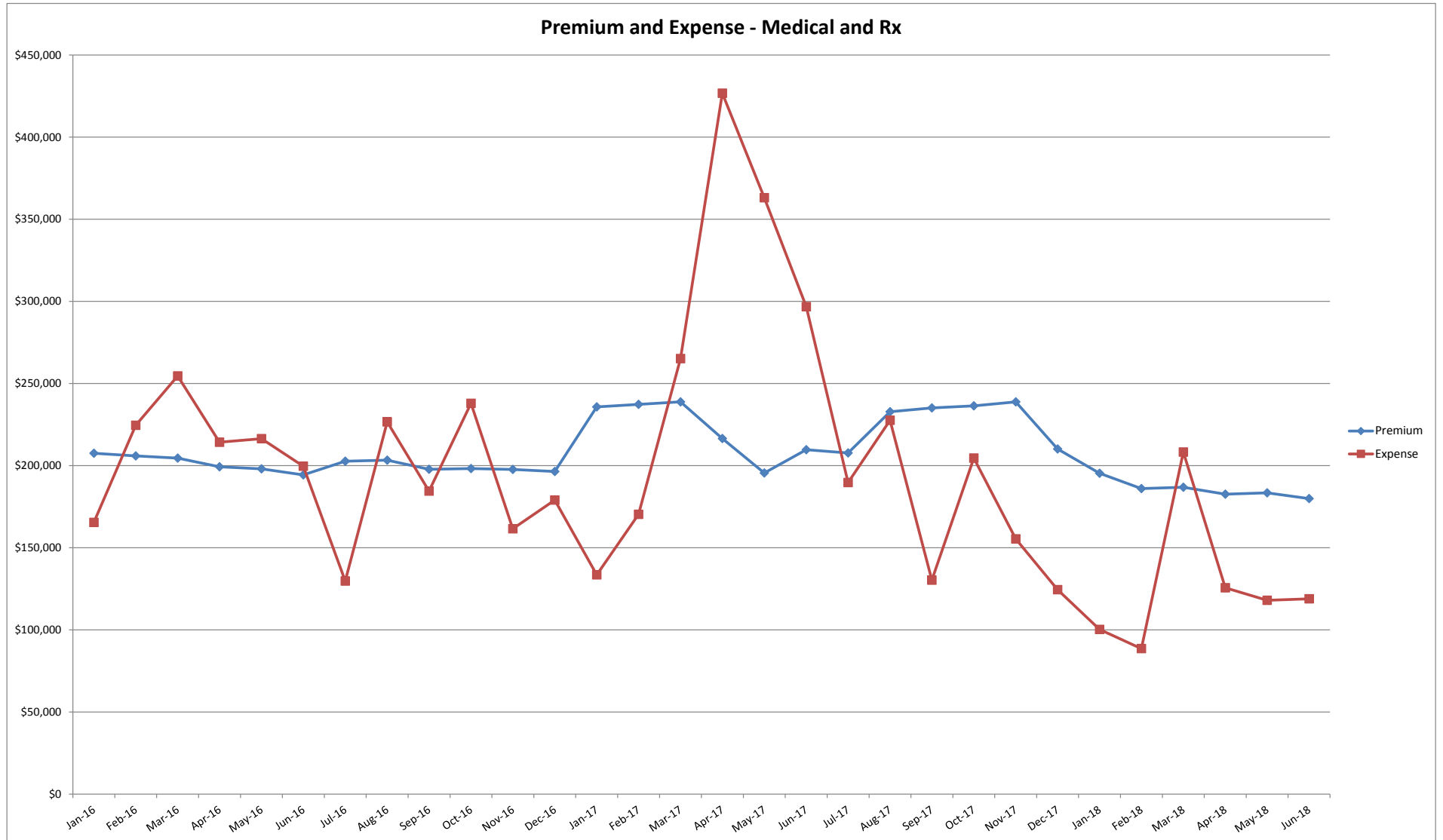
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	194	\$207,541	\$101,618	\$51,295	\$12,523	\$0	\$165,436	\$42,105	\$788.21	79.7%
Feb-16	194	\$205,894	\$138,259	\$73,767	\$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%
Jun-18	140	\$179,930	\$69,671	\$37,164	\$12,109	\$0	\$118,943	\$60,987	\$763.10	66.1%
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	\$1,114,241	\$437,102	\$248,146	\$74,554	\$0	\$759,802	\$354,439	\$794.95	68.2%
Current 12 Months	174	\$2,475,167	\$1,007,010	\$629,108	\$155,811	\$0	\$1,791,929	\$683,238	\$782.83	72.4%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envelope, 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.
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**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of June 2018
County of Fresno - PPO**





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

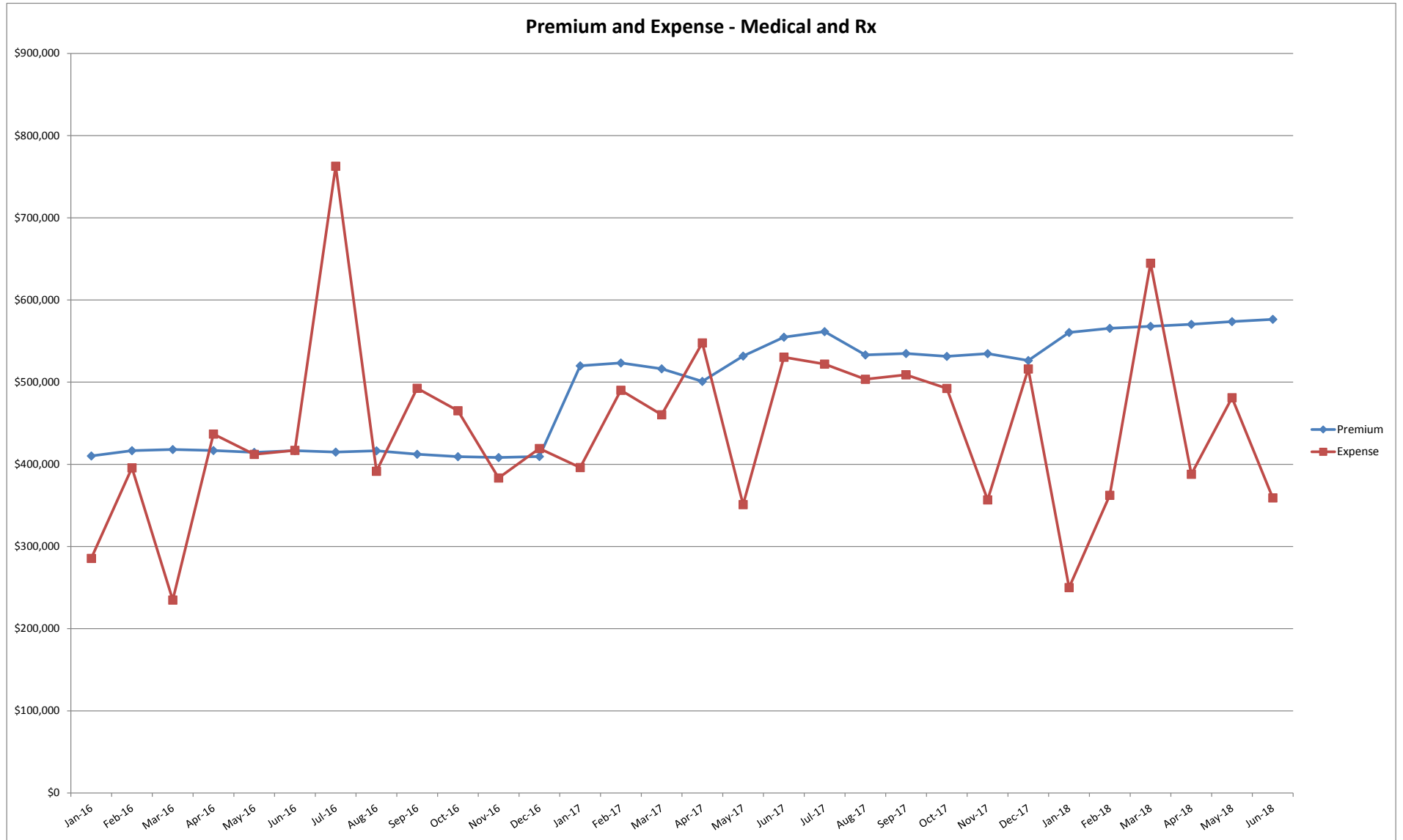
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	640	\$410,258	\$183,027	\$61,273	\$41,312	\$0	\$285,612	\$124,646	\$381.72	69.6%
Feb-16	648	\$416,589	\$313,508	\$40,463	\$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	\$339,393	\$128,974	\$53,598	\$0	\$521,965	\$39,558	\$578.23	93.0%
Aug-17	771	\$533,044	\$308,915	\$143,600	\$51,017	\$0	\$503,532	\$29,512	\$586.92	94.5%
Sep-17	775	\$534,906	\$277,334	\$180,282	\$51,282	\$0	\$508,898	\$26,008	\$590.47	95.1%
Oct-17	771	\$531,342	\$288,740	\$152,604	\$51,017	\$0	\$492,361	\$38,981	\$572.43	92.7%
Nov-17	781	\$534,747	\$163,273	\$141,858	\$51,679	\$0	\$356,810	\$177,937	\$390.69	66.7%
Dec-17	721	\$526,419	\$314,263	\$154,140	\$47,709	\$0	\$516,112	\$10,307	\$649.66	98.0%
Jan-18	743	\$560,552	\$115,112	\$70,628	\$64,262	\$0	\$250,002	\$310,550	\$249.99	44.6%
Feb-18	747	\$565,458	\$230,485	\$67,174	\$64,608	\$0	\$362,267	\$203,191	\$398.47	64.1%
Mar-18	751	\$567,983	\$466,698	\$113,171	\$64,954	\$0	\$644,823	-\$76,840	\$772.13	113.5%
Apr-18	754	\$570,419	\$226,826	\$95,884	\$65,213	\$0	\$387,923	\$182,496	\$428.00	68.0%
May-18	761	\$573,653	\$297,446	\$117,765	\$65,819	\$0	\$481,030	\$92,623	\$545.61	83.9%
Jun-18	768	\$576,408	\$149,209	\$143,545	\$66,424	\$0	\$359,178	\$217,230	\$381.19	62.3%
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	\$3,611,753	\$1,459,833	\$603,669	\$0	\$5,675,255	\$693,697	\$555.91	89.1%
2018 YTD	754	\$3,414,474	\$1,485,776	\$608,167	\$391,281	\$0	\$2,485,224	\$929,250	\$462.85	72.8%
Current 12 Months	763	\$6,636,454	\$3,177,694	\$1,509,625	\$697,582	\$0	\$5,384,901	\$1,251,553	\$512.11	81.1%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envelope, 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 Envelope 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 June 2018
County of Fresno - HDHP**





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

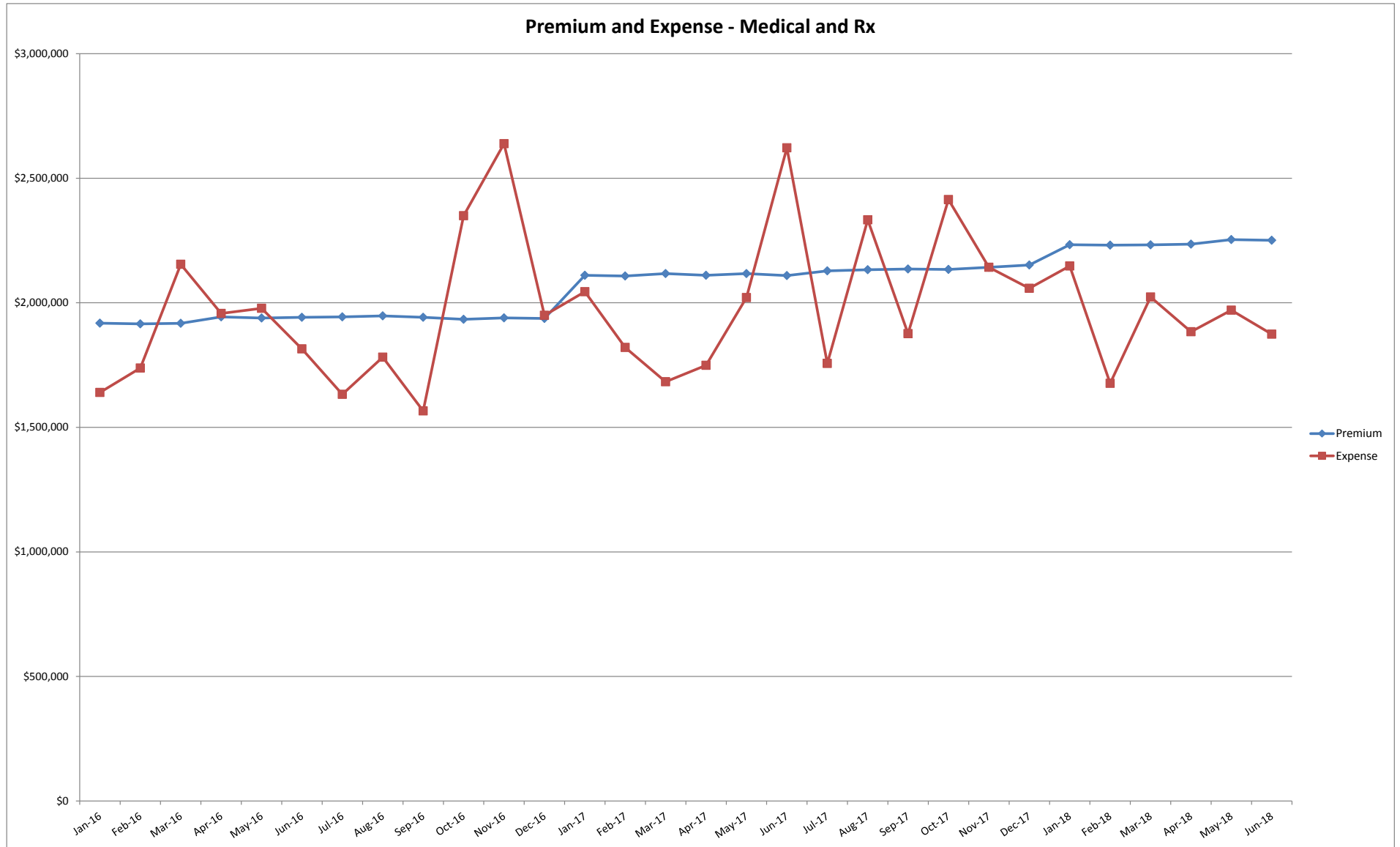
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE						SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	CAPITATION	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	2,766	\$1,918,242	\$920,343	\$74,569	\$460,100	\$184,666	\$0	\$1,639,678	\$278,565	\$526.03	85.5%
Feb-16	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%
Jun-18	2,949	\$2,250,990	\$992,192	\$0	\$648,064	\$233,929	\$0	\$1,874,185	\$376,805	\$556.21	83.3%
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	2,921	\$13,436,871	\$6,365,676	\$0	\$3,819,372	\$1,390,169	\$0	\$11,575,217	\$1,861,654	\$581.17	86.1%
Current 12 Months	2,893	\$26,260,640	\$13,887,340	\$0	\$7,739,768	\$2,528,089	\$0	\$24,155,196	\$2,105,443	\$622.90	92.0%

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

Notes:

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

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





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

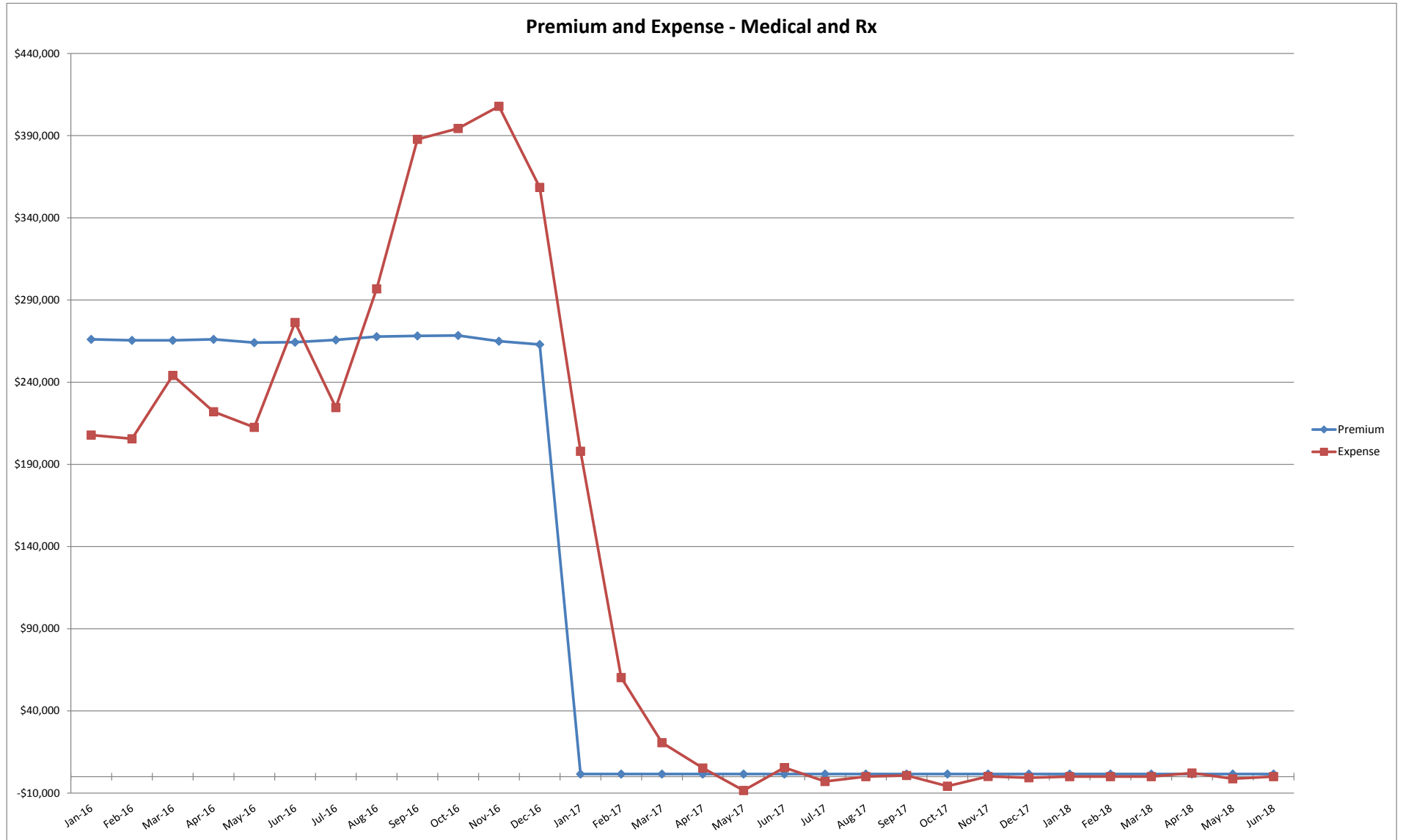
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE						SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	CAPITATION	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	289	\$266,033	\$68,339	\$74,569	\$40,188	\$24,776	\$0	\$207,872	\$58,161	\$633.55	78.1%
Feb-16	289	\$265,507	\$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%
Jun-18	1	\$1,593	\$0	\$0	\$0	\$94	\$0	\$94	\$1,499	\$0.00	5.9%
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	\$9,557	\$834	\$0	\$0	\$561	\$0	\$1,395	\$8,161	\$139.00	14.6%
Current 12 Months	1	\$19,113	-\$8,025	\$0	\$0	\$1,085	\$0	-\$6,940	\$26,053	-\$668.78	-36.3%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envelope, 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 Envelope PBM effective 1/1/2018

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





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

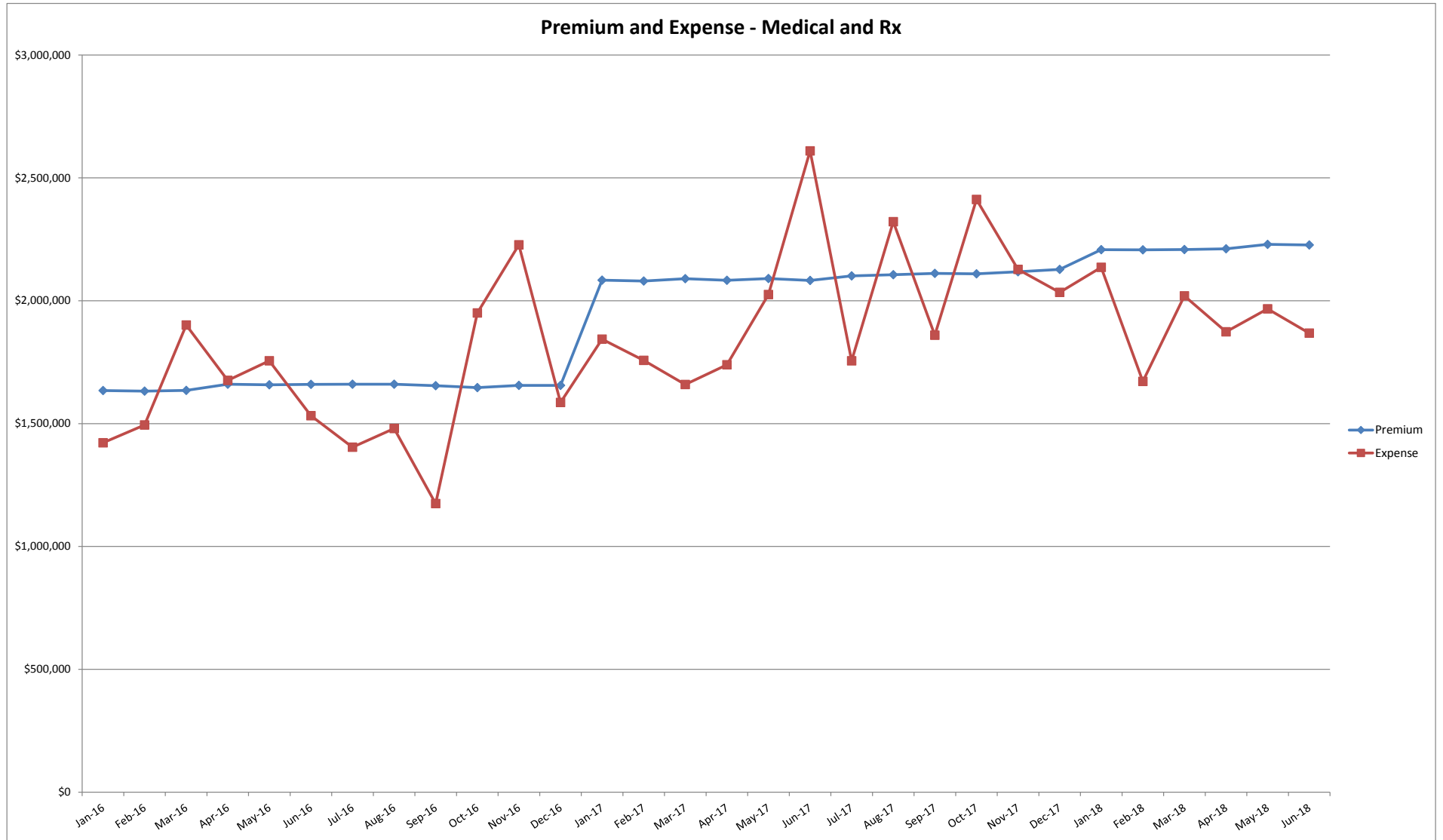
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	2,445	\$1,634,557	\$844,648	\$419,202	\$157,825	\$0	\$1,421,675	\$212,882	\$516.91	87.0%
Feb-16	2,448	\$1,632,189	\$814,535	\$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%
Jun-18	2913	\$2,226,922	\$990,129	\$646,900	\$231,059	\$0	\$1,868,088	\$358,834	\$561.97	83.9%
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	2,885	\$13,291,328	\$6,345,046	\$3,818,033	\$1,372,791	\$0	\$11,535,870	\$1,755,458	\$587.22	86.8%
Current 12 Months	2,856	\$25,964,330	\$13,813,711	\$7,736,512	\$2,495,696	\$0	\$24,045,919	\$1,918,411	\$628.71	92.6%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envelope, 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.
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**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of June 2018
County of Tulare - PPO**





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

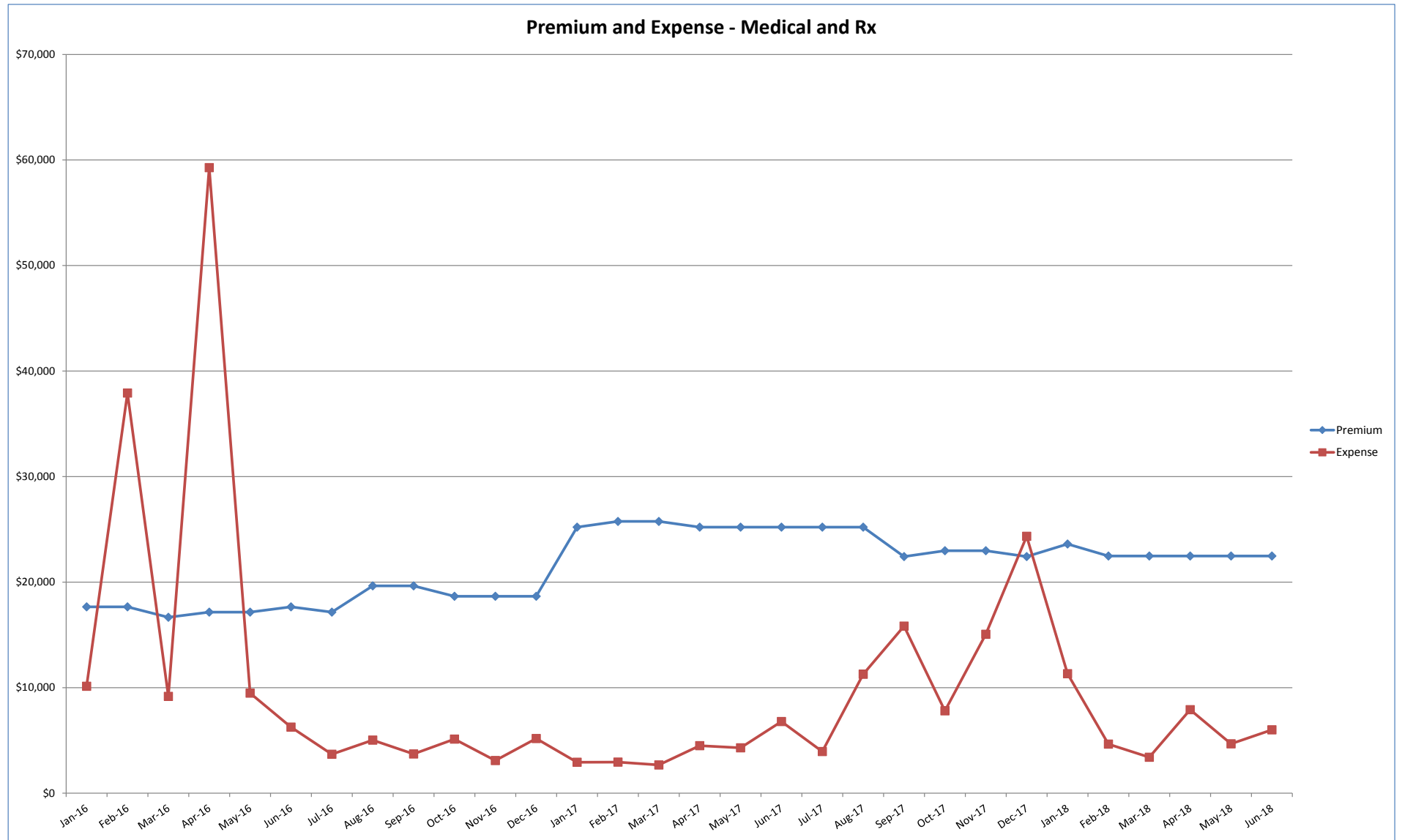
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	32	\$17,653	\$7,356	\$710	\$2,066	\$0	\$10,132	\$7,521	\$252.06	57.4%
Feb-16	32	\$17,653	\$35,852	\$0	\$2,066	\$0	\$37,918	-\$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%
Jun-18	35	\$22,475	\$2,063	\$1,164	\$2,776	\$0	\$6,003	\$16,472	\$92.20	26.7%
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	\$135,986	\$19,796	\$1,339	\$16,816	\$0	\$37,951	\$98,035	\$99.69	27.9%
Current 12 Months	36	\$277,197	\$81,654	\$3,256	\$31,307	\$0	\$116,217	\$160,980	\$197.01	41.9%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envelope, 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 Envelope PBM effective 1/1/2018

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





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

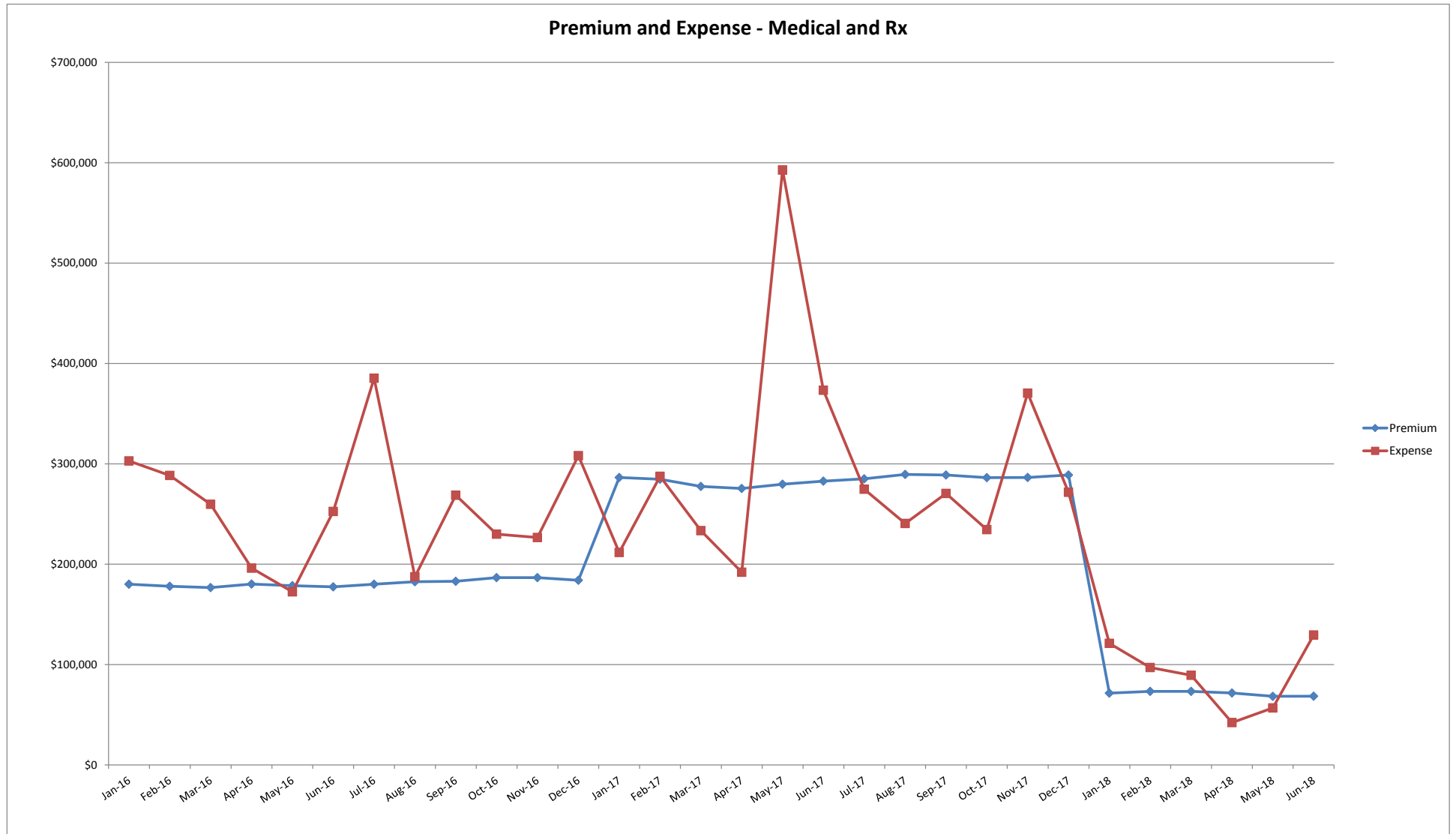
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE						SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	CAPITATION	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	145	\$180,011	\$220,054	\$35,132	\$36,153	\$11,556	\$0	\$302,894	-\$122,883	\$2,009.23	168.3%
Feb-16	143	\$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%
Jun-18	37	\$68,412	\$118,930	\$0	\$7,983	\$2,553	\$0	\$129,467	-\$61,054	\$3,430.09	189.2%
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	\$426,692	\$477,196	\$0	\$42,953	\$15,941	\$0	\$536,090	-\$109,397	\$2,251.73	125.6%
Current 12 Months	111	\$2,151,578	\$1,498,267	\$316,040	\$276,516	\$107,587	\$0	\$2,198,410	-\$46,831	\$1,566.16	102.2%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envelope, 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 Envelope 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 June 2018
All Others - All Medical**





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

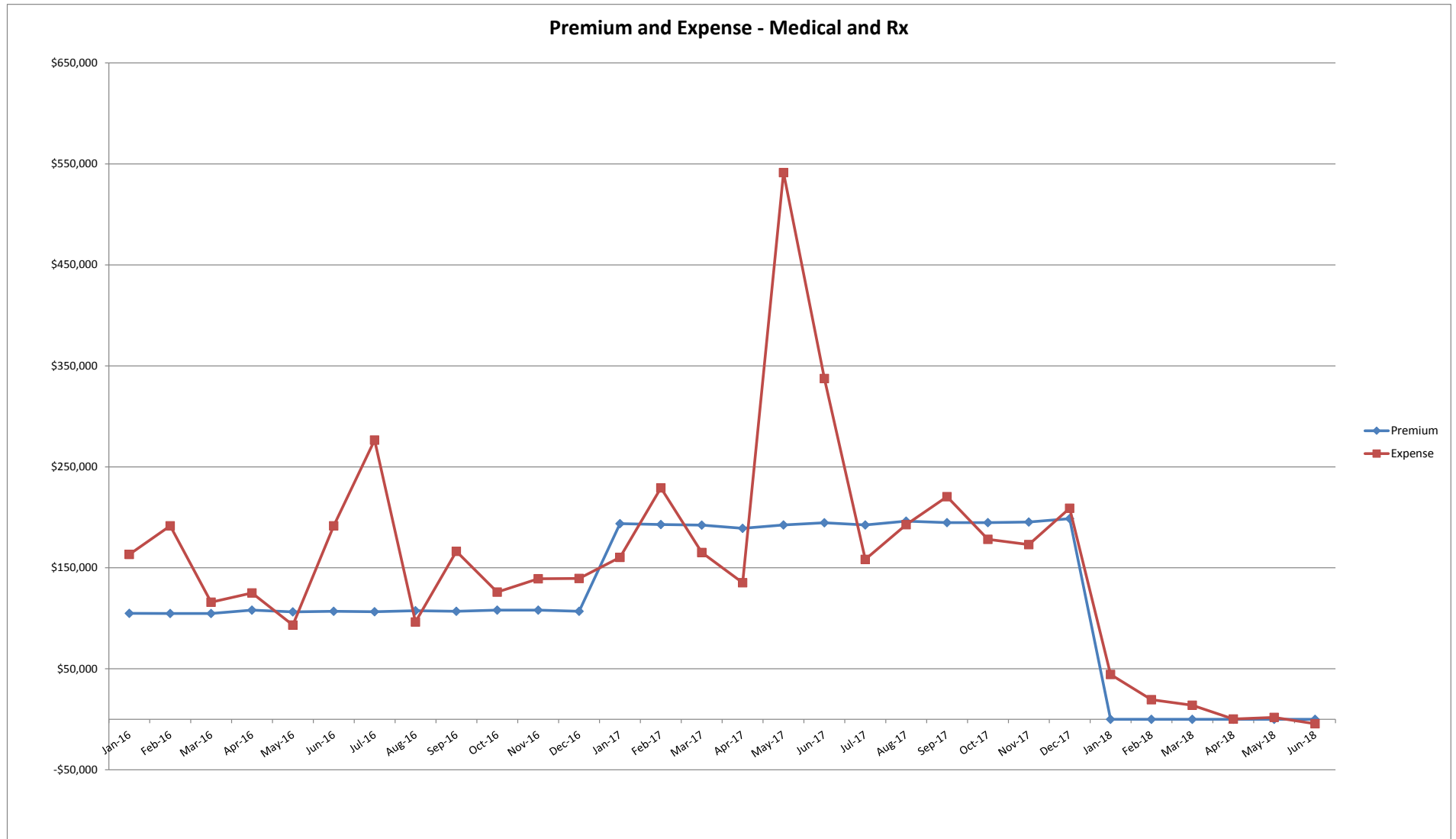
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE						SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	CAPITATION	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	90	\$104,892	\$104,247	\$35,132	\$16,023	\$7,896	\$0	\$163,297	-\$58,405	\$1,726.68	155.7%
Feb-16	90	\$104,782	\$104,782	\$130,859	\$35,364	\$17,437	\$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%
Jun-18	0	\$0	-\$4,411	\$0	\$0	\$0	\$0	-\$4,411	\$4,411	\$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	\$75,507	\$0	\$0	\$0	\$0	\$75,507	-\$75,507	#DIV/0!	#DIV/0!
Current 12 Months	65	\$1,172,195	\$674,749	\$316,040	\$147,232	\$69,149	\$0	\$1,207,170	-\$34,975	\$1,470.31	103.0%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envelope, 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 Envelope 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 June 2018
All Others - HMO**





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

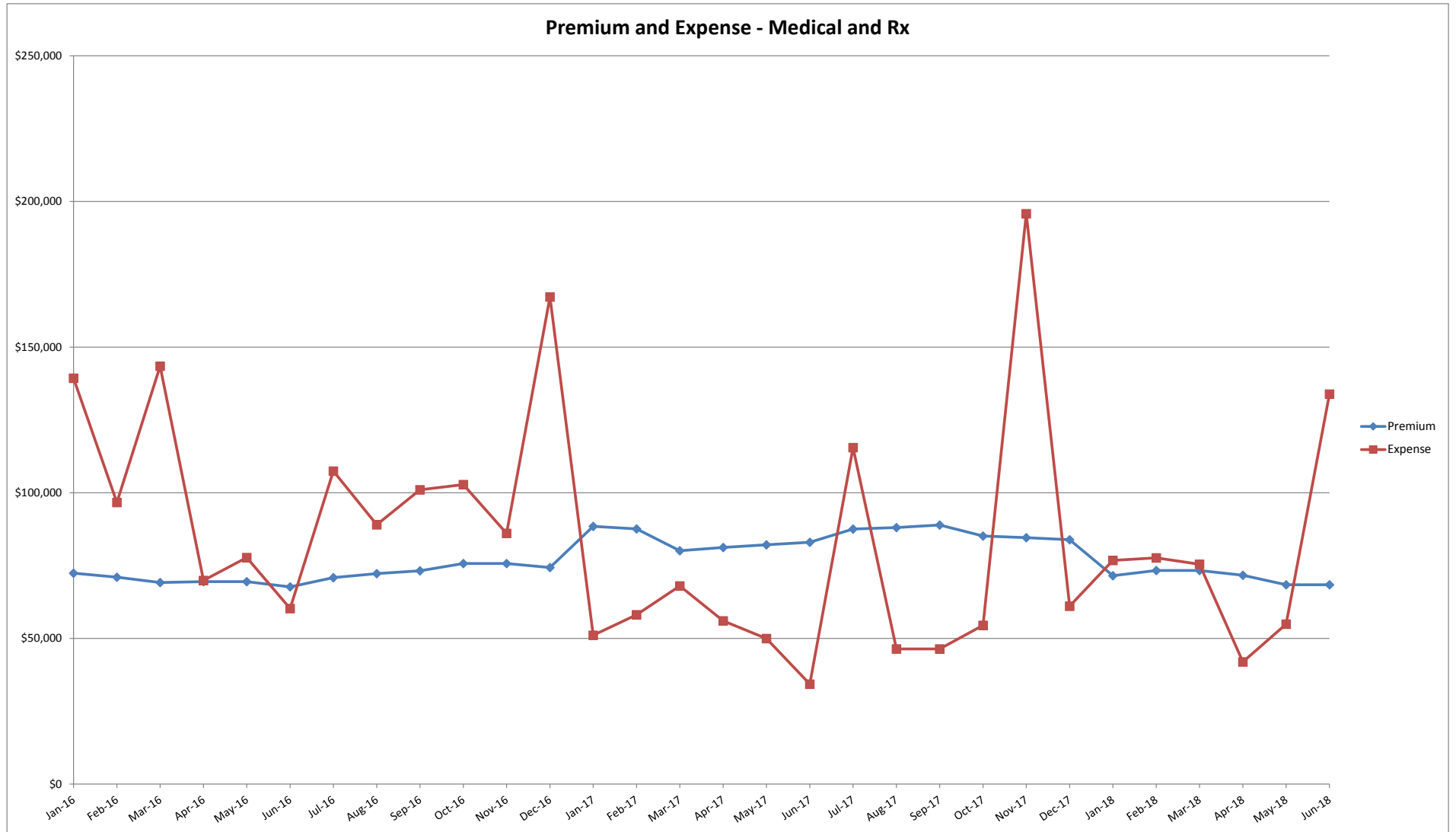
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	Rx	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	51	\$72,387	\$115,807	\$20,130	\$3,394	\$0	\$139,331	-\$66,944	\$2,665.43	192.5%
Feb-16	50	\$71,003	\$75,303	\$18,057	\$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%
Jun-18	37	\$68,412	\$123,341	\$7,983	\$2,553	\$0	\$133,878	-\$65,465	\$3,549.30	195.7%
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	\$426,692	\$401,689	\$42,953	\$15,941	\$0	\$460,583	-\$33,890	\$1,924.86	107.9%
Current 12 Months	44	\$944,820	\$820,993	\$122,994	\$36,188	\$0	\$980,175	-\$35,355	\$1,787.86	103.7%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envelope, 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 Envelope 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 June 2018
All Others - PPO**





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

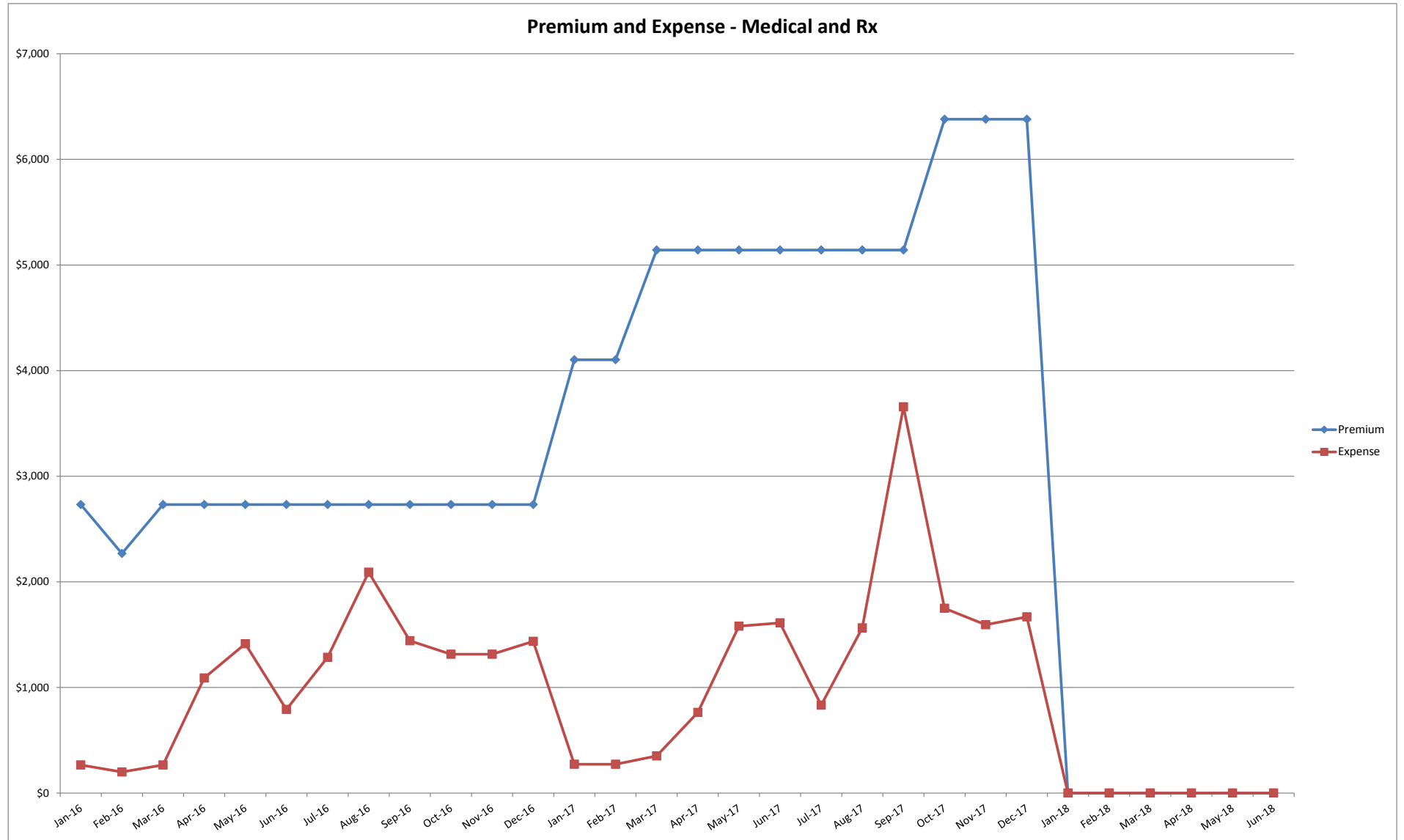
MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Jan-16	4	\$2,732	\$0	\$0	\$266	\$0	\$266	\$2,466	\$0.00	9.7%
Feb-16	3	\$2,268	\$0	\$0	\$200	\$0	\$200	\$2,069	\$0.00	8.8%
Mar-16	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%
Jun-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	\$34,564	\$2,525	\$6,290	\$2,250	\$0	\$11,065	\$23,499	\$267.12	32.0%

Data Sources: Enrollment & Premium: Hourglass; Medical Claims & Capitation: Anthem CLR, Anthem MDP; Rx Claims: Envelope, 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 Envelope 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 June 2018
All Others - HDHP**





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

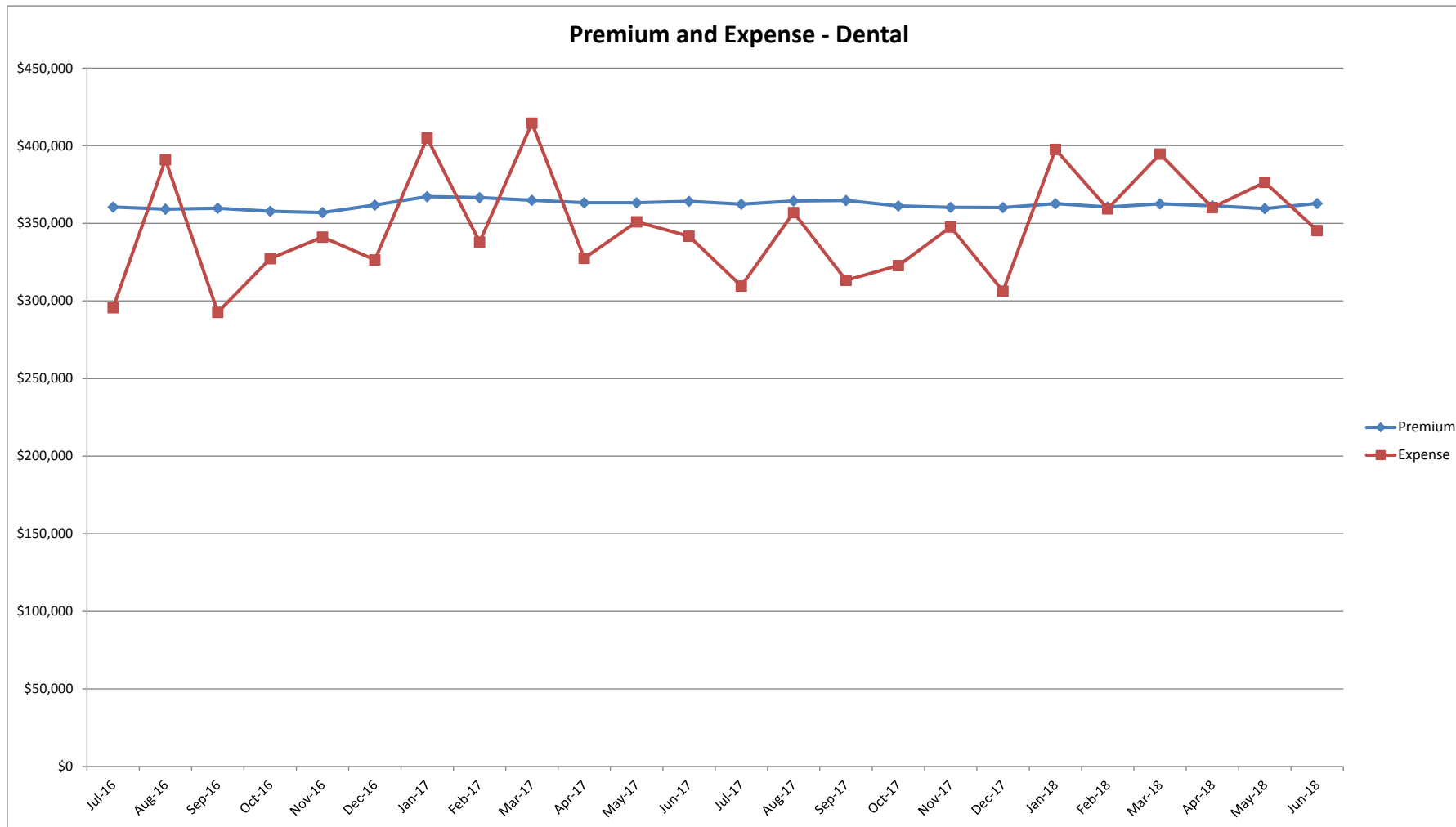
MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	INCURRED CLAIMS	DELTA ADMIN	TOTAL EXPENSE	PAID CLAIMS LOSS RATIO	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
Jul-16	6,528	\$360,546	\$262,600	\$33,047	\$295,647	72.83%	\$40.23	82.00%
Aug-16	6,533	\$359,193	\$358,054	\$32,923	\$390,977	99.68%	\$54.81	108.85%
Sep-16	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	\$308,364	\$33,383	\$341,747	84.67%	\$46.55	93.83%
Jul-17	6,642	\$362,305	\$276,435	\$33,209	\$309,644	76.30%	\$41.62	85.47%
Aug-17	6,665	\$364,405	\$323,558	\$33,401	\$356,959	88.79%	\$48.55	97.96%
Sep-17	6,652	\$364,789	\$279,926	\$33,436	\$313,362	76.74%	\$42.08	85.90%
Oct-17	6,629	\$361,260	\$289,717	\$33,113	\$322,830	80.20%	\$43.70	89.36%
Nov-17	6,668	\$360,301	\$314,672	\$33,025	\$347,698	87.34%	\$47.19	96.50%
Dec-17	6,695	\$360,198	\$273,475	\$32,881	\$306,356	75.92%	\$40.85	85.05%
Jan-18	6,772	\$362,752	\$364,599	\$33,042	\$397,641	100.51%	\$53.84	109.62%
Feb-18	6,769	\$360,559	\$326,557	\$32,861	\$359,417	90.57%	\$48.24	99.68%
Mar-18	6,764	\$362,627	\$361,615	\$33,035	\$394,650	99.72%	\$53.46	108.83%
Apr-18	6,758	\$361,348	\$327,244	\$32,919	\$360,162	90.56%	\$48.42	99.67%
May-18	6,778	\$359,517	\$343,651	\$32,752	\$376,403	95.59%	\$50.70	104.70%
Jun-18	6,782	\$362,839	\$312,300	\$33,055	\$345,355	86.07%	\$46.05	95.18%
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	\$3,734,909	\$399,748	\$4,134,657	85.61%	\$46.80	94.77%
2018 YTD	6,771	\$2,169,643	\$2,035,965	\$197,664	\$2,233,629	93.84%	\$50.12	102.95%
Current 12 Months	6,715	\$4,342,899	\$3,793,748	\$396,730	\$4,190,478	87.36%	\$47.08	96.49%

Data Source: Delta Dental Risk Report Package through 06-2018

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**

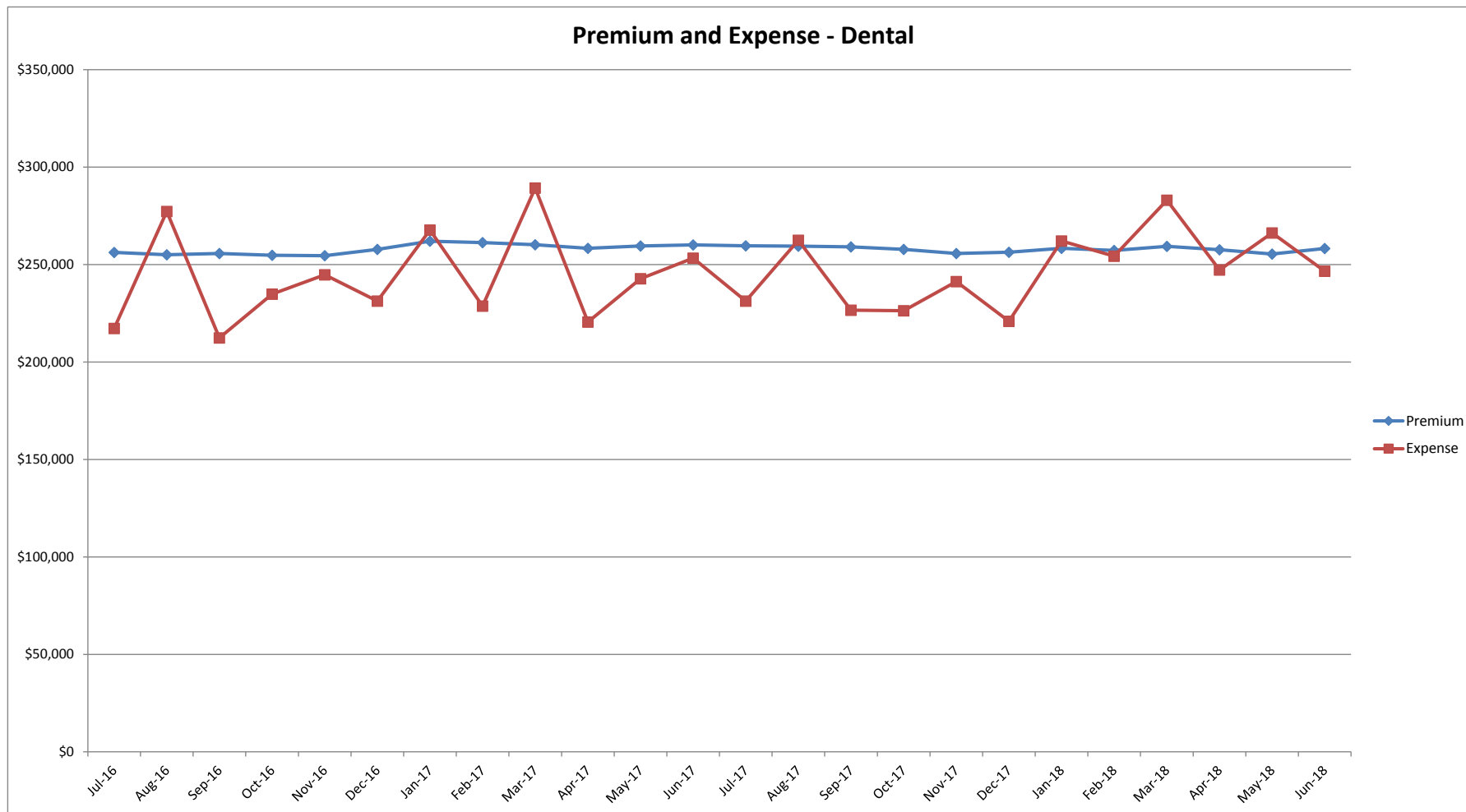
MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	INCURRED CLAIMS	DELTA ADMIN	TOTAL EXPENSE	PAID CLAIMS LOSS RATIO	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
Jul-16	4,079	\$256,217	\$193,758	\$23,480	\$217,238	75.62%	\$47.50	84.79%
Aug-16	4,083	\$255,006	\$253,921	\$23,369	\$277,290	99.57%	\$62.19	108.74%
Sep-16	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	\$229,471	\$23,831	\$253,302	88.24%	\$55.16	97.41%
Jul-17	4,157	\$259,656	\$207,505	\$23,796	\$231,301	79.92%	\$49.92	89.08%
Aug-17	4,165	\$259,437	\$238,658	\$23,776	\$262,434	91.99%	\$57.30	101.16%
Sep-17	4,160	\$259,119	\$202,869	\$23,746	\$226,616	78.29%	\$48.77	87.46%
Oct-17	4,140	\$257,815	\$202,729	\$23,627	\$226,356	78.63%	\$48.97	87.80%
Nov-17	4,160	\$255,699	\$217,884	\$23,433	\$241,317	85.21%	\$52.38	94.38%
Dec-17	4,187	\$256,343	\$197,561	\$23,358	\$220,918	77.07%	\$47.18	86.18%
Jan-18	4,261	\$258,318	\$238,599	\$23,536	\$262,135	92.37%	\$56.00	101.48%
Feb-18	4,249	\$257,287	\$230,892	\$23,442	\$254,334	89.74%	\$54.34	98.85%
Mar-18	4,249	\$259,394	\$259,370	\$23,631	\$283,001	99.99%	\$61.04	109.10%
Apr-18	4,236	\$257,575	\$223,768	\$23,465	\$247,233	86.87%	\$52.83	95.98%
May-18	4,236	\$255,373	\$242,950	\$23,264	\$266,214	95.14%	\$57.35	104.25%
Jun-18	4,228	\$258,221	\$223,076	\$23,524	\$246,600	86.39%	\$52.76	95.50%
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	\$2,626,345	\$284,819	\$2,911,164	84.46%	\$52.61	93.62%
2018 YTD	4,243	\$1,546,167	\$1,418,654	\$140,863	\$1,559,517	91.75%	\$55.72	100.86%
Current 12 Months	4,202	\$3,094,237	\$2,685,862	\$282,598	\$2,968,459	86.80%	\$53.26	95.94%

Data Source: Delta Dental Risk Report Package through 06-2018

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**

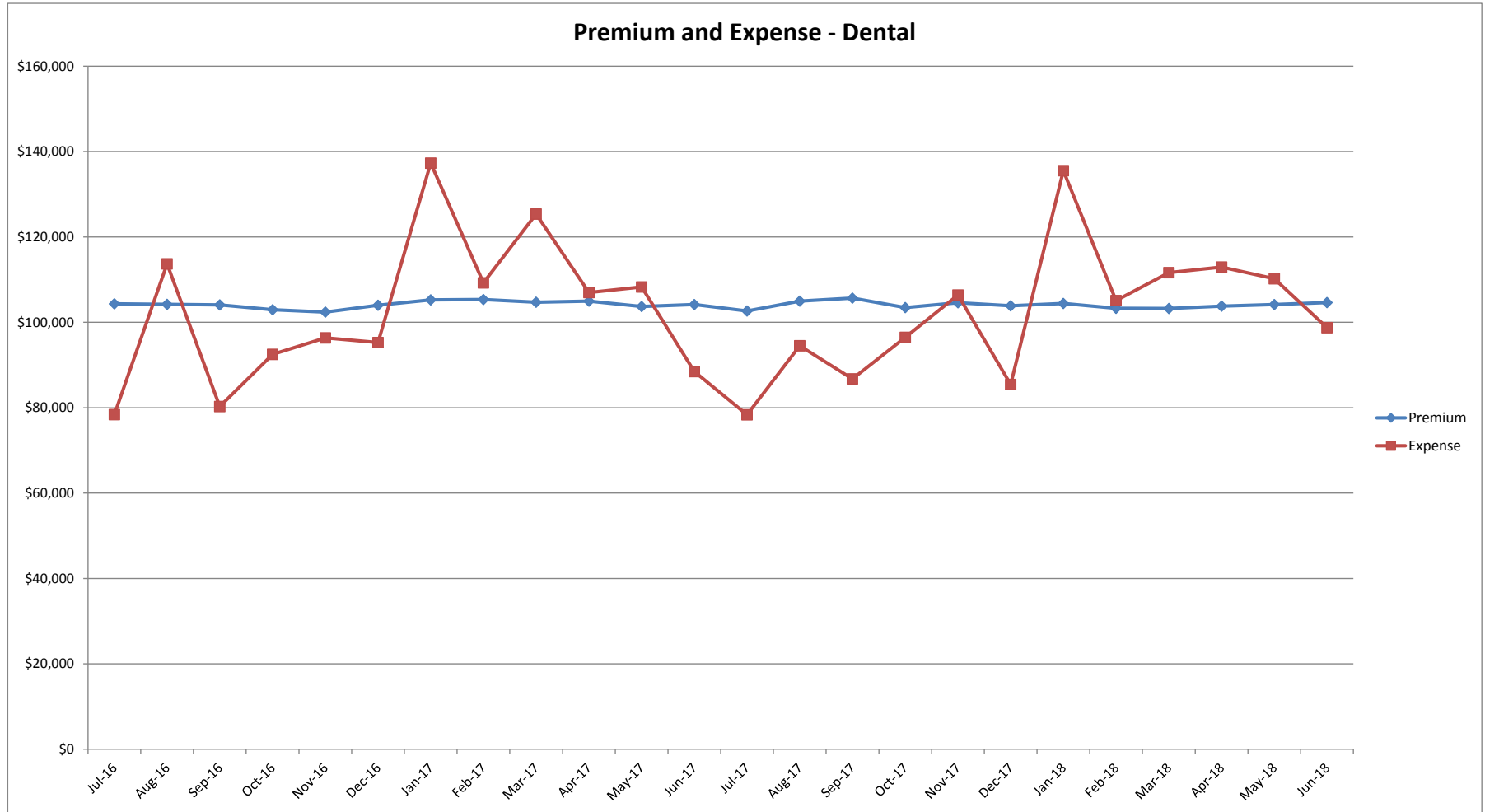
MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	INCURRED CLAIMS	DELTA ADMIN	TOTAL EXPENSE	PAID CLAIMS LOSS RATIO	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
Jul-16	2,449	\$104,328	\$68,842	\$9,567	\$78,409	65.99%	\$28.11	75.16%
Aug-16	2,450	\$104,188	\$104,133	\$9,554	\$113,687	99.95%	\$42.50	109.12%
Sep-16	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	\$78,893	\$9,552	\$88,445	75.74%	\$32.02	84.91%
Jul-17	2,485	\$102,649	\$68,930	\$9,413	\$78,343	67.15%	\$27.74	76.32%
Aug-17	2,500	\$104,967	\$84,899	\$9,626	\$94,525	80.88%	\$33.96	90.05%
Sep-17	2,492	\$105,670	\$77,056	\$9,690	\$86,746	72.92%	\$30.92	82.09%
Oct-17	2,489	\$103,445	\$86,988	\$9,486	\$96,474	84.09%	\$34.95	93.26%
Nov-17	2,508	\$104,602	\$96,788	\$9,592	\$106,380	92.53%	\$38.59	101.70%
Dec-17	2,508	\$103,855	\$75,914	\$9,524	\$85,438	73.10%	\$30.27	82.27%
Jan-18	2,511	\$104,434	\$126,000	\$9,507	\$135,506	120.65%	\$50.18	129.75%
Feb-18	2,520	\$103,272	\$95,665	\$9,418	\$105,084	92.63%	\$37.96	101.75%
Mar-18	2,515	\$103,233	\$102,245	\$9,405	\$111,649	99.04%	\$40.65	108.15%
Apr-18	2,522	\$103,773	\$103,476	\$9,454	\$112,930	99.71%	\$41.03	108.82%
May-18	2,542	\$104,144	\$100,701	\$9,488	\$110,189	96.69%	\$39.61	105.80%
Jun-18	2,554	\$104,618	\$89,224	\$9,531	\$98,754	85.28%	\$34.93	94.39%
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	\$1,108,564	\$114,928	\$1,223,492	88.45%	\$37.09	97.62%
2018 YTD	2,527	\$623,475	\$617,311	\$56,801	\$674,112	99.01%	\$40.71	108.12%
Current 12 Months	2,512	\$1,248,662	\$1,107,887	\$114,132	\$1,222,019	88.73%	\$36.75	97.87%

Data Source: Delta Dental Risk Report Package through 06-2018

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

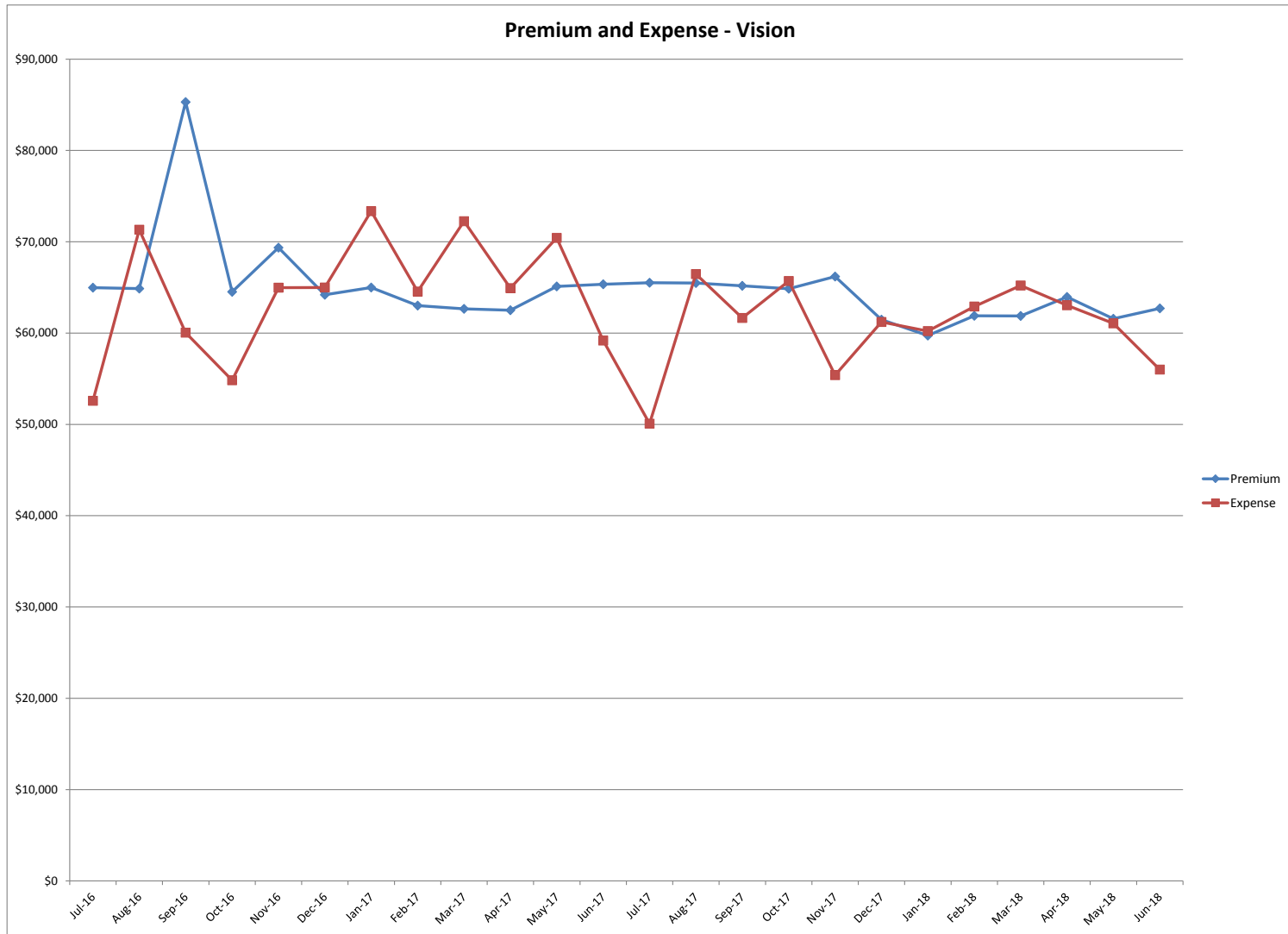
PERIOD MO-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	VSP ADMIN	TOTAL EXPENSE	PAID CLAIMS LOSS RATIO	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
Jul-16	7,683	\$64,982	\$44,144	\$8,448	\$52,592	67.93%	\$5.75	80.93%
Aug-16	7,697	\$64,872	\$62,888	\$8,433	\$71,321	96.94%	\$8.17	109.94%
Sep-16	7,678	\$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%
Jun-18	7,196	\$62,705	\$47,857	\$8,152	\$56,009	76.32%	\$6.65	89.32%
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	7,190	\$371,733	\$320,137	\$48,325	\$368,462	86.12%	\$7.42	99.12%
Current 12 Months	7,332	\$760,423	\$630,121	\$98,855	\$728,976	82.86%	\$7.16	95.86%

Data Source: VSP SJVIA Utilization Reports 06-2018

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

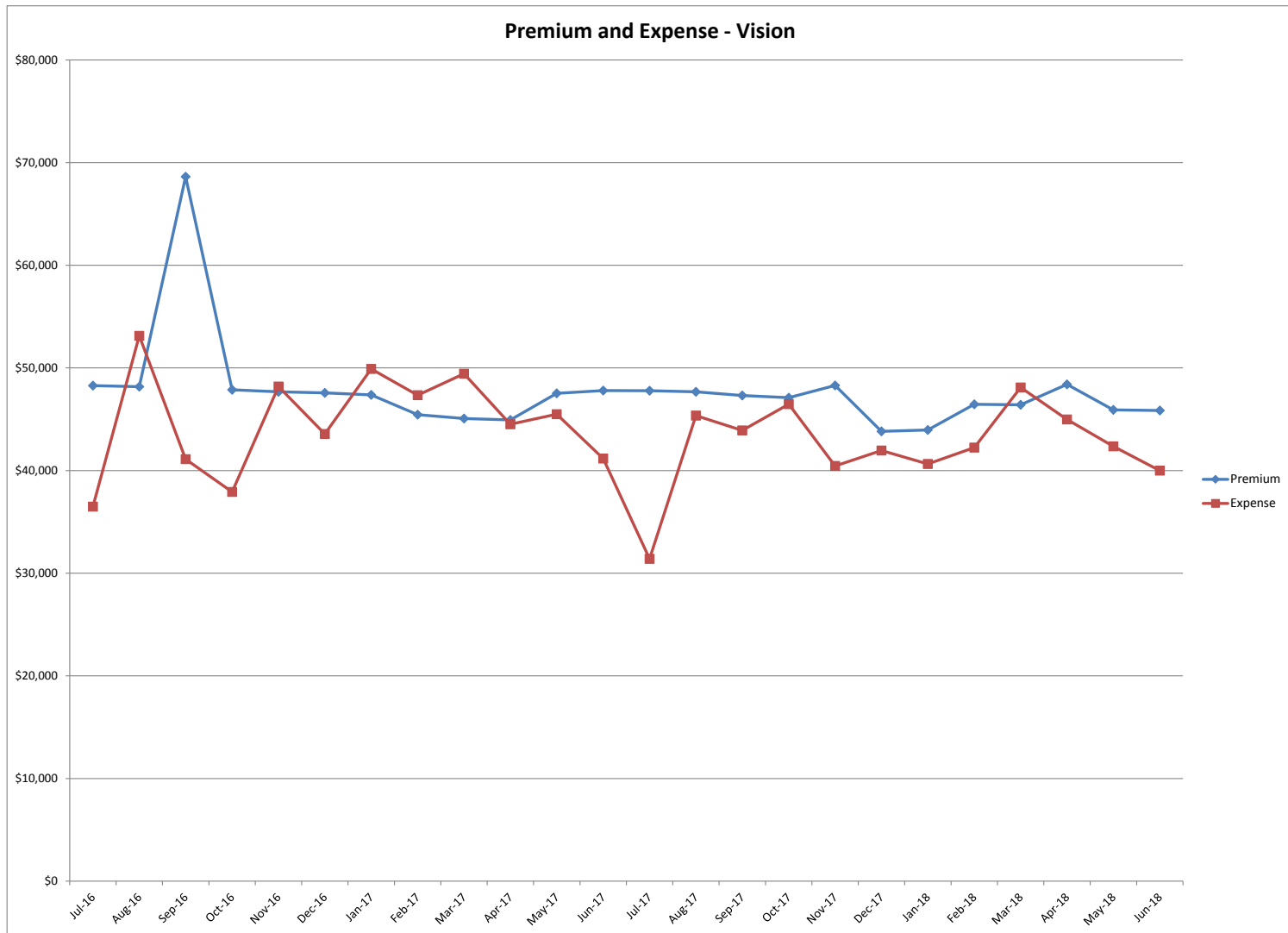
PERIOD MO-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	VSP ADMIN	TOTAL EXPENSE	PAID CLAIMS LOSS RATIO	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
Jul-16	4,885	\$48,279	\$30,212	\$6,276	\$36,488	62.58%	\$6.18	75.58%
Aug-16	4,896	\$48,173	\$46,867	\$6,262	\$53,129	97.29%	\$9.57	110.29%
Sep-16	4,881	\$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%
Jun-18	4,379	\$45,853	\$34,035	\$5,961	\$39,996	74.23%	\$7.77	87.23%
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	4,417	\$276,976	\$222,322	\$36,007	\$258,329	80.27%	\$8.39	93.27%
Current 12 Months	4,496	\$558,959	\$435,208	\$72,665	\$507,873	77.86%	\$8.07	90.86%

Data Source: VSP SJVIA Utilization Reports 06-2018

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

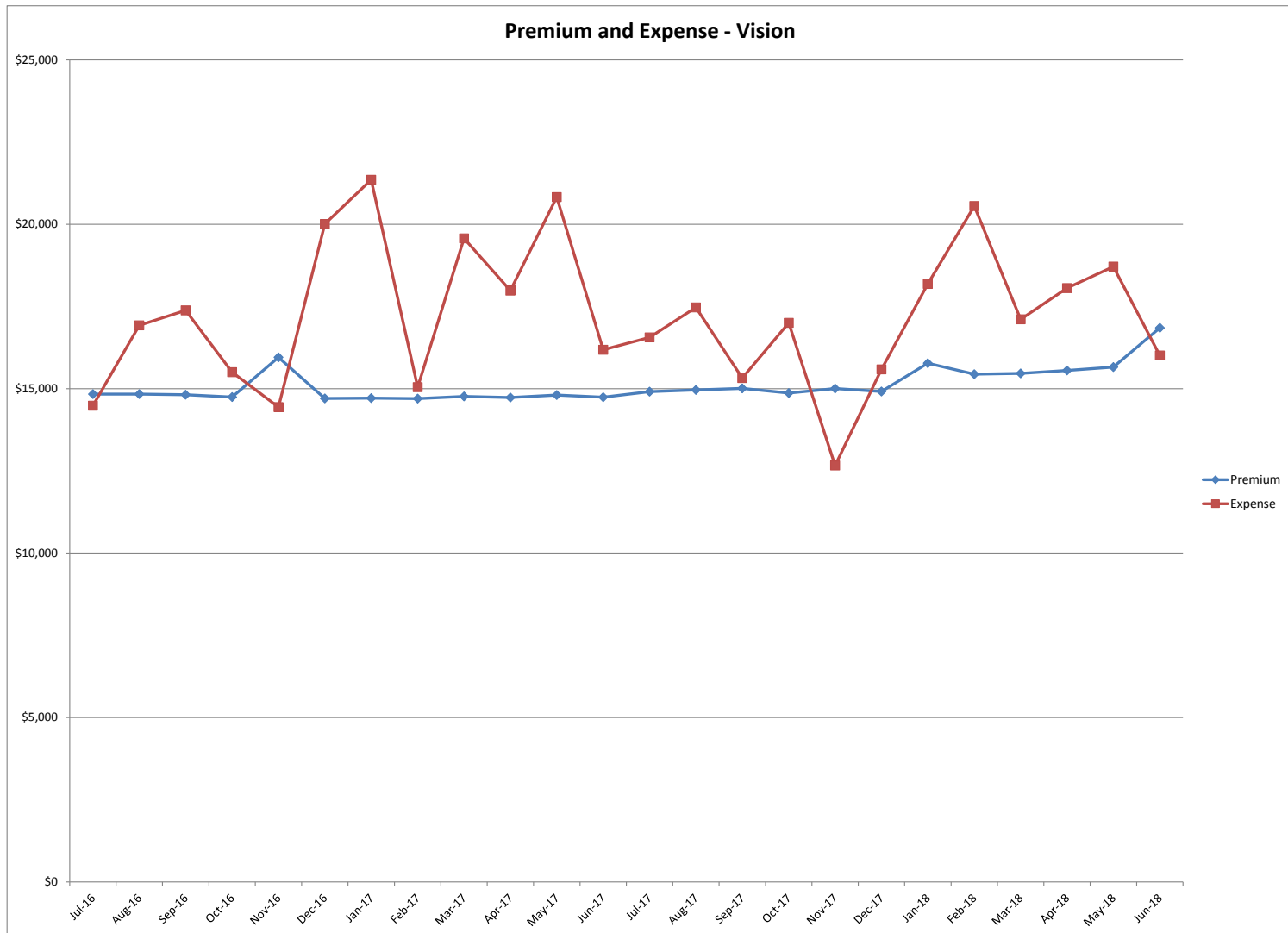
PERIOD MO-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	VSP ADMIN	TOTAL EXPENSE	PAID CLAIMS LOSS RATIO	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
Jul-16	2,662	\$14,835	\$12,557	\$1,929	\$14,486	84.64%	\$4.72	97.64%
Aug-16	2,665	\$14,838	\$14,999	\$1,929	\$16,928	101.09%	\$5.63	114.09%
Sep-16	2,662	\$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%
Jun-18	2,817	\$16,852	\$13,822	\$2,191	\$16,013	82.02%	\$4.91	95.02%
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	2,773	\$94,757	\$96,329	\$12,318	\$108,647	101.66%	\$5.79	114.66%
Current 12 Months	2,746	\$184,437	\$179,291	\$23,977	\$203,268	97.21%	\$5.44	110.21%

Data Source: VSP SJVIA Utilization Reports 06-2018

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

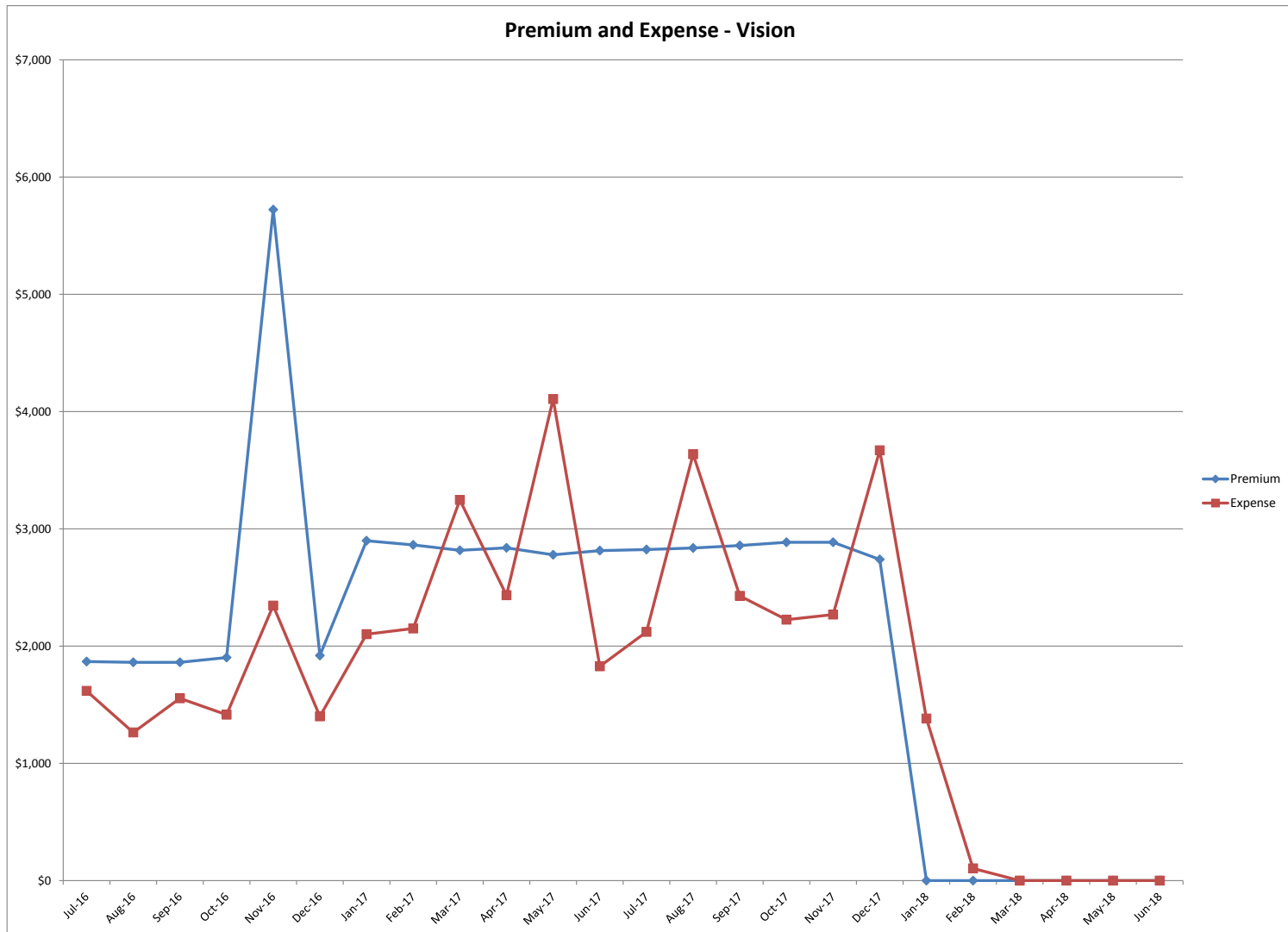
PERIOD MO-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	VSP ADMIN	TOTAL EXPENSE	PAID CLAIMS LOSS RATIO	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
Jul-16	136	\$1,868	\$1,375	\$243	\$1,618	73.61%	\$10.11	86.61%
Aug-16	136	\$1,861	\$1,022	\$242	\$1,264	54.92%	\$7.51	67.92%
Sep-16	135	\$1,861	\$1,312	\$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!
Jun-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	89	\$17,027	\$15,622	\$2,214	\$17,836	91.75%	\$14.56	104.75%

Data Source: VSP SJVIA Utilization Reports 06-2018

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 BERGEAS

KUYLER CROCKER

NATHAN MAGSIG

BUDDY MENDES

BRIAN PACHECO

PETE VANDER POEL

J. STEVEN WORTHLEY

Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrel Avenue
Visalia, CA 93291
August 24, 2018 9:00 AM

AGENDA DATE: August 24, 2018

ITEM NUMBER: Item 17

SUBJECT: Receive and File Consultant's Actuarially Certified Incurred But Not Reported (IBNR) Reserve Report as of June 30, 2018 (I)

REQUEST(S): That the Board Receive and File Consultant's SJVIA June 30, 2018 IBNR Reserve Report

DESCRIPTION:

IBNR reserve calculates the outstanding liability for claims that have been incurred but have not yet been paid. The SJVIA has as one of its goals to fully fund this liability. The County of Fresno and the County of Tulare's IBNR reserve has been calculated based off actuarial models. The City of Marysville is too small to run through the actuarial model, but Keenan's actuary estimates an IBNR reserve of \$130,000. This brings the total IBNR reserve liability to \$5,801,621, an increase of \$98,398 from Keenan's previous estimate of \$5,703,223.

FISCAL IMPACT/FINANCING:

The IBNR reserve liability for the self-funded medical program increased \$98,398 to bring the IBNR reserve total to \$5,801,621.

ADMINISTRATIVE SIGN-OFF:

Paul Nerland
SJVIA Manager

Rhonda Sjostrom
SJVIA Assistant Manager



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Suite 200
Torrance, CA 90501
P.O. Box 4328
Torrance, CA 90510

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License No. 0451271

August 15, 2018

Ms. Megan Marks
Interim Financial Reporting & Audits Division Chief
Auditor-Controller/Treasurer-Tax Collector
Financial Reporting & Audits
2281 Tulare St., Room 105
Fresno, CA 93721

**SJVIA – COUNTY OF FRESNO
INCURRED BUT NOT REPORTED (IBNR) RESERVES AS OF JUNE 30, 2018**

Dear Megan:

We have estimated the “Incurred But Not Reported” (IBNR) claims reserves for the medical and prescription drug plans for County of Fresno as of June 30, 2018.

CLAIM EXPERIENCE – JULY 1, 2017 TO JUNE 30, 2018

We analyzed the experience in the past 12 months to determine the actual lag between the incurred and payment dates of the medical and drug claims.

Coverage	Paid Claims	Average Monthly Employees	Paid Claims Per Employee Per Month (PEPM)
Medical	\$26,765,540	4,082	\$546.41
Prescription Drug	\$12,141,925	4,082	\$247.88
Total	\$38,907,465	4,082	\$794.29

KEENAN’S IBNR ACTUARIAL RESERVE METHODOLOGY

In Keenan’s IBNR actuarial reserve calculation, the estimated outstanding claims at the end of the period (ending IBNR) is calculated based on the Bornheutter-Ferguson actuarial method. Under this method, the IBNR is determined based on completion factors and expected incurred claims. The completion factors are derived from actual claim lag data which takes into account the claim payment pattern. When the groups are small, the completion factors are blended with the industry norm completion factors. The IBNR claim reserve is estimated as the sum, for all prior months, of the expected incurred claim for the month multiplied by the proportion of claims expected to still be outstanding based on the completion factors.

Based on our analysis, we estimated the following unpaid claim liabilities for County of Fresno:

Coverage	Number of Employees in June 2018	Reserves as of 6/30/2018
Medical	4,006	\$3,070,820
Prescription Drug	4,006	\$728,515
Total	4,006	\$3,799,335

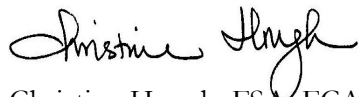
ESTIMATED IBNR RESERVES AS OF JUNE 30, 2018

Finally, the claims reserves are adjusted to reflect, among other things, claims fluctuation margins, retroactive claim adjustments and enrollment fluctuation. The final reserves are shown below:

Coverage	Reserves as of 6/30/2018	Adjustment Factor	IBNR as of 6/30/2018
Medical	\$3,070,820	1.15	\$3,531,443
Prescription Drug	\$728,515	1.15	\$837,793
Total	\$3,799,335	1.15	\$4,369,236

Please let us know if you have any questions or if we can be of further assistance.

Sincerely,



Christine Hough, FSA, FCA, MAAA
Vice President & Actuary



Bordan Darm
Account Executive



2355 Crenshaw Blvd.
Suite 200
Torrance, CA 90501
P.O. Box 4328
Torrance, CA 90510

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License No. 0451271

August 15, 2018

Ms. Megan Marks
Interim Financial Reporting & Audits Division Chief
Auditor-Controller/Treasurer-Tax Collector
Financial Reporting & Audits
2281 Tulare St., Room 105
Fresno, CA 93721

**SJVIA – COUNTY OF TULARE
INCURRED BUT NOT REPORTED (IBNR) RESERVES AS OF JUNE 30, 2018**

Dear Megan:

We have estimated the “Incurred But Not Reported” (IBNR) claims reserves for the medical and prescription drug plans for County of Tulare as of June 30, 2018.

CLAIM EXPERIENCE – JULY 1, 2017 TO JUNE 30, 2018

We analyzed the experience in the past 12 months to determine the actual lag between the incurred and payment dates of the medical and drug claims.

Coverage	Paid Claims	Average Monthly Employees	Paid Claims Per Employee Per Month (PEPM)
Medical	\$13,895,365	2,872	\$403.18
Prescription Drug	\$7,739,768	2,872	\$224.58
Total	\$21,635,133	2,872	\$627.76

KEENAN’S IBNR ACTUARIAL RESERVE METHODOLOGY

In Keenan’s IBNR actuarial reserve calculation, the estimated outstanding claims at the end of the period (ending IBNR) is calculated based on the Bornheutter-Ferguson actuarial method. Under this method, the IBNR is determined based on completion factors and expected incurred claims. The completion factors are derived from actual claim lag data which takes into account the claim payment pattern. When the groups are small, the completion factors are blended with the industry norm completion factors. The IBNR claim reserve is estimated as the sum, for all prior months, of the expected incurred claim for the month multiplied by the proportion of claims expected to still be outstanding based on the completion factors.

Based on our analysis, we estimated the following unpaid claim liabilities for County of Tulare:

Coverage	Number of Employees in June 2018	Reserves as of 6/30/2018
Medical	2,948	\$1,407,900
Prescription Drug	2,948	\$464,386
Total	2,948	\$1,872,286

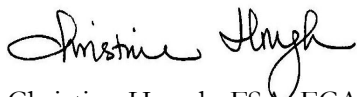
ESTIMATED IBNR RESERVES AS OF JUNE 30, 2018

Finally, the claims reserves are adjusted to reflect, among other things, claims fluctuation margins, retroactive claim adjustments and enrollment fluctuation. The final reserves are shown below:

Coverage	Reserves as of 6/30/2018	Adjustment Factor	IBNR as of 6/30/2018
Medical	\$1,407,900	1.15	\$1,619,085
Prescription Drug	\$464,386	1.15	\$534,044
Total	\$1,872,286	1.15	\$2,153,129

Please let us know if you have any questions or if we can be of further assistance.

Sincerely,



Christine Hough, FSA, FCA, MAAA
Vice President & Actuary



Bordan Darm
Account Executive

**BOARD OF DIRECTORS**

ANDREAS BERGEAS

KUYLER CROCKER

NATHAN MAGSIG

BUDDY MENDES

BRIAN PACHECO

PETE VANDER POEL

J. STEVEN WORTHLEY

Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrel Avenue
Visalia, CA 93291
August 24, 2018 9:00 AM

AGENDA DATE: August 24, 2018

ITEM NUMBER: Item 18

SUBJECT: Receive and File Consultant's Report on Reserve Accumulation (I)

REQUEST(S): That the Board receive and file the SJVIA reserve buildup for IBNR reserve funding, stabilization reserve funding and loan repayment.

DESCRIPTION:

The SJVIA has developed a financial model to build up reserves to fund IBNR reserves, stabilization reserves, and loan repayment. Keenan has prepared a report that updates the funding requirements based on the 2019 renewal and provides a projection for accumulation for the balance of 2018 and 2019.

FISCAL IMPACT/FINANCING:

Based on the 2019 renewal, the overall funding requirement increased \$483,202 (\$98,398 for IBNR reserve and \$384,804 for stabilization reserve).

ADMINISTRATIVE SIGN-OFF:

Paul Nerland
SJVIA Manager

Rhonda Sjostrom
SJVIA Assistant Manager



P. O. Box 1538
Rancho Cordova, CA 95741

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August 24, 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 must be met with \$1 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.

Given the 2019 final renewal and actuarially certified IBNR reserve, Keenan has updated the funding requirement. The loan repayment will be updated upon the close of the 2018 plan year.

2018 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
<u>City of Marysville</u>	<u>\$ 66,377</u>	<u>\$ 78,903</u>	<u>\$ 75,548</u>	<u>\$ 220,829</u>
Total	\$ 9,163,970	\$ 5,703,223	\$ 5,925,130	\$ 20,792,323

2019 Funding Requirements	Loan Repayment	Required IBNR	Required Stabilization	Total
County of Fresno	\$ 8,344,333	\$ 3,799,335	\$ 4,134,266	\$ 16,277,934
County of Tulare	\$ 753,260	\$ 1,872,286	\$ 2,117,991	\$ 4,743,537
<u>City of Marysville</u>	<u>\$ 66,377</u>	<u>\$ 130,000</u>	<u>\$ 57,677</u>	<u>\$ 254,055</u>
Total	\$ 9,163,970	\$ 5,801,621	\$ 6,309,934	\$ 21,275,525

Change in Funding Requirements	Loan Repayment	Required IBNR	Required Stabilization	Total
County of Fresno	\$ -	\$ 335,213	\$ 189,141	\$ 524,354
County of Tulare	\$ -	\$ (287,912)	\$ 213,534	\$ (74,379)
<u>City of Marysville</u>	<u>\$ -</u>	<u>\$ 51,097</u>	<u>\$ (17,871)</u>	<u>\$ 33,226</u>
Total	\$ -	\$ 98,398	\$ 384,804	\$ 483,202

Note: Loan Repayment will be recalculated with Interest Charge Allocation upon conclusion of the 2018 plan year.

The updated funding requirement increased by \$483,202 (\$98,398 IBNR Reserve and \$384,804 Stabilization Reserve).

The Proposed Approach

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

Review at Renewal

As part of the renewal process, SJVIA staff renewal recommendation includes reserve buildup. For 2019, Keenan has identified three areas for reserve build-up 1) plan experience, 2) Kaiser reserve, and Delta Dental PSR.

SJVIA 2019 Projected Reserve Accumulation				
SJVIA	IBNR	Stabilization Res	Total	
COF				
Anthem	\$737,995	\$ 1,444,990	\$	2,182,984
Kaiser	\$ -	\$ 653,816	\$	653,816
Dental	\$ -	\$ 466,572	\$	466,572
Total COF	\$ 737,995	\$ 2,565,378	\$	3,303,373
COT				
Anthem	\$ 169,702	\$ 740,274	\$	909,975
Kaiser	\$ -	\$ 60,652	\$	60,652
Dental	\$ -	\$ 189,272	\$	189,272
Total COT	\$ 169,702	\$ 990,197	\$	1,159,899
All Other				
Anthem	\$ 38,769	\$ 151,681	\$	190,450
Kaiser	\$ -	\$ 4,703	\$	4,703
Total AO	\$ 38,769	\$ 156,385	\$	195,154
SJVIA				
Anthem	\$ 946,465	\$ 2,336,945	\$	3,283,410
Kaiser	\$ -	\$ 719,171	\$	719,171
Dental	\$ -	\$ 655,844	\$	655,844
Total SJVIA	\$ 946,465	\$ 3,711,960	\$	4,658,426

Review upon close of the Calendar Year

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

Funding Model													
2018	January	February	March	April	May	June	July	August	September	October	November	December	Total
Budget													
Medical Plan Experience	\$ 240,122	\$ 240,122	\$ 240,122	\$ 240,122	\$ 240,122	\$ 240,122	\$ 240,122	\$ 240,122	\$ 240,122	\$ 240,122	\$ 240,122	\$ 240,122	\$ 2,881,460
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 Budgeted Reserve Buildup	\$ 706,592	\$ 343,840	\$ 343,840	\$ 343,840	\$ 343,840	\$ 343,840	\$ 343,840	\$ 343,840	\$ 343,840	\$ 343,840	\$ 343,840	\$ 343,840	\$ 4,488,836
Actual													
Medical Plan Experience	\$ 1,534,858	\$ 1,400,750	\$ (989,574)	\$ 480,446	\$ 8,084	\$ 578,056	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,012,620
Kaiser Rate Surcharge	\$ 96,329	\$ 96,329	\$ 96,329	\$ 96,329	\$ 96,329	\$ 96,329	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 577,976
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 44,336
2018 Actual Reserve Buildup	\$ 2,001,329	\$ 1,504,469	\$ (885,855)	\$ 584,165	\$ 111,803	\$ 681,775	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,997,684
2019	January	February	March	April	May	June	July	August	September	October	November	December	Total
Budget													
Plan Experience	\$ 273,618	\$ 273,618	\$ 273,618	\$ 273,618	\$ 273,618	\$ 273,618	\$ 273,618	\$ 273,618	\$ 273,618	\$ 273,618	\$ 273,618	\$ 273,618	\$ 3,283,410
Kaiser Rate Surcharge	\$ 59,931	\$ 59,931	\$ 59,931	\$ 59,931	\$ 59,931	\$ 59,931	\$ 59,931	\$ 59,931	\$ 59,931	\$ 59,931	\$ 59,931	\$ 59,931	\$ 719,171
Delta Dental PSR Transfer	\$ 327,922	\$ 218,615	\$ 109,307	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 655,844
2019 Budgeted Reserve Buildup	\$ 661,470	\$ 552,163	\$ 442,856	\$ 333,548	\$ 333,548	\$ 333,548	\$ 333,548	\$ 333,548	\$ 333,548	\$ 333,548	\$ 333,548	\$ 333,548	\$ 4,658,425
Actual													
Plan Experience	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Kaiser Rate Surcharge	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Delta Dental PSR Transfer	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2019 Actual Reserve Buildup	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

The chart above shows budgeted reserve buildup to realized buildup based on plan experience. Should the 2018 and 2019 budgeted reserve buildup be realized, the SJVIA would accumulate \$8,656,109 or 40.7% of the required funding.

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)

The Reconciliation report will be updated for 2018 plan experience upon the close of the 2018 plan year.



BOARD OF DIRECTORS

ANDREAS BORGES

KUYLER CROCKER

NATHAN MAGSIG

BUDDY MENDES

BRIAN PACHECO

PETE VANDER POEL

J. STEVEN WORTHLEY

Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrel Avenue
Visalia, CA 93291
August 24, 2018 9:00 AM

AGENDA DATE: August 24, 2018

ITEM NUMBER: Item 19

SUBJECT: Receive Consultant's Plan Year 2019 Underwriting Renewal Report, Finalize and Approve 2019 Rates and Fees, Authorize Consultant and SJVIA Staff to Negotiate Agreements, and President to Execute Agreements Subject to Approval of SJVIA Counsel and Staff (A)

REQUEST(S): That the Board finalize and approve 2019 Rates and Fees, authorize Consultant and SJVIA Staff to negotiate Agreements, and President to execute Agreements subject to approval of SJVIA Counsel and Staff.

DESCRIPTION:

Medical Anthem (Self-funded) - The Final Renewal Report updates the plan experience by one month, utilizing 12 months of data through June 2018. The staff recommendation is to increase the County of Fresno self-funded rates by 6.5% (\$3,296,140), the County of Tulare by 2.35% (\$636,939) and the City of Marysville by 4.91% (\$40,233). The renewal action includes \$946,465 in IBNR reserve buildup and \$2,336,945 in stabilization reserve build-up for a total of \$3,283,410. Anthem Blue Cross is offering \$50,000 for 2019 as a contribution to SJVIA wellness efforts.

Medical Kaiser – Kaiser is requesting a renewal increases of 4.83% for the County of Fresno, 4.76% HMO and 4.57% DHMO for the County of Tulare, and 4.81% for the City of Marysville. SJVIA staff recommends accepting the renewal and requests a 3.0% surcharge be added to the rates for the stabilization reserve. Given 2017's Kaiser rate decreases, this would net the entities an overall increase from 2018 charged rates of 3.07% for the County of Fresno, 2.18% for the County of Tulare, and 2.95% for the City of Marysville for a total surcharge of \$719,171. Kaiser's renewal includes a

AGENDA: San Joaquin Valley Insurance Authority

DATE: August 24, 2018

\$50,000 contribution in 2019 for wellness to be used for Kaiser-approved wellness activities.

Dental – SJVIA staff recommends the Delta Dental plans be self-funded to allow the Delta Dental PSR funds to be transferred to the SJVIA's stabilization reserve (\$655,844). The self-funded dental plans would implement a rate pass for 2019.

Vision – VSP will be going into the second year of a two-year rate guarantee; therefore, there is no rate increase.

FISCAL IMPACT/FINANCING:

The annual financial impact for the 2019 renewal is an increase of \$4,691,330 or 4.36% to the SJVIA overall benefits program.

ADMINISTRATIVE SIGN-OFF:



Paul Nerland
SJVIA Manager



Rhonda Sjostrom
SJVIA Assistant Manager

Executive Summary

Keenan is pleased to present the 2019 final renewal for the SJVIA self-funded medical program, Kaiser, Delta Dental and VSP. Based on the underwriting for the self-funded plans, Keenan's negotiations with Kaiser and Delta Dental, and the SJVIA Staff's recommendations, the SJVIA will be looking at an overall rate adjustment for 2019 of 4.36%.

SJVIA Recommended Renewal Action				
SJVIA	2018	2019	\$ Change	% Change
COF				
Anthem	\$ 50,379,458	\$ 53,675,599	\$ 3,296,140	6.54%
Kaiser	\$ 21,778,632	\$ 22,447,693	\$ 669,061	3.07%
Dental	\$ 3,149,639	\$ 3,149,639	\$ -	0.00%
Vision	\$ 584,286	\$ 584,286	\$ -	0.00%
Total COF	\$ 75,892,015	\$ 79,857,217	\$ 3,965,202	5.22%
COT				
Anthem	\$ 27,113,581	\$ 27,750,520	\$ 636,939	2.35%
Kaiser	\$ 2,038,050	\$ 2,082,382	\$ 44,332	2.18%
Dental	\$ 1,277,702	\$ 1,277,702	\$ -	0.00%
Vision	\$ 180,507	\$ 180,507	\$ -	0.00%
Total COT	\$ 30,609,840	\$ 31,291,111	\$ 681,271	2.23%
COM				
Anthem	\$ 820,135	\$ 860,368	\$ 40,233	4.91%
Kaiser	\$ 156,852	\$ 161,477	\$ 4,625	2.95%
Total COM	\$ 976,987	\$ 1,021,845	\$ 44,858	4.59%
SJVIA				
Anthem	\$ 78,313,174	\$ 82,286,486	\$ 3,973,312	5.07%
Kaiser	\$ 23,973,534	\$ 24,691,552	\$ 718,018	3.00%
Dental	\$ 4,427,341	\$ 4,427,341	\$ -	0.00%
Vision	\$ 764,793	\$ 764,793	\$ -	0.00%
Total SJVIA	\$ 107,478,843	\$ 112,170,173	\$ 4,691,330	4.36%

Notes:

Medical - 2018 based on 2018 rates and the Kaiser stabilization reserve buildup

Medical - 2019 based on Self-Funded Option 4, and 2019 Kaiser rates plus 3% stabilization reserve buildup

The SJVIA Staff followed Board direction in preparing various self-funded renewal options which are detailed in the full report. The Staff recommendation for SJVIA Board action on the 2019 renewal includes the following recommendations:

- Anthem Self-Funded medical plans – Option 4 Renew based on the underwriting results
 - County of Fresno combined renewal increases for the EPO and the PPO/HDHP of 6.54%
 - County of Tulare a 2.35% renewal increase to the PPO/HDHP plans
 - City of Marysville a 4.91% renewal increase to the PPO/HDHP plans which represents the average SJVIA self-funded medical renewal requirement prior to adjustments
- Kaiser – Accept renewal and add a 3.0% surcharge (surcharge does not apply to the Medicare plan)
- Delta Dental – Self-fund the dental plan and transfer premium stabilization reserve to the SJVIA
- VSP – Accept the VSP second year of two-year rate guarantee
- Accept all fees that support the renewals as outlined in the SJVIA Final Renewal Report fee schedule (note: reinsurance is shown as a projected fee and will be finalized in December 2018)

Should the SJVIA Board accept the recommended renewal action, the SJVIA would accumulate a projected \$4,658,426 in reserve buildup for IBNR and Stabilization.

SJVIA 2019 Projected Reserve Accumulation			
SJVIA	IBNR	Stabilization Res	Total
COF			
Anthem	\$737,995	\$ 1,444,990	\$ 2,182,984
Kaiser	\$ -	\$ 653,816	\$ 653,816
Dental	\$ -	\$ 466,572	\$ 466,572
Total COF	\$ 737,995	\$ 2,565,378	\$ 3,303,373
COT			
Anthem	\$ 169,702	\$ 740,274	\$ 909,975
Kaiser	\$ -	\$ 60,652	\$ 60,652
Dental	\$ -	\$ 189,272	\$ 189,272
Total COT	\$ 169,702	\$ 990,197	\$ 1,159,899
COM			
Anthem	\$ 38,769	\$ 151,681	\$ 190,450
Kaiser	\$ -	\$ 4,703	\$ 4,703
Total COM	\$ 38,769	\$ 156,385	\$ 195,154
SJVIA			
Anthem	\$ 946,465	\$ 2,336,945	\$ 3,283,410
Kaiser	\$ -	\$ 719,171	\$ 719,171
Dental	\$ -	\$ 655,844	\$ 655,844
Total SJVIA	\$ 946,465	\$ 3,711,960	\$ 4,658,426

The renewal assumes the continuation of the \$450,000 specific stop-loss deductible. Please note that this line of coverage will be marketed and Staff will return at the December 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 attached full report provides more details and information.

Introduction

Keenan is pleased to present the 2019 final renewal for the SJVIA self-funded medical program, Kaiser, Delta Dental and VSP. At the July 20, 2018 SJVIA Board meeting direction was given by the Board to come back at the August 24, 2018 Board meeting for final renewal recommendations. The direction given by the Board included the following:

- Final renewal for the self-funded plans to be underwritten based on the most recent plan experience available from July 1, 2017 through June 30, 2018
- Each entity was underwritten based on each entity's experience. No plan experience (claim cost) was blended across the entities
- 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 that this line of coverage will be marketed, and staff will return at the December 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
- Each renewal option includes IBNR reserve build up and Stabilization reserve build up
- Based on the preliminary renewal results, the SJVIA Board gave direction to come back with renewal options. Keenan prepared four renewal options:
 - Option 1 - The Underwriting results
 - Option 2 - The Underwriting results with the rate decreases set at 0.0%
 - Option 3 – The Underwriting results, COF rate decrease for the PPO/HDHP set at 0.0%, with the difference used to reduce the EPO increase, Marysville set at the overall renewal for the SJVIA
 - Option 4 – The Underwriting results, COF EPO and the PPO/HDHP set at the overall COF renewal requirement, Marysville set at the overall renewal for the SJVIA
- The Kaiser renewal was prepared with various levels of surcharges to contribute towards the three reserving elements
- Delta Dental provided a self-funding option, with no increase for 2019
- The VSP vision plan has a rate guarantee for 2019, with no increase for 2019

Report Summary

Keenan is pleased to present the 2019 SJVIA Final Renewal. The SJVIA Board will have the following decisions to make in conjunction with the Final Renewal selections:

- Which self-funded medical renewal option to select
- Whether a surcharge for reserve buildup should be included in the Kaiser renewal
- Whether the dental plan should convert to a self-funded plan

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

Executive Summary	Final Renewal				Comments on Renewal Options
	COF	COT	COM	SJVIA	
Self-Funded Medical Option 1					The 2019 final renewal rates Option 1 include \$3,151,888 in margin accumulation and IBNR reserves. A 3.0% of claims margin (or \$2,205,422) and \$946,465 for the IBNR reserve. The margin is available to cover adverse claim activity. If unused, the margin would be available for reserve buildup.
EPO	11.85%	n/a	n/a	11.85%	
PPO / HDHP	-17.32%	2.35%	-11.13%	-2.81%	
Total	6.54%	2.35%	-11.13%	4.91%	
Kaiser HMO	4.83%	4.76%	4.81%		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 +0.07%, COT - 0.80%, -0.82% respectively, and All Other - 0.05%.
Deductible HMO	n/a	4.57%	n/a		
Medicare Kaiser	n/a	3.14%	n/a		The 2019 Kaiser Medicare Senior Advantage rate for the County of Tulare is a 3.14% increase over 2018.
Delta Dental PPO	0.0%	0.0%	n/a	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.
DHMO	0.0%	0.0%	n/a	0.0%	
VSP	0.0%	0.0%	n/a	0.0%	Second Year of a Two-Year Rate Guarantee

Report Summary

The following chart illustrates the projected cost for 2018 and 2019 and the dollar cost differential and percentage differential based on the updated underwriting and carrier proposals. Please note that the 2018 Kaiser costs are based on the 2018 Kaiser carrier rates and exclude the Kaiser reserve element.

SJVIA Underwriting Results				
SJVIA	2018	2019	\$ Change	% Change
COF				
Anthem	\$ 50,379,458	\$ 53,675,599	\$ 3,296,140	6.54%
Kaiser	\$ 20,789,160	\$ 21,793,877	\$ 1,004,717	4.83%
Dental	\$ 3,149,639	\$ 3,149,639	\$ -	0.00%
Vision	\$ 584,286	\$ 584,286	\$ -	0.00%
Total COF	\$ 74,902,543	\$ 79,203,401	\$ 4,300,857	5.74%
COT				
Anthem	\$ 27,113,581	\$ 27,750,520	\$ 636,939	2.35%
Kaiser	\$ 1,976,456	\$ 2,069,692	\$ 93,236	4.72%
Dental	\$ 1,277,702	\$ 1,277,702	\$ -	0.00%
Vision	\$ 180,507	\$ 180,507	\$ -	0.00%
Total COT	\$ 30,548,246	\$ 31,278,421	\$ 730,175	2.39%
COM				
Anthem	\$ 820,135	\$ 728,845	\$ (91,289)	-11.13%
Kaiser	\$ 149,583	\$ 156,774	\$ 7,191	4.81%
Total COM	\$ 969,718	\$ 885,619	\$ (84,098)	-8.67%
SJVIA				
Anthem	\$ 78,313,174	\$ 82,154,964	\$ 3,841,790	4.91%
Kaiser	\$ 22,915,199	\$ 24,020,343	\$ 1,105,144	4.82%
Dental	\$ 4,427,341	\$ 4,427,341	\$ -	0.00%
Vision	\$ 764,793	\$ 764,793	\$ -	0.00%
Total SJVIA	\$ 106,420,507	\$ 111,367,441	\$ 4,946,934	4.65%

Notes:

2018 Based on actual rates and does not include Kaiser reserve buildup

2019 Based on underwriting results and carrier proposals

The SJVIA Board at its discretion may increase the recommended renewal action to increase reserve build-up.

Report Summary

Self-funded Medical Plan

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

While the plan experience for the EPO plan has developed a surplus of \$1,357,294 since inception, the 2019 EPO underwriting included June through December 2017 HMO experience. This is appropriate where groups transition from one form of coverage to another. The 2020 EPO underwriting will be based on 12 months of EPO experience.

Overall, the SJVIA will require a 4.82% 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 combined increase 6.54% to all self-funded coverage (PPO/HDHP and the EPO).
- County of Tulare pass on 2.35% rate increase
- City of Marysville pass on 4.91% rate increase. The City of Marysville 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 also consider further increasing the renewal (this includes the Kaiser plans) to allow for additional buildup of reserves. Anthem Blue Cross has included \$50,000 to be used for wellness in any manner the SJVIA deems appropriate for wellness. The contribution has no impact on the 2019 underwriting/rates.

Kaiser

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%, -5.39% respectively, and All Other -4.86%. The net impact of that board action on the 2019 renewal is that the increases are COF +1.52%, COT +0.61%, +0.57% respectively, and COM +1.39% over the members current rates.

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 like the overall SJVIA 2019 renewal impact. This will allow for the continued participation of Kaiser members in reserve accumulation. Keenan has prepared Kaiser reserve accumulation options from 0% to 5.0% for the Board to consider. The Kaiser renewal includes \$50,000 to be used for wellness as approved by Kaiser. The wellness contribution has no impact on the 2019 rates.

Delta Dental

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

VSP

VSP vision plans will enter the second year of a two-year rate guarantee with no rate adjustments for 2019.

Recommendations

- Anthem Self-Funded plan – Option 4
- Kaiser – Accept renewal and add a 3.0% surcharge (surcharge does not apply to the Medicare plan)
- Delta Dental – Self-fund the dental plan and transfer premium stabilization reserve to the SJVIA
- VSP – Accept renewal of second year of two-year rate guarantee

- Accept all fees that support the renewals as outlined in the fee schedule (note: reinsurance is shown as a projected fee and will be finalized in December)

SJVIA Self-Funded Medical Renewal Options Summary

Self-Funded Renewal Options	County of Fresno			County of Tulare	City of Marysville	Total		
Line Item/Description	EPO	PPO/HDHP	Total	PPO/HDHP	PPO/HDHP	EPO	PPO/HDHP	Total
1 Option 1 - Underwriting Results								
2 \$ Change from 2018	\$4,882,821	(\$1,586,681)	\$3,296,140	\$636,939	(\$91,289)	\$4,882,821	(\$1,041,031)	\$3,841,790
3 % Change from 2018	11.85%	-17.32%	6.54%	2.35%	-11.13%	11.85%	-2.81%	4.91%
4 Total Reserve (included in the renewal)	\$2,038,901	\$144,084	\$2,182,984	\$909,975	\$58,928	\$2,038,901	\$1,112,987	\$3,151,888
5 Option 2 - Negative Renewals at 0%								
6 \$ Change from 2018	\$4,882,821	\$0	\$4,882,821	\$636,939	\$0	\$4,882,821	\$636,939	\$5,519,759
7 % Change from 2018	11.85%	0.00%	9.69%	2.35%	0.00%	11.85%	1.72%	7.05%
8 Total Reserve (included in the renewal)	\$2,038,901	\$1,730,764	\$3,769,665	\$909,975	\$150,217	\$2,038,901	\$2,790,957	\$4,829,858
9 Option 3 - COF EPO increase offset by COF PPO/HDHP 0%, Marysville set at SJVIA overall								
10 \$ Change from 2018	\$3,296,140	\$0	\$3,296,140	\$636,939	\$40,233	\$3,296,140	\$677,172	\$3,973,312
11 % Change from 2018	8.00%	0.00%	6.54%	2.35%	4.91%	8.00%	1.83%	5.07%
12 Total Reserve (included in the renewal)	\$452,220	\$1,730,764	\$2,182,984	\$909,975	\$190,450	\$452,220	\$2,831,190	\$3,283,410
13 Option 4 - COF common increase 6.45%, Marysville set at SJVIA overall								
14 \$ Change from 2018	\$2,696,725	\$599,415	\$3,296,140	\$636,939	\$40,233	\$2,696,725	\$1,276,587	\$3,973,312
15 % Change from 2018	6.54%	6.54%	6.54%	2.35%	4.91%	6.54%	3.44%	5.07%
16 Total Reserve (included in the renewal)	(\$147,195)	\$2,330,179	\$2,182,984	\$909,975	\$190,450	(\$147,195)	\$3,430,605	\$3,283,410

SJVIA Self-Funded Medical Renewal Options Detail

Self-Funded Renewal Options	County of Fresno			County of Tulare	City of Marysville	Total		
Description	EPO	PPO/HDHP	Total	PPO/HDHP	PPO/HDHP	EPO	PPO/HDHP	Total
1 2018 Cost (based on June 2018 enrollment)	\$41,217,775	\$9,161,684	\$50,379,458	\$27,113,581	\$820,135	\$41,217,775	\$37,095,400	\$78,313,174
2 Option 1 - Underwriting Results								
3 2019 Projected Cost (based on June 2018 enrollment)	\$ 46,100,596	\$7,575,003	\$53,675,599	\$27,750,520	\$728,845	\$46,100,596	\$36,054,369	\$82,154,964
4 \$ Change from 2018	\$4,882,821	(\$1,586,681)	\$3,296,140	\$636,939	(\$91,289)	\$4,882,821	(\$1,041,031)	\$3,841,790
5 % Change from 2018	11.85%	-17.32%	6.54%	2.35%	-11.13%	11.85%	-2.81%	4.91%
6 IBNR Reserve (included in the renewal)	\$791,321	(\$53,326)	\$737,995	\$169,702	\$38,769	\$791,321	\$155,144	\$946,465
7 Stabilization Reserve (included in the renewal)	\$1,247,580	\$197,410	\$1,444,990	\$740,274	\$20,159	\$1,247,580	\$957,843	\$2,205,422
8 Total Reserve (included in the renewal)	\$2,038,901	\$144,084	\$2,182,984	\$909,975	\$58,928	\$2,038,901	\$1,112,987	\$3,151,888
9 Option 2 - Negative Renewals at 0%								
10 2019 Projected Cost (based on June 2018 enrollment)	\$46,100,596	\$9,161,684	\$55,262,279	\$27,750,520	\$820,135	\$46,100,596	\$37,732,338	\$83,832,934
11 \$ Change from 2018	\$4,882,821	\$0	\$4,882,821	\$636,939	\$0	\$4,882,821	\$636,939	\$5,519,759
12 % Change from 2018	11.85%	0.00%	9.69%	2.35%	0.00%	11.85%	1.72%	7.05%
13 IBNR Reserve (included in the renewal)	\$791,321	(\$53,326)	\$737,995	\$169,702	\$38,769	\$791,321	\$155,144	\$946,465
14 Stabilization Reserve (included in the renewal)	\$1,247,580	\$1,784,091	\$3,031,670	\$740,274	\$111,448	\$1,247,580	\$2,635,812	\$3,883,392
15 Total Reserve (included in the renewal)	\$2,038,901	\$1,730,764	\$3,769,665	\$909,975	\$150,217	\$2,038,901	\$2,790,957	\$4,829,858
16 Option 3 - COF EPO increase offset by COF PPO/HDHP 0%, Other set at SJVIA overall								
17 2019 Projected Cost (based on June 2018 enrollment)	\$44,513,915	\$9,161,684	\$53,675,599	\$27,750,520	\$860,368	\$44,513,915	\$37,772,572	\$82,286,486
18 \$ Change from 2018	\$3,296,140	\$0	\$3,296,140	\$636,939	\$40,233	\$3,296,140	\$677,172	\$3,973,312
19 % Change from 2018	8.00%	0.00%	6.54%	2.35%	4.91%	8.00%	1.83%	5.07%
20 IBNR Reserve (included in the renewal)	\$791,321	(\$53,326)	\$737,995	\$169,702	\$38,769	\$791,321	\$155,144	\$946,465
21 Stabilization Reserve (included in the renewal)	(\$339,101)	\$1,784,091	\$1,444,990	\$740,274	\$151,681	(\$339,101)	\$2,676,046	\$2,336,945
22 Total Reserve (included in the renewal)	\$452,220	\$1,730,764	\$2,182,984	\$909,975	\$190,450	\$452,220	\$2,831,190	\$3,283,410
23 Option 4 - COF common increase 6.45%, Other set at SJVIA overall								
24 2019 Projected Cost (based on June 2018 enrollment)	\$43,914,500	\$9,761,098	\$53,675,599	\$27,750,520	\$860,368	\$43,914,500	\$38,371,986	\$82,286,486
25 \$ Change from 2018	\$2,696,725	\$599,415	\$3,296,140	\$636,939	\$40,233	\$2,696,725	\$1,276,587	\$3,973,312
26 % Change from 2018	6.54%	6.54%	6.54%	2.35%	4.91%	6.54%	3.44%	5.07%
27 IBNR Reserve (included in the renewal)	\$791,321	(\$53,326)	\$737,995	\$169,702	\$38,769	\$791,321	\$155,144	\$946,465
28 Stabilization Reserve (included in the renewal)	(\$938,516)	\$2,383,505	\$1,444,990	\$740,274	\$151,681	(\$938,516)	\$3,275,460	\$2,336,945
29 Total Reserve (included in the renewal)	(\$147,195)	\$2,330,179	\$2,182,984	\$909,975	\$190,450	(\$147,195)	\$3,430,605	\$3,283,410

Self-funded Medical Underwriting EPO

Line	EPO	Fresno			Tulare			Marysville			Total		
	Line Item/Description	Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total
1	Non-Cap Paid Claims (Jul 2017 through Jun 2018)	\$22,580,836	\$10,003,192	\$32,584,028							\$22,580,836	\$10,003,192	\$32,584,028
2	Capitation Claims (Jul 2017 through Dec 2017)	\$5,582,474	\$0	\$5,582,474							\$5,582,474	\$0	\$5,582,474
3	Savings from HMO to EPO conversion (Jul 2017-Dec 2017)	(\$921,108)	\$0	(\$921,108)							(\$921,108)	\$0	(\$921,108)
4	Savings from Change of PBM (Jul 2017-Dec 2017)	\$0	(\$682,763)	(\$682,763)							\$0	(\$682,763)	(\$682,763)
5	Large Claim Adjustment (Pooling Level: \$450,000)	<u>(\$27,078)</u>	<u>\$0</u>	<u>(\$27,078)</u>							<u>(\$27,078)</u>	<u>\$0</u>	<u>(\$27,078)</u>
6	Adjusted Paid Claims	\$27,215,124	\$9,320,429	\$36,535,553							\$27,215,124	\$9,320,429	\$36,535,553
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 @ 6/30/2018	<u>\$2,661,175</u>	<u>\$600,192</u>	<u>\$3,261,367</u>							<u>\$2,661,175</u>	<u>\$600,192</u>	<u>\$3,261,367</u>
9	Incurred Claims (July 2017 through June 2018)	\$27,915,832	\$9,328,450	\$37,244,282							\$27,915,832	\$9,328,450	\$37,244,282
10	Total Covered Employees (May 2017 through Apr 2018)	<u>37,631</u>	<u>37,631</u>	<u>37,631</u>							<u>37,631</u>	<u>37,631</u>	<u>37,631</u>
11	Claims Cost PEPM	\$741.83	\$247.89	\$989.72							\$741.83	\$247.89	\$989.72
12	Trend Factor	<u>1.1224</u>	<u>1.1537</u>	<u>1.1302</u>							<u>1.1224</u>	<u>1.1537</u>	<u>1.1302</u>
13	Projected Claims Cost Per Employee	\$832.63	\$285.99	\$1,118.62							\$832.63	\$285.99	\$1,118.62
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	\$857.61	\$294.57	\$1,152.18							\$857.61	\$294.57	\$1,152.18
	Fixed Costs PEPM												
16	Specific Stop-Loss Premium PEPM (Estimate)			\$25.50									\$25.50
17	Aggregate Stop-Loss Premium PEPM (Estimate)			\$0.00									\$0.00
18	Anthem Network & Administrative Fees			\$49.63									\$49.63
19	<u>All Other Program Fees</u>			<u>\$12.75</u>									<u>\$12.75</u>
20	Total Fixed Costs			\$87.88									\$87.88
21	Required Premium PEPM			\$1,240.06									\$1,240.06
22	Current Premium PEPM			\$1,108.72									\$1,108.72
23	Required Increase			11.85%									11.85%
24	Current Subscribers (June 2018)	3,098	3,098								3,098	3,098	
25	Base Trend	8.00%	10.00%								8.00%	10.00%	
26	Months Trended	18	18								18	18	

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

Line	PPO/HDHP	Fresno			Tulare			Marysville			Total		
	Line Item/Description	Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total
1	Non-Cap Paid Claims (Jul 2017 through Jun 2018)	\$4,184,704	\$2,138,733	\$6,323,437	\$13,895,365	\$7,739,768	\$21,635,133	\$549,906	\$100,348	\$650,254	\$18,629,975	\$9,978,849	\$28,608,824
2	Capitation Claims (Jul 2017 through Dec 2017)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3	Savings from HMO to EPO conversion (Jul 2017-Dec 2017)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4	Savings from Change of PBM (Jul 2017-Dec 2017)	\$0	(\$55,161)	(\$55,161)	\$0	(\$567,372)	(\$567,372)	\$0	(\$7,204)	(\$7,204)	\$0	(\$629,737)	(\$629,737)
5	Large Claim Adjustment (Pooling Level: \$450,000)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6	Adjusted Paid Claims	\$4,184,704	\$2,083,572	\$6,268,276	\$13,895,365	\$7,172,396	\$21,067,761	\$549,906	\$93,144	\$643,050	\$18,629,975	\$9,349,112	\$27,979,087
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 @ 6/30/2018	\$409,645	\$128,324	\$537,969	\$1,407,900	\$464,386	\$1,872,286	\$98,940	\$6,021	\$104,961	\$1,916,485	\$598,731	\$2,515,216
9	Incurred Claims (July 2017 through June 2018)	\$4,124,353	\$2,093,534	\$6,217,887	\$13,950,415	\$7,263,240	\$21,213,655	\$590,378	\$92,045	\$682,423	\$18,665,146	\$9,448,818	\$28,113,965
10	Total Covered Employees (May 2017 through Apr 2018)	11,347	11,347	11,347	34,461	34,461	34,461	508	508	508	46,316	46,316	46,316
11	Claims Cost PEPM	\$363.48	\$184.50	\$547.98	\$404.82	\$210.77	\$615.58	\$1,162.16	\$181.19	\$1,343.35	\$403.00	\$204.01	\$607.00
12	Trend Factor	1.0759	1.1537	1.1021	1.1224	1.1537	1.1331	1.1224	1.1537	1.1266	1.1121	1.1537	1.1261
13	Projected Claims Cost Per Employee	\$391.06	\$212.86	\$603.92	\$454.37	\$243.16	\$697.53	\$1,304.41	\$209.04	\$1,513.45	\$448.18	\$235.36	\$683.55
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	\$402.79	\$219.24	\$622.04	\$468.00	\$250.46	\$718.45	\$1,343.54	\$215.31	\$1,558.85	\$461.63	\$242.42	\$704.05
	Fixed Costs PEPM												
16	Specific Stop-Loss Premium PEPM (Estimate)			\$25.50			\$20.32			\$34.02			\$21.74
17	Aggregate Stop-Loss Premium PEPM (Estimate)			\$0.00			\$0.00			\$0.00			\$0.00
18	Anthem Network & Administrative Fees			\$34.92			\$34.92			\$34.92			\$34.92
19	<u>All Other Program Fees</u>			<u>\$12.75</u>			<u>\$10.75</u>			<u>\$13.75</u>			<u>\$11.27</u>
20	Total Fixed Costs			\$73.17			\$65.99			\$82.69			\$67.93
21	Required Premium PEPM			\$695.21			\$784.44			\$1,641.54			\$771.98
22	Current Premium PEPM			\$840.83			\$766.44			\$1,847.15			\$796.52
23	Required Increase			-17.32%			2.35%			-11.13%			-3.08%
24	Current Subscribers (June 2018)	908	908		2,948	2,948		37	37		3,893	3,893	
25	Base Trend	5.00%	10.00%		8.00%	10.00%		8.00%	10.00%		7.34%	10.00%	
26	Months Trended	18	18		18	18		18	18		18	18	

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

EPO and PPO/HDHP		Fresno			Tulare			Marysville			Total		
Line	Description	EPO	PPO/HDHP	Total	EPO	PPO/HDHP	Total	EPO	PPO/HDHP	Total	EPO	PPO/HDHP	Total
1	Required Premium PEPM	\$ 1,240.06	\$ 695.21	\$ 1,116.57	\$ -	\$ 784.44	\$ 784.44	\$ -	\$ 1,641.54	\$ 1,641.54	\$ 1,240.06	\$ 771.78	\$ 979.29
2	Current Premium PEPM	\$ 1,108.72	\$ 840.83	\$ 1,048.00	\$ -	\$ 766.44	\$ 766.44	\$ -	\$ 1,847.15	\$ 1,847.15	\$ 1,108.72	\$ 794.06	\$ 933.50
3	\$ Difference	\$ 131.34	\$ (145.62)	\$ 68.57	\$ -	\$ 18.00	\$ 18.00	\$ -	\$ (205.61)	\$ (205.61)	\$ 131.34	\$ (22.28)	\$ 45.79
4	% Difference	11.85%	-17.32%	6.54%	0.00%	2.35%	2.35%	0.00%	-11.13%	-11.13%	11.85%	-2.81%	4.91%
5	Current Subscribers (June 2018)	3,098	908	4,006	0	2,948	2,948	0	37	37	3,098	3,893	6,991
6	Required Annual Premium	\$ 46,100,596	\$ 7,575,003	\$ 53,675,599	\$ -	\$ 27,750,520	\$ 27,750,520	\$ -	\$ 728,845	\$ 728,845	\$ 46,100,596	\$ 36,054,369	\$ 82,154,964
7	Current Annual Premium	\$ 41,217,775	\$ 9,161,684	\$ 50,379,458	\$ -	\$ 27,113,581	\$ 27,113,581	\$ -	\$ 820,135	\$ 820,135	\$ 41,217,775	\$ 37,095,400	\$ 78,313,174
8	\$ Difference	\$ 4,882,821	\$ (1,586,681)	\$ 3,296,140	\$ -	\$ 636,939	\$ 636,939	\$ -	\$ (91,289)	\$ (91,289)	\$ 4,882,821	\$ (1,041,031)	\$ 3,841,790
9	% Difference	11.85%	-17.32%	6.54%	0.00%	2.35%	2.35%	0.00%	-11.13%	-11.13%	11.85%	-2.81%	4.91%

Kaiser – County of Fresno



San Joaquin Valley Insurance Authority (SJVIA)

Rate Comparison

Effective Date: December 18, 2018

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	\$341.86	1,230
Employee + Spouse	\$585.26	121	\$613.55	121
Employee + Child(ren)	\$515.89	440	\$540.82	440
Family	\$774.40	130	\$811.83	130
Total Monthly Premium	\$1,732,430		\$1,816,156	
Total Annual Premium	\$20,789,160		\$21,793,877	
% Change over Current Monthly Premium			4.83%	
\$ Change over Current Annual Premium			\$1,004,718	

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

Renewal rates do not include SJVIA Fixed Fees

Kaiser – County of Tulare



San Joaquin Valley Insurance Authority (SJVIA)

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	\$774.31	157	\$568.15	7	\$594.12	7
Employee + Spouse	\$1,478.21	15	\$1,548.61	15	\$1,136.30	1	\$1,188.24	1
Employee + Child(ren)	\$1,337.77	9	\$1,401.49	9	\$1,028.35	1	\$1,075.36	1
Family	\$2,217.33	2	\$2,322.92	2	\$1,704.45	0	\$1,782.36	0
Total Monthly Premium	\$154,688		\$162,055		\$6,142		\$6,422	
Total Annual Premium	\$1,856,256		\$1,944,661		\$73,700		\$77,069	
% Change over Current Monthly Premium			4.76%				4.57%	
\$ Change over Current Annual Premium			\$88,405				\$3,369	

County of Tulare

	Current		Renewal	
Carrier Name	Kaiser		Kaiser	
Effective Date	1/1/2018		1/1/2019	
Plan Name	Sr. Advantage		Sr. Advantage	
Eligible Class	Medicare Eligible Retirees		Medicare Eligible Retirees	
Rating Structure	Rate	Subscribers	Rate	Subscribers
Retiree	\$298.08	13	\$307.45	13
Total Monthly Premium	\$3,875		\$3,997	
Total Annual Premium	\$46,500		\$47,962	
% Change over Current Monthly Premium			3.14%	
\$ Change over Current Annual Premium			\$1,462	

Renewal rates do not include SJVIA Fixed Fees

Kaiser – City of Marysville



San Joaquin Valley Insurance Authority (SJVIA)

Rate Comparison

Effective Date: January 1, 2019

City of Marysville

Carrier Name

Effective Date

Plan Name

Eligible Class

Rating Structure

Employee Only

Employee + Spouse

Family

Current

Kaiser

1/1/2018

HMO

Active Employees

Rate

Subscribers

\$645.19

2

\$1,290.40

3

\$1,825.91

4

\$12,465.22

\$149,582.64

Renewal

Kaiser

1/1/2019

HMO

Active Employees

Rate

Subscribers

\$676.21

2

\$1,352.44

3

\$1,913.69

4

\$13,064.50

\$156,774.00

% Change over Current Monthly Premium

4.8%

\$ Change over Current Annual Premium

\$7,191.36

Renewal rates do not include SJVIA Fixed Fees

Kaiser Renewal and Surcharge Consideration

Kaiser Evaluation						Surcharge Consideration						
SJ VIA	2018 Kaiser Cost	2018 Kaiser Cost + Reserve (2017 Cost)	2019 Kaiser Cost	2018 Kaiser Cost + Reserve (2017 Cost)	2019 Kaiser Cost	\$10	0%	1%	2%	3%	4%	5%
COF	\$ 20,789,160	\$ 21,778,632	\$ 21,793,877	\$ 21,778,632	\$ 21,793,877	\$230,520	\$ -	\$217,939	\$435,878	\$653,816	\$871,755	\$1,089,694
\$ Change		\$ 989,472	\$ 1,004,717		\$ 15,245							
% Change		4.76%	4.83%		0.07%	1.1%	0.1%	1.1%	2.1%	3.1%	4.1%	5.1%
COT HMO	\$ 1,856,256	\$ 1,960,344	\$ 1,944,661	\$ 1,960,344	\$ 1,944,661	21,960	15,683	19,447	38,893	58,340	77,786	97,233
\$ Change		\$ 104,088	\$ 88,405		\$ (15,683)							
% Change		5.61%	4.76%		-0.80%	0.3%	0.0%	0.2%	1.2%	2.2%	3.2%	4.2%
COT HMO Ded.	\$ 73,700	\$ 77,706	\$ 77,069	\$ 77,706	\$ 77,069	1,080	637	771	1,541	2,312	3,083	3,853
\$ Change		\$ 4,006	\$ 3,369		\$ (637)							
% Change		5.44%	4.57%		-0.82%	0.6%	0.0%	0.2%	1.2%	2.2%	3.1%	4.1%
AO	\$ 149,583	\$ 156,852	\$ 156,774	\$ 156,852	\$ 156,774	1,080	78	1,568	3,135	4,703	6,271	7,839
\$ Change		\$ 7,269	\$ 7,191		\$ (78)							
% Change		4.86%	4.81%		-0.05%	0.6%	0.0%	0.9%	1.9%	2.9%	3.9%	4.9%
Total	\$ 22,868,699	\$ 23,973,534	\$ 23,972,381	\$ 23,973,534	\$ 23,972,381	254,640	16,398	239,724	479,448	719,171	958,895	1,198,619
\$ Change		\$ 1,104,835	\$ 1,103,682		\$ (1,153)							
% Change		4.83%	4.83%		0.00%	1.1%	0.1%	1.0%	2.0%	3.0%	4.0%	5.0%
COT Medicare	\$ 46,500	\$ 46,500	\$ 47,962	\$ 46,500	\$ 47,962	-	-					
\$ Change		\$ -	\$ 1,462		\$ 1,462							
% Change		0.00%	3.14%		3.14%							

The Kaiser renewal includes \$50,000 to be used for wellness as approved by Kaiser. The contribution has no impact on the 2019 rates.

Delta Dental



San Joaquin Valley Insurance Authority (SJVIA)

Dental PPO Self Funded Options

Effective Date: December 18, 2018

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% FI, 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.

Self-Funding the Dental PPO

Delta Dental reported the ending position (June 30, 2018) for its Premium Stabilization Reserve (PSR) at \$700,122. The PSR is excess premium paid to Delta Dental. Since the dental plans are fully insured, the monies are considered Delta Dental's.

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 June 30, 2018, the 2.0% represents \$44,278. Keenan estimates the 2018 total will be approximately \$88,556. This action will transfer \$88,556 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 \$451,308. This will leave a Delta Dental PSR reserve of \$655,844. 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.

Vision Service Plan – VSP

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

SJVIA Vendor Fees and Administration Charges

Fixed Fee Schedule										
SJVIA Fixed Fees	2015		2016		2017		2018		2019	
	HMO	PPO/HDHP	HMO	PPO/HDHP	HMO	PPO/HDHP	EPO	PPO/HDHP	EPO	PPO/HDHP
Specific Stop-Loss*										
County of Fresno	\$26.90	\$14.86	\$25.58	\$16.64	\$27.69	\$18.30	\$23.38	\$23.38	\$25.50	\$25.50
County of Tulare	\$26.90	\$14.86	\$25.58	\$16.64	\$27.69	\$18.30	\$0.00	\$18.05	\$0.00	\$20.32
All Other	\$26.90	\$14.86	\$25.58	\$16.64	\$27.69	\$18.30	\$0.00	\$23.38	\$0.00	\$34.02
Aggregate Stop-Loss	\$0.00	\$0.91	\$0.00	\$0.94	\$0.00	\$1.03	\$0.00	\$0.00	\$0.00	\$0.00
Anthem Network & Administration	\$37.30	\$28.39	\$40.96	\$29.41	\$45.34	\$32.53	\$48.08	\$33.83	\$49.63	\$34.92
Wellness	\$4.05	\$6.80	\$2.50	\$2.50	\$2.50	\$2.50	\$2.50	\$2.50	\$2.50	\$2.50
Claims Mgmt/Communication	\$3.00	\$3.00	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50
Consulting	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75	\$3.35	\$3.35	\$3.10	\$3.10
SJVIA Administration	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00
SJVIA Non-Founding Member	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00
Hourglass/ASI - Benefits Administration										
County of Fresno	\$5.20	\$5.20	\$5.20	\$5.20	\$5.20	\$5.20	\$4.65	\$4.65	\$4.65	\$4.65
County of Tulare	\$5.20	\$5.20	\$5.20	\$5.20	\$5.20	\$5.20	\$2.65	\$2.65	\$2.65	\$2.65
All Other	\$5.20	\$5.20	\$5.20	\$5.20	\$5.20	\$5.20	\$3.65	\$3.65	\$3.65	\$3.65
PCORI/Transitional Reinsurance	\$8.29	\$5.40	\$5.24	\$3.61	\$0.36	\$0.36	\$0.36	\$0.36	\$0.00	\$0.00
Total Fixed Fee - Self-Funded Plan										
County of Fresno	\$90.49	\$70.31	\$85.73	\$64.55	\$87.34	\$66.17	\$84.82	\$70.57	\$87.88	\$73.17
County of Tulare	\$90.49	\$70.31	\$85.73	\$64.55	\$87.34	\$66.17	N/A	\$63.24	N/A	\$65.99
All Other	\$92.49	\$72.31	\$87.73	\$66.55	\$89.34	\$68.17	N/A	\$71.57	N/A	\$82.69

Note: *2019 Stop Loss Fee estimated at 2018 fee + 15%

Kaiser rates will require the addition of the following SJVIA fees:

- COF \$12.75 pepm
- COT \$10.75 pepm
- City of Marysville \$14.75 pepm

**BOARD OF DIRECTORS**

ANDREAS BERGEAS

KUYLER CROCKER

NATHAN MAGSIG

BUDDY MENDES

BRIAN PACHECO

PETE VANDER POEL

J. STEVEN WORTHLEY

Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrel Avenue
Visalia, CA 93291
August 24, 2018 9:00 AM

AGENDA DATE: August 24, 2018

ITEM NUMBER: Item 20

SUBJECT: Approve an Extension of Notification by City of Marysville of Intent to Terminate from 120 Days as Provided in Section 9 of the SJVIA Participation Agreement to 90 Days (A)

REQUEST(S): That the Board approve an extension of notification by the City of Marysville of their intent to terminate from 120 days to 90 days.

DESCRIPTION:

The SJVIA bylaws require a 120-day notice of termination. The City of Marysville has requested that the SJVIA reduce the notice of termination to 90 days for the 2019 renewal to allow time to review the rate action and consider alternatives.

FISCAL IMPACT/FINANCING:

None.

ADMINISTRATIVE SIGN-OFF:

A handwritten signature in black ink, appearing to read "Paul Nerland", written over a horizontal line.

Paul Nerland
SJVIA Manager

A handwritten signature in black ink, appearing to read "Rhonda Sjostrom", written over a horizontal line.

Rhonda Sjostrom
SJVIA Assistant Manager



CITY OF MARYSVILLE

MARTI BROWN
CITY MANAGER

August 14, 2018

Paul Nerland
SJVIA Manager
2220 Tulare Street, 14th Floor
Fresno, CA 93721

Rhonda Sjostrom
SJVIA Assistant Manager
2500 West Burrel Avenue
Visalia, CA 93291

Sent via email:
sjvia-admin@co.fresno.ca.us

Subject: Request Shorter Notification of Intent to Terminate

Dear Mr. Nerland and Ms. Sjostrom:

Per the SJVIA bylaws, a 120-day notice of termination is required for those entities wishing to leave the SJVIA. This letter serves as a request to shorten the time required from 120 days to 90 days to allow the City of Marysville time to review the renewal rate action and consider alternatives.

Sincerely,

Marti Brown,
City Manager